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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

C Name of organization
St Vincent Hospital

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO Box 2107

City or town, state or country, and ZIP + 4
Santa Fe, NM 87504

D Employer identification number
85-0106941

E Telephone number
(505) 913-5217

G Gross receipts $ 299,750,242

F Name and address of principal officer
Alex Valdez
PO Box 2107
Santa Fe, NM 87504

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www stvin org

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

L Year of formation 1967

M State of legal domicile NM

Part I Summary

1 Briefly describe the organization's mission or most significant activities
ST VINCENT'S MISSION IS TO PROVIDE A HEALING MINISTRY TO IMPROVE LIVES THROUGH EXCELLENT, COMPASSIONATE HEALTH CARE TO THE CORPOR- ATION'S COMMUNITY AND SUPPORTING MEDICAL INSTRUCTIONS AND RESEARCH

Activities & Governance

2	Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of employees (Part V, line 2a)	**5**	2,323
6	Total number of volunteers (estimate if necessary)	**6**	220
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	9,860,385	4,427,592
9	Program service revenue (Part VIII, line 2g)	277,184,561	289,496,141
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-197,311	1,283,162
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,835,129	4,091,499
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	288,682,764	299,298,394

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,863,562	2,357,963
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	136,418,985	137,783,760
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶486,531		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	121,730,192	137,856,137
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	270,012,739	277,997,860
19	Revenue less expenses Subtract line 18 from line 12	18,670,025	21,300,534

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	165,933,012	186,468,352
21	Total liabilities (Part X, line 26)	48,691,225	46,741,622
22	Net assets or fund balances Subtract line 21 from line 20	117,241,787	139,726,730

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2011-05-09

▶ Paul Generale CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG US LLP 1401 MCKINNEY SUITE 1200 HOUSTON, TX 77010			EIN ▶ Phone no ▶ (713) 750-1500

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

ST VINCENT HOSPITAL IS ORGANIZED TO PROVIDE COMPREHENSIVE HEALTH SERVICES, PROVIDE MEDICAL, NURSING AND HEALTH EDUCATIONAL PROGRAMS, ENCOURAGE RESEARCH AND WAYS TO SAVE HUMAN LIFE, MINIMIZE HUMAN SUFFERING AND IMPROVE HEALTH SERVICES, AND MOBILIZE ALL COMMUNITY SUPPORT AND RESOURCES TO SERVE THE COMPREHENSIVE NEEDS OF THE CORPORATION'S COMMUNITY AND THE STATE OF NEW MEXICO

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 204,262,155 including grants of $) (Revenue $ 166,972,891)

COMMITMENT TO BENEFITING OUR COMMUNITIES - PATIENT CARE SERVICES CHRISTUS ST VINCENT REGIONAL MEDICAL CENTER, LOCATED IN SANTA FE, NEW MEXICO, IS A COMMUNITY-BASED, PRIVATE, NONPROFIT HOSPITAL SERVING MORE THAN 300,000 PEOPLE IN SEVEN COUNTIES IN A 19,000-SQUARE-MILE AREA, ENCOMPASSING NORTH CENTRAL AND NORTHEASTERN NEW MEXICO AND SOUTHERN COLORADO CHRISTUS ST VINCENT WAS FOUNDED IN 1865 BY THE SISTERS OF CHARITY AND IS NEW MEXICO'S FIRST HOSPITAL AND THE LARGEST PRIVATE EMPLOYER IN SANTA FE CHRISTUS ST VINCENT'S MISSION IS AS FOLLOWS OUR HEALING MINISTRY IS TO IMPROVE LIVES BY PROVIDING EXCELLENT, COMPASSIONATE HEALTHCARE TO THE PATIENTS AND FAMILIES WE SERVE WE CARE FOR ALL THE PEOPLE OF SANTA FE, NORTHERN NEW MEXICO AND SOUTHERN COLORADO, REGARDLESS OF THEIR ABILITY TO PAY OUR VISION IS EXCEPTIONAL MEDICINE, EXTRAORDINARY CARE, EVERY PERSON, EVERY DAY IN APRIL 2008, CHRISTUS HEALTH AND ST VINCENT REGIONAL MEDICAL CENTER FINALIZED THE FORMATION OF A PARTNERSHIP THAT ALLOWED ST VINCENT TO BENEFIT FROM THE RESOURCES OF CHRISTUS HEALTH'S INTERNATIONAL 40-HOSPITAL SYSTEM CHRISTUS ST VINCENT IS DESIGNATED AS A "SOLE COMMUNITY PROVIDER" BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) AND IS ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO) CHRISTUS ST VINCENT IS THE ONLY TRAUMA CENTER (LEVEL III) IN NORTH CENTRAL/NORTHEASTERN NEW MEXICO AS THE LARGEST HOSPITAL FACILITY NORTH OF ALBUQUERQUE, NEW MEXICO AND SOUTH OF PUEBLO, COLORADO, CHRISTUS ST VINCENT HAS 272 LICENSED BEDS, 17 PHYSICIAN AND OUTPATIENT LOCATIONS, AND 350 STAFF PHYSICIANS REPRESENTING 34 MEDICAL SPECIALTIES IN FISCAL YEAR 2010, CHRISTUS ST VINCENT SERVED NEARLY HALF A MILLION INDIVIDUALS, INCLUDING 52,513 VISITS TO OUR EMERGENCY DEPARTMENT, 5,596 SURGERY PROCEDURES, 12,070 INPATIENT ADMISSIONS, AND 489,956 PATIENTS WHO RECEIVED OUTPATIENT CARE AT OUR FACILITIES CHRISTUS ST VINCENT PROVIDES DIRECT CARE SERVICES, INCLUDING THOSE PROVIDED BY EMPLOYED PHYSICIAN PRACTICES, TO INPATIENTS AND OUTPATIENTS, INCLUDING INDIGENT, MEDICAID, OTHER PAYOR CLASSES AND UNINSURED PATIENTS, TOTALING APPROXIMATELY 496,000 ENCOUNTERS CHRISTUS ST VINCENT COMMUNITY BENEFIT INCLUDES THE COST OF PROVIDING UNCOMPENSATED CARE AND SERVICES FOR PATIENTS WITH LIMITED OR NO MEANS TO PAY, GOVERNMENT PROGRAMS WHERE EXPENSES EXCEED PAYMENTS, AND NON-BILLED SERVICES DIRECTED TO IMPROVING THE HEALTH AND WELL-BEING OF ALL MEMBERS OF THE COMMUNITY WE SERVE CHRISTUS ST VINCENT REGIONAL MEDICAL CENTER PROVIDES A FULL RANGE OF INPATIENT AND OUTPATIENT SERVICES TO THE PEOPLE FROM THE COMMUNITIES IT SERVES IT CONDUCTS ITS ACTIVITIES AND SERVES ALL PATIENTS WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, GENDER, ORIENTATION, DISABILITY, AGE OR NATIONAL ORIGIN BY COLLABORATING WITH COMMUNITIES, SCHOOLS, CHURCHES, BUSINESSES AND OTHER HEALTHCARE ORGANIZATIONS, CHRISTUS ST VINCENT HAS STRENGTHENED ITS ROLE AS A MAJOR PROVIDER OF COMPREHENSIVE, ACCESSIBLE HEALTHCARE SERVICES THESE PARTNERSHIPS WITHIN THE COMMUNITY HAVE BEEN A BLESSING BY HELPING CHRISTUS ST VINCENT REGIONAL MEDICAL CENTER BETTER SERVE THOSE IN NEED FURTHERMORE, INVESTMENT IN COMMUNITY SERVICES WOULD NOT BE POSSIBLE WITHOUT OUR DEDICATED ASSOCIATES AND VOLUNTEERS THEY HELP TO BUILD STRONG RELATIONSHIPS BETWEEN CHRISTUS ST VINCENT AND OTHER HEALTHCARE ORGANIZATIONS AND THE COMMUNITY, NURTURING CHRISTUS' MISSION TO MEET HEALTHCARE NEEDS AND MAKE A DIFFERENCE IN THE LIVES OF OTHERS OUR EMPLOYEES WORK BOTH INSIDE AND OUTSIDE THE WALLS OF OUR HEALTHCARE FACILITY AND ARE COMMITTED TO REACHING BEYOND THE TRADITIONAL HOSPITAL STRUCTURE TO HELP OUR COMMUNITIES MAINTAIN GOOD HEALTH AMONG THE GENERAL MEDICAL/SURGERY SERVICES OFFERED AT CHRISTUS ST VINCENT AND ITS EMPLOYED PHYSICIAN PRACTICES ARE DAY SURGERY, ORTHOPAEDICS, NEUROSURGERY, INTERVENTIONAL CARDIOLOGY AND VASCULAR SURGERY, CANCER TREATMENT CENTER, CARDIOPULMONARY INPATIENT AND OUTPATIENT REHABILITATION, SPORTS MEDICINE, DIAGNOSTIC IMAGING SERVICES, WELLNESS PROGRAMS, OCCUPATIONAL AND SPEECH THERAPY, RESPIRATORY CARE, INPATIENT BEHAVIORAL HEALTH SERVICES, WOMEN'S SERVICES AND PEDIATRICS, INPATIENT- AND OUTPATIENT LABORATORY SERVICES, DIABETES CARE, WOUND AND HYPERBARIC CARE AND NUTRITION AND DIETARY SERVICES CHRISTUS ST VINCENT PROVIDES A 24-HOUR EMERGENCY ROOM THAT IS OPEN TO SERVE ALL THOSE IN NEED OF EMERGENT CARE, REGARDLESS OF THEIR ABILITY TO PAY AS A NONPROFIT ORGANIZATION AND AS PART OF CHRISTUS HEALTH, A REGIONAL GOVERNING BOARD COMPRISED LARGELY OF INDEPENDENT COMMUNITY MEMBERS REPRESENTING THE AREA WE SERVE GUIDES CHRISTUS ST VINCENT REGIONAL MEDICAL CENTER CHRISTUS ST VINCENT IS PRIVILEGED TO HAVE AN OPEN MEDICAL STAFF COMPRISED OF QUALIFIED PHYSICIANS WHO WORK WITH US TO PROVIDE CARE TO OUR COMMUNITIES ALL QUALIFIED PHYSICIANS WHO ARE GRANTED PRIVILEGES TO SERVE WITH US IN OUR FACILITY AND OUTPATIENT LOCATIONS MUST UNDERGO A THOROUGH AND COMPREHENSIVE CREDENTIALING PROCESS

4b (Code) (Expenses $ 9,219,734 including grants of $) (Revenue $ 35,179,311)

COMMUNITY BENEFIT REPORTING - CHARITY CARE AND MEDICAID CHRISTUS HEALTH ADHERES TO THE CATHOLIC HEALTH ASSOCIATION'S A GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT (2009) COMMUNITY BENEFIT, REPORTED AS UNPAID COSTS, INCLUDES BOTH CHARITY CARE AND COMMUNITY SERVICES TO THE LIMITS OF ITS RESOURCES, CHRISTUS HEALTH IS AN INSTITUTION OF PURELY PUBLIC CHARITY, THUS, THE MOST TANGIBLE EXPRESSION OF CHRISTUS HEALTH'S CHARITABLE PURPOSE IS THE PROVISION OF HEALTH CARE SERVICES TO THOSE PERSONS WHO ARE UNABLE TO PAY THIS FALLS INTO TWO CATEGORIES CHARITY CARE AND UNPAID GOVERNMENT INDIGENT CARE IN KEEPING WITH THE MISSION, VALUES, AND VISION OF CHRISTUS HEALTH, CHRISTUS ST VINCENT REGIONAL MEDICAL CENTER PROVIDES CHARITY CARE SERVICES IN A MANNER THAT RESPECTS THE DIGNITY OF THE PATIENTS AND THEIR FAMILIES CHARITY CARE IS PROVIDED WITHOUT CHARGE OR AT A CHARGE THAT IS LESS THAN THE USUAL CHARGE FOR SUCH SERVICES THE DETERMINATION AS TO THE AMOUNT TO BE CHARGED, IF ANY, IS MADE ACCORDING TO A PATIENT'S ABILITY TO PAY AS DETERMINED BY ESTABLISHED ELIGIBILITY CRITERIA FOR UNINSURED PATIENTS WHOSE ECONOMIC CIRCUMSTANCES PLACE THEM AT OR UNDER 200 PERCENT OF THE FEDERAL POVERTY LEVEL (FPL), SERVICES ARE PROVIDED WITHOUT ANY EXPECTATION OF PAYMENT NO PATIENT IS REFUSED NECESSARY MEDICAL CARE BASED ON HIS OR HER ABILITY TO PAY CHRISTUS ST VINCENT PROVIDES DIRECT CARE SERVICES, INCLUDING THOSE PROVIDED BY EMPLOYED PHYSICIAN PRACTICES, TO INPATIENTS AND OUTPATIENTS, INCLUDING INDIGENT, MEDICAID, OTHER PAYOR CLASSES AND UNINSURED PATIENTS, TOTALING APPROXIMATELY 496,000 ENCOUNTERS CHRISTUS ST VINCENT COMMUNITY BENEFIT INCLUDES THE COST OF PROVIDING UNCOMPENSATED CARE AND SERVICES FOR PATIENTS WITH LIMITED OR NO MEANS TO PAY, GOVERNMENT PROGRAMS WHERE EXPENSES EXCEED PAYMENTS, AND NON-BILLED SERVICES DIRECTED TO IMPROVING THE HEALTH AND WELL-BEING OF ALL MEMBERS OF THE COMMUNITY WE SERVE CHRISTUS ST VINCENT IS AN ACTIVE PARTICIPANT IN NEW MEXICO'S MEDICAID PROGRAMS THOSE PROGRAMS SEEK TO PROVIDE PAYMENT FOR HEALTH CARE SERVICES TO INDIVIDUALS WHO MEET CERTAIN FINANCIAL AND OTHER REQUIREMENTS, WHICH INCLUDE EVALUATION OF BOTH ASSETS AND INCOME

4c (Code) (Expenses $ 4,254,260 including grants of $) (Revenue $ 87,343,939)

OTHER GOVERNMENT SPONSORED SERVICES IN ADDITION TO THE PROVISION OF CHARITY CARE AND OTHER COMMUNITY SERVICES, CHRISTUS ST VINCENT REGIONAL MEDICAL CENTER PROVIDES SERVICES TO PERSONS COVERED UNDER GOVERNMENT-SPONSORED PROGRAMS, INCLUDING MEDICARE AND TRICARE THE UNREIMBURSED COSTS OF THESE SERVICES ARE REPORTED TO THE STATE OF NEW MEXICO BUT ARE NOT INCLUDED IN REPORTS PREPARED FOLLOWING CATHOLIC HEALTH ASSOCIATION GUIDELINES CHRISTUS HEALTH PROVIDES SERVICES TO PERSONS COVERED UNDER THE FEDERAL MEDICARE PROGRAM, AND IN FACT, THIS IS THE LARGEST SINGLE PAYOR CLASSIFICATION OF PATIENTS SERVED BY THIS HEALTH SYSTEM THE PAYMENT RATE FOR INPATIENT SERVICES IS ON A PER-CASE RATE, CALCULATED BASED ON THE DIAGNOSTIC-RELATED GROUP (DRG) INTO WHICH THE PATIENT IS CATEGORIZED MEDICARE REIMBURSES OUTPATIENT SERVICES BASED ON ITS FEE SCHEDULE

4d Other program services (Describe in Schedule O)
(Expenses $ 5,503,575 including grants of $ 2,357,963) (Revenue $)

4e **Total program service expenses** ▶ $ 223,239,724

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	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**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	173		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	2,323		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 18		
b	Enter the number of voting members that are independent . .	1b 12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

Diana Hornbuckle
455 St Michaels Drive
Santa Fe, NM 87505
(505) 913-5786

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

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

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

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

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

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

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

1b Total . . . . . ▶	5,666,099	1,312,201	1,063,113

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 152

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Sodexo Operations LLC 4880 Paysphere Circle CHICAGO, IL 60674	Food Management Svc	1,088,735
Medical Advocacy Services 1227 W Magnolia Ave FT WORTH, TX 76104	Patient Advocacy Svc	902,838
Aegis Business Services 12424 E Weaver Place Suite A CENTENNIAL, CO 80111	Phys Prac Rev Mgmt	835,551
Santa Fe Dialysis Center PO Box 52432 PHOENIX, AZ 85072	Medical Services	759,192
Healthcare Laundry Services PO Box 66887 ALBUQUERQUE, NM 87193	Laundry Services	730,312
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 36		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	3,039,694			
	e	Government grants (contributions)	1e	1,281,717			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	106,181			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		4,427,592			
Program Service Revenue			Business Code				
	2a	Net Patient Service Revenue	621,110	253,952,466	253,952,466		
	b	Indigent Care	621,990	35,267,972	35,267,972		
	c	Rent Related to Exempt Purpose	531,390	275,703	275,703		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		289,496,141			
	3	Investment income (including dividends, interest and other similar amounts)		1,724,510			1,724,510
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		10,500			
	b	Less cost or other basis and sales expenses		451,848			
	c	Gain or (loss)		-441,348			
	d	Net gain or (loss)		-441,348			-441,348
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	Insurance Claims Proceeds	900,099	2,301,650			2,301,650
	b	Food Service	722,210	1,497,831			1,497,831
	c	Miscellaneous Revenue	900,099	185,283			185,283
	d	All other revenue		106,735			106,735
	e	**Total.** Add lines 11a–11d		4,091,499			
	12	**Total revenue.** See Instructions		299,298,394	289,496,141		5,374,661

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	2,122,879	2,122,879		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	235,084	235,084		
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	2,621,627	2,265,138	354,291	2,199
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			
7 Other salaries and wages	112,345,619	97,077,485	15,183,907	84,227
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,781,097	3,211,712	550,721	18,664
9 Other employee benefits	11,255,593	8,442,546	2,753,683	59,364
10 Payroll taxes	7,779,824	6,631,932	1,116,967	30,925
11 Fees for services (non-employees)				
a Management	9,487,443	2,270,831	7,216,612	
b Legal	3,372		3,372	
c Accounting	954		954	
d Lobbying	49,515		49,515	
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	36,063,013	22,199,616	13,794,283	69,114
12 Advertising and promotion	1,774,736	291,027	1,481,927	1,782
13 Office expenses	40,538,205	38,890,346	1,632,127	15,732
14 Information technology	167,430	167,430		
15 Royalties	0			
16 Occupancy	5,818,030	3,870,816	1,785,565	161,649
17 Travel	430,028	250,320	179,708	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	8,895	4,625	4,270	
20 Interest	201,909		201,909	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	13,400,576	9,975,798	3,383,201	41,577
23 Insurance	3,916,602	320,871	3,595,731	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PROVISION FOR UNCOLLECT ACCTS	24,178,943	24,201,373	-22,430	
b Recruitment Expense	768,729	230,300	538,429	
c Dues and Subscriptions	516,470	259,631	255,541	1,298
d Education	418,801	319,964	98,837	
e Sales Tax Expense	145,059		145,059	
f All other expenses	-32,573		-32,573	
25 **Total functional expenses.** Add lines 1 through 24f	277,997,860	223,239,724	54,271,606	486,531
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		18,306,545	1	47,784,848
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		22,709,639	4	22,035,697
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		10,599,207	7	211,385
	8	Inventories for sale or use		4,017,808	8	4,285,434
	9	Prepaid expenses and deferred charges		1,343,311	9	938,672
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 216,218,704			
	b	Less accumulated depreciation	10b 128,093,295	85,482,428	10c	88,125,409
	11	Investments—publicly traded securities		19,583,424	11	19,012,801
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		1,515,424	13	2,120,880
	14	Intangible assets		2,315,000	14	1,629,353
	15	Other assets See Part IV, line 11		60,226	15	323,873
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		165,933,012	16	186,468,352
Liabilities	17	Accounts payable and accrued expenses		43,249,524	17	43,647,338
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		4,817,416	24	2,490,974
	25	Other liabilities Complete Part X of Schedule D		624,285	25	603,310
	26	**Total liabilities.** Add lines 17 through 25		48,691,225	26	46,741,622
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		109,257,026	27	132,929,300
	28	Temporarily restricted net assets		7,984,761	28	6,797,430
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		117,241,787	33	139,726,730
	34	Total liabilities and net assets/fund balances		165,933,012	34	186,468,352

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Vincent Hospital

Employer identification number
85-0106941

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

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

Section C. Computation of Public Support Percentage

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

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

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

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

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

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
St Vincent Hospital	85-0106941

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		33,469
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		16,046
j	Total lines 1c through 1i			49,515
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
Lobbying Activities	Form 990, Schedule C, Part II-B	HEALTH CARE POLICY IS CRITICAL TO ALL AMERICANS AND ST VINCENT HOSPITAL BELIEVES THAT HEALTH CARE PROVIDERS MUST PARTICIPATE IN FORMING HEALTH CARE POLICY BY INTERACTING WITH NATIONAL, STATE AND LOCAL REPRESENTATIVES AND THEIR STAFF MEMBERS TO HELP THEM BETTER UNDERSTAND THE COMPLEXITIES AND RAMIFICATIONS OF KEY HEALTH CARE POLICIES ST VINCENT HOSPITAL HAS CONTRACTED TO RECEIVE GOVERNMENT RELATIONS AND LOBBYING SERVICES THESE ACTIVITIES INCLUDE ANALYSIS OF LEGISLATION, ASSISTANCE WITH THE PRESENTATIONS TO COMMITTEES AND/OR COORDINATION OF THE APPEARANCE OF ST VINCENT HOSPITAL APPOINTED SPOKESPERSONS, BILL TRACKING AND WRITTEN STATUS REPORTS, AND WRITTEN ANALYSIS OF BILLS THAT BECOME LAW WHICH IMPACT ST VINCENT HOSPITAL'S INTEREST A CONTRACTOR SHALL COORDINATE THE EFFORTS WITH OTHER LOBBYISTS FOR AND AGAINST LEGISLATION THE CONTRACTOR HAS CONTACT WITH NEW MEXICO LEGISLATORS AND STATE EXECUTIVE AGENCY HEADS THE REPORTED EXPENSES ASSOCIATED WITH THESE ACTIVITIES INCLUDE STAFF COMPENSATION AND RELATED ALLOCABLE OVERHEAD Form 990, Schedule C, Part II-B, Line 1I Other activities reports the portion of FY2010 Professional and Membership association dues allocated to lobbying efforts by the respective associations totalling $16,046 ST VINCENT HOSPITAL DID NOT SUBSTANTIALLY LOBBY DURING THE FISCAL YEAR 6-30-10

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Vincent Hospital

Employer identification number
85-0106941

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,896,708		2,896,708
b Buildings		49,821,692	24,544,564	25,277,128
c Leasehold improvements		3,619,277	590,737	3,028,540
d Equipment		116,656,981	77,786,954	38,870,027
e Other		43,224,046	25,171,040	18,053,006
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				88,125,409

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

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

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

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

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
Due to Related Organizations	603,310
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	603,310

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Uncertain Tax Positions Under FIN 48/ASC 740	Form 990, Schedule D, Part X	Per footnote 3 in the Consolidated Financial Statements, there are no material unrecorded tax liabilities as of June 30, 2009 and 2010

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Vincent Hospital

Employer identification number
85-0106941

Part I Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			13,659,771		13,659,771	5 270 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			31,295,084	35,439,626	-4,144,543	1 600 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			44,954,855	35,439,626	9,515,228	3 670 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	23	11,472	573,417	640	572,777	0 220 %
f Health professions education (from Worksheet 5)	3	9	1,440,984	513,982	927,002	0 360 %
g Subsidized health services (from Worksheet 6)	1		-158,929		-158,929	0 060 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)	125	140,190	1,874,992	5,230	1,869,762	0 720 %
j **Total** Other Benefits	152	151,671	3,730,464	519,852	3,210,612	1 240 %
k **Total.** Add lines 7d and 7j	152	151,671	48,685,319	35,959,478	12,725,840	4 910 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy	1		21,422		21,422	0 010 %
8	Workforce development	4	48	5,602		5,602	0 %
9	Other						
10	**Total**	5	48	27,024		27,024	0 010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	9,136,401		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	364,178		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	58,042,040		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	54,768,201		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	3,273,839		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1	SANTE FE IMAGING CTR	IMAGING SERVICES	50 000 %		50 000 %
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
St Vincent Hospital 455 St Michaels Drive Santa Fe, NM 87505	X	X				X	X		

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Vincent Hospital

Employer identification number
85-0106941

Part I General Information on Grants and Assistance

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

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

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

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

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

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 35

3 Enter total number of other organizations . . . ▶ 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Nursing Scholarship Grants	15	101,922			
CSV Scholarship Grants under Tuition Reimbursement	16	133,162			
See Additional Data Table					

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

Identifier	Return Reference	Explanation
Form 990, Schedule I	Description of Organization's Procedures for Monitoring the Use of Grants	The Organization follows CHRISTUS Health Management Directive No 0006, "Contributions/Donations to Other Organizations" Before any donation is made, two criteria are addressed (1) Organization Test and (2) IRS Tests The organization test ensures that donations are exclusively for charitable, scientific, educational, and religious purposes, and in furtherance of our purpose of supporting the healing ministry of Jesus Christ and advancing, promoting, and supporting the healthcare ministries of the Sponsoring Congregations Contributions can be made to support CHRISTUS System members and to other qualifying tax-exempt organizations, particularly those designed to support and benefit the poor and underserved The organization considered for donations must be an IRS Section 501(c)(3) TAX EXEMPT AND PUBLICLY SUPPORTED organization and documentation to that effect obtained To satisfy the IRS tests contributions given must be dedicated to achieving charitable purposes not for personal benefit but for public benefit Contributions are prohibited to organizations that contribute to political campaigns, candidates for office, or conduct more than incidental lobbying Documentation must support how the donation meets organizational purposes and furtherance of mission Donations should be modest in scope

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Vincent Hospital

Employer identification number
85-0106941

Part I Questions Regarding Compensation

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

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Daniel Kovnat	(i)	204,054	63,848	0	9,344	7,030	284,276	0
	(ii)	0	0	0	0	0	0	0
Peter Maddox	(i)	0	0	0	0	0	0	0
	(ii)	362,260	0	11,705	187,686	23,339	584,990	0
Cleveland Pardue	(i)	171,876	26,092	0	6,516	197	204,681	0
	(ii)	0	0	0	0	0	0	0
Ernie Sadau	(i)	0	0	0	0	0	0	0
	(ii)	696,687	0	65,902	231,323	25,763	1,019,675	0
Alex Valdez	(i)	393,504	66,360	7,200	141,929	6,193	615,186	0
	(ii)	0	0	0	0	0	0	0
Paul Generale	(i)	250,040	32,130	20,000	57,862	16,548	376,580	0
	(ii)	0	0	0	0	0	0	0
Margaret Dittrich	(i)	150,526	0	17,862	13,720	12,298	194,406	0
	(ii)	0	0	0	0	0	0	0
Kevin Garrett	(i)	287,494	49,133	0	72,274	21,535	430,436	0
	(ii)	0	0	0	0	0	0	0
Bruce Tassin	(i)	268,519	38,500	37,038	78,484	18,657	441,198	0
	(ii)	0	0	0	0	0	0	0
Samuel Chun	(i)	721,274	214,001	0	10,412	13,984	959,671	0
	(ii)	0	0	0	0	0	0	0
Jan V Bear	(i)	539,622	125,480	0	10,413	16,081	691,596	0
	(ii)	0	0	0	0	0	0	0
Donald Shina	(i)	444,641	221,882	0	10,413	11,699	688,635	0
	(ii)	0	0	0	0	0	0	0
Philip T Shields	(i)	631,891	18,800	0	10,413	15,417	676,521	0
	(ii)	0	0	0	0	0	0	0
Hal L Hankinson	(i)	614,063	0	0	10,413	11,159	635,635	0
	(ii)	0	0	0	0	0	0	0
Suzanne Heck	(i)	0	0	0	0	0	0	0
	(ii)	175,647	0	0	10,539	1,472	187,658	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Supplemental Compensation Information	Form 990, Part VII, Question 1a and Schedule J, Part II	Directors and Ex-Officio Directors provide their services as members of the Board without compensation or benefits Any compensation and benefits disclosed for such persons is earned in the respective individual's role as an officer or employee of the organization, not for the individual's role as a board member or director Sisters' compensation is paid to the religious congregation and not the individual Officers, key employees and highest paid employees are full-time employees Board members spend time as needed for board meetings and functions Daniel Kovnat, MD received $284,276 for services as a physician at St Vincent Hospital and not for services as a director Cleveland Pardue, MD received $204,681 for services as a physician at St Vincent Hospital and not for services as a director Jamie Gagan, M D received $9,000 for services as a Medical Director and not for services as a director Michael Palestine, M D received $32,675 for services as an Infection Control Medical Director and not for services as a director Kathy Armijo-Etre, M D received $8,594 for consulting services rendered to St Vincent Hospital and not for services as a director
Explanation of related org determining CEO/Executive Directors comp	Form 990, Schedule J, Part I, Question 3	The filing organization's CEO/executive director is an employee of CHRISTUS Health, a related organization As a result, compensation is established at the CHRISTUS Health level and the filing organization does not have a role in implementing the methods used to establish compensation or in determining CEO/executive director compensation CHRISTUS Health uses an Executive Compensation Committee to establish and approve the compensation of the filing organization's CEO/executive director This committee uses an independent compensation consultant who performs bi-annual compensation survey
Deferred Compensation	Form 990, Schedule J, Part II, Column C	Deferred compensation includes Executive Deferred Income Account, Supplemental Executive Retirement and Retention Plan, Employer contribution to 403 (b) Matched Savings Plan, Pension Restoration Plan and Estimated Pension Benefits under CHRISTUS Health Cash Balance Plan Estimated pension benefits were calculated based on the provisions of the current Cash Balance Plan at 6% of pensionable earnings Some associates are grandfathered under an earlier pension plan These grandfathered participants, based on computation at the time of their retirement, will receive the larger of the retirement benefit computed under the Cash Balance Plan compared to the previous pension plan Due to the complexity of calculating an accurate benefit cost for grandfathered participants, the Form 990 reports as pension benefits their annual estimated Cash Balance Plan accrual
Supplemental Nonqualified Retirement Plan	Form 990, Schedule J, Part I, Question 4b	Deferred compensation includes Executive Deferred Income Account, Supplemental Executive Retirement and Retention Plan, and Pension Restoration Plan Estimated pension benefits were calculated based on the provisions of the current Pension Restoration Plan at 6% of pensionable earnings which are over the IRS legislative compensation limit Some Associates are grandfathered under an earlier legacy pension plan If a participant has protected pension benefits under such legacy plans, his/her percentage is zero under the Supplemental Executive Retirement and Retention Plan, as the protected benefit is already equal to or better than current market
Supplemental Compensation Information	Form 990, Schedule J, Part II	W-2 compensation may include payments related to compensation deferred in prior years Deferred Compensation may include deferrals of current year compensation under Executive Deferred Income Account, Supplemental Executive Retirement and Retention Plan and Pension Restoration Plan COMPENSATION FOR THE FOLLOWING PEOPLE INCLUDES PAYMENTS FROM EXECUTIVE DEFERRED INCOME ACCOUNT VESTED AND DUE IN 2009 UNDER TERMS OF THE PLAN Ernie Sadau and Bruce Tassin
Supplemental Compensation Information	Form 990, Schedule J, Part II, Column B(II)	Bonus and incentive compensation may include amounts that were deferred in a prior year but paid out in calendar year 2009

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Vincent Hospital

Employer identification number
85-0106941

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
PAUL GENERALE	OFFICER-CFO	1,576,669	SEE DESCRIPTION SCHEDULE O		No
PAUL GENERALE	OFFICER-CFO	6,177	SEE DESCRIPTION SCHEDULE O		No

Additional Data

Software ID:
Software Version:
EIN: 85-0106941
Name: St Vincent Hospital

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Vincent Hospital

Employer identification number
85-0106941

Identifier	Return Reference	Explanation
Description of Other Program Service Accomplishments	Form 990, Part III, Line 4d	COMMUNITY SERVICES FOR THE BROADER COMMUNITY HELPING TO PREPARE FUTURE HEALTHCARE PROFESSIONALS IS A DISTINGUISHING CHARACTERISTIC OF NONPROFIT HOSPITALS AND CONSTITUTES A SIGNIFICANT COMMUNITY BENEFIT CHRISTUS ST VINCENT ASSISTS IN THE EDUCATION OF HEALTHCARE PROFESSIONALS BY PROVIDING CLINICAL SETTINGS, SCHOLARSHIPS, INTERNSHIPS AND RESIDENCIES FOR PHYSICIANS, NURSES AND OTHER HEALTH PROFESSIONALS THE FOLLOWING ACTIVITIES WERE CONDUCTED IN THIS AREA ST VINCENT HOSPITAL FOUNDATION NURSE SCHOLARSHIPS (IN PARTNERSHIP WITH SANTA FE COMMUNITY COLLEGE AND NORTHERN NEW MEXICO COMMUNITY COLLEGE) AND THE CHRISTUS ST VINCENT MEDICAL RESIDENCY PROGRAM (A THREE-YEAR PRIMARY CARE RESIDENCY PROGRAM FOR PHYSICIANS IN PARTNERSHIP WITH THE UNIVERSITY OF NEW MEXICO, ALBUQUERQUE) CHRISTUS ST VINCENT USED CASH DONATIONS AS A VEHICLE TO HELP OUR COMMUNITIES WE MADE CASH DONATIONS, IN ADDITION TO GRANTS, TO SUPPORT NONPROFIT HEALTHCARE ORGANIZATIONS AND PROGRAMS, INCLUDING THE ALZHEIMER'S ASSOCIATION, AMERICAN CANCER SOCIETY, BIG BROTHERS BIG SISTERS, SANTA FE HEALTH AND HUMAN SERVICES WEEK, AND UNITED WAY CHRISTUS ST VINCENT ALSO MADE CASH AND IN-KIND DONATIONS TO FUND COMMUNITY INITIATIVES SUCH AS AN ANNUAL HOLIDAY COAT DRIVE FOR CHILDREN, PHYSICAL FITNESS PROGRAMS FOR CHILDREN AND ADULTS (NATIONAL DANCE INSTITUTE, ELEMENTARY SCHOOL FUN RUNS, SANTA FE CENTURY BIKE RIDE), SCHOOL HEALTH FAIRS AND WELLNESS PROGRAMS, ELDER/SENIOR SERVICES AND VETERANS' PROGRAMS, LOCAL AND NATIONAL SERVICE ORGANIZATION FUNDRAISERS (ROTARY, ELKS AND KIWANIS CLUBS), AND NATIVE AMERICAN PUEBLO HEALTH DAYS AND PHYSICAL FITNESS EVENTS CHRISTUS ST VINCENT SUPPORTED COMMUNITY-BUILDING ACTIVITIES, INCLUDING SUPPORT FOR THE DEVELOPMENT OF COMMUNITY HEALTH PROGRAMS AND PARTNERSHIPS, ADOPT-A-SCHOOL EFFORTS AND HABITAT FOR HUMANITY HOUSE BUILDS CHRISTUS ST VINCENT ASSOCIATES SERVED ON LOCAL NONPROFIT BOARDS AND INITIATIVES THE HOSPITAL ALSO PROVIDES NO-COST MEETING SPACE TO COMMUNITY NONPROFIT ORGANIZATIONS AND GROUPS DURING FY2010, CHRISTUS ST VINCENT ADVOCATED FOR IMPROVING PUBLIC POLICIES, WORKING TO ESTABLISH AND IN SOME INSTANCES AUGMENT GRASSROOTS ADVOCACY FOR GREATER ACCESS TO HEALTH CARE SERVICES FOR THE CONSTITUENTS WE SERVE Program Service Expense = $4,574,862 Grants = $2,122,879 Program Service Revenue = $0

Identifier	Return Reference	Explanation
DESCRIPTION OF OTHER PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4D	COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED CHRISTUS ST VINCENT HAS RECOGNIZED THE NEED FOR SIGNIFICANT COMMUNITY-WIDE HEALTH AND HUMAN SERVICES BEYOND THE DIRECT SERVICES OF THE HOSPITAL AS SUCH, CHRISTUS ST VINCENT PROVIDES FUNDING TO THOSE WITH LIMITED OR NO MEANS TO PAY, UNDERSERVED POPULATIONS AND THE BROADER COMMUNITY THESE PROGRAMS ARE FUNDED FROM THE HOSPITAL'S GENERAL FUNDS AND ARE PROVIDED EITHER DIRECTLY BY CHRISTUS ST VINCENT, OR THROUGH OTHER NONPROFIT COMMUNITY HEALTHCARE ORGANIZATIONS COLLABORATIVE EFFORTS WITH LA FAMILIA MEDICAL CENTER, PRESBYTERIAN MEDICAL SERVICES, WOMEN'S HEALTH SERVICES AND VILLA THERESE CATHOLIC CLINIC PROVIDE PRIMARY CARE TO MEET THE NEEDS OF THE POOR, UNDERSERVED AND HOMELESS CHRISTUS ST VINCENT SUPPORTS THE NEEDS OF SPECIAL POPULATIONS IN THE COMMUNITY BY PROVIDING COMMUNITY HEALTH EDUCATION, COMMUNITY-BASED CLINICAL SERVICES, AND HEALTHCARE SUPPORT SERVICES, INCLUDING HEALTH AND SAFETY FAIRS, SCREENINGS AND EDUCATION FOR EARLY DETECTION OF DIABETES, CANCER AND HEART DISEASE, MATERNAL AND CHILD HEALTHCARE, SEXUAL ASSAULT NURSE EXAMINERS, MEDICAL CARE FOR RESIDENTS IN CUSTODY, HEALTH EDUCATION PROGRAMS, SCREENINGS AND ADULT IMMUNIZATIONS TARGETED AT CERTAIN POPULATIONS SUCH AS PERSONS AGE 65 OR OLDER, INDIVIDUALS WITH DISABILITIES, THE UNDERINSURED AND UNINSURED, AND HISPANIC AND NATIVE AMERICAN POPULATIONS SOME EXAMPLES OF CHRISTUS ST VINCENT'S COMMUNITY BENEFITS ACCOUNTED FOR UNDER COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED INCLUDE DENTAL AND VISION SERVICES FOR UNINSURED CHILDREN AND TEENS CHRISTUS ST VINCENT ALSO SUPPORTS COMMUNITY NONPROFIT AGENCIES AND PROGRAMS FOR THE POOR AND UNDERSERVED, INCLUDING LAS CUMBRES COMMUNITY SERVICES, THE ESPERANZA SHELTER FOR BATTERED FAMILIES, ST ELIZABETH HOMELESS SHELTER, THE FOOD DEPOT AND KITCHEN ANGELS FOOD DISTRIBUTION PROGRAMS, YOUTH SHELTERS AND FAMILY SERVICES, THE NEW MEXICO SUICIDE INTERVENTION PROJECT, CATHOLIC CHARITIES, SANGRE DE CRISTO COMMUNITY HEALTH, OPEN HANDS AND THE SANTA FE RAPE CRISIS CENTER ROOTED IN OUR MISSION AND TRADITION, THE FOUNDERS AND SPONSORS OF CHRISTUS HEALTH AND THOSE WHO CO-MINISTER WITH THEM SEEK NEW AND INNOVATIVE WAYS OF DELIVERING QUALITY HEATH CARE THAT IS BOTH AFFORDABLE AND ACCESSIBLE TO ALL TODAY, MORE THAN EVER, WE MUST AIM TO IMPROVE THE TOTAL HEALTH STATUS OF THE COMMUNITY THROUGH PROGRAMS THAT PLACE OUR SERVICES WHERE THEY ARE NEEDED MOST, WITH SPECIAL ATTENTION AND PREFERENCE GIVEN TO PROGRAMS THAT SUPPORT AND BENEFIT THE HEALTH AND WELFARE OF THE POOR AND UNDERSERVED COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED REPRESENT THE UNPAID COST OF SERVICES PROVIDED FOR WHICH A PATIENT IS NOT BILLED, OR FOR WHICH A FEE HAS BEEN ASSESSED THAT RECOVERS ONLY A PORTION OF THE COST OF THE RENDERED SERVICE THIS CATEGORY INCLUDES INITIATIVES THAT REACH OUT TO THOSE IN NEED THROUGH COMMUNITY HEALTH AND SOCIAL PROGRAMS THESE PROGRAMS SEEK JUSTICE FOR THE VULNERABLE AND WORK TO BRING ABOUT CHANGES IN OUR POLITICAL AND ECONOMIC SYSTEMS THE PROGRAMS COVER A BROAD SPECTRUM OF SERVICES FROM CHARITY CLINICS TO IMMUNIZATIONS FOR CHILDREN AND SENIORS, AND A VARIETY OF OTHER SOCIAL SERVICES CHRISTUS ST VINCENT REGIONAL MEDICAL CENTER PROVIDES MEDICATION ASSISTANCE FOR COMMUNITY RESIDENTS WHO ARE UNABLE TO AFFORD THE MEDICATIONS THEY NEED THE HOSPITAL WORKS WITH COMMUNITY PHARMACIES AND OTHER PHARMACEUTICAL COMPANIES TO IDENTIFY THESE PATIENTS AND THEN DISTRIBUTE THE NEEDED MEDICATIONS TO THEM Program Service Expense = $928,713 Grants = $235,084 Program Service Revenue = $0

Identifier	Return Reference	Explanation
Description of Classes of Members or Stockholders	Form 990, Part VI, Question 6	THE MEMBERS OF ST VINCENT HOSPITAL ARE SVH SUPPORTCO, A NEW MEXICO NONPROFIT CORPORATION, AND CHRISTUS HEALTH, A TEXAS NONPROFIT CORPORATION

Identifier	Return Reference	Explanation
Description of Classes of Persons and the Nature of Their Rights	Form 990, Part VI, Question 7a	THE MEMBERS ARE GRANTED THE RIGHT TO APPOINT THE PRESIDENT OF THE CORPORATION THE BOARD OF DIRECTORS IS DIVIDED EQUALLY INTO TWO CLASSES THE SVH SUPPORTCO CLASS AND THE CHRISTUS HEALTH CLASS THE SVH SUPPORTCO CLASS SHALL APPOINT ITS SUCCESSORS THE CHRISTUS HEALTH CLASS SHALL BE APPOINTED BY CHRISTUS HEALTH

Identifier	Return Reference	Explanation
Descr Classes of Persons, Decisions Requiring Appr & Type of Voting Rights	Form 990, Part VI, Question 7b	THE MEMBERS, SVH SUPPORTCO AND CHRISTUS HEALTH, HAVE THE FOLLOWING POWERS APPOINT THE PRESIDENT OF THE CORPORATION, APPROVE AMENDMENTS TO, OR AMEND THE ARTICLES OF INCORPORATION OF THE CORPORATION, APPROVE AMENDMENTS TO, OR AMEND THE BYLAWS OF THE CORPORATION, APPROVE THE MERGER, CONSOLIDATION OR DISSOLUTION OF THE CORPORATION, APPROVE THE SALE, CONTRIBUTION, DONATION OR OTHER TRANSFER OF SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION, APPROVE THE TRANSFER IN ANY 12-MONTH PERIOD OF MORE THAN $5,000,000 TO ANY OTHER PERSON, APPROVE THE CREATION OF OR CREATE A NEW AFFILIATE, APPROVE THE AFFILIATION OF THE CORPORATION WITH ANY OTHER PERSON, ESTABLISH, TERMINATE OR TRANSFER ANY SIGNIFICANT PROGRAM OR SERVICE LINE OF THE CORPORATION, APPROVE THE INCURRENCE IN ANY 12-MONTH PERIOD OF ANY DEBT OF THE CORPORATION IN EXCESS OF $5,000,000, APPROVE ANY LOAN OF FUNDS BY A MEMBER TO THE CORPORATION, ACCEPT ON BEHALF OF THE CORPORATION ANY GIFT OR BEQUEST CONDITIONED ON A LONG-TERM OR OTHER SIGNIFICANT OBLIGATION, ADOPT, APPROVE AMENDMENTS TO, OR AMEND THE MISSION, STRATEGIC PLAN OR CHARITY CARE POLICY OF THE CORPORATION, AND APPROVE ANY REQUEST BY THE CORPORATION FOR ONE OR BOTH MEMBERS TO MAKE A CONTRIBUTION TO THE CORPORATION OTHER THAN CONTRIBUTIONS APPROVED BY THE MEMBERS ON OR BEFORE APRIL 8, 2008

Identifier	Return Reference	Explanation
Describe the Process used by Management &/or Governing Body to Review 990	Form 990, Part VI, Question 11A	The Form 990 is prepared and reviewed by the organization's external independent accountants The CHRISTUS Health Accounting department works with an external accounting firm in preparation and review of the Form 990 The filing organization's CFO, or other designee, reviews the Form 990 The final Form 990 that will be filed with the IRS is posted to a secure internet portal for all members of the Board of Directors to view Review of the final Form 990 occurs prior to filing with the IRS in the Spring 2011 via a web portal polling tool by the Audit and/or Finance subcommittees of the respective Organization's board, based on a set of suggested review processes developed by CHRISTUS Health

Identifier	Return Reference	Explanation
Description of Process to Monitor Transactions for Conflicts of Interest	Form 990, Part VI, Question 12c	At the end of each calendar year, the CHRISTUS Health Corporate Secretary distributes a conflict of interest questionnaire to all of the organization's Board and Committee members for completion prior to the 1st of January in the next year The Corporate Secretary thoroughly reviews all completed and executed conflict of interest questionnaire forms to ensure accuracy and that no potential or identified conflict is disclosed or exists The organization's Board of Directors is responsible for enforcement of the conflict of interest policy of the organization At the beginning of each board meeting an announcement is made that if any Board member determines that he or she has a conflict of interest based on any agenda item, he or she must declare so and excuse him or herself from any discussions related to such item

Identifier	Return Reference	Explanation
Compensation Determination Process	Form 990, Part VI, Questions 15a & 15b	The Executive Compensation Committee of CHRISTUS Health determines the compensation of the CEO (or Executive Director, as applicable), officers and key employees of Christus Health and related organizations including st vincent hospital The Executive Compensation Committee is composed of individuals who have no conflict of interest with the compensation arrangements at hand CHRISTUS Health CEO's compensation is subject to approval by the CHRISTUS Health board, after discussion by the Executive Compensation Committee The Executive Compensation Committee of the CHRISTUS Health Board selects an independent external firm to perform an independent compensation review, to ensure that all compensation is reasonable and comparable to other similarly situated organizations, for similarly qualified persons in functionally comparable positions, and to provide supporting information of compensation decisions On an annual basis the external consultant 1 completes a review of the compensation and benefits of the christus health CEO and provides a written report, and appears in person with the committee to address the annual compensation review and any decisions related to such compensation for the CEO The consultant also provides all of the comparable market data to support recommendations and decisions 2 develops the merit increase recommendations for all Designated System Executives based on market comparability 3 recommends the changes in the Compensation Structure (grades) based on the market changes 4 completes a review and evaluation of newly created positions to recommend a grade placement to the Committee for its discussion and approval On a bi-annual basis, the external consultant completes a detailed review of all other Designated System Executives' compensation and benefits This group includes all top management officials, other officers and key leaders of the organization The review includes recommendations to the Committee on any changes necessary in either specific compensation or compensation structure to ensure market competitiveness, reasonableness and internal equity Upon recommendations from the independent external firm, the Executive Compensation Committee makes final compensation decisions Additionally, the Executive Compensation Committee reviews all compensation payments for excess benefit transactions The discussion and decisions of the Committee are documented and formalized in the Committee minutes and maintained on record

Identifier	Return Reference	Explanation
Avail of Gov Docs, Conflict of Interest Policy, & Fin Stmts to Gen Public	Form 990, Part VI, Question 19	The Consolidated Audited Financial Statements of CHRISTUS Health are made available to the public via the Christus Health website The organization's governing documents and conflict of interest policy are not made available to the public

Identifier	Return Reference	Explanation
HOURS WORKED FOR RELATED ORGANIZATION	FORM 990, PART VII, SECTION A	Peter Maddox devotes an average of 58 hours per week to Christus Health, a related organization of the filing entity Peter is the SVP Business, Strategy, & Corporate Development of Christus Health Ernie Sadau devotes an average of 63 hours per week to Christus Health, a related organization of the filing entity Ernie is the SVP Chief Operating Officer of Christus Health

Identifier	Return Reference	Explanation
Description of Activity	Form 990, Schedule L, Part IV, Column (d)	Due to St Vincent Hospital's 50% ownership in Santa Fe Imaging, LLC, Paul Generale, St Vincent Hospital's CFO, serves as trustee of santa fe imaging, llc's managing body Mr Generale's role on the managing body is solely related to St Vincent Hospital's ownership THE AMOUNT LISTED IN COLUMN C OF ST VINCENT'S SCHEDULE K-1 FOR THE LLC'S YEAR ENDING 6-30-10 IS $1,576,669 THIS AMOUNT REPRESENTS THE CUMULATIVE INVESTMENT SINCE THE PARTNERSHIP'S INCEPTION Santa Fe Imaging, LLC paid St Vincent Hospital $6,177 for phone, information management, and other services provided by St Vincent Hospital to Santa Fe Imaging, LLC

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Vincent Hospital

Employer identification number
85-0106941

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
ST VINCENT HOSPITAL FOUNDATION 455 ST MICHAELS DRIVE SANTA FE, NM 87505 85-0282847	FUNDRSNG ACTV	NM	501(C)(3)	11 Type I	NA
ST VINCENT HOSPITAL AUXILIARY 455 ST MICHAELS DRIVE SANTA FE, NM 87505 85-6010108	Volunteer Act	NM	501(C)(3)	11 type I	NA
SVH SUPPORTCO 1631 HOSPITAL DRIVE SUITE 160 SANTA FE, NM 87505 26-1592592	SUPT SV HOSP	NM	501(C)(3)	11 type II	NA

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) ST VINCENT HOSPITAL FOUNDATION	C	1,081,105
(2) ST VINCENT HOSPITAL FOUNDATION	P	376,211
(3) ST VINCENT HOSPITAL FOUNDATION	M	491,014
(4) ST VINCENT HOSPITAL AUXILIARY	P	107,606
(5)		
(6)		

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 85-0106941
Name: St Vincent Hospital

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Ron Aldrich Director	2 0	X						0	0	0
Kathy Armijo-Etre Director	2 0	X						8,594	0	0
Helen Ann Collier Director	2 0	X						0	0	0
David Delgado Director	2 0	X						0	0	0
Jamie Gagan Director	2 0	X						9,000	0	0
David Gunderson MD Director	2 0	X						0	0	0
David Haskin Director	2 0	X						0	0	0
Daniel Kovnat Director (Effective 1/1/10)	2 0	X						267,902	0	16,374
Peter Maddox Director	2 0	X						0	373,965	211,025
Larry Martinez Director	2 0	X						0	0	0
Michael Palestine MD Director	2 0	X						32,675	0	0
Cleveland Pardue Director	2 0	X						197,968	0	6,713
James Peppiatt-Combes Director	2 0	X						0	0	0
Albert Robison Director	2 0	X						0	0	0
Ernie Sadau Director	2 0	X						0	762,589	257,086
Clifford Vernick MD Director	2 0	X						0	0	0
William Zeckendorf Director	2 0	X						0	0	0
Alex Valdez President/CEO	60 0	X		X				467,064	0	148,122
Paul Generale CFO	60 0			X				302,170	0	74,410
Margaret Dittrich Secretary/VP Compliance	40 0			X				168,388	0	26,018
Kevin Garrett CMO	60 0				X			336,627	0	93,809
Bruce Tassin COO	60 0				X			344,057	0	97,141
Samuel Chun Physician	40 0					X		935,275	0	24,396
Jan V Bear Physician	40 0					X		665,102	0	26,494
Donald Shina Physician	40 0					X		666,523	0	22,112

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Philip T Shields Physician	40 0					X		650,691	0	25,830
Hal L Hankinson Physician	40 0					X		614,063	0	21,572
Suzanne Heck CFO (Term 9/15/08)	0 0						X	0	175,647	12,011

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
PROVISION FOR UNCOLLECT ACCTS	24,178,943	24,201,373	-22,430	
Recruitment Expense	768,729	230,300	538,429	
Dues and Subscriptions	516,470	259,631	255,541	1,298
Education	418,801	319,964	98,837	
Sales Tax Expense	145,059		145,059	

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

PART VI, LINE 7 St Vincent Hospital is a partner of CHRISTUS Health, a Catholic, international, faith based, nonprofit health system comprised of almost 350 services and facilities including more than 50 hospitals and long term care facilities, 175 clinics and outpatient centers, and other community health ministries and community development ventures CHRISTUS services can be found in Arkansas, Georgia, Iowa, Louisiana, Missouri, New Mexico, Texas, and in six provinces of Mexico A common mission, core values and vision unite the allied health system Each region, including St Vincent Hospital, develops five-year and 10-year strategic plans that help set the yearly operational plans and budgets Regional strategic goals are set in collaboration with CHRISTUS Health, including metrics that will be used to measure community benefit, clinical outcomes, patient satisfaction and Associate engagement CHRISTUS Health provides updated market, demographics, and health indicator data on an annual basis In addition, St Vincent Hospital works closely with the CHRISTUS Community Health Council to meet system wide initiatives for addressing community needs Currently, these initiatives include increasing access to primary care, avoiding Emergency Department visits, preventable hospitalizations, a case management program for patients of our clinics who have chronic illness, diabetes education, and creating affordable senior housing opportunities in the region The data supplied from CHRISTUS Health along with the system wide strategic initiatives are consistent with the community needs assessment of the region St Vincent Hospital, in turn, partners with other nonprofit groups (churches, health care providers, and government agencies) to create collaborations where health needs can be addressed and the general health of individuals and the community is improved

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

PART VI, LINE 6 St Vincent Hospital provides a full range of inpatient and outpatient services to the people from the communities it serves It conducts its activities and serves its health care purpose without regard to race, color, creed, religion, gender, orientation, disability, and age or national origin St Vincent Hospital provides a 24 hour emergency room that is open to serve all those in need of emergent care, regardless of their ability to pay St Vincent Hospital health care facilities include partial ownership in one imaging facility - Santa Fe Imaging, L L C St Vincent Hospital collaborates with communities, churches, businesses, and other health care organizations to facilitate and strengthen accessibility of quality comprehensive health care services for all, particularly the vulnerable and underserved populations St Vincent Hospital also supports many local community health services, offering convenient locations for primary care and mobile outreach programs, immunizations for children and seniors, Meals on Wheels, and transportation services for the communities served In addition, St Vincent Hospital provides medication assistance for community residents who are unable to afford medications St Vincent Hospital is dedicated to improving the health status of the community through programs that place needed services where they are needed the most, with special attention and preference given to programs that support and benefit the health and welfare of the poor and underserved St Vincent Hospital is one of the area's largest private employers "COMMUNITY SERVICES FOR A BROADER COMMUNITY" is also a part of St Vincent Hospital's overall community benefit The greatest share of these expenses is for educating health professionals (Graduate Medical Education, nursing students, allied health professionals, pharmacists, etc) Helping to prepare future health care professionals is a distinguishing characteristic of nonprofit health care and constitutes a significant community benefit CHRISTUS St Vincent had $927,000 in health professions education during FY2010 to include clinical experience and other education for physicians, nurses and physical therapy students CHRISTUS Health also used cash donations as a vehicle to help the communities served It made cash donations, in addition to grants to support nonprofit health care organizations and programs including the Alzheimer's Association, American Cancer Society, American heart Association, Big Brothers Big Sisters and various other programs aimed at improving the health of the communities served As a nonprofit organization and as a part of CHRISTUS Health, a regional governing board comprised largely of independent community members representing the makeup of the area we serve guides St Vincent Hospital We are privileged to have an open medical staff comprised of qualified physicians who work with us to provide care to our communities All qualified physicians who are granted privileges to serve with us in our hospitals must undergo a thorough and comprehensive credentialing and orientation process All persons employed and affiliated with CHRISTUS St Vincent are required to complete an annual conflict of interest statement CHRISTUS St Vincent reinvests all surplus funds back into the communities we serve through expanded health services, new technologies, and better facilities

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

PART VI, LINE 5 Amounts reported on Schedule H, Part II Community Building Activities include Community health Improvement Advocacy and workforce development In addition, St Vincent Hospital has partnered with local financing agencies and banks on low income housing, adopt a school program, Habitat for Humanity, and other community projects to improve the health of the communities served St Vincent Hospital Associates serve on local nonprofit boards and participate in various community initiatives that promote the health and well being the communities served The CHRISTUS Health Advocacy department is working in partnership with local, state and federal policy makers to ensure activities and programs are in place that will enhance public health and advance general knowledge These are some of the main community building activities that promote the health of the communities served by improving access to health services, enhancing public health, and advancing knowledge

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

PART VI, LINE 4 CHRISTUS St Vincent Hospital is located in Santa Fe, New Mexico and serves more than 300,000 people in seven counties covering a 19,000-square-mile area encompassing north central and northeastern New Mexico and southern Colorado The New Mexico population is 46 3 percent Hispanic The fastest growing age group in the organization's service area is 65 years of age and older, projected to grow 18 percent between 2009 and 2014 compared with 3 percent growth for the population as whole New Mexico Human Services Department estimates the uninsured rate at 22 6 percent of the New Mexico population St Vincent's payor mix is approximately 40 percent Medicare, 18 percent Medicaid, and approximately 8 to 11 percent Uninsured or Indigent St Vincent Hospital is the only Level III trauma center in north central/northeastern New Mexico It is the largest hospital north of Albuquerque and south of Pueblo, Colorado St Vincent Hospital is classified as a Sole Community Provider by the Centers for Medicare and Medicaid Services (CMS)

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

PART VI, LINE 3 CHRISTUS St Vincent Hospital makes every effort to educate patients on its Charity and Discount Policy and about their eligibility for assistance under federal, state, or local government programs during registration, pre registration (for scheduled tests and surgeries), post registration (during their hospitalization) and following discharge (telephone or written inquiry) in languages appropriate for the population being served Patients are given information and forms by a financial counselor who helps them complete the forms during their inpatient and outpatient visits Patients are asked to bring or mail supporting documentation to determine income, assets and household expenses The Business Office reviews the application based on the information provided by the patient If the patient qualifies for charity care or a discount, a new bill is generated Patients who do not provide the required documentation are considered ineligible and are billed accordingly If the documentation is provided at a later time, the patient may then be determined to be eligible for charity care or a discount Documentation is retained by the billing office for seven years Information regarding CHRISTUS Health's Charity Care and Discount policy, describing the availability of financial assistance, who qualifies, and how to apply is also posted on the Website of CHRISTUS Health and available upon request

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

Part VI, Line 8 All CHRISTUS Health entities including facilities located in states that do not require annual community benefit reporting (i e , Louisiana, and New Mexico), follow the same reporting rules as outlined in the Catholic Health Association Guide to Planning and Reporting Community Benefit, copyright 2008 Total community benefit for CHRISTUS Health is also reported in the annual report prepared and distributed by the system office CHRISTUS Health's nonprofit hospitals located in Texas file a community benefit report with the State of Texas The Annual Statement of Community Benefits Standard (ASCBS) form and annual report of the Community Benefits Plan are filed with Texas Department of State Health Services (DSHS) as required by the Health and Safety Code, Sections 311 045 and 311 046 The 2009 ASCBS form is expanded to collect the information on charity care policies and community benefits in a standardized format

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

PART III, SECTION A, LINE 3 The organization uses a software program that is able to assess patient risk and can determine information about the patient's financial history and ability to pay If the software is able to determine a patient's history, it can use such history to estimate the patient's household income and then make a determination of whether the patient could be eligible for charity care based on the organization's charity care criteria which is uploaded in the software The amount of the organization's bad debt expense at cost attributable to patients who are eligible under the organization's charity care policy is determined using the cost-to-charge ratio calculated on Form 990, Schedule H, Worksheet 2 In addition to screening patients to determine the applicability of financial assistance and charity care at the time of admission and discharge, CHRISTUS Health follows a policy and supporting procedures for reviewing all active self-pay patient receivables The screening procedures subsequent to discharge to determine charity care and discount applicability include reviewing the attending hospital's records including patient submitted charity care applications or other financial information, making contact with patients through mailed notice followed by phone call, using a financial assistance questionnaire, using software that provides household/income data statistics and credit reports As a result of the aforementioned steps, the amount reported as bad debt expense at cost attributable to patients who are eligible under the organization's charity care policy is relatively small

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

The organization uses Form 990, Schedule H, Worksheet A to determine the bad debt expense at cost reported at Schedule H, Part III, Section A, Line 2 using the cost-to-charge ratio calculated at Form 990, Schedule H, worksheet 2, Line 11 The organization's total bad debt expense attributable to patient charges (total of all hospital facilities) is in accordance with the organization's financial statements Bad debt expense is net of (1) contractual allowances, (2) payments received and (3) recoveries of bad debt previously written off

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

CHRISTUS Health follows in principle with Healthcare Financial Management Association Statement No 15 The system has adopted an uncompensated care policy where revenue from services provided to the uninsured is recognized at the time of payment, rather than at the time of service This policy is the result of a lack of reasonable assurance of collection for services provided to the uninsured due to the system's historically low collection rate Management has estimated that the difference between recording revenue from uninsured on a cash basis, rather than the accrual basis, is immaterial Accordingly, all accounts receivable from the uninsured have been fully reserved in the allowance for uncompensated care

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

The organization budgets charity care for internal financial purposes only The provision of charity care is not limited to amounts established for budgetary purposes Unreimbursed Medicaid Part I, Line 7b CHRISTUS St Vincent reinvests all surplus funds back in to the communities we serve through expanded health services, new technologies, and better facilities Cash and In-Kind Contributions PART I, LINE 7I St Vincent Hospital made over $1,113,000 in cash and in kind contributions The aforementioned amount is determined in accordance with reporting rules for Schedule H, Worksheet 8 As such this amount differs from grants reported on Form 990, Schedule I, Grants and Other Assistance to Organizations, Governments, and Individuals and Part IX, Lines 1 through 3 Grants and Other Assistance St Vincent Hospital used cash donations as a vehicle to improve the health of the communities served Cash donations and grants are given to support other nonprofit organizations and programs including the Alzheimer's Association, American Cancer Society, Big Brothers Big Sisters, and United Way St Vincent Hospital also made cash and in kind donations to fund community initiatives such as a holiday coat drive for children and physical fitness programs for children and adults

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

Collection activity occurs for a minimum of 60 days on self-pay accounts before the presumptive charity process is completed if no contact with the patient/guarantor is made If the 60-day period expires and no contact with the patient/guarantor is made or there is insufficient information to document eligibility for charity care, a presumption of eligibility may be made based on statistical data and other reliable assumptions Accounts with a balance of less than $2,000 are screened for charity care qualification based on systematic screening criteria unless patient contact is made Accounts with a balance of $2,000 or greater are manually reviewed to determine if any potential eligibility programs are applicable based upon front-end screening tool documentation and a review of the diagnoses and services provided If a patient completes a financial aid application and qualifies for charity care or falls under a charity care account based on the presumptive charity test, all debt collection activities cease Accounts that are not deemed eligible for charity care or medical indigence will continue the collection cycle until they are written off as bad debt

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

The amount on Schedule H, Part III, Line 6 is determined by calculating Medicare Allowable costs using Worksheet A of the Medicare Cost Report Worksheet A of the Medicare cost Report requires the organization to remove non-allowable expenses from total expenses via the Adjustments to Expenses worksheets within the Medicare Cost Report The amount reported on Schedule H, Part III, Line 6 does not take into account all costs incurred by the filing organization associated with the filing organization's provision of services to Medicare patients Schedule H, Part III, Line 7 would equal a shortfall of $(22,195,632) if total expenses allocable to medicare services were substituted on Schedule H, Part III, Line 6 St Vincent Hospital reinvests all surplus funds back in to the communities we serve through expanded health services, new technologies, and better facilities

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

The footnote to the CHRISTUS Health consolidated financial statements says, "The preparation of financial statements in conformity with generally accepted accounting principles in the United States requires management of the System to make assumptions, estimates, and adjustments that affect the amounts reported in the financial statements, including the notes thereto, and related disclosures of commitments and contingencies, if any The system considers critical accounting policies to be those that require more significant judgments and estimates in the preparation of its financial statements, including the following recognition of net patient revenues, which includes contractual allowances, provisions for bad debt, reserves for losses and expenses related to health care professional and general liabilities, determination of fair values of certain financial instruments, and risks and assumptions for measurement of pension and retiree medical liabilities Management relies on historical experience and on other assumptions believed to be reasonable under the circumstances in making its judgment and estimates Actual results could differ materially from these estimates In order to determine the bad debt expense at cost (Schedule H, Part III, Section A, Line 2), the organization's total bad debt expense (total of all hospital facilities) in accordance with the organization's financial statements was multiplied by the cost-to-charge ratio

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

The total expense on Form 990, Part IX, line 25, column (A) is $277,997,861 The bad debt expense attributable to patient service activities included in this amount is $24,178,943 The filing organization's proportionate share of expenses of the joint venture included on Schedule H, Part I is $5,499,483 The bad debt expense included in this amount is $265,834 Therefore, total expenses for calculating Form 990, Schedule H, Part I, Line 7(f) and Schedule H, Part II, Column (f) is $259,052,567 The organization's total community benefit expense as reported on Part I, Line 7k, column (c) as a percentage of total expense is 18 79% which exceeds the amount reported on Part I, Line 7k column (f) which is computed using net community benefit expense

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

Reported at Schedule H, Part I, Line 7 g Subsidized health services are the unreimbursed patient account balances at cost with patient income of greater than 200% and less than 400% of the Federal Poverty Level (FPL) The reported amount is calculated using the cost-to-charge ratio determined at Schedule H, worksheet 2 These accounts do not qualify as charity care as defined by the organization's charity care guidelines because the patients' income is above 200% FPL The patient account balances were multiplied by the cost to charge ratio computed using Schedule H, worksheet 2 THE NEGATIVE AMOUNT REPORTED IS DUE TO PAYMENTS FROM INSURANCE OR PATIENTS FOR ACCOUNTS EXPENSED AS CHARITY CARE IN PRIOR YEARS

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

LINE 7A RATIO OF PATIENT CARE COST TO CHARGES based on Schedule H, worksheet 2 LINE 7B RATIO OF PATIENT CARE COST TO CHARGES based on Schedule H, worksheet 2 LINE 7E ACTUAL EXPENSES LESS ANY DIRECT OFFSETTING REVENUE LINE 7F ACTUAL EXPENSES LESS ANY DIRECT OFFSETTING REVENUE LINE 7G RATIO OF PATIENT CARE COST TO CHARGES based on Schedule H, worksheet 2 LINE 7I ACTUAL EXPENSE OF THE CONTRIBUTIONS

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

A report of community benefit is included in a written Annual Report for CHRISTUS Health, a partner of St Vincent Hospital CHRISTUS Health is an international, Catholic, faith based, nonprofit health system formed in 1999 with a mission "to extend the healing ministry of Jesus Christ " The annual community benefit report summarizes activities and programs conducted during the past year to improve health which include proactive community health services However, the Annual Report is only a snapshot of how CHRISTUS distinguishes itself in its vision to be a leader, a partner, and an advocate in creating innovative health and wellness solutions that improve the lives of individuals and communities

Additional Data

Software ID:
Software Version:
EIN: 85-0106941
Name: St Vincent Hospital

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

N/A

Part VI Supplemental Information

Complete this part to provide the following information

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

See additional data

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

PART VI, LINE 2 CHRISTUS St Vincent Hospital continuously gathers and reviews data related to community needs by utilizing focus and advisory groups, community studies, Web surveys and contacts, as well as serving on local and state boards and subcommittees to ensure that the community health needs are appropriately identified and addressed St Vincent Hospital also collaborates with community organizations, churches, businesses, agencies, local colleges and universities, and state indigent programs to determine community health needs

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

See additional data

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

See additional data

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

See additional data

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

See additional data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Cancer Society 10501 MONTGOMERY BLVD NE SUITE 300 ALBUQUERQUE,NM 87111	23-7040934	501(c)(3)	26,750				CHRISTUS St Vincent provided a program donation to the American Cancer Society in support of the ACS's Santa Fe events program for Fiscal Year 2011 The three ACS events CSV is sponsoring are the the Making Strides Against Breast Cancer Walk of Santa Fe (Oct 9, 2010), the Spring Soiree Gala (May 2011) and the Relay for Life (June 2011)
City of Santa Fe200 LINCOLN AVE SANTA FE,NM 87501	85-6000168	GOVT ENTITY	113,692				CHRISTUS St Vincent is covering two-thirds of the cost of 12-lead satellite equipment which will be used to transmit patient ECG data from EMS vehicles to the CSV Emergency Department
Food Depot1222 SILER RD SANTA FE,NM 87507	85-0416803	501(c)(3)	5,400				MISSION STATEMENT ENDING HUNGER IN NORTHERN NEW MEXICO! Each month, The Food Depot, Northern New Mexico's only food bank distributes an average of 200,000 pounds of food and household products, providing more than 260,000 meals through its member agencies
Friends of the Cathedral Basilica131 CATHEDRAL PLACE SANTA FE,NM 87501	85-0125038	501(c)(3)	5,868				The Friends of the Cathedral Basilica of St Francis of Assisi will present its 400th Anniversary Celebration Grand Ball on August 7, 2010 CSV is a corporate sponsor of 350 etched wine glasses for the Ball
Passport DMC IncPO BOX 1001 SANTA FE,NM 87504	85-0437722		19,947				The CHRISTUS St Vincent Cancer Center sponsored Passport New Mexico's Spring 2010 production in Santa Fe of the stage play, "Time Enough," a full-length stage play written by Robert Benjamin, Ph D This play is about living with cancer and losing loved ones to the disease It focuses on love, loss, grieving, courage and hope
Rio Grande School715 CAMINO CABRA SANTA FE,NM 87505	85-0263326	501(c)(3)	19,500				CHRISTUS St Vincent supports the Rio Grande School and its academic programs for 160 children in grades Pre-K through 6 Annual Fund Donation - $10,000, Gala - $9,500
Santa Fe Children's Museum 1050 OLD PECOS TRAIL SANTA FE,NM 87505	85-0335070	501(c)(3)	28,598				CHRISTUS St Vincent is a "Children's Circle" $15k sponsor, $10k program donation, $3,598 sponsor of the Spring Benefit
Santa Fe Teen Arts Center 1614 PASEO DE PERALTA SANTA FE,NM 87501	85-0442899	501(c)(3)	10,000				CHRISTUS St Vincent Regional Medical Center and the St Vincent Hospital Foundation are co-sponsors of "The Heart of Santa Fe" Music CD Project and Youth Program The project is dedicated to and celebrates the lost lives of four teenagers killed by a drunk driver in August 2009
Villa Therese Catholic Clinic 219 CATHEDRAL PLACE SANTA FE,NM 87501	85-0229019	501(c)(3)	36,738				CHRISTUS St Vincent has donated over $21,000 to Villa Therese Catholic Clinic for the purchase of a new dental operator This equipment will allow Villa Therese to expand its current Women and Children's Dental Clinic and offer routine dental screenings, cleanings and fluoride varnish treatments for pregnant women, mothers of infants, children and adolescents aged 2 to 18
SVH FOUNDATION455 St Michaels Dr SANTA FE,NM 87505	85-0282847	501(c)(3)	44,750				Sports Medicine & Haiti Match

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SANTA FE RAPE CRISISPO BOX 29541 SANTA FE,NM 87592	85-0242274	501(c)(3)	60,000				COMMUNITY BENEFIT FUND, COUNTY COUNTS-THREE OUTREACH PROGRAMS
SANTA FE PROJECT ACCESSPO BOX 32145 SANTA FE,NM 87954	30-0053458	501(c)(3)	300,000				FUNDING GIVEN TO PHYSICIANS TO PROVIDE CARE TO THE UNINSURED
ST ELIZABETH SHELTER 904 ALARID STREET SANTA FE,NM 87501	85-0347650	501(c)(3)	42,700				COMMUNITY BENEFIT FUND WINTER OVERFLOW SHELTER PROGRAM
UNITED WAY OF SANTA FE 440 CERRILLOS RD SUITE A SANTA FE,NM 87501	85-0163601	501(c)(3)	102,500				Program Services
WOMEN'S HEALTH SERVICES901 W ALAMEDA SUITE 25 SANTA FE,NM 87501	85-0227223	501(c)(3)	15,000				Intergrated Primary Behavioral Health Care Model
YOUTH SHELTERS & FAMILY SERVICES INCPO BOX 28279 SANTA FE,NM 87592	85-0324625	501(c)(3)	35,000				Youth Shelters provides unique life-changing services to homeless, runaway and in-crisis youth and their families
Aspen Santa Fe Ballet0245 SAGE WAY ASPEN,CO 81611	84-1150857	501(c)(3)	10,000				The Aspen Santa Fe Ballet's Folklorico (Mexican Folk Dance) Program is an after-school dance program for 145 students from four Santa Fe elementary schools
LA FAMILIA MEDICAL CENTER1035 ALTO ST SANTA FE,NM 87502	85-0220875	501(c)(3)		27,976	COST	TELEPHONE SERVICES	PHONE SERVICES
Santa Fe Community College 6401 RICHARDS AVE SANTA FE,NM 87508	85-0311615	501(c)(3)	125,000				Support 5 classrooms in SFCC's new Health & Sciences Building This gift will support students in the nursing, medical and dental fields
Santa Fe County102 GRANT AVE SANTA FE,NM 87501	85-6000073	GOVT ENTITY	86,835				General Support

Additional Data Return to Form

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AEGIS HEALTH GROUPPO Box 102282 ATLANTA,GA 30368	62-1390310		198,259				PROVIDES HEALTHCARE COUNSELING TO THE COMMUNITY AT LARGE
GROW SFCC FOUNDATION 6401 RICHARDS AVENUE SANTA FE,NM 87508	20-1594570	501(c)(3)	50,000				PROVIDES NURSING SCHOLARSHIP FOR STUDENTS AT SF COMMUNITY COLLEGE
KITCHEN ANGELS1222 SILER RD SANTA FE,NM 87507	85-0423492	501(c)(3)	12,800				Kitchen Angels is dedicated to providing free, nutritious meals to homebound Santa Feans facing life-challenging conditions
LA FAMILIA MEDICAL CENTER1035 ALTO STREET SANTA FE,NM 87502	85-0220875	501(c)(3)	80,000				PROVIDES OBGYN SERVICES FOR LOW INCOME WOMEN IN THE COMMUNITIY
LAS CUMBRES COMMUNITY SERVICES404 HUNTER STREET ESPANOLA,NM 87532	23-7144268	501(c)(3)	135,000				The Santa Fe Community Infant Program provides comprehensive, therapeutic, home-based services with a focus on the mental health of infants aged prenatal to three Staff therapists work with families where there are concerns about the parents or caregivers ability to provide a secure and trusting relationship with their infant or child or when there may be rise of abuse or neglect
NM SUICIDE INTERVENTIONPO BOX 6004 SANTA FE,NM 87502	85-0427990	501(c)(3)	20,000				COMMUNITY BENEFIT FUND YOUTH SUICIDE INTERVENTION PROGRAM
OPEN HANDS2976 RODEO PARK DRIVE EAST SANTA FE,NM 87505	85-0249605	501(c)(3)	12,500				COMMUNITY BENEFIT FUND, FALL PREVENTION PROGRAM
PARTNERS IN EDUCATIONYOUNG FATHERSPO BOX 23374 SANTA FE,NM 87502	85-0392417	501(c)(3)	25,000				Young Fathers of Santa Fe helps young men become great fathers Young fathers begin their involvement with Young Fathers of Santa Fe during their partners pregnancy
Presbyterian Medical ServicesPO BOX 22454 SANTA FE,NM 87502	85-0206810	501(c)(3)	362,000				COMMUNITY BENEFIT FUND, HEALTHY VANS TOMORROW PROGRAM
SANGRE DE CRISTO COMMUNITY HEALTH1441 S ST FRANCIS DR SUITE A B SANTA FE,NM 87505	85-0471004	501(c)(3)	30,000				SUBSTANCE ABUSE AND BEHAVIORAL HEALTH PROGRAM