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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)
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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 07-01-2014 , and ending 06-30-2015

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 Hospital of the Hospital Sisters of the Third Order of St Francis		D Employer identification number 39-0817529
	Doing business as		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (920) 433-0111
	City or town, state or province, country, and ZIP or foreign postal code Green Bay, WI 543013256		G Gross receipts \$ 480,906,979
	F Name and address of principal officer THERESE PANDL 835 S VAN BUREN Green Bay, WI 543013256		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 <input checked="" type="checkbox"/> 0928	
J Website: <input checked="" type="checkbox"/> WWW.STVINCENTHOSPITAL.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input checked="" type="checkbox"/>			L Year of formation 1888
			M State of legal domicile WI

Part I		Summary		
Activities & Governance	1 Briefly describe the organization’s mission or most significant activities ST VINCENT HOSPITAL'S MISSION IS TO CARRY OUT THE HEALING MINISTRY OF THE CATHOLIC CHURCH BY PROVIDING HIGH-QUALITY HOSPITAL SERVICES TO THE PEOPLE OF GREEN BAY, NORTHEAST WISCONSIN, AND NEARBY UPPER MICHIGAN			
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)		3 11	
	4 Number of independent voting members of the governing body (Part VI, line 1b)		4 8	
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5 2,153	
6 Total number of volunteers (estimate if necessary)		6 510		
7a Total unrelated business revenue from Part VIII, column (C), line 12		7a 3,254,157		
b Net unrelated business taxable income from Form 990-T, line 34		7b -2,101,059		
Revenue			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)		3,189,818	2,748,448
	9 Program service revenue (Part VIII, line 2g)		441,123,634	466,340,831
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		20,425,128	9,838,948
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,568,927	1,456,999
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		467,307,507	480,385,226
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0	0
	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)		107,361,758	111,528,742
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 0			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		320,387,734	339,847,308
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		427,749,492	451,376,050
	19 Revenue less expenses Subtract line 18 from line 12		39,558,015	29,009,176
	Net Assets or Fund Balances			Beginning of Current Year
20 Total assets (Part X, line 16)			643,669,402	665,045,139
21 Total liabilities (Part X, line 26)			169,117,581	191,184,935
22 Net assets or fund balances Subtract line 21 from line 20			474,551,821	473,860,204

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>***** Signature of officer</div>		<div>2016-04-20 Date</div>		
	<div>Therese Pandl Division CEO Type or print name and title</div>				
Paid Preparer Use Only	Print/Type preparer's name John V Woodhull	Preparer's signature John V Woodhull	Date	Check <input type="checkbox"/> if self-employed	PTIN P01305268
	Firm's name <input checked="" type="checkbox"/> CROWE HORWATH LLP			Firm's EIN <input checked="" type="checkbox"/> 35-0921680	
	Firm's address <input checked="" type="checkbox"/> 225 West Wacker Drive Suite 2600 Chicago, IL 606061224			Phone no (312) 899-7000	

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

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

ST VINCENT HOSPITAL'S MISSION IS TO REVEAL AND EMBODY CHRIST'S HEALING LOVE FOR ALL PEOPLE THROUGH OUR HIGH QUALITY FRANCISCAN HEALTH CARE MINISTRY

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

checked

No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

checked

No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 24,614,939 including grants of \$) (Revenue \$ 46,860,718)

SURGICAL SERVICES - SEE SCHEDULE O "PROGRAM SERVICE ACCOMPLISHMENTS"

4b

(Code) (Expenses \$ 11,822,582 including grants of \$) (Revenue \$ 29,996,776)

HEART AND VASCULAR CENTER - SEE SCHEDULE O "PROGRAM SERVICE ACCOMPLISHMENTS"

4c

(Code) (Expenses \$ 10,222,391 including grants of \$) (Revenue \$ 44,423,342)

RADIOLOGY SERVICES - SEE SCHEDULE O "PROGRAM SERVICE ACCOMPLISHMENTS"

See Additional Data

4d

Other program services (Describe in Schedule O)

(Expenses \$ 340,788,477 including grants of \$) (Revenue \$ 342,251,422)










4e

Total program service expenses

387,448,389

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	No
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	No
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 Yes	
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		No
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	Yes	
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	Yes	
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		No
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		
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).		
7a	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		
	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		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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
b	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		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
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
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
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?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 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
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 Joanne Horvath

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(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) THERESE B PANDL PRESIDENT	20 00 40 00	X		X				0	791,486	179,082
(2) DJ LONG JR CHAIRPERSON	1 00 1 00	X		X				0	0	0
(3) JUDY NAGEL VICE CHAIR	1 00 1 00	X		X				0	0	0
(4) JOHN HAGER SECRETARY	1 00 1 00	X		X				0	0	0
(5) KENNETH JOHNSON MD CHIEF MEDICAL OFFICER	26 00 0	X		X				403,984	0	64,478
(6) FRANK L MIKELL DIRECTOR	1 00 55 00	X						0	753,537	129,167
(7) SR BERNADINE GUTOWSKI OSF DIRECTOR	1 00 2 00	X						0	0	0
(8) ROBERT BURNS DIRECTOR	1 00 1 00	X						0	0	0
(9) DANIEL J PLATKOWSKI DIRECTOR	1 00 1 00	X						0	0	0
(10) BETSY MITCHELL DIRECTOR	1 00 1 00	X						0	0	0
(11) JULES BLANK MD DIRECTOR	1 00 1 00	X						0	0	0
(12) KENNETH HUJET MD DIRECTOR	1 00 1 00	X						0	0	0
(13) ANN M CARR TREASURER	0 25 59 75			X				0	335,735	228,208
(14) LAWRENCE J CONNORS COO	20 00 20 00			X				0	328,017	144,229

Part VII

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

(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			
(15) GREG SIMIA DIVISION CFO	20 00 20 00			X				414,983	0	77,244
(16) PAULA HAFEMAN CNO	40 00 0			X				276,406	0	190,063
(17) KELLY GIGOT VP FINANCE	40 00 0			X				200,887	0	125,147
(18) CHRISTINE JENSEMA CHIEF PEOPLE OFFICER	50 00 0			X				237,545	0	164,962
(19) THOMAS R BAYER SR VP - REGIONAL DEVELOPMENT	40 00 0				X			237,781	0	121,628
(20) CURTIS WATSON ANESTHESIA MANAGER	40 00 0					X		239,160	0	134,084
(21) JOHN NOLDIN CRNA	40 00 0					X		225,073	0	107,368
(22) JOHN KLINKHAMMER CRNA	40 00 0					X		215,517	0	57,327
(23) SARAH LULLOFF PHYSICIAN	40 00 0					X		218,532	0	51,181
(24) MOHAMOUD GAILDON PHYSICIST	40 00 0					X		206,557	0	64,955

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	2,876,425	2,208,775	1,839,123

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▶76

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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
CARDINAL HEALTH - PHARMACY 2901 ENLOE STREET HUDSON, WI 54016	PHARMACY SERVICES	4,946,721
SODEXO INC & AFFILIATES 4880 PAYSHERE CIR CHICAGO, IL 60674	FOOD SERVICE	1,878,048
GENERAL & VASCULAR CONSULT LLC 720 S VAN BUREN ST SUITE 101 GREEN BAY, WI 54301	TRAUMA SERVICES	800,000
JH FINDORFF & SON INC 300 S BEDFORD ST MADISON, WI 53703	CONSTRUCTION	682,637
RESOLUTE 2704 NE INDEPENDENCE AVE LEES SUMMIT, MO 64064	REIMBURSEMENT/COLLECTION	615,869
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	1,078,191			
	e	Government grants (contributions) 1e	1,653,005			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	17,252			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	2,748,448			
Program Service Revenue	2a	Patient Service Revenue	Business Code 900099	460,207,501	460,207,501	
	b	Other Operating Revenue	900099	3,979,458	3,324,757	654,701
	c	Reference Lab	621500	2,153,872		2,153,872
	d					
	e					
	f	All other program service revenue		0	0	0
	g	Total. Add lines 2a-2f	466,340,831			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	1,698,403			1,698,403
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real 664,405	(ii) Personal 436		
	b	Less rental expenses	190,040			
	c	Rental income or (loss)	474,365	436		
	d	Net rental income or (loss)	474,801		436	474,365
	7a	Gross amount from sales of assets other than inventory	(i) Securities 8,225,712	(ii) Other 246,546		
	b	Less cost or other basis and sales expenses		331,713		
	c	Gain or (loss)	8,225,712	-85,167		
	d	Net gain or (loss)	8,140,545			8,140,545
	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	Laundry Services	812300	209,883		209,883
	b	Catering	722320	33,965	33,965	
	c	Printing	323100	512,465	378,554	133,911
	d	All other revenue		225,885	0	32,629
	e	Total. Add lines 11a-11d	982,198			
	12	Total revenue. See Instructions	480,385,226	463,532,258	3,254,157	10,850,363

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				
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	1,728,680		1,728,680	
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	81,553,087	70,473,538	11,079,549	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,607,302	6,437,346	1,169,956	
9	Other employee benefits	13,481,632	11,408,239	2,073,393	
10	Payroll taxes	7,158,041	6,057,178	1,100,863	
11	Fees for services (non-employees)				
a	Management				
b	Legal	697,779		697,779	
c	Accounting				
d	Lobbying	23,565		23,565	
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)	200,961,524	171,631,453	29,330,071	0
12	Advertising and promotion	2,546,705	2,546,501	204	
13	Office expenses	2,301,174	1,149,120	1,152,054	
14	Information technology	1,934,113	1,162,381	771,732	
15	Royalties				
16	Occupancy	13,183,965	11,258,129	1,925,836	
17	Travel	275,884	191,575	84,309	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,361,235	2,105,730	255,505	
20	Interest	995,994		995,994	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,257,045	13,061,086	4,195,959	
23	Insurance	1,837,996	1,138,417	699,579	
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	65,342,132	64,739,655	602,477	
b	Equipment Rental & Maintenance	13,927,935	13,587,521	340,414	
c	Bad Debt	5,349,870	5,349,870		
d					
e	All other expenses	10,850,392	5,150,650	5,699,742	0
25	Total functional expenses. Add lines 1 through 24e	451,376,050	387,448,389	63,927,661	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		10,908,049	1	9,493,543
	2	Savings and temporary cash investments		17,803,420	2	14,537,169
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		72,004,114	4	82,237,002
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		4,575	5	4,125
	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		0	6	0
	7	Notes and loans receivable, net		5,438,013	7	5,425,822
	8	Inventories for sale or use		5,468,339	8	6,015,843
	9	Prepaid expenses and deferred charges		2,171,240	9	2,747,411
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a365,996,415			
	b	Less accumulated depreciation	10b221,558,429	137,499,828	10c	144,437,986
	11	Investments—publicly traded securities		358,882,285	11	364,396,508
	12	Investments—other securities See Part IV, line 11		0	12	
	13	Investments—program-related See Part IV, line 11		33,059,089	13	29,619,056
	14	Intangible assets			14	5,618,798
	15	Other assets See Part IV, line 11		430,450	15	511,876
	16	Total assets. Add lines 1 through 15 (must equal line 34)		643,669,402	16	665,045,139
Liabilities	17	Accounts payable and accrued expenses		49,428,822	17	56,204,986
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		75,892,817	20	74,016,272
	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		0	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		43,795,942	25	60,963,677
	26	Total liabilities. Add lines 17 through 25		169,117,581	26	191,184,935
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		466,269,368	27	465,986,503
	28	Temporarily restricted net assets		5,173,335	28	5,021,837
	29	Permanently restricted net assets		3,109,118	29	2,851,864
	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		474,551,821	33	473,860,204
	34	Total liabilities and net assets/fund balances		643,669,402	34	665,045,139

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	480,385,226
2	Total expenses (must equal Part IX, column (A), line 25)	2	451,376,050
3	Revenue less expenses Subtract line 2 from line 1	3	29,009,176
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	474,551,821
5	Net unrealized gains (losses) on investments	5	-7,012,057
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-22,688,736
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	473,860,204

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: 14000329
Software Version: 2014v1.0
EIN: 39-0817529
Name: St Vincent Hospital of the Hospital Sisters of the Third
Order of St Francis

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	340,788,477	including grants of \$) (Revenue \$	342,251,422)
ST VINCENT HOSPITAL PROVIDES A WIDE ARRAY OF SERVICES. BESIDES THE PROGRAMS LISTED ABOVE, WE HAVE A REGIONAL CANCER CENTER THAT INCLUDES PEDS HEMATOLOGY/ONCOLOGY, GYN ONCOLOGY, A CANCER RESEARCH INSTITUTE AND RADIATION ONCOLOGY ON SITE AS WELL AS IN TWO SATELLITE OFFICES IN MARINETTE, WI AND STURGEON BAY, WI. WE ALSO HAVE ORTHOPEDIC SERVICES THAT INCLUDES JOINT CARE, PHYSICAL THERAPY & OCCUPATIONAL THERAPY. OUR WOMEN'S SERVICES DEPARTMENT PROVIDES LABOR & DELIVERY SERVICES, OB CLINIC, NURSE EDUCATORS AND LACTATION SPECIALIST. WE PROVIDE NEONATAL, PEDIATRIC AND GENERAL ICU AS WELL AS INTERMEDIATE CARE UNITS. WE HAVE A 24 HOUR EMERGENCY DEPARTMENT/TRAUMA CENTER WITH SAME NURSES AVAILABLE. OUR PHARMACY IS ALSO OPEN 24 HOURS TO MEET PATIENT NEEDS. OUR PULMONARY FUNCTIONS AREA INCLUDES A BRONCHIAL LAB, RESPIRATORY CARE AND A SLEEP CENTER. WE PROVIDE DIALYSIS FOR BOTH INPATIENT AND OUTPATIENTS. OUR HOME HEALTH CARE DEPARTMENT PROVIDES CARE FOR PATIENTS THAT NO LONGER REQUIRE HOSPITALIZATION BUT WHO CONTINUE CARE IN SOME WAY. WE PROVIDE A WOUND CARE CENTER THAT INCLUDES HYPERBARIC TREATMENTS. WE ALSO HAVE PROGRAMS TO INCREASE PATIENT CARE AND SATISFACTION SUCH AS CASE MANAGEMENT, PALLIATIVE CARE, INFECTION PREVENTION, SPIRITUAL SERVICES, CONTINUOUS PROCESS IMPROVEMENT AND RISK MANAGEMENT.					

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 Hospital of the Hospital Sisters of the Third Order of St Francis	Employer identification number 39-0817529
----------------------------------------------------------------------------------------------------------	----------------------------------------------

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 Hospital of the Hospital Sisters of the Third Order of St Francis	Employer identification number 39-0817529
----------------------------------------------------------------------------------------------------------	----------------------------------------------

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		23,565
j	Total. Add lines 1c through 1i.			23,565
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
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	ST VINCENT HOSPITAL (THE HOSPITAL) IS A MEMBER OF THE CATHOLIC HEALTH ASSOCIATION ("CHA"), THE WISCONSIN HEALTH ASSOCIATION ("WHA"), AND THE AMERICAN HEALTH ASSOCIATION ("AHA") AS A MEMBER OF THESE ORGANIZATIONS, THE HOSPITAL PAYS DUES, WITH PART OF THESE DUES BEING ATTRIBUTABLE TO LOBBYING FEES PAID BY THE ORGANIZATIONS. THE AMOUNT LISTED IS THE AMOUNT ATTRIBUTABLE TO THE HOSPITAL FROM ITS DUES PAID.

[illegible]

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► 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.

Name of the organization St Vincent Hospital of the Hospital Sisters of the Third Order of St Francis	Employer identification number 39-0817529
----------------------------------------------------------------------------------------------------------	----------------------------------------------

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

► \$

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

Cat No 52283D

Schedule D (Form 990) 2014

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
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	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 | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶
- 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

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 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		12,344,168		12,344,168
b Buildings		154,807,672	89,191,114	65,616,558
c Leasehold improvements		2,578,581	1,946,270	632,311
d Equipment		194,403,371	130,421,045	63,982,326
e Other		1,862,623		1,862,623
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				144,437,986

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
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	HSHS and the Foundation are Illinois not for profit organizations as described in Section 501(c) (3) of the Internal Revenue Code (the Code) and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. Deferred tax assets and liabilities are recognized for the future tax consequences attributable to differences between the consolidated financial statement carrying amounts of existing assets and liabilities and their respective tax basis and operating loss and tax credit carryforwards. Deferred tax assets and liabilities are measured using the enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. The effect on deferred tax assets and liabilities of a change in tax rates is recognized in income in the period that includes the enactment date. In assessing the realizability of deferred tax assets, management considers whether it is more likely than not that some portion or all of the deferred tax assets will not be realized. The ultimate realization of deferred tax assets is dependent upon the generation of future taxable income during the periods in which those temporary differences become deductible. Management considers projected future taxable income and tax planning strategies in making this assessment. Based upon the level of historical taxable losses and projections for future taxable losses over the periods for which the deferred tax assets are deductible, management believes it is more likely than not that Kiara, Inc. will not realize the majority of the benefits of these deductible differences. The deferred tax assets attributable to the net operating loss carryforwards not realized as of June 30, 2015 and 2014 have been fully reserved in the accompanying consolidated financial statements due to the uncertainty of realization. HSHS recognizes the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by the taxing authorities, based on the technical merits of the position. As of June 30, 2015 and 2014, HSHS does not have any liabilities for unrecognized tax benefits.

[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 Hospital of the Hospital Sisters of the Third Order of St Francis

Employer identification number
39-0817529

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 type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 60000 % 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)	0	0	3,751,381	0	3,751,381	0 84 %
b Medicaid (from Worksheet 3, column a)	0	0	62,931,940	29,377,960	33,553,980	7 52 %
c Costs of other means-tested government programs (from Worksheet 3, column b)	0	0	2,416,165	956,803	1,459,362	0 33 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	69,099,486	30,334,763	38,764,723	8 69 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	0	204,235	1,270,243	300	1,269,943	0 28 %
f Health professions education (from Worksheet 5)	0	1,809	324,679	0	324,679	0 07 %
g Subsidized health services (from Worksheet 6)	0	964	175,916	0	175,916	0 04 %
h Research (from Worksheet 7)	0	0	0	0	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	0	0	55,809	0	55,809	0 01 %
j Total Other Benefits	0	207,008	1,826,647	300	1,826,347	0 41 %
k Total. Add lines 7d and 7j	0	207,008	70,926,133	30,335,063	40,591,070	9 10 %

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					0	0 %
2Economic development					0	0 %
3Community support					0	0 %
4Environmental improvements					0	0 %
5Leadership development and training for community members					0	0 %
6Coalition building					0	0 %
7Community health improvement advocacy					0	0 %
8Workforce development					0	0 %
9Other					0	0 %
10Total	0	0	0	0	0	0 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

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

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.

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.

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

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

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

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?

9bIf "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.

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 %
1UNITY LIMITED PARTNERSHIP	HEALTHCARE	45 %	0 %	0 %
2NE WI RADIATION THERAPY SERVICES LLC	Healthcare - dissolved 6/1/15	25 %	0 %	0 %
3PAIN CENTER OF WI LLC	HEALTHCARE	50 %	0 %	0 %
4PREVEA HEALTH SERVICES INC	HEALTHCARE	25 %	0 %	0 %
5COMMUNITY MEMORIAL HOSPITAL	Healthcare	16.8 %	0 %	0 %
6PREVEA CLINIC INC	HEALTHCARE	25 %	0 %	0 %
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 HOSPITAL

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 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
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 <u>14</u>		
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? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>http //stvincenthospital org/Scripts/pageview asp?id=418</u>		
b <input type="checkbox"/> Other website (list url) _____		
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 <u>14</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) <u>http //stvincenthospital org/Scripts/pageview asp?id=418</u>		
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)

ST VINCENT HOSPITAL

Name of hospital facility or letter of facility reporting group

	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 a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2 0</u> % and FPG family income limit for eligibility for discounted care of <u>6 0</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 checked="" 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)	13 Yes	
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance? 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)	15 Yes	
16 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The FAP was widely available on a website (list url) _____ <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) b <u>http //stvincenthospital org/Scripts/pageview asp?id=68</u> c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>http //stvincenthospital org/Scripts/pageview asp?id=68</u> 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)	16 Yes	
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 HOSPITAL

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 checked="" 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 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

Part V

Facility Information *(continued)*

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.

Form and Line Reference	Explanation
See Additional Data Table	

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? **0**

Name and address	Type of Facility (describe)
1	
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
Schedule H, Part VI, Line 5 PROMOTION OF COMMUNITY HEALTH (CONTINUED)	<p>In FY2015, St Vincent spent more than \$300,000 to provide onsite training and education of nursing and allied health professionals within its facilities We have also been collaborating with Medical College of Wisconsin to establish a community medical education program in Green Bay, and have provided financial support to offset operating costs this fiscal year, and have budgeted to do the same in the future St Vincent Hospital provided \$513,121 in family support services Professionals at the hospital assisted in excess of 3200 people by screening and applying for the appropriate assistance, such as SSDI or Medical Assistance when they came to the hospital in a time of medical need This included providing certified application counselors to assist patients in understanding and using the new insurance marketplace When patients can't get to St Vincent Hospital, or get to their doctor appointments from the hospital, St Vincent finds a way to help In the past year, the hospital paid for more than \$7086 in uncompensated ambulance and other vehicle rides for patients, either to or from the hospital or to help them get to their doctor appointments elsewhere The following is a listing of some of the other services St Vincent Hospital provided in FY2015</p> <ul style="list-style-type: none">* Cash donations, used equipment, furnishings and printing services to local churches, organizations and schools,* Free support programs including cancer survivor and grief care,* Eagle III - transportation for critically ill and injured patients, provided over 4 FTE's and more than \$96,000 in financial assistance to Eagle III for patients they served who were unable to pay their bill,* EnCare program - Emergency Room nurses give presentations at area schools and organizations and provide training on the dangers of drinking and driving,* "Every 15 Minutes" program, an in-depth program about the dangers and consequences of drinking and driving provided to teens around homecoming and prom times* Hospital colleagues spoke at health fairs, schools, technical colleges, and a wide variety of organizations,* Training for county health nurses, local paramedics and home health agencies,* Student intern programs with local colleges and universities,* Hospital colleagues serve on local health organization boards and donate their time and expertise during and after business hours,* Free translator service to those patients who do not speak English,* Laundry service for the local Altrusa House free of charge* St Vincent Hospital along with St Mary's Hospital and Bellin Health supports Unity Hospice, a provider of appropriate and compassionate care for the terminally ill* St Vincent, along with St Mary's Hospital, held a community medical equipment drive to collect home medical equipment for Hospital Sisters Mission Outreach, a medical supply recovery organization and conducted an oral hygiene drive to collect toothbrushes, toothpaste and floss to provide to needy emergency department patients

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 6 DESCRIPTION OF AFFILIATED GROUP (CONTINUED A)</p>	<p>Enhance community health As part of our mission to embody Christ's healing love, we understand that we have a responsibility to improve the overall quality of life in our communities by supporting initiatives that promote health and wellness. We recognize we are most successful when we work together with a wide array of public and private organizations that share our commitment to improving lives. By doing so, we maximize our efforts and reduce the duplication of services. HSHS hospitals also understand we need to listen closely to the residents of the communities we serve to ensure the health care needs of all are being met. To that end, 13 of our hospitals completed Community Health Needs Assessments (CHNAs) in FY2015 and in FY2012 HSHS St. Clare Memorial Hospital in Oconto Falls, Wisconsin, who affiliated with HSHS in September 2015, completed their CHNA in FY2014. The information gathered from these assessments is being used to develop new, and enhance existing, programs and services that best address the needs of the community. Several priority needs were identified in the FY2015 CHNAs including mental health, chronic disease prevention and management, alcohol, tobacco and other drug abuse, nutrition/wellness, access to care, oral health, and domestic abuse. HSHS hospitals are addressing these and other needs by proactively offering educational opportunities, preventative screenings, and new or enhanced clinical services. In many cases, the hospitals collaborate with other hospital facilities, local departments of public health and community organizations to address identified needs. In western Wisconsin, HSHS Sacred Heart Hospital in Eau Claire and HSHS St. Joseph's Hospital in Chippewa Falls are taking the lead on programming to educate the public about mental health issues and treatment, the stigma associated with mental health, and the recognition of mental health issues. To combat the rising rate of suicides in the area, both hospitals are providing community education sessions on QPR (Question, Persuade and Refer), an evidence-based suicide prevention program. In addition, the hospitals hosted sessions to train community members to become Certified QPR Trainers. In southern Illinois, HSHS St. Elizabeth's Hospital in Belleville also identified suicide as a priority community health need. In response, the hospital in cooperation with the local county mental board offered QPR to educate the community about how to identify and talk to someone who may be considering suicide. In addition, St. Elizabeth's mental health counselors provided free evaluations to assess for services or referred individuals to other local agencies for assistance. They also provided telephone assistance to individuals with mental health questions. In FY2015, the counselors screened more than 300 clients and fielded more than 1,000 calls. HSHS St. Vincent Hospital in Green Bay developed the Sexual Assault Nurse Examiner (SANE) program comprised of 11 nurses and a medical director to provide care for anyone who has been sexually assaulted. Begun in 1992, St. Vincent's SANE program is the regional site for such care, one where all the hospitals in Green Bay and the surrounding communities send sexual assault victims. St. Vincent's SANE nurses have been properly trained to conduct the medical examination, collect evidence, treat injury and provide courtroom testimony. In FY2015, SANE served more than 185 individuals at a vulnerable and devastating time of their lives. HSHS St. Mary's Hospital in Streator, Illinois teamed up with the Streator YMCA to offer a 12-week weight loss program - Healthy You - to motivate more than 284 participants. The program included aerobics classes, cooking classes, and a maintenance program to encourage participants to weigh in monthly. Surveys were collected at registration to quantify progress for repeat participants - 14 percent returned with a further weight loss and 9 percent within 5 pounds of their 2014 weight. In FY2015, Healthy You participants collectively lost 2,982 pounds. In FY2015, HSHS St. Mary's Hospital in Decatur, Illinois partnered with Macon County Care Coordination (MCCC) comprised of the Macon County Health Board, Community Health Improvement Center, Decatur Memorial Hospital, Heritage Behavioral Health Center, and Macon County Health Department to provide a team approach to health care and behavioral health services for Medicaid recipients with chronic health conditions. In FY2015, a nurse practitioner was hired to lead the program and recruit physicians. Three teams consisting of a Registered Nurse, Care Navigator and Care Coordinator were hired to provide services. St. Mary's is in the final stages of the development of an interface with the Electronic Medical Record, and is working on fully integrating MCCC services into their Emergency Department and exploring possibilities of integrating MCCC within the HSHS Medical Group to provide care coordination for Medicaid recipients.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 DESCRIPTION OF AFFILIATED GROUP (CONTINUED A)	with chronic health conditions. According to the National Assessment of Adult Literacy, only 12 percent of adults have "proficient" health literacy, i.e., nine out of 10 adults lack the skills needed to manage their health. Health literacy was identified in the CHNA completed by HSHS St. Nicholas Hospital in Sheboygan and the Department of Public Health in FY 2012. In FY2014, the Healthy Sheboygan County 2020 Health Literacy Committee hosted five focus groups (Hispanic, Hmong, low-income, senior citizens and young adults) and an Executive Briefing for health care leaders to share the results of the community survey and focus groups. In FY2015, with the support of St. Nicholas Hospital, a health literacy community awareness campaign was launched - Okay2Ask - to encourage people to build strong relationships with their health care providers and pharmacists.

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 6 DESCRIPTION OF AFFILIATED GROUP (CONTINUED B)</p>	<p>Advance medical knowledge HSHS works to advance medical knowledge by supporting research initiatives and educational opportunities In FY2015, HSHS hospitals and affiliated physician groups contributed more than \$19 million toward research and education Highlights of this commitment include subsidizing medical school residency programs, offering ongoing medical education to physicians and clinicians, and providing job shadowing programs for high school students In southern Illinois, HSHS St Joseph's Hospital in Breese, hosted members of the Health Occupations Students of America onsite to learn about job opportunities in health care from health care professionals St Joseph's also provided clinical experience for Kaskaskia College students enrolled in nursing, physical therapy and radiology programs Pharmacy students have also completed their clinical training at St Joseph's Hospital In FY2015, 73 students were served by the program In FY2015, HSHS St Mary's Hospital Medical Center and HSHS St Vincent Hospital in Green Bay invested more than \$450,000 to provide onsite training and education of nurses and allied health professionals In addition, the hospitals have been collaborating with the Medical College of Wisconsin to establish a community medical education program in Green Bay and to provide financial support to offset operating costs in FY2015 Also in eastern Wisconsin, HSHS St Clare Memorial Hospital in Oconto Falls provided training for local paramedics and emergency response personnel through the hospital's EMS liaison program In response to its FY2012 CHNA, HSHS St John's Hospital in Springfield, Illinois convened a team of health care providers in FY2015 to identify the practice gaps around metabolic syndrome in children and adults and to research best practices and evidence-based protocols to reduce the progression of metabolic syndrome The team developed and implemented a three-part multidisciplinary discussion on preventing childhood obesity entitled "Childhood Obesity in Central Illinois Weighing in on the Problem," which was offered during grand rounds In addition, the team hosted a Continuing Medical Education program for the community entitled "Restoring Healthy Families and Communities in an Obesogenic Environment A Tool Kit for Health Care Professionals " Mission-driven and strategically implemented Community Benefit is an integral part of Hospital Sisters Health System's Mission Our commitment to Community Benefit arises from our Catholic identity, Mission and Core Values shared by 14,000 colleagues across Illinois and Wisconsin Through our work to improve access to health care services, enhance community health, advance medical knowledge, and relieve or reduce the burden of government, we believe we have made a positive difference in the quality of lives of tens of thousands of people in Illinois and Wisconsin in FY2015 As a Catholic health care ministry, HSHS is concerned with the dignity of all persons, the common good, and the stewardship of resources We advocate for health care for all and work to improve social conditions that lead to improved health and well-being We engage partners in our communities to improve health and quality of life and to reduce duplication Working side by side with many faith communities, HSHS remains dedicated to our common purpose of compassionate care for all people</p>

Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Subsidized Health Services	THE HOSPITAL USES LYON SOFTWARE (CBISA) TO DETERMINE SUBSIDIZED SERVICES PHYSICIAN CLINICS WERE NOT INCLUDED IN THE SUBSIDIZED HEALTH SERVICES

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	5349870

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	Charity care is calculated by determining the total amount from patient billing that is written off to charity care charge codes or allowances. This amount matches the number that is reported on our fiscal year ending 2015 audited financial statements. The total charity care dollar amount is then reduced to cost by applying the hospital's cost to charge ratio as calculated on IRS Schedule H-Worksheet J.

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	Self-pay patients are screened for verification of no insurance coverage. Once verification of no coverage has been completed, the guarantors will be screened for charity or uninsured discounts based on income levels. Those guarantors that do not qualify for charity through the screening process will be asked to provide proof of income in the form of a recent pay stub and/or recent tax return to determine the level of uninsured discounting. If no proof of income is provided or a guarantor's income is greater than 201% of the federal poverty level, the appropriate discount according to the established criteria will be applied. The amount of money not collected from those self-pay patients who are not eligible for charity care is reported as bad debt. Allowances for Doubtful Accounts have been recorded based on an historical matrix, using collectability percentages by payor and aging category in accordance with HSHS Executive Policy #F-23, Valuation of Net Accounts Receivable. Percentages are based on historical experience at the hospital and adjusted for known limitations. St. Vincent Hospital reports bad debt in accordance with Healthcare Financial Management Association Statement 15, as modified and consistent with Generally Accepted Accounting Principles (GAAP).

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	The hospital strongly believes that its charity care, and the related community benefit obtained from such care, is understated because of those patients who potentially qualify for charity care but do not wish to apply for it. In addition, some care is not classified as charity because of missing documentation on patient resources. Thus, the hospital's bad debt includes a portion that could be classified as charity care if application for such care was sought and/or completed. Currently, the hospital is implementing processes, procedures and systems to more effectively determine charity care that will reduce a patient's documentation requirements and ease the patient's emotional burden in applying for charity care. This will provide a more accurate reporting of charity care services provided by the hospital.

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	The text of the footnote to the organization's financial statements that describes bad debt expense can be found on page 20 of the HSHS Consolidated Audit Report

Form and Line Reference	Explanation
<p>Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs</p>	<p>The hospital continually strives to provide excellent patient care in the most cost effective fashion. Nonetheless, the Medicare program, in many cases, does not provide payment that covers the full cost of the care provided. Since it is the mission of the hospital to respond to community need, hospital management continually advocates for improved Medicare payment so that the cost of quality care to those patients who are not able to afford it is not compromised and is fairly subsidized by all payers. While this shortfall in Medicare payments is not classified as community benefit by the IRS, we nonetheless believe it is an important contribution made by the hospital to the health and well-being of the community. If the Medicare program did not exist, many Medicare patients would be eligible for charity care or other means-tested government programs. Further, by absorbing this payment shortfall and providing care below cost to these individuals, St. Vincent Hospital is relieving the burden of the government. Accordingly, this shortfall restricts St. Vincent Hospital's ability to make funds available to provide charity care and other community benefit. The hospital computes the unpaid costs of providing care to Medicare patients by comparing the cost of the services to the reimbursement received from Medicare during the year. The cost of Medicare services is calculated by applying the ratio of patient care cost to charges to the annual Medicare charges. The patient care cost is determined by reducing the total annual operating expense by bad debt expenses, Medicaid provider taxes and community benefit expense. The difference between the reimbursement received and the calculated cost of the services is reported as the Medicare shortfall. The hospital's Medicare shortfall at cost for fiscal year 2015 was \$ 73,120,392.</p>

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	Every effort is made prior to, during, and after provision of medical services to determine whether a patient is eligible for charity/community care and to assist the patient in completing the application and providing adequate documentation. If the patient qualifies for charity/community care for the full balance of their account, the entire amount is written off to charity/community care and hence no debt collection is pursued. If the patient qualifies for charity/community care for a portion of their account balance, that portion is written off to charity/community care, with the patient being responsible for the remainder of the balance. Additionally, reasonable effort will be made to obtain third-party or government payer reimbursement on behalf of the patient. If those efforts are not fruitful, an offer will be extended to the patient to make installment payments on their balance. Only at such point that the patient defaults on installment payments or refuses to cooperate with the hospital's efforts to be reimbursed will the account be sent to collections.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- ST VINCENT HOSPITAL Line 16b URL http //stvincenthospital.org/Scripts/pageview.asp?id=68 ,

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- ST VINCENT HOSPITAL Line 16c URL http //stvincenthospital.org/Scripts/pageview.asp?id=68 ,

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	As indicated in Part V, Section C, St Vincent Hospital conducted a Community Health Needs Assessment in FY2015 (July 1, 2014 through June 30, 2015) The previous Community Health Needs Assessment was completed in Fiscal Year 2012, using a community-wide collaborative process similar to the one used in FY2015 Prior to that, the hospital used a variety of means to assess community needs These included forming a community advisory committee broadly representative of the community, having executive leaders serve on the boards of community agencies, visiting with agencies serving the poor and needy to learn what their needs are, and reviewing the health care needs of the Medicaid and uninsured patients who visited our emergency departments Provisions in the Affordable Care Act require charitable hospitals to conduct a CHNA and adopt implementation strategies to meet the needs identified To comply with these requirements, St Vincent Hospital led a collaborative approach to conduct its CHNA and adopt an Implementation Plan in FY2015 (July 1, 2014 through June 30, 2015), a process we undertake every three years

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	<p>Our hospital posts our charity care brochure and application on our website. In addition, charity care applications are available and prominently displayed in our waiting and registration areas. Our financial counselors are available to meet with patients on site before or at the time of service to assist them in identifying whether they are eligible for government aid or financial assistance, and to assist them in applying for programs for which they may be eligible. After patients receive service, our customer service representatives are also trained to assist them to apply for various government programs or for our charity care program. Our collectors are trained to provide this assistance as well. We also have contracted with an outside firm to do active outreach with patients who may need additional assistance or advocacy to apply for benefits, appeal denials, or who need transportation to government agencies to apply for benefits. One-on-one conversations to educate patients about financial assistance often stem from patients receiving a statement or a pre-collection letter. At that point, the customer service representative or cashier, or other qualified staff, will inform/educate the caller about financial assistance options. The first pre-collection letter reminds the patient their account is in delinquent status. It also informs them they may be eligible for financial assistance through the organization's charity care program. The letter provides direct contact information to begin the application process for charity care and lists the Internet address where the policy can be obtained. A system called Search America is now being utilized after failed attempts made by the hospital and our law firm to work out payment arrangements. That system accesses credit and other information and allows us to see the probability of a patient being able to pay their bill. After assessing that information, the hospital makes a determination whether to grant charity care or continue collection efforts.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	<p>Brown County, Wisconsin is a primarily urban county, one of 72 Wisconsin counties, and is located in the northeastern part of the state. Brown County's population is predominantly Caucasian (86%), with a small proportion of people who are Native American) or Black (about 2%). There is a sizeable Hispanic population, just over 7% of the population. There are approximately 250,000 residents, of which about 33,000 are covered by Medicaid/Badger Care Plus. About 11% of Brown County Residents live at or below the federal poverty level, (Sources: Applied Population Lab, WI DHS). According to the 2015 County Health Rankings, 11% of Brown County's population is uninsured. Brown County contains a dental care HPSA (health professional shortage area) and the metro area is a MUA (medically underserved area), per HRSA. There are three not-for-profit general medical surgical hospitals and one for-profit general medical surgical hospital serving Brown County and the surrounding area. In addition, there is one not-for-profit psychiatric hospital and one county operated psychiatric hospital operating, and one for-profit psychiatric hospital under construction. Since most of the population resides in the Green Bay metro area, plans and services focus on this area.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>St Vincent Hospital offers hope to our community in the tradition of the Hospital Sisters of St Francis. As a healing ministry of the Catholic Church and an affiliate of the Hospital Sisters Health System (HSHS), St Vincent is committed to delivering high quality, compassionate, and cost-effective health care services to all. The hospital was founded more than 125 years ago to bring a healing presence and improve the health of our community, especially for people who are sick, poor, and disadvantaged. Because of the hospital's purpose and tradition, it is organized to promote the health of Brown County, Wisconsin, and surrounding areas. The hospital is governed by a Board of Directors, the majority of whom who reside in the organization's primary service area and who are neither employees nor contractors of the hospital (nor family members thereof). The Board ensures that St Vincent is responding to community need. During both FY2012 and 2015, for example, the Board reviewed the Community Health Needs Assessment and approved an implementation strategy for addressing selected needs. In addition, our hospital Advisory Council, Friends of St Vincent Foundation, Cancer Research Institute Board, and the St Vincent Auxiliary, whose members assist in many areas of the hospital, provide the hospital with additional connections to and insights into the larger community and its health care needs. Also consistent with its exempt purpose, St Vincent has an open medical staff with privileges available to all qualified physicians in the area. In addition, the hospital operates an emergency department that is open 24 hours to all persons regardless of their ability to pay. As a not-for-profit hospital, St Vincent reinvests surplus funds into the mission of the organization and health of the community rather than distributing them as profits to shareholders or individuals. Funds not committed to ongoing operations are generally used to upgrade facilities, secure new technologies, improve patient care, and support initiatives designed to promote health and ensure access for all. For example, St Vincent is currently working with its parent organization, Hospital Sisters Health System, to continuously enhance quality and improve coordination of care both inside the hospital and with a growing number of physician partners. Supported by investments in information technology, this "care integration" strategy is designed to better coordinate care, improve health outcomes, create new efficiencies, and help ensure that patients (especially those with chronic conditions) get well and stay well. For example, the Epic electronic medical record system enables providers to connect with their patients' medical records from wherever they are and allows emergency physicians access to patient medical records from any facility that has Epic. This reduces duplicate testing, puts critical health information at providers' fingertips, helps better manage chronic conditions, and improves patient safety. A Heart Failure Clinic has been established to assist heart failure patients to maintain good health and stay out of the hospital by incorporating diet, exercise and other wellness information into the long-term care plan. This growing program has shown success in reducing readmissions, which is also helpful for those with limited financial resources. St Vincent Hospital devotes significant resources to provide access for patients who cannot afford care, along with other community benefits. In Fiscal Year 2015, St Vincent provided over \$40.5 million in community benefit services, including charity care at cost, unpaid costs of Medicaid and other public programs, and a range of diverse programs designed to enhance access and improve community health. Additionally, during this period, St Vincent covered the unreimbursed cost for Medicare services, totaling an additional \$73 million (at cost). Responding to Community Need. An example of our community benefit initiatives is the support we also provide to patients of the NEW Community Clinic. St Vincent covers the cost of a nurse employed by the NEW Community Clinic to assist the volunteer physicians who see patients with acute needs at their Bodart Street location. We also supply the clinic with free and discounted laboratory and radiology services. More than 70% of patients indicate the clinic's care prevented a trip to the Emergency Department. St Vincent Hospital, along with sister hospital St Mary's Hospital Medical Center, provided funds to purchase the equipment to enable the local oral surgeons to provide care (on a volunteer basis) at the NEW Community Clinic dental program-the site that we assisted in setting up in 2013. An ongoing donation assists NEW Clinic to pay for specialized dental assistants to enable the oral surgeons to see as many patients as possible during their volunteer time. Many disabled people have now been able to receive this specialized care-patients who had</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	no other option for services St Vincent Hospital developed the Sexual Assault Nurse Exam iner (SANE) program to provide care and assistance for anyone who has been sexually assaul ted, 11 nurses and a medical director comprise the SANE program at St Vincent Hospital S ANE operates in a specially designed room in the Emergency Center, one that is available a round the clock to the victims of sexual assault, male or female, infant to elderly The S ANE staff greets them all with gentle words and compassionate medical care The program, w hich began in 1992, is the regional site for such care, one where all the hospitals in Gre en Bay and the surrounding communities send sexual assault victims because only our SANE n urses have been properly trained to conduct the detailed medical examination, collect evid ence, repair injury and later provide courtroom testimony that will be a key factor in get ting convictions of the perpetrators of these crimes Special tools, such as a picture boo k, have been developed to assist with examination and evidence gathering with some of our most tender victims-children SANE reached more than 185 patients this last year at a most vulnerable and devastating time of their lives and truly demonstrates the compassion and mission that is St Vincent Hospital SANE works closely with the police force and investi gators in the area

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>HSHS St Vincent Hospital in Green Bay is an affiliate of Hospital Sisters Health System (HSHS), a health care ministry that includes 14 hospitals, numerous community-based health centers and clinics, and hundreds of physician partners across Illinois and Wisconsin. The mission of HSHS is "to reveal and embody Christ's healing love for all people through our high quality Franciscan health care ministry ." We live our mission by providing holistic healing to all who seek our care, as well as through Community Benefit. Working collaboratively with others in the communities we serve, our Community Benefit initiatives are strategically and successfully expanding access to care, improving the health status of residents, and increasing medical education and knowledge. In FY2015, our hospitals responded to needs identified in each of their most recent Community Health Needs Assessments (CHNAs) completed in FY2012. The information gathered from these assessments was used to develop or enhance Community Benefit programs and services to best address community health needs. Among the many priority needs identified in our CHNAs were chronic disease prevention and management, obesity, adequate food and nutrition, mental health, and access to health care services. HSHS hospitals are proactively addressing these and other needs through patient, provider and community education, preventative screenings, self-management classes, and new or enhanced clinical services. System-wide, HSHS collectively provided \$195.3 million in Community Benefit (9.9% of total hospital expenses) in FY2015. This amount included \$25.2 million provided for Financial Assistance (i.e. Charity Care) and \$132.3 million for unreimbursed care provided as part of the Medicaid program. In addition, HSHS hospitals committed significant resources to care for Medicare patients. The cost of providing services to primarily elderly beneficiaries of the Medicare program - in excess of governmental and managed care contract payments - was \$183.7 million. HSHS hospitals also recorded \$61.5 million in uncollectible accounts. While HSHS does not count the latter two amounts as Community Benefit, they nonetheless reflect our commitment to all persons in need of care. In addition to the dollars invested in our Community Benefit programs, HSHS continues to reinvest any surplus revenue from operations and investments into new medical technology, facility infrastructure and health care services in our communities. By doing so, we ensure our ability to meet the ongoing demand for high quality, efficient and easily accessible health care. As the U.S. health care delivery model continues to evolve, HSHS remains focused on implementing our Care Integration strategy. Care Integration coordinates the delivery of care across the continuum to meet the needs of each patient. During FY2015, HSHS made significant progress with this strategy as we implemented additional interoperable health information technologies and strengthened our alignment with physicians. Improve access to health services. As a Franciscan health care ministry, HSHS is deeply committed to serving those who are most in need with a special focus on the poor and vulnerable. We not only provide care to every patient who walks through our doors, but also reach out beyond the walls of our hospitals and clinics to care for those in our communities. Our efforts to ensure residents in the communities we serve receive the right care, at the right time, and in the right setting often involve partnering with others to achieve this goal. Across our two-state System, there are numerous examples of HSHS collaborating with other organizations to enhance access to care for those in need. In FY2015, HSHS and our 14 hospitals invested Community Benefit resources to educate the uninsured about new enrollment opportunities in affordable health care coverage and to facilitate the process. Studies have shown that people without insurance coverage are more likely than their insured counterparts to postpone care and to develop more severe and expensive conditions. It is for this reason that the Catholic Church, Catholic health care and HSHS have long promoted "coverage and access for all ." HSHS and our 14 hospitals in partnership with local health departments, social service agencies and other health care providers played a vital role in educating eligible people in their local communities, by referring people to Certified Application Counselors and/or in enrolling them in the health insurance exchanges, or in securing coverage through Medicaid expansion. Of the eight states with the highest concentration of uninsured, Illinois was among 25 states that adopted Medicaid expansion under the Affordable Care Act. HSHS St. Mary's Hospital Medical Center in Green Bay supports the NEW Community Clinic, a 38-year-old free health center for the uninsured and underinsured, and also provides free and discounted laboratory and radiology services to</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>the clinic. More than 70 percent of patients indicate the care they received at the clinic prevented a trip to the emergency department. This year St. Mary's Hospital, along with sister hospital HSHS St. Vincent Hospital in Green Bay, provided more than \$100,000 to support acute care clinic operations at their Northeast Wisconsin Technical College location, as well as funds to support operating costs associated with the oral surgeon's services at the dental clinic. HSHS St. Francis Hospital in Litchfield, Illinois partnered with Lewis & Clark Community College and local dental providers to bring the College's mobile dental health unit to the Litchfield area; the unit provides free or low cost dental exams and screenings, x-rays and hygiene services. The percentage of total emergency department visits related to dental issues has decreased from 2.2 percent in 2011 to 1.27 percent in 2014 as a result of these collaborative efforts to provide the right care in the right setting. In southeast Illinois, area residents can get help filling a prescription through the long-term collaboration between HSHS St. Anthony's Memorial Hospital in Effingham and Catholic Charities. In FY2015, St. Anthony's helped underwrite the cost of prescription medications for 312 residents. St. Anthony's and Catholic Charities believe that no one should be without prescription medications because of the inability to pay. In southwest Illinois, HSHS St. Joseph's Hospital in Highland enhanced their offerings to their senior population based on their CHNA. "Senior Renewal" is an outpatient counseling program for senior adults who may be facing emotional and physical problems unique to the aging process such as feelings of loneliness, isolation and anxiety. Clients receive a comprehensive level of treatment without inpatient hospitalization through counseling strategies and education. In addition, St. Joseph's Hospital in collaboration with the Illinois Department of Insurance participates in the Senior Health Insurance Program (SHIP), a free health insurance counseling service for Medicare beneficiaries and their caregivers. In addition to programs designed to increase access to care, HSHS makes sure that those who need financial assistance receive it. HSHS's Financial Assistance (Charity Care) policy was modified effective January 1, 2014 to offer a 25 percent self-pay discount to all patients who register without insurance. HSHS Financial Assistance programs have a sliding scale; in some instances providing up to a 55 percent reduction off billed charges if an uninsured patient's family income level is determined to be above 500 percent but equal to or less than 600 percent of the current Federal Poverty Guidelines. All charges are waived for patients below 200 percent of the Federal Poverty Levels. Counselors are available in our hospitals to explain our financial assistance policy to patients, provide them with assistance in filling out a simple application form, or help them enroll in publicly funded health care programs.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	WI

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 39-0817529
Name: St Vincent Hospital of the Hospital Sisters of the Third Order of St Francis

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - ST VINCENT HOSPITAL Bellin Health and Aurora BayCare Hospital, as well as our sister hospital, HSHS St Mary's Hospital Medical Center
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - St Vincent Hospital Members of the community health improvement steering committee included the Brown County Health Department, City of De Pere Health Department, Wisconsin State Department of Public Health, United Way of Brown County, and the three local health systems-Bellin Health, Aurora Bay Care, HSHS St Vincent Hospital, and HSHS St Mary's Hospital Medical Center
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - St Vincent Hospital HSHS St Vincent Hospital was a key part of a collaborative approach in conducting its CHNA and adopting an Implementation Plan in FY2015 (July 1, 2014 through June 30, 2015) in partnership with representatives from the community Up on completion of the CHNA, the hospital developed a set of implementation strategies and adopted an Implementation Plan to address priority community health needs The population assessed was Brown County, Wisconsin Data collected throughout the assessment process was supplemented with the results of a behavioral risk factor community survey and the opinions of community leaders obtained via a community health needs assessment "summit" held in November, 2014 The following health needs were identified based on the perceived magnitude and seriousness of the problem and the feasibility of addressing it, as determined at a health needs summit attended by a group broadly representative of the community Alcohol and Other Drug Abuse, Mental Health, Physical Activity and Nutrition, and Oral Health These needs were identified by using the Wisconsin Department of Public Health's CHIP Infrastructure Improvement Project's recommended list of health focus areas, identifying existing data that outlines the magnitude and seriousness of the health focus areas, and then convening a health summit with attendance broadly representative of the community to select the health focus area for intensive focus over the next three years As part of the engagement process with key stakeholders, attention has been given to natural partnerships and collaborations that will be used to operationalize the Implementation Plan The Implementation Plan is considered a "living document" - a set of strategies that can be adapted to the lessons learned while implementing Community Benefit programs and services relevant to the priority needs The broader set of community health needs will continue to be monitored for consideration as future focus areas HSHS St Vincent Hospital will partner with the community wide action planning teams to develop, implement, monitor and evaluate both new and ongoing initiatives that address the identified priority community health needs The implementation strategies and interventions will include, but are not limited to, the following initiatives categories 1 Oral Health -HSHS St Vincent Hospital is involved in the implementation and/or continuation of the following efforts to improve access to care a Lead the activities of the community Oral Health Task Force, which has its own three year plan with goals and outcome measures b Support Public Health's efforts to retain fluoridation in public health water supplies via testimony when requested 2 Mental Health, AODA, Physical Activity and Nutrition -St Vincent Hospital is engaged in the development, implementation and/or continuation of the following efforts to improve services a Support the activities of the community action planning teams, which have their own three year plan with goals and outcome measures (work plans will be attached to this report upon completion) b Work with Public Health and our community partners to identify and implement at least one new evidence-based community program that addresses one of the identified health priorities 3 Identify and implement programs to provide appropriate care to poor and needy a Develop strategies to reduce ED visits for dental conditions b Develop strategies to reduce ED visits by Medicaid patients and provide them with care in settings appropriate to their needs c Provide assistance to community members to enroll in insurance products through the market place or to enroll in BadgerCare, as appropriate for their situation

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 Hospital of the Hospital Sisters of the Third Order of St Francis

Employer identification number
39-0817529

Part I	Questions Regarding Compensation		Yes	No
1a	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><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
b	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.	1b		
2	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?	2		
3	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><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III.	5b		No
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III.	6b		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7		No
8	Were any amounts reported in Form 990, Part VII, paid or 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.	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use 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
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	PLEASE SEE RESPONSE TO FORM 990, PART VI, LINE 15A IN SCHEDULE O
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	HSBS EXECUTIVES ELIGIBLE TO PARTICIPATE IN SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) ARE DEFINED IN THE SERP PLAN DOCUMENTS. THE SERP WAS ESTABLISHED TO PROVIDE ADDITIONAL RETIREMENT BENEFITS TO ENSURE REASONABLE MARKET COMPETITIVE BENEFITS IN ACCORDANCE WITH THE HSBS EXECUTIVE COMPENSATION PHILOSOPHY ESTABLISHED BY THE HSBS COMPENSATION COMMITTEE. THE PLAN PROVIDES A DEFINED RETIREMENT CONTRIBUTION TO PARTICIPANTS COMMENCING ON JANUARY 1, 2008, EQUAL TO A PERCENTAGE OF COMPENSATION AS DEFINED IN THE SERP PLAN DOCUMENTS FOR THE PLAN YEAR. PARTICIPANTS CONSTRUCTIVELY RECEIVE A DISTRIBUTION FROM THE PLAN NO LATER THAN MARCH 15TH OF THE CALENDAR YEAR FOLLOWING THE CALENDAR YEAR IN WHICH AN AMOUNT IS VESTED AND TAXABLE PURSUANT TO A VESTING SCHEDULE AS SPECIFIED IN THE PLAN DOCUMENT. THE ACTUAL DISTRIBUTION OF THE VESTED BENEFIT UNDER THE PLAN IS PAID IN A SINGLE LUMP SUM TO THE PARTICIPANT OR THE PARTICIPANT'S BENEFICIARY UPON THE EARLIER OF THE PARTICIPANT'S TERMINATION OF EMPLOYMENT, DEATH, OR TOTAL AND PERMANENT DISABILITY. THE FOLLOWING INTERESTED PERSONS CONSTRUCTIVELY RECEIVED DEFERRALS TO THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2014, THESE DEFERRALS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C): Ann Carr -- \$29,789; Therese Pandl -- \$77,769. THE FOLLOWING INTERESTED PERSONS RECEIVED DISTRIBUTIONS FROM THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2014, THESE PAYMENTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III) AND SCHEDULE J, PART II, COLUMN (F), AS APPLICABLE: Ann Carr -- \$28,503; Frank Mikell -- \$185,779.

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 39-0817529
Name: St Vincent Hospital of the Hospital Sisters of the Third Order of St Francis

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				
THERESE B PANDL PRESIDENT	(i)	0	0	0	0	0	0
	(ii)	624,051	146,556	20,879	148,433	30,649	970,568
KENNETH JOHNSON MD CHIEF MEDICAL OFFICER	(i)	403,984	0	0	36,704	27,774	64,478
	(ii)	0	0	0	0	0	0
FRANK L MIKELL DIRECTOR	(i)	0	0	0	0	0	0
	(ii)	364,732	0	388,805	107,196	21,971	160,956
ANN M CARR TREASURER	(i)	0	0	0	0	0	0
	(ii)	238,965	34,985	61,785	207,994	20,214	563,943
LAWRENCE J CONNORS COO	(i)	0	0	0	0	0	0
	(ii)	286,379	36,445	5,193	119,843	24,386	472,246
GREG SIMIA DIVISION CFO	(i)	414,983	0	0	50,389	26,855	492,227
	(ii)	0	0	0	0	0	0
PAULA HAFEMAN CNO	(i)	266,794	9,612	0	172,656	17,407	466,469
	(ii)	0	0	0	0	0	0
KELLY GIGOT VP FINANCE	(i)	200,887	0	0	104,808	20,339	326,034
	(ii)	0	0	0	0	0	0
CHRISTINE JENSEMA CHIEF PEOPLE OFFICER	(i)	237,545	0	0	137,977	26,985	402,507
	(ii)	0	0	0	0	0	0
THOMAS R BAYER SR VP - REGIONAL DEVELOPMENT	(i)	237,781	0	0	95,687	25,941	359,409
	(ii)	0	0	0	0	0	0
CURTIS WATSON ANESTHESIA MANAGER	(i)	239,160	0	0	109,175	24,909	373,244
	(ii)	0	0	0	0	0	0
JOHN NOLDIN CRNA	(i)	225,073	0	0	91,750	15,618	332,441
	(ii)	0	0	0	0	0	0
JOHN KLINKHAMMER CRNA	(i)	215,517	0	0	47,373	9,954	272,844
	(ii)	0	0	0	0	0	0
SARAH LULLOFF PHYSICIAN	(i)	218,532	0	0	27,725	23,456	269,713
	(ii)	0	0	0	0	0	0
MOHAMOUD GAILDON PHYSICIST	(i)	202,608	3,949	0	38,302	26,653	271,512
	(ii)	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2014

Open to Public Inspection

▶ 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.

Name of the organization
St VINCENT Hospital of the Hospital Sisters of the Third Order of St Francis

Employer identification number
39-0817529

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) THERESE PANDL	DIR/OFFICER	STOCK PURCHASE		X	4,125	4,125		No	Yes		Yes	

Total ▶ \$4,125

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
(1) PREVEA CLINIC INC	OFFICER (SEE PART V)	1,188,529	LEASED FACILITIES/EQUIP		No

Part V Supplemental Information

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

Return Reference	Explanation
Schedule L, Part II LOAN TO/FROM INTERESTED PERSONS	ALL TRANSACTIONS WITH INTERESTED PERSONS ARE COMPLIANT WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ANY TRANSACTIONS REQUIRING BOARD APPROVAL ARE REVIEWED BY AN INDEPENDENT BOARD PRIOR TO OCCURRING
Schedule L, Part IV BUSINESS TRANSACTIONS WITH INTERESTED PERSONS	THERESE PANDL, PRESIDENT OF SVGB, IS A BOARD MEMBER OF PREVEA CLINIC ALL TRANSACTIONS WITH INTERESTED PERSONS ARE COMPLIANT WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ANY TRANSACTIONS REQUIRING BOARD APPROVAL ARE REVIEWED BY AN INDEPENDENT BOARD PRIOR TO OCCURRING

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.**

2014

**Open to Public
Inspection**

Name of the organization
St Vincent Hospital of the Hospital Sisters of the Third Order of St Francis

Employer identification number

39-0817529

Return Reference

Explanation

Form 990, Part III, Line 4a
PROGRAM SERVICE
ACCOMPLISHMENTS -
SURGERY

ST VINCENT HOSPITAL SURGICAL SERVICES SURGICAL SERVICES IS COMPRISED OF PRE-OPERATIVE SERVICES (PREADMISSION TESTING/AM ADMIT/SHORT STAY), 16 FUNCTIONAL OR SUITES AND 2 OPEN HEART OR SUITES, CENTRAL PROCESSING/DISTRIBUTION, ANESTHESIA, AND RECOVERY THE 24/7 OPERATIONS ARE CONDUCTED ON 4TH AND 5TH FLOOR WITH THE DIRECT REPORT OF 178 EMPLOYEES IN FY2015, 9,275 SURGICAL PROCEDURES WERE PERFORMED AND PATIENTS CARED FOR BOTH ON AN INPATIENT AND OUTPATIENT BASIS THE SURGICAL PROCEDURES PERFORMED ARE GENERAL, ORTHOPEDIC, NEUROSURGERY, UROLOGY, GYNECOLOGY, OPHTHALMOLOGY, ORAL - MAXILLOFACIAL, TRAUMA, CARDIAC SURGERY, AND ORGAN PROCUREMENT SURGICAL SERVICES COLLABORATES AND PROVIDES SERVICES IN THE HEART CENTER, CANCER CENTER, WOMEN'S AND CHILDREN, ORTHOPEDIC CENTER, TRAUMA CENTER ANESTHESIA AND CENTRAL PROCESSING/DISTRIBUTION ALSO PROVIDES HOSPITAL WIDE SERVICES TO INPATIENT NURSING, LABOR AND DELIVERY AND THE EMERGENCY DEPARTMENT THE ANESTHESIA DEPARTMENT IS COMPRISED OF 24 EMPLOYED NURSE ANESTHETISTS AND 14 CONTRACTED ANESTHESIOLOGISTS

Return Reference	Explanation
Form 990, Part III, Line 4c PROGRAM SERVICE ACCOMPLISHMENTS - RADIOLOGY	ST VINCENT HOSPITAL IMAGING SERVICES THE IMAGING SERVICES DEPARTMENT AT ST VINCENT HOSPITAL PROVIDES INPATIENT, OUTPATIENT, EMERGENCY AND TRAUMA CARE OVERALL, THE DEPARTMENT PERFORMS MORE 100,000 EXAMS AND PROCEDURES ANNUALLY PATIENTS HAVE ACCESS TO THE LATEST TECHNOLOGY IN COMPUTED TOMOGRAPHY, MRI, NUCLEAR MEDICINE, AND ULTRASOUND FIVE INTERVENTIONAL RADIOLOGISTS PROVIDE MINIMALLY INVASIVE PROCEDURES USING IMAGE GUIDANCE THROUGH THE DEPARTMENT'S FIXED SITE PET/CT, PATIENTS HAVE GREATER ACCESS TO A TECHNOLOGY WHICH PROVIDES UNIQUE IMAGES FOR EARLY DIAGNOSIS THE STAFF CONSISTS OF BOARD CERTIFIED RADIOLOGISTS AS WELL AS LICENSED AND CERTIFIED TECHNOLOGISTS, NURSES, AND SONOGRAPHERS THE MODALITIES UTILIZE STATE-OF-THE-ART EQUIPMENT TO AFFORD THE RADIOLOGISTS OPTIMAL IMAGES FOR INTERPRETATION THE DEPARTMENT AND HOSPITAL ARE ACCREDITED BY THE JOINT COMMISSION ADDITIONALLY, MANY OF THE MODALITIES MAINTAIN SEPARATE ACCREDITATION TO ENSURE QUALITY IN THE WORK PERFORMED

Return Reference	Explanation
Form 990, Part III, Line 4b PROGRAM SERVICE ACCOMPLISHMENTS - HEART & VASCULAR CENTER	ST VINCENT HEART AND VASCULAR CENTER THE CATH LAB OFFERS A COMPLETE ARRAY OF CATHETERIZATION LABORATORY PROCEDURES AND NONINVASIVE CARDIOVASCULAR DIAGNOSTIC PROCEDURES DOING 1,854 CARDIAC CATHETERIZATIONS IN FY2015 JUST STEPS AWAY, THE STATE-OF-THE-ART CARDIOVASCULAR OPERATING CENTER (CVOR) IS AVAILABLE FOR CUTTING-EDGE OPEN HEART PROCEDURES BY OUR HIGHLY-SKILLED CARDIOTHORACIC SURGEONS WHERE 191 OPEN HEART SURGERIES WERE PERFORMED THIS YEAR IN THE SAME COMPLEX, CARDIO VASCULAR ICU SUITES ARE OUTFITTED WITH UP-TO-THE-MINUTE MONITORING DEVICES THAT ALLOW STAFF AND PHYSICIANS TO KEEP CAREFUL WATCH OVER THEIR PATIENTS WHILE DELIVERING HANDS-ON CARE IMMEDIATELY AFTER PROCEDURES FOR THOSE PATIENTS WHO NEED FOLLOW-UP, A CARDIO-PULMONARY REHABILITATION PROGRAM IS OFFERED

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	<p>(Expenses \$ 340,788,477 including grants of \$)(Revenue \$ 342,251,422) ST VINCENT HOSPITAL PROVIDES A WIDE ARRAY OF SERVICES BESIDES THE PROGRAMS LISTED ABOVE, WE HAVE A REGIONAL CANCER CENTER THAT INCLUDES PEDS HEMATOLOGY/ONCOLOGY, GYN ONCOLOGY, A CANCER RESEARCH INSTITUTE AND RADIATION ONCOLOGY ON SITE AS WELL AS IN TWO SATELLITE OFFICES IN MARINETTE, WI AND STURGEON BAY, WI WE ALSO HAVE ORTHOPEDIC SERVICES THAT INCLUDES JOINT CARE, PHYSICAL THERAPY & OCCUPATIONAL THERAPY OUR WOMEN'S SERVICES DEPARTMENT PROVIDES LABOR & DELIVERY SERVICES, OB CLINIC, NURSE EDUCATORS AND LACTATION SPECIALIST WE PROVIDE NEONATAL, PEDIATRIC AND GENERAL ICU AS WELL AS INTERMEDIATE CARE UNITS WE HAVE A 24 HOUR EMERGENCY DEPARTMENT/TRAUMA CENTER WITH SAME NURSES AVAILABLE OUR PHARMACY IS ALSO OPEN 24 HOURS TO MEET PATIENT NEEDS OUR PULMONARY FUNCTIONS AREA INCLUDES A BRONCHIAL LAB, RESPIRATORY CARE AND A SLEEP CENTER WE PROVIDE DIALYSIS FOR BOTH INPATIENT AND OUTPATIENTS OUR HOME HEALTH CARE DEPARTMENT PROVIDES CARE FOR PATIENTS THAT NO LONGER REQUIRE HOSPITALIZATION BUT WHO CONTINUE CARE IN SOME WAY WE PROVIDE A WOUND CARE CENTER THAT INCLUDES HYPERBARIC TREATMENTS WE ALSO HAVE PROGRAMS TO INCREASE PATIENT CARE AND SATISFACTION SUCH AS CASE MANAGEMENT, PALLIATIVE CARE, INFECTION PREVENTION, SPIRITUAL SERVICES, CONTINUOUS PROCESS IMPROVEMENT AND RISK MANAGEMENT</p>

Return Reference	Explanation
Form 990, Part IV, Line 24a TAX EXEMPT BONDS	ST VINCENT HOSPITAL HOLDS A LIABILITY ON ITS BOOKS FOR TAX-EXEMPT BONDS, WHICH IS AN ALLOCATION FROM ITS SOLE CORPORATE MEMBER, HOSPITAL SISTERS SERVICES, INC ("HSSI") AS A RESULT, THIS QUESTION WAS ANSWERED NO, AND SCHEDULE K WILL BE COMPLETED ON THE HSSI FORM 990

Return Reference	Explanation
Form 990, Part VI, Line 13 WHISTLEBLOWER POLICY	PROVISIONS WITHIN THE CORPORATE COMPLIANCE PROGRAM AND CONFLICT OF INTEREST POLICY PROVIDE PROTECTIONS FOR WHISTLEBLOWER TYPE ACTIVITIES

Return Reference	Explanation
Form 990, Part VI, Line 16b JOINT VENTURES	HOSPITAL SISTERS HEALTH SY STEM ADOPTED A JOINT VENTURE COMPLIANCE PROGRAM POLICY EFFECTIVE ON JANUARY 1, 2012 FOR ALL SY STEM HOSPITALS, INCLUDING ST VINCENT HOSPITAL THE OVERALL PURPOSE OF THE POLICY IS TO PROVIDE PRACTICAL GUIDELINES FOR ETHICAL BUSINESS CONDUCT, TO ACHIEVE COMPLIANCE, AND TO DETECT AND PREVENT VIOLATIONS OF APPLICABLE LAWS THE POLICY REQUIRES ST VINCENT HOSPITAL, AND ALL HSHS HOSPITALS, TO EVALUATE THEIR PARTICIPATION IN JOINT VENTURE ARRANGEMENTS, INCLUDING UNDER APPLICABLE FEDERAL TAX LAWS, AND TO SAFEGUARD ST VINCENT HOSPITAL'S TAX EXEMPT STATUS WITH RESPECT TO ANY JOINT VENTURE ARRANGEMENTS

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	THE SENIOR GOVERNING BODY OF ST VINCENT HOSPITAL (THE CORPORATION) IS THE MEMBER OF THE CORPORATION, WHICH IS HOSPITAL SISTERS SERVICES, INC ("HSSI"), AN ILLINOIS NOT FOR PROFIT CORPORATION EXEMPT FROM FEDERAL TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	PURSUANT TO SECTION 2 3 OF THE CORPORATION'S BYLAWS, THE ORGANIZATION'S MEMBER, HOSPITAL SISTERS SERVICES, INC ("HSSI"), AN ILLINOIS NOT FOR PROFIT CORPORATION EXEMPT FROM FEDERAL TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, HAS THE RIGHT TO APOINT AND REMOVE THE CORPORATION'S BOARD OF DIRECTORS, CHAIRPERSON OF THE BOARD, AND PRESIDENT

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	<p>RESPONSIBILITY FOR THE POLICY AND OPERATIONS OF ST VINCENT HOSPITAL (THE "CORPORATION") IS VESTED IN ITS BOARD OF DIRECTORS, EXCEPT WITH RESPECT TO SPECIFIC POWERS RESERVED IN THE CORPORATION'S BYLAWS TO THE CORPORATION'S MEMBER, HOSPITAL SISTERS SERVICES, INC ("HSSI"), AN ILLINOIS NOT FOR PROFIT CORPORATION EXEMPT FROM FEDERAL TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE MEMBER OF HSSI IS HOSPITAL SISTERS HEALTH SYSTEM ("HSHS"), AN ILLINOIS NOT FOR PROFIT CORPORATION EXEMPT FROM FEDERAL TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE MEMBERS OF HSHS ARE THE INDIVIDUAL SISTERS WHO, FROM TIME TO TIME, ARE THE DULY ELECTED PROVINCIAL SUPERIOR AND PROVINCIAL COUNCILORS, RESPECTIVELY, OF THE AMERICAN PROVINCE OF THE HOSPITAL SISTERS OF ST. FRANCIS ("AMERICAN PROVINCE"). THE AMERICAN PROVINCE IS THE UNITED STATES ORGANIZATION OF THE CONGREGATION OF THE HOSPITAL SISTERS OF THE THIRD ORDER REGULAR OF ST. FRANCIS, A RELIGIOUS INSTITUTE OF THE ROMAN CATHOLIC CHURCH. THE GOVERNANCE AND OPERATIONS OF THE CORPORATION ARE SUBJECT TO HSSI'S RIGHT TO EXERCISE THESE RESERVED POWERS WITH RESPECT TO THE CORPORATION AND ORGANIZATIONS OF WHICH THE CORPORATION IS EITHER, DIRECTLY OR INDIRECTLY, A CONTROLLING MEMBER OR A CONTROLLING SHAREHOLDER ("AFFILIATES"). HSSI'S RIGHT TO EXERCISE CERTAIN OF THESE RESERVED POWERS IS, IN TURN, SUBJECT TO THE APPROVAL OF HSHS AND HSHS' MEMBERS. THE RESERVED POWERS INCLUDE ALL RIGHTS GRANTED TO HSSI BY LAW AND THE RIGHT TO: (A) ADOPT, APPROVE AMENDMENTS TO, OR AMEND ANY STATEMENT OF PHILOSOPHY, MISSION, MISSION INTEGRATION OR VALUES, OR ANY NAME, LOGO, OR MARK OF THE CORPORATION OR OF ANY AFFILIATE, (B) ADOPT, APPROVE AMENDMENTS TO, OR AMEND THE ARTICLES OF INCORPORATION OF THE CORPORATION OR OF ANY AFFILIATE, (C) ADOPT, APPROVE AMENDMENTS TO, OR AMEND THE BYLAWS OF THE CORPORATION OR OF ANY AFFILIATE, (D) APPOINT AND REMOVE THE BOARD OF DIRECTORS, ANY ONE OR MORE OF THE DIRECTORS OF THE CORPORATION OR OF ANY AFFILIATE, AND THE CHAIRPERSON AND PRESIDENT OF THE CORPORATION OR OF ANY AFFILIATE, (E) APPROVE THE RECOMMENDATION OF THE BOARD OF DIRECTORS TO APPOINT OR REMOVE THE BOARD OF DIRECTORS, ANY ONE OR MORE DIRECTORS OF THE CORPORATION OR OF ANY AFFILIATE, OR THE CHAIRPERSON AND PRESIDENT OF THE CORPORATION OR OF ANY AFFILIATE, (F) WITH RESPECT TO THE CORPORATION OR ANY AFFILIATE, APPROVE THE PURCHASE, SALE, ALIENATION, EXCHANGE, LEASE, OR ENCUMBRANCE OF ANY REAL PROPERTY OF THE CORPORATION OR OF ANY AFFILIATE, WHICH PROPERTY HAS A VALUE IN EXCESS OF LIMITS SET FROM TIME TO TIME BY HSSI, (G) APPROVE THE OPERATING AND CAPITAL BUDGETS OF THE CORPORATION OR OF ANY AFFILIATE, AND ANY DEVIATIONS BY THE CORPORATION OR OF ANY AFFILIATE FROM SUCH BUDGETS IN AN AMOUNT OR PERCENTAGE SPECIFIED BY HSSI FROM TIME TO TIME, (H) APPROVE THE STRATEGIC PLAN AND GOALS OF THE CORPORATION OR OF ANY AFFILIATE, (I) APPROVE THE SALE OF SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION OR OF ANY AFFILIATE, (J) APPROVE THE MERGER OR DISSOLUTION OF THE CORPORATION OR OF ANY AFFILIATE, (K) ADOPT OR AMEND THE PLAN FOR MINISTRY EDUCATION AND GOVERNANCE FOR THE CORPORATION AND ITS AFFILIATES, (L) APPROVE THE CORPORATION'S MISSION ACCOUNTABILITY REPORTS AND THOSE OF ANY AFFILIATE, (M) APPROVE THE FINANCIAL POLICIES AND PROCEDURES OF THE CORPORATION OR OF ANY AFFILIATE, AND APPROVE ANY DEVIATIONS FROM SUCH POLICIES AND PROCEDURES BY THE CORPORATION OR ANY AFFILIATE, AND (N) ADOPT POLICIES TO IMPLEMENT THE RESERVED POWERS OF HSSI.</p>

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	THE HOSPITAL EMPLOYS CROWE HORWATH TO ASSIST IN THE OVERALL PREPARATION, REVIEW AND ELECTRONIC SUBMISSION OF ITS FORM 990. CROWE HORWATH PROVIDES GUIDANCE IN IDENTIFYING CRITICAL ERRORS IN THE RETURN SUBMISSION, AND FEEDBACK ON QUANTITATIVE AND QUALITATIVE RESPONSES. ADDITIONALLY, THE HOSPITAL CFO PERFORMS A THOROUGH REVIEW OF THE RETURN, AND REVIEWS IT WITH THE HOSPITAL CEO AND/OR SENIOR LEADERS BEFORE PRESENTING IT IN ITS ENTIRETY TO THE HOSPITAL BOARD FOR QUESTIONING AND REVIEW PRIOR TO THE RETURN'S SIGNING AND SUBMISSION TO THE IRS.

Return Reference	Explanation	
	Form 990, Part VI, Line 12c Conflict of interest policy	<p>THE ORGANIZATION IS SUBJECT TO THE CORPORATE COMPLIANCE PROGRAM AND CONFLICT OF INTEREST POLICY ("POLICY") OF HOSPITAL SISTERS HEALTH SYSTEM, AN ILLINOIS NOT FOR PROFIT CORPORATION EXEMPT FROM FEDERAL TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. A REVISED CORPORATE COMPLIANCE PROGRAM AND CONFLICT OF INTEREST POLICY HAVE BEEN IMPLEMENTED SINCE JANUARY 2009 TO MANAGE CONFLICTS OF INTEREST USING A SYSTEM-WIDE PROTOCOL FOR DISCLOSURE STATEMENTS. IN ACCORDANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, ALL COVERED PERSONS HAVE A DUTY TO COMPLY WITH THE CONFLICT OF INTEREST POLICY FOR ANY CONTRACT, TRANSACTION, RELATIONSHIP, OR ACTIVITY CONTEMPLATED, ENTERED INTO, OR CONDUCTED AT HSHS OR ITS AFFILIATES. THE POLICY DEFINES COVERED PERSONS AS BOARD MEMBERS, BOARD COMMITTEE MEMBERS, OFFICERS, BOARD DESIGNEES, SENIOR MANAGEMENT, MEMBERS OF ANY COMMITTEE THAT OVERSEES THE APPROVAL OF PHARMACEUTICALS AND MEDICAL DEVICES, AND ANY OTHER INDIVIDUAL WHO HOLDS A POSITION OF TRUST. ON AN ANNUAL BASIS, HSHS DISCLOSES A COPY OF THE CONFLICT OF INTEREST POLICY (AND ALL CORRESPONDING PROCEDURES, GUIDELINES, FORMS, AND TOOLS) TO ALL COVERED PERSONS AND ADVISES ALL COVERED PERSONS IN WRITING OF ANY SUBSTANTIVE CHANGES TO THIS POLICY AND SUCH RELATED MATERIALS. COVERED PERSONS ARE REQUIRED TO REVIEW AND COMPLETE THE CORRESPONDING CONFLICT OF INTEREST STATEMENT. THE SYSTEM OFFICE VICE PRESIDENT - SYSTEM RESPONSIBILITY, VICE PRESIDENT - RISK & COMPLIANCE, OR MEMBERS OF THE AUDIT AND INTEGRITY COMMITTEE ("COMMITTEE") ARE AVAILABLE TO ANSWER ANY QUESTIONS A COVERED PERSON MAY HAVE. IN ADDITION, IF, AT ANY TIME AFTER SUBMITTING AN ANNUAL CONFLICT OF INTEREST STATEMENT, A COVERED PERSON BECOMES AWARE OF AN INTEREST THAT HE OR SHE WOULD HAVE HAD TO DISCLOSE AT THE ANNUAL INTERVAL, THE COVERED PERSON IS REQUIRED PROMPTLY TO DISCLOSE THE INTEREST TO THE COMMITTEE USING THE HSHS CONFLICT OF INTEREST DISCLOSURE STATEMENT. COMPLETED CONFLICT OF INTEREST STATEMENTS ARE SUBMITTED TO THE COMMITTEE, WHICH IS RESPONSIBLE FOR IDENTIFYING, ASSESSING, AND MANAGING CONFLICTS OF INTEREST THAT ARISE IN THE COURSE OF CONDUCTING THE AFFAIRS OF HSHS AND ITS AFFILIATES. IF THE COMMITTEE DETERMINES THAT A CONFLICT OF INTEREST EXISTS, THE CONFLICT OF INTEREST POLICY REQUIRES HSHS NOT TO ENGAGE IN, OR ENTER INTO, A PROPOSED CONTRACT, TRANSACTION, RELATIONSHIP, ARRANGEMENT, OR ACTIVITY UNLESS THE COMMITTEE OR, WHERE NECESSARY, THE BOARD OF DIRECTORS (ACTING THROUGH ITS DISINTERESTED MEMBERS), HAS INVESTIGATED ALTERNATIVES TO THE PROPOSED CONTRACT, TRANSACTION, RELATIONSHIP, ARRANGEMENT, OR ACTIVITY AND, IN THE ABSENCE OF ALTERNATIVES THAT ARE IN THE BEST INTERESTS OF HSHS, HAS DETERMINED 1 THAT, REGARDLESS OF WHETHER THE COVERED PERSON PARTICIPATES IN THE IMPLEMENTATION OF THE PROPOSED CONTRACT, TRANSACTION, RELATIONSHIP, ARRANGEMENT, OR ACTIVITY, 2 THE CONTRACT, TRANSACTION, ARRANGEMENT, OR ACTIVITY IS IN THE BEST INTERESTS OF HSHS, 3 THE CONTRACT, TRANSACTION, ARRANGEMENT, OR ACTIVITY IS FAIR AND REASONABLE FROM THE PERSPECTIVE OF HSHS, AND 4 HSHS CANNOT OBTAIN A MORE ADVANTAGEOUS CONTRACT, TRANSACTION, ARRANGEMENT, OR ACTIVITY WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES. IN DETERMINING WHETHER A CONTRACT, TRANSACTION OR ARRANGEMENT IS FAIR AND REASONABLE TO HSHS, THE COMMITTEE SHALL CONSIDER, WHERE APPLICABLE 1 APPRAISALS OR OTHER INDEPENDENT VALUATIONS OF THE FAIR MARKET VALUE OF THE CONTRACT, TRANSACTION, OR ARRANGEMENT, 2 INFORMATION REGARDING COMPARABLE CONTRACTS, TRANSACTIONS, OR ARRANGEMENTS BETWEEN UNRELATED PARTIES, 3 OFFERS FROM COMPARABLE COMPETING ENTITIES, AND/OR 4 STUDIES OF COMPARABLE COMPENSATION ARRANGEMENTS. IN ANY CASE IN WHICH THE COMMITTEE FINDS, AFTER TAKING THE STEPS DESCRIBED ABOVE, THAT HSHS SHOULD PARTICIPATE IN A PROPOSED TRANSACTION OR ARRANGEMENT DESPITE THE EXISTENCE OF A CONFLICT OF INTEREST, THE COMMITTEE SHALL DEVELOP, IMPLEMENT, MONITOR, AND ENFORCE COMPLIANCE WITH, A CONFLICT MANAGEMENT PLAN FOR MANAGING THE CONFLICT OF INTEREST AS IT CONSIDERS NECESSARY FOR SUCH FINDINGS TO REMAIN VALID THROUGHOUT THE LIFE OF THE CONTRACT, TRANSACTION, RELATIONSHIP, ARRANGEMENT, OR ACTIVITY. ALL CONFLICT MANAGEMENT PLANS SHALL 1 STATE THAT THE COMMITTEE WILL OVERSEE, MONITOR, AND ENFORCE COMPLIANCE WITH THE PLAN THROUGHOUT THE COURSE OF THE STUDY AND SPECIFY MEANS FOR DOING SO, INCLUDING, WITHOUT LIMITATION, THAT THE APPROPRIATE INDIVIDUALS MUST PROVIDE THE COMMITTEE WITH WRITTEN REPORTS PERTAINING TO COMPLIANCE WITH THE CONFLICT MANAGEMENT PLAN, THAT THE COMMITTEE SHALL HAVE THE RIGHT TO AUDIT THE STUDY FOR SUCH COMPLIANCE AND THE RIGHT TO IMPOSE SANCTIONS FOR NON-COMPLIANCE, 2 STATE THAT THE PLAN MUST BE SHARED WITH COVERED PERSON WHOSE INTERESTS IT WAS DEVELOPED TO MANAGE, 3 STATE THAT THE PLAN MUST BE SHARED WITH, AND PERIODIC REPORTS ON COMPLIANCE WITH THE PLAN MUST BE PROVIDED TO, THE BOARD, SENIOR MANAGEMENT, AND/OR GOVERNMENT AGENCIES, AND 4 PROVIDE FOR SUCH OTHER MANAGEMENT STEPS AND MEASURES.</p>

Return Reference	Explanation	
	Form 990, Part VI, Line 12c Conflict of interest policy	HANISMS THE COMMITTEE CONSIDERS NECESSARY AND APPROPRIATE. IN ADDITION TO THE COMMITTEE, THE SYSTEM OFFICE VICE PRESIDENTS OF SYSTEM RESPONSIBILITY AND RISK & COMPLIANCE MAY RETAIN SUCH INDEPENDENT ADVISORS OR EXPERTS AS DEEMED NECESSARY TO ASSIST IN MAKING ITS DETERMINATIONS AND DECISIONS. IF THE COMMITTEE DETERMINES THAT THE CONTEMPLATED TRANSACTION, RELATIONSHIP ARRANGEMENT, OR ACTIVITY CANNOT PROCEED DUE TO A CONFLICT OF INTEREST, THE COMMITTEE SHALL INFORM THE APPLICABLE COVERED PERSON OR DECISION-MAKING BODY OF SUCH DETERMINATION WITHIN ONE WEEK OF THE COMMITTEE MEETING AT WHICH THE CONTEMPLATED TRANSACTION WAS DISCUSSED. THE COMMITTEE SHALL DOCUMENT ITS REJECTION OF THE CONTEMPLATED TRANSACTION IN THE COMMITTEE'S MEETING MINUTES.

Return Reference	Explanation
<p>Form 990, Part VI, Line 15a</p> <p>Process to establish compensation of top management official</p>	<p>THE COMPENSATION COMMITTEE (COMMITTEE) IS COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS THE COMMITTEE DEVELOPS A COMPENSATION PHILOSOPHY FOR THE SYSTEM AND ALL AFFILIATES THE COMMITTEE SELECTS AND HIRES THE INDEPENDENT COMPENSATION CONSULTANT TO DEVELOP COMPARABILITY DATA, AND ADVISE THE COMMITTEE DURING ITS DELIBERATIONS REGARDING ALL ELEMENTS OF TOTAL COMPENSATION FOR ALL DISQUALIFIED INDIVIDUALS INTEGRATED HEALTHCARE STRATEGIES ("IHS"), THE CONSULTANTS UTILIZED BY THE COMMITTEE, USE DATA FROM MULTIPLE TAX-EXEMPT PEER GROUP SOURCES TO DETERMINE SALARY RANGES, INCENTIVE OPPORTUNITY RANGES, AND BENEFITS FOR THE DISQUALIFIED INDIVIDUALS IHS THEN ASSISTS THE COMMITTEE IN PREPARING CONTEMPORANEOUS DOCUMENTATION OF ALL ACTIONS EACH COMMITTEE MEETING IS CONDUCTED WITH THE INTENT TO CREATE A REBUTTABLE PRESUMPTION OF REASONABLENESS FOR ALL ELEMENTS OF EXECUTIVE TOTAL COMPENSATION FOR THE DISQUALIFIED INDIVIDUALS THE CHAIRMAN MAKES THIS DECLARATION AND ALSO INQUIRES IF THERE ARE ANY CONFLICTS OF INTEREST BY ANY ATTENDEES ANY CONFLICTS ARE DISCLOSED AND THE COMMITTEE THEN ACTS IN A MANNER TO AVOID ANY CONFLICTED INDIVIDUAL PARTICIPATING IN ANY MANNER WHERE A CONFLICT MIGHT EXIST AT THE END OF THE MEETING, THE COMMITTEE PREPARES CONTEMPORANEOUS MINUTES THAT RECORD ALL ACTIONS TAKEN DURING THE MEETING THE FOLLOWING DESCRIPTIONS PRESENT ST VINCENT'S PROCESS FOR DETERMINATION OF COMPENSATION FOR VARIOUS INDIVIDUALS OFFICER PROCESS IS DONE AT THE HSHS SYSTEM OFFICE WITH INPUT FROM THE PRESIDENT AND CEO OF THE EASTERN WISCONSIN DIVISION KEY EMPLOYEE IF THE POSITION IS FOR A SENIOR LEADERSHIP MEMBER, THE PROCESS IS DONE AT THE HSHS SYSTEM OFFICE WITH INPUT FROM THE PRESIDENT AND CEO OF THE EASTERN WISCONSIN DIVISION IF THE POSITION IS A DIRECTOR POSITION AT ST VINCENT HOSPITAL, ON AN ANNUAL BASIS AN OUTSIDE ORGANIZATION, CURRENTLY INTEGRATED HEALTHCARE STRATEGIES ("IHS"), COMPILES MARKET DATA FOR EACH POSITION AND PROVIDES RECOMMENDATIONS FOR THE SALARY RANGE FOR THESE POSITIONS THE MANAGER OF PEOPLE SERVICES PROVIDES A RECOMMENDATION FOR ADJUSTMENT BASED UPON THE RECOMMENDED RANGE INFORMATION FROM IHS THE WAGE AND SALARY COMMITTEE AT ST VINCENT HOSPITAL, WHICH CONSISTS OF THE SENIOR LEADERSHIP TEAM AND MANAGER OF PEOPLE SERVICES, REVIEWS THE SALARY RANGE AND ADJUSTMENT RECOMMENDATIONS, DOCUMENTATION IS KEPT REGARDING ANY DEVIATIONS FROM THE RECOMMENDATIONS HIGHEST PAID ON AN ANNUAL BASIS SALARY RANGE RECOMMENDATIONS ARE MADE UTILIZING MARKET DATA THAT IS EXTRACTED FROM SALARY SURVEYS AND AGED TO ALIGN WITH THE COMPENSATION PROGRAM PHILOSOPHY THE RECOMMENDATIONS FOR SALARY RANGE AND INDIVIDUAL PAY ADJUSTMENTS BY POSITION ARE THEN REVIEWED AND DISCUSSED DURING A MEETING OF THE WAGE AND SALARY COMMITTEE WHICH CONSISTS OF THE SENIOR LEADERSHIP TEAM AND MANAGER OF PEOPLE SERVICES DOCUMENTATION IS KEPT REGARDING APPROVAL AND/OR DEVIATIONS FROM THE RECOMMENDATIONS</p>

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	PLEASE SEE RESPONSE TO FORM 990, PART VI, LINE 15A

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	BOARD-APPROVED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE GENERAL PUBLIC AT THIS TIME

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	PHYSICIAN FEES/DUES - Total Revenue 32629, Related or Exempt Function Revenue , Unrelated Business Revenue 32629, Revenue Excluded from Tax Under Sections 512, 513, or 514 , - Total Revenue 193256, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 193256,

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Professional Fees - Physicians - Total Expense 8390165, Program Service Expense 8279563, Management and General Expenses 110602, Fundraising Expenses , Medical Group Allocation - Total Expense 21061390, Program Service Expense 21061390, Management and General Expenses , Fundraising Expenses , Consulting - Total Expense 22542688, Program Service Expense 3750, Management and General Expenses 22538938, Fundraising Expenses , Outside Services - Total Expense 151913942, Program Service Expense 145233411, Management and General Expenses 6680531, Fundraising Expenses , Other - Total Expense -2946661, Program Service Expense -2946661, Management and General Expenses , Fundraising Expenses ,

Return Reference	Explanation
Form 990, Part X, Line 11 POOLED INVESTMENT ACCOUNT	INVESTMENTS IN SECURITIES AND RELATED INVESTMENT INCOME. THE HOSPITAL'S CASH RESERVES ARE INVESTED IN A POOLED INVESTMENT ACCOUNT. PARTICIPATION IN THE POOLED FUND IS LIMITED TO THE 501(C)(3) HOSPITALS AND RELATED HEALTH SERVICES ORGANIZATIONS SPONSORED BY HOSPITAL SISTERS HEALTH SYSTEM. THE POOLED ACCOUNT CONSISTS OF CASH, EQUITY, AND DEBT SECURITIES THAT ARE PUBLICLY TRADED IN ACCORDANCE WITH THE PROVISIONS OF SFAS NO. 124 "ACCOUNTING FOR CERTAIN INVESTMENTS HELD BY NOT-FOR-PROFIT ORGANIZATIONS". INVESTMENTS IN EQUITY SECURITIES WITH READILY DETERMINABLE VALUES, AND ALL INVESTMENTS IN DEBT SECURITIES, ARE REPORTED AT FAIR VALUE ON THE BALANCE SHEET. INCOME, REALIZED AND UNREALIZED GAINS AND LOSSES ARE POOLED AND ALLOCATED TO THE PARTICIPANTS. INDIVIDUAL COMPONENTS OF ASSETS AND REVENUE ARE NOT IDENTIFIED TO THE INDIVIDUAL HOSPITAL PARTICIPANTS.

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Transfer to/from affiliates - -3781956, Recognition of change in pension funded status - -17528813, Change in temporarily restricted net assets - 1523504, Change in permanently restricted net assets - -257254, Change in fair value of interest rate sw ap - -1186883, Sw ap payments - -1457334,

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 Hospital of the Hospital Sisters of the Third Order of St Francis

Employer identification number
39-0817529

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
(1) KIARA CLINICAL INTEGRATION NETWORK LLC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 26-1417684	HEALTHCARE	IL	-2,181,245	7,140,533	HSSI
(2) PHYSICIAN CLINICAL INTEGRATION NETWORK LLC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1668647	HEALTHCARE	IL	-487,125	5,630,644	KCIN
(3) HSHS ACO LLC 4936 LAVERNA ROAD SPRINGFIELD, IL 62749 32-0465666	HEALTHCARE	IL	0	0	KCIN

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
See Additional Data Table									

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?		Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f	Yes	
g Sale of assets to related organization(s)	1g	Yes	
h Purchase of assets from related organization(s)	1h	Yes	
i Exchange of assets with related organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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
Schedule R, Part V, Line 2 TRANSACTIONS WITH RELATED ENTITIES	TRANSACTIONS ARE BETWEEN RELATED 501(C)(3) AND DO NOT REQUIRE REPORTING ON THIS SECTION

Additional Data

Software ID: 14000329

Software Version: 2014v1.0

EIN: 39-0817529

Name: St Vincent Hospital of the Hospital Sisters of the Third Order of St Francis

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) HOSPITAL SISTERS HEALTH SYSTEM 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1058692	HEALTHCARE	IL	501(c)(3	Type III-FI	NA		
(1) HOSPITAL SISTERS OF ST FRANCIS FOUNDATION 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1186514	HEALTHCARE	IL	501(c)(3	7	HSHS	Yes	
(2) HSHS HEALTHCARE PLAN TRUST FUND 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1137724	HEALTHCARE	IL	501(c)(9		HSHS	Yes	
(3) HSHS SELF INSURANCE TRUST 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1120626	INSURANCE	IL	501(c)(3	Type I	HSHS	Yes	
(4) HOSPITAL SISTERS HEALTHCARE WEST INC 2661 COUNTY HIGHWAY 1 CHIPPEWA FALLS, WI 54729 51-0157933	HEALTHCARE	WI	501(c)(3	Type III-FI	HSSI	Yes	
(5) SACRED HEART HOSPITAL 990 WEST CLAIREMONT AVENUE EAU CLAIRE, WI 54701 39-0807060	HEALTHCARE	WI	501(c)(3	3	HSSI	Yes	
(6) ST ANTHONY'S HOSPITAL 503 N MAPLE STREET EFFINGHAM, IL 62401 37-0661233	HEALTHCARE	IL	501(c)(3	3	HSSI	Yes	
(7) ST ELIZABETH'S HOSPITAL 211 SOUTH THIRD STREET BELLEVILLE, IL 62220 37-0663567	HEALTHCARE	IL	501(c)(3	3	HSSI	Yes	
(8) ST NICHOLAS HOSPITAL 3100 SUPERIOR AVENUE SHEBOYGAN, WI 53081 39-0808480	HEALTHCARE	WI	501(c)(3	3	HSSI	Yes	
(9) ST JOHN'S HOSPITAL 800 EAST CARPENTER STREET SPRINGFIELD, IL 62769 37-0661238	HEALTHCARE	IL	501(c)(3	3	HSSI	Yes	
(10) ST JOSEPH'S HOSPITAL 9515 HOLY CROSS LANE BREESE, IL 62230 37-1208459	HEALTHCARE	IL	501(c)(3	3	HSSI	Yes	
(11) ST JOSEPH'S HOSPITAL 2661 COUNTY HIGHWAY 1 CHIPPEWA FALLS, WI 54729 39-0810545	HEALTHCARE	WI	501(c)(3	3	HSSI	Yes	
(12) ST MARY'S HOSPITAL 1800 E LAKE SHORE DRIVE DECATUR, IL 62521 37-0661244	HEALTHCARE	IL	501(c)(3	3	HSSI	Yes	
(13) ST MARY'S HOSPITAL 111 SPRING STREET STREATOR, IL 61364 36-2169181	HEALTHCARE	IL	501(c)(3	3	HSSI	Yes	
(14) ST MARY'S MEDICAL CENTER 1762 SHAWANO AVENUE GREEN BAY, WI 54303 39-0818682	HEALTHCARE	WI	501(c)(3	3	HSSI	Yes	
(15) ST JOSEPH'S HOSPITAL 12866 TROXLER AVENUE HIGHLAND, IL 62249 37-0663568	HEALTHCARE	IL	501(c)(3	3	HSSI	Yes	
(16) ST FRANCIS HOSPITAL 1215 FRANCISCAN DRIVE LITCHFIELD, IL 62056 37-0661236	HEALTHCARE	IL	501(c)(3	3	HSSI	Yes	
(17) HOSPITAL SISTERS SERVICES INC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1163402	HEALTHCARE	IL	501(c)(3	Type III-FI	HSHS	Yes	
(18) HSHS MEDICAL GROUP INC 3215 EXECUTIVE PARK DRIVE SPRINGFIELD, IL 62703 26-3956318	HEALTHCARE	IL	501(c)(3	Type III-FI	HSSI	Yes	
(19) HSHS WISCONSIN MEDICAL GROUP INC 3215 EXECUTIVE PARK DRIVE SPRINGFIELD, IL 62703 26-4515959	HEALTHCARE	WI	501(c)(3	Type III-FI	HSSI	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) ORANGE CROSS AMBULANCE INC 919 ASHLAND AVENUE SHEBOYGAN, WI 53081 39-1860942	HEALTHCARE	WI	501(c)(3	9	ST NICHOLAS	Yes	
(1) WISCONSIN UPPER PENINSULA ONCOLOGY MANAGEMENT 835 S VAN BUREN GREEN BAY, WI 54301 39-1677100	HEALTHCARE	WI	501(c)(3	3	ST VINCENT	Yes	
(2) UNITY LIMITED PARTNERSHIP 2366 OAK RIDGE CIRCLE DE PERE, WI 54115 39-1750729	HEALTHCARE	WI	501(c)(3	9	HSSI	Yes	
(3) PRAIRIE EDUCATION & RESEARCH COOPERATIVE 317 NORTH 5TH STREET SPRINGFIELD, IL 62701 37-1157915	HEALTHCARE	IL	501(c)(3	4	HSSI	Yes	
(4) ST CLARE MEMORIAL HOSPITAL 855 S MAIN STREET OCONTO FALLS, WI 54154 39-0848401	HEALTHCARE	WI	501(c)(3	3	HSSI	Yes	
(5) COMMUNITY HEALTHCARE FOUNDATION 855 SOUTH MAIN STREET OCONTO FALLS, WI 54154 39-1700944	FUNDRAISING (DISSOLVED 8/25/14)	WI	501(c)(3	7	ST CLARE	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)		(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproprtionate 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	
MEMORIAL AND ST ELIZABETH'S HEALTHCARE CANCER TREATMENT CENTER 4000 NORTH ILLINOIS STREET SWANSEA, IL 62226 37-1312961	HEALTHCARE	IL	ST ELIZABETH'S	Related	1,009,386	4,940,657		No				No	0 5 %
PRAIRIE HEART INSTITUTE ST JOHN'S 800 EAST CARPENTER STREET SPRINGFIELD, IL 62769 37-1321197	HEALTHCARE	IL	HSHS	Related	-874	46,181		No				No	1 %
NORTHEAST WISCONSIN RADIATION THERAPY SERVICES LLC 1726 SHAWANO AVE GREEN BAY, WI 543079047 26-3749065	HEALTHCARE (Disolved 6/1/15)	WI	SMGB	Related	0	0		No			Yes		0 5 %
PAIN CENTER OF WISCONSIN 4131 W LOOMIS ROAD SUITE 300 GREENFIELD, WI 53221 26-3155343	HEALTHCARE	WI	ST VINCENT	Related	1,121,849	1,119,039		No				No	0 5 %
PAIN CENTER OF WISCONSIN - OCONTO FALLS LLC 4131 W LOOMIS ROAD SUITE 300 GREENFIELD, WI 53221 36-4717036	HEALTHCARE	WI	ST CLARE	Related	-68,999	194,065		No				No	0 5 %
CARPENTER STREET HOTEL LLC 525 NORTH SIXTH STREET SPRINGFIELD, IL 62702 36-4128127	HOTEL	IL	LASANTE INC	N/A									
SPRINGFIELD URGENT CARE REAL ESTATE LLC PO BOX 19456 SPRINGFIELD, IL 727949456 03-0413258	RENTAL REAL ESTATE	IL	LASANTE INC	N/A									
PRAIRIE HEART INSTITUTE MANAGEMENT COMPANY LLC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 26-1479945	MEDICAL	IL	HSHS	Related	-7,920	21,158		No			Yes		1 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
Yes	No								
KIARA INC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1163401	HEALTHCARE	IL	HSHS	C Corporation	-27,121,195	46,374,438	1 %	Yes	
LASANTE WISCONSIN INC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 39-1572196	HEALTHCARE	IL	KIARA INC	C Corporation				Yes	
LASANTE INC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1163400	HEALTHCARE	IL	KIARA INC	C Corporation				Yes	
PRAIRIE CARDIOVASCULAR 619 EAST MASON SUITE 4P57 SPRINGFIELD, IL 62701 37-1071858	HEALTHCARE	IL	KIARA INC	C Corporation				Yes	
PREVEA HEALTH SERVICES INC 2710 EXECUTIVE DRIVE GREEN BAY, WI 54304 39-1839351	HEALTHCARE	WI	HSSI	C Corporation	315,933	46,398,032	0 5 %	Yes	
PREVEA CLINIC INC 2710 EXECUTVE DRIVE GREEN BAY, WI 54304 39-1839349	HEALTHCARE	WI	PHSI	C Corporation				Yes	
RENAISSANCE QUALITY INSURANCE LTD PO BOX 1159 GRAND CAYMAN KY11102 CJ 98-0669953	INSURANCE	CJ	HSSI	C Corporation	0	103,291,372	1 %	Yes	
OJV INC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 46-0873384	HEALTHCARE	IL	LASANTE INC	C Corporation				Yes	
STREATORLAND QUALITY CARE PHO LLC 111 SPRING STREET STREATOR, IL 61364 36-4105007	HEALTHCARE	IL	ST MARY'S STREATOR	C Corporation	-3,116	17,486	0 5 %	Yes	