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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990	OMB No 1545-0047 2015 Open to Public Inspection
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A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016			
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization ST VINCENT HOSPITAL		D Employer identification number 85-0106941
	% KAY NARANJO		
	Doing business as SEE SCHEDULE O		E Telephone number (505) 983-3361
	Number and street (or P O box if mail is not delivered to street address) PO Box 2107	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code Santa Fe, NM 87504		
F Name and address of principal officer PATRICK CARRIER PO Box 2107 Santa Fe, NM 87504		H(a) Is this a group return for subordinates? ☐ Yes ☒ No	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
J Website: ▶ www.stvin.org		H(c) Group exemption number ▶	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1967	M State of legal domicile NM

Part I		Summary		
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROVIDE A HEALING MINISTRY TO IMPROVE LIVES THROUGH EXCELLENT, COMPASSIONATE HEALTH CARE TO THE CORPOR-ATION'S COMMUNITY AND SUPPORT MEDICAL INSTRUCTIONS AND RESEARCH			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12	
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	2,402	
	6 Total number of volunteers (estimate if necessary)	6	175	
7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	74,302	
b Net unrelated business taxable income from Form 990-T, line 34		7b	47,277	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	2,583,035	5,482,213
	9	Program service revenue (Part VIII, line 2g)	385,173,026	400,107,771
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-238,177	476,180
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,551,898	4,000,192
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	390,069,782	410,066,356
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	975,588	1,090,912
	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)	172,961,034	185,152,706
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <u>▶1,164,805</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	205,743,671	210,104,752
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	379,680,293	396,348,370
	19	Revenue less expenses Subtract line 18 from line 12	10,389,489	13,717,986
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	302,677,952	322,826,936
	21	Total liabilities (Part X, line 26)	58,836,958	55,727,454
	22	Net assets or fund balances Subtract line 21 from line 20	243,840,994	267,099,482

Part II Signature Block					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge					
Sign Here	Signature of officer 2017-05-04				
	HOPE WADE CFO Date				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JANICE K MARTIN		Preparer's signature JANICE K MARTIN	Date	Check ☐ if self-employed PTIN P00900299
	Firm's name ▶ ERNST & YOUNG US LLP				Firm's EIN ▶
	Firm's address ▶ 111 MONUMENT CIRCLE SUITE 4000 INDIANAPOLIS, IN 46204				Phone no (317) 681-7000

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

2

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

☐ Yes ☒ No

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

3

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the 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 \$ 114,584,804 including grants of \$ 0) (Revenue \$ 98,048,579)
COMMITMENT TO BENEFITING OUR COMMUNITIES - PATIENT CARE SERVICES ST VINCENT HOSPITAL, LOCATED IN SANTA FE, NEW MEXICO, IS A COMMUNITY-BASED, PRIVATE, NONPROFIT HOSPITAL SERVING MORE THAN 300,000 PEOPLE IN SEVEN COUNTIES IN A 19,000-SQUARE-MILE AREA, ENCOMPASSING NORTH CENTRAL AND NORTHEASTERN NEW MEXICO AND SOUTHERN COLORADO ST VINCENT WAS FOUNDED IN 1865 BY THE SISTERS OF CHARITY AND IS NEW MEXICO'S FIRST HOSPITAL AND THE LARGEST PRIVATE EMPLOYER IN THE CITY OF SANTA FE ST VINCENT'S MISSION IS AS FOLLOWS OUR HEALING MINISTRY IS TO IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITIES WE SERVE WE CARE FOR ALL THE PEOPLE OF SANTA FE, NORTHERN NEW MEXICO AND SOUTHERN COLORADO, REGARDLESS OF THEIR ABILITY TO PAY OUR VISION IS EXCEPTIONAL MEDICINE, EXTRAORDINARY CARE, EVERY PERSON, EVERY DAY IN APRIL 2008, CHRISTUS HEALTH AND ST VINCENT REGIONAL MEDICAL CENTER FINALIZED THE FORMATION OF A PARTNERSHIP THAT ALLOWED ST VINCENT TO BENEFIT FROM THE RESOURCES OF CHRISTUS HEALTH'S INTERNATIONAL 60-HOSPITAL SYSTEM ST VINCENT IS DESIGNATED AS A "SOLE COMMUNITY PROVIDER" BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) AND IS ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO) ST VINCENT HOSPITAL IS THE ONLY TRAUMA CENTER (LEVEL III) IN NORTH CENTRAL/NORTHEASTERN NEW MEXICO AS THE LARGEST HOSPITAL FACILITY NORTH OF ALBUQUERQUE, NEW MEXICO AND SOUTH OF PUEBLO, COLORADO, ST VINCENT HAS 268 LICENSED BEDS, 22 PHYSICIAN AND OUTPATIENT LOCATIONS, AND 380 MEDICAL STAFF REPRESENTING 54 MEDICAL SPECIALTIES (85 EMPLOYED PHYSICIANS) IN FISCAL YEAR 2016, ST VINCENT HOSPITAL SERVED NEARLY HALF A MILLION INDIVIDUALS, INCLUDING 48,363 VISITS TO OUR EMERGENCY DEPARTMENT, 200,000 OUTPATIENT VISITS, 9,500 INPATIENT SURGERIES, AND 11,000 ADMISSIONS ST VINCENT HOSPITAL PROVIDES DIRECT CARE SERVICES, INCLUDING THOSE PROVIDED BY EMPLOYED PHYSICIAN PRACTICES, TO INPATIENTS AND OUTPATIENTS, INCLUDING INDIGENT, MEDICAID, OTHER PAYOR CLASSES AND UNINSURED PATIENTS ST VINCENT'S COMMUNITY BENEFIT INCLUDES THE COST OF PROVIDING UNCOMPENSATED CARE AND SERVICES FOR PATIENTS WITH LIMITED OR NO MEANS TO PAY, GOVERNMENT PROGRAMS WHERE EXPENSES EXCEED PAYMENTS, AND NON-BILLED SERVICES DIRECTED TO IMPROVING THE HEALTH AND WELL-BEING OF ALL MEMBERS OF THE COMMUNITY WE SERVE ST VINCENT HOSPITAL PROVIDES A FULL RANGE OF INPATIENT AND OUTPATIENT SERVICES TO THE PEOPLE FROM THE COMMUNITIES IT SERVES IT CONDUCTS ITS ACTIVITIES AND SERVES ALL PATIENTS WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, GENDER, ORIENTATION, DISABILITY, AGE OR NATIONAL ORIGIN BY COLLABORATING WITH COMMUNITIES, SCHOOLS, CHURCHES, BUSINESSES AND OTHER HEALTHCARE ORGANIZATIONS, ST VINCENT HOSPITAL HAS STRENGTHENED ITS ROLE AS A MAJOR PROVIDER OF COMPREHENSIVE, ACCESSIBLE HEALTHCARE SERVICES THESE PARTNERSHIPS WITHIN THE COMMUNITY HAVE BEEN A BLESSING BY HELPING ST VINCENT BETTER SERVE THOSE IN NEED THESE PARTNERSHIPS HELP TO INSURE THAT THE PEOPLE OF OUR COMMUNITY RECEIVE INTEGRATED HEALTH CARE AND HAVE ACCESS TO AN ARRAY OF SERVICES THAT ADDRESSES THE SOCIAL DETERMINANTS OF GOOD HEALTH ADDITIONALLY, OUR DEDICATED ASSOCIATES AND VOLUNTEERS PLAY A SIGNIFICANT ROLE IN CONTRIBUTING TO IMPROVING THE HEALTH AND WELL-BEING OF THE COMMUNITY BY DEDICATING THEIR TIME TO SUPPORT COMMUNITY HEALTH ACTIVITY THEY HELP TO BUILD STRONG RELATIONSHIPS BETWEEN ST VINCENT AND OTHER HEALTHCARE ORGANIZATIONS AND THE COMMUNITY, NURTURING CHRISTUS' MISSION TO MEET HEALTHCARE NEEDS AND MAKE A DIFFERENCE IN THE LIVES OF OTHERS OUR EMPLOYEES WORK BOTH INSIDE AND OUTSIDE THE WALLS OF OUR HEALTHCARE FACILITY AND ARE COMMITTED TO REACHING BEYOND THE TRADITIONAL HOSPITAL STRUCTURE TO HELP OUR COMMUNITIES MAINTAIN GOOD HEALTH AMONG THE GENERAL MEDICAL/SURGERY SERVICES OFFERED AT ST VINCENT HOSPITAL AND ITS EMPLOYED PHYSICIAN PRACTICES ARE DAY SURGERY, ORTHOPAEDICS, NEUROSURGERY, INTERVENTIONAL CARDIOLOGY AND VASCULAR SURGERY, CANCER TREATMENT CENTER, CARDIOPULMONARY INPATIENT AND OUTPATIENT REHABILITATION, SPORTS MEDICINE, DIAGNOSTIC IMAGING SERVICES, WELLNESS PROGRAMS, OCCUPATIONAL AND SPEECH THERAPY, RESPIRATORY CARE, INPATIENT BEHAVIORAL HEALTH SERVICES, WOMEN'S SERVICES AND PEDIATRICS, INPATIENT AND OUTPATIENT LABORATORY SERVICES, DIABETES CARE, SLEEP CENTER, WOUND AND HYPERBARIC CARE, SPECIALIZED CARE TO VICTIMS OF DOMESTIC VIOLENCE, AND NUTRITION AND DIETARY SERVICES ST VINCENT HOSPITAL PROVIDES A 24-HOUR EMERGENCY ROOM THAT IS OPEN TO SERVE ALL THOSE IN NEED OF EMERGENT CARE, REGARDLESS OF THEIR ABILITY TO PAY AS A NONPROFIT ORGANIZATION THE GOVERNING BOARD IS COMPRISED PRIMARILY OF COMMUNITY MEMBERS REPRESENTING THE AREA WE SERVE AND GUIDES ST VINCENT HOSPITAL IN ACHIEVING ITS MISSION ST VINCENT HOSPITAL IS PRIVILEGED TO HAVE AN OPEN MEDICAL STAFF COMPRISED OF QUALIFIED PHYSICIANS WHO WORK WITH US TO PROVIDE CARE TO OUR COMMUNITIES ALL QUALIFIED PHYSICIANS WHO ARE GRANTED PRIVILEGES TO SERVE WITH US IN OUR FACILITY AND OUTPATIENT LOCATIONS MUST UNDERGO A THOROUGH AND COMPREHENSIVE CREDENTIALING PROCESS	
4b	(Code) (Expenses \$ 153,349,165 including grants of \$ 0) (Revenue \$ 126,901,736)
OTHER GOVERNMENT SPONSORED SERVICES IN ADDITION TO THE PROVISION OF CHARITY CARE AND OTHER COMMUNITY SERVICES, ST VINCENT HOSPITAL PROVIDES SERVICES TO PERSONS COVERED UNDER GOVERNMENT-SPONSORED PROGRAMS, INCLUDING MEDICARE AND TRICARE THE UNREIMBURSED COSTS OF THESE SERVICES ARE REPORTED TO THE STATE OF NEW MEXICO BUT ARE NOT INCLUDED IN REPORTS PREPARED FOLLOWING CATHOLIC HEALTH ASSOCIATION GUIDELINES CHRISTUS HEALTH, A MEMBER ORGANIZATION, PROVIDES SERVICES TO PERSONS COVERED UNDER THE FEDERAL MEDICARE PROGRAM, AND IN FACT, THIS IS THE LARGEST SINGLE PAYOR CLASSIFICATION OF PATIENTS SERVED BY THE HEALTH SYSTEM THE PAYMENT RATE FOR INPATIENT SERVICES IS ON A PER-CASE RATE, CALCULATED BASED ON THE DIAGNOSTIC-RELATED GROUP (DRG) INTO WHICH THE PATIENT IS CATEGORIZED MEDICARE REIMBURSES OUTPATIENT SERVICES BASED ON ITS FEE SCHEDULE	
4c	(Code) (Expenses \$ 62,791,171 including grants of \$ 0) (Revenue \$ 175,157,456)
COMMUNITY BENEFIT REPORTING - CHARITY CARE AND MEDICAID CHRISTUS HEALTH, A MEMBER ORGANIZATION, ADHERES TO THE CATHOLIC HEALTH ASSOCIATION'S A GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT (2015) COMMUNITY BENEFIT, REPORTED AS UNPAID COSTS, INCLUDES BOTH CHARITY CARE AND COMMUNITY SERVICES TO THE LIMITS OF ITS RESOURCES, CHRISTUS HEALTH IS AN INSTITUTION OF PURELY PUBLIC CHARITY, THUS, THE MOST TANGIBLE EXPRESSION OF CHRISTUS HEALTH'S CHARITABLE PURPOSE IS THE PROVISION OF HEALTH CARE SERVICES TO THOSE PERSONS WHO ARE UNABLE TO PAY THIS FALLS INTO TWO CATEGORIES CHARITY CARE AND UNPAID GOVERNMENT INDIGENT CARE IN KEEPING WITH THE MISSION, VALUES, AND VISION OF CHRISTUS HEALTH, ST VINCENT HOSPITAL PROVIDES CHARITY CARE SERVICES IN A MANNER THAT RESPECTS THE DIGNITY OF THE PATIENTS AND THEIR FAMILIES CHARITY CARE IS PROVIDED WITHOUT CHARGE OR AT A CHARGE THAT IS LESS THAN THE USUAL CHARGE FOR SUCH SERVICES THE DETERMINATION AS TO THE AMOUNT TO BE CHARGED, IF ANY, IS MADE ACCORDING TO A PATIENT'S ABILITY TO PAY AS DETERMINED BY ESTABLISHED ELIGIBILITY CRITERIA FOR UNINSURED PATIENTS WHOSE ECONOMIC CIRCUMSTANCES PLACE THEM AT OR UNDER 200 PERCENT OF THE FEDERAL POVERTY LEVEL (FPL), SERVICES ARE PROVIDED WITHOUT ANY EXPECTATION OF PAYMENT NO PATIENT IS REFUSED NECESSARY MEDICAL CARE BASED ON HIS OR HER ABILITY TO PAY ST VINCENT HOSPITAL PROVIDES DIRECT CARE SERVICES, INCLUDING THOSE PROVIDED BY EMPLOYED PHYSICIAN PRACTICES, TO INPATIENTS AND OUTPATIENTS, INCLUDING INDIGENT, MEDICAID, OTHER PAYOR CLASSES AND UNINSURED PATIENTS, TOTALING APPROXIMATELY 537,058 ENCOUNTERS ST VINCENT HOSPITAL'S COMMUNITY BENEFIT INCLUDES THE COST OF PROVIDING UNCOMPENSATED CARE AND SERVICES FOR PATIENTS WITH LIMITED OR NO MEANS TO PAY, GOVERNMENT PROGRAMS WHERE EXPENSES EXCEED PAYMENTS, AND NON-BILLED SERVICES DIRECTED AT IMPROVING THE HEALTH AND WELL-BEING OF ALL MEMBERS OF THE COMMUNITY WE SERVE ST VINCENT HOSPITAL IS AN ACTIVE PARTICIPANT IN NEW MEXICO'S MEDICAID PROGRAMS THOSE PROGRAMS SEEK TO PROVIDE PAYMENT FOR HEALTH CARE SERVICES TO INDIVIDUALS WHO MEET CERTAIN FINANCIAL AND OTHER REQUIREMENTS, WHICH INCLUDE EVALUATION OF BOTH ASSETS AND INCOME NEW MEXICO HAS ACCEPTED THE OPPORTUNITY TO EXPAND MEDICAID ELIGIBILITY THROUGH THE HEALTH CARE REFORM ACT THIS WILL HAVE A POSITIVE IMPACT IN PROMOTING THE ABILITY OF ST VINCENT TO PROVIDE CARE TO THIS LARGER POPULATION	
4d	Other program services (Describe in Schedule O)
(Expenses \$ 5,111,320 including grants of \$ 1,090,912) (Revenue \$ 0)	
4e	Total program service expenses ► 335,836,460

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 Yes	
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 Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> 	22	Yes	
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . 	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> 	30		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	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	302	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	2,402
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	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)?	4a	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?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	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.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI Governance, Management, and Disclosure

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

Check if Schedule O contains a response 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	15	
1b	Enter the number of voting members included in line 1a, above, who are independent	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
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 **NM**

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ 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
KAY NARANJO 455 ST MICHAELS DRIVE SANTA FE, NM 87505 (505) 913-3072

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

[illegible]

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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								10,757,057	3,097,537	1,663,351

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 ► 245

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
MCKESSON PLASMA BIOLOGICS LLC, 16578 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	MEDICAL SERVICE	8,146,534
NEW MEXICO HEART INSTITUTE, 502 ELM STREET NE ALBUQUERQUE, NM 87102	MEDICAL SERVICES	4,756,036
MEDICUS HOSPITALISTS SERVICES, 22 ROULSTON ROAD WINDHAM, NH 03087	MEDICAL SERVICES	2,600,121
SUPPORTCO PROPERTIES LLC, PO BOX 2328 SANTA FE, NM 87504	STAFF SERVICES	1,782,985
SANTA FE MEDICAL PROPERTIES, 455 ST MICHAEL DRIVE SANTA FE, NM 87505	MEDICAL SERVICES	1,468,566

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 ▶ 46

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	0				
	d	Related organizations	1d	2,813,522				
	e	Government grants (contributions)	1e	45,833				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,622,858				
	g	Noncash contributions included in lines 1a-1f \$		53,522				
	h	Total. Add lines 1a-1f		5,482,213				
	Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code 621990	398,667,564	398,667,564	0	0
b		PROGRAM RELATED INVESTMENT INCOME	900099	661,317	587,015	74,302	0	
c		EQUITY IN UNCOL SUB - SANTA FE IMAGING	900099	467,262	467,262	0	0	
d		SANTA FE MEDICAL PROPERTIES	900099	228,654	228,654	0	0	
e		RENT RELATED TO EXEMPT PURPOSE	531120	82,974	82,974	0	0	
f		All other program service revenue						
g		Total. Add lines 2a-2f		400,107,771				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		475,280			475,280
		4	Income from investment of tax-exempt bond proceeds . . .		0			
	5	Royalties		0				
	6a	Gross rents	(i) Real (ii) Personal					
		b	Less rental expenses					
		c	Rental income or (loss)	0 0				
		d	Net rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other					
		b	Less cost or other basis and sales expenses		900			
		c	Gain or (loss)		900			
		d	Net gain or (loss)		900		900	
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a					
		b	Less direct expenses	b				
		c	Net income or (loss) from fundraising events . . .		0			
	9a	Gross income from gaming activities See Part IV, line 19	a					
		b	Less direct expenses	b				
		c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances .	a					
		b	Less cost of goods sold	b				
		c	Net income or (loss) from sales of inventory . . .		0			
		Miscellaneous Revenue		Business Code				
	11a	OTHER OPERATING REVENUE	900099	2,616,043	0	0	2,616,043	
b	FOOD SERVICE REVENUE	722513	871,966	0	0	871,966		
c	MEDICAL RECORDS/MEANINGFUL USE REVENUE	900099	510,033	0	0	510,033		
d	All other revenue		2,150	0	0	2,150		
e	Total. Add lines 11a-11d		4,000,192					
12	Total revenue. See Instructions		410,066,356	400,033,469	74,302	4,476,372		

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.	944,509	944,509		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	146,403	146,403		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4	Benefits paid to or for members.	0	0		
5	Compensation of current officers, directors, trustees, and key employees.	6,643,610	5,927,167	691,174	25,269
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	146,723,287	130,900,733	15,264,487	558,067
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	3,897,484	3,558,853	316,684	21,947
9	Other employee benefits.	18,211,379	15,349,150	2,801,854	60,375
10	Payroll taxes.	9,676,946	8,492,230	1,147,473	37,243
11	Fees for services (non-employees):				
a	Management.	4,837,628	4,374,504	463,124	0
b	Legal.	2,205,033	211,163	1,993,870	0
c	Accounting.	4,020	86	3,934	0
d	Lobbying.	15,651	0	15,651	0
e	Professional fundraising services. See Part IV, line 17.	0			0
f	Investment management fees.	0	0	0	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	70,464,872	47,698,400	22,763,668	2,804
12	Advertising and promotion.	2,492,947	0	2,371,260	121,687
13	Office expenses.	10,971,529	8,810,613	2,045,329	115,587
14	Information technology.	0	0	0	0
15	Royalties.	0	0	0	0
16	Occupancy.	12,639,324	8,634,202	3,844,073	161,049
17	Travel.	877,276	530,777	342,933	3,566
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
19	Conferences, conventions, and meetings.	357,123	265,964	71,262	19,897
20	Interest.	661,226	0	661,226	0
21	Payments to affiliates.	0	0	0	0
22	Depreciation, depletion, and amortization.	14,770,351	12,762,234	1,976,686	31,431
23	Insurance.	6,421,857	6,306,419	115,438	0
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	58,296,894	57,783,984	507,027	5,883
b	PROVISION FOR UNCOLLECT ACCT	23,738,735	22,314,411	1,424,324	0
c	RECRUITMENT & PLACEMENT FEES	795,306	447,749	347,557	0
d	FEDERAL INCOME TAX	40,216	0	40,216	0
e	All other expenses	514,764	376,909	137,855	
25	Total functional expenses. Add lines 1 through 24e.	396,348,370	335,836,460	59,347,105	1,164,805
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 ☐ if following SOP 98-2 (ASC 958-720).	0			

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		26,628,200	1	40,614,583
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		39,229,624	4	38,551,556
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
	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		57,243	7	51,952
	8	Inventories for sale or use		5,656,843	8	6,097,853
	9	Prepaid expenses and deferred charges		3,924,195	9	3,524,438
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 315,675,669	123,992,073	10c	119,240,929
	b	Less: accumulated depreciation	10b 196,434,740			
	11	Investments—publicly traded securities		4,252,753	11	4,245,154
	12	Investments—other securities. See Part IV, line 11		73,087,299	12	80,371,766
	13	Investments—program-related. See Part IV, line 11		3,382,818	13	3,722,477
	14	Intangible assets		10,911,210	14	11,624,598
	15	Other assets. See Part IV, line 11		11,555,694	15	14,781,630
	16	Total assets. Add lines 1 through 15 (must equal line 34)		302,677,952	16	322,826,936
Liabilities	17	Accounts payable and accrued expenses		43,748,707	17	41,275,585
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	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	0
	23	Secured mortgages and notes payable to unrelated third parties		898,270	23	289,409
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		14,189,981	25	14,162,460
	26	Total liabilities. Add lines 17 through 25		58,836,958	26	55,727,454
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		231,795,232	27	250,397,166
	28	Temporarily restricted net assets		12,045,762	28	16,702,316
	29	Permanently restricted net assets		0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		243,840,994	33	267,099,482
	34	Total liabilities and net assets/fund balances		302,677,952	34	322,826,936

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	410,066,356
2	Total expenses (must equal Part IX, column (A), line 25)	2	396,348,370
3	Revenue less expenses Subtract line 2 from line 1	3	13,717,986
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	243,840,994
5	Net unrealized gains (losses) on investments	5	-2,732,331
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	11,892,594
9	Other changes in net assets or fund balances (explain in Schedule O)	9	380,239
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	267,099,482

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 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b	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 ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c	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	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

(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			
Dave Delgado Director	10 00	X						0	0	0
David Gonzales MD Director	10 00	X						0	0	0
Bud Hamilton Director	10 00	X						0	0	0
Patrick Camer Dir /Pres/CEO (Eff 11/2015)	400 00	X		X				1,234,551	0	220,170
Charles Goodman Director (Eff 6/16)	10 00	X						0	0	0
Tarek Dammad MD DIRECTOR (EFF 1/16)	400 00	X						584,224	0	28,390
Scott Herbert MD Director (THRU 12/2015)	10 00	X						38,000	0	0
Sharon Hickey Director (THRU 6/2016)	10 00	X						0	0	0
Jim Peppiatt-Combes Director	10 00	X						0	0	0
Earl Potter Director	10 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Randy Safady Director	1 0 39 0	X						0	1,875,304	384,467
David Strong Chair	1 0 0 0	X		X				4,500	0	0
Bruce Tassin DIR /Pres/CEO (THRU 10/2015)	40 0 0 0	X		X				745,701	0	61,968
Wendy Trevisani Director	1 0 0 0	X						0	0	0
Debbie Vigil MD Director	1 0 0 0	X						0	0	0
Karen Wells Vice-Chair	1 0 0 0	X		X				0	0	0
Sister Helen Ann Collier Director	1 0 0 0	X						0	0	0
Jason Adams Chief Operating Officer	40 0 0 0			X				458,910	0	96,754
Robert Moon CFO	40 0 0 0			X				535,209	0	94,562
John Beeson MD CMO	40 0 0 0				X			530,304	0	109,958

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Lillian Montoya VP-Public Policy/Communication	40 0 0 0				X			359,530	0	74,614
Kathy Armijo-Etre VP COMMUNITY HEALTH	40 0 0 0				X			183,885	0	43,537
Margaret Ditrnch VP - AUDIT & COMPLIANCE	40 0 0 0				X			209,422	0	46,357
Frantz Melio MD Pres-Phys Med GRP(THRU 11/15)	40 0 0 0				X			530,521	0	61,691
Pearl Mohnkern VP - HR (THRU 11/2015)	40 0 0 0				X			337,340	0	47,996
Robert Glick Pres-St Vincent Hospital FND	40 0 0 0				X			215,708	0	35,652
Ron Dekeyzer INFO SYS REGIONAL DIRECTOR	40 0 0 0				X			183,364	0	12,185
CHRISTINE KIPP CNO (THRU 8/2015)	0 0 40 0				X			0	363,663	36,987
Philip Fomo MD Physician	40 0 0 0					X		1,090,235	0	39,686
Samuel Chun MD Physician	40 0 0 0					X		940,975	0	34,845

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Leroy Rise MD Physician	40 0 0 0					X		855,970	0	38,732
Philip Smucker MD Physician	40 0 0 0					X		854,187	0	33,659
Donald Shina MD Physician	40 0 0 0					X		864,521	0	34,798
ALEX VALDEZ FORMER PRESIDENT/CEO	0 0 40 0						X	0	858,570	126,343

SCHEDULE A
(Form 990 or 990EZ)

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
2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization ST VINCENT HOSPITAL	Employer identification number 85-0106941
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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 (Form 990 or 990-EZ))

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 (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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2015.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—2014.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—2015.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—2014.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 III Support 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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**

- 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.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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.*

	Yes	No
1		
2		
3		

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** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** Activities Test **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** Parent of Supported Organizations **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.*

	Yes	No
2a		
2b		
3a		
3b		

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 0.35	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	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐		

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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
2015
Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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	Employer identification number 85-0106941
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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?	☐ Yes ☐ 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-
2				
3				
4				
5				
6				

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><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><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></tbody></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?														
		☐ Yes	☐ No												

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(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 on 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 0
d Mailings to members, legislators, or the public?		No 0
e Publications, or published or broadcast statements?		No 0
f Grants to other organizations for lobbying purposes?		No 0
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes	15,651
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No 0
i Other activities?		No 0
j Total Add lines 1c through 1i		15,651
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
LOBBYING DESCRIPTION	FORM 990, SCHEDULE C, PART II-B, LINE 1G ST VINCENT HOSPITAL HAD DIRECT CONTACT WITH MEMBERS AND STAFF OF THE NEW MEXICO STATE LEGISLATURE, DEPARTMENT OF HEALTH, NEW MEXICO GOVERNOR MARTINEZ'S STAFF THROUGH EMAILS, PHONE CALLS AND MEETINGS ON ISSUES SUCH AS MEDICAID EXPANSION, SAFETY NET CARE POOL FUNDING, STAFFING LEVEL MANDATES, UNION NEGOTIATIONS, AND STATE OF THE HOSPITAL ST VINCENT HOSPITAL HAD DIRECT CONTACT WITH MEMBERS AND STAFF OF THE SANTA FE CITY COUNCIL AND SANTA FE COUNTY COMMISSION THROUGH EMAILS, PHONE CALLS AND MEETINGS ON ISSUES SUCH AS SAFETY NET CARE POOL FUNDING, UNION RELATIONS, MEDICARE ADVANTAGE, HOSPITAL AND CITY OF SANTA FE HEALTH CARE STUDY GROUP ST VINCENT HOSPITAL HAD DIRECT CONTACT WITH MEMBERS AND STAFF OF THE NEW MEXICO CONGRESSIONAL DELEGATION THROUGH EMAILS, PHONE CALLS AND MEETINGS TO PROVIDE HOSPITAL UPDATES AND SHARE PROGRESS ON UNION RELATIONS

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
ST VINCENT HOSPITAL

Employer identification number
85-0106941

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on 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? ☐ Yes ☐ No	
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? ☐ Yes ☐ No	

Part II Conservation Easements. Complete if the organization answered "Yes" on 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)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on Form 990, Part VIII, line 1
► \$

b

Assets included in Form 990, Part X
► \$

Part III

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

(continued)

3

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

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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

cBeginning balance

dAdditions during the year

eDistributions during the year

fEnding 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

aBoard designated or quasi-endowment

bPermanent endowment

cTemporarily restricted endowment

The percentages on 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

3a(i)

3a(ii)

3b

Yes

No

b

If "Yes" on 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)	Accumulated (c)depreciation	(d)Book value
1a Land		3,611,442		3,611,442
b Buildings		51,346,761	30,825,786	20,520,975
c Leasehold improvements		10,041,362	4,216,297	5,825,065
d Equipment		166,804,180	128,232,449	38,571,731
e Other		83,871,924	33,160,208	50,711,716
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				119,240,929

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on 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' on 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
Uncertain Tax Positions Under ASC 740	SCHEDULE D, PART X, LINE 2 Per footnote 3 in the Consolidated Financial Statements, there are no material unrecorded tax liabilities as of June 30, 2016 and 2015

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

**SCHEDULE F
(Form 990)****Statement of Activities Outside the United States**

OMB No 1545-0047

2015**Open to Public
Inspection**

- **Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.**
- **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
ST VINCENT HOSPITAL

Employer identification number

85-0106941

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America and the Caribbean			Investments		33,694,766
Europe (Including Iceland and Greenland)			Investments		3,020,081
3a Sub-total					36,714,847
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					36,714,847

Part II Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☐ Yes☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*

☐ Yes☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*

☐ Yes☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

☐ Yes☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*

☐ Yes☒ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3, COLUMN (F)	THE AMOUNTS LISTED IN THIS COLUMN ARE INVESTMENTS AT COST

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

▶ Complete if the organization answered "Yes" on 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

2015

Open to Public Inspection

Name of the organization ST VINCENT HOSPITAL	Employer identification number 85-0106941
---	--

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 ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ 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 ☐ 100% ☐ 150% ☒ 200% ☐ 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 ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other _____ %	3a	Yes	
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			
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	Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
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)			8,323,951		8,323,951	2 230 %
b Medicaid (from Worksheet 3, column a)			60,154,301	59,117,418	1,036,883	0 280 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			68,478,252	59,117,418	9,360,834	2 510 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	8	18,964	4,118,733	1,463,136	2,655,597	0 710 %
f Health professions education (from Worksheet 5)	1		1,739,760	1,021,301	718,459	0 190 %
g Subsidized health services (from Worksheet 6)	1		625,886		625,886	0 170 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	33	14,231	1,082,001	5,293	1,076,708	0 290 %
j Total. Other Benefits	43	33,195	7,566,380	2,489,730	5,076,650	1 360 %
k Total. Add lines 7d and 7j	43	33,195	76,044,632	61,607,148	14,437,484	3 870 %

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
1	Physical improvements and housing					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy	1	34,670		34,670	0 010 %
8	Workforce development					
9	Other					
10	Total	1	34,670		34,670	0 010 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

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

1

Yes

No

2

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

2

23,738,735

3

Enter 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.

3

284,037

4

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

Section B. Medicare

5

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

5

85,097,884

6

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

6

89,077,123

7

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

7

-3,979,239

8

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

☐

Cost accounting system

☒

Cost to charge ratio

☐

Other

Section C. Collection Practices

9a

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

9a

Yes

No

b

If "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.

9b

Yes

No

Part IVManagement Companies and Joint Ventures

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 SANTE FE IMAGING CTR	IMAGING SERVICES	51 %		49 %
2 MONTE SOL TECHNOLOGY	ONCOLOGY EQUIPMENT & OFFICES	33 33 %		33 33 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Section A. Hospital Facilities

1

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) a ☒ A definition of the community served by the hospital facility b ☒ Demographics of the community c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community d ☒ How data was obtained e ☒ The significant health needs of the community f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs h ☒ The process for consulting with persons representing the community's interests i ☒ Information gaps that limit the hospital facility's ability to assess the community's health needs j ☐ Other (describe in Section C) 4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</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	3 5	Yes
6 a 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	No
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	No
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) a ☒ Hospital facility's website (list url) <u>SEE PART V, SECTION C</u> b ☐ Other website (list url) _____ c ☒ Made a paper copy available for public inspection without charge at the hospital facility d ☐ 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 9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u> 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) <u>SEE PART V, SECTION C</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	7 8 10 10b	Yes
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)? b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____	12a 12b	No

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

ST VINCENT HOSPITAL			
Name of hospital facility or letter of facility reporting group			
		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %		
b	☐ Income level other than FPG (describe in Section C)		
c	☒ Asset level		
d	☐ Medical indigency		
e	☐ Insurance status		
f	☒ Underinsurance discount		
g	☐ Residency		
h	☒ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? 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)	15	Yes
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	☐ Other (describe in Section C)		
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)	16	Yes
a	☐ The FAP was widely available on a website (list url)		
b	☐ The FAP application form was widely available on a website (list url)		
c	☐ A plain language summary of the FAP was widely available on a website (list url)		
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☒ Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	No
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	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Actions that require a legal or judicial process		
d	☐ Other similar actions (describe in Section C)		
e	☒ 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 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	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ 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 19 (check all that apply)			
a	☒ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☒ Other (describe in Section C)			
f	☐ 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	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ 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	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☒ 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

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? 2

Name and address	Type of Facility (describe)
1 SANTA FE IMAGING LLC 1640 HOSPITAL DRIVE SANTA FE,NM 87505	RADIOLOGY IMAGING SERVICE CENTER
2 MONTE SOL TECHNOLOGY 490-A WEST ZIA ROAD SANTA FE,NM 87505	ONCOLOGY OFFICE SPACE & EQUIPMENT
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 I, LINE 5	BUDGETED CHARITY CARE THE ORGANIZATION BUDGETS CHARITY CARE FOR INTERNAL FINANCIAL REVIEW PURPOSES ONLY THE PROVISION OF CHARITY CARE IS NOT LIMITED TO AMOUNTS ESTABLISHED FOR BUDGETARY PURPOSES

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6A	ANNUAL COMMUNITY BENEFIT REPORT A REPORT OF COMMUNITY BENEFIT IS INCLUDED IN A WRITTEN ANNUAL REPORT FOR CHRISTUS HEALTH, A MEMBER OF ST VINCENT HOSPITAL CHRISTUS HEALTH IS AN INTERNATIONAL, CATHOLIC, FAITH BASED, NONPROFIT HEALTH SYSTEM FORMED IN 1999 WITH A MISSION "TO EXTEND THE HEALING MINISTRY OF JESUS CHRIST " THE ANNUAL COMMUNITY BENEFIT REPORT SUMMARIZES ACTIVITIES AND PROGRAMS CONDUCTED DURING THE PAST YEAR TO IMPROVE HEALTH INCLUDING PROACTIVE COMMUNITY HEALTH SERVICES HOWEVER, THE ANNUAL REPORT IS ONLY A SNAPSHOT OF HOW THE ORGANIZATION DISTINGUISHES ITSELF IN ITS VISION TO BE A LEADER, A PARTNER, AND AN ADVOCATE IN CREATING INNOVATIVE HEALTH AND WELLNESS SOLUTIONS THAT IMPROVE THE LIVES OF INDIVIDUALS AND COMMUNITIES

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7, COLUMN (F)	PERCENT OF TOTAL EXPENSE TOTAL EXPENSE FROM FORM 990, PART IX, LINE 25, COLUMN (A) IS \$396,348,370 THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT IS \$23,738,735 THIS LEAVES A TOTAL EXPENSE OF \$372,609,635 FOR PURPOSES OF CALCULATING LINE 7, COLUMN (F) SCHEDULE H, PART I, LINE 7, COLUMN (F) FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFITS AS PERCENTAGE OF TOTAL COST THE ORGANIZATION'S TOTAL COMMUNITY BENEFIT EXPENSE AS REPORTED ON PART I, LINE 7K, COLUMN (C) AS A PERCENTAGE OF TOTAL EXPENSE IS 20 41% WHICH EXCEEDS THE AMOUNT REPORTED ON PART I, LINE 7K COLUMN (F) WHICH IS COMPUTED USING NET COMMUNITY BENEFIT EXPENSE

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7I	CASH AND IN-KIND CONTRIBUTIONS ST VINCENT HOSPITAL MADE OVER \$1,082,001 IN CASH AND IN KIND CONTRIBUTIONS DURING FISCAL YEAR 2016 THE AFOREMENTIONED AMOUNT IS DETERMINED IN ACCORDANCE WITH REPORTING RULES FOR SCHEDULE H, WORKSHEET 8 AS SUCH THIS AMOUNT DIFFERS FROM GRANTS REPORTED ON FORM 990, SCHEDULE I, GRANTS AND OTHER ASSISTANCE TO ORGANIZATIONS, GOVERNMENTS, AND INDIVIDUALS AND PART IX, LINES 1 THROUGH 3 GRANTS AND OTHER ASSISTANCE MEMBER ORGANIZATION, CHRISTUS HEALTH, ESTABLISHED THE CHRISTUS FUND, A GRANT FUND TO PROVIDE RESOURCES TO NONPROFIT AGENCIES AND GROUPS WHOSE VISION, MISSION, AND GOALS ARE CONSISTENT WITH CHRISTUS HEALTH'S MISSION, VALUES AND PHILOSOPHY OF A HEALTHY COMMUNITY CHRISTUS FUND GRANTS TOTALING \$285,475 WERE DONATED BY CHRISTUS HEALTH TO NONPROFIT ORGANIZATIONS LOCATED IN THE COMMUNITY THAT ST VINCENT HOSPITAL SERVES THE GRANT DOLLARS ARE USED TO SUPPORT PROGRAMS THAT PROMOTE THE HEALTH OF THE COMMUNITIES THAT ST VINCENT HOSPITAL SERVES, SUCH AS THE PROVISION OF PREVENTIVE ORAL HEALTH SERVICES, WELL-CHILD VISITS, AGE APPROPRIATE IMMUNIZATIONS, PROFESSIONAL PSYCHOTHERAPY AND EDUCATIONAL PROGRAMS FOR UNINSURED AND UNDERINSURED COMMUNITY MEMBERS ST VINCENT HOSPITAL USED CASH DONATIONS AS A VEHICLE TO IMPROVE THE HEALTH OF THE COMMUNITIES SERVED CASH DONATIONS AND GRANTS ARE GIVEN TO SUPPORT OTHER NONPROFIT ORGANIZATIONS AND PROGRAMS INCLUDING THE FARMER'S MARKET HEALTHY NUTRITION, AMERICAN CANCER SOCIETY, BIG BROTHERS BIG SISTERS, AND UNITED WAY ST VINCENT HOSPITAL ALSO MADE CASH AND IN KIND DONATIONS TO FUND COMMUNITY INITIATIVES SUCH AS A HOLIDAY COAT DRIVE FOR CHILDREN AND PHYSICAL FITNESS PROGRAMS FOR CHILDREN AND ADULTS ADDITIONALLY, COMMUNITY BASED PROGRAMS ADDRESSING THE NEEDS OF UNDERSERVED, VULNERABLE POPULATIONS WERE FUNDED SERVICES ARE SPECIFICALLY TARGETED TO MEET HEALTH CARE NEEDS ALONG THE AGE SPAN RANGING FROM SERVICES TO CHILDREN BIRTH TO 3, ADOLESCENT BEHAVIORAL HEALTH, ADULT BEHAVIORAL HEALTH, DOMESTIC VIOLENCE AND SENIOR CARE SCHEDULE H, PART I, LINE 7 LINE 7A RATIO OF PATIENT CARE COST TO CHARGES BASED ON SCHEDULE H, WORKSHEET 2 LINE LINE 7B RATIO OF PATIENT CARE COST TO CHARGES BASED ON SCHEDULE H, WORKSHEET 2 LINE 7E ACTUAL EXPENSES LESS ANY DIRECT OFFSETTING REVENUE LINE LINE 7F ACTUAL EXPENSES LESS ANY DIRECT OFFSETTING REVENUE LINE LINE 7I ACTUAL EXPENSE OF THE CONTRIBUTIONS

Form and Line Reference	Explanation
SCHEDULE H, PART II	COMMUNITY BENEFIT ACTIVITIES AMOUNTS REPORTED ON SCHEDULE H, PART II COMMUNITY BUILDING ACTIVITIES INCLUDE PHYSICAL IMPROVEMENTS AND HOUSING, AND COMMUNITY HEALTH IMPROVEMENT ADVOCACY THE CHRISTUS HEALTH BOARD OF DIRECTORS APPROVED FUNDING OF A COMMUNITY DIRECT INVESTMENT (CDI) LOAN PROGRAM TO ENSURE THAT THE WORK OF SOCIAL ACCOUNTABILITY AND MORAL AND ETHICAL STEWARDSHIP CONTINUES IN SPITE OF CHALLENGING FISCAL CONDITIONS FACED BY LOCAL OPERATING ENTITIES THE PURPOSE OF THE CDI PROGRAM IS TO SUPPORT COMMUNITY DRIVEN INITIATIVES, PRIMARILY AFFORDABLE HOUSING AND ECONOMIC DEVELOPMENT BY PROVIDING FINANCING AT BELOW-MARKET INTEREST RATES TO NOT FOR PROFIT ORGANIZATIONS AT TERMS NOT EXCEEDING MORE THAN FIVE YEARS THOUGH OUTSTANDING LOAN BALANCES VARY THROUGHOUT THE YEAR, THE OUTSTANDING LOAN BALANCE AT THE END OF FISCAL YEAR 2016 WAS \$285,475 THE FOREGONE INTEREST FOR ST VINCENT HOSPITAL IN FISCAL YEAR ENDING JUNE 30, 2016 WAS \$25,816 IN ADDITION, ST VINCENT HOSPITAL HAS PARTNERED WITH LOCAL FINANCING AGENCIES AND BANKS TO PARTICIPATE IN LOW INCOME HOUSING PROJECTS, SCHOOL AGE CHILDREN WHO ARE HOMELESS, AT-RISK TEENS AND OTHER COMMUNITY PROJECTS TO IMPROVE THE HEALTH OF THE COMMUNITIES SERVED ST VINCENT HOSPITAL ASSOCIATES SERVE ON LOCAL NONPROFIT BOARDS AND PARTICIPATE IN VARIOUS COMMUNITY INITIATIVES THAT PROMOTE THE HEALTH AND WELLBEING THE COMMUNITIES SERVED THE CHRISTUS HEALTH ADVOCACY DEPARTMENT IS WORKING IN PARTNERSHIP WITH LOCAL, STATE AND FEDERAL POLICY MAKERS TO ENSURE ACTIVITIES AND PROGRAMS ARE IN PLACE THAT WILL ENHANCE PUBLIC HEALTH AND ADVANCE GENERAL KNOWLEDGE THESE ARE SOME OF THE MAIN COMMUNITY BUILDING ACTIVITIES THAT PROMOTE THE HEALTH OF THE COMMUNITIES SERVED BY IMPROVING ACCESS TO HEALTH SERVICES, ENHANCING PUBLIC HEALTH, AND ADVANCING KNOWLEDGE

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 1	BAD DEBT REPORTING IN ACCORDANCE WITH HFMA STATEMENT 15 CHRISTUS HEALTH FOLLOWS IN PRINCIPLE HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO 15 THE SYSTEM HAS ADOPTED AN UNCOMPENSATED CARE POLICY WHERE REVENUE FROM SERVICES PROVIDED TO THE UNINSURED IS RECOGNIZED AT THE TIME OF PAYMENT, RATHER THAN AT THE TIME OF SERVICE THIS POLICY IS THE RESULT OF A LACK OF REASONABLE ASSURANCE OF COLLECTION FOR SERVICES PROVIDED TO THE UNINSURED DUE TO THE SYSTEM'S HISTORICALLY LOW COLLECTION RATE MANAGEMENT HAS ESTIMATED THAT THE DIFFERENCE BETWEEN RECORDING REVENUE FROM THE UNINSURED ON A CASH BASIS, RATHER THAN THE ACCRUAL BASIS, IS IMMATERIAL ACCORDINGLY, ALL ACCOUNTS RECEIVABLE FROM THE UNINSURED HAVE BEEN FULLY RESERVED IN THE ALLOWANCE FOR UNCOMPENSATED CARE

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 2	BAD DEBT EXPENSE THE ORGANIZATION'S TOTAL BAD DEBT EXPENSE (TOTAL OF ALL HOSPITAL FACILITIES) IS IN ACCORDANCE WITH THE ORGANIZATION'S FINANCIAL STATEMENTS, WHICH IS COMPUTED AS BAD DEBT NET OF CONTRACTUAL ALLOWANCE, PAYMENTS RECEIVED AND RECOVERIES OF BAD DEBT PREVIOUSLY WRITTEN OFF

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 3	ESTIMATE OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER CHARITY CARE THE FILING ORGANIZATION RECOGNIZES THAT SOME PATIENTS ARE UNABLE OR UNWILLING TO SEEK FINANCIAL ASSISTANCE DUE TO BARRIERS SUCH AS EDUCATIONAL LEVEL, LITERACY, DOCUMENTATION REQUIREMENTS, OR BEING INTIMIDATED BY THE APPLICATION PROCESS IN ORDER TO ESTIMATE THE AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS WHO MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE BUT HAVE NOT SUBMITTED AN APPLICATION, THE ORGANIZATION ENGAGED PARO DECISION SUPPORT, LLC PARO CHARITY SCORE IS DESIGNED TO IDENTIFY PATIENTS THAT LIKELY QUALIFY FOR FINANCIAL ASSISTANCE BASED ON A PREDICTIVE MODEL AND OTHER FINANCIAL AND ASSET ESTIMATES FOR THE PATIENT DERIVED FROM PUBLIC RECORD SOURCES IN ORDER TO ASSESS THE BAD DEBT ACCOUNTS THAT WOULD LIKELY QUALIFY FOR CHARITY CARE, THE FOLLOWING CRITERIA WERE ESTABLISHED BASED ON AN ANALYSIS OF HISTORICAL DATA OF CHRISTUS HEALTH AND ITS RELATED ORGANIZATIONS 1 PARO SCORE OF LESS THAN OR EQUAL TO 586, WHICH IS A PREDICTOR DEFINING THE LIKELY SOCIOECONOMIC CONDITIONS FOR THE PATIENT, 2 ESTIMATED FEDERAL POVERTY LEVEL OF LESS THAN OR EQUAL TO 226%, WHICH IS BASED ON ESTIMATED HOUSEHOLD SIZE AND HOUSEHOLD ESTIMATED INCOME, AND 3 THIRD PARTY DATA AVAILABLE ON PATIENT ACCOUNTS WHICH INDICATE THAT THE PATIENT IS NOT A HOMEOWNER OR A PROBABLE HOMEOWNER FOR THE FISCAL YEAR ENDING JUNE 30, 2011, THE ORGANIZATION REPORTED THAT 30% OF BAD DEBT EXPENSES WERE ATTRIBUTABLE TO PATIENTS WHO MAY HAVE BEEN ELIGIBLE FOR FINANCIAL ASSISTANCE BUT WERE NOT RESPONSIVE TO THE APPLICATION PROCESS EXISTING AT THAT TIME THIS FIGURE WAS BASED ON THE PARO ANALYSIS AND ESTIMATES OF PATIENTS' FINANCIAL NEEDS THAT EXAMINED WHETHER PATIENTS WERE CHARACTERISTIC OF OTHERS WHO HISTORICALLY QUALIFIED FOR ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS THE PRESUMPTIVE CHARITY CARE ANALYSIS PERFORMED FOR THE PRIOR FISCAL YEAR DETERMINED A BENCHMARK OF BAD DEBT ACCOUNTS IN THE CHRISTUS HEALTH SYSTEM THAT LACKED THE INFORMATION TO QUALIFY FOR CHARITY CARE UNDER THE FILING ORGANIZATION'S CUSTOMARY PROCESS BUT WOULD HAVE LIKELY QUALIFIED FOR ASSISTANCE DURING THE FISCAL YEAR ENDING JUNE 30, 2016, THE ORGANIZATION UTILIZED THE PARO SCORE TO IDENTIFY THE ACCOUNTS OF INDIVIDUAL PATIENTS THAT WERE LIKELY ELIGIBLE FOR FINANCIAL ASSISTANCE DESPITE HAVING NOT COMPLETED AN APPLICATION, AND SUCH ANALYSIS DETERMINED THAT 24 96% OF SUCH ACCOUNTS WERE LIKELY ELIGIBLE FOR FINANCIAL ASSISTANCE THE ORGANIZATION GRANTED PRESUMPTIVE ELIGIBILITY FOR THESE ACCOUNTS AND THEY WERE RECLASSIFIED UNDER OUR FINANCIAL ASSISTANCE POLICY THESE AMOUNTS WERE NOT REPORTED AS BAD DEBT THE AMOUNT REPORTED ON SCHEDULE H, PART III, LINE 3 IS THE DIFFERENCE BETWEEN THE PRESUMPTIVE CHARITY CARE BENCHMARK ESTABLISHED IN THE FISCAL YEAR ENDING JUNE 30, 2011 AND THE AGGREGATE OF INDIVIDUAL ACCOUNTS FOR WHICH THE ORGANIZATION GRANTED PRESUMPTIVE ELIGIBILITY IN THE FISCAL YEAR ENDING JUNE 30, 2016 THUS, THE ORGANIZATION ESTIMATES THAT ONLY 1 20% OF THE BAD DEBT EXPENSES IN FISCAL YEAR ENDING JUNE 30, 2016 ARE ATTRIBUTABLE TO PATIENTS WHO WOULD LIKELY HAVE QUALIFIED FOR FINANCIAL ASSISTANCE IT IS IMPORTANT TO NOTE THAT THE FIGURE CALCULATED FOR FISCAL YEAR ENDING JUNE 30, 2011 WAS ESTIMATED AND NOT EXACT, AND THEREFORE THE DIFFERENCE BETWEEN THE AMOUNTS QUALIFIED AS PRESUMPTIVE CHARITY CARE IN ANY FISCAL YEAR MAY VARY FROM THE BENCHMARK ESTABLISHED IN FISCAL YEAR ENDING JUNE 30, 2011

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 4	BAD DEBT EXPENSE FOOTNOTE THE FOOTNOTE TO THE CHRISTUS HEALTH CONSOLIDATED FINANCIAL STATEMENTS SAYS, "THE PREPARATION OF THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS IN CONFORMITY WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES ("US GAAP") REQUIRES MANAGEMENT OF THE SYSTEM TO MAKE ASSUMPTIONS, ESTIMATES, AND JUDGMENTS THAT AFFECT THE AMOUNTS REPORTED IN THE FINANCIAL STATEMENTS, INCLUDING THE NOTES THERETO, AND RELATED DISCLOSURES OF COMMITMENTS AND CONTINGENCIES, IF ANY THE SYSTEM CONSIDERS CRITICAL ACCOUNTING POLICIES TO BE THOSE THAT REQUIRE MORE SIGNIFICANT JUDGMENTS AND ESTIMATES IN THE PREPARATION OF ITS FINANCIAL STATEMENTS, INCLUDING THE FOLLOWING RECOGNITION OF NET PATIENT SERVICE REVENUES, WHICH INCLUDE CONTRACTUAL ALLOWANCES, AND THE PROVISION FOR BAD DEBT, ESTIMATES FOR REIMBURSEMENT UNDER THE UPPER PAYMENT LIMIT, DISPROPORTIONATE SHARE AND MEDICAID 1115 WAIVER PROGRAMS, RESERVES FOR LOSSES AND EXPENSES RELATED TO HEALTH CARE PROFESSIONAL AND GENERAL LIABILITIES, ACCRUALS FOR CLAIMS INCURRED BUT NOT YET REPORTED RELATED TO THE SYSTEM'S HEALTH PLANS, DETERMINATION OF FAIR VALUES OF CERTAIN FINANCIAL INSTRUMENTS, DETERMINATION OF FAIR VALUE OF CERTAIN GOODWILL AND LONG-LIVED ASSETS, including assets acquired, AND RISKS AND ASSUMPTIONS FOR MEASUREMENT OF PENSION AND RETIREE MEDICAL LIABILITIES MANAGEMENT RELIES ON HISTORICAL EXPERIENCE AND ON OTHER ASSUMPTIONS BELIEVED TO BE REASONABLE UNDER THE CIRCUMSTANCES IN MAKING ITS JUDGMENT AND ESTIMATES ACTUAL RESULTS COULD DIFFER MATERIALLY FROM THESE ESTIMATES "

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, LINE 8	EXTENT SHORTFALL SHOULD BE COMMUNITY BENEFIT & COSTING METHODOLOGY THE AMOUNT ON SCHEDULE H, PART III, LINE 6 IS DETERMINED BY CALCULATING MEDICARE ALLOWABLE COSTS USING WORKSHEET A OF THE MEDICARE COST REPORT WORKSHEET A OF THE MEDICARE COST REPORT REQUIRES THE ORGANIZATION TO REMOVE NON-ALLOWABLE EXPENSES FROM TOTAL EXPENSES VIA THE ADJUSTMENTS TO EXPENSES WORKSHEETS WITHIN THE MEDICARE COST REPORT THE AMOUNT REPORTED ON SCHEDULE H, PART III, LINE 6 DOES NOT TAKE INTO ACCOUNT ALL COSTS INCURRED BY THE FILING ORGANIZATION ASSOCIATED WITH THE FILING ORGANIZATION'S PROVISIONS OF SERVICES TO MEDICARE PATIENTS SCHEDULE H, PART III, LINE 7 WOULD EQUAL A SHORTFALL OF \$3,979,239 IF TOTAL EXPENSES ALLOCABLE TO MEDICARE SERVICES WERE SUBSTITUTED ON SCHEDULE H, PART III, LINE 6

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION C, LINE 9B	COLLECTION POLICY IT IS THE POLICY OF THE ORGANIZATION TO PURSUE COLLECTIONS OF PATIENT BALANCES FROM PATIENTS WHO HAVE THE ABILITY TO PAY FOR THESE SERVICES CHRISTUS HEALTH APPLIES ITS COLLECTION EFFORTS CONSISTENTLY AND FAIRLY TO ALL PATIENTS REGARDLESS OF INSURANCE IF A PATIENT DOES NOT HAVE THE FINANCIAL RESOURCES TO PAY THEIR OUTSTANDING BALANCES, THE GOAL OF THE ORGANIZATION IS TO QUALIFY THESE PATIENTS THROUGH THE ORGANIZATION'S CHARITY POLICY OR SCREEN THE PATIENTS THROUGH ORGANIZATION'S PRESUMPTIVE CHARITY TESTS IF THE PATIENT QUALIFIES UNDER EITHER POLICY THE ACCOUNT WILL BE WRITTEN OFF BASED UPON LEVEL OF QUALIFICATION THESE POLICIES SUPPORT THE MISSION AND VISION OF THE ORGANIZATION AND ARE APPROVED BY SENIOR LEADERSHIP

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT ST VINCENT HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT INCLUDES (1) A COMMUNITY HEALTH PROFILE WITH KEY POPULATION HEALTH INDICATORS, (2) FOCUS GROUPS WITH A BROAD RANGE OF REPRESENTATIVES FROM ACROSS THE COMMUNITY INCLUDING CONSUMERS, PROVIDERS, LOCAL GOVERNMENT (COUNTY & CITY), HEALTH CARE PRACTITIONERS, AND OTHER STAKEHOLDERS, (3) RESOURCE INVENTORY TO CAPTURE LOCAL CAPACITY AND GAPS THE REMAINDER OF THE CHNA PROCESS WILL INCLUDE THE ST VINCENT PRIORITIES AND A COMMUNITY HEALTH STRATEGIC PLAN (APPROVED BY THE BOARD) ON AN ON-GOING BASIS ST VINCENT PARTICIPATES IN HEALTH, EDUCATION AND SOCIAL SERVICE PLANNING WITH MULTIPLE GROUPS THROUGHOUT THE COMMUNITY INCLUDING THE PUBLIC SCHOOLS, COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, CITY HEALTH AND HUMAN SERVICES, THE FAITH COMMUNITY, AND OTHER COMMUNITY GROUPS THROUGH OUR PARTICIPATION IN THESE EFFORTS, ST VINCENT IS INVOLVED IN IDENTIFYING NEEDS AND ADDRESSING ISSUES FACING THE POPULATION

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE ST VINCENT HOSPITAL MAKES EVERY EFFORT TO EDUCATE PATIENTS ON ITS CHARITY AND DISCOUNT POLICY AND ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE, OR LOCAL GOVERNMENT PROGRAMS DURING REGISTRATION, PRE-REGISTRATION (FOR SCHEDULED TESTS AND SURGERIES), POST REGISTRATION (DURING THEIR HOSPITALIZATION) AND FOLLOWING DISCHARGE (TELEPHONE OR WRITTEN INQUIRY) IN LANGUAGES APPROPRIATE FOR THE POPULATION BEING SERVED PATIENTS ARE GIVEN INFORMATION AND FORMS BY A FINANCIAL COUNSELOR WHO HELPS THEM COMPLETE THE FORMS DURING THEIR INPATIENT AND OUTPATIENT VISITS PATIENTS ARE ASKED TO BRING OR MAIL SUPPORTING DOCUMENTATION TO DETERMINE INCOME, ASSETS AND HOUSEHOLD EXPENSES THE BUSINESS OFFICE REVIEWS THE APPLICATION BASED ON THE INFORMATION PROVIDED BY THE PATIENT IF THE PATIENT QUALIFIES FOR CHARITY CARE OR A DISCOUNT, A NEW BILL IS GENERATED PATIENTS WHO DO NOT PROVIDE THE REQUIRED DOCUMENTATION ARE CONSIDERED INELIGIBLE AND ARE BILLED ACCORDINGLY IF THE DOCUMENTATION IS PROVIDED AT A LATER TIME, THE PATIENT MAY THEN BE DETERMINED TO BE ELIGIBLE FOR CHARITY CARE OR A DISCOUNT DOCUMENTATION IS RETAINED BY THE BILLING OFFICE FOR SEVEN YEARS

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION ST VINCENT HOSPITAL IS LOCATED IN SANTA FE, NEW MEXICO AND SERVES MORE THAN 300,000 PEOPLE IN SEVEN COUNTIES COVERING A 19,000 SQUARE-MILE AREA ENCOMPASSING NORTH CENTRAL AND NORTHEASTERN NEW MEXICO AND SOUTHERN COLORADO SANTA FE COUNTY'S POPULATION IS 50 PERCENT HISPANIC THE FASTEST GROWING AGE GROUP IN THE ORGANIZATION'S SERVICE AREA IS 65 YEARS OF AGE AND OLDER WHICH IS PROJECTED TO GROW BY ALMOST THREEFOLD FROM 22,000 TO 61,000 BY 2040 AS COMPARED WITH 3 PERCENT GROWTH FOR THE POPULATION AS A WHOLE TWENTY PERCENT OF SANTA FE COUNTY'S POPULATION IS UNINSURED ST VINCENT HOSPITAL IS THE ONLY LEVEL III TRAUMA CENTER IN NORTH CENTRAL/NORTHEASTERN NEW MEXICO IT IS THE LARGEST HOSPITAL NORTH OF ALBUQUERQUE AND SOUTH OF PUEBLO, COLORADO ST VINCENT HOSPITAL IS CLASSIFIED AS A SOLE COMMUNITY PROVIDER BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH ST VINCENT HOSPITAL PROVIDES A FULL RANGE OF INPATIENT AND OUTPATIENT SERVICES TO THE PEOPLE FROM THE COMMUNITIES IT SERVES IT CONDUCTS ITS ACTIVITIES AND SERVES ITS HEALTH CARE PURPOSE WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, GENDER, ORIENTATION, DISABILITY, AGE OR NATIONAL ORIGIN ST VINCENT HOSPITAL PROVIDES A 24 HOUR EMERGENCY ROOM THAT IS OPEN TO SERVE ALL THOSE IN NEED OF EMERGENT CARE, REGARDLESS OF THEIR ABILITY TO PAY ST VINCENT HOSPITAL HEALTH CARE FACILITIES INCLUDE PARTIAL OWNERSHIP IN (1) AN IMAGING FACILITY - SANTA FE IMAGING, LLC, (2) NEW MEXICO HEART INSTITUTE, AND (3) THE CANCER INSTITUTE TO RESPOND TO THE NEEDS OF THE COMMUNITY, ST VINCENT PROVIDES THE FOLLOWING OUTPATIENT AND INPATIENT SERVICES AND SPECIALTIES ANTIMICROBIAL STEWARDSHIP PROGRAM, BARIATRICS, CANCER CENTER, HEART & VASCULAR CENTER - CARDIOVASCULAR SERVICES, BEHAVIORAL HEALTH SERVICES, DIABETES CENTER, GASTROENTEROLOGY, HOSPITALIST, BIRTHING CENTER, LABORATORY SERVICES, EMERGENCY SERVICES, NEUROLOGY, OPHTHALMOLOGY, RETINA CENTER, ORTHOPAEDICS, OUTPATIENT THERAPIES SPORTS MEDICINE, PEDIATRIC SERVICES, PHYSICAL REHABILITATION INPATIENT, SPORTS MEDICINE, CENTER FOR LIVING WELL, IN-PATIENT REHAB, PULMONARY DISEASE, SLEEP CENTER, SPINE CENTER AND NEUROSCIENCE, SURGICAL SERVICES, UROLOGY, WOMEN'S SERVICES, AND WOUND CARE & HYPERBARIC OXYGEN THERAPY IN ADDITION TO PRIMARY AND SPECIALTY CARE, CHRISTUS ST VINCENT OPERATES SEVERAL PROGRAMS THAT RESPOND DIRECTLY TO CRITICAL COMMUNITY NEEDS A DIABETES CENTER, CARE CONNECTION AN OUTPATIENT BEHAVIORAL HEALTH PROGRAM, AND A HOSPITAL-BASED DOMESTIC VIOLENCE PROGRAM THE DIABETES CENTER HAS BEEN CO-LOCATED WITH THE ST VINCENT WOUND CENTER TO IMPROVE INTEGRATION OF PATIENT CARE THE DIABETES CENTER DIRECTOR IS LEADING A POPULATION HEALTH, COMMUNITY-WIDE PLANNING INITIATIVE TO DEVELOP AN INTEGRATED SYSTEM OF CARE FOR ADDRESSING CHRONIC DISEASES ACROSS THE COMMUNITY THESE PROGRAMS HAVE RECEIVED NATIONAL AND STATE RECOGNITION THE CARE CONNECTION AND DOMESTIC VIOLENCE PROGRAM WERE CITED AS BEST PRACTICES BY THE JOINT COMMISSION (JCAHO) THE CARE CONNECTION INCLUDES AN ASSESSMENT CENTER AND SOBERING CENTER THE ASSESSMENT CENTER RECEIVES DWI OFFENDER REFERRALS FROM THE COURTS AND PROVIDES ASSESSMENTS AND CASE MANAGEMENT FOR INDIVIDUALS ASSESSED TO HAVE A CHEMICAL DEPENDENCY THE SOBERING CENTER IS A 24 HOUR, 15 BED FACILITY THAT PROVIDES SHORT TERM NON-MEDICAL DETOX THE SOBERING CENTER IS DIRECTLY RESPONSIVE TO THE EMERGENCY DEPARTMENT IN PROVIDING AN ALTERNATIVE TO THE EMERGENCY ROOM FOR INDIVIDUALS WHO ARE MEDICALLY STABLE, YET NEED TO DETOX THROUGH THE ASSESSMENT AND SOBERING CENTERS AND WORKING WITH HOSPITALS ACROSS THE HOSPITAL (EMERGENCY DEPARTMENT, BEHAVIORAL HEALTH UNIT AND CASE MANAGEMENT) AN INITIATIVE TO REDUCE READMISSIONS FOR THE MOST FREQUENT USERS OF THE ER WITH BEHAVIORAL HEALTH CONDITIONS HAS SUCCESSFULLY REDUCED READMISSIONS BY 64% FOR FOUR CONSECUTIVE YEARS ST VINCENT HOSPITAL ALSO PROVIDES A DOMESTIC VIOLENCE HOSPITAL BASED PROGRAM, THE ONLY ONE IN NEW MEXICO A DOMESTIC VIOLENCE TOOL KIT FOR PHYSICIANS IN THE OUTPATIENT SETTING HAS BEEN DEVELOPED AND IS BEING IMPLEMENTED IN ST VINCENT OWNED AS WELL AS PRIVATE PRACTITIONER OFFICES ST VINCENT HOSPITAL COLLABORATES WITH COMMUNITIES, CHURCHES, BUSINESSES, AND OTHER HEALTH CARE ORGANIZATIONS TO FACILITATE AND STRENGTHEN ACCESSIBILITY OF QUALITY COMPREHENSIVE HEALTH CARE SERVICES FOR ALL, PARTICULARLY THE VULNERABLE AND UNDERSERVED POPULATIONS ST VINCENT HOSPITAL ALSO SUPPORTS MANY LOCAL COMMUNITY HEALTH SERVICES, OFFERING CONVENIENT LOCATIONS FOR PRIMARY CARE AND MOBILE OUTREACH PROGRAMS, IMMUNIZATIONS FOR CHILDREN AND SENIORS, MEALS ON WHEELS, AND TRANSPORTATION SERVICES FOR THE COMMUNITIES SERVED IN ADDITION, ST VINCENT HOSPITAL PROVIDES MEDICATION ASSISTANCE FOR COMMUNITY RESIDENTS WHO ARE UNABLE TO AFFORD MEDICATIONS ST VINCENT HOSPITAL IS DEDICATED TO IMPROVING THE HEALTH STATUS OF THE COMMUNITY THROUGH PROGRAMS THAT PLACE NEEDED SERVICES WHERE THEY ARE NEEDED THE MOST, WITH SPECIAL ATTENTION AND PREFERENCE GIVEN TO PROGRAMS THAT SUPPORT AND BENEFIT THE HEALTH AND WELFARE OF THE POOR AND UNDERSERVED ST VINCENT HOSPITAL IS ONE OF THE AREA'S LARGEST PRIVATE EMPLOYERS, 2ND ONLY TO GOVERNMENT "COMMUNITY SERVICES FOR A BROADER COMMUNITY" IS ALSO A PART OF ST VINCENT HOSPITAL'S OVERALL COMMUNITY BENEFIT THE GREATEST SHARE OF THESE EXPENSES IS FOR EDUCATING HEALTH PROFESSIONALS (GRADUATE MEDICAL EDUCATION, NURSING STUDENTS, ALLIED HEALTH PROFESSIONALS, PHARMACISTS, ETC) HELPING TO PREPARE FUTURE HEALTH CARE PROFESSIONALS IS A DISTINGUISHING CHARACTERISTIC OF NONPROFIT HEALTH CARE AND CONSTITUTES A SIGNIFICANT COMMUNITY BENEFIT ST VINCENT HOSPITAL HAD \$1,739,760 OF EXPENSES IN HEALTH PROFESSIONS EDUCATION DURING FY 2016 WHICH INCLUDE CLINICAL EXPERIENCE AND OTHER EDUCATION FOR PHYSICIANS AND MEDICAL RESIDENTS CHRISTUS HEALTH, MEMBER ORGANIZATION, ALSO USED CA

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	SH DONATIONS AS A VEHICLE TO HELP THE COMMUNITIES SERVED IT MADE CASH DONATIONS AS WELL AS GRANTS TO SUPPORT NONPROFIT HEALTH CARE ORGANIZATIONS AND PROGRAMS INCLUDING LA FAMILIA MEDICAL CENTER, NEW VISTAS, SOLACE CRISIS TREATMENT CENTER, YOUTH SHELTERS & FAMILY SERVICES, PRESBYTERIAN MEDICAL SERVICES, AND BIG BROTHERS BIG SISTERS OF NORTHERN NEW MEXICO AND VARIOUS OTHER PROGRAMS AIMED AT IMPROVING THE HEALTH OF THE COMMUNITIES SERVED AS A NONPROFIT ORGANIZATION AND AS A PART OF CHRISTUS HEALTH, A REGIONAL GOVERNING BOARD COMPRISED LARGELY OF INDEPENDENT COMMUNITY MEMBERS REPRESENTING THE MAKEUP OF THE AREA WE SERVE GUIDES ST VINCENT HOSPITAL WE ARE PRIVILEGED TO HAVE AN OPEN MEDICAL STAFF COMPRISED OF QUALIFIED PHYSICIANS WHO WORK WITH US TO PROVIDE CARE TO OUR COMMUNITIES ALL QUALIFIED PHYSICIANS WHO ARE GRANTED PRIVILEGES TO SERVE WITH US IN OUR HOSPITALS MUST UNDERGO A THOROUGH AND COMPREHENSIVE CREDENTIALING AND ORIENTATION PROCESS ALL PERSONS EMPLOYED AND AFFILIATED WITH ST VINCENT HOSPITAL ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST STATEMENT

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM DESCRIPTION ST VINCENT HOSPITAL IS PART OF CHRISTUS HEALTH, AN INTERNATIONAL, CATHOLIC, FAITH BASED, NONPROFIT HEALTH SYSTEM COMPRISED OF ALMOST 350 SERVICES AND FACILITIES INCLUDING MORE THAN 60 HOSPITALS AND LONG TERM CARE FACILITIES, 175 CLINICS AND OUTPATIENT CENTERS, AND OTHER COMMUNITY HEALTH MINISTRIES AND COMMUNITY DEVELOPMENT VENTURES CHRISTUS SERVICES CAN BE FOUND IN ARKANSAS, GEORGIA, IOWA, LOUISIANA, NEW MEXICO, TEXAS, AND INTERNATIONALLY IN THE COUNTRIES OF MEXICO AND CHILE A COMMON MISSION, CORE VALUES, AND VISION UNITE THE HEALTH SYSTEM EACH REGION, INCLUDING ST VINCENT HOSPITAL, DEVELOPS FIVE-YEAR AND TEN-YEAR STRATEGIC PLANS THAT HELP SET THE YEARLY OPERATIONAL PLANS AND BUDGETS REGIONAL STRATEGIC GOALS ARE SET IN COLLABORATION WITH CHRISTUS HEALTH AND INCLUDE METRICS THAT WILL BE USED TO MEASURE COMMUNITY BENEFIT, CLINICAL OUTCOMES, PATIENT SATISFACTION, AND ASSOCIATE ENGAGEMENT CHRISTUS HEALTH PROVIDES UPDATED MARKET, DEMOGRAPHICS, AND HEALTH INDICATOR DATA ON AN ANNUAL BASIS THE DATA SUPPLIED FROM CHRISTUS HEALTH ALONG WITH THE SYSTEM WIDE STRATEGIC INITIATIVES ARE CONSISTENT WITH THE COMMUNITY NEEDS ASSESSMENT OF THE REGION ST VINCENT HOSPITAL, IN TURN, PARTNERS WITH OTHER NONPROFIT GROUPS (CHURCHES, HEALTH CARE PROVIDERS, AND GOVERNMENT AGENCIES) TO CREATE COLLABORATIONS WHERE HEALTH NEEDS CAN BE ADDRESSED AND THE GENERAL HEALTH OF INDIVIDUALS AND THE COMMUNITY IS IMPROVED

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT ALL CHRISTUS HEALTH ENTITIES INCLUDING FACILITIES LOCATED IN STATES THAT DO NOT REQUIRE ANNUAL COMMUNITY BENEFIT REPORTING (I E , LOUISIANA, AND NEW MEXICO), FOLLOW THE SAME REPORTING RULES AS OUTLINED IN THE CATHOLIC HEALTH ASSOCIATION GUIDE TO PLANNING AND REPORTING COMMUNITY BENEFIT, COPYRIGHT 2008 TOTAL COMMUNITY BENEFIT FOR CHRISTUS HEALTH IS ALSO REPORTED IN THE ANNUAL REPORT PREPARED AND DISTRIBUTED BY THE SYSTEM OFFICE CHRISTUS HEALTH'S NONPROFIT HOSPITALS LOCATED IN TEXAS FILE A COMMUNITY BENEFIT REPORT IN THE STATE OF TEXAS THE ANNUAL STATEMENT OF COMMUNITY BENEFITS STANDARD (ASCBS) FORM AND ANNUAL REPORT OF THE COMMUNITY BENEFITS PLAN ARE FILED WITH THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES (DSHS) AS REQUIRED BY THE HEALTH AND SAFETY CODE, SECTIONS 311.045 AND 311.046 THE 2012 ASCBS FORM IS EXPANDED TO COLLECT THE INFORMATION ON CHARITY CARE POLICIES AND COMMUNITY BENEFITS IN A STANDARDIZED FORMAT STATE FILINGS OF COMMUNITY BENEFIT REPORT TX

Schedule H (Form 990) 2015

Additional Data

Software ID:
Software Version:
EIN: 85-0106941
Name: ST VINCENT HOSPITAL

Form 990 Schedule H, Part V Section A. Hospital Facilities

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

	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
1	ST VINCENT HOSPITAL 455 ST MICHAELS DRIVE SANTA FE, NM 87505 WWW.STVIN.ORG 01505918009	X	X				X			

2015

85-0106941

Schedule I (Form 990) 2015

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Nursing Scholarship GRANTS	7	64,726			
(2) IMMUNIZATIONS	4545		77,052	FMV	VACCINES

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

Return Reference	Explanation
Description of Organization's Procedures for Monitoring the Use of Grants	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION FOLLOWS MEMBER ORGANIZATION CHRISTUS HEALTH MANAGEMENT DIRECTIVE NO 0006, "CONTRIBUTIONS/DONATIONS TO OTHER ORGANIZATIONS" BEFORE ANY DONATION IS MADE, TWO CRITERIA ARE ADDRESSED (1) ORGANIZATION TEST AND (2) IRS TEST THE ORGANIZATION TEST ENSURES THAT DONATIONS ARE EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, EDUCATIONAL, AND RELIGIOUS PURPOSES, AND IN FURTHERANCE OF OUR PURPOSE OF SUPPORTING THE HEALING MINISTRY OF JESUS CHRIST AND ADVANCING, PROMOTING, AND SUPPORTING THE HEALTHCARE MINISTRIES OF THE SPONSORING CONGREGATIONS CONTRIBUTIONS CAN BE MADE TO SUPPORT CHRISTUS SYSTEM MEMBERS AND TO OTHER QUALIFYING TAX-EXEMPT ORGANIZATIONS, PARTICULARLY THOSE DESIGNED TO SUPPORT AND BENEFIT THE POOR AND UNDERSERVED THE ORGANIZATION CONSIDERED FOR DONATIONS MUST FULLY SUPPORT THE TAX EXEMPT PURPOSE OF ST VINCENT HOSPITAL TO SATISFY THE IRS TEST CONTRIBUTIONS GIVEN MUST BE DEDICATED TO ACHIEVING CHARITABLE PURPOSES NOT FOR PERSONAL BENEFIT BUT FOR PUBLIC BENEFIT CONTRIBUTIONS ARE PROHIBITED TO ORGANIZATIONS THAT CONTRIBUTE TO POLITICAL CAMPAIGNS, CANDIDATES FOR OFFICE, OR CONDUCT MORE THAN INCIDENTAL LOBBYING DOCUMENTATION MUST SUPPORT HOW THE DONATION MEETS ORGANIZATIONAL PURPOSES AND FURTHERANCE OF MISSION DONATIONS SHOULD BE MODEST IN SCOPE

Additional Data

Software ID:
Software Version:
EIN: 85-0106941
Name: ST VINCENT HOSPITAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
New Vistas 1205 PARKWAY DR SUITE A SANTA FE, NM 87507	85-0216702	501(c)(3)	20,141				Early Childhood - To provide services & support to families of children age birth-3 who have or who are at risk for developmental delays
Las Cumbres Community Services 404 HUNTER ST ESPANOLA, NM 87532	23-7144268	501(c)(3)	21,752				The Santa Fe Community Infant Program provides comprehensive, therapeutic, home-based services with a focus on the mental health of infants aged prenatal to three Staff therapists work with families where there are concerns about the parents or caregivers ability to provide a secure and trusting relationship with their infant or child or when there may be rise of abuse or neglect
Presbyterian Medical Services PO BOX 22454 SANTA FE, NM 87502	85-0206810	501(c)(3)	170,392				Continue to reduce SF County's teen birth rate by averting pregnancies at Capital & Santa Fe High Schools, Project ANN - Dental Services for Children, Divert mentally ill/ substance abusing adults from repeated hospitalization & incarceration through psychosocial rehabilitation, Support mentally ill or dually-diagnosed adults moving toward stable health & stable housing

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NM Suicide Intervention Prevention PO Box 6004 SANTA FE, NM 87502	85-0427990	501(c)(3)	108,761				Deliver vital suicide prevention training skills, life skills, awareness & resource information to adolescents in SF county, Sky Center Adolescent HUGS - Wraparound, therapeutic, & non-traditional services for children & adolescents < 22 who are at high risk & are frequent utilizers of the CSV ED & the Juvenile Detention
Gerard's House PO Box 28693 SANTA FE, NM 87592	74-2834283	501(c)(3)	16,113				Provides Grief Support And Outreach Services For Children, Teens, And Families, Adolescent HUGS
IMPACT Personal Safety PO Box 8350 SANTA FE, NM 87504	85-0475597	501(c)(3)	8,056				IMPACT - Provide SF youth with violence prevention & personal safety classes by collaborating with SFPS, Adelante & the SFCYDC, Adolescent Hugs

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Pastoral Counseling 1751 Old Pecos Trl Ste E SANTA FE, NM 87505	85-0411553	501(c)(3)	12,085				Hire a full-time Community Resource Specialist to improve treatment between partner referring agencies
Youth Shelters & FAMILY SERVICES PO BOX 28279 SANTA FE, NM 87592	85-0324625	501(c)(3)	20,141				Youth Shelters provides unique life-changing services to homeless, runaway and in-crisis youth and their families
YouthWorks 1000 Cordova Pl 415 SANTA FE, NM 87501	85-0480524	501(c)(3)	6,445				Counseling & intervention-based Case-management & community resource connection for uninsured youth & adolescents in crisis

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
La Familia Medical Center PO Box 5395 SANTA FE,NM 87502	85-0220875	501(c)(3)	41,893	7,537	FMV	PHONE SVCS	Adult Health - Reduce health disparities related to diabetes & obesity, Money paid to A Advanced Tele for phone services for La Familia Medical Center
St Elizabeth Medical Respite 804 Alarid St SANTA FE,NM 87505	85-0347650	501(c)(3)	33,837				Provide medically compromised people w/ extended stays & monitored bed rest to allow them to recover from their illnesses or surgeries
Solace Crisis Center 6601 Valentine Way SANTA FE,NM 87507	85-0242274	501(c)(3)	37,059				Crisis intervention , resourcing & advocacy services for sexual assault or domestic violence survivors & other crime victims

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Life Link 2325 Cerrillos Rd SANTA FE, NM 87505	85-0360455	501(c)(3)	32,225				Suboxone clinic & discretionary assistance
Santa Fe Recovery 4100 Lucia Lane SANTA FE, NM 87507	85-0216976	501(c)(3)	32,628				Wraparound, Follow-up, & Medication Assisted Treatment Services for adult clients in Addiction treatment collaboration to existing drug and alcohol treatment services at Santa Fe Recovery Center
The Friendship Club 1414 Galisteo St SANTA FE, NM 87505	85-0324089	501(c)(3)	12,085				Social & peer support for those in early sobriety to better their chances for long term sobriety

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
National Alliance on Mental Illness (NAMI) PO BOX 6243 SUITE 8 SANTA FE, NM 87502	85-0299478	501(c)(3)	10,473				Peer to peer program launch new provider education program
Esperanza Shelter for Battered Families PO BOX 5701 SANTA FE, NM 87502	85-0313174	501(c)(3)	36,254				Implement "Seeking Safety" to help survivors empower themselves through Trauma & Substance Abuse into Safety & Sobriety
Kitchen Angels inc 1222 Siler Rd SANTA FE, NM 87507	85-0423492	501(c)(3)	10,876				Senior Care - Delivering free, nutritionally appropriate meals daily to low income, chronically ill, homebound individuals

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Coming Home Connection 418 Cerrillos Rd STE 28 SANTA FE, NM 87501	74-2853467	501(c)(3)	16,516				Coming Home Connection trains, places and coordinates volunteers to provide free in-home care and personal support to the most at-risk and vulnerable populations in our community including the elderly, the uninsured, low-income adults, children, military veterans with special needs and their immediate families who have fallen through the gaps in the healthcare delivery system
Cancer Foundation for New Mexico 490-A W ZIA RD SANTA FE, NM 87505	41-2079799	501(c)(3)	55,500				Provide support services for cancer patients, their families and caregivers, and educational programs for the community
United Way of Santa Fe 440 CERRILLOS RD STE A SANTA FE, NM 87501	85-0163601	501(c)(3)	173,212				Early Childhood - UWSFC is seeking support for the First Born Home Visiting Program to serve teen parents

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SVH Support Co 406 BOTULPH LN SANTA FE, NM 87505	26-1592592	501(c)(3)	15,375				Provide funds for scholarships for high school students
GIRLS INCORPORATED OF SANTA FE 301 HILLSIDE AVE SANTA FE, NM 87501	85-1029250	501(C)(3)	8,056				CHILD & ADOLESCENT HEALTH - ADOLESCENT HUGS
CITY OF SANTA FE PO BOX 909 SANTA FE, NM 87504	85-6000168	GOVERNMENT	50,000				Contribution to City of Santa Fe's Mobile Integrated Health Office

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" on 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

2015

Open to Public Inspection

Name of the organization
ST VINCENT HOSPITAL

Employer identification number
85-0106941

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☒ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	Yes	
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?	Yes	
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. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee		
4 During the year, did any person listed on 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?	Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	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		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III		No
6 For persons listed on 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?		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III		No
7 For persons listed on 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		No
8 Were any amounts reported on 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		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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 on 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 on 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
SUPPLEMENTAL COMPENSATION INFORMATION	SCHEDULE J, PART I, LINE 1A, COMPANION TRAVEL TAXABLE COMPENSATION WAS REPORTED TO VARIOUS OFFICERS AND BOARD MEMBERS RELATED TO COMPANION TRAVEL TO CHRISTUS MEETINGS. SUPPLEMENTAL COMPENSATION INFORMATION FORM 990, PART VII, LINE 1A AND SCHEDULE J, PART II DIRECTORS AND EX-OFFICIO DIRECTORS PROVIDE THEIR SERVICES AS MEMBERS OF THE BOARD WITHOUT COMPENSATION OR BENEFITS. ANY COMPENSATION AND BENEFITS DISCLOSED FOR SUCH PERSONS IS EARNED IN THE RESPECTIVE INDIVIDUAL'S ROLE AS AN OFFICER OR EMPLOYEE OF THE ORGANIZATION, NOT FOR THE INDIVIDUAL'S ROLE AS A BOARD MEMBER OR DIRECTOR. OFFICERS, KEY EMPLOYEES AND HIGHEST PAID EMPLOYEES ARE FULL-TIME EMPLOYEES. BOARD MEMBERS SPEND TIME AS NEEDED FOR BOARD MEETINGS AND FUNCTIONS. FORMER DIRECTOR, KATHY ARMIJO-ETRE RECEIVED \$183,885 FOR CONSULTING SERVICES AND NOT FOR SERVICES AS A DIRECTOR. CHRISTUS HEALTH, A MEMBER ORGANIZATION OF ST. VINCENT HOSPITAL, HAS A 50% OWNERSHIP AND THEREFORE DOES NOT MEET THE DEFINITION OF A RELATED ORGANIZATION SET FORTH BY THE FORM 990 INSTRUCTIONS. THE FOLLOWING PERSONS RECEIVED COMPENSATION FROM UNRELATED CHRISTUS HEALTH FOR SERVICES RENDERED TO ST. VINCENT DURING CALENDAR YEAR 2015. THE AMOUNTS BELOW ARE REFLECTED IN PART VII, SECTION A, COLUMN D AND SCHEDULE J, PART II, COLUMN (B)(II) ROW I AS FOLLOWS: MARGARET DITTRICH BONUS AND INCENTIVE COMPENSATION = \$32,771. BRUCE TASSIN BONUS AND INCENTIVE COMPENSATION = \$338,843.
EXPLANATION OF MEMBER ORG DETERMINING CEO/EXECUTIVE DIRECTOR'S COMP	SCHEDULE J, PART I, LINE 3. THE FILING ORGANIZATION'S CEO/EXECUTIVE DIRECTOR IS AN EMPLOYEE OF CHRISTUS HEALTH, A MEMBER ORGANIZATION. AS A RESULT, COMPENSATION IS ESTABLISHED AT THE CHRISTUS HEALTH LEVEL AND THE FILING ORGANIZATION DOES NOT HAVE A ROLE IN IMPLEMENTING THE METHODS USED TO ESTABLISH COMPENSATION OR IN DETERMINING CEO/EXECUTIVE DIRECTOR COMPENSATION. CHRISTUS HEALTH USES AN EXECUTIVE COMPENSATION COMMITTEE TO ESTABLISH AND APPROVE THE COMPENSATION OF THE FILING ORGANIZATION'S CEO/EXECUTIVE DIRECTOR. THIS COMMITTEE USES AN INDEPENDENT COMPENSATION CONSULTANT WHO PERFORMS BI-ANNUAL COMPENSATION SURVEY. SEVERANCE PAYMENT SCHEDULE J, PART I, LINE 4A UNDER THE SEVERANCE PLAN, ALL OR A PORTION OF THE BASE SALARY OF A PARTICIPATING EXECUTIVE WILL CONTINUE TO BE PAID TO THE EXECUTIVE FOR A LIMITED PERIOD OF TIME IF THE EXECUTIVE'S EMPLOYMENT WITH CHRISTUS AND ITS AFFILIATES IS INVOLUNTARILY TERMINATED. FRANTZ MELIO RECEIVED \$29,505 AS A SEVERANCE PAYMENT DURING CALENDAR YEAR 2015. CHRISTINE KIPP RECEIVED \$78,194 AS A SEVERANCE PAYMENT DURING CALENDAR YEAR 2015. PEARL MOHNKERN RECEIVED \$20,582 AS A SEVERANCE PAYMENT DURING CALENDAR YEAR 2015.
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	SCHEDULE J, PART I, LINE 4B. DEFERRED COMPENSATION INCLUDES EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN, AND PENSION RESTORATION PLAN. ESTIMATED PENSION BENEFITS WERE CALCULATED BASED ON THE PROVISIONS OF THE CURRENT PENSION RESTORATION PLAN AT 6% OF PENSIONABLE EARNINGS WHICH ARE OVER THE IRS LEGISLATIVE COMPENSATION LIMIT. SOME ASSOCIATES ARE GRANDFATHERED UNDER AN EARLIER LEGACY PENSION PLAN. IF A PARTICIPANT HAS PROTECTED PENSION BENEFITS UNDER SUCH LEGACY PLANS, HIS/HER PERCENTAGE IS ZERO UNDER THE SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN, AS THE PROTECTED BENEFIT IS ALREADY EQUAL TO OR BETTER THAN CURRENT MARKET.
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENTS	SCHEDULE J, PART I, LINE 4B AND SCHEDULE J, PART II, COLUMN (F), COMPENSATION REPORTED AS DEFERRED IN PRIOR FORM 990. PATRICK CARRIER RECEIVED \$247,837 DURING CALENDAR YEAR 2015 UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. RANDY SAFADY RECEIVED \$82,219 DURING CALENDAR YEAR 2015 UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. ALEX VALDEZ RECEIVED \$148,411 DURING CALENDAR YEAR 2015 UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. SUPPLEMENTAL COMPENSATION INFORMATION SCHEDULE J, PART II W-2. COMPENSATION MAY INCLUDE PAYMENTS RELATED TO COMPENSATION DEFERRED IN PRIOR YEARS. DEFERRED COMPENSATION MAY INCLUDE DEFERRALS OF CURRENT YEAR COMPENSATION UNDER EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN AND PENSION RESTORATION PLAN.
SUPPLEMENTAL COMPENSATION INFORMATION	SCHEDULE J, PART II, COLUMN (B)(II) BONUS AND INCENTIVE COMPENSATION MAY INCLUDE AMOUNTS THAT WERE DEFERRED IN A PRIOR YEAR BUT PAID OUT IN CALENDAR YEAR 2015.
DEFERRED COMPENSATION	SCHEDULE J, PART II, COLUMN C. DEFERRED COMPENSATION MAY INCLUDE EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN, EMPLOYER CONTRIBUTION TO 403(B) MATCHED SAVINGS PLAN, PENSION RESTORATION PLAN AND ESTIMATED PENSION BENEFITS UNDER CHRISTUS HEALTH CASH BALANCE PLAN. ESTIMATED PENSION BENEFITS WERE CALCULATED BASED ON THE PROVISIONS OF THE CURRENT CASH BALANCE PLAN AT 6% OF PENSIONABLE EARNINGS. SOME ASSOCIATES ARE GRANDFATHERED UNDER AN EARLIER PENSION PLAN. THESE GRANDFATHERED PARTICIPANTS, BASED ON COMPUTATION AT THE TIME OF THEIR RETIREMENT, WILL RECEIVE THE LARGER OF THE RETIREMENT BENEFIT COMPUTED UNDER THE CASH BALANCE PLAN COMPARED TO THE PREVIOUS PENSION PLAN. DUE TO THE COMPLEXITY OF CALCULATING AN ACCURATE BENEFIT COST FOR GRANDFATHERED PARTICIPANTS, THE FORM 990 REPORTS AS PENSION BENEFITS THEIR ANNUAL ESTIMATED CASH BALANCE PLAN ACCRUAL.

Additional Data

Software ID:
Software Version:
EIN: 85-0106941
Name: ST VINCENT HOSPITAL

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Patrick Camer Dir /Pres/CEO (Eff 11/2015)	(i)	835,921	139,629	259,001	193,527	26,643	1,454,721	247,837
	(ii)	0	0	0	0	0	0	0
1Tarek Dammad MD DIRECTOR (EFF 1/16)	(i)	584,224	0	0	17,500	10,890	612,614	0
	(ii)	0	0	0	0	0	0	0
2Randy SafadyDirector	(i)	0	0	0	0	0	0	0
	(ii)	1,043,670	748,548	83,086	345,534	38,933	2,259,771	82,219
3Bruce Tassin DIR /Pres/CEO (THRU 10/2015)	(i)	410,320	333,843	1,538	32,206	29,762	807,669	0
	(ii)	0	0	0	0	0	0	0
4Jason Adams Chief Operating Officer	(i)	331,676	125,695	1,539	66,730	30,024	555,664	0
	(ii)	0	0	0	0	0	0	0
5John Beeson MDCMO	(i)	421,543	107,222	1,539	78,261	31,697	640,262	0
	(ii)	0	0	0	0	0	0	0
6Robert MoonCFO	(i)	326,160	135,791	73,258	72,096	22,466	629,771	0
	(ii)	0	0	0	0	0	0	0
7Lillian Montoya VP-Public Policy/Communication	(i)	256,496	103,034	0	57,682	16,932	434,144	0
	(ii)	0	0	0	0	0	0	0
8Kathy Armigo-Etre VP COMMUNITY HEALTH	(i)	148,145	35,740	0	20,917	22,620	227,422	0
	(ii)	0	0	0	0	0	0	0
9Margaret Dittnch VP - AUDIT & COMPLIANCE	(i)	176,651	32,771	0	31,824	14,533	255,779	0
	(ii)	0	0	0	0	0	0	0
10Frantz Melio MD Pres-Phys Med GRP(THRU 11/15)	(i)	384,201	116,282	30,038	33,285	28,406	592,212	0
	(ii)	0	0	0	0	0	0	0
11Pearl Mohnkem VP - HR (THRU 11/2015)	(i)	261,721	52,566	23,053	36,516	11,480	385,336	0
	(ii)	0	0	0	0	0	0	0
12Robert Glick Pres-St Vincent Hospital FND	(i)	208,175	0	7,533	24,000	11,652	251,360	0
	(ii)	0	0	0	0	0	0	0
13Ron Dekeyzer INFO SYS REGIONAL DIRECTOR	(i)	166,095	0	17,269	9,526	2,659	195,549	0
	(ii)	0	0	0	0	0	0	0
14Philip Forno MDPhysician	(i)	1,090,235	0	0	18,000	21,686	1,129,921	0
	(ii)	0	0	0	0	0	0	0
15Samuel Chun MDPhysician	(i)	925,535	0	15,440	15,440	19,405	975,820	0
	(ii)	0	0	0	0	0	0	0
16Leroy Rise MDPhysician	(i)	855,970	0	0	22,247	16,485	894,702	0
	(ii)	0	0	0	0	0	0	0
17Philip Smucker MD Physician	(i)	854,187	0	0	18,000	15,659	887,846	0
	(ii)	0	0	0	0	0	0	0
18Donald Shina MDPhysician	(i)	864,521	0	0	18,000	16,798	899,319	0
	(ii)	0	0	0	0	0	0	0
19CHRISTINE KIPP CNO (THRU 8/2015)	(i)	0	0	0	0	0	0	0
	(ii)	206,523	70,727	86,413	25,542	11,445	400,650	0

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21ALEX VALDEZ FORMER PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
		- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -
	(ii)	469,528	172,965	216,077	106,384	- 19,959	- 984,913	148,411

SCHEDULE M

(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶Attach to Form 990.
- ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization ST VINCENT HOSPITAL	Employer identification number 85-0106941
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Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (REHAB & MEDICAL EQUIPMENT)	X	8	53,522	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	
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30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	Yes	No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	No
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN (B)	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED IN COLUMN (B)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization ST VINCENT HOSPITAL	Employer identification number 85-0106941
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Return Reference	Explanation
DOING BUSINESS AS	FORM 990, PAGE 1, ITEM C ST VINCENT HOSPITAL IS DOING BUSINESS AS CHRISTUS ST VINCENT REGIONAL MEDICAL CENTER DESCRIPTION OF OTHER PROGRAM SERVICE ACCOMPLISHMENTS FORM 990, PART III, LINE 4D COMMUNITY SERVICES FOR THE BROADER COMMUNITY HELPING TO PREPARE FUTURE HEALTHCARE PROFESSIONALS IS A DISTINGUISHING CHARACTERISTIC OF NONPROFIT HOSPITALS AND CONSTITUTES A SIGNIFICANT COMMUNITY BENEFIT ST VINCENT HOSPITAL ASSISTS IN THE EDUCATION OF HEALTHCARE PROFESSIONALS BY PROVIDING CLINICAL SETTINGS, SCHOLARSHIPS, INTERNSHIPS AND RESIDENCIES FOR PHY SICIANS, NURSES AND OTHER HEALTH PROFESSIONALS THE FOLLOWING ACTIVITIES WERE CONDUCTED IN THIS AREA ST VINCENT HOSPITAL FOUNDATION NURSE SCHOLARSHIPS (IN PARTNERSHIP WITH SANTA FE COMMUNITY COLLEGE AND NORTHERN NEW MEXICAN COLLEGE) AND THE ST VINCENT HOSPITAL MEDICAL RESIDENCY PROGRAM (A THREE-YEAR PRIMARY CARE RESIDENCY PROGRAM FOR PHY SICIANS IN PARTNERSHIP WITH THE UNIVERSITY OF NEW MEXICO, ALBUQUERQUE) ADDITIONALLY, ST VINCENT'S FUNDS THE "HEALTH CARE EXPLORERS" PROGRAM GEARED TO HIGH SCHOOL STUDENTS WITH AN INTEREST IN THE HEALTH CARE PROFESSION ST VINCENT HOSPITAL USED CASH DONATIONS AS A VEHICLE TO HELP OUR COMMUNITIES WE MADE CASH DONATIONS, IN ADDITION TO GRANTS, TO SUPPORT NONPROFIT HEALTHCARE ORGANIZA TIONS AND PROGRAMS, INCLUDING, BIG BROTHERS BIG SISTERS AND UNITED WAY ST VINCENT HOSPITAL ALSO MADE CASH AND IN-KIND DONATIONS TO FUND COMMUNITY INITIATIVES SUCH AS AN ANNUAL HOLIDAY COAT DRIVE FOR CHILDREN, PHYSICAL FITNESS PROGRAMS FOR CHILDREN AND ADULTS (NATIONAL DANCE INSTITUTE, ELEMENTARY SCHOOL FUN RUNS, SANTA FE CENTURY BIKE RIDE), SCHOOL HEALTH FAIRS AND WELLNESS PROGRAMS, ELDER/SENIOR SERVICES AND VETERANS' PROGRAMS, LOCAL AND NATIONAL SERVICE ORGANIZATION FUNDRAISERS (ROTARY, ELKS AND KIWANIS CLUBS), AND NATIVE AMERICAN PUEBLO HEALTH DAYS AND PHYSICAL FITNESS EVENTS ST VINCENT HOSPITAL ASSOCIATES SERVED ON LOCAL NONPROFIT BOARDS AND INITIATIVES THE HOSPITAL ALSO PROVIDES NO-COST MEETING SPACE TO COMMUNITY NONPROFIT ORGANIZATIONS AND GROUPS DURING FY 2016, ST VINCENT HOSPITAL ADVOCATED FOR IMPROVING PUBLIC POLICIES, WORKING TO ESTABLISH, AND IN SOME INSTANCES AUGMENT, GRASSROOTS ADVOCACY FOR GREATER ACCESS TO HEALTH CARE SERVICES FOR THE CONSTITUENTS WE SERVE FORM 990, PART III, LINE 4D COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED ST VINCENT HOSPITAL HAS RECOGNIZED THE NEED FOR SIGNIFICANT COMMUNITY -WIDE HEALTH AND HUMAN SERVICES BEYOND THE DIRECT SERVICES OF THE HOSPITAL AS SUCH, ST VINCENT PROVIDES FUNDING TO THOSE WITH LIMITED OR NO MEANS TO PAY, UNDERSERVED POPULATIONS AND THE BROADER COMMUNITY THESE PROGRAMS ARE FUNDED FROM THE HOSPITAL'S GENERAL FUNDS AND ARE PROVIDED EITHER DIRECTLY BY ST VINCENT OR THROUGH OTHER NONPROFIT COMMUNITY HEALTHCARE ORGANIZATIONS COLLABORATIVE EFFORTS WITH LA FAMILIA MEDICAL CENTER, PRESBYTERIAN MEDICAL SERVICES, WOMEN'S HEALTH SERVICES AND VILLA THERESE CATHOLIC CLINIC PROVIDE PRIMARY CARE TO MEET THE NEEDS OF THE POOR, UNDERSERVED AND HOMELESS ONE EXAMPLE OF CHRISTUS HEALTH, MEMBER ORGANIZATION, COMMUNITY BENEFITS ACCOUNTED FOR UNDER COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED INCLUDE THE CHRISTUS COMMUNITY DIRECT INVESTMENT PROGRAM (cdi) THE PURPOSE OF THE CDI PROGRAM IS TO SUPPORT COMMUNITY -DRIVEN INITIA TIVES PRIMARILY FOR AFFORDABLE HOUSING AND ECONOMIC DEVELOPMENT BY PROVIDING FINANCING AT BELOW-MARKET INTEREST RATES TO NOT-FOR-PROFIT ORGANIZATIONS AT TERMS NOT EXCEEDING MORE THAN FIVE YEARS THE INCOME LOST FROM THE DIFFERENCE IN THE MARKET RATE LESS OUR LOAN RATE (FOREGONE INCOME) IS CONSIDERED A COMMUNITY BENEFIT FOR REPORTING PURPOSES THE COST OF THESE INVESTMENTS IS NOT INCLUDED IN THE PROGRAM SERVICE EXPENSES OF ST VINCENT HOSPITAL THOUGH OUTSTANDING LOAN BALANCES VARY THROUGHOUT THE YEAR, THE OUTSTANDING LOAN BALANCE AT THE END OF FISCAL YEAR 2016 WAS \$285,475 THE FOREGONE INTEREST FOR ST VINCENT HOSPITAL IN FY 2016 WAS \$25,816 CHRISTUS HEALTH, MEMBER ORGANIZATION, HAS ESTABLISHED THE CHRISTUS FUND TO PROVIDE RESOURCES TO NOT-FOR-PROFIT AGENCIES AND GROUPS WHOSE MISSION, VISION AND GOALS ARE CONSISTENT WITH CHRISTUS HEALTH'S MISSION, VALUES AND PHILOSOPHY OF A HEALTHY COMMUNITY WE BELIEVE THAT BY WORKING TOGETHER, WE CAN MAKE A PROFOUND DIFFERENCE IN THE QUALITY OF PEOPLES' LIVES AND CREAT E SUSTAINABLE HEALTH IN OUR COMMUNITIES DURING FY 2016, THE TOTAL GRANT MONEY DISTRIBUTED TO THE ST VINCENT REGION WAS \$285,475 THE COST OF THESE GRANTS IS NOT INCLUDED IN THE PROGRAM SERVICE EXPENSE FOR ST VINCENT ST VINCENT HOSPITAL SUPPORTS THE NEEDS OF SPECIAL POPULATIONS IN THE COMMUNITY BY PROVIDING COMMUNITY HEALTH EDUCATION, COMMUNITY -BASED CLINICAL SERVICES, AND HEALTHCARE SUPPORT SERVICES, INCLUDING HEALTH AND SAFETY FAIRS, SCREENINGS AND EDUCATION FOR EARLY DETECTION OF DIABETES, CANCER AND HEART DISEASE, MATERNAL AND CHILD HEALTHCARE, VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT NURSE EXAMINERS, MEDICAL CARE FOR RESIDENTS IN CUSTODY, AND HEALTH EDUCATION PROGRAMS, SCREENINGS AND ADULT IMMUNIZATIONS TARGETED AT CERTAIN POPULATIONS SUCH AS PERSONS AGE 65 OR OLDER, INDIVIDUALS WITH DISABILITIES, THE UNDERINSURED AND UNINSURED, AND HISPANIC AND NATIVE AMERICAN POPULATIONS SOME EXAMPLES OF ST VINCENT HOSPITAL'S COMMUNITY BENEFITS ACCOUNTED FOR UNDER COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED INCLUDE DENTAL AND VISION SERVICES FOR UNINSURED CHILDREN AND TEENS ST VINCENT ALSO SUPPORTS COMMUNITY NONPROFIT AGENCIES AND PROGRAMS FOR THE POOR AND UNDERSERVED, INCLUDING LAS CUMBRES COMMUNITY SERVICES, THE ESPERANZA SHELTER FOR BATTERED FAMILIES, ST ELIZABETH HOMELESS SHELTER, KITCHEN ANGELS FOOD DISTRIBUTION PROGRAMS, YOUTH SHELTERS AND FAMILY SERVICES, THE NEW MEXICO SUICIDE INTERVENTION PROJECT, CATHOLIC CHARITIES, AND PRESBYTERIAN MEDICAL SERVICES SCHOOL HEALTH CLINICS ROOTED IN OUR MISSION AND TRADITION, THE FOUNDERS AND SPONSORS OF CHRISTUS HEALTH AND THOSE WHO CO-MINISTER WITH THEM SEEK NEW AND INNOVATIVE WAYS OF DELIVERING QUALITY HEATH CARE THAT IS BOTH AFFORDABLE AND ACCESSIBLE TO ALL TODAY, MORE THAN EVER, WE MUST AIM TO IMPROVE THE TOTAL HEALTH STATUS OF THE COMMUNITY THROUGH PROGRAMS THAT PLACE OUR SERVICES WHERE THEY ARE NEEDED MOST, WITH SPECIAL ATTENTION AND PREFERENCE GIVEN TO PROGRAMS THAT SUPPORT AND BENEFIT THE HEALTH AND WELFARE OF THE POOR AND UNDERSERVED COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED REPRESENT THE UNPAID COST OF SERVICES PROVIDED FOR WHICH A PATIENT IS NOT BILLED, OR FOR WHICH A FEE HAS BEEN ASSESSED THAT RECOVERS ONLY A PORTION OF THE COST OF THE RENDERED SERVICE THIS CATEGORY INCLUDES INITIATIVES THAT REACH OUT TO THOSE IN NEED THROUGH COMMUNITY HEALTH AND SOCIAL PROGRAMS THESE PROGRAMS SEEK JUSTICE FOR THE VULNERABLE AND WORK TO BRING ABOUT CHANGES IN OUR POLITICAL AND ECONOMIC SY STEMS THE PROGRAMS COVER A BROAD SPECTRUM OF SERVICES FROM CHARITY CLINICS TO IMMUNIZATIONS FOR CHILDREN AND SENIORS, AND A VARIETY OF OTHER SOCIAL SERVICES ST VINCENT HOSPITAL PROVIDES MEDICATION ASSISTANCE FOR COMMUNITY RESIDENTS WHO ARE UNABLE TO AFFORD THE MEDICATIONS THEY NEED THE HOSPITAL MEDICAL ACTION FUND PROVIDES MEDICATION FOR PATIENTS WITHOUT THE ABILITY TO PAY THE HOSPITAL WORKS WITH PHARMA CEUTICAL COMPANIES WHEN MEDICATIONS ARE AVAILABLE FOR THIS PURPOSE

Return Reference	Explanation
DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, SECTION A, LINE 6 THE MEMBERS OF ST VINCENT HOSPITAL ARE SVH SUPPORT CO, A NEW MEXICO NONPROFIT CORPORATION, AND CHRISTUS HEALTH, A TEXAS NONPROFIT CORPORATION DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS FORM 990, PART VI, SECTION A, LINE 7A THE MEMBERS ARE GRANTED THE RIGHT TO APPOINT THE PRESIDENT OF THE CORPORATION THE BOARD OF DIRECTORS IS DIVIDED EQUALLY INTO TWO CLASSES THE SVH SUPPORT CO CLASS AND THE CHRISTUS HEALTH CLASS THE SVH SUPPORT CO CLASS SHALL APPOINT ITS SUCCESSORS THE CHRISTUS HEALTH CLASS SHALL BE APPOINTED BY CHRISTUS HEALTH

Return Reference	Explanation
DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS	FORM 990, PART VI, SECTION A, LINE 7B THE MEMBERS, SVH SUPPORT CO AND CHRISTUS HEALTH, HAVE THE FOLLOWING POWERS APPOINT THE PRESIDENT OF THE CORPORATION, APPROVE AMENDMENTS TO, OR AMEND THE ARTICLES OF INCORPORATION OF THE CORPORATION, APPROVE AMENDMENTS TO, OR AMEND THE BY LAWS OF THE CORPORATION, APPROVE THE MERGER, CONSOLIDATION OR DISSOLUTION OF THE CORPORATION, APPROVE THE SALE, CONTRIBUTION, DONATION OR OTHER TRANSFER OF SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION, APPROVE THE TRANSFER IN ANY 12-MONTH PERIOD OF MORE THAN \$5,000,000 TO ANY OTHER PERSON, APPROVE THE CREATION OF OR CREATE A NEW AFFILIATE, APPROVE THE AFFILIATION OF THE CORPORATION WITH ANY OTHER PERSON, ESTABLISH, TERMINATE OR TRANSFER ANY SIGNIFICANT PROGRAM OR SERVICE LINE OF THE CORPORATION, APPROVE THE INCURRENCE IN ANY 12-MONTH PERIOD OF ANY DEBT OF THE CORPORATION IN EXCESS OF \$5,000,000, APPROVE ANY LOAN OF FUNDS BY A MEMBER TO THE CORPORATION, ACCEPT ON BEHALF OF THE CORPORATION ANY GIFT OR BEQUEST CONDITIONED ON A LONG-TERM OR OTHER SIGNIFICANT OBLIGATION, ADOPT, APPROVE AMENDMENTS TO, OR AMEND THE MISSION, STRATEGIC PLAN OR CHARITY CARE POLICY OF THE CORPORATION, AND APPROVE ANY REQUEST BY THE CORPORATION FOR ONE OR BOTH MEMBERS TO MAKE A CONTRIBUTION TO THE CORPORATION OTHER THAN CONTRIBUTIONS APPROVED BY THE MEMBERS ON OR BEFORE APRIL 8, 2008

Return Reference	Explanation
DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990	FORM 990, PART VI, SECTION B, LINE 11B THE FORM 990 IS PREPARED AND REVIEWED BY THE ORGANIZATION'S EXTERNAL INDEPENDENT ACCOUNTANTS THE CHRISTUS HEALTH ACCOUNTING DEPARTMENT WORKS WITH AN EXTERNAL ACCOUNTING FIRM IN PREPARATION AND REVIEW OF THE FORM 990 THE FILING ORGANIZATION'S CFO, OR OTHER DESIGNEE, REVIEWS THE FORM 990 THE FINAL FORM 990 THAT WILL BE FILED WITH THE IRS IS POSTED TO A SECURE INTERNET PORTAL FOR ALL MEMBERS OF THE BOARD OF DIRECTORS TO VIEW REVIEW OF THE FINAL FORM 990 OCCURS PRIOR TO FILING WITH THE IRS IN THE SPRING 2017 VIA A WEB PORTAL POLLING TOOL BY THE RESPECTIVE ORGANIZATION'S BOARD, BASED ON A SET OF SUGGESTED REVIEW PROCESSES DEVELOPED BY CHRISTUS HEALTH

Return Reference	Explanation
DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	FORM 990, PART VI, SECTION B, LINE 12C AT THE END OF EACH CALENDAR YEAR, THE CHRISTUS HEALTH CORPORATE SECRETARY DISTRIBUTES A CONFLICT OF INTEREST QUESTIONNAIRE TO ALL OF THE ORGANIZATION'S BOARD AND COMMITTEE MEMBERS FOR COMPLETION PRIOR TO THE 1ST OF JANUARY IN THE NEXT YEAR. THE CORPORATE SECRETARY THOROUGHLY REVIEWS ALL COMPLETED AND EXECUTED CONFLICT OF INTEREST QUESTIONNAIRE FORMS TO ENSURE ACCURACY AND THAT NO POTENTIAL OR IDENTIFIED CONFLICT IS DISCLOSED OR EXISTS. THE ORGANIZATION'S BOARD OF DIRECTORS IS RESPONSIBLE FOR ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY OF THE ORGANIZATION. AT THE BEGINNING OF EACH BOARD MEETING AN ANNOUNCEMENT IS MADE THAT IF ANY BOARD MEMBER DETERMINES THAT HE OR SHE HAS A CONFLICT OF INTEREST BASED ON ANY AGENDA ITEM, HE OR SHE MUST DECLARE SO AND EXCUSE HIM OR HERSELF FROM ANY DISCUSSIONS RELATED TO SUCH ITEM.

Return Reference	Explanation
COMPENSATION DETERMINATION PROCESS	FORM 990, PART VI, SECTION B, LINES 15A & 15B THE EXECUTIVE COMPENSATION COMMITTEE OF CHRISTUS HEALTH DETERMINES THE COMPENSATION OF THE CEO (OR EXECUTIVE DIRECTOR, AS APPLICABLE), OFFICERS AND KEY EMPLOYEES OF CHRISTUS HEALTH, ITS RELATED ORGANIZATIONS AND ORGANIZATIONS FOR WHICH IT IS A MEMBER, INCLUDING ST VINCENT HOSPITAL. THE EXECUTIVE COMPENSATION COMMITTEE IS COMPOSED OF INDIVIDUALS WHO HAVE NO CONFLICT OF INTEREST WITH THE COMPENSATION ARRANGEMENTS AT HAND. THE EXECUTIVE COMPENSATION COMMITTEE OF THE CHRISTUS HEALTH BOARD SELECTS AN INDEPENDENT EXTERNAL FIRM TO PERFORM AN INDEPENDENT COMPENSATION REVIEW, TO ENSURE THAT ALL COMPENSATION IS REASONABLE AND COMPARABLE TO OTHER SIMILARLY SITUATED ORGANIZATIONS, FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS, AND TO PROVIDE SUPPORTING INFORMATION OF COMPENSATION DECISIONS. ON AN ANNUAL BASIS THE EXTERNAL CONSULTANT 1 DEVELOPS THE MERIT INCREASE RECOMMENDATIONS FOR ALL DESIGNATED SYSTEM EXECUTIVES BASED ON MARKET COMPARABILITY. 2 RECOMMENDS THE CHANGES IN THE COMPENSATION STRUCTURE (GRADES) BASED ON THE MARKET CHANGES. 3 COMPLETES A REVIEW AND EVALUATION OF NEWLY CREATED POSITIONS TO RECOMMEND A GRADE PLACEMENT TO THE COMMITTEE FOR ITS DISCUSSION AND APPROVAL. ON A BI-ANNUAL BASIS, THE EXTERNAL CONSULTANT COMPLETES A DETAILED REVIEW OF ALL OTHER DESIGNATED SYSTEM EXECUTIVES' COMPENSATION AND BENEFITS. THIS GROUP INCLUDES ALL TOP MANAGEMENT OFFICIALS, OTHER OFFICERS AND KEY LEADERS OF THE ORGANIZATION. THE REVIEW INCLUDES RECOMMENDATIONS TO THE COMMITTEE ON ANY CHANGES NECESSARY IN EITHER SPECIFIC COMPENSATION OR COMPENSATION STRUCTURE TO ENSURE MARKET COMPETITIVENESS, REASONABLENESS AND INTERNAL EQUITY. UPON RECOMMENDATIONS FROM THE INDEPENDENT EXTERNAL FIRM, THE EXECUTIVE COMPENSATION COMMITTEE MAKES FINAL COMPENSATION DECISIONS. ADDITIONALLY, THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS ALL COMPENSATION PAYMENTS FOR EXCESS BENEFIT TRANSACTIONS.

Return Reference	Explanation
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC	FORM 990, PART VI, SECTION C, LINE 19 THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CHRISTUS HEALTH ARE MADE AVAILABLE TO THE PUBLIC VIA THE CHRISTUS HEALTH WEBSITE THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC

Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION	FORM 990, PART VII AND FORM 990, SCHEDULE J FORMER DIRECTOR ERNIE SADAU IS THE PRESIDENT/CEO OF CHRISTUS HEALTH, A MEMBER ORGANIZATION OF ST VINCENT HOSPITAL CHRISTUS HEALTH HAS 50% OWNERSHIP OF ST VINCENT HOSPITAL, AND THEREFORE DOES NOT MEET THE DEFINITION OF A RELATED ORGANIZATION SET FORTH BY THE FORM 990 INSTRUCTIONS THEREFORE, ERNIE'S COMPENSATION IS NOT REPORTED AS RELATED COMPENSATION ON FORM 990, PART VII, OR FORM 990, SCHEDULE J, PART II FOR INFORMATIONAL PURPOSES, ERNIE SADAU RECEIVED THE FOLLOWING COMPENSATION PAID BY CHRISTUS HEALTH DURING CALENDAR YEAR 2015 BASE COMPENSATION = \$1,682,578 BONUS AND INCENTIVE COMPENSATION = \$1,682,553 OTHER REPORTABLE COMPENSATION = \$ 459,989 RETIREMENT AND OTHER DEFERRED COMPENSATION = \$ 680,407 NON-TAXABLE BENEFITS = \$ 57,003 COMPENSATION REPORTED IN PRIOR FORM 990 = \$ 443,528 FORMER DIRECTOR PAUL GENERALE IS THE VICE PRESIDENT/SENIOR FINANCIAL OFFICER OF CHRISTUS HEALTH, A MEMBER ORGANIZATION OF ST VINCENT HOSPITAL CHRISTUS HEALTH HAS 50% OWNERSHIP OF ST VINCENT HOSPITAL, AND THEREFORE DOES NOT MEET THE DEFINITION OF A RELATED ORGANIZATION SET FORTH BY THE FORM 990 INSTRUCTIONS THEREFORE, PAUL'S COMPENSATION IS NOT REPORTED AS RELATED COMPENSATION ON FORM 990, PART VII, OR FORM 990, SCHEDULE J, PART II FOR INFORMATIONAL PURPOSES, PAUL GENERALE RECEIVED THE FOLLOWING COMPENSATION PAID BY CHRISTUS HEALTH DURING CALENDAR YEAR 2015 BASE COMPENSATION = \$ 720,666 BONUS AND INCENTIVE COMPENSATION = \$ 555,702 OTHER REPORTABLE COMPENSATION = \$ 18,532 RETIREMENT AND OTHER DEFERRED COMPENSATION = \$ 253,196 NON-TAXABLE BENEFITS = \$ 33,383 COMPENSATION REPORTED IN PRIOR FORM 990 = \$ 18,532

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9 NET CHANGE IN BENEFICIAL INTEREST \$ 3,156,554 EXPANSION PROJECT DONATIONS \$ 2,000 DISTRIBUTIONS \$ (778,315) TEMPORARILY RESTRICTED TRANSFER OF CONTRIBUTIONS \$(2,000,000) ----- TOTAL \$ 380,239

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHY S I C I A N S E R V I C E S T O T A L F E E S 25145658

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION REPAIRS & MAINTENANCE SERVICES TOTAL FEES 21813787

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OUTSIDE PURCHASED SERVICES TOTAL FEES 17405235

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION BILLING SERVICES TOTAL FEES 2461312

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION COLLECTION SERVICES TOTAL FEES 1395387

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER SERVICES TOTAL FEES 2243493

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► 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.

Name of the organization ST VINCENT HOSPITAL	Employer identification number 85-0106941
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Part I

Identification of Disregarded Entities

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NORTHERN NEW MEXICO ACOLLC PO BOX 2107 SANTA FE, NM 87504 81-2778178	ACO	NM	0	300	SVH
(2) NEW MEXICO ANESTHESIA ASSOCIATESLLC PO BOX 2107 SANTA FE, NM 87504 47-2454355	MEDICAL SVCS	NM	6,854,757	2,763,213	SVH
(3) SANTA FE MEDICAL DENTAL BUILDINGLLC PO BOX 2107 SANTA FE, NM 87504 47-3871349	LEASING BLDG	NM	1,817,053	19,787,170	SVH

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
(1) ST VINCENT HOSPITAL FOUNDATION 455 ST MICHAELS DRIVE SANTA FE, NM 87505 85-0282847	FUNDRSNG ACTV	NM	501(C)(3)	11 Type I	VH	Yes	
(2) ST VINCENT HOSPITAL AUXILIARY 455 ST MICHAELS DRIVE SANTA FE, NM 87505 85-6010108	Volunteer Act	NM	501(C)(3)	11 type I	VH	Yes	

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	
(1) SANTA FE IMAGING LLC 1640 HSPL DR SANTA FE, NM 87505 85-0465936	IMAGING CENTER	NM	VH	RELATED	994,537	2,725,876		No	0		No	51 000 %

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

Part V

Transactions With Related Organizations

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

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

1

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

a

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

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

No

e

Loans or loan guarantees by related organization(s)

1e

No

f

Dividends from related organization(s)

1f

No

g

Sale of assets to related organization(s)

1g

No

h

Purchase of assets from related organization(s)

1h

No

i

Exchange of assets with related organization(s)

1i

No

j

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

1j

No

k

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

1k

No

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

No

n

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

1n

No

o

Sharing of paid employees with related organization(s)

1o

No

p

Reimbursement paid to related organization(s) for expenses

1p

Yes

q

Reimbursement paid by related organization(s) for expenses

1q

No

r

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

1r

No

s

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

1s

No

2

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)ST VINCENT FOUNDATION	C	2,053,522	ACCRUAL

Schedule R (Form 990) 2015

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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