



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



| | | |
|---|---|--|
| <div>Form 990</div> <div></div> <div>Department of the Treasury Internal Revenue Service</div> | <div>Return of Organization Exempt From Income Tax</div> <div>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</div> <div>The organization may have to use a copy of this return to satisfy state reporting requirements</div> | <div>OMB No 1545-0047</div> <div>2011</div> <div>Open to Public Inspection</div> |
|---|---|--|

| | | | |
|---|---|---|--|
| A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012 | | | |
| B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization ST VINCENT FOUNDATION | | D Employer identification number 51-0169537 |
| | Doing Business As | | E Telephone number (501) 552-2380 |
| | Number and street (or P O box if mail is not delivered to street address) | Room/suite | G Gross receipts \$ 1,954,923 |
| | 2 ST VINCENT CIRCLE | | |
| | City or town, state or country, and ZIP + 4 LITTLE ROCK, AR 72205 | | |
| F Name and address of principal officer ELWOOD LEONARD 2 ST VINCENT CIRCLE LITTLE ROCK, AR 72205 | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) | |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(c) Group exemption number ▶ | |
| J Website: ▶ WWW.STVINCENTHEALTH.COM/FOUNDATION | | | |

| | | |
|---|--------------------------|------------------------------|
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | L Year of formation 1975 | M State of legal domicile AR |
|---|--------------------------|------------------------------|

| | |
|--------|---------|
| Part I | Summary |
|--------|---------|

| | | | | |
|--|---|--|-------------------------|---------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities TO FOSTER, SUPPORT, AND ENCOURAGE THE ACTIVITIES AND PURPOSES OF THE ST VINCENT HEALTH SYSTEM | | | |
| | | | | |
| | | | | |
| | | | | |
| Revenue | 2 Check this box <input type="checkbox"/> 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 | 22 | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 19 | |
| | 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) | 5 | 0 | |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 100 | |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 | |
| | 7b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 | |
| | Expenses | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 1,372,382 | Current Year 1,343,569 |
| | | 9 Program service revenue (Part VIII, line 2g) | 0 | 0 |
| | | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 561,218 | 344,241 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 138,776 | 25,431 | |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 2,072,376 | 1,713,241 | |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | | 2,623,900 | 2,586,661 | |
| 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) | | 0 | 0 | |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 | 0 | |
| 16b Total fundraising expenses (Part IX, column (D), line 25) ▶50,951 | | | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 500,764 | 159,627 | | |
| 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 3,124,664 | 2,746,288 | | |
| 19 Revenue less expenses Subtract line 18 from line 12 | -1,052,288 | -1,033,047 | | |
| Net Assets or Fund Balances | Beginning of Current Year | | End of Year | |
| | 20 Total assets (Part X, line 16) | 27,562,808 | 25,608,601 | |
| | 21 Total liabilities (Part X, line 26) | 480,296 | 357,332 | |
| | 22 Net assets or fund balances Subtract line 21 from line 20 | 27,082,512 | 25,251,269 | |

| | |
|---------|-----------------|
| 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 | | 2013-05-08 Date | |
| | MARK MCGINNIS CHIEF FINANCIAL OFFICER Type or print name and title | | | |
| Paid Preparer's Use Only | Preparer's signature | KIMBERLY STEENHOEK | Date | Preparer's taxpayer identification number (see instructions) P01201968 |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 | CATHOLIC HEALTH INITIATIVES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 | | EIN ▶ 47-0617373 |
| | | | | Phone no ▶ (303) 298-9100 |

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

Check if Schedule O contains a response to any question in this Part III ☒

THE ORGANIZATION'S MISSION IS TO NURTURE THE HEALING MINISTRY OF THE CHURCH BY BRINGING IT NEW LIFE, ENERGY AND VIABILITY IN THE 21ST CENTURY. FIDELITY TO THE GOSPEL URGES US TO EMPHASIZE HUMAN DIGNITY AND SOCIAL JUSTICE AS WE MOVE TOWARD THE CREATION OF HEALTHIER COMMUNITIES.

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








| | |
|----|---|
| 4a | (Code) (Expenses \$ 2,639,273 including grants of \$ 2,586,661) (Revenue \$ 0) |
| | SEE SCHEDULE O |

[illegible][illegible]

| | | |
|-----------|---------------------------------------|---------------------|
| 4e | Total program service expenses | \$ 2,639,273 |
|-----------|---------------------------------------|---------------------|

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)? <i>If "Yes," complete Schedule A.</i>  | 1 | Yes |
| 2 | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?  | 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? <i>If "Yes," complete Schedule C, Part I.</i> | 3 | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> | 4 | No |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> | 5 | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> | 6 | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> | 7 | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> | 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? <i>If "Yes," complete Schedule D, Part IV.</i> | 9 | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>  | 10 | Yes |
| 11 | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> | 11a | No |
| b | 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? <i>If "Yes," complete Schedule D, Part VII.</i> | 11b | No |
| c | 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? <i>If "Yes," complete Schedule D, Part VIII.</i> | 11c | No |
| d | 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? <i>If "Yes," complete Schedule D, Part IX.</i> | 11d | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>  | 11e | Yes |
| f | 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>  | 11f | Yes |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> | 12a | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>  | 12b | Yes |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> | 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</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 ? <i>If "Yes," complete Schedule F, Part II and IV.</i> | 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 ? <i>If "Yes," complete Schedule F, Part III and IV.</i> | 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? <i>If "Yes," complete Schedule G, Part I.</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? <i>If "Yes," complete Schedule G, Part II.</i>  | 18 | Yes |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> | 19 | No |
| 20a | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> | 20a | No |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements. | 20b | |

Part IV

Checklist of Required Schedules (continued)

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

| Part V Statements Regarding Other IRS Filings and Tax Compliance | | | | |
|--|--|-----|-----|-----|
| Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/> | | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. | 1a | 0 | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | 1b | 0 | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return | 2a | 0 | |
| 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 (see instructions). | | 2b | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | 3a | | |
| 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 or securities account)? | 4a | | No |
| b If "Yes," enter the name of the foreign country <input type="text"/> See instructions for 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? | | 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 | | Yes |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | Yes |
| 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 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 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | 7g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | 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? | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | 12b | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state. | | 13a | | |
| b Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | 13b | | |
| c Enter the aggregate amount of reserves on hand | | 13c | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | | | |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | 14a | | No |
| | | 14b | | |

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.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

| | | | |
|----|---|-----|----|
| | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 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? | | 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? | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | Yes | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | No |
| 6 | Did the organization have members or stockholders? | Yes | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | Yes | |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| 8a | The governing body? | Yes | |
| 8b | Each committee with authority to act on behalf of the governing body? | 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 | | No |

Section B. Policies

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

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

Section C. Disclosure

| | |
|----|---|
| 17 | List the States with which a copy of this Form 990 is required to be filed |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |
| 19 | Describe in Schedule O whether (and if so, how), the organization made 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. MARK MCGINNIS 2 ST VINCENT CIRCLE LITTLE ROCK, AR 72205 (501) 552-3912 |

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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.
- 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, if any. 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O.) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 | | | |
| (1) ELWOOD LEONARD SVIMC VP & CHIEF DEVELOPMENT OFFICER | 4.00 | X | | X | | | | 0 | 272,024 | 39,183 |
| (2) GUS BLASS III TREASURER | 1.00 | X | | X | | | | 0 | 0 | 0 |
| (3) PETER BANKO SVHS PRESIDENT/CEO | 4.00 | X | | X | | | | 0 | 649,711 | 83,408 |
| (4) PHILLIP TAPPAN CHAIR | 1.00 | X | | X | | | | 0 | 0 | 0 |
| (5) SCOTT KORENBLAT SECRETARY | 1.00 | X | | X | | | | 0 | 0 | 0 |
| (6) WILLIAM CLARK VICE CHAIR | 1.00 | X | | X | | | | 0 | 0 | 0 |
| (7) ANN FLEMING BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (8) BELINDA SHULTS BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (9) CHARLEY FOSTER BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (10) ELLON COCKRILL BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (11) GLENN DAVIS MD BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (12) HASKELL DICKINSON III BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (13) JACK GRUNDFEST BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (14) JENNIFER MCCARTY BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (15) KHAYYAM EDDINGS BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (16) PAULINE JEGLEY BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (17) PETER NOONAN EX-OFFICIO/SVHS VP | 4.00 | X | | | | | | 0 | 204,452 | 33,958 |

Part VII

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 | | | |
| (18) RICK FLEETWOOD BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (19) STEVEN OWEN BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (20) SUSAN BLAIR BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (21) VINCENT INSALACO BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (22) WENDY SAER BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (23) MARK MCGINNIS CHIEF FINANCIAL OFFICER - SVIMC | 4 00 | | | X | | | | 0 | 330,746 | 35,179 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 0 | 1,456,933 | 191,728 |

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶0

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶0

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 | 179,031 | | | |
| | d | Related organizations | 1d | 134,380 | | | |
| | e | Government grants (contributions) | 1e | 83,132 | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 947,026 | | | |
| | g | Noncash contributions included in lines 1a-1f \$ 494,022 | | | | | |
| | h | Total. Add lines 1a-1f | | 1,343,569 | | | |
| Program Service Revenue | 2a | | Business Code | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | 0 | 0 | 0 | 0 |
| | g | Total. Add lines 2a-2f | | 0 | | | |
| | Other Revenue | 3 | Investment income (including dividends, interest and other similar amounts) | | 324,089 | | |
| 4 | | Income from investment of tax-exempt bond proceeds . . | | 0 | | | |
| 5 | | Royalties | | 0 | | | |
| 6a | | Gross rents | (i) Real | (ii) Personal | | | |
| b | | Less rental expenses | | | | | |
| c | | Rental income or (loss) | 0 | 0 | | | |
| d | | Net rental income or (loss) | | | 0 | | |
| 7a | | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| b | | Less cost or other basis and sales expenses | | | | | |
| c | | Gain or (loss) | 20,152 | 0 | | | |
| d | | Net gain or (loss) | | | 20,152 | | 20,152 |
| 8a | | Gross income from fundraising events (not including \$ 179,031 of contributions reported on line 1c) See Part IV, line 18 | | | | | |
| | | | a | 267,113 | | | |
| b | | Less direct expenses | b | 241,682 | | | |
| c | | Net income or (loss) from fundraising events . . | | | 25,431 | | 25,431 |
| 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 | | | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d | All other revenue | | | 0 | 0 | 0 | |
| e | Total. Add lines 11a-11d | | | 0 | | | |
| 12 | Total revenue. See Instructions | | | 1,713,241 | 0 | 0 | 369,672 |

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)

Check if Schedule O contains a response to any question in this Part IX

| 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 United States See Part IV, line 21 | 2,524,062 | 2,524,062 | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 62,599 | 62,599 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States 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 | 0 | | | |
| 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 | 0 | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 0 | | | |
| 9 | Other employee benefits | 0 | | | |
| 10 | Payroll taxes | 0 | | | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | 0 | | | |
| b | Legal | 0 | | | |
| c | Accounting | 0 | | | |
| d | Lobbying | 0 | | | |
| e | Professional fundraising See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 0 | | | |
| g | Other | 55,496 | | 55,496 | |
| 12 | Advertising and promotion | 0 | | | |
| 13 | Office expenses | 7,755 | | | 7,755 |
| 14 | Information technology | 0 | | | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 0 | | | |
| 17 | Travel | 433 | | 433 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 0 | | | |
| 20 | Interest | 52,612 | 52,612 | | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 0 | | | |
| 23 | Insurance | 0 | | | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f | All other expenses | 43,331 | 0 | 135 | 43,196 |
| 25 | Total functional expenses. Add lines 1 through 24f | 2,746,288 | 2,639,273 | 56,064 | 50,951 |
| 26 | Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | 0 | | | |

Part X

Balance Sheet

| | | | | | (A) | | (B) |
|-----------------------------|---|---|-----|---|-------------------|-----|-------------|
| | | | | | Beginning of year | | End of year |
| Assets | 1 | Cash—non-interest-bearing | | | 640,711 | 1 | 472,742 |
| | 2 | Savings and temporary cash investments | | | 731,093 | 2 | 0 |
| | 3 | Pledges and grants receivable, net | | | 549,379 | 3 | 473,850 |
| | 4 | Accounts receivable, net | | | | 4 | 0 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | | | 6 | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | | 9 | |
| | 10a | Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D | 10a | 0 | | | |
| | b | Less: accumulated depreciation | 10b | 0 | 0 | 10c | 0 |
| | 11 | Investments—publicly traded securities | | | 25,561,384 | 11 | 23,448,093 |
| | 12 | Investments—other securities. See Part IV, line 11 | | | 0 | 12 | 0 |
| | 13 | Investments—program-related. See Part IV, line 11 | | | 0 | 13 | 0 |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 80,241 | 15 | 1,213,916 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 27,562,808 | 16 | 25,608,601 |
| Liabilities | 17 | Accounts payable and accrued expenses | | | 60 | 17 | 11,496 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | | 480,236 | 25 | 345,836 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 480,296 | 26 | 357,332 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | | |
| | 27 | Unrestricted net assets | | | 23,438,910 | 27 | 20,192,279 |
| | 28 | Temporarily restricted net assets | | | 2,662,460 | 28 | 3,628,257 |
| | 29 | Permanently restricted net assets | | | 981,142 | 29 | 1,430,733 |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 | | | 27,082,512 | 33 | 25,251,269 |
| | 34 | Total liabilities and net assets/fund balances | | | 27,562,808 | 34 | 25,608,601 |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

| | | | |
|---|---|---|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,713,241 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,746,288 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -1,033,047 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 27,082,512 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | -798,196 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 25,251,269 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

| | |
|---|--|
| Name of the organization ST VINCENT FOUNDATION | Employer identification number 51-0169537 |
|---|--|

Part I

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

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

1

☐

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

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☒

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

a

☒ Type I

b

☐ Type II

c

☐ Type III - Functionally integrated

d

☐ Type III - Other

e

☒

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of support? |
|---|-------------|---|---|----|--|----|---|----|-----------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) ST VINCENT INFIRMARY MEDICAL CENTER | 710236917 | 3 | Yes | | Yes | | Yes | | 2,217,302 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | 2,217,302 |

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support | | | | | | |
|---|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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 2011 (line 6 column (f) divided by line 11 column (f)) | 14 | |
| 15 | Public Support Percentage for 2010 Schedule A, Part II, line 14 | 15 | |
| 16a | 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support | | | | | | |
|--|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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 2011 (line 8 column (f) divided by line 13 column (f)) | 15 | |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15 | 16 | |

| Section D. Computation of Investment Income Percentage | | |
|--|----|--|
| 17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f)) | 17 | |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17 | 18 | |
| 19a 33 1/3% support tests—2011. 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—2010. 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. Also complete this part for any additional information. (See instructions).

| |
|------------------------------|
| Facts And Circumstances Test |
| |

| Explanation |
|-------------|
| |
| |
| |
| |

SCHEDULE D
(Form 990)

Supplemental Financial Statements

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ST VINCENT FOUNDATION

Employer identification number
51-0169537

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? | |
| | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |
| 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 | |
| | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |

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 |
| b | Total acreage restricted by conservation easements |
| c | Number of conservation easements on a certified historic structure included in (a) |
| d | Number of conservation easements included in (c) acquired after 8/17/06 |

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

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2011

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 |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 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 | 976,793 | 981,142 | 1,470,792 | 1,448,289 | |
| b Contributions | | | 250 | 1,000 | |
| c Investment earnings or losses | 93,326 | 56,368 | 10,750 | 115,826 | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 4,200 | 60,717 | 500,650 | 94,323 | |
| f Administrative expenses | | | | | |
| g End of year balance | 1,065,919 | 976,793 | 981,142 | 1,470,792 | |

- 2

Provide the estimated percentage of the year end balance held as
- a

Board designated or quasi-endowment ▶
- b

Permanent endowment ▶ 100 000 %
- c

Term endowment ▶
- 3a

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

unrelated organizations

(ii)

related organizations
- b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- | | | |
|--------|-----|----|
| | Yes | No |
| 3a(i) | | No |
| 3a(ii) | | No |
| 3b | | |
- 4

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

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | 0 |
| b Buildings | | | | 0 |
| c Leasehold improvements | | | | 0 |
| d Equipment | | | | 0 |
| e Other | | | | 0 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶ | | | | 0 |

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 |
|----------------------------------|----------------------------|--|
| Intended uses of endowment funds | Schedule D, Part V, Line 4 | THE ST VINCENT FOUNDATION ENDOWMENT IS DONOR RESTRICTED AND WILL SECURE LONG-TERM ADVANCEMENT AND EXCELLENCE FOR ST VINCENT'S MINISTRY OF HEALING AS WE MOVE OUR MISSION FORWARD |
| FIN 48 (ASC 740) footnote | Schedule D, Part X, Line 2 | ST VINCENT FOUNDATION'S FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CATHOLIC HEALTH INITIATIVES (CHI), A RELATED ORGANIZATION. CHI'S FIN 48 (ASC 740) FOOTNOTE FOR THE YEAR ENDED JUNE 30, 2012 READS AS FOLLOWS: "CHI IS A TAX-EXEMPT COLORADO CORPORATION AND HAS BEEN GRANTED AN EXEMPTION FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. CHI OWNS CERTAIN TAXABLE SUBSIDIARIES AND ENGAGES IN CERTAIN ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE AND THEREFORE SUBJECT TO INCOME TAX. MANAGEMENT REVIEWS ITS TAX POSITIONS ANNUALLY AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS." |

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
ST VINCENT FOUNDATION

Employer identification number
51-0169537

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total ▶ | | | | | | |

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events |
|-----------------|----|--|--------------------------|------------------|----------------------------------|
| | | TOUR DE PAUL (event type) | IV PARTY (event type) | (total number) | (Add col (a) through col (c)) |
| Revenue | 1 | Gross receipts | 262,448 | 183,696 | 446,144 |
| | 2 | Less Charitable contributions | 102,867 | 76,164 | 179,031 |
| | 3 | Gross income (line 1 minus line 2) | 159,581 | 107,532 | 0267,113 |
| Direct Expenses | 4 | Cash prizes | | | 0 |
| | 5 | Non-cash prizes | | | 0 |
| | 6 | Rent/facility costs | 85,829 | | 85,829 |
| | 7 | Food and beverages | 25,208 | | 25,208 |
| | 8 | Entertainment | 14,700 | | 14,700 |
| | 9 | Other direct expenses | 107,322 | 8,623 | 115,945 |
| | 10 | Direct expense summary Add lines 4 through 9 in column (d) | | | (241,682) |
| | 11 | Net income summary Combine lines 3 and 10 in column (d). | | | 25,431 |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming |
|-----------------|---|---|---|---|---|
| | | | | | (Add col (a) through col (c)) |
| Revenue | 1 | Gross revenue | | | |
| | 2 | Cash prizes | | | |
| Direct Expenses | 3 | Non-cash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ <input type="checkbox"/> No |
| | 7 | Direct expense summary Add lines 2 through 5 in column (d) | | | () |
| | 8 | Net gaming income summary Combine lines 1 and 7 in column (d) | | | |

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

☐

Yes

☐

No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐

Yes

☐

No

13

Indicate the percentage of gaming activity operated in

| | | |
|---|-----------------------------|-----|
| a | The organization's facility | 13a |
| b | An outside facility | 13b |

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐

Yes

☐

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

☐

Director/officer

☐

Employee

☐

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐

Yes

☐

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

| | | |
|------------|-----------------|-------------|
| Identifier | ReturnReference | Explanation |
|------------|-----------------|-------------|

Name of the organization
ST VINCENT FOUNDATION

Employer identification number
51-0169537

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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) ST VINCENT INFIRMARY MEDICAL CENTER2 ST VINCENT CIRCLE LITTLE ROCK,AR 72205 | 71-0236917 | 501(C)(3) | 2,217,302 | 0 | N/A | N/A | PROGRAM SUPPORT |
| (2) LITTLE ROCK SCHOOL DISTRICT801 W MARKHAM ST LITTLE ROCK,AR 72201 | 71-6014717 | LITTLE ROCK SCHOOLS | 50,000 | 0 | N/A | N/A | PROGRAM SUPPORT |
| (3) ST VINCENT MEDICAL GROUP2 ST VINCENT CIRCLE LITTLE ROCK,AR 72205 | 71-0830696 | 501(C)(3) | 116,415 | 0 | N/A | N/A | PROGRAM SUPPORT |
| (4) ST ANTHONY'S HOSPITAL ASSOCIATION 4 HOSPITAL DRIVE MORRILTON,AR 72110 | 71-0245507 | 501(C)(3) | 140,345 | 0 | N/A | N/A | PROGRAM SUPPORT |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 3

3 Enter total number of other organizations listed in the line 1 table ▶ 1

Part III

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

| (a)Type of grant or assistance | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|---|-------------------------|-------------------------|----------------------------------|--|---------------------------------------|
| (1) NURSING EDUCATION SCHOLARSHIPS | 21 | 45,447 | 0 | N/A | N/A |
| (2) FOREST HEIGHTS MIDDLE SCHOOL DANCE PROGRAM ASSISTANCE | 15 | 17,152 | 0 | N/A | N/A |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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 |
|--|----------------------------|--|
| Procedures for monitoring use of grant funds | Schedule I, Part I, Line 2 | ST VINCENT FOUNDATION MONITORS GRANTS ON A MONTHLY AND/OR QUARTERLY BASIS THROUGH THEIR FUNDS TRANSFER SYSTEM THE GRANTEE PROVIDES THE FOUNDATION WITH A LISTING OF EXPENSES INCURRED, SIGNED OFF BY THE RESPECTIVE DEPARTMENT MANAGER, AND THE FOUNDATION APPLIES THOSE EXPENSES TO THE FUND SET UP SPECIFICALLY FOR THAT GRANT THE FOUNDATION TYPICALLY REPORTS TO THE GRANTOR MID-WAY THROUGH THE GRANT CYCLE, REPORTING THE PROGRESS AND FUNDS SPENT |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
ST VINCENT FOUNDATION

Employer identification number

51-0169537

Part I

Questions Regarding Compensation

| | Yes | No |
|---|-----|----|
| <div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div> | | |
| <div><div>1b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</div></div> | | |
| <div><div>2</div><div>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?</div></div> | | |
| <div><div>3</div><div>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</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div></div> | | |
| <div><div>4</div><div>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</div></div> | | |
| <div><div>4a</div><div>Receive a severance payment or change-of-control payment?</div></div> | | No |
| <div><div>4b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div> | Yes | |
| <div><div>4c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> | | No |
| <div><div></div><div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div></div> | | |
| <div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div> | | |
| <div><div>5</div><div>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</div></div> | | |
| <div><div>5a</div><div>The organization?</div></div> | | No |
| <div><div>5b</div><div>Any related organization?</div></div> | | No |
| <div><div></div><div>If "Yes," to line 5a or 5b, describe in Part III</div></div> | | |
| <div><div>6</div><div>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</div></div> | | |
| <div><div>6a</div><div>The organization?</div></div> | | No |
| <div><div>6b</div><div>Any related organization?</div></div> | | No |
| <div><div></div><div>If "Yes," to line 6a or 6b, describe in Part III</div></div> | | |
| <div><div>7</div><div>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</div></div> | | |
| <div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div> | | |
| <div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div> | | |

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.

[illegible]

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 |
|--|-----------------------------|---|
| Arrangement used to establish the top management official's compensation | Schedule J, Part I, Line 3 | COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL WAS ESTABLISHED AND PAID BY ST VINCENT INFIRMARY MEDICAL CENTER ("SVIMC"), A RELATED ORGANIZATION. SVIMC USED THE FOLLOWING TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION: (1) COMPENSATION COMMITTEE, (2) INDEPENDENT COMPENSATION CONSULTANT, (3) WRITTEN EMPLOYMENT CONTRACTS, (4) COMPENSATION SURVEY OR STUDY, (5) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE. |
| SEVERANCE OR CHANGE OF CONTROL PAYMENTS | SCHEDULE J, PART I, LINE 4A | POST-TERMINATION PAYMENTS ARE ADDRESSED IN EXECUTIVE EMPLOYMENT AGREEMENTS FOR CATHOLIC HEALTH INITIATIVES ("CHI") AND RELATED ORGANIZATIONS' EMPLOYEES AT THE LEVEL OF VICE PRESIDENT AND ABOVE, INCLUDING THE MBO CEOs. THESE EMPLOYMENT AGREEMENTS REQUIRE THAT IN ORDER FOR THE EXECUTIVE TO RECEIVE POST-TERMINATION PAYMENTS, THESE INDIVIDUALS MUST EXECUTE A GENERAL RELEASE AND SETTLEMENT AGREEMENT. POST-TERMINATION PAYMENT ARRANGEMENTS ARE PERIODICALLY REVIEWED FOR OVERALL REASONABLENESS IN LIGHT OF THE EXECUTIVE'S OVERALL COMPENSATION PACKAGE. NO INTERESTED PERSONS RECEIVED A SEVERANCE PAYMENT DURING THE YEAR. |
| Supplemental nonqualified retirement plan | Schedule J, Part I, Line 4b | DURING THE 2011 CALENDAR YEAR CATHOLIC HEALTH INITIATIVES ("CHI"), A RELATED ORGANIZATION, MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR MBO CEOs AND OTHER CHI EMPLOYEES AT THE LEVEL OF SENIOR VICE PRESIDENT AND ABOVE. THE FOLLOWING REPORTABLE INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE IN THAT PLAN: PETER BANKO. DURING 2011 THE FOLLOWING CONTRIBUTIONS WERE MADE BY CHI TO THE DEFERRED COMPENSATION PLAN: PETER BANKO - \$40,848. DURING 2011 THE FOLLOWING DISTRIBUTIONS WERE MADE BY CHI FROM THE DEFERRED COMPENSATION PLAN: PETER BANKO - \$17,263. |

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
ST VINCENT FOUNDATION

Employer identification number
51-0169537

Part I Types of Property

| | (a) Check if applicable | (b) Number of Contributions or items contributed | (c) Contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining contribution amounts |
|--|----------------------------------|--|---|--|
| 1 Art—Works of art | X | 5 | 255,370 | OPINIONS OF EXPERTS |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 1 | 1,459 | MARKET VALUE |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | X | 1 | 715 | SELLING COST |
| 20 Drugs and medical supplies | X | 2 | 70,168 | SELLING COST |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (ITEMS FOR TOUR DE PAUL EVENT) | X | 40 | 49,992 | SELLING COST |
| 26 Other ▶ (ITEMS FOR ST VINCENT MORRILTON ER RENOVATION) | X | 30 | 10,058 | SELLING COST |
| 27 Other ▶ (FOOD & SUPPLIES FOR OPERATION WALK - IN KIND) | X | 8 | 88,104 | SELLING COST |
| 28 Other ▶ (ITEMS FOR IV PARTY) | X | 7 | 18,156 | SELLING COST |
| 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | 29 | 0 | | |

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes

No

30a

No

31

Yes

32a

No

Part III

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

| Identifier | Return Reference | Explanation |
|--|---|--|
| Explanations of reporting method for number of contributions | Schedule M, Part I | ART - WORKS OF ART NUMBER OF ITEMS RECEIVED FOOD INVENTORY NUMBER OF ITEMS RECEIVED DRUGS AND MEDICAL SUPPLIES NUMBER OF ITEMS RECEIVED OTHER NUMBER OF ITEMS RECEIVED OTHER NUMBER OF ITEMS RECEIVED OTHER NUMBER OF ITEMS RECEIVED SECURITIES - PUBLICLY TRADED NUMBER OF ITEMS RECEIVED |
| Number of contributions or items contributed | Schedule M, part I, column (b), Line 1 | NUMBER OF ITEMS RECEIVED |
| Number of contributions or items contributed | Schedule M, part I, column (b), Line 19 | NUMBER OF ITEMS RECEIVED |
| Number of contributions or items contributed | Schedule M, part I, column (b), Line 20 | NUMBER OF ITEMS RECEIVED |
| Number of contributions or items contributed | Schedule M, part I, column (b), Line other=ITEMS FOR TOUR DE PAUL EVENT | NUMBER OF ITEMS RECEIVED |

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
ST VINCENT FOUNDATION**Employer identification number**

51-0169537

| Identifier | Return Reference | Explanation |
|--|-----------------------------|--|
| STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | FORM 990, PART III, LINE 4A | ST VINCENT FOUNDATION WAS INCORPORATED AS A 509(A)(3), TAX-EXEMPT, CHARITABLE SUPPORTING ORGANIZATION OF ST VINCENT INFIRMARY MEDICAL CENTER ("SVIMC") IN 1975 TO SERVE AS THE OFFICIAL GIFT-RECEIVING AND GIFT-ADMINISTRATION AGENCY FOR SVIMC IN CENTRAL ARKANSAS. IT IS THE MISSION OF ST VINCENT FOUNDATION TO ENSURE THAT SVIMC HAS THE CHARITABLE AND COMMUNITY RESOURCES NECESSARY TO SUSTAIN ITS MINISTRIES THAT ENHANCE THE HEALTH OF THOSE WE SERVE THROUGH REVERENCE, INTEGRITY, COMPASSION AND EXCELLENCE. THROUGH THE CHARITABLE CONTRIBUTIONS OF ARKANSANS AROUND THE STATE, ST VINCENT FOUNDATION IS ABLE TO HELP SUPPORT THE HOSPITALS, CLINICS AND COMMUNITY OUTREACH PROGRAMS OF SVIMC. ST VINCENT FOUNDATION'S CURRENT TWO AND A HALF MEMBER STAFF AND BOARD OF DIRECTORS RAISE FUNDS THROUGH SPECIAL EVENTS, ANNUAL GIVING, MAJOR GIFTS, PLANNED GIVING, CORPORATE/FOUNDATION GRANTS AND CAPITAL CAMPAIGNS TO HELP FUND VIRTUALLY EVERY HEALTH CARE PROGRAM, PROJECT AND COMMUNITY OUTREACH SERVICE OFFERED BY THE HOSPITALS, CARE CENTERS AND CLINICS OF SVIMC. IN FISCAL YEAR 2012 THE FOUNDATION RAISED OVER \$1 MILLION FOR THESE PURPOSES. THE FOUNDATION CURRENTLY MAINTAINS RESERVE ASSETS OF APPROXIMATELY \$23 MILLION. |

| Identifier | Return Reference | Explanation |
|---|---------------------------------------|---|
| Delegate broad authority to a committee | Form 990, Part VI, Section A, Line 1a | PURSUANT TO SECTION 8 6 OF THE BYLAWS OF ST VINCENT FOUNDATION, THE EXECUTIVE COMMITTEE IS COMPOSED OF THE BOARD CHAIR, THE BOARD VICE CHAIR, THE PRESIDENT AND CEO, EACH OF WHOM SHALL SERVE AS AN EX OFFICIO VOTING MEMBER OF THE EXECUTIVE COMMITTEE, AND TWO VOTING MEMBERS APPOINTED BY THE BOARD OF DIRECTORS. EACH INDIVIDUAL APPOINTED TO THE EXECUTIVE COMMITTEE SHALL SERVE FOR A TERM OF ONE YEAR OR UNTIL HIS OR HER SUCCESSOR IS DULY APPOINTED BY THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE SHALL CONSIST OF ONLY DIRECTORS OF THE CORPORATION. PURSUANT TO SECTION 8 1 OF THE CORPORATION'S BYLAWS, COMMITTEES, SUCH AS THE EXECUTIVE COMMITTEE, THAT ARE GRANTED THE AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS MAY INCLUDE ONLY DIRECTORS OF THE CORPORATION. FURTHER, PURSUANT TO SECTION 8 6 OF THE CORPORATION'S BYLAWS, THE EXECUTIVE COMMITTEE HAS AND MAY EXERCISE SUCH POWERS AS MAY BE DELEGATED TO IT BY THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE ALSO POSSESSES THE POWER TO TRANSACT ROUTINE BUSINESS OF THE CORPORATION IN THE INTERIM PERIOD BETWEEN REGULARLY SCHEDULED MEETINGS OF THE BOARD OF DIRECTORS. |

| Identifier | Return Reference | Explanation |
|---|--------------------------------------|---|
| Significant changes to organizational documents | Form 990, Part VI, Section A, Line 4 | THE ORGANIZATION AMENDED ITS GOVERNING DOCUMENTS FOR A NAME CHANGE THE LEGAL NAME OF THE ORGANIZATION IS NOW ST VINCENT FOUNDATION |

| Identifier | Return Reference | Explanation |
|------------------------------------|--------------------------------------|--|
| Classes of members or stockholders | Form 990, Part VI, Section A, Line 6 | ACCORDING TO THE BYLAWS OF ST VINCENT FOUNDATION, THE ENTITY'S SOLE MEMBER IS ST VINCENT INFIRMARY MEDICAL CENTER, D/B/A ST VINCENT HEALTH SYSTEM, AN ARKANSAS NONPROFIT CORPORATION |

| Identifier | Return Reference | Explanation |
|--|---------------------------------------|--|
| Members or stockholders electing members of governing body | Form 990, Part VI, Section A, Line 7a | ACCORDING TO THE ORGANIZATION'S BYLAWS, DIRECTORS SHALL BE APPOINTED OR REFUSED BY THE CORPORATE MEMBER THE CORPORATE MEMBER MAY APPOINT ONE OR MORE INDIVIDUALS TO THE BOARD OF DIRECTORS, AND MAY AT ANY TIME REMOVE, WITH OR WITHOUT CAUSE, ANY MEMBER OF THE BOARD OF DIRECTORS ACCORDING TO THE ORGANIZATION'S BYLAWS, DIRECTORS OF THE CORPORATION SHALL BE APPOINTED BY THE CORPORATE MEMBER NO LATER THAN JUNE 30 OF EACH YEAR THE NAMES AND QUALIFICATIONS OF EACH INDIVIDUAL ACCEPTED BY THE BOARD OF DIRECTORS SHALL BE SUBMITTED TO THE CORPORATE MEMBER, WHO SHALL APPOINT OR REFUSE EACH NOMINEE IN ACCORDANCE WITH THE CORPORATE MEMBER'S BYLAWS AND WITH ENDORSEMENT OF THE SENIOR VICE PRESIDENT OF OPERATIONS THE CORPORATE MEMBER MAY UNILATERALLY APPOINT ONE OR MORE INDIVIDUALS TO THE BOARD OF DIRECTORS SHOULD THE BOARD FAIL TO FURNISH THE CORPORATE MEMBER WITH A LIST OF INDIVIDUALS QUALIFIED TO SERVE ON THE BOARD OF DIRECTORS OF THE CORPORATION |

| Identifier | Return Reference | Explanation |
|---|---------------------------------------|--|
| Decisions requiring approval by members or stockholders | Form 990, Part VI, Section A, Line 7b | <p>THE ORGANIZATION'S CORPORATE MEMBER IS ST VINCENT INFIRMARY MEDICAL CENTER ("SVIMC") PURSUANT TO SECTION 5 4 OF THE ORGANIZATION'S BY LAWS, BOTH SVIMC AND CATHOLIC HEALTH INITIATIVES ("CHI") (SVIMC'S SOLE CORPORATE MEMBER) HAVE RESERVED POWERS AS OUTLINED IN THE CHI GOVERNANCE MATRIX PURSUANT TO THE GOVERNANCE MATRIX THE FOLLOWING RIGHTS ARE HELD BY THE SVIMC BOARD - APPROVE MEMBERS OF THE ST VINCENT FOUNDATION BOARD - AMENDMENT OF THE CORPORATE DOCUMENTS OF ST VINCENT FOUNDATION - APPROVE REMOVAL OF A MEMBER OF THE GOVERNING BODY OF ST VINCENT FOUNDATION - ADOPTION OF LONG RANGE AND STRATEGIC PLANS FOR ST VINCENT FOUNDATION THE FOLLOWING RIGHTS ARE RESERVED TO THE CHI BOARD DIRECTLY OR THROUGH POWERS DELEGATED TO THE CHI CHIEF EXECUTIVE OFFICER - SUBSTANTIAL CHANGE IN THE MISSION OR PHILOSOPHY OF ST VINCENT FOUNDATION - REMOVAL OF A MEMBER OF THE GOVERNING BODY OF ST VINCENT FOUNDATION - APPROVAL OF ISSUANCE OF DEBT BY ST VINCENT FOUNDATION - APPROVAL OF PARTICIPATION OF ST VINCENT FOUNDATION IN A JOINT VENTURE - APPROVAL OF FORMATION OF A NEW CORPORATION BY ST VINCENT FOUNDATION - APPROVAL OF A MERGER INVOLVING THE ST VINCENT FOUNDATION - APPROVAL OF THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF ST VINCENT FOUNDATION - TO REQUIRE THE TRANSFER OF ASSETS BY ST VINCENT FOUNDATION TO CHI TO ACCOMPLISH CHI'S GOALS AND OBJECTIVES, AND TO SATISFY CHI DEBTS PURSUANT TO SECTION 5 5 2 OF THE ORGANIZATION'S BY LAWS, SVIMC OR CHI MAY, IN EXERCISE OF THEIR APPROVAL POWERS, GRANT OR WITHHOLD APPROVAL IN WHOLE OR IN PART, OR MAY, IN ITS COMPLETE DISCRETION, AFTER CONSULTATION WITH THE BOARD AND ITS PRESIDENT AND THE CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION, RECOMMEND SUCH OTHER OR DIFFERENT ACTIONS AS IT DEEMS APPROPRIATE</p> |

| Identifier | Return Reference | Explanation |
|--------------------------------------|--|--|
| Review of form 990 by governing body | Form 990, Part VI, Section B, Line 11b | ONCE THE RETURN IS PREPARED, THE RETURN IS REVIEWED BY THE CHIEF FINANCIAL OFFICER. AFTER THE RETURN IS REVIEWED BY THE CFO, A COPY IS EITHER PRESENTED TO THE BOARD AT A BOARD MEETING OR PROVIDED TO THE BOARD ELECTRONICALLY. SUBSEQUENT TO THE RETURN BEING PROVIDED TO THE BOARD, THE TAX DEPARTMENT FILES THE RETURN WITH THE APPROPRIATE FEDERAL AND STATE AGENCIES, MAKING ANY NON-SUBSTANTIVE CHANGES NECESSARY TO EFFECT E-FILING. ANY SUCH CHANGES ARE NOT RE-SUBMITTED TO THE BOARD. |

| Identifier | Return Reference | Explanation |
|-----------------------------|--|--|
| Conflict of interest policy | Form 990, Part VI, Section B, Line 12c | PURSUANT TO SECTION 11.7 OF THE BY-LAWS, ST VINCENT FOUNDATION HAS ADOPTED THE CONFLICT OF INTEREST POLICY FROM ITS CORPORATE MEMBER, ST VINCENT INFIRMARY MEDICAL CENTER D/B/A ST VINCENT HEALTH SYSTEM (SVHS). EACH OF THE CORPORATION'S OFFICERS AND DIRECTORS SHALL ACT AT ALL TIMES IN A MANNER THAT FURTHERS THE CORPORATION'S CHARITABLE PURPOSE OF SERVICE TO THE COMMUNITY AND SHALL EXERCISE CARE THAT HE OR SHE DOES NOT ACT IN A MANNER THAT FURTHERS HIS OR HER PRIVATE INTERESTS TO THE DETRIMENT OF THE CORPORATION'S COMMUNITY BENEFIT PURPOSES. A CONFLICT OF INTEREST CAN BE CONSIDERED TO EXIST IN ANY INSTANCE WHERE THE ACTIONS OR ACTIVITIES OF AN INDIVIDUAL ON BEHALF OF THE CORPORATION ALSO INVOLVE THE OBTAINING OF A DIRECT OR INDIRECT PERSONAL GAIN OR ADVANTAGE OR AN ADVERSE OR POTENTIALLY ADVERSE EFFECT ON THE INTERESTS OF THE CORPORATION. THE CORPORATION'S OFFICERS AND DIRECTORS SHALL AVOID CONFLICTS OF INTEREST AND OTHERWISE FULLY DISCLOSE TO THE CORPORATION ANY POTENTIAL OR ACTUAL CONFLICTS OF INTEREST, IF SUCH CONFLICTS CANNOT BE AVOIDED, SO THAT SUCH CONFLICTS ARE DEALT WITH IN THE BEST INTERESTS OF THE CORPORATION. THE CORPORATION AND ALL OF ITS OFFICERS AND DIRECTORS SHALL COMPLY WITH ANY POLICIES OF THE CORPORATION AND ANY POLICIES OF THE CORPORATE MEMBER REGARDING CONFLICTS OF INTEREST, AS WELL AS ALL REQUIREMENTS OF ARKANSAS LAW REGARDING SUCH CONFLICTS, AND SHALL COMPLETE ANY AND ALL SUCH DISCLOSURE FORMS AS MAY BE DEEMED NECESSARY OR USEFUL BY THE CORPORATION FOR IDENTIFYING POTENTIAL CONFLICTS OF INTEREST. |

| Identifier | Return Reference | Explanation |
|---|-----------------------------|---|
| PROCESS FOR DETERMINING COMPENSATION OF TOP MANAGEMENT OFFICIAL | FORM 990, PART VI, LINE 15A | THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL IS PAID BY ST VINCENT INFIRMARY MEDICAL CENTER ("SVIMC"), A RELATED ORGANIZATION. ALL SVIMC EXECUTIVE COMPENSATION IS REVIEWED BY A COMPENSATION COMMITTEE COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS. ALL SALARY LEVELS AND INCREASES ARE COMPARED TO INDUSTRY STANDARDS AND GUIDELINES FOR APPROPRIATENESS USING DATA PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT. THE PROCESS IS DOCUMENTED IN THE COMPENSATION COMMITTEE MINUTES. THIS PROCESS WAS LAST UNDERTAKEN IN THE YEAR ENDED JUNE 30, 2012. |

| Identifier | Return Reference | Explanation |
|--------------------------------------|-----------------------------|--|
| PROCESS FOR DETERMINING COMPENSATION | FORM 990, PART VI, LINE 15B | DURING THE TAX YEAR ENDED 6/30/12, NO OFFICERS, DIRECTORS OR TRUSTEES RECEIVED COMPENSATION FROM THE ORGANIZATION. ANY EXECUTIVE COMPENSATION PAID TO OFFICERS, DIRECTORS OR TRUSTEES BY RELATED ORGANIZATIONS WAS SET BY THE RELATED ORGANIZATION'S COMPENSATION COMMITTEE UTILIZING BOTH AN INDEPENDENT CONSULTANT AND COMPARABILITY STUDIES TO DETERMINE COMPENSATION. THEREFORE THIS QUESTION IS MORE APPROPRIATELY ANSWERED AS N/A BUT HAS BEEN ANSWERED "NO" IN ACCORDANCE WITH FORM 990 INSTRUCTIONS. |

| Identifier | Return Reference | Explanation |
|---|---------------------------------------|---|
| Governing documents, conflict of interest policy and financial statements available to the public | Form 990, Part VI, Section C, Line 19 | THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS AVAILABLE TO THE PUBLIC UPON REQUEST THE GOVERNING DOCUMENTS ARE AVAILABLE FROM THE ARKANSAS SECRETARY OF STATE THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN CATHOLIC HEALTH INITIATIVES' CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT WWW CATHOLICHEALTHINIT ORG OR AT WWW DACBOND ORG |

| Identifier | Return Reference | Explanation |
|-------------------|-------------------------------|---|
| ESTIMATE OF HOURS | FORM 990, PART VII, SECTION A | COMPENSATION REPORTED ON FORM 990, PART VII AS PAID BY RELATED ORGANIZATIONS WAS PAID TO THESE INDIVIDUALS FOR THE FULFILLMENT OF THEIR DUTIES AS FULL-TIME, 60 HOUR-PER-WEEK EMPLOYEES |

| Identifier | Return Reference | Explanation |
|--|---------------------------|---|
| Other changes in net assets or fund balances | Form 990, Part XI, Line 5 | NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS - -613896, PRIOR PERIOD ADJUSTMENTS - -184300, |

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

2011

Open to Public Inspection

Name of the organization
ST VINCENT FOUNDATION

Employer identification number
51-0169537

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 | (g) Section 512(b)(13) controlled organization | |
|---|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| | | | | | | Yes | No |
| See Additional Data Table | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part III

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

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

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 |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|
| See Additional Data Table | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part V

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

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

1

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

a

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

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

Yes

No

No

No

No

No

No

No

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

| (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount involved | (d) Method of determining amount involved |
|-----------------------------------|---------------------------------|------------------------|---|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Schedule R (Form 990) 2011

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

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| Identifier | Return Reference | Explanation | |
|------------|------------------|-------------|--|
|------------|------------------|-------------|--|

Software ID: 11000230
Software Version: v2011.1.0
EIN: 51-0169537
Name: ST VINCENT FOUNDATION

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

| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | (f) Direct Controlling Entity | (g) Section 512 (b)(13) controlled organization | |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|--|
| | | | | | | | |
| ALEGENT HEALTH - BERGAN MERCY HEALTH SYS 7500 MERCY ROAD OMAHA, NE 68124 47-0484764 | HEALTHCARE | NE | 501(C)(3) | 3 | CHI | Yes | |
| ALEGENT HEALTH - MERCY HOSPITAL CORNING IOWA PO BOX 368 CORNING, IA 50841 42-0782518 | HEALTHCARE | IA | 501(C)(3) | 3 | AHBMHS | Yes | |
| ALVERNA APARTMENTS 300 SE 8TH AVENUE LITTLE FALLS, MN 56345 41-1351177 | LTERM CARE | MN | 501(C)(3) | 9 | CHI | Yes | |
| APPLETREE COURT 601 OAK STREET BRECKENRIDGE, MN 56520 41-1850500 | SENIOR HOMES | MN | 501(C)(3) | 9 | SFH | Yes | |
| BISHOP DRUMM RETIREMENT CENTER 1111 6TH AVENUE DES MOINES, IA 50314 42-0725196 | LTERM CARE | IA | 501(C)(3) | 9 | CHI-IA CORP | Yes | |
| BORNEMANN HEALTHCARE CORPORATION 2500 BERNVILLE RD PO BOX 316 READING, PA 19603 23-2187242 | HEALTHCARE | PA | 501(C)(3) | 11 - Type I | CHI | Yes | |
| CARRINGTON HEALTH CENTER 800 NORTH 4TH STREET CARRINGTON, ND 58421 45-0227311 | HEALTHCARE | ND | 501(C)(3) | 3 | CHI | Yes | |
| CATHOLIC HEALTH INITIATIVES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0617373 | HEALTHCARE | CO | 501(C)(3) | 9 | NA | Yes | |
| CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION 6385 CORPORATE DRIVE COLORADO SPRINGS, CO 80919 84-0902211 | FUNDRAISING | CO | 501(C)(3) | 7 | CHIC | Yes | |
| CATHOLIC HEALTH INITIATIVES INSTITUTE FOR RESEARCH AND INNOVATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-1050565 | HEALTHCARE | CO | 501(C)(3) | 11 - Type I | CHI | Yes | |
| CATHOLIC HEALTH INITIATIVES NATIONAL FOUNDATION 6385 CORPORATE DRIVE COLORADO SPRINGS, CO 80919 27-0930004 | FUNDRAISING | CO | 501(C)(3) | 9 | CHI | Yes | |
| CATHOLIC HEALTH INITIATIVES-COLORADO 188 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 84-0405257 | HEALTHCARE | CO | 501(C)(3) | 3 | CHI | Yes | |
| CENTENNIAL MEDICAL GROUP INC 2700 STEWART PARKWAY ROSEBURG, OR 97470 26-3946191 | PHYSICIANS | OR | 501(C)(3) | 9 | MMC | Yes | |
| CENTRAL KANSAS MEDICAL CENTER 3515 BROADWAY GREAT BEND, KS 67530 48-0543724 | SURGERY CNTR | KS | 501(C)(3) | 3 | CHI | Yes | |
| CHI HEALTH CONNECT AT HOME - FARGO 4816 AMBER VALLEY PARKWAY FARGO, ND 58104 27-1966847 | HEALTHCARE | ND | 501(C)(3) | 3 | CHI | Yes | |
| CHI KENTUCKY INC 3900 OLYMPIC BLVD SUITE 400 ERLANGER, KY 41018 20-2741651 | HEALTHCARE | KY | 501(C)(3) | 11 - Type I | CHI | Yes | |
| CHI NATIONAL HOME CARE 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-1261716 | HEALTHCARE | CO | 501(C)(3) | 11 - Type I | CHI NHC | Yes | |
| CHI NATIONAL SERVICES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-2532084 | HEALTHCARE | CO | 501(C)(3) | 9 | CHI | Yes | |
| CHI NEBRASKA 6940 O STREET SUITE 200 LINCOLN, NE 68510 36-3233121 | HEALTHCARE | NE | 501(C)(3) | 11 - Type I | CHI | Yes | |
| CONTINUING CARE HOSPITAL 150 NORTH EAGLE CREEK DRIVE LEXINGTON, KY 40509 61-1400619 | LTACH | KY | 501(C)(3) | 3 | SJHS | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | (f) Direct Controlling Entity | (g) Section 512 (b)(13) controlled organization | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|--|
| COVENANT HOME CARE 1223 POTTSVILLE PIKE SHOEMAKERSVILLE, PA 19555 23-2018429 | HOME HEALTH | PA | 501(C)(3) | 11 - Type II | NA | Yes | |
| ENUMCLAW REGIONAL HOSPITAL ASSOCIATION 1450 BATTERSBY AVENUE ENUMCLAW, WA 98022 91-0715805 | HEALTHCARE | WA | 501(C)(3) | 3 | FHS | Yes | |
| FLAGET HEALTHCARE DBA FLAGET MEMORIAL HOSPITAL 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004 61-1345363 | HEALTHCARE | KY | 501(C)(3) | 3 | KOH | Yes | |
| FLAGET MEMORIAL HOSPITAL FOUNDATION INC 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004 56-2351341 | FUNDRAISING | KY | 501(C)(3) | 11 - Type I | FH | Yes | |
| FRANCISCAN FOUNDATION 1717 SOUTH J STREET TACOMA, WA 98405 91-1145592 | FUNDRAISING | WA | 501(C)(3) | 9 | FHS | Yes | |
| FRANCISCAN HEALTH SYSTEM FKA FRANCISCAN HEALTH SYSTEM WEST 1717 SOUTH J STREET TACOMA, WA 98405 91-0564491 | HEALTHCARE | WA | 501(C)(3) | 3 | CHI | Yes | |
| FRANCISCAN MEDICAL GROUP 1708 SOUTH YAKIMA AVENUE TACOMA, WA 98405 91-1939739 | HEALTHCARE | WA | 501(C)(3) | 9 | FHS | Yes | |
| FRANCISCAN VILLA OF SOUTH MILWAUKEE INC 3601 SOUTH CHICAGO AVENUE SOUTH MILWAUKEE, WI 53172 39-1093829 | HEALTHCARE | WI | 501(C)(3) | 9 | CHI | Yes | |
| GETTYSBURG MEDICAL CENTER 606 EAST GARFIELD AVENUE GETTYSBURG, SD 57442 46-0234354 | HEALTHCARE | SD | 501(C)(3) | 3 | SMHC | Yes | |
| GLOBAL HEALTH INITIATIVES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 20-1536108 | MINISTRIES | CO | 501(C)(3) | 11 - Type I | CHI | Yes | |
| GOOD SAMARITAN COLLEGE OF NURSING & HEALTH SCIENCE 375 DIXMYTH AVE CINCINNATI, OH 45220 31-1778403 | EDUCATION | OH | 501(C)(3) | 2 | GSH | Yes | |
| GOOD SAMARITAN FOUNDATION OF CINCINNATI INC 619 OAK STREET ACCOUNTING-3 W CINCINNATI, OH 45206 31-1206047 | FUNDRAISING | OH | 501(C)(3) | 11 - Type I | GSH | Yes | |
| GOOD SAMARITAN HOSPITAL PO BOX 1990 KEARNEY, NE 68848 47-0379755 | HEALTHCARE | NE | 501(C)(3) | 3 | CHI NEBRASKA | Yes | |
| GOOD SAMARITAN HOSPITAL FOUNDATION 111 W 31ST STREET KEARNEY, NE 68847 47-0659443 | FUNDRAISING | NE | 501(C)(3) | 7 | GSH | Yes | |
| HEALTH SET 4200 WEST CONEJOS PLACE 436 DENVER, CO 80204 84-1102943 | LOW INC CARE | CO | 501(C)(3) | 7 | CHIC | Yes | |
| HEALTHCARE AND WELLNESS FOUNDATION 2400 ST FRANCIS DRIVE BRECKENRIDGE, MN 56520 76-0761782 | FUNDRAISING | MN | 501(C)(3) | 11 - Type I | SFMC | Yes | |
| HOSPITAL ASSOCIATION FOR ST JOSEPH HOSPITAL 7601 OSLER DRIVE TOWSON, MD 21204 52-6050777 | HEALTHCARE | MD | 501(C)(3) | 9 | SJMC | Yes | |
| HOUSE OF MERCY 1111 6TH AVENUE DES MOINES, IA 50314 42-1323808 | SHELTER | IA | 501(C)(3) | 7 | CHI-IA CORP | Yes | |
| JEWISH HOSPITAL AND ST MARY'S HEALTHCARE 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029768 | HEALTHCARE | KY | 501(C)(3) | 3 | KOH | Yes | |
| JEWISH PHYSICIAN GROUP INC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40215 61-1352729 | HEALTHCARE | KY | 501(C)(3) | 9 | JHSMH | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | (f) Direct Controlling Entity | (g) Section 512 (b)(13) controlled organization | |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|--|
| KENTUCKYONE HEALTH INC FKA JH PROPERTIES INC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029769 | HEALTHCARE | KY | 501(C)(3) | 9 | CHI | Yes | |
| LAKEWOOD HEALTH CENTER 600 MAIN AVENUE SOUTH BAUDETTE, MN 56623 41-0758434 | HEALTHCARE | MN | 501(C)(3) | 3 | CHI | Yes | |
| LINUS OAKES INC 2700 STEWART PARKWAY ROSEBURG, OR 97470 93-0821381 | SENIOR LIVING | OR | 501(C)(3) | 9 | MMC | Yes | |
| LISBON AREA HEALTH SERVICES 905 MAIN STREET LISBON, ND 58054 82-0558836 | HEALTHCARE | ND | 501(C)(3) | 3 | CHI | Yes | |
| MEMORIAL HEALTH CARE SYSTEM FOUNDATION 2525 DE SALES AVENUE CHATTANOOGA, TN 37404 62-1839548 | FUNDRAISING | TN | 501(C)(3) | 7 | MHCS | Yes | |
| MEMORIAL HEALTH CARE SYSTEM INC 2525 DE SALES AVENUE CHATTANOOGA, TN 37404 62-0532345 | HEALTHCARE | TN | 501(C)(3) | 3 | CHI | Yes | |
| MEMORIAL HEALTH PARTNERS FOUNDATION INC 6028 SHALLOWFORD ROAD CHATTANOOGA, TN 37421 03-0417049 | HEALTHCARE | TN | 501(C)(3) | 9 | MHCS | Yes | |
| MERCY AUXILIARY OF CENTRAL IOWA 1111 6TH AVENUE DES MOINES, IA 50314 42-6076069 | AUXILIARY | IA | 501(C)(3) | 11 - Type I | CHI-IA CORP | Yes | |
| MERCY CLINICS INC 1111 6TH AVENUE DES MOINES, IA 50314 42-1193699 | PHYSICIAN | IA | 501(C)(3) | 9 | CHI-IA CORP | Yes | |
| MERCY COLLEGE OF HEALTH SCIENCES 1111 6TH AVENUE DES MOINES, IA 50314 42-1511682 | EDUCATION | IA | 501(C)(3) | 2 | CHI-IA CORP | Yes | |
| MERCY FOUNDATION OF DES MOINES IA 1111 6TH AVENUE DES MOINES, IA 50314 23-7358794 | FUNDRAISING | IA | 501(C)(3) | 7 | CHI-IA CORP | Yes | |
| MERCY FOUNDATION INC 2700 STEWART PARKWAY ROSEBURG, OR 97470 93-6088946 | FUNDRAISING | OR | 501(C)(3) | 7 | MMC | Yes | |
| MERCY HEALTH CARE FOUNDATION PO BOX 368 CORNING, IA 50841 42-1461064 | FUNDRAISING | NE | 501(C)(3) | 11 - Type I | AHMH | Yes | |
| MERCY HEALTHCARE FOUNDATION 570 CHAUTAUQUA BOULEVARD VALLEY CITY, ND 58072 45-0226553 | FUNDRAISING | ND | 501(C)(3) | 11 - Type I | MHVC | Yes | |
| MERCY HOSPITAL FOUNDATION COUNCIL BLUFFS 800 MERCY DRIVE COUNCIL BLUFFS, IA 51503 42-1178204 | FUNDRAISING | IA | 501(C)(3) | 11 - Type I | AHBMHS | Yes | |
| MERCY HOSPITAL OF DEVILS LAKE 1031 SEVENTH STREET NE DEVILS LAKE, ND 58301 45-0227012 | HEALTHCARE | ND | 501(C)(3) | 3 | CHI | Yes | |
| MERCY HOSPITAL OF VALLEY CITY 570 CHAUTAUQUA BOULEVARD VALLEY CITY, ND 58072 45-0226553 | HEALTHCARE | ND | 501(C)(3) | 3 | CHI | Yes | |
| MERCY MEDICAL CENTER 2700 STEWART PARKWAY ROSEBURG, OR 97470 93-0386868 | HEALTHCARE | OR | 501(C)(3) | 3 | CHI | Yes | |
| MERCY MEDICAL CENTER 1301 15TH AVENUE WEST WILLISTON, ND 58801 45-0231183 | HEALTHCARE | ND | 501(C)(3) | 3 | CHI | Yes | |
| CATHOLIC HEALTH INITIATIVES-IOWA CORP DBA MERCY MEDICAL CENTER-DES MOINES 1111 6TH AVENUE DES MOINES, IA 50314 42-0680448 | HEALTHCARE | IA | 501(C)(3) | 3 | CHI | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | (f) Direct Controlling Entity | (g) Section 512 (b)(13) controlled organization | |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|--|
| MERCY MEDICAL FOUNDATION 1301 15TH AVENUE WEST WILLISTON, ND 58801 45-0381803 | FUNDRAISING | ND | 501(C)(3) | 11 - Type I | MMC | Yes | |
| MERCY PROFESSIONAL PRACTICE ASSOCIATES INC 1111 6TH AVENUE DES MOINES, IA 50314 42-1470935 | PHYSICIAN | IA | 501(C)(3) | 9 | CHI-IA CORP | Yes | |
| MLIFECARES 2727 MCCLELLAND BLVD JOPLIN, MO 64804 43-1305163 | PROPERTY MGMT | MO | 501(C)(3) | 11 - Type I | SJPMC | Yes | |
| MNMCH INC 220 NORTH PENNSYLVANIA COLUMBUS, KS 66725 48-1216238 | HEALTHCARE | KS | 501(C)(3) | 3 | SJPMC | Yes | |
| MT ST JOSEPH INC 3060 SE STARK STREET PORTLAND, OR 97214 93-0386870 | NURSING CARE | OR | 501(C)(3) | 9 | CHI | Yes | |
| NEBRASKA HEART HOSPITAL 7500 SOUTH 91ST STREET LINCOLN, NE 68526 39-2031968 | HEALTHCARE | NE | 501(C)(3) | 3 | CHI NEBRASKA | Yes | |
| OAKES COMMUNITY HOSPITAL 314 SOUTH 8TH STREET OAKES, ND 58474 45-0231675 | HEALTHCARE | ND | 501(C)(3) | 3 | CHI | Yes | |
| OAKES COMMUNITY HOSPITAL FOUNDATION 1200 N 7TH STREET OAKES, ND 58474 71-0966606 | FUNDRAISING | ND | 501(C)(3) | 11 - Type I | OCH | Yes | |
| PUEBLO STEPUP 1925 EAST ORMAN AVE SUITE G52 PUEBLO, CO 81004 84-1234295 | COMMUNITY | CO | 501(C)(3) | 7 | CHIC | Yes | |
| SET OF COLORADO SPRINGS INC 825 E PIKES PEAK AVENUE BLDG 29 COLORADO SPRINGS, CO 80903 84-1183335 | LTERM CARE | CO | 501(C)(3) | 7 | CHIC | Yes | |
| SAINT CLARE'S COMMUNITY CARE 25 POCONO ROAD DENVER, NJ 07834 22-2876836 | HEALTHCARE | NJ | 501(C)(3) | 11 - Type II | SCHS | Yes | |
| SAINT CLARE'S FOUNDATION INC 25 POCONO ROAD DENVER, NJ 07834 22-2502997 | FUNDRAISING | NJ | 501(C)(3) | 7 | SCHS | Yes | |
| SAINT CLARE'S HEALTH SERVICES INC 25 POCONO ROAD DENVER, NJ 07834 22-3639733 | MANAGEMENT | NJ | 501(C)(3) | 7 | CHI | Yes | |
| SAINT CLARE'S HOSPITAL 25 POCONO ROAD DENVER, NJ 07834 22-3319886 | HEALTHCARE | NJ | 501(C)(3) | 3 | SCHS | Yes | |
| SAINT ELIZABETH FOUNDATION 555 SOUTH 70TH STREET LINCOLN, NE 68510 47-0625523 | FUNDRAISING | NE | 501(C)(3) | 7 | SERMC | Yes | |
| SAINT ELIZABETH HEALTH SERVICES 555 SOUTH 70TH STREET LINCOLN, NE 68510 36-3233120 | HEALTHCARE | NE | 501(C)(3) | 3 | SERMC | Yes | |
| SAINT ELIZABETH REGIONAL MEDICAL CENTER 555 SOUTH 70TH STREET LINCOLN, NE 68510 47-0379836 | HEALTHCARE | NE | 501(C)(3) | 3 | CHI NEBRASKA | Yes | |
| SAINT FRANCIS MEDICAL CENTER 2620 WEST FAIDLEY GRAND ISLAND, NE 68803 47-0376601 | HEALTHCARE | NE | 501(C)(3) | 3 | CHI NEBRASKA | Yes | |
| SAINT FRANCIS MEDICAL CENTER FOUNDATION PO BOX 9804 GRAND ISLAND, NE 68802 47-0630267 | FUNDRAISING | NE | 501(C)(3) | 7 | SFMC | Yes | |
| SAINT JOSEPH BEREAS HOSPITAL FOUNDATION INC 305 ESTILL STREET BEREA, KY 40403 26-0152877 | FUNDRAISING | KY | 501(C)(3) | 7 | SJHS | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | (f) Direct Controlling Entity | (g) Section 512 (b)(13) controlled organization | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|--|
| SAINT JOSEPH HEALTH SYSTEM INC 424 LEWIS HARGETT CIRCLE 160 LEXINGTON, KY 40509 61-1334601 | HEALTHCARE | KY | 501(C)(3) | 3 | CHI | Yes | |
| SAINT JOSEPH LONDON FOUNDATION INC 310 EAST NINTH STREET LONDON, KY 40741 26-0438748 | FUNDRAISING | KY | 501(C)(3) | 11 - Type I | SJHS | Yes | |
| SAINT JOSEPH MEDICAL FOUNDATION INC ONE ST JOSEPH DRIVE LEXINGTON, KY 40504 31-1539059 | PHY PRACTICES | KY | 501(C)(3) | 3 | SJHS | Yes | |
| SAINT JOSEPH MOUNT STERLING FOUNDATION INC 50 STERLING AVENUE MOUNT STERLING, KY 40353 27-2884584 | FUNDRAISING | KY | 501(C)(3) | 7 | SJHS | Yes | |
| SAINT JOSEPH'S HOSPITAL FOUNDATION 30 WEST 7TH STREET DICKINSON, ND 58601 36-3418207 | FUNDRAISING | ND | 501(C)(3) | 11 - Type I | SJHHC | Yes | |
| SAMARITAN BEHAVIORAL HEALTH 601 S EDWIN C MOSES BLVD DAYTON, OH 45408 02-0633634 | HEALTHCARE | OH | 501(C)(3) | 3 | SHP | Yes | |
| SAMARITAN HEALTH FOUNDATION 2222 PHILADELPHIA DRIVE DAYTON, OH 45406 23-7296923 | FUNDRAISING | OH | 501(C)(3) | 7 | SHP | Yes | |
| SAMARITAN HEALTH PARTNERS 2222 PHILADELPHIA DRIVE DAYTON, OH 45406 31-1107411 | HEALTHCARE | OH | 501(C)(3) | 11 - Type I | CHI | Yes | |
| SJMGROUP 2727 MCCLELLAND BLVD JOPLIN, MO 64804 43-1882377 | PHYS PRACTICE | MO | 501(C)(3) | 9 | SJRMC | Yes | |
| SJRMC JOPLIN MISSOURI 2727 MCCLELLAND BLVD JOPLIN, MO 64804 44-0545809 | HEALTHCARE | MO | 501(C)(3) | 3 | CHI | Yes | |
| ST JOSEPH HEALTH MINISTRIES 1929 LINCOLN HWY E STE 150 LANCASTER, PA 17602 23-2342997 | HEALTH | PA | 501(C)(3) | 11 - Type I | CHI | Yes | |
| ST ANTHONY HOSPITAL 1601 SE COURT AVENUE PENDLETON, OR 97801 93-0391614 | HEALTHCARE | OR | 501(C)(3) | 3 | CHI | Yes | |
| ST ANTHONY HOSPITAL FOUNDATION 1601 SE COURT AVENUE PENDLETON, OR 97801 93-0992727 | FUNDRAISING | OR | 501(C)(3) | 11 - Type I | SA HOSPITAL | Yes | |
| ST ANTHONY'S HOSPITAL ASSOCIATION FOUR HOSPITAL DRIVE MORRILTON, AR 72110 71-0245507 | HEALTHCARE | AR | 501(C)(3) | 3 | SVIMC | Yes | |
| ST CATHERINE HOSPITAL 401 EAST SPRUCE STREET GARDEN CITY, KS 67846 48-0543721 | HEALTHCARE | KS | 501(C)(3) | 3 | CHI | Yes | |
| ST CATHERINE HOSPITAL DEVELOPMENT FOUNDATION 401 EAST SPRUCE STREET GARDEN CITY, KS 67846 20-0598702 | FUNDRAISING | KS | 501(C)(3) | 11 - Type I | SCH | Yes | |
| ST DOMINIC OF ONTARIO OREGON 351 SW 9TH STREET ONTARIO, OR 97914 93-0433692 | HEALTHCARE | OR | 501(C)(3) | 3 | CHI | Yes | |
| ST FRANCIS HOME 2400 ST FRANCIS DRIVE BRECKENRIDGE, MN 56520 41-0729978 | LTERM CARE | MN | 501(C)(3) | 9 | CHI | Yes | |
| ST FRANCIS LIFE CARE CORPORATION 19 POCONO ROAD DENVER, NJ 07834 22-2536017 | ELDERLY CARE | NJ | 501(C)(3) | 9 | SCHS | Yes | |
| ST FRANCIS MEDICAL CENTER 2400 ST FRANCIS DRIVE BRECKENRIDGE, MN 56520 41-0695598 | HEALTHCARE | MN | 501(C)(3) | 3 | CHI | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | (f) Direct Controlling Entity | (g) Section 512 (b)(13) controlled organization | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|--|
| ST FRANCIS OF BAKER CITY 3325 POCAHONTAS ROAD BAKER CITY, OR 97814 93-0412495 | HEALTHCARE | OR | 501(C)(3) | 3 | CHI | Yes | |
| ST JOHN'S MERCY REGIONAL FOUNDATION 2727 MCCLELLAND BLVD JOPLIN, MO 64804 43-1308084 | FUNDRAISING | MO | 501(C)(3) | 7 | SJPMC | Yes | |
| ST JOSEPH COMMUNITY HEALTH 300 CENTRAL AVE SW SUITE 3000 ALBUQUERQUE, NM 87102 71-0897107 | COMMUNITY | NM | 501(C)(3) | 11 - Type I | CHI | Yes | |
| ST JOSEPH HOSPITAL FOUNDATION INC 305 ESTILL STREET LEXINGTON, KY 40504 61-1159649 | FUNDRAISING | KY | 501(C)(3) | 11 - Type I | SJHS | Yes | |
| ST JOSEPH MEDICAL CENTER FOUNDATION 2500 BERNVILLE ROAD PO BOX 316 READING, PA 19603 23-2649362 | FUNDRAISING | PA | 501(C)(3) | 11 - Type I | SJRHN | Yes | |
| ST JOSEPH MEDICAL CENTER FOUNDATION INC 7601 OSLER DRIVE TOWSON, MD 21204 52-1681044 | FUNDRAISING | MD | 501(C)(3) | 7 | SJMC | Yes | |
| ST JOSEPH MEDICAL CENTER INC 7601 OSLER DRIVE TOWSON, MD 21204 52-0591461 | HEALTHCARE | MD | 501(C)(3) | 3 | CHI | Yes | |
| ST JOSEPH MEDICAL GROUP 2500 BERNVILLE ROAD PO BOX 316 READING, PA 19603 20-8544021 | HEALTHCARE | PA | 501(C)(3) | 9 | BHC | Yes | |
| ST JOSEPH PHYSICIAN ENTERPRISES 7601 OSLER DRIVE TOWSON, MD 21204 52-1311775 | PHYSICIANS | MD | 501(C)(3) | 11 - Type I | SJMC | Yes | |
| ST JOSEPH REGIONAL HEALTH NETWORK 2500 BERNVILLE ROAD PO BOX 316 READING, PA 19603 23-1352211 | HEALTHCARE | PA | 501(C)(3) | 3 | CHI | Yes | |
| ST JOSEPH'S AREA HEALTH SERVICES 600 PLEASANT AVENUE PARK RAPIDS, MN 56470 41-0695603 | HEALTHCARE | MN | 501(C)(3) | 3 | CHI | Yes | |
| ST JOSEPH'S HOSPITAL AND HEALTH CENTER 30 WEST 7TH STREET DICKINSON, ND 58601 45-0226429 | HEALTHCARE | ND | 501(C)(3) | 3 | CHI | Yes | |
| MERCY MEDICAL CENTER - CENTERVILLE ONE ST JOSEPHS DRIVE CENTERVILLE, IA 52544 42-0680308 | HEALTHCARE | IA | 501(C)(3) | 3 | CHI-IA CORP | Yes | |
| ST MARY'S COMMUNITY HOSPITAL 1314 3RD AVENUE NEBRASKA CITY, NE 68410 47-0443636 | HEALTHCARE | NE | 501(C)(3) | 3 | CHI NEBRASKA | Yes | |
| ST MARY'S HEALTHCARE CENTER 801 EAST SIOUX AVENUE PIERRE, SD 57501 46-0230199 | HEALTHCARE | SD | 501(C)(3) | 3 | CHI | Yes | |
| ST MARY'S HOSPITAL FOUNDATION 1314 3RD AVENUE NEBRASKA CITY, NE 68410 47-0707604 | FUNDRAISING | NE | 501(C)(3) | 7 | SMH | Yes | |
| ST VINCENT FOUNDATION TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 51-0169537 | FUNDRAISING | AR | 501(C)(3) | 11 - Type I | SVIMC | Yes | |
| ST VINCENT INFIRMARY MEDICAL CENTER TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0236917 | HEALTHCARE | AR | 501(C)(3) | 3 | CHI | Yes | |
| ST VINCENT MEDICAL GROUP TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0830696 | HEALTHCARE | AR | 501(C)(3) | 9 | SVIMC | Yes | |
| THE COMMUNITY LIMITED CARE DIALYSIS CENTER 619 OAK STREET ACCOUNTING-3 W CINCINNATI, OH 45206 23-7419853 | DIALYSIS | OH | 501(C)(2) | N/A | GSH | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | (f) Direct Controlling Entity | g Section 512 (b)(13) controlled organization | |
|--|--------------------------------|---|-----------------------------------|--|---|---|--|
| THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OH 619 OAK STREET ACCOUNTING-3 W CINCINNATI, OH 45206 31-0537486 | HEALTHCARE | OH | 501(C)(3) | 3 | CHI | Yes | |
| THE MERCY HOSPITAL OF DEVILS LAKE FDN 1031 SEVENTH STREET NE DEVILS LAKE, ND 58301 35-2367360 | FUNDRAISING | ND | 501(C)(3) | 7 | MHDL | Yes | |
| THE PHYSICIAN NETWORK 2000 Q STREET SUITE 500 LINCOLN, NE 68503 47-0780857 | PHYS PRACTICE | NE | 501(C)(3) | 11 - Type I | CHI NEBRASKA | Yes | |
| TOTAL HEALTHCARE 188 INVERNESS DRIVE WEST SUITE 500 ENGLEWOOD, CO 80112 84-0927232 | HEALTHCARE | CO | 501(C)(3) | 3 | CHIC | Yes | |
| UNITY FAMILY HEALTHCARE 815 2ND STREET SE LITTLE FALLS, MN 56345 41-0721642 | HEALTHCARE | MN | 501(C)(3) | 3 | CHI | Yes | |
| VILLA NAZARETH INC 801 PAGE DRIVE FARGO, ND 58103 45-0226714 | LT CARE | ND | 501(C)(3) | 9 | CHI | Yes | |
| VISITING NURSE ASSOCIATION OF SAINT CLARE'S 191 WOODPORT ROAD SPARTA, NJ 07871 22-1768334 | HOME HEALTH | NJ | 501(C)(3) | 9 | SCHS | Yes | |

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

| (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? | | (i) Code V-UBI amount on Box 20 of K-1 (\$) | (j) General or Managing Partner? | | (k) Percentage ownership |
|--|-------------------------|--|----------------------------------|--|-----------------------------------|---|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| AUDUBON LAND COMPANY LLC 5390 N ACADEMY BLVD SUITE 300 COLORADO SPRINGS, CO 80918 84-1513085 | REAL ESTATE | CO | CHIC | RELATED | 34,991 | -694,032 | | No | | | No | 50 1 % |
| AVANTAS LLC 11128 JOHN GALT BLVD SUITE 400 OMAHA, NE 68137 39-2045003 | HEALTHCARE | NE | AHBMHS | RELATED | -2,862,040 | -2,537,888 | | No | | | No | 95 % |
| BERYWOOD OFFICE PROPERTIES LLC 400 BERYWOOD TRAIL CLEVELAND, TN 37312 62-1875199 | PHYS OFFICE | TN | MHCS | RELATED | 57,545 | 1,013,237 | | No | | Yes | | 63 % |
| BLUEGRASS REGIONAL IMAGING CENTER 1218 SOUTH BROADWAY SUITE 310 LEXINGTON, KY 40504 61-1386736 | DIAGNOSTIC | KY | SJHS | RELATED | | | | No | | | No | 65 % |
| CENTRAL NEBRASKA HOME CARE SERVICES PO BOX 1146-4510 SECOND AVENUE KEARNEY, NE 68848 47-0692112 | HEALTHCARE SRVC | NE | NA | RELATED | -92,336 | 745,068 | | No | | Yes | | 1 00 % |
| CENTRAL NEBRASKA REHAB SERVICE 3004 W FAIDLEY AVE GRAND ISLAND, NE 68802 81-0653461 | PHYSICAL THERAPY | NE | SFMC | RELATED | 1,835,812 | 2,199,571 | | No | | | No | 51 % |
| CHI OPERATING INVESTMENT PROGRAM LP 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0727942 | INVESTMENTS | CO | CHI | UNRELATED | 397,241,271 | 6,272,650,880 | | No | | Yes | | 1 00 % |
| HEALTHCARE SUPPORT SERVICES PO BOX 9804 GRAND ISLAND, NE 68802 72-1546196 | LAUNDRY | NE | NA | RELATED | -11,179 | 3,069,835 | | No | | | No | 1 00 % |
| MRI AT ST JOESPH MEDICAL CENTER LLC 7253 AMBASSADOR ROAD BALTIMORE, MD 21244 52-1958002 | MEDICAL IMAGING | MD | SJMC | RELATED | 423,167 | 2,174,155 | | No | | Yes | | 51 % |
| NORTH RIVER SURGERY CENTER LLC 2209 WILDWOOD AVENUE SHERWOOD, AR 72120 71-0799771 | AMBUL SURG CTR | AR | SVIMC | RELATED | 81,071 | 1,077,536 | | No | | | No | 57 44 % |
| O'DEA MEDICAL ARTS LIMITED PARTNERSHIP 7601 OSLER DRIVE TOWSON, MD 21204 52-1682964 | REAL ESTATE | MD | TOWSON MANAGEMENT INC | RELATED | 111,933 | 5,418,117 | | No | | | No | 65 122 % |
| ORTHOCOLORADO LLC 11650 WEST 2ND PLACE LAKEWOOD, CO 80255 37-1577105 | ORTHO HOSPITAL | CO | CHIC | RELATED | -3,249,434 | -2,760,206 | | No | | | No | 60 % |
| PENINSULA RADIATION ONCOLOGY 315 MARTIN LUTHER KING JR WAY 111 TACOMA, WA 98405 71-0799771 | HEALTHCARE SRVC | WA | FHS | RELATED | 135,014 | 85,985 | | No | | | No | 60 % |
| PENRAD IMAGING 1390 KELLY JOHNSON BLVD COLORADO SPRINGS, CO 80920 84-1072619 | MEDICAL IMAGING | CO | CHIC | RELATED | 715,094 | 2,397,488 | | No | | | No | 70 % |
| RUXTON SURGICENTER LLC 8322 BELLONA AVENUE SUITE 201 BALTIMORE, MD 21204 52-2095835 | SURGERY CENTER | MD | SJMC | RELATED | -69,345 | 2,802,932 | | No | | Yes | | 51 % |

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income (\$) | (g) Share of end- of-year assets (\$) | (h) Disproprtionate allocations? | | (i) Code V - UBI amount on Box 20 of K-1 (\$) | (j) General or Managing Partner? | | (k) Percentage ownership |
|--|-------------------------|---|--|--|---|--|--|----|--|--|----|--------------------------------|
| | | | | | | | | | | | | |
| SAINT JOSEPH - SCA HOLDINGS LLC 424 LEWIS HARGETT CIRCLE STE 160 LEXINGTON, KY 40503 45-3801157 | OP SURGERY | DE | SJHS | RELATED | | | | No | | Yes | | 51 % |
| SCA PREMIER SURGERY CENTER OF LOUISVILLE LLC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 72-1386840 | SURGERY CENTER | KY | JH | RELATED | 68,676 | 446,063 | | No | | Yes | | 51 % |
| ST FRANCIS LAND COMPANY 5390 N ACADEMY BLVD SUITE 300 COLORADO SPRINGS, CO 80918 26-3134100 | REAL ESTATE | CO | CHIC | RELATED | 130,967 | 408,090 | | No | | | No | 51 % |
| ST FRANCIS MEDICAL CENTER ASSOCIATES 1717 SOUTH J STREET TACOMA, WA 98405 91-1352698 | MED OFFICE | WA | FHS | RELATED | 110,986 | 1,672,098 | | No | | | No | 54 21 % |
| ST JOSEPH- PAML LLC 424 LEWIS HARGETT CIRCLE STE 160 LEXINGTON, KY 40503 45-2116736 | MGMT SVCS | KY | SJHS | RELATED | | | | No | | Yes | | 62 5 % |
| SUPERIOR MEDICAL IMAGING LLC 5000 NORTH 26TH STREET LINCOLN, NE 68521 26-2884555 | OP DIAGNOSTICS | NE | SERMC | RELATED | 254,775 | 796,941 | | No | 0 | | No | 51 % |
| SURGERY CENTER OF LEXINGTON LLC 424 LEWIS HARGETT CIRCLE STE 160 LEXINGTON, KY 40503 62-1179539 | SURGERY CENTER | DE | SJHS | RELATED | 393,519 | 2,214,599 | | No | | Yes | | 51 % |
| SURGERY CENTER OF LOUISVILLE LLC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 62-1179537 | SURGERY CENTER | KY | JH | RELATED | -3,676 | 395,845 | | No | | Yes | | 51 % |

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

| (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 |
|---|-------------------------|--|--|--|---|--|--------------------------------|
| ALTERNATIVE INSURANCE MANAGEMENT SERVICE 3900 OLYMPIC BOULEVARD SUITE 400 ERLANGER, KY 41018 84-1112049 | MANAGEMENT SERVICES | CO | CHI | C CORPORATION | 0 | 3,267,441 | 1 00 % |
| AMERICAN NURSING CARE 1700 EDISON DRIVE MILFORD, OH 45150 31-1085414 | HOME HEALTH | OH | CHS | C CORPORATION | 4,648,726 | 44,654,199 | 1 00 % |
| AMERIMED INC 1700 EDISON DRIVE MILFORD, OH 45150 31-1158699 | HOME HEALTH | OH | ANC | C CORPORATION | 662,062 | 11,666,874 | 1 00 % |
| BC HOLDING COMPANY INC 1850 BLUEGRASS AVE LOUISVILLE, KY 40215 31-1542851 | FITNESS CLUB | KY | JH | C CORPORATION | 0 | 0 | 1 00 % |
| CADUCEUS MEDICAL ASSOCIATES INC 5600 BRAINERD ROAD SUITE 500 CHATTANOOGA, TN 37411 62-1570736 | HEALTHCARE | TN | MHCS | C CORPORATION | 0 | 1,008 | 1 00 % |
| CAPTIVE MANAGEMENT INITIATIVES PO BOX 10073 APO GEORGETOWN, GRAND CAYMAN KY1-1001 CJ 98-0663022 | CAPTIVE MANAGEMENT | CJ | CHI | C CORPORATION | 0 | 0 | 1 00 % |
| CATHOLIC HEALTH INITIATIVES CENTER FOR TRANSLATIONAL RESEARCH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-2269511 | RESEARCH | CO | CIRI | TRUST | -2,864,605 | 2,809,707 | 1 00 % |
| CGH REALTY COMPANY INC 215 N 12TH ST READING, PA 19603 23-2326801 | REAL ESTATE | PA | SJHM | C CORPORATION | | | 1 00 % |
| COMCARE SERVICES 4231 W 16TH AVENUE DENVER, CO 80204 84-0904813 | INACTIVE | CO | CHIC | C CORPORATION | 0 | 0 | 1 00 % |
| CONSOLIDATED HEALTH SERVICES 1700 EDISON DRIVE MILFORD, OH 45150 31-1378212 | HOME HEALTH | OH | CHI | C CORPORATION | -1,525,246 | 65,844,862 | 1 00 % |
| DAVID DEYLE CHARITABLE REMAINDER UNITRUST PO BOX 1810 KEARNEY, NE 68848 47-6192395 | INVESTMENTS | NE | GSHF | TRUST | | | 1 00 % |
| DES MOINES MEDICAL CENTER INC 1111 6TH AVENUE DES MOINES, IA 50314 42-0837382 | REAL ESTATE | IA | CHI-IA CORP | C CORPORATION | 71,497 | 1,221,667 | 92 98 % |
| FIRST INITIATIVES INSURANCE LTD PO BOX 10073 APO GEORGETOWN, GRAND CAYMAN KY1-1001 CJ 98-0203038 | INSURANCE | CJ | CHI | C CORPORATION | 0 | 0 | 1 00 % |
| FRANCISCAN SERVICES INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2487967 | HEALTHCARE | CO | CHI | C CORPORATION | -5,719 | 5,837,142 | 1 00 % |
| GOOD SAMARITAN OUTREACH SERVICES PO BOX 1990 KEARNEY, NE 68848 47-0659440 | MEDICAL CLINIC | NE | CHI NEBRASKA | C CORPORATION | -165,666 | 355,110 | 1 00 % |
| HAROLD WRASE 1995 CHARITABLE UNITRUST 30 WEST 7TH STREET DICKINSON, ND 58601 45-6090420 | INVESTMENTS | ND | SJHHC | TRUST | 1,240 | 22,148 | 1 00 % |
| HAROLD WRASE 1996 CHARITABLE UNITRUST 30 WEST 7TH STREET DICKINSON, ND 58601 20-6037112 | INVESTMENTS | ND | SJHHC | TRUST | 1,057 | 15,462 | 1 00 % |
| HAROLD WRASE 1997 CHARITABLE UNITRUST 30 WEST 7TH STREET DICKINSON, ND 58601 20-6037104 | INVESTMENTS | ND | SJHHC | TRUST | 0 | 20,520 | 1 00 % |
| HAROLD WRASE 1999 CHARITABLE UNITRUST 30 WEST 7TH STREET DICKINSON, ND 58601 20-6037099 | INVESTMENTS | ND | SJHHC | TRUST | 0 | 25,036 | 1 00 % |
| HEALTH SYSTEMS ENTERPRISES INC PO BOX 1990 KEARNEY, NE 68848 47-0664558 | MANAGEMENT | NE | GSH | C CORPORATION | 102,136 | 1,443,049 | 1 00 % |

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

| (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 |
|---|-------------------------|--|--|--|---|--|--------------------------------|
| HEALTHCARE MGMT SERVICES ORG INC 1149 MARKET ST TACOMA, WA 98402 91-1865474 | HEALTH ORG | WA | FHS | C CORPORATION | 0 | 0 | 1 00 % |
| JAMES & HENRIETTA NISTLER UNITRUST 30 WEST 7TH STREET DICKINSON, ND 58601 20-6021899 | INVESTMENTS | ND | SJHHC | TRUST | 692 | 39,075 | 1 00 % |
| JEANNE DEYLE CHARITABLE REMAINDER UNITRUST PO BOX 1810 KEARNEY, NE 68848 47-6192398 | INVESTMENTS | NE | GSHF | TRUST | | | 1 00 % |
| JOSEPH A SCHUSTER ANNUITY TRUST #1 400 UNIVERSITY AVENUE DES MOINES, IA 50314 42-1195122 | INVESTMENTS | IA | MFDM | TRUST | 7,834 | 416,349 | 1 00 % |
| LODESCA MILLER CHARITABLE REMAINDER UNITRUST PO BOX 1810 KEARNEY, NE 68848 47-6186933 | INVESTMENTS | NE | GSHF | TRUST | | | 1 00 % |
| MEDQUEST 1301 15TH AVENUE WEST WILLISTON, ND 58801 45-0392137 | SALE OF DME | ND | MMC WILLISTON | C CORPORATION | 151,498 | 962,554 | 1 00 % |
| MERCY PARK APARTMENTS LTD 1111 6TH AVENUE DES MOINES, IA 50314 42-1202422 | HOUSING | IA | CHI-IA CORP | C CORPORATION | 369,905 | 1,937,220 | 1 00 % |
| MERCY SERVICES CORP 2700 STEWART PARKWAY ROSEBURG, OR 97470 93-0824308 | RETAIL SALES | OR | MMC | C CORPORATION | 0 | 956,003 | 1 00 % |
| MHSERVICES CORPORATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 43-1457881 | DME | MO | SJRMC | C CORPORATION | -4,061 | 0 | 1 00 % |
| MOUNTAIN MANAGEMENT SERVICES INC 5600 BRAINERD ROAD SUITE 500 CHATTANOOGA, TN 37411 62-1570739 | MGMT SVC ORG | TN | MHCS | C CORPORATION | -33,152 | 4,679,435 | 1 00 % |
| NAZARETH ASSURANCE COMPANY PO BOX 10073 APO GEORGETOWN, GRAND CAYMAN KY1-1001 CJ 03-0304831 | INSURANCE | CJ | CHI | C CORPORATION | 0 | 0 | 1 00 % |
| PATIENT TRANSPORT SERVICES INC 1700 EDISON DRIVE MILFORD, OH 45150 31-1100798 | HOME HEALTH | OH | ANC | C CORPORATION | 479,940 | | 1 00 % |
| PHYSICIAN HEALTH SYSTEM NETWORK 1149 MARKET ST TACOMA, WA 98402 91-1746721 | HEALTH ORG | WA | FHS | C CORPORATION | 0 | 0 | 1 00 % |
| RAY & SHIRLEY DAVID 1999 UNITRUST 30 WEST 7TH STREET DICKINSON, ND 58601 20-6037077 | INVESTMENTS | ND | SJHHC | TRUST | 0 | 26,110 | 1 00 % |
| ROBERT & WANDA CHARITABLE REMAINDER UNITRUST PO BOX 1810 KEARNEY, NE 68848 26-6191916 | INVESTMENTS | NE | GSHF | TRUST | | | 1 00 % |
| SAINT CLARE'S PRIMARY CARE INC 66 FORD ROAD DENVER, NJ 07834 22-2441202 | BILLING SERVICES | NJ | SCCC | C CORPORATION | -469,962 | 1,772,016 | 1 00 % |
| SAMARITAN FAMILY CARE INC 40 WFOURTH ST 1700 DAYTON, OH 45402 31-1299450 | HEALTHCARE | OH | SHP | C CORPORATION | | | 1 00 % |
| SJH SERVICES CORPORATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2307408 | HEALTHCARE | CO | FSI | C CORPORATION | -192,777 | 2,973,858 | 1 00 % |
| SJL PHYSICIAN MANAGEMENT SERVICES INC 424 LEWIS HARGETT CR 160 LEXINGTON, KY 40503 27-0164198 | MANAGEMENT | KY | SJHS | C CORPORATION | 0 | 0 | 1 00 % |
| ST ANTHONY DEVELOPMENT COMPANY 1415 SOUTHGATE PENDLETON, OR 97801 93-1216943 | ATHLETIC CLUB | OR | SAH | C CORPORATION | 92,139 | 3,007,550 | 1 00 % |

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

| (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 |
|--|-------------------------|--|--|--|---|--|--------------------------------|
| ST VINCENT COMMUNITY HEALTH SERVICES INC TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0710785 | HEALTHCARE | AR | SVIMC | C CORPORATION | 2,804,485 | 14,049,374 | 1 00 % |
| ST JOSEPH DEVELOPMENT COMPANY INC 1717 SOUTH J STREET TACOMA, WA 98405 91-1480569 | RENTAL | WA | FSI | C CORPORATION | 63,164 | 11,845,439 | 1 00 % |
| ST JOSEPH OFFICE PARK ASSOCIATION 1401 HARRODSBURG ROAD BLDG B70 LEXINGTON, KY 40504 61-1079899 | MANAGEMENT | KY | SJHS | C CORPORATION | | 882,139 | 85 % |
| TOM DEYLE CHARITABLE REMAINDER UNITRUST PO BOX 1810 KEARNEY, NE 68848 47-6192393 | INVESTMENTS | NE | GSHF | TRUST | | | 1 00 % |
| TOWSON MANAGEMENT INC 7601 OSLER DRIVE TOWSON, MD 21204 52-1710750 | MANAGEMENT SERVICES | MD | FSI | C CORPORATION | | 266,960 | 1 00 % |

STATE OF ARKANSAS

SECRETARY OF STATE



Mark Martin

ARKANSAS SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

I, Mark Martin, Arkansas Secretary of State of Arkansas, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of

Articles of Amendment With Restatement

of

ST. VINCENT FOUNDATION

filed in this office
May 9, 2012.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 9th day of May, 2012.

Mark Martin

Arkansas Secretary of State



Arkansas Secretary of State

Charlie Daniels

State Capitol • Little Rock, Arkansas 72201-1094
501-682-3409 • www.sos.arkansas.gov

Business & Commercial Services, 250 Victory Building, 1401 W. Capitol, Little Rock

CERTIFICATE OF AMENDMENT OF A NON-PROFIT CORPORATION

St. Vincent Foundation

, a
corporation duly organized, created and existing under and by virtue of the laws of the State of Arkansas, by its
Presiding Director or Officer,

DOES HEREBY CERTIFY:

At a meeting of the membership (or incorporators or board of directors) which was held on April 2, 2009

, in the City of LITTLE ROCK, the Articles of Incorporation of this
corporation were amended to read as follows:

The Amended and Restated Articles of Incorporation of St. Vincent Foundation
are attached in full.

Circle I, II, or III below, whichever is applicable, and attach appropriate statement.

- I** If approval of members was not required, a statement to that effect and a statement that the amendment was approved by a sufficient vote of the board of directors or incorporators;
- II** If approval by members was required:
- (a) the designation, number of memberships outstanding, number of votes entitled to be cast by each class entitled to vote separately on the amendment, and the number of votes of each class indisputably voting on the amendment; and
 - (b) either the total number of votes cast for and against the amendment by each class entitled to vote separately on the amendment or the total number of undisputed votes cast for the amendment by each class and a statement that the number cast for the amendment by each class was sufficient for approval by that class.
- III** If approval of the amendment by some person or persons other than the members, the board or incorporators is required pursuant to § 4-33-1030, a statement that the approval was obtained.

I understand that knowingly signing a false document with the intent to file with the Arkansas Secretary of State is a Class C misdemeanor and is punishable by a fine up to \$100.00 and/or imprisonment up to 30 days.

Elwood Leonard

Presiding Director (Type or Print)

Date

4/2/12

Authorized Signature

Fee: \$50.00 payable to Arkansas Secretary of State

NPD-2/Rev. 4/06

**AMENDED AND RESTATED
ARTICLES OF INCORPORATION
OF
ST. VINCENT FOUNDATION**

The undersigned Corporation hereby executes these Amended and Restated Articles of Incorporation pursuant to the Arkansas Nonprofit Corporation Act, 1963 Ark. Acts 176, Arkansas Code Annotated §§ 4-28-201 to -206 and 4-28-209 to -224 (the "Act"). The Articles of Incorporation of the undersigned Corporation are amended and restated to read in their entirety as follows:

ARTICLE I
Name

The name of the Corporation is St. Vincent Foundation.

ARTICLE II
Nonprofit Corporation

The Corporation is a nonprofit, public benefit corporation.

ARTICLE III
Purposes and Powers

Section 3.1 The Corporation is organized and operated exclusively for religious, charitable, scientific, and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as now in effect or as subsequently amended (the "Code"). No part of the net earnings of the Corporation shall inure to the benefit of or be distributable to any private person, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth below. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these Articles of Incorporation, the Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from Federal income tax under Section 501(c)(3) of the Code or (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Code.

Section 3.2 In furtherance of the foregoing, the Corporation shall:

a. foster, support and encourage the activities and purposes of St. Vincent Infirmary Medical Center, d/b/a St. Vincent Health System, an Arkansas nonprofit corporation (the "Corporate Member"), a qualified Exempt Organization under Section 501(c)(3) of the Code ("Exempt Organization"), and to advance its objectives, including, without limiting the foregoing, the sponsorship of, and assistance to, specific projects and programs to improve the

medical and patient care at the Corporate Member; so long as the Corporate Member exists and qualifies as an Exempt Organization;

b. receive, manage and administer funds exclusively for the Corporate Member, a qualified Organization under Section 501(c)(3) of the Code, so long as the Corporate Member exists and qualifies as an Exempt Organization;

c. have all powers and authorities set forth in or contemplated by Act No. 176 of the General Assembly of Arkansas of 1963, as now in effect or as hereafter amended, provided, however, such powers and authorities shall be specifically limited by the purposes expressed in paragraphs (a) and (b) of this Section 3.2; and

d. do any and all things necessary, convenient, useful or incidental to the attainment of its purposes, as more specifically set forth in paragraphs (a) and (b) of this Section 3.2, as fully and to the same extent as natural persons lawfully might or could do so long as same are consistent with and do not contravene the provisions of Act 176 of 1963.

Section 3.3 Nothing contained in this Article shall be construed as limiting the powers conferred upon the Corporation by the Act. The Corporation, in order to carry out its purposes, shall have all the powers set out in the Act.

ARTICLE IV **Principal Office and Registered Agent**

The address of the principal office is Two St. Vincent Circle, Little Rock, Arkansas 72205. The registered agent is The Corporation Company, and the address of the registered agent is 124 West Capitol Avenue, Suite 1400, Little Rock, Arkansas 72201.

ARTICLE V **Membership**

Section 5.1 The sole corporate member of the Corporation is St. Vincent Infirmary Medical Center, d/b/a St. Vincent Health System, an Arkansas nonprofit corporation (the "Corporate Member").

Section 5.2 In addition to the rights and powers granted by the laws of the State of Arkansas, the Corporate Member shall have such rights and powers with respect to the governance of the Corporation as may from time to time be set forth in the Bylaws of the Corporation.

ARTICLE VI **Board of Directors**

The Board of Directors shall consist of appointed and *ex officio* members. Each member of the Board of Directors shall serve for a term of three (3) years. The number, tenure, and qualifications of the Board of Directors of the Corporation shall be otherwise determined in accordance with the Bylaws of the Corporation.

ARTICLE VII
Dissolution

Upon the dissolution or liquidation of the Corporation, the Board of Directors shall, after paying or making provision for the payment of all of the liabilities of the Corporation, transfer all of the property and assets of any nature of the Corporation to the Corporate Member, if it is then qualified as an organization exempt from tax under Section 501(c)(3) of the Code, and if the Corporate Member is not then so qualified, then to any successor corporation of the Corporate Member which is then so qualified, and if no such successor is so qualified, then to Catholic Health Initiatives, a Colorado nonprofit corporation and the sole corporate member of the Corporate Member ("CHI"), or to CHI's successor, provided CHI or its successor is then so qualified. Any assets not so disposed of in accordance with the above procedures shall be disposed of by the court of the county in which the principal office of the Corporation has been located. Notwithstanding anything contained in this Article VI to the contrary, and regardless of the manner in which the assets are distributed, such assets shall in all events remain in and be employed for the benefit of the community served by the Corporation.

ARTICLE VIII
Amendment

No alteration, amendment, repealer, or restatement of these Articles of Incorporation shall be effective without the approval of the Corporate Member, in accordance with the Bylaws of the Corporation.

*** **

The foregoing Amended and Restated Articles of Incorporation correctly set forth the provisions of the Articles of Incorporation of the Corporation as heretofore amended, have been duly adopted as required by law, and supersede the original Articles of Incorporation and all amendments thereto.

The Corporation has one member. The foregoing amendments to the Articles of Incorporation were adopted by the member on the 2nd day of April, 2009, and by the Directors on the 12th day of March, 2009.

IN WITNESS WHEREOF, St. Vincent Foundation has caused its corporate name to be subscribed hereto by its President and Chief Executive Officer, this 31st day of August, 2009.

ST. VINCENT FOUNDATION

By: 
President and Chief Executive Officer