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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ST VINCENT HEALTHCARE		D Employer identification number 81-0232124
	Doing business as		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (406) 657-7000
	1233 NORTH 30TH STREET		
	City or town, state or province, country, and ZIP or foreign postal code BILLINGS, MT 59101		G Gross receipts \$ 440,971,552
F Name and address of principal officer STEVE LOVELESS 1233 NORTH 30TH STREET BILLINGS, MT 59101			
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website: ▶ WWW SVH-MT ORG		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
		H(c) Group exemption number ▶ 0928	

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 1972	M State of legal domicile MT
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Part I

Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities WE REVEAL AND FOSTER GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE																								
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets																								
	<table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>13</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>11</td></tr><tr><td>5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td>5</td><td>2,491</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>359</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>2,915,273</td></tr><tr><td>b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>-366,284</td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	13	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	2,491	6 Total number of volunteers (estimate if necessary)	6	359	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,915,273	b Net unrelated business taxable income from Form 990-T, line 34	7b	-366,284						
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Expenses	<table><tr><td>13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td><td>1,641,196</td><td>1,505,049</td></tr><tr><td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td><td>0</td><td>0</td></tr><tr><td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>167,200,607</td><td>170,679,249</td></tr><tr><td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td><td>5,164</td><td>0</td></tr><tr><td>b Total fundraising expenses (Part IX, column (D), line 25) ▶⁰</td><td></td><td></td></tr><tr><td>17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td><td>245,896,411</td><td>227,500,600</td></tr><tr><td>18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>414,743,378</td><td>399,684,898</td></tr><tr><td>19 Revenue less expenses Subtract line 18 from line 12</td><td>13,790,081</td><td>40,330,167</td></tr></table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,641,196	1,505,049	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)	167,200,607	170,679,249	16a Professional fundraising fees (Part IX, column (A), line 11e)	5,164	0	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰			17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	245,896,411	227,500,600	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	414,743,378	399,684,898	19 Revenue less expenses Subtract line 18 from line 12	13,790,081	40,330,167
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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	<div>*****</div> <div>Signature of officer</div>	<div>2015-03-31</div> <div>Date</div>
	<div>RON OLDFIELD VP FINANCIAL SVS & CFO</div> <div>Type or print name and title</div>	





















Paid Preparer Use Only	Prnt/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no	

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

Check if Schedule O contains a response or note to any line in this Part III ☐ ☒

Form **990** (2014)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II 	4 Yes	
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? If "Yes," complete Schedule C, Part III 	5	No
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? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	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? If "Yes," complete Schedule D, Part VI 	11a Yes	
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? If "Yes," complete Schedule D, Part VII 	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? If "Yes," complete Schedule D, Part VIII 	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? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	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)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 direct or indirect 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		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		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 11b 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 or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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 or note to any line 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	13	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	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?	7a	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?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	8a	Yes
8b	b Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	b 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?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	15a	No
15b	b Other officers or key employees of the organization	15b	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?	16a	Yes
16b	b 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?	16b	Yes

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
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 during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶KYLE ENGMAN 500 ELDORADO BLVD SUITE 4200 BROOMFIELD, CO 80021 (303) 813-5543

Check if Schedule O contains a response or note to any line in this Part VII

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2014)

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	4,434,395	3,281,866	1,144,130

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 ►193

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
HEMATOLOGY ONCOLOGY CENTERS 1315 GOLDEN VALLEY CIRCLE BILLINGS, MT 59102	ONCOLOGY PHYSICIANS	4,763,373
FRONTIER ONCOLOGY 1315 GOLDEN VALLEY CIRCLE BILLINGS, MT 59106	ONCOLOGY BLDG/EQUIP	3,448,365
MONTANA HEART INSTITUTE 2900 12TH AVE N STE 204E BILLINGS, MT 591017506	CARDIOLOGY SERVICES	2,738,802
MONTANA FAMILY PRACTICE 123 S 27TH ST STE B BILLINGS, MT 591014200	FAM PRAC RESIDENCY	1,917,954
WEATHERBY LOCUMS INC PO BOX 972633 DALLAS, TX 753972633	CONTRACT LABOR	1,726,419

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 ▶51

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d	10,210,339		
	e	Government grants (contributions)	1e	1,217,771		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f		11,428,110		
Program Service Revenue	2a	PATIENT SERVICE REVENUE	Business Code 622110	408,782,437	406,082,461	2,699,976
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		408,782,437		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,430,376	
4		Income from investment of tax-exempt bond proceeds				
5		Royalties				
6a		Gross rents	(i) Real 1,081,802	(ii) Personal		
b		Less rental expenses	956,487			
c		Rental income or (loss)	125,315			
d		Net rental income or (loss)		125,315		125,315
7a		Gross amount from sales of assets other than inventory	(i) Securities 13,289,266	(ii) Other 9,895		
b		Less cost or other basis and sales expenses	0	0		
c		Gain or (loss)	13,289,266	9,895		
d		Net gain or (loss)		13,299,161		13,299,161
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a			
b		Less direct expenses	b			
c		Net income or (loss) from fundraising events				
9a		Gross income from gaming activities See Part IV, line 19	a			
b		Less direct expenses	b			
c		Net income or (loss) from gaming activities				
10a		Gross sales of inventory, less returns and allowances	a			
b		Less cost of goods sold	b			
c		Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code				
11a	CAFETERIA SALES	722310	1,785,153	1,569,856	215,297	
b	PARKING LOT FEES	900099	134,252		134,252	
c	VENDING MACHINE COMMISSIONS	900099	11,903		11,903	
d	All other revenue		18,358	18,358		
e	Total. Add lines 11a-11d		1,949,666			
12	Total revenue. See Instructions		440,015,065	407,670,675	2,915,273	18,001,007

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).

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21.	1,505,049	1,505,049		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	2,833,403	2,634,508	198,895	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	133,686,214	124,301,891	9,384,323	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	7,502,288	7,198,134	304,154	
9	Other employee benefits.	17,925,042	16,901,181	1,023,861	
10	Payroll taxes.	8,732,302	8,225,864	506,438	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	246,547	621	245,926	
c	Accounting.				
d	Lobbying.	12,404		12,404	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	27,027,223	21,195,890	5,831,333	
12	Advertising and promotion.	2,026,711	1,998,730	27,981	
13	Office expenses.	1,955,687	1,431,874	523,813	
14	Information technology.				
15	Royalties.				
16	Occupancy.	16,192,601	13,160,330	3,032,271	
17	Travel.	1,830,454	1,350,538	479,916	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	524,061	268,413	255,648	
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	15,158,698	15,158,698		
23	Insurance.	3,375,131	1,075,995	2,299,136	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	MEDICAL SUPPLIES	69,244,159	69,244,159		
b	SYSTEM ALLOCATION	44,949,895	38,107,707	6,842,188	
c	BAD DEBT EXPENSE	17,311,015	17,311,015		
d	MEDICAID PROVIDER TAXES	2,594,850	2,594,850		
e	All other expenses	25,051,164	19,422,440	5,628,724	
25	Total functional expenses. Add lines 1 through 24e.	399,684,898	363,087,887	36,597,011	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		2,386,170	1	150,631
	2	Savings and temporary cash investments		4,983	2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		62,711,281	4	73,795,232
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		22,429	5	52,797
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		1,013,721	7	815,489
	8	Inventories for sale or use		6,464,315	8	6,871,129
	9	Prepaid expenses and deferred charges		5,400,074	9	6,057,730
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a378,729,159			
	b	Less accumulated depreciation	10b260,608,196	121,296,685	10c	118,120,963
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		4,386,262	12	2,648,430
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		263,458	14	59,108
	15	Other assets See Part IV, line 11		273,522,198	15	303,665,029
	16	Total assets. Add lines 1 through 15 (must equal line 34)		477,471,576	16	512,236,538
Liabilities	17	Accounts payable and accrued expenses		23,779,011	17	26,546,569
	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	Loans and other 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		0	25	520,044
	26	Total liabilities. Add lines 17 through 25		23,779,011	26	27,066,613
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		453,692,565	27	485,169,925
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), 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		453,692,565	33	485,169,925
	34	Total liabilities and net assets/fund balances		477,471,576	34	512,236,538

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	440,015,065
2	Total expenses (must equal Part IX, column (A), line 25)	2	399,684,898
3	Revenue less expenses Subtract line 2 from line 1	3	40,330,167
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	453,692,565
5	Net unrealized gains (losses) on investments	5	-6,708,146
6	Donated services and use of facilities	6	-3,660
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,141,001
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	485,169,925

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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 separate basis	Yes	
2c	If "Yes," to line 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	
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?	Yes	
3b	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	Yes	

Additional Data

Software ID:

Software Version:

EIN: 81-0232124

Name: ST VINCENT HEALTHCARE

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) DANE BRADFORD DIRECTOR	1 00 0 00	X						0	0	0
(1) DANIELLE EMERY MD SECRETARY/TREASURER	2 00 0 00	X		X				0	0	0
(2) DENNIS MAIER MD VICE CHAIR	2 00 0 00	X		X				0	0	0
(3) JASON BARKER CEO 1/14-4/30	50 00 0 00	X		X				0	386,722	12,674
(4) KATHY BOELTER DIRECTOR	1 00 0 00	X						0	0	0
(5) KEITH LAUVER DIRECTOR	1 00 0 00	X						0	0	0
(6) KURT ALME DIRECTOR	1 00 0 00	X						0	0	0
(7) MARTHA ARGUELLES DIRECTOR	1 00 0 00	X						0	0	0
(8) RALPH COSTANZO MD DIRECTOR	1 00 0 00	X						0	0	0
(9) RICHARD LOPES MD DIRECTOR	1 00 50 00	X						0	766,640	419,697
(10) SISTER BARBARA ALDRICH DIRECTOR	1 00 0 00	X						0	0	0
(11) SISTER BERNADETTE HELFERT DIRECTOR	1 00 0 00	X						0	0	0
(12) TERRILL MOORE CHAIR	2 00 0 00	X		X				0	0	0
(13) RON OLDFIELD VICE PRES FINANCIAL SVS - SVB	50 00 0 00			X				0	238,127	54,186
(14) STEVE LOVELESS PRES CEO SVH-MT REG STARTING 5/1	50 00 0 00			X				0	411,708	69,075
(15) MICHAEL BUSH MD VP-CHIEF MEDICAL OFFICER-SVH	50 00 0 00				X			0	381,793	85,911
(16) JEFFREY ZAVALA CMO SVB PHYSICIAN NETWORK	50 00 0 00				X			0	333,125	78,497
(17) ROBERT DOWDY VP STRATEGY-BUSINESS DEV SVB	50 00 0 00				X			0	237,196	54,193
(18) DARREN WALKER VP HUMAN RESOURCES SVB-HRH	50 00 0 00				X			0	210,694	50,278
(19) BLANCHE GILMORE VP PATIENT CARE SERVICES - SVB	50 00 0 00				X			0	189,731	39,493
(20) MICHAEL COPELAND MD PHYSICIAN	50 00 0 00					X		910,019	0	43,960
(21) STUART GOODMAN MD PHYSICIAN-MD-SURG-ANES2	50 00 0 00					X		802,403	0	47,918
(22) WILLIAM SPIRE MD PHYSICIAN	50 00 0 00					X		767,971	0	44,295
(23) MARK MORASCH MD PHYSICIAN	50 00 0 00					X		735,825	0	46,715
(24) LEE MCNEELY MD PHYSICIAN	50 00 0 00					X		667,164	0	25,408

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
(26) DAVID IRION FORMER KEY EMPLOYEE	0 00 0 00						X	186,999	0	32,603
(1) JILL KENNELLY FORMER KEY EMPLOYEE	0 00 0 00						X	0	126,130	6,067
(2) JOAN THULLBERY FORMER KEY EMPLOYEE	0 00 0 00						X	170,062	0	25,584
(3) JOHN KINNA FORMER KEY EMPLOYEE	0 00 0 00						X	193,952	0	7,576

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization ST VINCENT HEALTHCARE	Employer identification number 81-0232124
---	--

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 described in **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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
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 section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2013 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2014. 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—2013. If the organization did not check a 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—2014. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2013. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIISupport Schedule for Organizations Described in Section 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2013 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization ST VINCENT HEALTHCARE	Employer identification number 81-0232124
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

Part II-A

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

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		12,404
j	Total. Add lines 1c through 1i.			12,404
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1	FEDERAL AND STATE LOBBYING WAS PERFORMED ON BEHALF OF THE ORGANIZATION BY AN OUTSIDE THIRD PARTY. A PERCENTAGE OF MONTANA HOSPITAL ASSOCIATION DUES WAS ALSO CONSIDERED FOR LOBBYING ACTIVITIES.

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization ST VINCENT HEALTHCARE	Employer identification number 81-0232124
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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 value of contributions to (during year)	
3	Aggregate value of 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 can 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a through 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, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue 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 (ASC 958) relating to these items

a

Revenue included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

Part III

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

- 3

Using the organization's acquisition, 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 XIII
- 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 XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	22,166,108	19,944,937	17,928,484	17,315,205	13,018,507
b Contributions	27,735,435	9,541,014	4,861,760	4,759,507	7,120,185
c Net investment earnings, gains, and losses	361,820	1,046,819	670,983	-155,529	557,080
d Grants or scholarships	6,210,518	5,289,936	1,704,966	2,728,621	1,940,841
e Other expenditures for facilities and programs	3,413,695	3,076,726	1,811,324	1,262,078	1,439,726
f Administrative expenses					
g End of year balance	40,639,150	22,166,108	19,944,937	17,928,484	17,315,205

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶ 42 000 %

b

Permanent endowment ▶ 18 000 %

c

Temporarily restricted endowment ▶ 40 000 %

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

b

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

3b

Yes

4

Describe in Part XIII the intended uses of the organization's endowment funds
- Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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 | | 18,827,005 | | 18,827,005 |
| b Buildings | | 170,363,685 | 113,775,291 | 56,588,394 |
| c Leasehold improvements | | 14,990,781 | 9,352,517 | 5,638,264 |
| d Equipment | | 170,995,931 | 137,480,388 | 33,515,543 |
| e Other | | 3,551,757 | | 3,551,757 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ | | | | 118,120,963 |
- Schedule D (Form 990) 2014

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	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 XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 XIII)	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 XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	

Part XIII

Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation

[illegible]

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
► Attach to Form 990.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
ST VINCENT HEALTHCARE

Employer identification number
81-0232124

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			12,402,428		12,402,428	3 240 %
b Medicaid (from Worksheet 3, column a)			31,828,121	22,113,588	9,714,533	2 540 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			1,032,123	1,929,393	-897,270	0 %
d Total Financial Assistance and Means-Tested Government Programs			45,262,672	24,042,981	21,219,691	5 780 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,109,757	21,700	1,088,057	0 280 %
f Health professions education (from Worksheet 5)			305,780	21,375	284,405	0 070 %
g Subsidized health services (from Worksheet 6)			12,714,566	7,268,499	5,446,067	1 420 %
h Research (from Worksheet 7)			358,281		358,281	0 090 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			585,983	42	585,941	0 150 %
j Total Other Benefits			15,074,367	7,311,616	7,762,751	2 010 %
k Total . Add lines 7d and 7j			60,337,039	31,354,597	28,982,442	7 790 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development						
3Community support			45,948		45,948	0.010 %
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy			46,104		46,104	0.010 %
8Workforce development						
9Other						
10Total			92,052		92,052	0.020 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1Yes

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

217,311,015

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

30

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

589,486,943

6Enter Medicare allowable costs of care relating to payments on line 5.

6117,875,034

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7-28,388,091

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9aYes

No

bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9bYes

No

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 ATHLETIC MEDICINE & PERFORMANCE LLC	PHYSICAL THERAPY	33.330 %	0 %	47.410 %
2 2 ROCKY MOUNTAIN HEALTH NETWORK INC	PHO - ADMINISTRATIVE SERVICES	50.000 %	0 %	50.000 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?

1
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

ST VINCENT HEALTHCARE

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes
If "Yes," indicate what the CHNA report describes (check all that apply)		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 14		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public?	7	Yes
If "Yes," indicate how the CHNA report was made widely available (check all that apply)		
a <input checked="" type="checkbox"/> Hospital facility's website (list url) WWW SVH-MT ORG		
b <input type="checkbox"/> Other website (list url) YELLOWSTONECOUNTY HEALTHFORECAST NET		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 14		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) WWW SVH-MT ORG		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

ST VINCENT HEALTHCARE

		Yes	No
Financial Assistance Policy (FAP)			
13 Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance?	15	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) _____			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) _____			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input type="checkbox"/> Other (describe in Section C)			
Billing and Collections			
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Actions that require a legal or judicial process			
d <input type="checkbox"/> Other similar actions (describe in Section C)			
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			

Part V

Facility Information (continued)

ST VINCENT HEALTHCARE

Name of hospital facility or letter of facility reporting group		Yes	No
19 Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		19	No
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Actions that require a legal or judicial process			
d <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission			
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			
Policy Relating to Emergency Medical Care			
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why		21	Yes
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c <input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d <input type="checkbox"/> Other (describe in Section C)			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C		23	No
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C		24	No

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Schedule H (Form 990) 2014

Part V

Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **51**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI

Supplemental Information

Provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 6A	THIS ORGANIZATION IS PART OF SCL HEALTH SYSTEM WHICH PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT ON A CONSOLIDATED BASIS THE REPORT IS PREPARED BY THE PARENT COMPANY, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC

Form and Line Reference	Explanation
PART I, LINE 7	THE AMOUNTS REPORTED ON FORM 990, SCHEDULE H, PART I, LINE 7A, 7B AND 7C WERE DETERMINED USING THE COST TO CHARGE RATIO DERIVED FROM WORKSHEET 2, IN THE SCHEDULE H, FORM 990 INSTRUCTIONS FORM 990, SCHEDULE H, PART I, LINES 7E, 7F, 7G, 7H AND 7I ARE REPORTED AT COST AS REPORTED IN THE ORGANIZATION'S FINANCIAL STATEMENTS

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 17,311,015

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	COMMUNITY BUILDING ACTIVITIES, THOSE THAT ENHANCE EXISTING EFFORTS OR FILL GAPS OF COMMUNITY NEED, INCLUDE PROGRAMS THAT SUPPORT THOSE IN THE COMMUNITY WHO ARE LIVING AT OR BELOW POVERTY ADMINISTRATIVE LEADERSHIP AND ITS EMPLOYEES PERFORMED CIVIC ACTIVITIES IN WHICH THE SOCIAL AND PHYSICAL HEALTH OF THE COMMUNITY WAS ADVOCATED AS A PRIORITY BY THE HOSPITAL IN 2014, SVH ADMINISTRATION AND EMPLOYEES PARTICIPATED IN THE FOLLOWING COMMUNITY MEETINGS AND ACTIVITIES HEALTH INSURANCE CONSORTIUM, ADVOCACY FOR ACCESS TO HEALTH AND PUBLIC HEALTH IMPROVEMENT, DRESS FOR SUCCESS, YWCA, MONTANA STATE UNIVERSITY ALUMNI ASSOCIATION, MONTANA GOVERNOR'S COMMITTEE FOR THE HUMANITIES, PARTICPATION ON THE MONTANA HOUSING STATUS SURVEY, BIG BROTHER BIG SISTER, SPECIAL OLYMPICS, BIG SKY ECONOMIC DEVELOPMENT BOARD, BILLINGS CHAMBER OF COMMERCE, BILLINGS COMMUNITY CONNECT, BILLINGS COMMUNITY FOUNDATION BOARD, BILLINGS WORKS COUNCIL, MONTANA HEALTH FEDERAL CREDIT UNION BOARD, BROADWATER SCHOOL BOARD, CITY SUMMIT ON HOMELESSNESS, DAY OF CARING, HABITAT FOR HUMANITY, HIGHWAY CLEANUP EVENTS, KIWANA'S CLUB, LOCAL MEDICAL SUPPLY DONATIONS, MISSION UNITED BOARD, MONTANA RESCUE MISSION, ST LABRE BOARD, ST VINCENT DEPAUL BOARD, AND OTHERS SCHEDULE H, PART III, LINE 1THE ORGANIZATION REPORTS BAD DEBT IN ACCORDANCE TO HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION (HFMA) STATEMENT NO 15 TO THE EXTENT THAT HFMA STATEMENT NO 15 FOLLOWS THE GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) FOR THE REPORTING OF BAD DEBT

Form and Line Reference	Explanation
PART III, LINE 2	THE BAD DEBT EXPENSE REPORTED ON PART III, LINE 2 IS AT CHARGES AS RECORDED IN THE ORGANIZATION'S FINANCIAL STATEMENTS THE ALLOWANCE FOR BAD DEBT IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING THE BUSINESS AND GENERAL ECONOMIC CONDITIONS IN ITS SERVICE AREA, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS THE BAD DEBT ALLOWANCE IS CALCULATED AS A PERCENTAGE OF PATIENT RECEIVABLES AFTER DEDUCTIONS FOR ESTIMATED PROVISIONS FOR CONTRACTUAL ADJUSTMENTS (DISCOUNTS) ON SERVICES PROVIDED TO ENROLLEES OF MEDICARE, MEDICAID, THIRD-PARTY PAYOR PROGRAMS, CHARITY CARE, UNINSURED DISCOUNTS, AND OTHER ADMINISTRATIVE ADJUSTMENTS

Form and Line Reference	Explanation
PART III, LINE 4	<p>THE ALLOWANCE FOR BAD DEBT IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING THE BUSINESS AND GENERAL ECONOMIC CONDITIONS IN ITS SERVICE AREA, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS THE BAD DEBT ALLOWANCE IS CALCULATED AS A PERCENTAGE OF PATIENT RECEIVABLES AFTER DEDUCTIONS FOR ESTIMATED PROVISIONS FOR CONTRACTUAL ADJUSTMENTS (DISCOUNTS) ON SERVICES PROVIDED TO ENROLLEES OF MEDICARE, MEDICAID, THIRD-PARTY PAYOR PROGRAMS, CHARITY CARE, UNINSURED DISCOUNTS, AND OTHER ADMINISTRATIVE ADJUSTMENTS THE ORGANIZATION HAS A FINANCIAL ASSISTANCE PROGRAM THAT PROVIDES PATIENTS OPPORTUNITIES TO APPLY FOR FREE OR DISCOUNTED CARE OR TO BE ENROLLED IN A GOVERNMENT SPONSORED MEDICAL CARE PROGRAM THE PROCESS INCLUDES IDENTIFYING PATIENTS WITH A FINANCIAL CONCERN AND PROVIDING FINANCIAL COUNSELING AND ASSISTANCE IN APPLYING FOR THE ORGANIZATION'S CHARITY CARE AND OTHER FINANCIAL ASSISTANCE PROGRAMS CERTAIN PATIENT ACCOUNTS ARE WRITTEN OFF TO BAD DEBT BECAUSE THE ORGANIZATION DOES NOT HAVE SUFFICIENT INFORMATION TO DETERMINE IF THE PATIENT WOULD QUALIFY FOR FREE CARE OR FINANCIAL AID THEREFORE, IT IS POSSIBLE THAT SOME BAD DEBT IS ACTUALLY CHARITY CARE HOWEVER, IF A PATIENT ACCOUNT IS WRITTEN OFF TO BAD DEBT AND THE COLLECTION AGENCY LATER DETERMINES THAT THE PATIENT WOULD HAVE QUALIFIED FOR FREE CARE OR FINANCIAL AID, THEN THE BAD DEBT EXPENSE IS RECLASSIFIED TO CHARITY CARE THE FOLLOWING IS THE TEXT OF THE FOOTNOTE TO THE ORGANIZATIONS FINANCIAL STATEMENTS THAT DESCRIBE THE BAD DEBT ALLOWANCE AND BAD DEBT EXPENSE THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING THE BUSINESS AND GENERAL ECONOMIC CONDITION IN ITS SERVICE AREA, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL COLLECTION EXPERIENCE BY PAYOR CATEGORY AND OTHER FACTORS THE RESULTS OF THESE REVIEWS ARE THEN USED TO MAKE MODIFICATIONS TO THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS INCLUDES A RESERVE FOR BOTH UNINSURED PATIENTS AND BALANCES DUE FROM PATIENTS AFTER INSURANCE</p>

Form and Line Reference	Explanation
PART III, LINE 8	THE ORGANIZATION BELIEVES THAT AT LEAST SOME PORTION OF THE COSTS WE INCUR IN EXCESS OF PAYMENTS RECEIVED FROM THE FEDERAL GOVERNMENT FOR PROVIDING MEDICAL SERVICES TO MEDICARE ENROLLEES AND BENEFICIARIES UNDER THE FEDERAL MEDICARE PROGRAM (SHORTFALL OR MEDICARE SHORTFALL) CONSTITUTES A COMMUNITY BENEFIT PROVIDING THESE SERVICES CLEARLY LESSENS THE BURDENS OF THE GOVERNMENT BY ALLEVIATING THE FEDERAL GOVERNMENT FROM HAVING TO DIRECTLY PROVIDE THESE MEDICAL SERVICES AS DEMONSTRATED AND CALCULATED ON FORM 990, SCHEDULE H, PART III, LINES 5, 6 AND 7, OUR MEDICARE "ALLOWABLE COSTS" CLEARLY EXCEED THE PAYMENTS WE RECEIVE FOR PROVIDING THESE MEDICAL SERVICES UNDER THE MEDICARE PROGRAM BY ABSORBING THE MEDICARE SHORTFALL COSTS WE ARE PROVIDING A COMMUNITY BENEFIT AS WELL AS EASING THE BURDEN OF THE FEDERAL GOVERNMENT HAVING TO COVER THESE COSTS TO ARRIVE AT THE FORM 990, SCHEDULE H, PART III, LINE 6 AMOUNT, WE USED ACTUAL MEDICARE CHARGES FROM INTERNAL RECORDS AND APPLIED AN ESTIMATED COST TO CHARGE RATIO TO DETERMINE THE MEDICARE ALLOWABLE COSTS THE ESTIMATED MEDICARE COST TO CHARGE RATIO IS THE PRIOR PERIOD MEDICARE COST REPORT COST TO CHARGE RATIO

Form and Line Reference	Explanation
PART III, LINE 9B	AN INTEGRAL COMPONENT OF OUR MISSION IS TO BE GOOD FINANCIAL STEWARDS THIS REQUIRES US TO DETERMINE WHICH PATIENTS ARE IN NEED OF CHARITY CARE AND WHICH ARE ABLE TO CONTRIBUTE SOME PAYMENT FOR CARE RECEIVED WE MAINTAIN A BALANCE THAT ENABLES US TO CONTINUE TO PROVIDE CHARITY CARE TO THOSE WHO NEED IT MOST AND ENSURE THAT WE MANAGE OUR RESOURCES SO WE CAN CONTINUE TO BE HERE WHEN PEOPLE NEED US MOST THE ORGANIZATION NOTIFIES PATIENTS OF FINANCIAL ASSISTANCE POLICY UPON ADMISSION AND DISCHARGE IN ADDITION, THE PATIENTS RECEIVES INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY WITH THEIR PATIENT BILLS PATIENTS ARE CONTACTED MULTIPLE TIMES ABOUT UNPAID BALANCES PRIOR TO INITIATING ANY COLLECTION ACTION IF A PATIENT IS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE AT ANY TIME DURING THE COLLECTION PROCESS, THE ACCOUNT IS RECLASSIFIED AS FINANCIAL ASSISTANCE AND DEBT COLLECTION EFFORTS ARE CEASED

Form and Line Reference	Explanation
PART VI, LINE 2	<p>ST VINCENT HEALTHCARE (SVH) USES THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITY IT SERVES. THE CHNA WAS A SYSTEMATIC, DATA-DRIVEN APPROACH TO DETERMINING THE HEALTH STATUS, BEHAVIORS AND NEEDS OF RESIDENTS IN THE SERVICE AREA OF SVH. SUBSEQUENTLY, THIS INFORMATION WAS USED TO INFORM DECISIONS AND GUIDE EFFORTS TO IMPROVE COMMUNITY HEALTH AND WELLNESS AS DESCRIBED IN THE HOSPITAL'S IMPLEMENTATION PLAN. THE YELLOWSTONE CHNA HAD THREE BASIC GOALS: 1) TO IMPROVE RESIDENTS' HEALTH STATUS, INCREASE THEIR LIFE SPANS, AND ELEVATE THEIR OVERALL QUALITY OF LIFE; 2) TO REDUCE THE HEALTH DISPARITIES AMONG RESIDENTS; 3) TO INCREASE ACCESSIBILITY TO PREVENTIVE SERVICES FOR ALL COMMUNITY RESIDENTS. THE YELLOWSTONE ASSESSMENT WAS CONDUCTED BY PROFESSIONAL RESEARCH CONSULTANTS, INC. (PRC) ON BEHALF OF SVH, IN PARTNERSHIP WITH RIVERSTONE HEALTH, THE LOCAL HEALTH DEPARTMENT, AND BILLINGS CLINIC, ANOTHER HOSPITAL IN THE CITY OF BILLINGS. PRC IS A NATIONALLY RECOGNIZED HEALTHCARE CONSULTING FIRM WITH EXTENSIVE EXPERIENCE CONDUCTING CHNAs SUCH AS THIS IN HUNDREDS OF COMMUNITIES ACROSS THE UNITED STATES. SINCE 1994, THE YELLOWSTONE CHNA INCORPORATED DATA FROM BOTH QUANTITATIVE AND QUALITATIVE SOURCES. QUANTITATIVE DATA INPUT INCLUDES PRIMARY RESEARCH AND PUBLIC HEALTH DATA SOURCES (CENTERS FOR DISEASE CONTROL AND PREVENTION BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), HEALTHY PEOPLE 2020), WHICH ALLOWS FOR COMPARISON TO BENCHMARK DATA AT THE STATE AND NATIONAL LEVELS. QUALITATIVE DATA INPUT INCLUDES THE DEVELOPMENT OF A SURVEY INSTRUMENT (AS DEVELOPED BY THE YELLOWSTONE COMMUNITY HEALTH NEEDS ASSESSMENT ADVISORY GROUP) WHICH REACHED 400 RESIDENTS USING A TELEPHONE-INTERVIEW METHODOLOGY AS WELL AS IN-PERSON FOCUS GROUPS WHICH CAPTURED THE INPUT OF 38 KEY INFORMANTS. KEY INFORMANTS WERE REPRESENTED BY PHYSICIANS, PUBLIC HEALTH, COMMUNITY LEADERS, ELECTED OFFICIALS AND SOCIAL SERVICES.</p>

Form and Line Reference	Explanation
PART VI, LINE 3	THE ORGANIZATION NOTIFIES PATIENTS ABOUT THE FINANCIAL ASSISTANCE POLICY UPON ADMISSION AND PRIOR TO DISCHARGE. NOTICES ABOUT THE FINANCIAL ASSISTANCE POLICY ARE DISPLAYED THROUGHOUT THE HOSPITAL. IN ADDITION, PATIENTS RECEIVE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY WITH THEIR PATIENT BILLS. THE FINANCIAL ASSISTANCE POLICY AND APPLICATION ARE POSTED ON THE HOSPITAL'S WEBSITE. THE POLICY AND APPLICATION ARE ALSO AVAILABLE UPON REQUEST. THE ORGANIZATION HAS A FINANCIAL ASSISTANCE PROGRAM THAT PROVIDES PATIENTS OPPORTUNITIES TO APPLY FOR FREE OR DISCOUNTED CARE OR TO BE ENROLLED IN A GOVERNMENT SPONSORED MEDICAL CARE PROGRAM. THE PROCESS INCLUDES IDENTIFYING PATIENTS WITH A FINANCIAL CONCERN, PROVIDING FINANCIAL COUNSELING AND ASSISTANCE IN APPLYING FOR THE ORGANIZATION'S CHARITY CARE AND OTHER FINANCIAL ASSISTANCE PROGRAMS.

Form and Line Reference	Explanation
PART VI, LINE 4	<p>THE STUDY AREA FOR THE YELLOWSTONE CHNA SURVEY EFFORT (REFERRED TO AS "YELLOWSTONE COUNTY" IN THIS REPORT) INCLUDES EACH OF THE ZIP CODES SIGNIFICANTLY REPRESENTED IN THE COUNTY 59002, 59006, 59015, 59024, 59037, 59044, 59057, 59064, 59079, 59088, 59101, 59102, 59105, AND 59106 AS THE LARGEST CITY IN A 500 MILE RADIUS, BILLINGS SERVES AS A COMMERCIAL AND TRANSPORTATION HUB FOR THE STATE, AS WELL AS A MAJOR CENTER FOR EDUCATION AND MEDICAL SERVICES BILLINGS BENEFITS FROM HAVING A DIVERSIFIED ECONOMY, WHERE OIL AND GAS, HEALTHCARE, LIVESTOCK, AND BANKING PLAY SIGNIFICANT ROLES THE CITY BOASTS THREE COLLEGES (MSU-BILLINGS, MSU-B COLLEGE OF TECHNOLOGY, AND ROCKY MOUNTAIN COLLEGE), TWO MAJOR HOSPITALS, TWO OIL REFINERIES, AND AN INTERNATIONAL AIRPORT COVERING 2,633 SQUARE MILES WITH AN ESTIMATED POPULATION OF 151,882 RESIDENTS IN 2012, YELLOWSTONE COUNTY IS THE ONLY COUNTY WHICH IS NOT DESIGNATED AS "RURAL " BILLINGS, THE COUNTY SEAT, IS THE STATE'S LARGEST CITY, WITH A 2012 POPULATION ESTIMATED AT 106,954 OTHER CITIES AND TOWNS IN YELLOWSTONE COUNTY INCLUDE ACTON, BALLANTINE, BROADVIEW, CUSTER, HUNTLEY, LAUREL, POMPEY'S PILLAR, SHEPARD, AND WORDEN THE UNEMPLOYMENT RATE FOR YELLOWSTONE COUNTY AS OF NOVEMBER 2013 IS 3.6% COMPARED TO A STATEWIDE RATE OF 5% PERSONS BELOW THE POVERTY LEVEL IN YELLOWSTONE COUNTY (PER 2008-2012 DATA) STAND AT 11.9% COMPARED WITH 14.8% STATEWIDE MONTANA'S LARGEST MINORITY POPULATION IS AMERICAN INDIAN, AT 6.3% OF THE STATE'S POPULATION COMPARED TO 0.9% NATIONALLY IN YELLOWSTONE COUNTY, AMERICAN INDIANS MAKE UP 4.3% OF THE POPULATION, WITH SLIGHTLY MORE HISPANIC PEOPLE AT 4.9% THE U.S. CENSUS BUREAU PROJECTS THAT BY 2025, MONTANA WILL HAVE THE THIRD HIGHEST PERCENTAGE OF ELDERLY IN THE NATION, WITH NEARLY A FIFTH OF ITS POPULATION ESTIMATED TO BE OVER THE AGE OF 65 2012 CENSUS ESTIMATES INDICATE 15.7% OF MONTANANS ARE 65 OR OLDER AND 14.7% OF YELLOWSTONE COUNTY RESIDENTS ARE 65 AND OLDER BY CONTRAST, PERSONS UNDER 18 STAND AT 22.1% AND 23.5%, RESPECTIVELY THE POPULATION IN YELLOWSTONE COUNTY INCREASED BY 2.6% FROM APRIL 1, 2010 TO JULY 1, 2012 COMPARED WITH A STATEWIDE POPULATION INCREASE OF 1.6% AS DESCRIBED IN THE 2012 STATE PUBLIC HEALTH ASSESSMENT, MONTANA'S POPULATION IS HOVERING AROUND 1 MILLION PEOPLE IN AN AREA OF NEARLY 146,000 SQUARE MILES IN THIS WIDE OPEN SPACE, THERE ARE ONLY SEVEN CITIES WITH MORE THAN 20,000 RESIDENTS AND 15 COMMUNITIES WITH 5,000 TO 19,999 RESIDENTS NEARLY ALL THE STATE'S COMMUNITIES AND COUNTIES IN MONTANA ARE DESIGNATED AS HEALTH PROFESSIONAL SHORTAGE AREAS (HPSAS) WITH MEDICALLY UNDERSERVED POPULATIONS (MUPS)</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>ST VINCENT HEALTHCARE OPERATES AN EMERGENCY ROOM THAT IS OPEN TO ALL PERSONS REGARDLESS OF ABILITY TO PAY AND HAS AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA OUR ORGANIZATION HAS A VOLUNTEER GOVERNING BODY IN WHICH INDEPENDENT PERSONS REPRESENTATIVE OF THE COMMUNITY COMPRISE A MAJORITY THIS BOARD OF DIRECTORS REPRESENTS MEDICAL AND BUSINESS PROFESSIONALS AND ALL PROVIDE HOURS OF SERVICE IN SUPPORT OF OUR HOSPITAL THEY ARE DEEPLY INVOLVED IN OUR NEEDS ASSESSMENT PROCESS, BUILDING PROGRAMS AND SERVICES, AND COMMUNITY OUTREACH TO ENSURE THAT PEOPLE KNOW ABOUT SERVICES AVAILABLE TO THEM THROUGH OUR HOSPITAL ST VINCENT HEALTHCARE ENGAGES IN MEDICAL AND SCIENTIFIC RESEARCH PROGRAMS, ENGAGES IN THE TRAINING AND EDUCATION OF HEALTH CARE PROFESSIONALS AND PARTICIPATES IN MEDICAID, MEDICARE, AND/OR OTHER GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS ST VINCENT HEALTHCARE ADHERES TO COMMUNITY BENEFIT GUIDELINES OUTLINED IN THE CATHOLIC HEALTH ASSOCIATION'S PUBLICATION, A GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT ST VINCENT HEALTHCARE'S COMMUNITY BENEFIT WORK IS DRIVEN BY COMMUNITY HEALTH NEEDS AND DIRECTED IN COLLABORATION WITH OTHER HEALTHCARE ORGANIZATIONS AND THE BROADER COMMUNITY COMMUNITY BENEFIT STRATEGIES ARE INTEGRATED IN THE ORGANIZATIONAL STRATEGIC PLAN PROGRAMS ARE LOCATED THROUGHOUT THE ORGANIZATION AND STAFF AND BOARD EDUCATION IS CONDUCTED DEDICATED STAFF IS COMMITTED TO COMMUNITY BENEFIT EFFORTS ST VINCENT HEALTHCARE EMPLOYS THE STAFF OF ST VINCENT HEALTHCARE FOUNDATION, A NON-PROFIT ORGANIZATION THAT PROVIDES GRANT WRITING AND FUNDRAISING FOR BOTH ST VINCENT HEALTHCARE PROGRAMS AND FOR COMMUNITY BENEFIT PROGRAMS THAT REACH BOTH THE POOR AND THE BROADER COMMUNITY OPERATIONS OF THE ST VINCENT HEALTHCARE FOUNDATION ARE GOVERNED BY A SEPARATE FOUNDATION BOARD WITH VOLUNTARY MEMBERSHIPS FROM THE LOCAL COMMUNITY WHEN ST VINCENT HEALTHCARE HAS EXCESS REVENUE OVER OPERATING EXPENSES, WE USE THOSE FUNDS TO OBTAIN CURRENT HEALTH CARE TECHNOLOGIES AND EQUIPMENT, IMPROVE PATIENT CARE, PROVIDE MEDICAL TRAINING EDUCATION AND RESEARCH, AND TO EXPAND ACCESS TO POINTS OF CARE THESE INVESTMENTS ENSURE WE'LL BE HERE TO CARE FOR FUTURE GENERATIONS ST VINCENT HEALTHCARE CO-LEADS COMMUNITY HEALTH IMPROVEMENT EFFORTS AS PART OF THE ALLIANCE AND COMMITS TIME AND FINANCIAL RESOURCES TO FULFILLING GOALS OUTLINED IN THE COMMUNITY HEALTH IMPROVEMENT PLAN FOR YELLOWSTONE COUNTY COMMUNITY LEVEL PRIORITIES INCLUDE INCREASING ACCESS TO HEALTHCARE SERVICES, IMPROVING HEALTH WEIGHT STATUS AND MENTAL HEALTH EMPLOYEES USE PAID WORK TIME TO SUPPORT THESE AND BROADER COMMUNITY HEALTH IMPROVEMENT EFFORTS WITH A VARIETY OF PARTNERS INCLUDING THE ALLIANCE, HEALTHY BY DESIGN, INTERFAITH HOSPITALITY NETWORK, BILLINGS AREA CHAMBER OF COMMERCE, RIVERSTONE HEALTH, MONTANA HOSPITAL ASSOCIATION, UNITED WAY OF YELLOWSTONE COUNTY, YMCA, BIG BROTHERS, BIG SISTERS, RONALD MCDONALD HOUSE, NATIVE AMERICAN DEVELOPMENT CORPORATION, MONTANA CANCER CONTROL COALITION, THE AMERICAN CANCER SOCIETY, AMERICAN DIABETES ASSOCIATION, AMERICAN HEART ASSOCIATION, BILLINGS ACTION FOR HEALTHY KIDS, BILLINGS PUBLIC SCHOOLS, SPECIAL OLYMPICS, YWCA, COMMUNITY CRISIS CENTER, HEAD START, ADULT RESOURCE ALLIANCE, COMMUNITY LEADERSHIP DEVELOPMENT INC, ST VINCENT DE PAUL SOCIETY, AND YOUNG FAMILIES/EARLY HEAD START WE SUPPORT OUR EMPLOYEES IN VOLUNTEERING FOR COMMUNITY ORGANIZATIONS, INCLUDING SERVING ON COMMUNITY BOARDS, AND PROVIDE OPPORTUNITIES FOR THEM TO SUPPORT CAUSES THROUGH HOSPITAL EVENTS SUCH AS FOOD DRIVES AND AN ANNUAL UNITED WAY GIVING CAMPAIGN</p>

Form and Line Reference	Explanation
PART VI, LINE 6	<p>ST VINCENT HEALTHCARE IS A CONTROLLED ENTITY OF THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC (SCLHS) SCLHS AND ITS AFFILIATED ENTITIES HAVE A COMMON CALLING AND MISSION "WE REVEAL AND FOSTER GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE " WE STRIVE TO PROVIDE HIGH-QUALITY, COMPASSIONATE AND AFFORDABLE HEALTHCARE IN EACH OF OUR HOSPITAL SITES AND THEIR RESPECTIVE COMMUNITIES, AS WELL AS IN A VARIETY OF OUTPATIENT SETTINGS AND IN THE HOME SCLHS IS A FAITH-BASED, NONPROFIT HEALTHCARE ORGANIZATION THAT OPERATES EIGHT HOSPITALS, FOUR SAFETY NET CLINICS, ONE CHILDREN'S MENTAL HEALTH CENTER AND MORE THAN 190 AMBULATORY SERVICE CENTERS IN THREE STATES - COLORADO, KANSAS AND MONTANA THE HEALTH SYSTEM INCLUDES 15,000 FULL-TIME ASSOCIATES AND MORE THAN 500 EMPLOYED PROVIDERS AS OUR HEALTH SYSTEM GROWS, WE'RE LEVERAGING THAT GROWTH TO ACHIEVE BENEFITS OF SCALE - IDENTIFYING COST AND OTHER ADVANTAGES THAT WE GAIN DUE TO OUR SIZE WE'RE ALSO WORKING TO STREAMLINE AND UNIFY OUR SYSTEMWIDE PROCESSES TO ELIMINATE COSTLY DUPLICATION OF EFFORT WE ACTIVELY ENCOURAGE OUR PEOPLE TO PURSUE CREATIVE IDEAS THAT IMPROVE EFFICIENCY, SERVICE AND THE OVERALL CARE EXPERIENCE WHEN OUR ASSOCIATES OR LEADERSHIP TEAMS IDENTIFY BEST PRACTICES IN ANY AREA OF CARE, WE RAPIDLY REPLICATE THOSE ACROSS ALL CARE SITES ST VINCENT HEALTHCARE PROMOTES THE HEALTH OF THE COMMUNITY BY DELIVERING DIRECT HIGH QUALITY HEALTHCARE SERVICES THAT ARE RESPONSIVE TO THE NEEDS OF ITS PATIENTS AND THEIR FAMILIES THIS INCLUDES COORDINATING COMMUNITY BENEFIT PROCESSES, PROVIDING GUIDANCE WITH COMMUNITY NEEDS ASSESSMENTS, AND ESTABLISHING CONSISTENT FINANCIAL ASSISTANCE AND CHARITY CARE POLICIES AND PROCEDURES ADDITIONALLY, SCLHS BENEFITS AFFILIATES THROUGH QUALITY IMPROVEMENT AND PERFORMANCE EXCELLENCE INITIATIVES, SYSTEM-WIDE INFORMATION TECHNOLOGY IMPLEMENTATION AND INFRASTRUCTURE, STRATEGIC AND OPERATIONS DIRECTION AND OVERSIGHT, SUPPLY CHAIN MANAGEMENT AND PURCHASING, FINANCE ADMINISTRATION AND REVENUE CYCLE SUPPORT, BENEFITS ADMINISTRATION, RISK MANAGEMENT, DISASTER PLANNING AND CRISIS ASSISTANCE, CENTRAL CASH MANAGEMENT AND INVESTMENT, INTERNAL AUDIT, LEGAL SERVICES, AND MISSION INTEGRATION</p>

Additional Data

Software ID:

Software Version:

EIN: 81-0232124

Name: ST VINCENT HEALTHCARE

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
ATHLETIC MEDICINE & PERFORMANCE LLC 1144 NORTH 28TH STREET BILLINGS,MT 59101	ATHLETIC MEDICINE
SVHC PED GI BUTTE 1232 N 30TH SUITE 200 BILLINGS,MT 591010128	ATHLETIC MEDICINE
SVHC INTERNAL MEDICINE ASSOC 1233 N 30TH ST BILLINGS,MT 591010127	ATHLETIC MEDICINE
SVHC CODY 720 LINDSAY LANE SUITE A CODY,WY 824144103	ATHLETIC MEDICINE
SVHC CODY OBGYN 1728 8TH STREET CODY,WY 82414	ATHLETIC MEDICINE
SVHC DERMATOLOGY 2900 12TH AVE STE 265W BILLINGS,MT 591017513	ATHLETIC MEDICINE
SVHC- EMERGENCY MEDICINE 400 S CLARK ST BUTTE,MT 59701	ATHLETIC MEDICINE
SVHC FCC MED ONC 1315 GOLDEN VALLEY CIRCLE BILLINGS,MT 59102	ATHLETIC MEDICINE
SVHC FORTIN PEDIATRIC SPECIALITY 1232 N 30TH ST BILLINGS,MT 59101	ATHLETIC MEDICINE
SVHC GASTROENTEROLOGY 1144 N BROADWAY SUITE C BILLINGS,MT 59101	ATHLETIC MEDICINE
SVHC YELLOWSTONE UROLOGY 2900 12TH AVE N STE 503E BILLINGS,MT 59101	ATHLETIC MEDICINE
SVHC HEART & VASCULAR CENTER 2900 12TH AVE N STE 310W BILLINGS,MT 591017588	ATHLETIC MEDICINE
SVHC HOSPITALIST NEUROLOGIST 1233 N 30TH ST BILLINGS,MT 59101	ATHLETIC MEDICINE
SVHC HOSPITALISTS 1233 N 30TH ST BILLINGS,MT 591010127	ATHLETIC MEDICINE
SVHC INTERNAL MEDICINE & DIABETES 2900 12TH AVE NORTH SUITE 160W BILLINGS,MT 59101	ATHLETIC MEDICINE

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
SVHC LAUREL MEDICAL CENTER 1035 1ST AVE LAUREL, MT 590442119	ATHLETIC MEDICINE
SVHC LONG TERM CARE 1101 N 27TH ST STE 101 BILLINGS, MT 591010100	ATHLETIC MEDICINE
SVHC MATERNAL FETAL MEDICINE 2900 12TH AVE NORTH SUITE 130W BILLINGS, MT 59101	ATHLETIC MEDICINE
SVHC MIDWIFERY & WMN'S HEALTH 1230 NO 30TH BILLINGS, MT 591010128	ATHLETIC MEDICINE
SVHC MONTANA HEART 2900 12TH AVE NORTH SUITE 204E BILLINGS, MT 59101	ATHLETIC MEDICINE
SVHC MOUNTAIN VIEW CLINIC 10 ROBINSON LANE RED LODGE, MT 59068	ATHLETIC MEDICINE
SVHC NEONATOLOGY 1233 N 30TH ST BILLINGS, MT 591010127	ATHLETIC MEDICINE
SVHC NORTH SHILOH 2900 12TH AVE STE 502E BILLINGS, MT 591017504	ATHLETIC MEDICINE
SVHC OCCUPATIONAL HEALTH 1027 NORTH 27TH ST BILLINGS, MT 59101	ATHLETIC MEDICINE
SVHC PAIN CENTER 2900 12TH AVE STE 335W BILLINGS, MT 591017506	ATHLETIC MEDICINE
SVHC PALLIATIVE CARE 1233 N 30TH STREET BILLINGS, MT 59101	ATHLETIC MEDICINE
SVHC PHYSIATRY CLINIC 2900 12TH AVE STE 201E BILLINGS, MT 591017504	ATHLETIC MEDICINE
SVHC REDLODGE PT 810 N BROADWAY REDLODGE, MT 59068	ATHLETIC MEDICINE
SVHC SLEEP & RESPIRATORY CENTER 2900 12TH AVE STE 300E BILLINGS, MT 591017504	ATHLETIC MEDICINE
SVHC WEST GRAND FAM MED CLINIC 2750 GRAND AVE BILLINGS, MT 59102	ATHLETIC MEDICINE

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
SVHC ABSAROKEE MEDICAL CLINIC 55 NORTH MONTANA ABSAROKEE,MT 59001	ATHLETIC MEDICINE
SVHC BEHAVIORAL HEALTH 2900 12TH AVE STE 280W BILLINGS,MT 591017504	ATHLETIC MEDICINE
SVHC BIG SKY OBGYN 2900 12TH AVE STE 245W BILLINGS,MT 591017504	ATHLETIC MEDICINE
SVHC BILLINGS OBGYN & ASSOCIATES 1611 ZIMMERMAN TRAIL BILLINGS,MT 59102	ATHLETIC MEDICINE
SVHC BROADWATER CLINIC 2019 BROADWATER AVE BILLINGS,MT 59102	ATHLETIC MEDICINE
SVHC BROADWATER WALK IN CLINIC 2019 BROADWATER AVE BILLINGS,MT 59102	ATHLETIC MEDICINE
SVHC FCC CODY MEDICAL ONCOLOGY 1728 8TH ST CODY,WY 82414	ATHLETIC MEDICINE
SVHC CODY RADIATION ONCOLOGY 1025 9TH ST CODY,WY 824143441	ATHLETIC MEDICINE
SVHC HARDIN MEDICAL CLINIC 16 NORTH MILES AVE HARDIN,MT 590342356	ATHLETIC MEDICINE
SVHC HEIGHTS FAMILY PRAC CLINIC 32 WICKS LANE BILLINGS,MT 59105	ATHLETIC MEDICINE
SVHC NEPHROLOGY ASSOCIATES 1041 N 29TH STREET BILLINGS,MT 59101	ATHLETIC MEDICINE
SVHC ORTHO MONTANA 2900 12TH AVE NORTH SUITE 140W BILLINGS,MT 59101	ATHLETIC MEDICINE
SVHC OUTPATIENT NEUROLOGY 1041 NORTH 29TH STREET BILLINGS,MT 59101	ATHLETIC MEDICINE
SVHC RONALD MCDONALD CLINIC 1232 N 30TH ST BILLINGS,MT 59101	ATHLETIC MEDICINE
SVHC SEEDED ENT 2900 12TH AVE NORTH SUITE 204E BILLINGS,MT 59101	ATHLETIC MEDICINE

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
SVHC WEIGHT MANAGEMENT CLINIC 2900 12TH AVE N STE 160W BILLINGS,MT 591017588	ATHLETIC MEDICINE
SVHC CCBDC 1233 N 30TH AVE BILLINGS,MT 59101	ATHLETIC MEDICINE
SVHC NEUROSURGERY PBMS CENTER 1041 NORTH 29TH STREET BILLINGS,MT 59101	ATHLETIC MEDICINE
SVHC NEUROSURGERY 1041 NORTH 29TH STREET BILLINGS,MT 59101	ATHLETIC MEDICINE
SVHC - ST VINCENT'S WALK-IN CLINIC 1233 N 30TH ST BILLINGS,MT 591010127	ATHLETIC MEDICINE
SVHC-RONALD MCDONALD CLINIC 1233 N 30TH STREET BILLINGS,MT 59101	ATHLETIC MEDICINE

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization
ST VINCENT HEALTHCARE

Employer identification number
81-0232124

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

2

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

13

3

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

0

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	MISSION FUND POLICIES ST VINCENT HEALTHCARE PROVIDES A LIMITED NUMBER OF GRANTS TO IMPROVE THE HEALTH AND WELL-BEING OF THE PEOPLE IN OUR COMMUNITY GUIDED BY HOSPITAL POLICY, MISSION FUND AWARD PROJECTS MUST (1) DEMONSTRATE A COMMITTMENT TO THE ST VINCENT HEALTHCARE MISSION, VISION, AND VALUES, (2) MEET CRITERIA FOR INCLUSION IN THE COMMUNITY BENEFIT REPORT, AND (3) DOCUMENT MEASURABLE OUTCOMES THAT DEMONSTRATE THE SUCCESS OF THE PROJECT PREFERENCE WILL BE GIVEN WHEN THE PROJECT (1) ADDRESSES CREATIVELY THE UNMET NEEDS OF THE ECONOMICALLY DISADVANTAGED, (2) FORMS COLLABORATIVE PARTNERSHIPS THAT IMPROVE THE HEALTH OF THE COMMUNITY, (3) AIDS A SIGNIFICANT POPULATION OF THE POOR, UNDERSERVED AND/OR UNINSURED, (4) REFLECTS ST VINCENT HEALTHCARE'S ANNUAL AND STRATEGIC GOALS, AND (5) DEMONSTRATE THE POSSIBILITY FOR SUSTAINABILITY BEYOND THE GRANT PERIOD APPLICATIONS ARE REVIEWED ON AN ANNUAL BASIS BY COMMITTEE GRANTEEES ARE REQUIRED TO PROVIDE A 6-MONTH AND 1-YEAR REPORT TO ST VINCENT HEALTHCARE AND PROVIDE FOR AN ON-SITE VISIT OF THE PROGRAM AS NOTED IN THE MISSION FUND APPLICATION, IF FUNDS ARE USED OUTSIDE OF PROJECT GUIDELINES THE GRANTEE MAY BE ASKED TO REIMBURSE ST VINCENT HEALTHCARE FOR FUNDS ALREADY DISTRIBUTED FOR THE PROJECT

Additional Data

Software ID:
Software Version:
EIN: 81-0232124
Name: ST VINCENT HEALTHCARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ST VINCENT HEALTHCARE FOUNDATION1106 NORTH 30TH STREET BILLINGS,MT 59101	81-0468034	501(C)(3)	1,124,165				SUPPORT OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COMMUNITY LEADERSHIP DEVBOX 3381 - 103 BILLINGS, MT 59103	81-0397424	501(C)(3)	100,000				MISSION FUND AWARD 2014

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SPECIAL OLYMPICS MONTANAPO BOX 3507 GREAT FALLS,MT 59403	81-0367064	501(C)(3)	100,000				MISSION FUND AWARD 2014

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SAINT VINCENT DE PAUL 2610 MONTANA AVE BILLINGS, MT 59101	91-0879988	501(C)(3)	50,000				SUPPORT CHARITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
YWCA909 WYOMING AVE BILLINGS, MT 59101	81-0534954	501(C)(3)	31,500				MISSION FUND AWARD 2014

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION2812 1ST AVE NORTH BILLINGS, MT 59101	13-5613797	501(C)(3)	30,000				EVENT SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
RIVERSTONE HEALTH123 S 27TH STREET BILLINGS,MT 59101	35-2332179	501(C)(3)	19,000				MEDICATION ASSISTANCE PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BILLINGS AREA CATHOLIC 215 N 31ST STREET BILLINGS, MT 59101	81-6081254	501(C)(3)	10,000				STUDENT SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
THE WORKING GROUPO BOX 555 BILLINGS,MT 59103	94-3082546	501(C)(3)	10,000				EVENT SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY1903 CENTRAL AVE BILLINGS, MT 59102	13-1788491	501(C)(3)	8,540				EVENT SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MARCH OF DIMES FOUNDATION807 GRAND AVENUE BILLINGS,MT 59102	13-1846366	501(C)(3)	7,500				EVENT SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
RAMSEY KELLER MEMORIAL4456 LAREDO PLACE BILLINGS, MT 59106	45-4856391	501(C)(3)	6,500				EVENT SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MONTANA CHAMBER FOUNDATION900 GIBBON ST HELENA,MT 59624	23-7059679	501(C)(3)	5,610				EVENT SPONSORSHIP AND PROGRAM FEES

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
ST VINCENT HEALTHCARE

Employer identification number
81-0232124

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 checked="" 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>b</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 of the expenses described above? If "No," complete Part III to explain.</div></div>		No
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	Yes	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</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>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	Yes	
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	Yes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</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>		No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations 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>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>		No
<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>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>		No
<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>	Yes	
<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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div></div>		No
<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>		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	THE ORGANIZATION AND RELATED ORGANIZATIONS ALLOW FOR CERTAIN TAX INDEMNIFICATION AND GROSS-UP PAYMENTS IN THE INSTANCES OF RELOCATION AND TEMPORARY HOUSING. THESE AMOUNTS ARE TREATED AS TAXABLE COMPENSATION. THE INDIVIDUALS LISTED THAT WERE TAXED FOR 2014 WERE: BLANCHE GILMORE.
PART I, LINE 1B	THE ORGANIZATION AND RELATED ORGANIZATIONS DO NOT HAVE A FORMAL WRITTEN POLICY FOR TAX INDEMNIFICATION AND GROSS-UP PAYMENTS. HOWEVER, BEFORE ANY TAX INDEMNIFICATION AND GROSS-UP PAYMENTS ARE MADE, PROPER APPROVAL FROM THE EMPLOYEE'S MANAGER IS REQUIRED. IN ADDITION, APPROVAL IS ALSO REQUIRED FROM HUMAN RESOURCES.
PART I, LINES 4A-B	THE ORGANIZATION AND RELATED ORGANIZATIONS PERIODICALLY INCUR SEVERANCE PAYMENTS TO FORMER EMPLOYEES. THE AMOUNTS PAID TO LISTED INDIVIDUALS FOR SEVERANCE IN 2014 WERE: JILL KENNELLY - \$127,235, JOHN KINNA - \$129,242. A RELATED ORGANIZATION PROVIDES NONQUALIFIED DEFERRED COMPENSATION PLANS (NQDC) FOR EXECUTIVES TO COMPENSATE FOR REGULATORY IMPOSED LIMITATIONS IN QUALIFIED RETIREMENT PLANS AND TO PROVIDE A BENEFIT CONSISTENT WITH OTHER NOT-FOR-PROFIT HEALTH SYSTEMS. THESE PLANS ENABLE THE EXECUTIVE TO EARN BENEFITS DURING EACH YEAR THAT THEY PARTICIPATE. PRIOR TO 2014, THE RELATED ORGANIZATION'S NQDC PLAN PROVIDED A BENEFIT TO ELIGIBLE PARTICIPANTS BASED ON A PERCENTAGE OF THEIR BASE COMPENSATION. THE VESTING PERIOD IS 5 YEARS OR WHEN THE PARTICIPANT IS AGE 65 OR OLDER. THERE WERE NO CONTRIBUTIONS TO THIS PLAN AFTER DECEMBER 31, 2013. ANY DISTRIBUTIONS FROM THIS PLAN ARE REPORTED BELOW. IN 2014, THE RELATED ORGANIZATION'S NQDC PLAN PROVIDED A BENEFIT TO ELIGIBLE PARTICIPANTS BASED ON A PERCENTAGE OF THEIR BASE COMPENSATION. THE VESTING PERIOD IS 3 YEARS OR WHEN THE PARTICIPANT IS AGE 65 OR OLDER. THERE WERE NO CONTRIBUTIONS TO THIS PLAN BEFORE JANUARY 1, 2014. ANY DISTRIBUTIONS FROM THIS PLAN ARE REPORTED BELOW. THE RELATED ORGANIZATION HAS DETERMINED THAT THESE BENEFITS SHOULD BE SUBJECT TO TAXATION AS THEY ARE EARNED AND VESTED RATHER THAN WHEN THEY ARE RECEIVED. AS A RESULT, THE TOTAL NONQUALIFIED RETIREMENT PLAN BENEFITS, WHICH WERE ACCRUED AND VESTED IN THE CURRENT YEAR, ARE NOW CONSIDERED TAXABLE AND THUS WERE TAXED TO THE PARTICIPANTS. FOR SOME OF THE PARTICIPANTS, AN AMOUNT EQUAL TO THE PARTICIPANT'S EXPECTED INCOME TAX LIABILITY WAS WITHDRAWN FROM THE PARTICIPANT'S ACCOUNT AND REMITTED TO THE FEDERAL AND STATE GOVERNMENTS AS WITHHOLDING ON THE TAXABLE BENEFIT. THE AMOUNTS WITHDRAWN FROM THE PLAN FOR TAXES IN 2014 WERE: NONE. FOR CONTRIBUTIONS MADE IN 2014, CERTAIN PARTICIPANTS ARE VESTED OR BECAME VESTED IN THE PLAN DURING 2014. VESTED AMOUNTS ARE PAYABLE TO THE RECIPIENT. THE VESTED AMOUNTS ARE TAXABLE TO THE RECIPIENT IN THE CURRENT YEAR. THE TAXABLE AMOUNTS ARE INCLUDED ON THE RECIPIENT'S W-2. IN ADDITION, FOR AMOUNTS CONTRIBUTED PRIOR TO 2014, VESTED AMOUNTS ARE PAYABLE UPON THE END OF EMPLOYMENT. THE VESTED AMOUNTS WITHDRAWN INCLUDE AMOUNTS PREVIOUSLY TAXED TO THE RECIPIENT AND AMOUNTS TAXABLE TO THE RECIPIENT IN THE CURRENT YEAR. THE TAXABLE AMOUNTS ARE INCLUDED ON THE RECIPIENT'S W-2. THE AMOUNTS WITHDRAWN FROM THE PLAN IN 2014 WERE: NONE.
PART I, LINE 7	THE AT-RISK COMPENSATION PLAN WAS ESTABLISHED TO ENABLE THE HEALTH CARE SYSTEM AND ITS CARE SITES TO ATTRACT AND ENGAGE QUALIFIED LEADERS AND TO PROVIDE SUCH LEADERS WITH AN ADDITIONAL PERFORMANCE COMPENSATION OPPORTUNITY TO PROMOTE AND FURTHER ITS CHARITABLE MISSION, VISION, STRATEGIC PRIORITIES AND KEY INITIATIVES. THE PLAN OPERATES ON A CALENDAR-YEAR BASIS AND IS FUNDED EACH YEAR BY MEETING THRESHOLD LEVELS OF OPERATING INCOME. TARGET AWARD AMOUNTS ARE A PERCENTAGE OF LEADERS' BASE PAY AS DETERMINED BY THEIR SPECIFIC ROLE AT THE HEALTH CARE SYSTEM. ACTUAL AWARDS ARE PAID OUT BASED ON ATTAINMENT OF OPERATING INCOME AND OTHER PLAN PERFORMANCE STANDARDS. AWARDS ARE BASED ON HOW WELL THE HEALTH CARE SYSTEM OR THE CARE SITE PERFORMS RELATIVE TO THE PLAN'S STATED PERFORMANCE STANDARDS AND THE WEIGHT GIVEN TO EACH OF THE PERFORMANCE MEASURES AS DEFINED BY THE CARE SITE CEO OR THE HEALTH CARE SYSTEM SERVICES SENIOR EXECUTIVE LEADERSHIP TEAM FOR THAT PLAN YEAR. THE AT-RISK COMPENSATION PLANS ARE BASED ON A COMBINATION OF PERFORMANCE MEASURES. PERFORMANCE MEASURES INCLUDE PATIENT EXPERIENCE, PATIENT SAFETY, EMPLOYEE SAFETY, COMMUNITY BENEFIT AND OPERATING INCOME. THE AT-RISK COMPENSATION PLAN SHALL BE INTERPRETED, APPLIED AND ADMINISTERED AT ALL TIMES IN ACCORDANCE WITH CODE SECTION 409A AND GUIDANCE ISSUED THEREUNDER. THE HEALTH CARE SYSTEM RESERVES THE RIGHT TO AMEND OR TERMINATE THIS PLAN AT ANY TIME FOR ANY REASON.
ADDITIONAL OFFICER AND BOARD DISCLOSURES	THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (SCLHS) AND RELATED TAX-EXEMPT ORGANIZATIONS CONSIST OF NINE HOSPITALS, TEN FOUNDATIONS AND FOUR CLINICS IN FOUR STATES. SCLHS AND RELATED TAX-EXEMPT ORGANIZATIONS ADHERE TO GOVERNANCE EXCELLENCE STANDARDS INCLUDING TRANSPARENCY AND ACCOUNTABILITY. IN KEEPING WITH SCLHS' CORE VALUE OF STEWARDSHIP, NO BOARD MEMBER SERVING ON THE BOARD OF DIRECTORS (BOARD) IS COMPENSATED FOR THAT SERVICE. SCLHS' BOARD COMPENSATION COMMITTEE (COMMITTEE) HAS RETAINED THE SERVICES OF AN INDEPENDENT COMPENSATION ADVISOR. THE COMPENSATION ADVISOR IS RESPONSIBLE FOR ADVISING THE COMMITTEE ON ALL MATTERS RELATING TO EXECUTIVE COMPENSATION, INCLUDING SUPPORTING THE COMMITTEE'S EFFORTS TO ENSURE THAT THE LEVEL OF COMPENSATION PROVIDED OFFICERS IS CONSISTENT WITH MARKET VALUE AND THE PAY PHILOSOPHY SET BY THE BOARD. THE PAY PHILOSOPHY SET BY THE BOARD IS TO PAY AT THE MIDDLE OF THE MARKET FOR EXECUTIVES OF SIMILAR-SIZED ORGANIZATIONS OVERALL. SCLHS EXECUTIVE COMPENSATION IS COMPARABLE TO THAT PROVIDED BY SIMILAR, NOT-FOR-PROFIT HEALTHCARE SYSTEMS AND HOSPITALS. THE SISTERS WHO SERVE AS OFFICERS AND/OR BOARD MEMBERS ARE MEMBERS OF THE SISTERS OF CHARITY OF LEAVENWORTH (A RELIGIOUS ORDER OF WOMEN). THE SISTERS HAVE TAKEN VOWS OF POVERTY AND RECEIVE NO COMPENSATION, EXPENSE ACCOUNT ALLOWANCE, OR CONTRIBUTIONS TO BENEFIT PLANS FOR THEIR SERVICES TO THE HEALTH SYSTEM. HOWEVER, PAYMENT IS MADE DIRECTLY TO THE SISTERS OF CHARITY OF LEAVENWORTH FOR THE SERVICES OF THOSE WHO PERFORM PROFESSIONAL, ADMINISTRATIVE, AND OTHER SUCH SERVICES.

Additional Data

Software ID:
Software Version:
EIN: 81-0232124
Name: ST VINCENT HEALTHCARE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JASON BARKER, CEO 1/14-4/30	(i)	0	0	0	0	0	0	0
	(ii)	225,590	155,879	5,253	6,809	5,865	399,396	0
1 RICHARD LOPES MD, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	586,950	153,385	26,305	396,733	22,964	1,186,337	0
2 RON OLDFIELD, VICE PRES FINANCIAL SVS - SVB	(i)	0	0	0	0	0	0	0
	(ii)	211,873	22,971	3,283	38,303	15,883	292,313	0
3 STEVE LOVELESS, PRES CEO SVH-MT REG STARTING 5/1	(i)	0	0	0	0	0	0	0
	(ii)	343,925	31,162	36,621	52,087	16,988	480,783	0
4 MICHAEL BUSH MD, VP-CHIEF MEDICAL OFFICER-SVH	(i)	0	0	0	0	0	0	0
	(ii)	312,667	60,863	8,263	56,621	29,290	467,704	0
5 JEFFREY ZAVALA, CMO SVB PHYSICIAN NETWORK	(i)	0	0	0	0	0	0	0
	(ii)	302,276	27,073	3,776	55,001	23,496	411,622	0
6 ROBERT DOWDY, VP STRATEGY-BUSINESS DEV SVB	(i)	0	0	0	0	0	0	0
	(ii)	211,347	23,225	2,624	34,279	19,914	291,389	0
7 DARREN WALKER, VP HUMAN RESOURCES SVB-HRH	(i)	0	0	0	0	0	0	0
	(ii)	189,693	19,821	1,180	33,611	16,667	260,972	0
8 BLANCHE GILMORE, VP PATIENT CARE SERVICES - SVB	(i)	0	0	0	0	0	0	0
	(ii)	180,200	0	9,531	18,741	20,752	229,224	0
9 MICHAEL COPELAND MD, PHYSICIAN	(i)	897,549	0	12,470	20,800	23,160	953,979	0
	(ii)	0	0	0	0	0	0	0
10 STUART GOODMAN MD, PHYSICIAN-MD-SURG-ANES2	(i)	782,835	0	19,568	20,800	27,118	850,321	0
	(ii)	0	0	0	0	0	0	0
11 WILLIAM SPIRE MD, PHYSICIAN	(i)	729,369	0	38,602	20,595	23,700	812,266	0
	(ii)	0	0	0	0	0	0	0
12 MARK MORASCH MD, PHYSICIAN	(i)	597,494	125,400	12,931	20,353	26,362	782,540	0
	(ii)	0	0	0	0	0	0	0
13 LEE MCNEELY MD, PHYSICIAN	(i)	520,998	133,756	12,410	10,742	14,666	692,572	0
	(ii)	0	0	0	0	0	0	0
14 DAVID IRION, FORMER KEY EMPLOYEE	(i)	171,359	9,122	6,518	14,431	18,172	219,602	0
	(ii)	0	0	0	0	0	0	0
15 JILL KENNELLY, FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	0	0	126,130	0	6,067	132,197	0
16 JOAN THULLBERY, FORMER KEY EMPLOYEE	(i)	146,145	18,943	4,974	7,748	17,836	195,646	0
	(ii)	0	0	0	0	0	0	0
17 JOHN KINNA, FORMER KEY EMPLOYEE	(i)	60,004	0	133,948	3,288	4,288	201,528	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ.
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization ST VINCENT HEALTHCARE	Employer identification number 81-0232124
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b				
1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ► \$

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

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) WILLIAM SPIRE MD	HIGHEST PAID EMPLOYEE	RETENTION LOAN		X	140,000	52,797		No	Yes		Yes	

Total	► \$	52,797		
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Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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As Filed Data -

DLN: 93493314030565

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
ST VINCENT HEALTHCARE

Employer identification number
81-0232124

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC (SCLHS) IS THE SOLE MEMBER OF ST VINCENT HEALTHCARE
FORM 990, PART VI, SECTION A, LINE 7A	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC , THE SOLE MEMBER OF ST VINCENT HEAL THCARE, APPOINTS MEMBERS OF ST VINCENT HEALTHCARE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION A, LINE 7B	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC (SCLHS) HAS CERTAIN RESERVE POWERS T O APPROVE CHANGES TO THE BYLAWS REGARDING APPOINTMENT OF BOARD MEMBERS SCLHS ALSO HAS EXT ENSIVE RESERVE POWERS OVER ANY CHANGE IN MISSION, CHANGES TO THE ARTICLES OF INCORPORATION OR BYLAWS, ACQUISITION OF ASSETS, INCURRENCE OF DEBT, MERGER OR DISSOLUTION, APPROVAL OF STRATEGIC PLANS AND BUDGETS, AND APPOINTMENT OF AUDITORS
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY THE TAX DEPARTMENT OF THE PARENT ORGANIZATION, SISTERS OF CHAR ITY OF LEAVENWORTH HEALTH SYSTEM, INC (SCLHS) THE FORM 990 IS REVIEWED BY CERTAIN MEMBER S OF SENIOR MANAGEMENT A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO THE FILING OF THE FORM 990 WITH THE INTERNAL REVENUE SERVICE ANY QUESTIONS ARE ADDRES SED TO THE TAX DIRECTOR OF SCLHS PRIOR TO FILING THE FORM 990 WITH THE INTERNAL REVENUE SE RVICE
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION'S EXECUTIVES, DIRECTORS, MANAGERS, BOARD MEMBERS, BOARD COMMITTEE MEMBERS , MEDICAL EXECUTIVE COMMITTEE (MEC) MEMBERS AND OTHER PHY SICIANS IN DECISION MAKING ROLES OR SERVING ON COMMITTEES, COMPLETE A NEW CONFLICT OF INTEREST (COI) DISCLOSURE FORM EACH Y EAR A COPY OF THE POLICY IS DISTRIBUTED ALONG WITH THE COI FORMS IN THE EVENT OF A CHANG E OF CIRCUMSTANCE, EACH INDIVIDUAL WHO HAS ALREADY SIGNED A COI IS EXPECTED TO NOTIFY THE ORGANIZATION OF THE CHANGE AND UPDATE THE CONFLICT OF INTEREST INFORMATION THE STATEMENTS ARE REVIEWED AND COI ISSUES ARE ADDRESSED BY THE ORGANIZATION'S RESPONSIBILITY OFFICE (OR O) AND LEADERSHIP AT THE APPROPRIATE LEVEL BOARD MEMBERS - BY BOARD CHAIR PHYSICIANS - BY THE MEC PRESIDENT EXECUTIVES - BY THE PARENT ORGANIZATION, SISTERS OF CHARITY OF LEAVENWO RTH HEALTH SYSTEM, INC DIRECTORS AND MANAGERS - BY ADMINISTRATION THE SIGNED COI FORMS AR E MAINTAINED IN ADMINISTRATION AND IN COMPLIANCE THE CONFLICT OF INTEREST DISCLOSURE STAT EMENTS FOR THE EXECUTIVES ARE MAINTAINED AT SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTE M, INC AT THE BEGINNING OF BOARD AND BOARD COMMITTEE MEETINGS, THE QUESTION OF COI IS ASK ED OF THOSE IN ATTENDANCE WHEN AN ACTUAL CONFLICT IS IDENTIFIED, THE INDIVIDUAL IS EXCUSE D FROM PARTICIPATING IN THE DISCUSSIONS AND DECISION-MAKING
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION'S OFFICERS ARE PAID BY A RELATED ORGANIZATION, THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SY STEM, INC (SCLHS) SCLHS' PROCESS FOR DETERMINING COMPENSATION FOR TH E TOP MANAGEMENT AND SENIOR LEADERSHIP IS THE RESPONSIBILITY OF THE COMPENSATION COMMITTEE THIS COMMITTEE IS COMPOSED OF THREE OR MORE MEMBERS WHO ARE NOT CURRENT EMPLOYEES OF SCL HS, OR FORMER EMPLOYEES WITH NO ACTIVE INTEREST IN THE SCLHS' COMPENSATION PROGRAM, INCLUD ING AT LEAST TWO MEMBERS OF THE SCLHS BOARD SCLHS BELIEVES THAT THE INDEPENDENCE OF THESE MEMBERS IS VITAL TO THE INTEGRITY OF THE PROCESS THE WORK OF THIS COMMITTEE INCLUDES BEI NG CONSTANTLY AWARE OF THE CURRENT COMPETITIVE MARKET FOR MANAGEMENT AND SENIOR LEADERS, A S WELL AS COMPILING AND MAINTAINING RECORDS OF COMPARABLE COMPENSATION AND BENEFITS DATA, INCLUDING SURVEYS AND OTHER ANALY SES, TO SUPPORT SCLHS' TOTAL COMPENSATION TO EACH INDIVID UAL AS PART OF THE REVIEW PROCESS, SCLHS USES THE FOLLOWING IN ESTABLISHING THE COMPENSAT ION OF TOP MANAGEMENT AND SENIOR LEADERSHIP 1) COMPENSATION COMMITTEE 2) INDEPENDENT COMP ENSATION CONSULTANT 3) FORM 990 OF OTHER ORGANIZATIONS 4) WRITTEN EMPLOYMENT CONTRACTS 5) COMPENSATION SURVEYS AND STUDIES 6) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE THE IT EMS LISTED ABOVE SUPPORT THE COMPENSATION COMMITTEE'S EFFORTS TO ENSURE THAT THE LEVEL OF COMPENSATION PROVIDED TO ITS EXECUTIVES (OFFICERS, KEY EMPLOYEES, ETC) IS CONSISTENT WITH THE MARKET VALUE AND THE PAY PHILOSOPHY SET BY THE BOARD MINUTES ARE KEPT CONTEMPORANEOU SLY FOR EACH MEETING OF THE COMMITTEE LIKEWISE, THE COMMITTEE IS RESPONSIBLE FOR ENSURING THAT NO "EXCESS BENEFIT" IS CONFERRED ON AN INDIVIDUAL, OR THAT SUCH COMPENSATION DOES NO T CONSTITUTE PROHIBITED INUREMENT THIS PROCESS IS COMPLETED FOR ALL SENIOR LEADERSHIP, AT THE AFFILIATE AND SYSTEM LEVEL, AND THE COMMITTEE'S RECOMMENDATION IS THEN SUBMITTED TO T HE SCLHS BOARD FOR APPROVAL THE CHARGE OF THIS COMMITTEE ADHERES TO SCLHS' CORE VALUE OF STEWARDSHIP, ENSURING THAT THE MINISTRY'S RESOURCES HELD IN TRUST ARE NOT WASTED OR MISUSE D, AND ARE DEPLOYED TO EFFECTIVELY AND EFFICIENTLY ADVANCE THE MISSION
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND GOVERNING DOCUMENTS AVAILABLE UPON REQUEST
FORM 990, PART XI, LINE 9	CHANGE IN ACCOUNTING PRINCIPLE -2,141,001

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization ST VINCENT HEALTHCARE	Employer identification number 81-0232124
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Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) 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 entity?	
						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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CARITAS INC AND SUBSIDIARIES 2420 W 26TH AVE SUITE 100D DENVER, CO 80211 48-0941069	HEALTHCARE	KS	N/A	C					No
(2) LEAVEN INSURANCE COMPANY LTD 23 LIME TREE BAY AVENUE WEST BAY R GRAND CAYMAN KY1- 1102 CJ 98-0370522	INSURANCE	CJ	N/A	C					No
(3) ST FRANCIS ACCOUNTABLE HEALTH NETWORK INC 2420 W 26TH AVE SUITE 100D DENVER, CO 80211 46-2874128	HEALTHCARE	KS	N/A	C					No
(4) PROVIDENCE MEDICAL CENTER INC 8929 PARALLEL PARKWAY KANSAS CITY, KS 66112 48-0784446	HOSPITAL SERVICES	KS	N/A	C					No
(5) ST JOHN HOSPITAL INC 3500 SOUTH FOURTH STREET LEAVENWORTH, KS 66048 48-0543768	HOSPITAL SERVICES	KS	N/A	C					No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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, or (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 Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

s 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

1s

No

No

No

No

No

No

No

No

No

No

No

No

Yes

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ST VINCENT HEALTHCARE FOUNDATION	B	1,124,165	
(2) ST VINCENT HEALTHCARE FOUNDATION	C	10,210,339	

Schedule R (Form 990) 2014

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 81-0232124

Name: ST VINCENT HEALTHCARE

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM INC 2420 W 26TH AVE SUITE 100D DENVER, CO 80211 23-7379161	MANAGEMENT OF RELATED TAX EXEMPT HOSPITALS AND HEALTHCARE SERVICES	KS	501(C)(3)	LINE 11B, II	N/A		No
(1) CARITAS CLINICS INC 818 NORTH 7TH STREET LEAVENWORTH, KS 66048 48-1009910	CLINIC SERVICES	KS	501(C)(3)	LINE 3	SCLHS		No
(2) MARIAN CLINIC INC 1001 SW GARFIELD TOPEKA, KS 66604 48-1046905	CLINIC SERVICES	KS	501(C)(3)	LINE 3	SCLHS		No
(3) MARILLAC CLINIC INC 2333 N 6TH STREET GRAND JUNCTION, CO 81501 84-1085822	CLINIC SERVICES	CO	501(C)(3)	LINE 3	SCLHS		No
(4) PROVIDENCEST JOHN FOUNDATION INC 8929 PARALLEL PARKWAY KANSAS CITY, KS 66112 48-0925688	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	KS	501(C)(3)	LINE 7	PROVIDENCE MEDICAL CENTER INC		No
(5) ST FRANCIS HEALTH CENTER INC 1700 SW 7TH STREET TOPEKA, KS 66606 48-0547719	HOSPITAL SERVICES	KS	501(C)(3)	LINE 3	SCLHS		No
(6) ST FRANCIS HEALTH CENTER FOUNDATION 1700 SW 7TH STREET TOPEKA, KS 66606 48-1092520	SUPPORTING ORGANIZATION	KS	501(C)(3)	LINE 11A, I	ST FRANCIS HEALTH CENTER INC		No
(7) ST MARYS HOSPITAL & MEDICAL CENTER INC 2635 N 7TH STREET GRAND JUNCTION, CO 81502 84-0425720	HOSPITAL SERVICES	CO	501(C)(3)	LINE 3	SCLHS		No
(8) ST MARYS HOSPITAL FOUNDATION 2635 N 7TH STREET GRAND JUNCTION, CO 81502 23-7001007	SUPPORTING ORGANIZATION	CO	501(C)(3)	LINE 11A, I	ST MARYS HOSPITAL & MEDICAL CENTER INC		No
(9) HOLY ROSARY HEALTHCARE 2600 WILSON STREET MILES CITY, MT 59301 81-0231792	HOSPITAL SERVICES	MT	501(C)(3)	LINE 3	SCLHS		No
(10) HOLY ROSARY HEALTHCARE FOUNDATION INC 2600 WILSON STREET MILES CITY, MT 59301 20-2270238	SUPPORTING ORGANIZATION	MT	501(C)(3)	LINE 11A, I	HOLY ROSARY HEALTHCARE		No
(11) ST VINCENT HEALTHCARE FOUNDATION 1106 NORTH 30TH STREET BILLINGS, MT 59101 81-0468034	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	MT	501(C)(3)	LINE 7	ST VINCENT HEALTHCARE		No
(12) ST JAMES HEALTHCARE 400 SOUTH CLARK STREET BUTTE, MT 59701 81-0231785	HOSPITAL SERVICES	MT	501(C)(3)	LINE 3	SCLHS		No
(13) ST JAMES HEALTHCARE FOUNDATION 400 SOUTH CLARK STREET BUTTE, MT 59701 65-1202190	SUPPORTING ORGANIZATION	MT	501(C)(3)	LINE 11A, I	ST JAMES HEALTHCARE		No
(14) SAINT JOHN'S HEALTH CENTER 2121 SANTA MONICA BLVD SANTA MONICA, CA 90404 95-1684082	HOSPITAL SERVICES	CA	501(C)(3)	LINE 3	SCLHS		No
(15) JOHN WAYNE CANCER INSTITUTE 2000 SANTA MONICA BLVD SANTA MONICA, CA 90404 95-4291515	CANCER R&D	CA	501(C)(3)	LINE 4	SAINT JOHN'S HEALTH CENTER		No
(16) SAINT JOHN'S HOSPITAL & HEALTH CENTER FOUNDATION 2121 SANTA MONICA BLVD SANTA MONICA, CA 90404 95-6100079	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	CA	501(C)(3)	LINE 7	SAINT JOHN'S HEALTH CENTER		No
(17) SCL HEALTH-FRONT RANGE INC 2420 W 26TH AVE SUITE 100D DENVER, CO 80211 84-1103606	HOSPITAL SERVICES	CO	501(C)(3)	LINE 3	SCLHS		No
(18) LUTHERAN MEDICAL CENTER FOUNDATION 2480 W 26TH AVESUITE 360B DENVER, CO 80211 20-8846152	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	CO	501(C)(3)	LINE 7	SCL HEALTH-FRONT RANGE INC		No
(19) GOOD SAMARITAN MEDICAL CENTER FOUNDATION 200 EXEMPLA CIRCLE LAFAYETTE, CO 80026 84-1649162	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	CO	501(C)(3)	LINE 7	SCL HEALTH-FRONT RANGE INC		No

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						Yes	No
(21) LUTHERAN MED CTR PROF & GEN LIAB SELF-INS TRST 2480 W 26TH AVESUITE 360B DENVER, CO 80211 74-2571584	INSURANCE	CO	501(C)(3)	LINE 11A, I	SCL HEALTH- FRONT RANGE INC		No
(1) SAINT JOSEPH HOSPITAL INC 1375 E 19TH AVENUE DENVER, CO 80218 84-0417134	HOSPITAL SERVICES	CO	501(C)(3)	LINE 3	SCLHS		No
(2) SAINT JOSEPH HOSPITAL FOUNDATION 1375 E 19TH AVENUE DENVER, CO 80218 84-0735096	SUPPORTING ORGANIZATION	CO	501(C)(3)	LINE 11A, I	SCLHS		No
(3) MOUNT ST VINCENT HOME INC 4159 LOWELL BOULEVARD DENVER, CO 80211 84-0405260	RESIDENT CARE	CO	501(C)(3)	LINE 11A, I	SCLHS		No
(4) NJH-SJH INC 2420 W 26TH AVE SUITE 100D DENVER, CO 80211 47-1194849	MANAGEMENT OF RELATED TAX EXEMPT HOSPITALS AND HEALTHCARE SERVICES	CO	501(C)(3)	LINE 11A, I	SCLHS		No

