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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A Fo	r the	2009 ca	alendar yea	r, or tax year beginning 07	-01-2009 and ending 06-30-20	10		
B Ch	eck ıf a	pplicable	Please	C Name of organization St Vincent Infirmary Medical (Center		D Employer	dentification number
☐ Ad	dress ch	nange	use IRS label or	Doing Business As			71-0236 E Telephone	
∏ Na	me cha	nge	print or type. See	Doing Business As			·	
In:	tıal retu	rn	Specific Instruc-		ox if mail is not delivered to street addi	ress) Room/	suite (501) 552	ots \$ 319,829,198
Гте	mınate	d	tions.	2 St Vincent Circle			G Gloss receip	115 \$ 319,829,198
☐ Am	ended	return		City or town, state or country	, and ZIP + 4	I		
Гар	plication	pending		Little Rock, AR 72205				
			F Nan	ne and address of principal	officer	H(a)	s this a group ret	urn for
			Peter B	Sanko ncent Cırcle		,	affiliates?	ΓYes Γ Nο
				ock, AR 72205		Н(Б)	Are all affiliates incl	uded?
						, ,		st (see instructions)
I Ta	x-exem	npt status	✓ 501(c))(3) ◄ (insert no)	a)(1) or 527	H(c)	Group exemption	number 🕨 0928
J W	ebsite	e: 🕨 WW	/W STVINC	ENTHEALTH ORG				
K For	m of or	ganızatıon	✓ Corporat	tion Trust Association C	other 🕨	L Year	r of formation 1888	M State of legal domicile AR
Pa	rt I	Sum	mary			•		
φ	1	Providi	ng holistic	care addressing the physic	most significant activities al, spiritual & psycho- social ne mission & fundamental purpose		patients These a	ctivities take place in
Governance								
Ë								
γok	2	Check	this box 🟲	if the organization discor	tinued its operations or dispose	d of more t	than 25% of its ne	t assets
	3	Numbe	r of voting r	nembers of the governing b	oody (Part VI, line 1a)			321
Activities &	4	Numbe	r of ındepen	ident voting members of th	e governing body (Part VI, line 1	.b)		418
Ĭ	5	Total n	umber of en	nployees (Part V , line 2a)				5 3,209
Ş V	6			olunteers (estimate if neces				6 451
					Part VIII, column (C), line 12			7a 446,768
	Ь	Net unr	elated busi	ness taxable income from	Form 990-T, line 34			7b 324
		C + -		d	,		Prior Year	Current Year
흨	8			d grants (Part VIII, line 1h		•	1,688,573 308,529,550	
Revenu	9 10)		-2,926,680	
歪	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, Total revenue—add lines 8 through 11 (must equal Pa					•	3,692,042	
						ne		
					 		310,983,485	
	13				olumn (A), lines 1-3)		78,983	220,225
	14				lumn (A), line 4)	_ —	0	0
\$	15	Salari 10)	es, other co	ompensation, employee ber	nefits (Part IX, column (A), lines	5-	136,043,237	126,621,047
Expenses	16a	Profes	sional fund	raising fees (Part IX, colur	nn (A), line 11e)		0	0
ੜੀ	ь	Total fu	ındraısıng exp	enses (Part IX, column (D), line	25) ► 0			
	17	Other	expenses ((Part IX, column (A), lines	11a-11d, 11f-24f)		194,324,871	213,711,963
	18				ual Part IX, column (A), line 25)		330,447,091	340,553,235
	19	Reven	ue less exp	penses Subtract line 18 fro	om line 12		-19,463,606	-20,724,037
Not Assets or Fund Balances						Begi	nning of Current Year	End of Year
10 g	20	Total	assets (Par	rt X, line 16)			267,012,496	263,847,989
A A	21						149,515,299	-
žŽ	22	Netas	sets or fun	d balances Subtract line 2	1 from line 20		117,497,197	
Pa	rt II	Sign	ature Bl	ock		•		
					nined this return, including accompanyir n of preparer (other than officer) is bas			
Sign							2011-04-27	
Her	е	F Sign	ature of office	er			Date	
			k J McGinnis (e or print nam					
		F Type	or print nam	ic and tide		- · ·	T	
Paid		Preparer signatur		STOCKI	Date 2011-04-28	Check If self- empolyed	(see instruction	ntifying number ons)
	arer's		ame (or your	S CATHOLIC HEALTH INITIATI	VES		•	
Use	Only		mployed), and ZIP + 4	198 INVERNESS DRIVE WES	T		EIN Þ	
		<u> </u>		ENGLEWOOD, CO 80112			Phone no 🕨	(720) 874-1500
May	the IR	S discus	ss this retu		above? (see instructions) .			✓ Yes

Part III Statement of Program Service Accomplishments

1 Diletty describe the oldanizations illissi	1	Briefly	describe	the	organization's missi	01
--	---	---------	----------	-----	----------------------	----

The organization's mission is to nurture the healing ministry of the Church by bringing it new life, energy and viability in the 21st century Fidelity to the Gospel urges us to emphasize human dignity and social justice as we move toward the creation of healthier communities

2	_	undertake any signific r 990-EZ?			r which were not listed on	┌ Yes ┌ No
	If "Yes," describe the	se new services on S	chedule O			
3		cease conducting, or		nt changes in how it co	nducts, any program	✓ Yes │ No
	If "Yes," describe the	se changes on Sched	lule O			
4	Section 501(c)(3) ar	nd 501(c)(4) organiza	tions and secti		largest program services bare required to report the amservice reported	
4a	(Code SEE SCHEDULE H) (Expenses \$	308,338,915	including grants of \$	220,225) (Revenue \$	306,026,917)
4b	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
	Other pregram carr	icas (Dascriba in Sa	hodulo C \			
40	(Expenses \$	ices (Describe in Sci	nedule O) luding grants o	f \$) (Revenue \$)
4e	Total program servi		308,338,91		, (ποτοπασ φ	,
	. otal piogram scivi	сс схренасағ р	300,330,91	-		

	•		
Part IV	Checklist	of Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🤨	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Νo
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	_		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	Yes	
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
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		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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?	38	Yes	

Part V	Statements	Regarding	Other	IRS Filings	and Tax	Compliance
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			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			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
l a	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		Νο
b	If "Yes," enter the name of the foreign country ▶			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
	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).	_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7g		
"	required?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
•	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			

Two St Vincent Circle Little Rock, AR 72205 (501) 552-3912

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.

	processes, or changes in Schedule O. See instructions.				
Se	ection A. Governing Body and Management				
		г		Yes	No
1a	Enter the number of voting members of the governing body 1a	21			
ь	Enter the number of voting members that are independent 1b	18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh				
	other officer, director, trustee, or key employee?	• • • [2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the supervision of officers, directors or trustees, or key employees to a management company or other p		3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Fo	rm 990 was	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's asset	s?	5		Νο
6	Does the organization have members or stockholders?	[6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more mengoverning body?	mbers of the	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other pers	sons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken of	F	75	165	
	year by the following			v	
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	- F	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reorganization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Νο
	ection B. Policies (This Section B requests information about policies not required by the	e Internal			
ке	evenue Code.)		I	Yes	NI.
10-	Dana bha annan matan harra laral abantana huanaban an affiliataa 2	Г	10-	res	No
	Does the organization have local chapters, branches, or affiliates?		10a		Νο
D	If "Yes," does the organization have written policies and procedures governing the activities of such affiliates, and branches to ensure their operations are consistent with those of the organization? .		10Ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fil	ing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			103	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	Yes	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that co	ould give rise			
	to conflicts?		12b	Yes	
٠	describe in Schedule O how this is done		12c	Yes	
13	Does the organization have a written whistleblower policy?	[13	Yes	
14	Does the organization have a written document retention and destruction policy?		14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval independent persons, comparability data, and contemporaneous substantiation of the deliberation ar				
а	The organization's CEO, Executive Director, or top management official		15a	Yes	
ь	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)	-			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement 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 eval participation in joint venture arrangements under applicable federal tax law, and taken steps to safegorganization's exempt status with respect to such arrangements?	guard the			
C -		•	16b		Νo
<u>5e</u> 17	List the States with which a copy of this Form 990 is required to be filed AR				
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990				
10	(3)s only) available for public inspection Indicate how you make these available Check all that appl Own website Another's website V Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	onflict of			
20	interest policy, and financial statements available to the public. See Additional Data Table	4 1 . 621	_		
20	State the name, physical address, and telephone number of the person who possesses the books and Mark McGinnis	ı records of th	e orga	nizatior	1 P

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

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

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

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

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Lb Total	 	<u> </u>	2,275,725	2,005,325	461,222

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 76

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Hammes Company 18000 W Sarah Lane Suite 250 Brookfield, WI 53045	Contractor	5,266,896
Morrison Management Specialist 5801 Peachtree Dunwoody Road Atlanta, GA 30342	Food Management	4,959,228
Little Rock Anesthesia 500 South University Suite 505 Little Rock, AR 72205	Anesthesia Services	3,636,944
Crothall Services Group 13028 Collections Drive Chicago, IL 60693	Environmental Svcs	2,798,967
Insight Health Partners LLC 695 Central Avenue Suite 15010 St Petersburg, FL 33701	Consulting Svcs	1,578,278
2 Total number of independent contractors (including but not limited to those listed above) \$1.00,000 in compensation from the organization ▶50) who received more than	

\$100,000 in compensation from the organization 🖛 50

	Page 9 Part VIII Statement of Revenue							
Part V	<u> </u>	Statement o	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
nts Disse	1a	Federated cam	paigns 1a					
<u> </u>	ь	Membership du	es 1b					
ts, a∺	C	Fundraising eve						
<u>#</u>	d		zations 1d	4,587,985				
ins, sim	e	Government grants		491,809				ļ
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no	butions included in					
္မ	h	Total. Add lines 1a-1f			5,079,794			
<u> </u>				Business Code				
Program Service Revenue	2a	Patient Services		900,099	303,012,092	302,565,410	446,682	
æ	ь	Rental Income		900,099	2,902,397	2,902,397		
<u> </u>	c	Tuition		611,600	243,829	243,829		
<u> </u>	d	Program Service R	evenue	900,099	197,233	197,233		
<u> </u>	e	Reimbursement of	Expenses	900,099	94,094	94,094		
<u> </u>	f	All other progra	am service revenue		23,954	23,954		
ž	g	Total. Add lines	s 2a-2f		306,473,599			
	3	Investment inc	ome (including dividen	ds, interest				
		and other simil	aramounts)	▶ [548,079		86	547,993
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨	0			
	5	Royalties			0			
	_	6 5 1	(ı) Real 26,100	(II) Personal				
	6а ь	Gross Rents Less rental	20,100					
		expenses	26,100					
	C	Rental income or (loss)	·					
	d	Net rental inco	me or (loss)		26,100			26,100
	7a	Gross amount from sales of assets other than inventory	(i) Securities 867,956	(II) O ther 3,711,130				
	Ь	Less cost or other basis and						
	c	sales expenses Gain or (loss)	867,956	3,711,130				
	d	Net gaın or (los	s)		4,579,086			4,579,086
ne	8a	events (not inc	rom fundraising luding					
Other Revenue	_	See Part IV, lin	s reported on line 1c) ne 18					
¥	b c		penses b (loss) from fundraising	ovents 🕨	0			
J	9a	Gross income f	rom gaming activities ne 19	events				
	b c		a penses b (loss) from gaming acti	vities►	o			
	10a	Gross sales of returns and allo	ınventory, less					
	ь		oods sold b (loss) from sales of inv	entory •	n			
	H	Miscellaneous		Business Code	-			
	11a	Pharmacy Serv		446,110	2,670,177			2,670,177
	b	Laundry Reven	_	812,300	181,675			181,675
		Cafeteria		722,100	94,773			94,773
	d	-	ue	,	, 175,915			175,915
	e	Total. Add lines						,
	12			►	3,122,540 319,829,198	306,026,917	446,768	8,275,719

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).							
			s (B), (C), and ((B)	D).	(D)		
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses		
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	220,225	220,225				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	220,223				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0					
4	Benefits paid to or for members	0					
5	Compensation of current officers, directors, trustees, and key employees	284,702		284,702			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0		251,772			
7	Other salaries and wages	99,737,389	92,750,412	6,986,977	-		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,593,313	4,259,379	333,934			
9	Other employee benefits	13,888,638	12,878,934	1,009,704			
10	Payroll taxes	8,117,005	7,526,899	590,106			
11	Fees for services (non-employees)	-,==:,=36	-,,-33				
 a	Management	0					
b	Legal	23,853		23,853			
•	Accounting	17,000		17,000			
ا		0		17,000			
d	Lobbying	0					
e	Professional fundraising See Part IV, line 17						
f	Investment management fees	0	22.600.020	24.450.027			
g	Other	54,850,665	33,689,838	21,160,827			
12	Advertising and promotion	0					
13	Office expenses	69,087,873	68,266,851	821,022			
14	Information technology	0					
15	Royalties	0					
16	Occupancy	5,171,220	5,171,220				
17	Travel	684,042	560,279	123,763			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0					
19	Conferences, conventions, and meetings	49,086	5,423	43,663			
20	Interest	4,116,273	4,116,273				
21	Payments to affiliates	6,668,580	6,668,580				
22	Depreciation, depletion, and amortization	14,560,636	14,560,636				
23	Insurance	3,562,885	3,206,596	356,289			
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)						
а	Bad debts	29,721,887	29,721,887				
Ь	Repairs and maintenance	4,678,965	4,678,965				
С	Recruitment and relocation	131,406		131,406			
d	Impairment Losses	18,271,819	18,271,819		_		
e	Dues & subscriptions	223,674	178,939	44,735	_		
f	All other expenses	1,892,099	1,605,760	286,339			
25	Total functional expenses. Add lines 1 through 24f	340,553,235	308,338,915	32,214,320	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	JT0,JJJ,ZJJ	300,330,713	32,214,320	0		

Pa	rt X	Balance Sheet					
					(A)		(B)
	Ι.				Beginning of year		End of year
	1	Cash—non-interest-bearing			8,550		11,052
	2	Savings and temporary cash investments	•		0	2	6,576,790
	3	Pledges and grants receivable, net	•			3	
	4	Accounts receivable, net			46,172,475	4	45,293,395
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L			76,418	5	46,990
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		n 4958(f)(1)) and			
		Schedule L		6			
ssets	7	Notes and loans receivable, net			205,786	7	176,886
8	8	Inventories for sale or use			7,042,286	8	7,573,630
⋖	9	Prepaid expenses and deferred charges			56,140	9	355,042
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	342,948,781			
	Ь	Less accumulated depreciation	10b	231,453,039	107,438,877	10c	111,495,742
	11	Investments—publicly traded securities	· ·			11	
	12	Investments—other securities See Part IV, line 11			36,815,688	12	23,398,016
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	69,196,276	15	68,920,446		
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			267,012,496	16	263,847,989
	17	Accounts payable and accrued expenses .			66,964,214	17	44,630,750
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
68	21	Escrow or custodial account liability Complete Part IV of Schedu.	le D			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
<u> </u>		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			3,600	23	0
	24	Unsecured notes and loans payable to unrelated third parties			76,425,959	24	100,872,749
	25	Other liabilities Complete Part X of Schedule D		6,121,526	25	19,432,959	
	26	Total liabilities. Add lines 17 through 25			149,515,299	26	164,936,458
5		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	olet e l	ines 27			
Ф		through 29, and lines 33 and 34.					
미	27	Unrestricted net assets			117,497,197	27	98,911,531
8	28	Temporarily restricted net assets			28		
Fund Balance	29	Permanently restricted net assets				29	
Fu		Organizations that do not follow SFAS 117, check here ► □ and	ıd con	nplet e			
10		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other for	ınds			32	
Net	33	Total net assets or fund balances			117,497,197	33	98,911,531
	34	Total liabilities and net assets/fund balances			267,012,496	34	263,847,989

Part XI Financial Statements and Reporting

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

Form **990** (2009)

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

St Vincent Infirmary Medical Center

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

Public Charity Status and Public Support

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

Employer identification number

									71-023691			
	rt I			blic Charity Stat				·		tructions		
The	rganı			e foundation because)			
1				on of churches, or as				(1)(A)(i).				
2				ın section 170(b)(1)								
3	<u> </u>	A hosp	tal or a coop	perative hospital serv	vice organiza	ition describ	ed in section	170(b)(1)(<i>A</i>	A)(iii).			
4	Γ			organization operate y, and state	ed in conjunc	tion with a h	iospital desc	rıbed ın secti	ion 170(b)(1)	(A)(iii). Ente	er the	
5	Γ	=	-	erated for the benefit	_	or university	owned or op	erated by a g	governmental	l unit describ	— ed ın	
_	_			A)(iv). (Complete Pa				470(1)(4)				
-	<u> </u>			local government or	_							
7	ı	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	Г	A comn	nunity trust	described in section	170(b)(1)(A)(vi) (Com	plete Part II)				
9	Γ	Anorga	nization tha	t normally receives	(1) more tha	ın 331/3% o	fits support f	from contribu	itions, membe	ership fees, a	nd gro	ss
		receipt	s from activi	ties related to its ex	empt functio	ns—subject	to certain ex	ceptions, and	d (2) no more	than 331/3%	of	
		ıts supp	ort from gro	ss investment incom	ne and unrela	ated busines	s taxable ınc	ome (less se	ection 511 ta	x) from busir	esses	
		acquire	d by the org	anızatıon after June 3	30,1975 Se	e section 5 0	09(a)(2). (Co	mplete Part :	III)			
10	Г	Anorga	nization org	anized and operated	exclusively	to test for p	ublic safety	See section 5	09(a)(4).			
11	_	one or r the box a	nore publicly that describ Type I	anized and operated y supported organiza pes the type of supported by Type II	tions describ orting organiz c	zation and co Type III	on 509(a)(1) omplete lines - Functionally	or section 50 11e through y integrated	09(a)(2) See n 11h d	Type II	(a)(3). I - Otl	Check her
e	ı	other th	_	ox, I certify that the o on managers and oth	•		•	•	•	•	•	
f			-	received a written de	termination f	rom the IRS	that it is a T	ype I, Type I	II or Type III	I supporting	organız	zatio <u>n,</u>
a		check t		006, has the organiz	ation accent	ed any gift (or contributio	n from any of	fthe			J
g			g persons?	ooo, nas the organiz	ation accept	eu any gni c	or contributio	ii ii oiii aiiy oi	tile			
				ectly or indirectly co	ntrols, eithe	r alone or to	gether with p	ersons descr	rıbed ın (ıı)		Yes	No
		and (III)	below, the g	governing body of the	the support	ed organizat	ion?			11g(i)		
		(ii) a fa	mily membe	r of a person describ	ed in (i) abov	/e?				11g(ii)		
		(iii) a 3	5% controll	ed entity of a person	described in	ı (ı) or (ıı) ab	ove?			11g(iii)		
h		Provide	the followin	g information about t	he supported	d organizatio	on(s)					<u> </u>
(i) Name suppor organiza		e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	on organization in organization in col (i) listed in bove your governing Did you notify the Is organization in col (i) of your col (i) of			(vi) Is the organizat col (i) org	e ion in anized	A m	ount of opport?	
				instructions))	Yes	No	Yes	No	Yes	No	1	
Tota	ı			1		1		1				

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
_	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493118007721

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

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),

- ◆ 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.

	me of the organization /incent Infirmary Medical Center			71-0236917	ntıfıcatıon number ,
Par	t I-A Complete if the or	ganization is exempt und	er section 501(
1	· · · · · · · · · · · · · · · · · · ·	rganization's direct and indirect p			
2	Political expenditures	gameation o amout and manager p	omercur cumpungn uc	▶	¢
3	Volunteer hours			·	Ψ
		ganization is exempt und			
1		e tax incurred by the organization			\$
2	•	e tax incurred by organization ma	_	n 4955 🕞	\$
3		section 4955 tax, did it file Form	4/20 for this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b Par	If "Yes," describe in Part IV	rganization is exempt und	er section 501 <i>(</i>	c) excent section 50	1(c)(3)
1		ended by the filing organization fo	_		¢
2		organization's funds contributed t			Ψ
_	exempt funtion activities		o other organization	▶	\$
3	Total exempt function expend	itures Add lines 1 and 2 Enter h	ere and on Form 112	20-POL, line 17b	
4 5		nd employer identification numbe	r (EIN) of all sectior		
4 5	State the names, addresses a were made For each organiza contributions received that we		r (EIN) of all sectior from the filing organ d to a separate polit	ızatıon's funds Also enter ıcal organızatıon, such as a	s to which payments the amount of political
	State the names, addresses a were made For each organiza contributions received that we	nd employer identification numbe tion listed, enter the amount paid ere promptly and directly delivere	r (EIN) of all sectior from the filing organ d to a separate polit	ızatıon's funds Also enter ıcal organızatıon, such as a	(e) A mount of political contributions received
	State the names, addresses a were made For each organiza contributions received that we fund or a political action comm	nd employer identification numbe tion listed, enter the amount paid ere promptly and directly delivere nittee (PAC) If additional space i	r (EIN) of all sectior from the filing organ d to a separate polit s needed, provide in	ization's funds Also enter ical organization, such as a formation in Part IV (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
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e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing Organization's Totals	(b) Affiliated Group Totals		
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18					
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	5,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000	000,000			
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either line section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

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 <i>)</i>	(0)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		Νo	
Ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?	Yes		7,073
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		87,270
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	Other activities? If "Yes," describe in Part IV		Νo	
j	Total lines 1c through 1i			94,343
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Νo	
221	+ THEA. Complete if the organization is exempt under section $501(c)(4)$ section	501/6	1/51 0	r section

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".

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

Part IV Supplemental Information

Dues, assessments and similar amounts from members

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

Ident if ier	Return Reference	Explanation
990 Sch C Supplemental	Lobbying Activities Explanation	Line 1(b) & 1(g) St Vincent retained the services of PMCS to assist in lobbying efforts PMCS was involved in the evaluation of proposed legislation, coordinating strategy to convey message points in key legislation and assisting in the coordination of meetings with elected and appointed state government officials and their respective staff members. Line 1 (f) The Portion of the organization dues that are related to Lobbying are as follows. Catholic Health Association \$2,955, American Hospital Association \$4,118

1

DLN: 93493118007721

OMB No 1545-0047

Open to Public Inspection

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.

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. Total number at end of year Aggregate contributions to (during year) Aggregate restant from (during year) Aggregate restant from (during year) Aggregate value at end of year 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? Ves No Did the organization inform all 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 for any other purpose conferring impermissible private benefit Fit Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 fauth absistat Preservation of natural habitat Preservation of ones space 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 Total number of conservation easements Total acreage restricted by conservation easements Total number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where pr	ame of the organization Vincent Infirmary Medical Center		Employer ider	tification number
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Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? 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 **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. 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 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 Sequence of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	the taxable year ►			ation during
Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? 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 TIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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 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 **	· · · · ·			
Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and 170(h)(4)(B)(ii)? 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 **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. 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 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 **			nandling of violation:	
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and 170(h)(4)(B)(ii)? 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 **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. 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 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	_	· · · · · · · · · · · · · · · · · · ·	_	
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 **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. 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 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 **	A mount of expenses incurred in monitoring, insp	pecting, and enforcing conservation easem	ents during the year	► \$
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 **TIII** Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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 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 ** \$	•	line 2(d) above satisfy the requirements of	section	┌ Yes ┌ No
Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	balance sheet, and include, if applicable, the tex	t of the footnote to the organization's finan	•	•
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 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the				ilar Assets.
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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	art, historical treasures, or other similar assets	held for public exhibition, education or res	earch in furtherance	
(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	historical treasures, or other similar assets held	for public exhibition, education, or resear		•
If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	(i) Revenues included in Form 990, Part VIII, I	ine 1	► \$	
If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	(ii) Assets included in Form 990. Part X		► \$	
	If the organization received or held works of art,	· · · · · · · · · · · · · · · · · · ·	· •	
Revenues included in Form 990, Part VIII, line 1	Revenues included in Form 990, Part VIII. line	1	► \$	

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Ar	t, His	stori	cal T	reas	ures, or O	the	r Similar Ass	ets (c	ontınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	ıy of th	he fol	lowing	that a	are a significa	nt u	ise of its collecti	on	
а	Public exhibition		d	Γ	Loan	orex	change progr	ams			
b	Scholarly research		e	Γ	O the	r					
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ain ho	w the	y furth	er the	organization	's ex	kempt purpose ir		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,						Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						on answered	Y" b	es" to Form 99	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	ediary	for c	ontribi	utions	or other ass	ets	not F	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		Г		A me	ount	
_	Paramana halanaa						-	1.0	Alle	June	
c d	Beginning balance Additions during the year						—	1c 1d			
e							—	1e			
f	Distributions during the year							1e 1f			
	Ending balance	000 5- 17 1	- 3-1-	,			L	TL	<u> </u>	- _{V -}	
2a	Did the organization include an amount on Fo		ie 217	,					ı	Yes	No
	If "Yes," explain the arrangement in Part XIV				1 !!\/-	!!	Fa 000	D	+ T) / line = 10		
Ра	rt V Endowment Funds. Complete	(a)Current Year)Prior			wo Years Back			(e) Four \	'ears Back
1a	Beginning of year balance	(a) carrent rear	(5	y	· car	1 (3).	WO TEATS BACK	(4,	Timee rears back	(-), ou	caro back
b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as			<u> </u>					
а	Board designated or quasi-endowment										
ь	Permanent endowment										
с	Term endowment ▶										
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	thata	are hel	d and	administered	l for	the	Yes	No
	(i) unrelated organizations								3a(i		
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organizatio	•							3b		<u></u>
4	Describe in Part XIV the intended uses of th										
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S	see F	orm 9	990, I	Part X, line	<u>10.</u>			
	Description of investment				Cost or ((Invest		(b) Cost or oth basis (other)		(c) Accumulated depreciation	(d) Bo	ook value
1a l	and						6,963,	595			6,963,595
b E	Buildings						136,373,	144	68,744,518		57,628,626
c l	_easehold improvements						1,454,	310	1,053,584		400,726
d E	Equipment						194,067,	072	161,654,937		32,412,135
e (Other	<u></u>					4,090,	660			4,090,660
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colu	mn (B,), line	10(c).) .			.	1:	11,495,742
									Schedule D	(Form 9	990) 2009

Investments—Other Securities. See	orm 990, Part X, line 12	<u>/</u> .	
(a) Description of security or category (including name of security)	(b)Book value	(c) Metho	d of valuation
Financial derivatives		Cost of end-of	f-year market value
Closely-held equity interests			
Other			
CHI OIP - Fixed Income	12,165,965		F_
CHI OIP - Equity Securities	11,231,908		F
CHI OIP - Money Market	143		F
CITI OTF - Molley Market	143		<u>'</u>
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	23,398,016		
Part VIII Investments—Program Related. See		13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
	(2, 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Cost or end-of	f-year market value
Total. (Column (h) should equal Form 990. Part X. col (B) line 13.)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin	<u>l</u> e 15.		
(a) Descript			(b) Book value
Deferred Income Plan Asset			253,699
Cash Surrender Val-Life Insura			144,786
VNA Memorial Fund Account			9,826
Investment in Unconsol Orgs			3,881,216
Intercompany A/R			64,630,919
	- 1		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X			68,920,446
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
Post Retirement Benefits	3,458,170		
Minority Interest	1,492,301		
Environmental Remediation	1,396,825		
SV DOCTOR'S HOSP LEASE & OPS LIAB	13,085,663		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	40.55		
TO CONTINUE (D) SHOULD EQUAL FOR HIS 550, FAIL A, COI (D) HIRE 25 / 📭	19,432,959		

ue (Form 990, Part VIII, o ses (Form 990, Part IX, o deficit) for the year Subtra- ded gains (losses) on invest rvices and use of facilities expenses adjustments cribe in Part XIV) ments (net) Add lines 4 - deficit) for the year per fine onciliation of Reven nue, gains, and other supp	olumn (A), line 2 act line 2 from li stments 8 ancial statemen	25)				1 2 3 4 5 6	319,829,198 340,553,235 -20,724,037 2,183,013
deficit) for the year Subtracted gains (losses) on investorvices and use of facilities expenses adjustments cribe in Part XIV) coments (net) Add lines 4 deficit) for the year per financialiation of Revendance, gains, and other suppliced	act line 2 from li stments 8 ancial statemen	·				3 4 5 6	-20,724,037
rvices and use of facilities expenses adjustments cribe in Part XIV) ments (net) Add lines 4 -deficit) for the year per find onciliation of Revenue, gains, and other supp	stments 8 ancıal statemen	ne 1				4 5 6	
expenses adjustments cribe in Part XIV) ments (net) Add lines 4 - deficit) for the year per fine onciliation of Reven	8 ancıal statemen					5	2,183,013
expenses adjustments cribe in Part XIV) ments (net) Add lines 4 - deficit) for the year per fine conciliation of Reven nue, gains, and other supp	8 ancıal statemen					6	
adjustments cribe in Part XIV) cments (net) Add lines 4 - deficit) for the year per fine onciliation of Reven nue, gains, and other supp	ancıal statemen						
cribe in Part XIV) cments (net) Add lines 4 - deficit) for the year per fine conciliation of Reven nue, gains, and other supp	ancıal statemen					7	
ments (net) Add lines 4 - deficit) for the year per fine onciliation of Reven nue, gains, and other supp	ancıal statemen					I - I	
deficit) for the year per find onciliation of Revenue, gains, and other supp	ancıal statemen					8	-44,642
onciliation of Reven						9	2,138,371
nue, gains, and other supp	ua nar Audit	ts Combine lii	nes 3 and	d 9		10	-18,585,666
	ue per Audit	ed Financia	al State	ments \	With Revenue	per Retur	·n
ncluded on line 1 but not a	ort per audited f	inancıal stateı	ments .			1	
	n Form 990, Pa	rt VIII, line 12	2				
ızed gaıns on ınvestments				2a			
ervices and use of facilitie	s		. [2b			
of prior year grants .			[2c			
scribe in Part XIV)			[2d			
2a through 2d						2e	
ne 2e from line 1						3	
ncluded on Form 990, Par	t VIII, line 12, b	ut not on line	1				
t expenses not included o	n Form 990, Par	t VIII, line 7b	o . [4a			
scribe in Part XIV)			. [4b			
1a and 4b						4c	
nue Add lines 3 and 4c. (This should equa	al Form 990, P	art I, line	e 12) .		5	
		ted Financi	ial Stat	ements	With Expens	es per Ret	urn
nses and losses per audit	ed financial					1	
ncluded on line 1 but not o	n Form 990, Pa	rt IX, line 25					
ervices and use of facilitie	s			2a			
adjustments				2b			
es				2c			
scribe in Part XIV)				2d			
2a through 2d						2e	
ne 2e from line 1						3	
ncluded on Form 990, Par	t IX, line 25, but	not on line 1:					
t expenses not included o	n Form 990, Par	t VIII, line 7b	· .	4a			
scribe in Part XIV)				4b			
						4c	
	(This should equ	ial Form 990,	Part I. lin	18 1		. 5	
	nses and losses per audit ncluded on line 1 but not of activities and use of facilities adjustments es	nses and losses per audited financial concluded on line 1 but not on Form 990, Patervices and use of facilities concluded on line 1 but not on Form 990, Patervices and use of facilities conclude in Part XIV) concluded on Form 990, Part IX, line 25, but the expenses not included on Form 990, Part IX, line 90, Pa	nses and losses per audited financial concluded on line 1 but not on Form 990, Part IX, line 25 ervices and use of facilities	nses and losses per audited financial concluded on line 1 but not on Form 990, Part IX, line 25 ervices and use of facilities	nses and losses per audited financial concluded on line 1 but not on Form 990, Part IX, line 25 ervices and use of facilities	nses and losses per audited financial concluded on line 1 but not on Form 990, Part IX, line 25 ervices and use of facilities	1

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

Ident if ier	Return Reference	Explanation
Other Changes in Net Assets	Sch D Part XI, Line 8	CAPITAL RESOURCE POOL CONTRIBUTION (\$1,025,291) CHI CONNECT DEPRECIATION \$980,649
FIN 48 FOOTNOTE RE UNCERTAIN TAX POSITIONS	Sch D, Part X	St Vincent Infirmary Medical Center's financial information is included in the consolidated audited financial statements of Catholic Health Initiatives (CHI), a related organization CHI's FIN 48 footnote for the year ended June 30, 2010 reads as follows "CHI is a tax-exempt Colorado corporation and has been granted an exemption from federal income tax under Section 501(c)(3) of the Internal Revenue Code CHI owns certain taxable subsidiaries and engages in certain activities that are unrelated to its exempt purpose and therefore subject to income tax Management annually reviews its tax positions and has determined that there are no material uncertain tax positions that require recognition in the consolidated financial statements "

Employer identification number

OMB No 1545-0047

2009

Open to Public **Inspection**

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

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

Hospitals

Name of the organization St Vincent Infirmary Medical Center

					71-	0236917					
Pä	art I Charity Care and	Certain O	ther Comr	nunity Benefits at	Cost						
								Yes	No		
1a	Does the organization have a	charity care	policy? If "N	o," skip to question 6a			1a	Yes			
b	If "Yes," is it a written policy	?					1b	Yes			
2	If the organization has multip care policy to the various hos		ındıcate whic	h of the following best	describes application o	of the charity					
	Applied uniformly to all ho	ospitals		Applied uniformly	to most hospitals						
	Generally tailored to indiv	·•	ls	,	, , , , , , , , , , , , , , , , , , , ,						
3	Answer the following based or organization's patients	n the charity	care eligibilit	y criteria that applies t	o the largest number o	fthe					
а	Does the organization use Fe										
	income individuals? If "Yes,"	_			ne infinction engine incy	r nee care	3a		No		
	100% 150%	20	о% Г	O ther							
b	Does the organization use FP										
	"Yes," indicate which of the fo	ollowing is the	e family incor	me limit for eligibility fo	r discounted care .		3ь		Νo		
	□ 200% □ 250%	Гзо	о% Г	350% Г 40	0%						
c	If the organization does not u determining eligibility for free test or other threshold, regard	or discounte	d care Inclu	de in the description w	hether the organization						
4	Does the organization's polic	y provide free	ordiscounte	ed care to the "medical	ly indigent"?		4	Yes			
5a											
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?											
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?											
6a Does the organization prepare an annual community benefit report?											
6b If "Yes," does the organization make it available to the public?											
	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 O	ther Commu	nity Benefits	at Cost							
	Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community b expense	enefit	(f) Percent of total expense			
а	Charity care at cost (from Worksheets 1 and 2)		1,655	6,282,316		6,28	2,316	2	020 %		
b	Unreimbursed Medicaid (from Worksheet 3, column a)		16,400	28,629,930	16,112,808	12,51	.7,122	4	030 %		
c	Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)										
d	Total Charity Care and Means-Tested Government Programs		18,055	34,912,246	16,112,808	18,79	9,438	6	050 %		
e	Other Benefits Community health improvement services and community benefit operations (from										
f	(Worksheet 4)	19	20,633	995,820	218,696	77	7,124		250 %		
g	(from Worksheet 5) Subsidized health services	6	24	191,492		19	1,492	0	060 %		
9 h	(from Worksheet 6) Research (from Worksheet 7)										
i	Cash and in-kind contributions to community groups (from Worksheet 8)	4	1,250	47,012			7,012		020 %		
-	Total Other Benefits	29	21,907	1,234,324	218,696	· ·	5,628		330 %		
k	Total. Add lines 7d and 7j	29	39,962	36,146,570	16,331,504	19,81	.5,066	6	380 %		

	t III Community Buildin	ng Activitie	s Complete t	his table if the org	ganızatı	on cor	nducted any commur	nity b		g g
	activities.	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	1 ' '	rect offse revenue	(e) Net communi building expense		(f) Perc total ex	
	Physical improvements and housing	(орионату								
	Economic development									
	•		2.024	F 037				077		
	Community support	1	2,821	5,877			5	,877		
	Environmental improvements									
	Leadership development and training for community members	2	6,490	8,199			8	,199		
	Coalition building									
	Community health improvement advocacy									
	Workforce development									
	Other									
	Total Bad Debt, Medicar	3 College	9,311	14,076			14	,076		
Ш	Bad Debt, Medical	e, & conec	HOII PLACTIC	es						
ct	ion A. Bad Debt Expense								Yes	N
	Does the organization report b	•	se in accordan	ce with Heathcare Fi	nancıal	Manage	ement Association	1	Yes	
	Statement No 15? Enter the amount of the organi	zation's bad d	ebt expense (a	t cost)		 ₂	10,132,191		162	
	Enter the estimated amount of				•		10,102,131			
	attributable to patients eligible				•	3				
	Provide in Part VI the text of t In addition, describe the costi rationale for including other ba	ng methodolog	ıy used ın deter	rmining the amounts			•			
t	ion B. Medicare									
	Enter total revenue received fi	rom Medicare ((including DSH	and IME)		5	116,114,077			
	Enter Medicare allowable cost	s of care relati	ng to payments	s on line 5		6	119,977,941			
	Subtract line 6 from line 5 Th Describe in Part VI the extent Also describe in Part VI the c Check the box that describes	to which any s osting method the method us	shortfall reporte ology or source ed	ed in line 7 should be used to determine t	treated		•			
	Cost accounting system	I ✓ Co	st to charge ra	tio	Other					
	ion C. Collection Practices		II k							
	Does the organization have a v If "Yes," does the organization						s to be followed for	9a	Yes	
)	patients who are known to qua	lify for charity	care or financia	al assistance? Desc				9b	Yes	
•	t IV Management Com	panies and 	Joint Ventu	res			40.0%			
	(a) Name of entity	(b	Description of practivity of entity	imary	c) Organi: profit % o ownersh	r stock	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	pro	e) Physic ofit % or ownershi	sto
_										
_										
1		+						+		

Part V Facility Information									
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
St Vincent Infirmary Medical Center Two St Vincent Circle Little Rock, AR 72205	Х	Х					х		
St Vincent Doctor's Hospital 6101 St Vincent Circle Little Rock, AR 72205	X	х							
St Vincent Medical Center North 2215 Wildwood Avenue Sherwood, AR 72120	Х	Х					х		

Part VI Supplemental Information

Complete this part to provide the following information

refer to the Needs Assessment Narrative, Part VI, Item 2 above

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

See additional data

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

See additional data

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

See additional data

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

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

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

- Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves. Please refer to the Needs Assessment Narrative, Part VI, Item 2 above
- 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.)

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

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Schedule I

(Form 990)

Department of the Treasury

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

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

OMB No 1545-0047

DLN: 93493118007721

Inspection

Internal Revenue Service Name of the organization Employer identification number St Vincent Infirmary Medical Center 71-0236917 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (c) IRC Code section (d) A mount of cash (a) Name and address of **(b)** EIN (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant ıfapplıcable organization grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) Arkansas Repertory Theater 710480336 501(c)(3) 15,000 SPONSORSHIP 601 Main Street Little Rock, AR 72201 36,000 SPONSORSHIP American Heart Association 135613797 501(c)(3) PO Box 1610 Little Rock, AR 72203 Little Rock Regional 710108510 501(c)(6) 12,500 SPONSORSHIP Chamber of CommerceOne Chamber Plaza Little Rock, AR 72201 Diocese of Little Rock2500 15.000 710236871 501(c)(3) SPONSORSHIP N Tyler St PO Box, AR 72217 Arkansas Urology5315 W 710782429 7,500 SPONSORSHIP 12th Street Little Rock, AR 72211 Arkansas Symphony 716059542 10,000 SPONSORSHIP 501(c)(3) OrchestraPO Box 7328 Little Rock, AR 72217 City of Little Rock500 W 716014465 10,000 SPONSORSHIP Markham Little Rock, AR 72201

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

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

Part IV Suppler	mental Information. Complete	this part to provide the information required in Part I, line 2, and any other additional information.
Ident if ier	Return Reference	Explanation
Schedule I Part I Q 2	Procedures for monitoring the use of grants	SVIMC uses minimal funds to give "sponsorships" to certain events such as a Gold Sponsorship to the 'Real Deal in the Rock' put on by the City of Little Rock SVIMC's CEO approves all sponsorships, and are primarily provided to charitable organizations or events to promote community health

Compensation Information

DLN: 93493118007721

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

Name of the organization

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.

Open to Public Inspection

St \	/incent Infirmary Medical Center			• •			
			71	-0236917			
Pa	rt I Questions Regarding Compensatio	n					
						Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III						
	First-class or charter travel	Ė	Housing allowance or residence for pe				
	Travel for companions		Payments for business use of persona				
	Tax idemnification and gross-up payments		Health or social club dues or initiation				
	Discretionary spending account	Γ	Personal services (e g , maid, chauffet	ır, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc				ь		
2	Did the organization require substantiation prior to i officers, directors, trustees, and the CEO/Executive			_ I	2		
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all the		•				
	Compensation committee	\sqcap	Written employment contract				
	Independent compensation consultant	Г	Compensation survey or study				
	Form 990 of other organizations	Γ	Approval by the board or compensatio	n committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A , line ${f 1a}$ with respect to the	filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4:	a	Yes	
ь	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4	ь	Yes	
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4	c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in P	art III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ust comp	olete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	did the organization pay or accrue any				
а	The organization?			5:	а		Νo
b	Any related organization?			5	ь		Νo
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	did the organization pay or accrue any				
а	The organization?			6	a		Νo
b	Any related organization?			6	ь		Νo
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," o			ixed 7	,	Yes	
8	Were any amounts reported in Form 990, Part VII,		•		\exists		
	subject to the initial contract exception described in Part III	n Kegs :	section 53 4958-4(a)(3)/ If "Yes," des	scribe 8	3		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	e rebutta	able presumption procedure described i	n Regulations	,		

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)(1)-(111) 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-MIS	SC compensation	(C) Retirement and		(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Peter Banko	(ı) (ıı)	397,483	47,848	22,914	34,027	40,732	543,005	
MATTHEW COX	(ı) (ıı)	231,133		68,407		36,190	335,730	
DAVID HALL MD	(ı) (ıı)	129,286		233,214		35,080	397,581	17,097
DAVID LIPSCHITZ MD	(ı) (ıı)	723,363	150,000	9,991		22,622	905,976	
MARY ELIZABETH O'Brien	(ı) (ıı)	553,502	105,340	62,827	47,250	30,935	799,854	
DARRICK PAUL	(ı) (ıı)	201,772		33,032		35,673	270,478	
JONATHAN TIMMIS	(ı) (ıı)	215,819		169		33,817	249,805	
Kurtıs Vınsant MD	(ı) (ıı)	272,283		1,159		36,253	309,695	
Ken Haynes	(ı) (ıı)	406,153	95,619	12,294	35,640	43,191	592,897	
David Liu MD	(ı) (ıı)	262,770 27,902	16,439	328		29,812	309,349 27,902	

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
CEO COMPENSATION	1	Compensation for the CEO is established and paid for by Catholic Health Initiatives (CHI), a related organization CHI Used the following to establish the CEO's compensation 1) Compensation committee, 2) Independent compensation consultant, 3) compensation survey or study, 4) approval by the board or compensation committee, 5) Written Employment Contracts
	4 a	Post termination payments are addressed in executive employment agreements for CHI employees at the level of Vice President and above including the MBO CEOs. These employment agreements require that in order for the executive to receive post termination payments, these individuals must execute a general release and settlement agreement. Post termination payment agreements are periodically reviewed for overall reasonableness in light of the executives overall compensation package. SVIMC uses the same methodology regarding severance payments for Vice President's and above. For the Calendar year 2009, David Hall, MD received \$188,332.80 in severance pay from SVIMC. The Severance payment was included in the individuals' reportable compensation for Sch. J
• •	4 b	DURING THE 2009 CALENDAR YEAR CHI MAINTAINED A SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN FOR SENIOR VICE PRESIDENTS AND ABOVE THE FOLLOWING REPORTABLE INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE PETER BANKO, MARY ELIZABETH O'BRIEN AND KEN HAYNES THE FOLLOWING INDIVIDUALS RECEIVED CONTRIBUTIONS TO THE SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN DURING THE 2009 CALENDAR YEAR PETER BANKO \$34,027, MARY ELIZABETH O'BRIEN \$47,250, KEN HAYNES \$35,640 DAVID HALL, MD WAS FORMERLY ELIGIBLE TO PARTICIPATE AND HE RECEIVED A DISTRIBUTION FROM THE PLAN OF \$17,097 WHICH WAS INCLUDED IN HIS REPORTABLE COMPENSATION FOR THE CALENDAR YEAR 2009
INCENTIVE COMPENSATION	1	SVIMC has an incentive compensation plan for employed physicians. The plan is based on a combination of physician productivity, quality, and patient satisfaction goals.

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DLN: 93493118007721

Transactions with Interested Persons

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

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Schedule L

Department of the Treasury

(Form 990 or 990-EZ)

Employer identification number

St vincent Infilmary Medical Center						71	L-02369	1 7			
Part I Excess Benefit Tran						4) organiz	zations d	only).			
Complete if the organizat			es" on Form 990, I	Part IV, line 25a c	or 25	b, or Form 9	990-EZ,	Part V , line			
1 (a) Name of disqu	ualified i	person		(b) Description of transaction					(c) Corrected Yes No		
									103	110	
									1		
										<u> </u>	
2 Enter the amount of tax impos	ed on th	e organ	ization managers o	or disqualified perso	ons c	luring the v	ear undei	r			
section 4958			_				. •	· \$			
3 Enter the amount of tax, If any	, on line	2, abov	e, reımbursed by t	he organization .			🕨	· \$			
Part II Loans to and/or F	Erom I	ntoro	stad Darsans								
Complete if the organiz				0, Part IV, line 26	, or F	orm 990-E	Z, Part V	, lıne 38a			
, j	(b) Loan to or from the						(f)				
(a) Name of interested person and			(c)O riginal	(-I) D = I = = = = d + = =	•	e) In efault?	1			g) Written greement?	
purpose	organiz	ation?	principal amoun	(d) Balance due	u e	elault	1 '	by board or accommittee?		11.7	
	То	From			Ye	s No	Yes	No	Yes	No	
Parrick Paul							l				
elocation Assist		X	90,59	46,990		No	Yes		Yes		
otal											
Part III Grants or Assistan						- 27					
Complete if the orga	nizatio	_		<u>orm 990, Part IV</u> veen interested per		e 27.					
(a) Name of interested pers	on	(b		rganization	SOII	(c)A m	ount of g	rant or type	ofassist	tance	
				-							
Part IV Business Transact	ions T	nyolyi	na Interested	Dersons							
Complete if the orga					', lın	e 28a, 28I	b, or 28	c.			
			Relationship	,		,	·		(e) Sh	aring of	
(a) Name of interested persoi	า	betw	een interested	(c) A mount of		(d) Descr	iption of	transaction		zation's	
, ,			rson and the rganization	transaction					reve Yes	nues? No	
Gus Vratsınas			e of organization	356.7	95	Independer	nt contrac	tor	1	No	
ave Parker Trustee of organization					_	Rental of property				N o	

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DLN: 93493118007721

OMB No 1545-0047

Inspection

Open to Public

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization St Vincent Infirmary Medical Center

Employer identification number

71-0236917

Pa	rt I Types of Property									
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d reven	etermı	nıng			
1	Art—Works of art	аррпсавіс		<u> </u>						
	Art—Historical treasures .									
	Art—Fractional interests									
4	Books and publications									
5	Clothing and household									
	goods									
	Cars and other vehicles									
	Boats and planes									
	Intellectual property									
	Securities—Publicly traded .									
	Securities—Closely held stock .									
11	Securities—Partnership, LLC, or trust interests									
12	Securities—Miscellaneous									
	Qualified conservation									
	contribution—Historic									
	structures									
14	Qualified conservation contribution—Other									
15	Real estate—Residential .									
	Real estate—Commercial									
17	Real estate—Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies .									
21	Taxıdermy									
22	Historical artifacts									
	Scientific specimens									
24	Archeological artifacts									
	SVF Fixed		_	4 556 204	B 1 1/ 1					
	Other ► (Assets)	X	1	1,556,291	Book Value					
	O ther ► ()									
	Other ► () Other ► ()									
29	Number of Forms 8283 received	L by the ora	nization during the tax yes	r for contributions						
29	for which the organization compl				29					
	•		,	•			Yes	No		
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it					
	must hold for at least three year	s from the o	date of the initial contribution	on, and which is not require	d to be used					
	for exempt purposes for the enti	re holdıng p	eriod?			30a		No		
b	If "Yes," describe the arrangeme	ent in Part I	I							
31	Does the organization have a gif	tacceptano	ce policy that requires the r	review of any non-standard	contributions?	31	Yes			
32a	Does the organization hire or us	e third parti	ies or related organizations	to solicit, process, or sell i	non-cash					
	contributions?					32a		Νo		
Ь	If "Yes," describe in Part II									
33	If the organization did not report	revenuesı	n column (c) for a type of p	roperty for which column (a) is checked,					
	describe in Part II			•	·					

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

Software ID: **Software Version:**

EIN: 71-0236917

Name: St Vincent Infirmary Medical Center

Explanation

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SCHEDULE 0

St Vincent Infirmary Medical Center

Return

Department of the Treasury

(Form 990)

Identifier

ldentifier

Return

Identifier

VI, Q 16

990 Part

VI, Q 19

Venture

Availability of

Devoted to Related

Organizations

Governing

Return

Reference

Process for Determining

Supplemental Information to Form 990 $\label{lem:complete} \textbf{Complete to provide information for responses to specific questions on } \\$ DLN: 93493118007721 OMB No 1545-0047

Employer identification number

Form 990 or to provide any additional information. Internal Revenue Service ► Attach to Form 990. Name of the organization

71-0236917

ldentifier	Return Reference	Explanation
990, Part III, Q 3	Explanation of significant changes	St Vincent Infirmary Medical Center (SVIMC) discontinued providing Rehab Services effective December 31, 2009

1a Composition appointed by the chairperson, each of whom shall serve as an ex officio voting member of the Executive Committee Each individual appointed to the Executive Committee shall serve for a term of one year or until his or		Reterence	
committees, such as the executive committee, that are granted the authority to act on behalf of the board of directors may include only directors of the corporation. Further, pursuant to Section 8 6 of the Corporation's bylaws, the executive committee has and may exercise such powers as may be delegated to it by the board of	Part VI, Q	Committee Composition	composed of the board chair, the board vice chair, the President and CEO, and five voting members of the board appointed by the chairperson, each of whom shall serve as an ex officio voting member of the Executive Committee Each individual appointed to the Executive Committee shall serve for a term of one year or until his or her successor is duly appointed by the Board of Directors. Pursuant to Section 8.1 of the Corporation's bylaws, committees, such as the executive committee, that are granted the authority to act on behalf of the board of directors may include only directors of the corporation. Further, pursuant to Section 8.6 of the Corporation's bylaws, the executive committee has and may exercise such powers as may be delegated to it by the board of directors. The Executive Committee also possesses the power to transact routine business of the corporation in

ldentifier	Return Reference	Explanation				
, , , , , , , , , , , , , , , , , , , ,	Members or Stockholders	ACCORDING TO THE BY LAWS OF ST VINCENT INFIRMARY MEDICAL CENTER, THE ENTITY'S SOLE MEMBER IS CATHOLIC HEALTH INITIATIVES, A COLORADO NONPROFIT CORPORATION				

identifier	Reference	Explanation				
990, Part VI, Q 7a	Electing Directors	According to the organization's bylaws, directors of the corporation shall be appointed by the corporate member no later than June 30 of each year. The names and qualifications of each individual accepted by the board of directors shall be submitted to the corporate member, who shall appoint or refuse each nominee in accordance with the corporate member's bylaws and with endorsement of the senior vice president of operations. The corporate member may unilaterally appoint one or more individuals to the board of directors should the board fail to furnish the corporate member with a list of individuals qualified to serve on the board of directors of the corporation.				

Explanation

	Reference	
990 Part VI, Q 7b	Governing Pow ers	St Vincent Infirmary Medical Center's (SVIMC) corporate member is Catholic Health Initiatives ("CHI") Pursuant to Section 5 4 of SVIMC's bylaws, the Corporate Member shall have the specific rights set forth in the governance matrix. Pursuant to the governance matrix the following rights are reserved to the CHI Board directly or through powers delegated to the CHI Chief Executive Officer. *Substantial change in the mission or philosophy of SVIMC.* Amendment of the corporate documents of SVIMC.* Approve members of the SVIMC board.* Removal of a member of the governing body of SVIMC.* Approval of issuance of debt by SVIMC.* Approval of participation of SVIMC in a joint venture. *Approval of formation of a new corporation by SVIMC.* Approval of a merger involving SVIMC.* Approval of the sale of all or substantially all of the assets of SVIMC.* To require the transfer of assets by SVIMC to CHI to accomplish CHI's goals and objectives, and to satisfy CHI debts.* Adoption of long range and strategic plans for SVIMC in addition, pursuant to Section 5.5.2 of the organization's bylaws, CHI may, in exercise of its approval powers, grant or withhold approval in whole or in part, or may, in its complete discretion, after consultation with the Board and the President and Chief Executive Officer of the organization, recommend such other or different actions as it deems appropriate.

Identifier	Return Reference	Explanation
990 Part VI, Q 11a	990	THE CFO IS RESPONSIBLE FOR REVIEWING THE FINAL TAX RETURN PREPARED BY THE CHI TAX DEPARTMENT ANY QUESTIONS OR DISCREPANCIES ARE RESOLVED PRIOR TO FILING THE RETURN A COPY WILL BE PRESENTED AT THE FINANCE COMMITTEE MEETING AND DISTRIBUTED TO THE BOARD MEMBERS SUBSEQUENT TO PROVIDING THE RETURN TO THE BOARD AND CFO, THE TAX DEPARTMENT FILES THE RETURN WITH THE APPROPRIATE FEDERAL AND STATE AGENCIES, MAKING ANY NON-SUBSTANTIVE CHANGES NECESSARY TO EFFECT E-FILING ANY SUCH CHANGES ARE NOT RE-SUBMITTED TO THE BOARD

ldentifier	Return Reference	Explanation			
990 Part	PROCEDURES FOR MONITORING AND ENFORCING THE COI POLICY	FOR EMPLOYEES ST VINCENT HEALTH SYSTEMS CONFLICT OF INTEREST POLICY COVERS ALL EMPLOYEES AT THE LEVEL AT WHICH THEY CAN USE THEIR WORK KNOWLEDGE FOR PERSONAL GAIN THIS IS GENERALLY ANY MANAGEMENT PERSONNEL EACH PERSON IN A MANAGEMENT POSITION IS REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST STATEMENT THIS STATEMENT INQUIRES ABOUT ANY POSSIBLE CONFLICT OF INTEREST AND INFORMS THE EMPLOYEE OF THE COI POLICY ACTUAL CONFLICTS ARE REVIEWED BY THE CORPORATE RESPONSIBILITY OFFICER IF THE CONFLICT CANNOT BE RESOLVED OR DETERMINED AT THAT LEVEL, THE CRO DISCUSSES WITH THE CEO ST VINCENT HEALTH SYSTEM EMPLOYEES MAY NOT USE THEIR POSITIONS OR ANY KNOWLEDGE GAINED FROM THEIR EMPLOYMENT IN ANY MANNER FOR THEIR PERSONAL GAIN OR IN SUCH A MANNER THAT A CONFLICT OF INTEREST MIGHT ARISE BETWEEN THE INTERESTS OF ST VINCENT AND THE EMPLOYEES ST VINCENT HEALTH SYSTEM EMPLOYEES SHALL NOT ACCEPT ANY GIFTS, FAVORS OR HOSPITALITY THAT MIGHT INFLUENCE OR BE INTERPRETED AS INFLUENCING THEIR DECISION MAKING OR OTHER ACTIONS AFFECTING ST VINCENT ST VINCENT HEALTH SYSTEM EMPLOYEES SHOULD NOT ACCEPT OUTSIDE EMPLOY MENT STATUS OR WHICH HINDER THE EMPLOYEES ABILITY TO PERFORM THEIR JOB ASSIGNMENTS EMPLOYMENT STATUS OR WHICH HINDER THE EMPLOYEES TO WORK IN THE RESCUTIVE OF WORK BEING PERFORMED OUTSIDE OF ST VINCENT ST VINCENT HEALTH SYSTEM WILL NOT HIRE, ASSIGN, OR TRANSFER IMMEDIATE RELATIVES OF PRESENT EMPLOYEES TO WORK IN THE SAME DEPARTMENT AT THE SAME PHYSICAL LOCATION NO PERSON SHALL BE EMPLOYED. RETAINED IN, OR TRANSFERRED TO A POSITION, WHICH IS DIRECTLY OR INDIRECTLY SUPERVISED BY AN IMMEDIATE RELATIVE MIMEDIATE RELATIVES ARE SPOUSES, SPOUSES, SPOUSE, PRESENT EMPLOYED. RETAINED THE RELATIVE MEDIATE RELATIVES ARE SPOUSES, SPOUSES, SPOUSE AND FRANCHERS—IN-LAW, CHILD, DAUGHTERS—IN-LAW, SONS—IN-LAW, FIRST COUSINS, AUNTS, UNCLES, GRANDPARENTS, AND GRANDCHILDREN ST VINCENT TO SECTION 13 7 OF THE BY-LAWS Each of the Corporation'S officers and directors shall act at all timms in a manner that furthers the Corporation'S officers and dire			

990 Part VI, Q 15a	Process for Determining Compensation	assess ex compensa on an indiv	organization's CEO's compensation is paid by CHI CHI uses the Hay Group as an independent third party to see executive compensation programs and to ensure the reasonableness of actual salaries and total pensation packages. Compensation of CHI's senior most executives (including each MBO CEO) is reviewed in individual basis annually. The Hay Group reviews both cash and total compensation for overall compensation for overall compensation.			
		healthcare Stew ards December a compreh	easonableness, for adherence to CHI's compensation philosophy, and for comparability to the not-for-profit cealthcare market. This independent review is delivered by Hay Group to the HR Committee of the CHI Board of sew ardship Trustees annually at their September meeting and minutes are shared with the full board at the eccember meeting. The last review was September, 2010. In addition, in December 2009, Hay Group completed comprehensive review of all CHI positions at the level of Vice President and above to determine and validate oppropriate compensation levels.			
	<u> </u>		1			
ldentifier Return Reference		erence	Explanation			

Explanation

ALL SVIMC EXECUTIVE COMPENSATION IS REVIEWED BY A COMPENSATION COMMITTEE

ventures How ever CHI's system-wide joint venture model operating agreement incorporates controls over the

THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE

UPON REQUEST FROM THE ADMINISTRATION DEPARTMENT. IN ADDITION, THE GOVERNING DOCUMENTS

ORGANIZATIONS IN EXCHANGE FOR THE FULFILLMENT OF THEIR DUTIES AS FULL-TIME, 60 HOUR-PER-WEEK EMPLOYEES except as follows David Lui WORKS FOR SVIMC AND IS COMPENSATED FOR

SERVICES BY A RELATED ORG, ST VINCENT MEDICAL GROUP, FOR APPROXIMATELY 4 hours A WEEK

Identifier	Return Reference		Explanation
<u></u>			TATIOVIDED BY AN INDELENDENT CONTINUON CONDUCTANT
	'	yEmployees AR	DMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS ALL SALARY LEVELS AND INCREASES RE COMPARED TO INDUSTRY STANDARDS AND GUIDELINES FOR APPROPRIATENESS USING ATA PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT

agreement are generally reviewed by counsel					
ensure that the partnership furthers the exempt p exempt organization is a partner, achievement of the partners, (3) the partnership does not engage exemption, (4) returns of capital, allocations, and ow nership interests, and (5) all contracts entered arm's-length, with prices set at fair market value	Policy venture sufficient to ensure that (1) the exempt organization at all times retains control over the venture sufficient to ensure that the partnership furthers the exempt purpose of the organization, (2) in any partnership in which the exempt organization is a partner, achievement of exempt purposes is prioritized over maximizations of profits for the partners, (3) the partnership does not engage in any activities that would jeopardize the exempt organization's exemption, (4) returns of capital, allocations, and distributions must be made in proportion to the partners' respectiv ownership interests, and (5) all contracts entered into by the partnership with the exempt organization must be at arm's-length, with prices set at fair market value. Any joint venture agreements that do not conform to the model agreement are generally reviewed by counsel.				

	Policy, Financial Statements	STATEMENTS ARE INCLUDED IN CATHOLIC HEALTH INITIATIVES' CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT WWW CATHOLICHEALTHINIT ORG OR AT WWW DACBOND ORG		
Identifier	Return Reference	Explanation		
990 Part	Estimate of Hours	COMPENSATION REPORTED ON FORM 990, PART VII WAS PAID TO THESE INDIVIDUALS BY RELATED		

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

DLN: 93493118007721

OMB No 1545-0047

Schedule R (Form 990) 2009

2009

Open to Public Inspection

SCHEDULE R (Form 990)

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► See separate instructions.

Cat No 50135Y

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

	organizat ion nary Medical Center				71-0236917	ification number			
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	(e) ind-of-year assets	(f) Direct controlling entity			
Part II	Identification of Related Tax-Exempt Organizat	ions (Complete if t	ho organization an	sworod "Vos" on	Form 990 Part	IV line 34 because it had one			
alt II	or more related tax-exempt organizations during the	tax year.)	ne organization an			TV, line 34 because it had one			
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity stat (if section 501(c)(tus (f) Direct controlling (3)) entity			
e Addıtıonal	Data Table								
				1					

Part III Identification because it	ation of Related had one or more	Organiz related o	z ations Taxable a organizations treate	s a Partnership (C d as a partnership d	Complete if the orguring the tax year	anızatıon ans .)	wered '	'Yes" c	on For	m 990, I	Part IV, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end asset	-of-year	(h Disprop allocat	rtionate	Code amount ir Sched	i) V—UBI n box 20 of ule K-1 n 1065)	(j Gener mana partr	ral or iging
								Yes	No			Yes	No
See Additional Data Table													-
												1	
												-	
				s a Corporation or s treated as a corpor			ar.)		ed "Y	es" on F	orm 990, Pa	art IV,	
(a) Name, address, and EIN of	related organization	(b) Primary ad		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share o Incol	of total	Sh end-	(g) nare of -of-year ssets	(h) Percentage ownership		
See Additional Data Table													

Par	t V	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, II	ne 34, 35, or 36.)			
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
1 Dui	rıng th	ne tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV	•			
а	Recei	pt of (i) ınterest (ii) annuıtıes (iii) royaltıes (iv) rent from a controlled entıty		1a	Yes	
b	Gıft, g	rant, or capital contribution to other organization(s)		1b		No
c (Gıft, g	rant, or capital contribution from other organization(s)		1 c	Yes	
d	Loans	or loan guarantees to or for other organization(s)		1d		No
e	Loans	or loan guarantees by other organization(s)		1e	Yes	
f :	Sale o	of assets to other organization(s)		1f		No
g	Purch	ase of assets from other organization(s)		1 g		No
h	Excha	ange of assets		1h		No
i L	.ease	of facilities, equipment, or other assets to other organization(s)		1i		No
j l	_ease	of facilities, equipment, or other assets from other organization(s)		1 <u>j</u>	Yes	
k	Perfor	mance of services or membership or fundraising solicitations for other organization(s)		1k		No
		mance of services or membership or fundraising solicitations by other organization(s)		11	Yes	
		ng of facilities, equipment, mailing lists, or other assets		1m		No
		ng of paid employees		1n		No
o	Reimb	pursement paid to other organization for expenses		1o	Yes	
		oursement paid by other organization for expenses		1р		No
q	Other	transfer of cash or property to other organization(s)		1 q	Yes	
		transfer of cash or property from other organization(s)		1r		
2	fthe	answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships		holds		
		(a) Name of other organization	(b) Transaction type(a-r)		(c) nt involv	ed
	Additio	onal Data Table	,, ,			
(2)						
(3)						
(4)						
(5)						
(6)						

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

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

(a) Name, address, and EIN of entity	(b) Primary activity Legal domicile (state or foreign country)			section assets 501(c)(3) organizations?			r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
										+
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										+
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									_	+
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										+
										T
										1

Additional Data

St Joseph Community Health Services

Baker City, OR97814

Bardstown, KY40004

Bardstown, KY40004

Lakewood Health Center

600 Main Avenue South Baudette, MN 56623 41-0758434 Appletree Court

Breckenridge, MN56520

2400 St Francis Drive Breckenridge, MN56520

2400 St Francis Drive Breckenridge, MN56520

2400 St Francis Drive Breckenridge, MN56520

Carrington Health Center

Saint Clare's Community Care

Saint Clare's Foundation Inc

Colorado Springs, CO80933

2525 De Sales Avenue Chattanooga, TN 37404

2525 De Sales Avenue Chattanooga, TN 37404

6028 Shallowford Road Chattanooga, TN37421

Cincinnati, OH45206

Cincinnati, OH45206

Cincinnati, OH45206

Saint Clare's Hospital

Memorial Health Care System Inc

Memorial Health Care System Foundation

Memorial Health Partners Foundation Inc

The Community Limited Care Dialysis Cent

619 Oak Street Accounting-3 West

619 Oak Street Accounting-3 West

619 Oak Street Accounting-3 West

St Francis Life Care Corporation

TrıHealth Physician Institute

961 East Colorado Avenue Colorado Springs, CO80903

SET of Colorado Springs Inc

Catholic Health Initiatives

1999 Broadway Suite 4000

1999 Broadway Suite 4000

1999 Broadway Suite 4000

Global Health Initiatives

Catholic Health Care Federation

825 E Pikes Peak Avenue Bldg 29 Colorado Springs, CO80903

Cincinnati, OH45206

31-1074519

84-0902211

84-1183335

Denver, CO80202 47-0617373

Denver, C080202 20-8473567

Denver, CO80202 20-1536108

619 Oak Street Accounting-3 West

Catholic Health Initiatives Colorado Fou

Good Samaritan Foundation of Cincinnati

The Good Samarıtan Hospital of Cincinnat

Good Samaritan College of Nursing & Heal

800 North 4th Street Carrington, ND58421

St Francis Medical Center

Healthcare and Wellness Foundation

Flaget Memorial Hospital Foundation Inc

Flaget Healthcare DBA Flaget Memorial

4305 New Shepherdsville Road

4305 New Shepherdsville Road

94-3164869

56-2351341

61-1345363

601 Oak Street

41-1850500

76-0761782

41-0729978

41-0695598

45-0227311

66 Ford Road Denville, NJ07834 22-2876836

66 Ford Road Denville, NJ07834 22-2502997

375 Dixmyth Ave Cincinnati, 0H45220 31-1778403

Total Healthcare

PO Box 7021

84-0927232

62-0532345

62-1839548

03-0417049

23-7419853

31-1206047

31-0537486

66 Ford Road Denville, NJ07834 22-3319886

19 Pocono Road Denville, NJ07834 22-2536017

St Francis Home

Return to Form

Direct Controlling

Entity

CHI

SJCHS

СНІ

SEHS

lғн

СНІ

CHI

SFH

SFMC

CHI

СНІ

CHI

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GHS

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GSH

CHI

schs

GSH

CHI Colorado

CHI Colorado

СНІ

CHI

СНІ

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TRI-HEALTH

7

9

none

11a

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11a

CHI Colorado

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11a

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11a

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9

11a

9

3

11b

Software ID: Software Version:

FSION: EIN: 71-0236917

Name: St Vincent Infirmary Medical Center

(b)

Primary Activity

Community

Fundraising

Hospital

LTerm Care

Senior Homes

Foundation

LTerm Care

Healthcare

Healthcare

Healthcare

Fundraising

Education

Healthcare

Hospital

Foundation

Healthcare

Dialysis

Foundation

Hospital

Hospital

Elderly Care

Physicians

Foundation

LTerm Care

Healthcare

Jurdic Person

Ministries

(c)

Legal Domicile

(State

or Foreign Country)

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(d)

Exempt Code

section

501(c)(3)

501(c)(2)

501(c)(3)

(e)

Public charity

status

(If 501(c)(3))

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

Name, address, and EIN of related organization

300 Central SW Suite 300 Albuquerque, NM87102 71-0897107		
St Joseph Community Health Foundation	Foundation	NM
300 Central SW Suite 300 Albuquerque, NM87102 85-0253087		
St Francis of Baker City	Hospital	OR
3325 Pocahontas Road Baker City, OR97814 93-0412495		
St Elizabeth Health Care Foundation	Foundation	OR
3325 Pocahontas Road		

Form 990, Schedule R, Part II - Identification of Related T	ax-Exempt Organiz				
(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
Health SET 4200 West Conejos Place 436 Denver, CO80204 84-1102943	Low Inc Care	СО	501(c)(3)	7	CHI Colorado
Bishop Drumm Retirement Center 1111 6th Avenue Des Moines, IA 50 314 42-07 25 196	LTerm Care	IA	501(c)(3)	9	CHI-IA Corp
	Hospital	IA	501(c)(3)	3	CHI-IA Corp
	Shelter	IA	501(c)(3)	7	CHI-IA Corp
	Auxiliary	IA	501(c)(3)	11a	CHI-IA Corp
	Physician	IA	501(c)(3)	9	CHI-IA Corp
	Education	IA	501(c)(3)	2	CHI-IA Corp
Mercy Foundation of Des Moines IA 1111 6th Avenue Des Moines, IA 50 31 4 23-7358794	Foundation	IA	501(c)(3)	7	CHI-IA Corp
	Hospital	IA	501(c)(3)	3	CHI-IA Corp
1111 6th Avenue Des Moines, IA 50314 42-1470935	Physician	IA	501(c)(3)		CHI-IA Corp
1031 East Seventh Street Devils Lake, ND58301 45-0227012	Healthcare	ND	501(c)(3)		CHI
Saint Joseph's Hospital Foundation 30 West 7th Street Dickinson, ND58601 36-3418207	Foundation	ND	501(c)(3)		SJHHC
30 West 7th Street Dickinson, ND58601 45-0226429	Healthcare	N D	501(c)(3)		СНІ
1010 Three Springs Blvd Durango, CO81301 84-0405515	Hospital	со	501(c)(3)		СНІ
3900 Olympic Blvd Suite 400 Erlanger, KY41018 20-2741651	Healthcare	KY	501(c)(3)		СНІ
801 Page Drive Fargo, ND58103 45-0226714	LT Care	N D	501(c)(3)		СНІ
401 East Spruce Street Garden City, KS67846 48-0543721	Hospital	KS	501(c)(3)		СНІ
St Catherine Hospital Development Found 401 East Spruce Street Garden City, KS67846 20-0598702 Saint Francis Medical Center Foundation	Foundation Foundation	KS NE	501(c)(3) 501(c)(3)		SCH SFMC
PO Box 9804 Grand Island, NE68802 47-0630267	HealthCare	N E	501(c)(3)		CHI Nebraska
PO Box 9804 Grand Island, NE68802 47-0376601	Hospital	KS	501(c)(3)		СНІ
3515 Broadway Great Bend, KS67530 48-0543724	Hospital	KS	501(c)(3)		СКМС
923 Carroll Ave Larned, KS67550 48-1253246	Hospital	KS	501(c)(3)		SJRMC
220 North Pennsylvania Columbus, KS66725 48-1216238 Mercy Lifecare Systems	Property Mgmt	МО	501(c)(3)	11a	SJRMC
2727 McClelland Blvd Joplin, MO64804 43-1305163 St John's Medical Group	Phys Practice	МО	501(c)(3)	9	SJRMC
2727 McClelland Blvd Joplin, MO 64804 43-1882377 St John's Mercy Regional Foundation	Foundation	МО	501(c)(3)	7	SJRMC
2727 McClelland Blvd Joplin, MO 64804 43-1308084 St John's Regional Medical Center	Hospital	мо	501(c)(3)	3	СНІ
2727 McClelland Blvd Joplin, MO 64804 44-0545809 Good Samaritan Hospital	HealthCare	NE	501(c)(3)	3	CHI Nebraska
PO Box 1990 Kearney, NE68848 47-0379755 Good Samaritan Hospital Foundation	Foundation	NE	501(c)(3)	7	GSН
PO Box 1810 Kearney, NE68848 47-0659443 St Joseph Health Ministries	Health	PA	501(c)(3)	11a	SJHM
2135 Noll Drive Suite C Lancaster, PA17603 23-2342997					

Form 990, Schedule R, Part II - Identification of Related 1	Tax-Exempt Organiz	ations			
(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
St Joseph Health Ministries Foundation 2135 Noll Drive Suite C Lancaster, PA 17603 23-2605579	Fundraising	PA	501(c)(3)	11a	SJHM
St Joseph Health Services Inc 2135 Noll Drive Suite C Lancaster, PA17603 20-1425375	Dental care	PA	501(c)(3)	11a	SJHM
Continuing Care Hospital 150 North Eagle Creek Drive Lexington, KY40509 61-1400619	LTACH	KY	501(c)(3)	3	SJHS
Saint Joseph Berea Hospital Foundation 305 Estill Street Berea, KY40403 26-0152877	Foundation	КҮ	501(c)(3)	7	SJHS
	Hospital	КҮ	501(c)(3)	3	СНІ
St Joseph Hospital Foundation Inc One St Joseph Drive Lexington, KY40504 61-1159649	Foundation	КҮ	501(c)(3)	11a	SJHS
Saint Joseph Medical Foundation Inc One St Joseph Drive Lexington, KY40504 31-1539059	Phy Practices	KY	501(c)(3)	3	SJHS
Visiting Nurse Association of Saint Clar 191 Woodport Road Sparta, NJ07871 22-1768334	Home Health	NJ	501(c)(3)	9	schs
Saint Elizabeth Foundation 555 South 70th Street Lincoln, NE68510 47-0625523	Foundation	NE	501(c)(3)	7	SERMC
Saint Elizabeth Health Services 555 South 70th Street Lincoln, NE68510 36-3233120	Healthcare	NE	501(c)(3)	3	SERMC
CHI Nebraska 555 South 70th Street Lincoln, NE68510 36-3233121	Healthcare	NE	501(c)(3)	11a	CHI
	Healthcare	NE	501(c)(3)	3	CHI Nebraska
The Physician Network 8055 O Street Suite 300 Lincoln, NE68510 47-0780857	Healthcare	NE	501(c)(3)	11a	CHI Nebraska
Lisbon Area Health Services 905 Main Street Lisbon, ND58054 82-0558836	Healthcare	ND	501(c)(3)	3	СНІ
Alverna Apartments 300 SE 8th Avenue Little Falls, MN 56 34 5 41-1351177	Lterm Care	MN	501(c)(3)	9	СНІ
	Healthcare	MN	501(c)(3)	3	СНІ
St Anthony's Hospital Association 4 Hospital Drive Morrilton, AR72110 71-0245507	Healthcare	AR	501(c)(3)	3	SVIMC
St Vincent Infirmary Medical Center 2 St Vincent Circle Little Rock, AR72205 71-0236917	Healthcare	AR	501(c)(3)	3	СНІ
St Vincent Medical Group 2 St Vincent Circle Little Rock, AR72205 71-0830696	Healthcare	AR	501(c)(3)	9	SVIMC
Maria-Joseph Center 4830 Salem Avenue Dayton, OH45416 31-0935118	Healthcare	ОН	501(c)(3)	9	SHP
Saint Joseph London Foundation Inc 310 East Ninth Street London, KY40741 26-0438748	Foundation	КҮ	501(c)(3)	11a	SJHS
	Hospital	ОН	501(c)(3)	3	SHP
Mercy Medical Center 1512 12th Avenue Road Nampa, ID83686 82-0200896	Hospital	ID	501(c)(3)	3	CHI
Mercy Medical Center Foundation 1512 12th Avenue Road Nampa, ID83686 26-1737256	Foundation	ID	501(c)(3)	11a	Mercy Med Ct
Mercy Physician Group Inc 1512 12th Avenue Road Nampa, ID83686 20-8192593	Phys Group	ID	501(c)(3)	9	Mercy Med Ct
St Mary's Hospital 1314 3rd Avenue Nebraska City, NE68410 47-0443636	Hospital	NE	501(c)(3)	3	CHI Nebraska
St Mary's Hospital Foundation 1314 3rd Avenue Nebraska City, NE68410 47-0707604	Foundation	NE	501(c)(3)	7	SMH
Oakes Community Hospital 314 South 8th Street Oakes, ND58474 45-0231675	Hospital	ND	501(c)(3)	3	СНІ
Oakes Community Hospital Foundation 314 South 8th Street Oakes, ND58474 71-0966606	Foundation	ND	501(c)(3)	11a	осн
St Dominic at Ontario 351 SW 9th Street Ontario, OR97914 93-0433692	Hospital	O R	501(c)(3)	3	CHI
93-U433092 	I	1	l	l	I

Form 990, Schedule R, Part II - Identification of Related T	ax-Exempt Organiz				
(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
Holy Rosary Medical Center Foundation 351 SW 9th Street Ontario, OR97914 20-2683560	Foundation	O R	501(c)(3)		HRMC
St Joseph's Area Health Services 600 Pleasant Avenue Park Rapids, MN56470 41-0695603	Hospital	MN	501(c)(3)	3	СНІ
St Anthony Hospital 1601 SE Court Avenue Pendleton, OR97801 93-0391614	Hospital	OR	501(c)(3)	3	СНІ
St Anthony Hospital Foundation 1601 SE Court Avenue Pendleton, OR97801 93-0992727	Foundation	OR	501(c)(3)	11a	SA Hospital
Gettysburg Medical Center 606 East Garfield Avenue Gettysburg, SD57442 46-0234354	Hospital	SD	501(c)(3)	3	SMHC
	Healthcare	SD	501(c)(3)	3	CHI
Mt St Joseph Inc 3060 SE Stark Street Portland, OR97214 93-0386870	Nursing Care	OR	501(c)(3)	9	СНІ
Pueblo Stepup 1925 East Orman Avenue Suite G52 Pueblo, C081004 84-1234295	Community	со	501(c)(3)	7	СНІ
	Healthcare	PA	501(c)(3)	11a	СНІ
	Foundation	PA	501(c)(3)	11a	SJRHN
	Healthcare	PA	501(c)(3)	9	внс
	Healthcare	PA	501(c)(3)	3	СНІ
Linus Oakes Inc 2700 Stewart Parkway Roseburg, OR97470 93-0821381	Senior Living	OR	501(c)(3)	9	ммс
	Foundation	OR	501(c)(3)	7	ммс
	Hospital	OR	501(c)(3)	3	СНІ
	Healthcare	WI	501(c)(3)	9	СНІ
	Hospital	WA	501(c)(3)	3	FHS
Franciscan Foundation 1717 South J Street Tacoma, WA 98405 91-1145592	Fundraising	WA	501(c)(3)	9	FHS
	Healthcare	WA	501(c)(3)	3	СНІ
	Healthcare	WA	501(c)(3)	9	FHS
St Joseph Medical Center Foundation In 7601 Osler Drive Towson, MD21204	Fundraising	MD	501(c)(3)	7	SJMC
7601 Osler Drive Towson, MD21204	Hospital	MD	501(c)(3)	3	CHI
7601 Osler Drive Towson, MD21204	Physicians	MD	501(c)(3)	11a	CHI
52-1311775 Samaritan Health Foundation 2222 Philadelphia Drive Dayton, OH45406	Foundation	ОН	501(c)(3)	7	SHP
570 Chautauqua Boulevard Valley City, ND58072	Hospital	ND	501(c)(3)	3	СНІ
1301 15th Avenue West Williston, ND58801	Healthcare	ND	501(c)(3)	3	СНІ
1301 15th Avenue West Williston, ND58801	Foundation	ND	501(c)(3)	11a	ммс
2222 Philadelphia Drive Dayton, OH45406	Healthcare	ОН	501(c)(3)	11a	CHI
31-1107411 St Vincent Foundation Two St Vincent Circle Little Rock, AR72205	Fundraising	AR	501(c)(3)	11a	SVIMC
51-0169537 Auxiliary of Holy Rosary Hospital Inc 351 SW 9th Street Ontario, OR97914	Hospital	O R	501(c)(3)	9	HRMC
94-3059469					I

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

Form 990, Schedule R, Part II - Identification of Related	Tax-Exempt Organi	zations	Í	1	1
(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
The Mercy Hospital of Devils Lake Fdn	Foundation	N D	501(c)(3)	11a	MHDL
1031 East Seventh Street Devils Lake, ND58301 35-2367360					
A legent Health - Bergan Mercy Health Sys	Hospital	NE	501(c)(3)	3	CHI
7500 Mercy Road Omaha, NE68124 47-0484764					
Alegent Health - Mercy Hospital Corning	Hospital	IA	501(c)(3)	3	AHBMHS
PO Box 368 Corning, IA 50841 42-0782518					
Mercy Health Care Foundation	Foundation	NE	501(c)(3)	11a	АНМН
PO Box 368 Corning, IA 50841 42-1461064					
Mercy Hospital Foundation Council Bluff	Foundation	IA	501(c)(3)	11a	AHBMHS
800 Mercy Drive Council Bluffs, IA51503 42-1178204					
CHI Institute For Research and Innovatio	Healthcare	со	501(c)(3)	11a	CHI
198 Inverness Drive West Englewood, CO80112 _27-1050565					
CHI Colorado	Healthcare	СО	501(c)(3)	3	СНІ
188 Inverness Drive West Englewood, CO80112 84-0405257					
Saint Joseph Mount Sterling Foundation	Foundation	KY	501(c)(3)	7	SJHS
50 Sterling Avenue Mount Sterling, KY40353 27-2884584					
Centennial Medical Group Inc	Physicians	O R	501(c)(3)	9	ммс
2700 Stewart Parkway Roseburg, OR97470 90-0433062					
CHI National Foundation	Foundation	со	501(c)(3)	11a	СНІ
198 Inverness Drive West Englewood, CO80112 27-0930004					
Saint Clare's Health Services Inc	Management	ИJ	501(c)(3)	7	СНІ
25 Pocono Road Denville, NJ07834 _22-3639733					
Good Samarıtan Hospital	Hospital	ОН	501(c)(3)	3	SHP
2222 Philadelphia Drive Dayton, OH45406 31-0536981					
90-0433062 CHI National Foundation 198 Inverness Drive West Englewood, CO80112 27-0930004 Saint Clare's Health Services Inc 25 Pocono Road Denville, NJ07834 22-3639733 Good Samaritan Hospital 2222 Philadelphia Drive Dayton, OH45406	Management	NJ	501(c)(3)	7	СНІ

Form 990, Schedule R,	Part III - Identi		of Related C)rganizations	Taxable as a Partr	nership	1			
(a)	(b)	(c) Legal	(d)	(e) Predominant	(f)	(g)	(h) Disproprtionate	(i)	Gei	j) neral
Name, address, and EIN of related organization	Primary activity	Domicile (State or Foreign Country)	Controlling Entity	income(related, unrelated, excluded from tax under sections		Share of end-of-year assets (\$)	allocations?	Code V-UBI amount or Box 20 of K-1 (\$)	^າ Man	or aging tner?
	0.0.0		GERM C	512-514)	455.405	000.400	Yes No	272	Yes	_
Superior Medical Imaging LLC	OP Diagnostics	NE	SERMC	Related	-155,495	993,429	N o	272		No
5000 North 26th Street Lincoln, NE68521 26-2884555 Central Nebraska Rehab	Physical Therapy	N E	СНІ	Related	1,816,979	2,933,623	No	5,050		No
Services	, mysteur rherup,			l l	2,010,373	2,555,625		3,030		
3004 W Faidley Ave Grand Island, NE68802 81-0653461 Mercy West Endoscopy LLC	A mbulatory Surg	IA	CHI-IA Corp	Related	1,917,716	1,695,121	No			No
1601 NW 114th St Suite 244 Clive, IA50325 90-0129077	Amburatory Surg		CHI-IA COIP	Related	1,917,710	1,093,121	No			
Audubon Land Company LLC	Real Estate	СО	тнс	Related	67,577	9,001,605	No			Νο
5390 N Academy Blvd Suite 300 Colorado Springs, CO80918 84-1513085										
Breckenridge Medical Clinic LLC	Medical Clinic	СО	ТНС	Related			No			No
555 South Park Avenue Plaza 11										
Breckenridge, CO80424 65-1295958	MadicalTecaria	60	THE	Related	1 022 441	9.249.402	No		_	Νο
Penrad Imaging 1390 Kelly Johnson Blvd Colorado Springs, CO80920 84-1072619	Medical Imaging	СО	ТНС	Related	1,922,441	8,248,492	IN O			IN O
St Anthony Regional Mtn Cancer Center	Cancer Center	со	тнс	Related	60,513	318,803	No			No
4231 W 16th Avenue Denver, CO80112 37-1568013										
St Francis Land Company	Real Estate	СО	тнс	Related	-180,979	14,886,022	No			No
5390 N Academy Blvd Suite 300 Colorado Springs, CO80918 26-3134100										
OrthoColorado LLC	Ortho Hospital	СО	ТНС	Related	-5,375,165	15,265,510	No			Νo
11650 West 2nd Place Lakewood, CO 80255 37-1577105										
	Surgery Center	ID	ммс	Related	-812,036	949,357	No	4,620	Yes	
1512 12th Avenue Road Nampa, ID83686 84-1380439										
Peninsula Radiation Oncology	Healthcare Srvc	WA	FHS	Related	-516,076	3,860,362	No			No
314 Martin Luther King Jr Way 11 Tacoma, WA 98405 87-0808610										
Healthcare Support Services LLC	Laundry	NE	СНІ	Related	199,968	3,913,481	No	58,436		No
PO Box 9804 Grand Island, NE688029804 72-1546196										
Bluegrass Regional Imaging Center	Diagnostic	KY	SJ HospitalLex	Related	242,456	3,773,725	No			Νο
1218 South Broadway Suite 310 Lexington, KY40504										
61-1386736 North River Surgery Center LLC	Ambul Surg Ctr	AR	SVIMC	Related	213,989	1,696,001	No			No
2209 Wildwood Avenue Sherwood, AR72120 71-0799771										
CHI Operating Investment Program LP	Investments	СО	СНІ	Investment	58,022	4,069,968	No	14,031	Yes	
198 Inverness Drive West Englewood, CO80112 47-0727942										
Ruxton Surgicenter LLC 8322 Bellona Avenue Suite	Surgery Center	MD	SJMC	Related	-75,716	3,421,084	No		Yes	
201 Baltımore, MD21204 52-2095835										
Central Nebraska Home Care Services	Healthcare Srvc	NE	HSEINC	Related	-102,982	1,021,500	No		Yes	
PO Box 1146-4510 Second Avenue Kearney, NE68848 47-0692112										

Form 990, Schedule R, Part IV - Ide	ntification of	Related Organiz	ations Taxable	as a Corporatio	n or Trust	1	1
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp,	(f) Share of total income (\$)	(g) Share of end-of-year	(h) Percentage ownership
		Foreign Country)	·	or trust)		assets (\$)	
Mercy Health Services Corporation 2727 McClelland Blvd Joplin, MO64804 43-1457881	DME	МО	St John's RMC	C Corp	-1,033,832	2,093,683	
Mountain Management Services Inc 6028D Shallowford Road Chattanooga, TN37422 62-1570739	mgmt svc org	TN	MHCS	C Corp	348,642		
MedQuest 1301 15th Avenue West Williston, ND58801 45-0392137	Sale of DME	ND	M H of Williston	C Corp	-16,794	911,494	
St Anthony Development Company 1415 Southgate Pendleton, OR97801 93-1216943	Athletic Club	O R	St Anthony H	C Corp	41,861	3,047,938	
GOOD SAMARITAN OUTREACH SERVICES PO BOX 1990 KEARNEY, NE68848 47-0659440	CLINIC	ΝE	CHI Nebraska	C Corp	-2,491,623	840,232	
PO BOX 1990 KEARNEY, NE68848 47-0664558	MANAGEMENT	NE	GSH	C Corp	10,957	1,559,747	
1111 6th Avenue Des Moines, IA 50314 42-1202422	Housing	IA	CHI-IA Corp	C Corp	227,244	1,806,199	
Des Moines Medical Center Inc 1111 6th Avenue Des Moines, IA 50314 42-0837382	Real Estate	IA	CHI-IA Corp	C Corp		1,123,173	92 980 %
Comcare Services 4231 W 16th Avenue Denver, CO80204 84-0904813	Inactive	CO	CHIC	C Corp			100 000 %
Mednow Inc 1512 12th Avenue Road Nampa, ID83686 82-0389927	O utpat Pharmacy	ID	Mercy Med Ctr	C Corp	-672,954	5,348,476	
Saint Clare's Primary Care Inc 66 Ford Road Denville, NJ07834 22-2441202	Billing Services	NJ	sccc	C Corp	-350,630	2,590,487	
Healthcare Mgmt Services Org Inc 1149 Market St Tacoma, WA 98402 91-1865474	Health Org	WA	FHS	C Corp			100 000 %
1149 Market St Tacoma, WA 98402 91-1746721	Health Org	WA	FHS	C Corp			100 000 %
Mercy Services Corp 2700 Stewart Parkway Roseburg, OR97470 93-0824308	Retail Sales	O R	Mercy Medical	C Corp	-499,409	1,403,001	
Caduceus Medical Associates Inc 6028 Shallowford Road Suite D Chattanooga, TN37422 62-1570736	Healthcare	TN	мнсѕ	C Corp		1,008	
CENTRAL KANSAS HEALTH SERVICES ASSOCIATI 3515 Broadway Great Bend, KS67530 48-1042853	MEDICAL EQUIPMENT	KS	СКМС	C Corp		110,125	5 100 000 %
St Vincent Community Health Services In Two St Vincent Circle Little Rock, AR72205 71-0710785	Healthcare	AR	SVIMC	C Corp	2,404,944	10,195,000	100 000 %
Alternative Insurance Management Service 3900 Olympic Boulevard Suite 400 Erlanger, KY41018 84-1112049	Management Servic	СО	СНІ	C Corp		3,272,176	100 000 %
Nazareth Assurance Company 76 St Paul Street Suite 500 Burlington, VT05401 03-0304831	Insurance	VT	СНІ	C Corp			100 000 %
Franciscan Services Inc 198 Inverness Drive West Englewood, CO80112 23-2487967	Healthcare	СО	СНІ	C Corp	194,756	12,598,258	100 000 %
SJH Services Corporation 198 Inverness Drive West Englewood, CO80112 23-2307408	Healthcare	CO	FSI	C Corp	314,346	3,423,012	
St Joseph Development Company Inc 1717 South J Street Tacoma, WA 98405 91-1480569	Rental	WA	FSI	C Corp	1,677,122	11,984,725	
Towson, MD21204 52-1710750	Management Servic	MD	FSI	C Corp	99,315	498,383	
Captive Management Initiatives 98-0663022	Captive Managemen	CJ	СНІ	C Corp			100 000 %
First Initiatives Insurance Ltd 98-0203038	Insurance	CJ	СНІ	C Corp			100 000 %
Center for Translational Research 198 Inverness Drive West Englewood, CO80112 27-2269511	Healthcare	CO	СНІ	C Corp	-840,949	1,746,201	
Samaritan Family Care Inc 40 W Fourth St 1700 Dayton, OH45402 31-1299450	Healthcare	он	SHP	LLC	-1,199,836	4,894,397	
SJL Physician Management Services Inc 424 Lewis Hargett Cr 160 Lexington, KY40503 99-9999999	Management	КҮ	SJHS	C Corp			100 000 %
CGH Realty Company Inc 215 N 12th St Reading, PA19603 23-2326801	Real Estate		SJHM	C Corp	1,007	42,415	
St Joseph Office Park Association 1401 HarrodsBurg Road Bldg B70 Lexington, KY40504 61-1079899	Management	KY	SJHS	C Corp	10,217	572,843	85 000 %
Form 990, Schedule R, Part V - Tran		Related Organi (a) fother organization	zations			(b) Transaction type(a-r)	(c) A mount Involved (\$)
(1) St Vincent Medical Group						a	36,624
(2) North River Surgery Center (3) St VincentArk Ortho Surgery Ctr LLC	:					a	43,658 269,319
(4) St Vincent Foundation						С	3,031,694
(5) Catholic Health Initiatives						e	35,628,269
(6) St V Incent Foundation						J	142,739
(7) St Vincent Foundation						1	3,509,742
(8) Catholic Health Initiatives (9) Catholic Health Initiatives						0	39,507,008 4,890,283
(10) Catholic Health Initiatives						q	15,359,064
(11) St V Incent Foundation						r	1,556,291
					<u> </u>		

Software ID: Software Version:

EIN: 71-0236917

Name: St Vincent Infirmary Medical Center

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

Compensated Employees, and		lent C			LOF	<u> </u>				
(A) Name and Title	(B) A verage hours		tion (that a	(che		П		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee		Ke) employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Jım Argue Board Member	1 0	х								
Peter Banko PRESIDENT & CEO	40 0	х		х					468,246	74,759
Gus Blass III Board Member	10	Х								
Angela Brenton Board Member	10	Х								
John Brizzolara MD Board Member	1 0	х								
Ellon Cockrill Board Member	10	х								
Mark Doramus Board Member	10	х								
Mary Good Board Member	1 0	х								
Donald Jack Jr Board Member	1 0	Х								
John Jones MD Board Member	1 0	х								
Drew Kumpuris MD Board Member	1 0	х								
Clarice Miller Board Member	1 0	Х								
Bruce Moore Board Member	1 0	Х								
Emily Nabholz SCN Secretary	1 0	х		х						
MARY ELIZABETH O'Brien Board Member/SVP Ops	1 0	Х							721,669	78,185
Dave Parker Chairman	1 0	Х		х						
Charles Penick Board member	1 0	Х								
Judith Raley SCN Board member	1 0	Х								
Kurtis Vinsant MD Board Member	1 0	х							273,442	36,253
Robert Vogel Board Member	1 0	Х								
Gus V ratsınas Chaır Elect	1 0	х		Х						
Claude Ballard Board Member	1 0	х								
James Metrailer Board Member	1 0	х								
MATTHEW COX CHIEF FINANCIAL OFFICER	40 0			Х				299,540		36,190
DAVID HALL MD VP MEDICAL STAFF DIVISION	40 0					х		362,501		35,080

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

(A) Name and Title	(B) Average hours	A verage Position (check all hours that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	II —	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
DAVID LIPSCHITZ MD PHYSICIAN	40 0					Х		883,354		22,622
DARRICK PAUL VP CHIEF PEOPLE OFFICER	40 0					х		234,805		35,673
JONATHAN TIMMIS VP CHIEF STRATEGY OFFICER	40 0					х		215,988		33,817
David Liu MD PHYSICIAN	40 0					Х		279,537	27,902	29,812
Ken Haynes Former SVP & COO							х		514,066	78,831

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514		
Patient Services	900,099	303,012,092	302,565,410	446,682			
Rental Income	900,099	2,902,397	2,902,397				
Tuition	611,600	243,829	243,829				
Program Service Revenue	900,099	197,233	197,233				
Reimbursement of Expenses	900,099	94,094	94,094				

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
Bad debts	29,721,887	29,721,887		
Repairs and maintenance	4,678,965	4,678,965		
Recruitment and relocation	131,406		131,406	
Impairment Losses	18,271,819	18,271,819		
Dues & subscriptions	223,674	178,939	44,735	

Additional Data

Software ID: Software Version:

EIN: 71-0236917

Name: St Vincent Infirmary Medical Center

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

If applicable, describe the income-based criteria for determining eligibility for free or discounted care under the organization's charity care policy. Also describe whether the organization uses the asset test or other threshold regardless of income to determine eligibility for free or discounted care. When Catholic Health Initiatives (the ultimate parent organization to St. Vincent Infirmary Medical Center) established its charity care policy it was determined that establishing a household income scale based on the HUD very low income guidelines more accurately reflects the socioeconomic dispersions among the 69 urban and rural communities in 19 states served by CHI hospitals and health care facilities. In comparing HUD guidelines to the Federal Poverty Guidelines ("FPG"), we find that on average HUD guidelines compute to approximately 200% to 250% (and sometimes 300%) of FPG. St. Vincent Infirmary Medical Center bases its charity care eligibility on HUD's 130% of Very Low Income Guidelines based on geography, and affords the uninsured and underinsured the ability to obtain charity care write-offs, based on a sliding scale, ranging from 25%-100% of charges. An individual's income under the HUD guidelines is a significant factor in determining eligibility for charity care. However, in determining whether to extend discounted or free care to a patient, the patient's assets may also be taken into consideration. For example, a patient suffering a catastrophic illness may have a reasonable level of income, but a low level of liquid assets such that the payment of medical bills would be seriously detrimental to the patient's basic financial (and ultimately physical) well-being and survival. Such a patient may be extended discounted or free care based upon the facts and circumstances.

If the organization's community benefit report is contained in a report prepared by a related organization, rather than a separate report prepared by the organization, identify the related organization. St. Vincent Infirmary Medical Center prepares its own annual written community benefit report. Its community benefit report is not contained in that of a related organization.

Provide an explanation of the costing methodology used to calculate the amounts reported in the table. If a cost accounting system was used, indicate whether the cost accounting system addresses all patient segments (for example, inpatient, outpatient, emergency room, private insurance, Medicaid, Medicare, uninsured or self pay). Also indicate whether a cost-to-charge ratio was used for any of the figures reported in the table. Describe whether this cost-to-charge ratio was derived from Worksheet 2, and, if not, what kind of cost-to-charge ratio was used and how it was derived. If some other costing methodology was used besides a cost accounting system, cost-to-charge ratio, or a combination of the two, describe the method used. A cost accounting system was not used to compute amounts in the table, rather costs in the table were computed using the organization's cost-to-charge ratio. The cost-to-charge ratio covers all patient segments. The cost-to-charge ratio for the year ended 6/30/10 was computed using the following formula. Operating expense (before restructuring, impairment and other losses) divided by gross patient revenue. Based on that formula, \$321,815,409 DIVIDED BY \$944,057,756 results in a 34 09% cost-to-charge ratio. Worksheet 2 was not used to derive the cost-to-charge ratio.

If applicable, state the bad debt expense included on Form 990 Part IX, line 25, column (A) but subtracted for purposes of calculating the percentage in this column. Total bad debt expense reported on Form 990 Part IX, line 25, Column A. was \$ 29,721,887

(A) Provide the rationale and the costing methodology used to determine the amount reported in Part III lines 2 and 3 Describe how the organization accounts for discounts and payments on patient accounts in determining bad debt expense (B) Also describe the method the organization uses to determine the amount that reasonably could be attributable to patients who likely would qualify for financial assistance under the hospital's charity care policy, if sufficient information has been available to make a determination as to their eligibility. Also, provide if applicable, the text of the footnote to the organization's financial statements that describes bad debt expense. If the organization's financial statements include a footnote on these issues that also includes other information, report only the relevant portions of the footnote. If the organization's financial statements do not contain such a footnote, state that the organization's financial statements do not include such a footnote and explain how the financial statements account for bad debt, if at all (A) Costing methodology for amounts reported on line 2 is determined using the organization's cost/charge ratio of 34 09%. When discounts are extended to self-pay patients, these patient account discounts are recorded as a reduction in revenue, not as bad debt expense (B) St Vincent Infirmary Medical Center does not believe that any portion of bad debt expense could reasonably be attributed to patients who qualify for financial assistance since amounts due from those individuals' accounts will be reclassified from bad debt expense to charity care within 30 days following the date that the patient is determined to qualify for charity care. St. Vincent Infirmary Medical Center does not issue separate company audited financial statements. However, the organization is included in the consolidated financial statements of Catholic Health Initiatives. The consolidated footnote reads as follows "The provision for bad debts is based upon management's assessment of historical and expected net collections considering historical business and economic conditions, trends in health care coverage, and other collection indicators Management periodically assesses the adequacy of the allowances for uncollectible accounts based upon historical write-off experience by payor category. The results of these reviews are used to modify, as necessary, the provision for bad debts and to establish appropriate allowances for uncollectible net patient accounts receivable. After satisfaction of amounts due from insurance, CHI follows established quidelines for placing certain patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by each facility "

than what Medicare pays

Describe the costing methodology used to determine the Medicare allowable costs reported in the organization's Medicare Cost Report, as reflected in the amount reported in Part III, line 6 Describe, if applicable, the extent to which any shortfall reported in Part III, line 7 should be treated as a community benefit, and the rationale for the organization's position. Using essentially the same Medicare cost report principles as to the allocation of general services costs and "apportionment" methods, the "CHI Workbook" calculates a payers' gross allowable costs by service (so as to facilitate a corresponding comparison between gross allowable costs and ultimate payments received) The term "gross allowable costs" means costs before any deductibles or co-insurance are subtracted. St. Vincent Infirmary Medical Center's ultimate reimbursement will be reduced by any applicable copayment/ deductible. Where Medicare is the secondary insurer, amounts due from the insured's primary payer were not subtracted from Medicare allowable costs because the amounts are typically immaterial. Although not presented on the Medicare cost report, in order to facilitate a more accurate understanding of the "true" cost of services (for "shortfall" purposes) the CHI Workbook allows a health care facility not to offset costs that Medicare considers to be nonallowable, but for which the facility can legitimately argue are related to the care of the facility's patients In addition, although not reportable on the Medicare cost report, the CHI workbook includes the cost of services that are paid via a set fee-schedule rather than being reimbursed based on costs (e.g. outpatient clinical laboratory). Finally, the CHI Workbook allows a facility to include other health care services performed by a separate facility (such as a physician practice) that are maintained on separate books and records (as opposed to the main facility's books and records which has its costs of service included within a cost report) True costs of Medicare computed using this methodology. Total Medicare Revenue. \$107,075,258 Total Medicare costs. (132,440,662) ------ Surplus or Shortfall \$(25,365,404) St Vincent Infirmary Medical Center believes that excluding Medicare losses from community benefit makes the overall community benefit report more credible for these reasons. Unlike subsidized areas such as burn units or behavioral-health services, Medicare is not a differentiating feature of tax-exempt health care organizations. In fact, for-profit hospitals focus on attracting patients with Medicare coverage, especially in the case of well-paid services that include cardiac and orthopedics. Significant effort and resources are devoted to ensuring that hospitals are reimbursed appropriately by the Medicare program. The Medicare Payment Advisory Commission (MedPAC), an independent Congressional agency, carefully studies Medicare payment and the access to care that Medicare beneficiaries receive. The commission recommends payment adjustments to Congress accordingly. Though Medicare losses are not included by Catholic hospitals as community benefit, the Catholic Health Association guidelines allow hospitals to count as community benefit some programs that specifically serve the Medicare population. For instance, if hospitals operate programs for patients with Medicare benefits that respond to identified community needs, generate losses for the hospital, and meet other criteria, these programs can be included in the CHA framework in Category C as "subsidized health services" Medicare losses are different from Medicaid losses, which are counted in the CHA community benefit framework, because Medicaid reimbursements generally do not receive the level of attention paid to Medicare reimbursement. Medicaid payment is largely driven by what states can afford to pay, and is typically substantially less

If the organization has a written debt collection policy and answered "yes" to Part III, line 9b, describe the collection practices set forth in the policy that apply to patients who it knows qualify for charity care or financial assistance, whether or not such practices apply specifically to such patients or more broadly to also cover other types of patients. St. Vincent Infirmary Medical Center's ("SVIMC") debt collection policy provides that SVIMC will perform a reasonable review of each inpatient account prior to turning an account over to a third-party collection agent and prior to instituting any legal action for non-payment, to assure that the patient and patient guarantor are not eligible for any assistance program (e.g. Medicaid) and do not qualify for coverage through SVIMC's community assistance policy. After having been turned over to a third-party collection agent, any patient account that is subsequently determined to meet the SVIMC community assistance policy is required to be returned immediately by the third-party collection agent to SVIMC for appropriate follow-up SVIMC requires its third-party collection agents to include a message on all statements indicating that if a patient or patient guarantor meets certain stipulated income requirements, the patient or patient guarantor may be eligible for financial assistance. All of Catholic Health Initiatives' hospitals' contracts with third party collection agencies include the following standards. * Neither CHI hospitals nor their collection agencies will seek liens that would require the sale or foreclosure of a primary residence, and * No Catholic Health Initiatives' collection agencies will seek liens that would require the sale or foreclosure of a primary residence, and * No Catholic Health Initiatives' collection agency may seek court action without hospital approval. Finally, collection agencies are trained on the Catholic Health Initiatives Mission, Core Values and Standard of Conduct to make sure all patients are treated with dignity and re

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

Line 2 Describe how the organization assesses the health care needs of the communities it serves. Line 4 Describe the community the organization serves, taking into account the gleographic area and demographic constituents it serves. Line 5. Describe how the organization on's community building activities, as reported in Part II, promote the health of the communities the organization serves. Line 6. Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt p urpose by promoting health of the community (e.g. open medical staff, community board, use of surplus funds, etc.) Introduction Our Mission We share our Mission in common with our parent company, Catholic Health Initiatives. It is as follows. The mission of Catholic Health Initiatives and the St. Vincent Health System is to nurture the healing ministry of the church by bringing it new life, energy and viability in the 21st century Fidelity to the Gospel urges us to emphasize human dignity and social justice as we move toward the creation of healthier communities Our Vision We also share our Vision in common with our plarent company, Catholic Health Initiatives. It is as follows Our vision is to live up to our name as one CHI Catholic Living our Mission and Core Values Health Improving the he alth of the people and communities we serve Initiatives Pioneering models and systems of care to enhance care delivery Our Primary Tax-Exempt Purpose St Vincent Infirmary Medic al Center ("St Vincent") received tax-exempt status from the Internal Revenue Service on January 15, 2003, as a result of being included in a group ruling issued to the United Sta tes Conference of Catholic Bishops. This Mission, Vision and Primary Tax-Exempt Purpose ar e fulfilled through a comprehensive network of health services that address the needs of citizens residing in the greater Little Rock metropolitan area, Central Arkansas, and in certain circumstances, the State of Arkansas St. Vincent has been in this community since 1 888 and has established a distinguished record of service during this 122-year period. St. Vincent was recently recognized by the Chamber of Commerce as one of the oldest, continuo usly operated businesses in the greater Little Rock area St Vincent operates its facilities on a non-discriminatory basis. St Vincent's emergency rooms are open to all people, regardless of their ability to pay St. Vincent maintains an open medical staff with privil eges available to gualified physicians from across the area. and has a Board of Directors on which community representatives serve with loyalty and distinction St Vincent supports the training and education of various health professionals and participates in governmen t-sponsored health care programs. St. Vincent provides a significant amount of charity car e each year and is known for outreach to those in need Community Benefit Approach. The primary service area covered by the St. Vincent Health System is a six-county region surroun ding Arkansas' capital city of Little Rock. These counties are Pulaski, Faulkner, Lonoke, Saline, Perry and Conway Little Rock has a population of approximately 185,000, but the m etropolitan area expands to include about 500,000 people. In addition, there is a major United States Air Force base in nearby Jacksonville, also located in Pulaski County In 2004, St. Vincent worked closely with the Arkansas Department of Health and the University of Arkansas - Little Rock to administer the BRFSS (Behavioral Risk Factor Surveillance System), a telephone survey, to 4000 Pulaski County Households and the results were made available by zip code. This is a CDC (Center for Disease Control) instrument that asks people to assess their own health. Results from the study were not that surprising. For instance, they showed a higher incidence of uninsured people in less affluent parts of the City. The percentage of uninsured in Pulaski County is now estimated to be 13.5% Subsequent Health D epartment data has also revealed that minorities, particularly African Americans, are at higher risk for certain diseases (i.e. heart disease, cancer and stroke) than Caucasians in the community. For this reason, St. Vincent sponsors a Minority Health Fair each year at St Vincent Health Clinic - East Also, Arkansas, as a state, recognizes that its population has health issues related to tobacco use, unhealthy diet and lack of exercise Recent q ubernatorial administrations have focused on these issues to raise public awareness and de velop related initiatives. Coinciding with CHI's emphasis on Violence Reduction in our com munities, St. Vincent Health System has formed an active "Partnership in Education" with a 700-student middle school located five blocks from our main campus that has had significant issues in recent years with student behavior and substandard academic performance. A variety of related activities were undertaken with o

ur new school partner in FY 10. In conclusion, it can be stated with confidence that St. V. incent has strong collaborative relationships with many organizations working for the bett erment of the community. These include, but are not limited to the Arkansas Department of Health, the Little Rock School District, Easter Seals-Arkansas and City Connections, an or ganization intent on mobilizing the faith community to assist the City of Little Rock in a ddressing some of its most pressing social challenges. At St. Vincent, mission and finance collaborate closely with respect to community benefit St Vincent also maintains and administers its Charity Care and Self-Pay Policies It communicates the content of these Policies using a variety of means that include visible signage, as well as information deliver ed face-to-face and by telephone to the general public by trained staff Qualitative Description of Community Benefit Community Outreach for the Poor St Vincent sponsors its Volunteers-in-Medicine Program through which it provides primary care to those without health insurance at three clinic locations in greater Little Rock. It uses the services of volunt eer, retired St. Vincent physicians to deliver these services and it maintains a network of physician specialists to whom it can also refer as needs arise. The Volunteers-in-Medici ne Program provided 3500 patient visits during calendar year 2009, a marked increase over the previous year and indicative of problems made worse by the economic recession. Beyond the direct care provided at these clinics, St. Vincent has donated hospital services when needed, as well as medications that the patients otherwise could not afford. In addition to our own clinics, St. Vincent was involved in early efforts to establish a new clinic, sp onsored by a network of area churches and located in a medically underserved part of the city The clinic will open soon, and will place emphasis on service to the community's growing Hispanic population. St. Vincent continues primary care services via the 38-year partn ership with the City of Little Rock at St. Vincent Health Clinic - East where dental services have recently been restored. Community Outreach for the Broader Community. St. Vincent is one of the largest providers of inpatient Behavioral Health Services to Medicaid patie nts in the State of Arkansas. In this service line, it accepts a significant number of referrals from different parts of Arkansas outside its primary service area. If St. Vincent did not offer this service, Behavioral Health resources for Medicaid patients would be sign ificantly diminished in the broader community. Similarly, St. Vincent maintains Emergency Departments at both the Infirmary Medical Center and Medical Center - North Under the State's new Trauma System, the Infirmary Emergency Department will be designated a Trauma 2 Location and North will be Trauma 3 St Vincent continues to sponsor its New Outlook Women 's Cancer Recovery Program This effort provides needed supplies and emotional support to women across Arkansas recovering from various forms and stages of cancer St Vincent provides these services at no cost to the recipients. In FY 10, this program served over 1,500 women, more than half of whom were new clients St Vincent offers Perinatal Bereavement Services to families who have suffered infant loss through ectopic pregnancy, stillbirth, miscarriage and neonatal death. These issues affect families irrespective of socioeconomic status and this program has received considerable acclaim for the sensitive, comprehensive manner in which it helps the grief-stricken to deal with their loss. An average of 25 fa milies are served per month on an inpatient basis. In addition, approximately 15 consultation requests are received monthly from people living outside St. Vincent's primary service area. A monthly support group serves an average of 8 people at each session St Vincent Medical Center - North continues to meet

PART VI, ITEM 3 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 St Vincent Infirmary Medical Center ("SVIMC") includes information concerning its financial assistance policy on its website. In addition, SVIMC prominently displays its charity care policy in both English and Spanish in obvious locations throughout the hospitals, including the emergency rooms and other patient intake areas, as well as in SVIMC outpatient facilities. In addition, SVIMC registration clerks are trained to provide consultation to those who have no insurance or potentially inadequate insurance concerning their financial options including application for Medicaid and for financial assistance under SVIMC's charity care policy. Upon registration (and once all EMTALA requirements are met), patients who are identified as uninsured (and not covered by Medicare or Medicaid) are provided with a packet of information that addresses the financial assistance policy and procedures including an application for assistance. SVIMC registration clerks read the organization's medical assistance policy to those who appear to be incapable of reading, and provide translators for non English-speaking individuals. SVIMC's staff will also assist the patient / guarantor with applying for other available coverage (such as Medicaid), if necessary. Counselors assist Medicare eligible patients in enrollment by providing referrals to the appropriate government agencies.

If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served St. Vincent Infirmary Medical Center, along with its affiliated outpatient facilities are part of Catholic Health Initiatives Catholic Health Initiatives (CHI) is a national faith-based nonprofit health care organization with headquarters in Englewood, Colorado CHI's exempt purpose is to serve as an integral part of its national system of hospitals and other charitable entities, which are described as market-based organizations, or MBOs. An MBO is a direct provider of care or services within a defined market area that may be an integrated health system and/or a stand-alone hospital or other facility or service provider CHI serves as the parent corporation of its MBOs which are comprised of 73 hospitals, 40 long-term care, assisted- and residential-living facilities, and two community health-services organizations. Together, these facilities provided \$590 million in charity care and community benefit in the 2010 fiscal year, including services for the poor, free clinics, education and research CHI provides strategic planning and management services as well as centralized "shared services" for the MBOs. The provision of centralized management and shared services - including areas such as accounting, human resources, payroll and supply chain -- provides economies of scale and purchasing power to the MBOs Cost savings associated with centralized services for the fiscal year ended June 30, 2010 include more than \$105 million in supply chain expense, approximately \$30 million for insurance costs and more than \$3 9 million as the result of a system-wide effort to coordinate and negotiate technology and equipment purchases. The cost savings achieved through CHI's centralization enable MBOs to dedicate additional resources to high-quality health care and community outreach services to the most vulnerable members of our society. St Vincent Infirmary Medical Center operates with its wholly owned affiliates and community partners, along with its fundraising arm, the St Vincent Infirmary Medical Center Foundation, to serve the health care needs of the Little Rock, Arkansas communities