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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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](#)

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☐ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC

Doing business as

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

2001 WEST 86TH STREET

City or town, state or province, country, and ZIP or foreign postal code

INDIANAPOLIS, IN 462601991

F Name and address of principal officer

AARON J FELDMAN

2001 WEST 86TH STREET

INDIANAPOLIS, IN 462601991

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

0928

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

www.stvincent.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1881

M State of legal domicile

IN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

To improve the health and well-being of all people in the communities we serve

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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

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

Tonya Mershon Tax Officer

Type or print name and title

2017-11-02

Date

Paid Preparer Use Only

Print/Type preparer's name

SAMANTHA BOKORI

Preparer's signature

SAMANTHA BOKORI

Date

Check ☐ if self-employed

PTIN

P01057347

Firm's name

▶ DELOITTE TAX LLP

Firm's EIN

▶ 86-1065772

Firm's address

▶ 111 MONUMENT CIRCLE SUITE 4200

Phone no

(317) 464-8600

INDIANAPOLIS, IN 462045108

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

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

Our Mission as part of a Catholic health care system is to further the healing ministry of Jesus by continually improving the health and well-being of all people, especially the poor, in the communities we serve

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 \$ 956,565,041	including grants of \$ 2,751,488)	(Revenue \$ 1,306,344,848)
	See Additional Data			

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)			
	(Expenses \$	including grants of \$	(Revenue \$	)

4e	Total program service expenses	956,565,041
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f 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 Yes	
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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	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	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32 Yes	
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a	350
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	6,039
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	13	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	10	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes
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	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
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	No
b	Other officers or key employees of the organization	15b	No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
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: IN

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
 ▶ LISA EARL 4040 Vincennes Circle INDIANAPOLIS, IN 46268 (317) 334-2734

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

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

Form **990** (2016)

[illegible]

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 ▶ 435

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
Surgery Center of Indianapolis 2007 N Capitol Ave Indianapolis, IN 46202	MEDICAL SERVICES	17,062,633
Mid America Clinical Laboratories PO Box 642263 Pittsburgh, PA 15264	LAB SERVICES	7,884,610
ORTHOPAEDICS INDIANAPOLIS PC 10601 N Meridian St STE 200 Indianapolis, IN 46290	MEDICAL SERVICES	7,103,286
HANCOCK PHYSICIAN NETWORK LLC 156 W Muskegon Dr GREENFIELD, IN 46140	MEDICAL SERVICES	5,482,118
NORTHSIDE ANESTHESIA SERVICES LLC 450 E 96th Street Ste 200 Indianapolis, IN 46240	ANESTHESIA SERVICES	5,354,971

Form 990 (2016)

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☒

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c				
	d Related organizations	1d	15,222,322			
	e Government grants (contributions)	1e	930,791			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,825,682			
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f		25,978,795			
Program Service Revenue		Business Code				
	2a Net Patient Revenue	621990	1,269,797,900	1,269,797,900		
	b Intercompany Shared Services	900099	1,911,298	1,911,298		
	c EHR Incentive Revenue	900099	881,251	881,251		
	d _____					
	e _____					
	f All other program service revenue		0	0	0	0
	g Total. Add lines 2a-2f		1,272,590,449			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		257,082			257,082
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real (ii) Personal				
		1,525,963				
	b Less rental expenses					
	c Rental income or (loss)	1,525,963 0				
	d Net rental income or (loss)		1,525,963			1,525,963
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
			89,614			
	b Less cost or other basis and sales expenses		8,875			
	c Gain or (loss)	0 80,739				
	d Net gain or (loss)		80,739			80,739
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	0			
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events		0			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						
10a Gross sales of inventory, less returns and allowances	a	569,980				
b Less cost of goods sold	b	12,967,692				
c Net income or (loss) from sales of inventory		-12,397,712			-12,397,712	
Miscellaneous Revenue	Business Code					
11a Joint Venture Revenue	621990	14,520,093	14,433,108	86,985		
b Billing Arrangement Revenue	900099	13,005,618	13,005,618			
c Pharmacy Revenue	621990	8,627,176			8,627,176	
d All other revenue		11,301,562	6,315,673	1,115,938	3,869,951	
e Total. Add lines 11a-11d		47,454,449				
12 Total revenue. See Instructions		1,335,489,765	1,306,344,848	1,202,923	1,963,199	

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,741,404	2,741,404		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	10,084	10,084		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	7,218,278		7,218,278	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	369,074,245	336,586,462	32,487,783	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	8,239,284	7,491,180	748,104	
9 Other employee benefits.	68,343,037	61,462,617	6,880,420	
10 Payroll taxes.	22,402,198	20,072,549	2,329,649	
11 Fees for services (non-employees):				
a Management.	6,821,406	6,112,034	709,372	
b Legal.	2,633,066	2,359,248	273,818	
c Accounting.				
d Lobbying.	24,747		24,747	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	32,655,316	29,281,577	3,373,739	0
12 Advertising and promotion.	237,729	213,007	24,722	
13 Office expenses.	3,278,190	2,937,284	340,906	
14 Information technology.	663,543	594,540	69,003	
15 Royalties.				
16 Occupancy.	31,115,024	27,879,310	3,235,714	
17 Travel.	2,871,678	2,573,046	298,632	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	67,848	60,792	7,056	
20 Interest.	5,765,349	5,165,799	599,550	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	29,774,053	26,677,790	3,096,263	
23 Insurance.	5,692,612	5,692,612		
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.	188,755,289	169,126,249	19,629,040	
b Corporate Expense.	121,388,591	108,765,149	12,623,442	
c Purchased Services.	108,752,538	97,443,144	11,309,394	
d Federal Income Tax.	101,051	101,051		
e All other expenses.	48,245,800	43,218,113	5,027,687	0
25 Total functional expenses. Add lines 1 through 24e.	1,066,872,360	956,565,041	110,307,319	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		9,243,320	2	8,956,253
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net		233,782,231	4	208,943,130
	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.			6	0
	7	Notes and loans receivable, net			7	0
	8	Inventories for sale or use		17,244,336	8	19,320,283
	9	Prepaid expenses and deferred charges		2,198,407	9	2,366,382
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a	799,228,471		
	b	Less: accumulated depreciation	10b	584,781,558		
				188,481,602	10c	214,446,913
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		3,775,342	12	3,748,001
	13	Investments—program-related. See Part IV, line 11		74,016,879	13	73,590,709
	14	Intangible assets		59,397,179	14	59,665,923
15	Other assets. See Part IV, line 11		598,824,452	15	35,462,198	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,186,963,748	16	626,499,792	
Liabilities	17	Accounts payable and accrued expenses		73,084,579	17	87,423,738
	18	Grants payable			18	
	19	Deferred revenue			19	0
	20	Tax-exempt bond liabilities			20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		360,044,394	25	353,393,307
	26	Total liabilities. Add lines 17 through 25		433,128,973	26	440,817,045
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		749,272,110	27	180,583,346
	28	Temporarily restricted net assets		4,562,665	28	5,099,401
	29	Permanently restricted net assets			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		753,834,775	33	185,682,747
34	Total liabilities and net assets/fund balances		1,186,963,748	34	626,499,792	

Part XI Reconciliation of Net AssetsCheck 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	1,335,489,765
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,066,872,360
3	Revenue less expenses Subtract line 2 from line 1	3	268,617,405
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	753,834,775
5	Net unrealized gains (losses) on investments	5	139,630
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-836,909,063
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	185,682,747

Part XII Financial Statements and ReportingCheck 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	

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 35-0869066
Name: ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC

Form 990 (2016)

Form 990, Part III, Line 4a:

St Vincent Hospital and Health Care Center (SVHHCC) is a 935-bed hospital campus serving Marion and contiguous counties and providing services without regard to patient race, creed, national origin, economic status, or ability to pay. SVHHCC provided services through these major service lines or centers: Cancer Care, Neuroscience, Orthopedics, Heart Center, Peyton Manning Children's Hospital, Women's Hospital, and Stress Center. During fiscal year 2017, SVHHCC treated 33,608 adults and children for a total of 205,811 patient days of service. The hospital also provided services for 791,674 outpatient visits, which included 19,724 outpatient surgeries and 73,332 Emergency Room Visits. Other key services include Digestive Health, Diabetes Care, Center for Healthy Aging, Center for Joint Replacement, Breast Care Services, Mental Health Services, Surgery Services, Sports Medicine, Emergency Departments (Adult and Pediatric), and Primary Health Care. Some of these services operate at a loss in order to ensure that comprehensive services are available to the community. See Schedule H for a non-exhaustive list of community benefit programs and descriptions.

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			
JONATHAN S NALLI CEO-MINISTRY MARKET INDIANA	0 2	X		X				2,549,517	0	51,889
AARON J FELDMAN MD EX-OFFICIO / PRES SVHHC	20 0	X		X				778,504	0	39,990
MICHAEL B MASON CHAIRMAN	20 0	X		X				0	0	0
MOIRA CARLSTEDT VICE-CHAIRMAN	0 2	X		X				0	0	0
NEEDHAM RICHARD HURST SECRETARY	0 2	X		X				0	0	0
KEVIN BOWER DIRECTOR	0 2	X						0	0	0
CHARLES J GARCIA DIRECTOR	0 2	X						0	0	0
SANFORD GARNER DIRECTOR	0 2	X						0	0	0
MICHAEL HALL DIRECTOR	0 2	X						0	0	0
ANN LATHROP DIRECTOR	0 2	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			
DEBORAH A LAWRENCE DIRECTOR	02	X						0	0	0
SISTER THERESA SULLIVAN DC DIRECTOR	02	X						0	0	0
MALCOLM BELL HERRING MD DIRECTOR (END 8/2016)	02	X						0	0	0
INGRID E MASON MD DIRECTOR/CMIO MINISTRY MARKET INDIANA	398	X						99,998	0	0
CHERYL A HARMON COO-MINISTRY MARKET INDIANA	200			X				813,173	0	25,631
TERRENCE METZGER CFO INDPLS HOSPITAL REGION	226			X				270,122	0	34,399
RICHARD K FREEMAN MD CMO-MINISTRY MARKET INDIANA	200			X				724,848	2,284	48,595
MARY MYERS CNO	212			X				410,461	0	42,755
ERICA L WEHRMEISTER COO - INDPLS	200			X				410,071	0	43,364
JEFFREY ROTHENBERG MD INTERIM CMO INDPLS HOSPITAL REGION	200			X				207,494	0	21,811

SCHEDULE A (Form 990 or 990-EZ)	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 2016 Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC		Employer identification number 35-0869066

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 ☐ 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)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- 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- 10 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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
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? <i>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.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
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 .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 ☐ 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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

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

2016

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 AND HEALTH CARE CENTER INC	Employer identification number 35-0869066
--	--

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

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) 2013	(b) 2014	(c) 2015	(d) 2016	(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	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		24,747
j	Total. Add lines 1c through 1i			24,747
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	LOBBYING EXPENSES REPRESENT THE PORTION OF DUES PAID TO NATIONAL AND STATE HOSPITAL ASSOCIATIONS THAT IS SPECIFICALLY ALLOCABLE TO LOBBYING ST VINCENT HOSPITAL AND HEALTH CARE CENTER, INC DOES NOT PARTICIPATE IN OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTING OF STATEMENTS) ANY POLITICAL CAMPAIGN ON BEHALF OF (OR IN OPPOSITION TO) ANY CANDIDATE FOR PUBLIC OFFICE
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	LOBBYING EXPENSES REPRESENT THE PORTION OF DUES PAID TO NATIONAL AND STATE HOSPITAL ASSOCIATIONS THAT IS SPECIFICALLY ALLOCABLE TO LOBBYING ST VINCENT HOSPITAL AND HEALTH CARE CENTER, INC DOES NOT PARTICIPATE IN OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTING OF STATEMENTS) ANY POLITICAL CAMPAIGN ON BEHALF OF (OR IN OPPOSITION TO) ANY CANDIDATE FOR PUBLIC OFFICE

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493135136488	
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 2016 Open to Public Inspection
Name of the organization ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC				Employer identification number 35-0869066	
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) ☐ Preservation of an historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		2d			
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				► \$
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D	Schedule D (Form 990) 2016	

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages 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

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,745,252	9,827,236		11,572,488
b Buildings		491,881,980	357,869,685	134,012,295
c Leasehold improvements		11,093,014	10,343,463	749,551
d Equipment		255,789,582	216,568,410	39,221,172
e Other		28,891,407		28,891,407
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				214,446,913

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) THE SURGERY CENTER OF INDIANAPOLIS, LLC	1,877,676	C
(2) HANCOCK HEALTH NETWORK, LLC	1,218,938	C
(3) NEURO ONCOLOGY EQUIPMENT, LLC	395,823	C
(4) BREAST MRI LEASING COMPANY, LLC	119,273	C
(5) MID AMERICA CLINICAL LABORATORIES, LLC	9,048,294	C
(6) WITHAM ST VINCENT CANCER INSTITUTE, LLC	238,586	C
(7) INDIANA ORTHOPAEDIC HOSPITAL, LLC	60,690,305	C
(8) WOMEN'S SERVICES MANAGEMENT, LLC	1,814	C
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶	73,590,709	

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) Interest in investments held by Ascension Health Alliance	
(2) Intercompany Receivables	12,126,352
(3) Donor Restricted Funds	5,099,401
(4) Other Assets	537,980
(5) Estimated Settlements from Third-Party Payor	5,058,772
(6) Gross Other Receivables	11,090,734
(7) Miscellaneous Current Assets	-273,303
(8) Physician Guarantee	1,822,262
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	35,462,198

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Estimated Settlement to Third-Party Payor	46,916,784
Intercompany Payables	128,033,087
Intercompany Debt with Ascenion Health Alliance	164,149,316
Other Nocurrent Liabilities	
Savings Plan Liability	4,005,474
Physician Guarantee	1,822,262
Pension Liability	8,466,384
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	353,393,307

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☒

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 35-0869066
Name: ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
(1) Interest in investments held by Ascension Health Alliance	
(2) Intercompany Receivables	12,126,352
(3) Donor Restricted Funds	5,099,401
(4) Other Assets	537,980
(5) Estimated Settlements from Third-Party Payor	5,058,772
(6) Gross Other Receivables	11,090,734
(7) Miscellaneous Current Assets	-273,303
(8) Physician Guarantee	1,822,262

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The System accounts for uncertainty in income tax positions by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. The System has determined that no material unrecognized tax benefits or liabilities exist as of June 30, 2017.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC

Employer identification number

35-0869066

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
(1) Sub-Saharan Africa	0	0	Grantmaking		10,084
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			10,084
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			10,084

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)
(1)			Sub-Saharan Africa	GENERAL SUPPORT	10,084	CHECK			
(2)									
(3)									
(4)									

- 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 **1**
- 3 Enter total number of other organizations or entities **0**

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 separately 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)* ☐ 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ 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).

Return Reference	Explanation
Schedule F, Part I, Line 2 Procedures for monitoring use of grant funds	The finance committee ensures that funds are distributed appropriately according to Ascension Health's strategic business plan and consistent with corporate policies and procedures

Return Reference	Explanation
Schedule F, Part I, Line 2 PROCEDURES FOR MONITORING USE OF GRANT FUNDS	The finance committee ensures that funds are distributed appropriately according to Ascension Health's strategic business plan and consistent with corporate policies and procedures

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 2016 Open to Public Inspection
Name of the organization ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC		Employer identification number 35-0869066

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 <u>25000 %</u>	3a	Yes	
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 _____ %	3b	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)			34,265,119		34,265,119	3 21 %
b Medicaid (from Worksheet 3, column a)			244,273,935	207,566,073	36,707,862	3 44 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	278,539,054	207,566,073	70,972,981	6 65 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	30	43,907	749,188		749,188	0 07 %
f Health professions education (from Worksheet 5)	3	1,698	21,520,820		21,520,820	2 02 %
g Subsidized health services (from Worksheet 6)					0	0 %
h Research (from Worksheet 7)	1	880	14,566		14,566	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	8	16,941	2,783,797		2,783,797	0 26 %
j Total. Other Benefits	42	63,426	25,068,371	0	25,068,371	2 35 %
k Total. Add lines 7d and 7j	42	63,426	303,607,425	207,566,073	96,041,352	9 00 %

Part III

Community 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	1	5	1,680		1,680	0 %
2 Economic development	1	10	5,902		5,902	0 %
3 Community support	1	3,745	64,964		64,964	0 01 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members	1	2	60		60	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy	1	1	85		85	0 %
8 Workforce development	1	147	10,316		10,316	0 %
9 Other					0	0 %
10 Total	6	3,910	83,007	0	83,007	0 01 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

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

1

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

7,510,006

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

2,253,002

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

308,473,726

6

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

6

378,182,320

7

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

7

-69,708,594

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

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

Part IV

Management 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 THE SURGERY CENTER OF INDIANAPOLIS LLC	SURGERY CENTER	40 %		49 98 %
2 INDIANA ORTHOPAEDIC HOSPITAL LLC	ORTHOPAEDIC HOSPITAL	20 %		80 %
3 BREAST MRI LEASING COMPANY LLC	IMAGING CENTER	50 %		50 %
4 NEURO ONCOLOGY EQUIPMENT LLC	STEREOTACTIC RADIO SURGERY SERVICES	50 %		50 %
5 WOMEN'S SERVICES MANAGEMENT LLC	MANAGEMENT COMPANY	5 %		95 %
6				
7				
8				
9				
10				
11				
12				
13				

Schedule H (Form 990) 2016

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

4

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

	Other (Describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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)

A

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):** _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	☒ 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	☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
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	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	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	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)	7	Yes
a	☒ Hospital facility's website (list url) <u>https://www.stvincent.org/how-we-are-different/community-assessment</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	8	Yes
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? If "Yes" (list url) <u>https://www.stvincent.org/how-we-are-different/community-assessment</u>	10	Yes
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
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? \$ _____		

Part V Facility Information *(continued)***Financial Assistance Policy (FAP)**

A

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	Yes	
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250.0 % and FPG family income limit for eligibility for discounted care of 400.0 %		
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?	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)	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	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	☒ The FAP was widely available on a website (list url) <u>https://www.stvincent.org/Billing-Services</u>		
b	☒ The FAP application form was widely available on a website (list url) <u>https://www.stvincent.org/Billing-Services</u>		
c	☒ A plain language summary of the FAP was widely available on a website (list url) <u>https://www.stvincent.org/Billing-Services</u>		
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	☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	☐ Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted			
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?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ 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 ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☒ Made presumptive eligibility determinations 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?	21	Yes	
If "No," indicate why			
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)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

A

Name of hospital facility or letter of facility reporting group _____**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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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

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

	Yes	No
23		No
24		No

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 0

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c FACTORS OTHER THAN FPG IN DETERMINING ELIGIBILITY	The organization provides medically necessary care to all patients, regardless of race, color, creed, ethnic origin, gender, disability or economic status. The hospital uses a percentage of federal poverty level (FPL) to determine free and discounted care. At a minimum, patients with income less than or equal to 250% of the FPL, which may be adjusted for cost of living utilizing the local wage index compared to the national wage index, will be eligible for 100% charity care write off of charges for services that have been provided to them. Also, at a minimum, patients with incomes above 250% of the FPL but not exceeding 400% of the FPL, subject to adjustments for cost of living utilizing the local wage index compared to national wage index, will receive a discount on the services provided to them.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI COMMUNITY BENEFIT OVERVIEW	St Vincent Hospital and Health Care Center is part of St Vincent Health, a non-profit healthcare system consisting of 20 locally-sponsored ministries serving over 57 counties throughout Central Indiana. Sponsored by Ascension Health, the nation's largest Catholic healthcare system, St Vincent Health is one of the largest healthcare employers in the state. St Vincent creates strong partnerships with businesses, community organizations, local, state and federal government. Working with its partners, and utilizing the CHNA completed every three years, St Vincent Hospital and Health Care Center is committed to addressing community health needs and developing and executing an implementation strategy to meet identified needs to improve health outcomes within the community. Community benefit is not the work of a single department or group within St Vincent, but is part of the St Vincent mission and cultural fabric. The hospital leadership team provides direction and resources in developing and executing the Implementation Strategy in conjunction with the St Vincent Health Community Development & Health Improvement Department, but associates at all levels of the organization contribute to community benefit and health improvement.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST - PART I	Patient Services for Poor and Vulnerable Hospital and outpatient care is provided to patients that cannot pay for services, including hospitalizations, surgeries, prescription drugs, medical equipment and medical supplies. Patients with income less than or equal to 250% of the Federal Poverty level (FPL) will be eligible for 100% charity care write off on that portion of the charges for services for which the patient is responsible following payment by an insurer, if any. At a minimum, patients with incomes above 250% of the FPL, but not exceeding 400% of the FPL, will receive a sliding scale discount on that portion of the charges for services provided for which the patient is responsible following payment by an insurer, if any. A patient eligible for the sliding scale discount will not be charged more than the calculated AGB (amounts generally billed) charges. Patients with demonstrated financial needs with income greater than 400% of the FPL may be eligible for consideration under a "Means Test" for some discount of their charges for services from the organization based on a substantive assessment of their ability to pay. Maximum owed by any patient per episode of care or account is 10% of gross household income. Hospital financial counselors and health access workers assist patients in determining eligibility and in completing necessary documentation. St. Vincent Hospital and Health Care Center is committed to 100% access, and is proactive in providing healthcare that leaves no one behind. Public Program Participation St. Vincent Hospital and Health Care Center participates in government programs including Medicaid, SCHIP (Hoosier Healthwise), Healthy Indiana Plan (HIP), the Health Insurance Marketplace and Medicare and assists patients in enrolling for programs for which they are eligible. Per Catholic Health Association guidelines and St. Vincent Health's conservative approach, Medicare shortfall is not included as community benefit.

Form and Line Reference	Explanation
Schedule H, Part VI CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST - PART II	Community health improvement efforts must take a comprehensive approach and utilize diverse methods in order to reach intended audiences. As a system, St. Vincent works to improve the health of communities through a variety of approaches, including community health improvement services, health professions education, subsidized health services, generalizable research, and cash and in-kind contributions. During fiscal year 2017, St. Vincent Indianapolis supported the community in the following ways: Community Health Improvement Services, Community Health Education, St. Vincent Hospital and Health Care Center provides health education on a number of topics and issues facing the local community throughout the year. The information is offered to the community through a variety of methods, which include, but are not limited to the following: health fairs, health promotion and wellness programs, lectures, school health education programs, and support groups. Community Based Clinical Services in an effort to reach individuals who are uninsured and underinsured, St. Vincent Hospital and Health Care Center offers screenings, one-time clinics which include blood pressure, cholesterol screening, and/or immunization clinics, and free clinics which provided free and/or low-cost healthcare. Social and Environmental Improvement Activities Programs and activities that improve the health of persons in the community by addressing the determinants of health, which include the social, economic and physical environment, which includes removal of harmful materials in public housing, participations in community coalitions to increase jobs with health insurance, and conducting a separate assessment for community disaster preparedness. Health Professions Education: The hospital is committed to helping ensure the next generation of healthcare professionals by providing education through hands-on training to students who are working towards a wide range of healthcare degrees and certificates. These categories include medical students, nursing students and other health professions, such as physical therapy, social work, pharmacy, and pastoral care students. Research: The hospital participates in clinical and community health research, as well as studies on health care delivery that is generalizable and shared with the public. Examples of studies could include health issues for vulnerable persons and incidence rates of health conditions for special populations. Cash and In-Kind Contributions: The hospital makes cash and in-kind contributions to a variety of organizations focused on improving the health status in the community. Examples include cash donations to nonprofits in response to natural disasters, event sponsorships focused on addressing an identified community health need, donation of employee time/services to outside organizations, and the representation of the hospital on community boards and committees. Community Benefit Operations: Hospital staff dedicates significant time and costs to lead and manage community benefit programs and activities, which include internal tracking and reporting of community benefit. Funds are allocated to conduct a community health needs assessment and develop an implementation strategy. System Wide Health Improvement Priorities: FY17 was the first year of the three year SWHIP implementation strategy (FY17-19). Below is a year 1 update for each system wide health improvement priority: 1) Access to Health Services: The HA helped 300 people obtain medical insurance. Using this number as the baseline, the hospital's overall enrollment goal for this three year cycle (including FY17) will be to help 946 people obtain medical insurance. The total community benefit for this health need in FY17 was \$50,780. 2) Exercise, Nutrition & Weight: FY17 was structured as a planning year to increase the likelihood of program sustainability and success. In the first year of implementation, the hospital: - Completed a program checklist, which assisted in identifying a school, finding potential community partners, and assessing availability of hospital resources (completed by 9/30/16). - Met with program stakeholders to determine logistics (completed by 12/31/16). - Developed protocol describing how the weekend feeding program works and the hospital's role/contribution to the program over the three year cycle (completed by 3/31/17). The hospital's described its role/contribution as: - Contribution of funds for the program (\$10,000/FY in FY17-19, total funding contribution= ~\$30,000). - Donate fresh produce for backpacks three times per semester. - Provide staff time (1-2 associates) to assemble weekend feeding bags at least twice per FY. - Sent a partner commitment letter to the school's principal outlining the hospital's contribution to the weekend feeding program in FY18 and FY19. This letter was signed by the hospital administrator then emailed and mailed via US Postal Service (completed by 6/30/17). The total community benefit

Form and Line Reference	Explanation
Schedule H, Part VI CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST - PART II	for this health need in FY17 was \$14,137, Staff time=40 5 hours 3) Behavioral Health The first year of this implementation cycle was designated as a planning year to increase the likelihood of program sustainability and success During FY17, the hospital - Completed a training checklist, which facilitated in identifying associates to become formally trained Rx for Change Trainers (completed by 9/30/16) - Sent 4 associates to attend an in-person Rx for Change "Train-the-Trainer" session All 4 associates can deliver the Rx for Change curriculum to any health care professional (completed by 3/31/17) - Developed a distribution list of possible training participants (completed by 3/31/17) - Scheduled at least two dates Rx for Change trainings in your community in FY18, which are slated for November 1, 2017 and November 3, 2017 (completed by 3/31/17) A template to promote the trainings was developed at the system level The template can be customized to meet individual market needs The total community benefit for this health need in FY17 was \$3,220, Staff time=34 5 hours

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7b MEDICAID OFFSETTING REVENUE	Because St Vincent Hospital and Health Care Center provides care for a significant share of individuals covered by Medicaid and other Government Means-Tested programs, it qualifies for state reimbursement (DSH payments) that helps to subsidize this care In FY 17, St Vincent Hospital and Health Care Center received DSH payments of \$43,609,760 Had DSH payments of \$43,609,760 not been received in FY 17, St Vincent Hospital and Health Care Center's Government Means-Tested Healthcare would be \$80,317,622 and the total community benefit contribution for FY 17 would be \$139,651,112

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section C Billing and Collection Policy	During tax year 2017, the organization learned via verbal comments of IRS agents at public events that the IRS intends that the "readily obtainable" standard in the 501(r) regulations for the AGB calculation and billing and collection policy is only met if those items are posted to the organization's web site. The organization had interpreted that web posting standard to be a safe harbor after consulting with external counsel and tax advisors, and timely took other steps to make the information readily obtainable. Consequently, the organization does not believe its decision to not post these documents to its web site rises to the level of a failure, nor does it believe the circumstances were either willful or egregious, having otherwise timely taken the steps necessary to attain and continue to maintain compliance with the other requirements related to the billing and collection policy and the AGB, as part of its policies and procedures for ensuring compliance with all aspects of 501(r). However, the organization is making this voluntary disclosure in order to communicate to the IRS the changes it is undertaking in response to the recent IRS informal guidance on this specific point concerning the "readily obtainable" standard, and the fact that the organization has started the work necessary to post its AGB information and billing and collection policy to its web site and will complete those additional postings as soon as reasonably possible. The other web postings required under 501(r) (i.e., those related to the community health needs assessment and the financial assistance policy) were timely completed and continue to remain in place as required. The organization believes its safeguards worked as intended in this case (i.e., the organization has regular communications with a number of external law firms and tax consultants and the timely attention to the recent guidance was supported by the framework of regular access to subject matter experts). These changes are in the process of being incorporated into corporate policies and procedures that apply to the organization.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	The cost of providing charity care, means tested government programs, and community benefit programs is estimated using internal cost data, and is calculated in compliance with Catholic Health Association ("CHA") guidelines. The organization uses a cost accounting system that addresses all patient segments (for example, inpatient, outpatient, emergency room, private insurance, Medicaid, Medicare, uninsured, or self pay). The best available data was used to calculate the amounts reported in the table. For the information in the table, a cost-to-charge ratio was calculated and applied.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	Research shows that social determinants and quality of life play a major role in the health status of individuals and communities. Community building activities, which focus on the root causes of health problems, ultimately influence and improve health status. Examples of community building activities include physical improvement and housing, economic development, community support, environmental improvements, leadership development and leadership training for community members, coalition building, advocacy for community health improvements and safety, and workforce development.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the Corporation follows established guidelines for placing certain past-due patient balances within collection agencies, subject to the terms of certain restrictions on collection efforts as determined by Ascension Health. Accounts receivable are written off after collection efforts have been followed in accordance with the Corporation's policies. After applying the cost-to-charge ratio, the share of the bad debt expense in fiscal year 2017 was \$27,610,250 at charges, (\$7,510,006 at cost).

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	The provision for doubtful accounts is based upon management's assessment of expected net collections considering historical experience, economic conditions, trends in healthcare coverage, and other collection indicators. Periodically throughout the year, management assesses the adequacy of the allowance for doubtful accounts based upon historical write-off experience by payor category, including those amounts not covered by insurance. The results of this review are then used to make any modifications to the provision for doubtful accounts to establish an appropriate allowance for doubtful accounts.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	The organization is part of the Ascension Health Alliance's consolidated audit in which the footnote that discusses the bad debt expense is located on page 19

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	A cost to charge ratio is applied to the organization's Medicare Expense to determine the Medicare allowable costs reported in the organization's Medicare Cost Report. Ascension Health and its related health ministries follow the Catholic Health Association (CHA) guidelines for determining community benefit. CHA community benefit reporting guidelines suggest that Medicare shortfall is not treated as community benefit.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	The organization has a written debt collection policy that also includes a provision on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance. If a patient qualifies for charity or financial assistance certain collection practices do not apply.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	A - St Vincent Hospital and Health Care Center, Inc Line 16a URL https //www stvincent org/Billing-Services,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	A - St Vincent Hospital and Health Care Center, Inc Line 16b URL https //www stvincent org/Billing-Services,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	A - St Vincent Hospital and Health Care Center, Inc Line 16c URL https://www.stvincent.org/Billing-Services ,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	St Vincent Hospital and Health Care Center uses reliable, third party reports, including data from government sources to assess the health care needs of the communities it serves. These reports provide information about key health, socioeconomic and demographic indicators that point to area of need and include but are not limited to reports from Indiana State Department of Health, Indiana Business Research Center at Indiana University, U S Census Bureau, Alliance for a Heathier Indiana, Tobacco Prevention & Cessation Commission and Indiana Hospital Association. St Vincent Hospital and Health Center utilizes information from these secondary sources to develop programs and provide services throughout the region. In addition, St Vincent Hospital and Health Care Center considers the health care needs of the overall community when evaluating internal financial and operational decisions.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	St Vincent Hospital and Health Care Center communicates with patients in multiple ways to ensure that those who are billed for services are aware of the hospital's financial assistance program as well as their potential eligibility for local, state or federal programs. Signs are prominently posted in each service area, and bills contain a formal notice explaining the hospital's charity care program. In addition, the hospital employs financial counselors, health access workers, and enrollment specialists who consult with patients about their eligibility for financial assistance programs and help patients in applying for any public programs for which they may qualify.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	Marion is the largest county in the state, with an estimated population of 940,939. The county includes Indianapolis, the 14th largest city in the United States. Despite residential and commercial development, the northern part of the county remains primarily agricultural. Residents of the county primarily work in healthcare or social assistance, retail and manufacturing. According to the 2015 County Health Rankings, Marion County ranks 74th out of 92 Indiana counties in overall health outcomes. Marion County is more diverse compared to the overall Indiana state population. By percentage, there are more African-Americans (27.1%), more Hispanic or Latinos (10.3%), and fewer Whites (61.1%) living in Marion when compared to the state. Income and poverty levels in the county are dissimilar compared to the state. The median household income of Marion is about \$43,000, which is about \$6,000 lower than the state. Roughly 17% of Marion County families are living in poverty, which is about 6% higher than the state. Marion County's uninsured rate is 16% which is higher than the state's rate of 14%. By the Indiana State Department of Health and U.S. Department of Health and Human Services, parts of Marion County are designated as a Medically Underserved Area (MUA) and Population (MUP) as of December, 2016.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	St Vincent Hospital and Health Care Center's governing body is comprised of persons representing diverse aspects and interests of the community. Many members of St Vincent Hospital and Health Care Center's governing body reside in the organization's primary service area, who are neither employees nor independent contractors of the organization, nor family members thereof. The organization extends medical staff privileges to all qualified physicians in its community for some or all of its departments or specialties and applies surplus funds to improvements in patient care, medical education, and research.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	As part of St Vincent Health, Inc , St Vincent Hospital and Health Care Center is a member of Ascension Health Alliance These members are large multi-faceted, integrated, not-for-profit ministries including hospital and non-hospital ministries (physician group practices, hospital organizations, research, home health, durable medical equipment and senior facilities) These ministries work together to care for patients, joined by common systems and a philosophy of serving as a healing presence with special concern for our neighbors especially those who are vulnerable This community benefit happens through its focus on patient care, education and research The organizations work together to serve their communities at the local, regional, state, and national level Ascension Health Alliance, D/B/A Ascension (Ascension), is a Missouri nonprofit corporation formed on September 13, 2011 Ascension is the sole corporate member and parent organization of Ascension Health A Catholic national health system consisting primarily of nonprofit corporations that own and operate local healthcare facilities, or health ministries, located in 23 of the United States and the District of Columbia Ascension is sponsored by Ascension Sponsor, a public juridic person The participating ORGANIZATIONS/ENTITIES of Ascension sponsor are the Daughters of Charity of St Vincent De Paul, St Louise Province, The Congregation of St Joseph, The Congregation of the Sisters of St Joseph of Carondelet, The Congregation of Alexian Brothers of the Immaculate Conception Province, Inc - American Province, and the Sisters of the Sorrowful Mother of the Third Order of St Francis of Assisi - US/Caribbean Province As part of St Vincent Health, St Vincent Hospital and Health Care Center is dedicated to improving the health status and quality of life for the communities it serves While designated associates at St Vincent Hospital and Health Care Center devote time to leading and administering local community-based programs and partnerships, associates throughout the organization are active participants in community outreach They are assisted and supported by designated St Vincent Health Community Development & Health Improvement associates and other support staff who work with each of its healthcare facilities to advocate for and provide technical assistance for community outreach, needs assessments and partnerships as well as to support regional and state-wide programs, community programs sponsored by St Vincent Health in which St Vincent Hospital and Health Care Center participates

Additional Data

Software ID: 16000421

Software Version: 2016v3.0

EIN: 35-0869066

Name: ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC

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

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 4											
Name, address, primary website address, and state license number											
1	St Vincent Hospital and Health Care Center Inc 2001 West 86th Street Indianapolis, IN 46260 https://www.stvincent.org/Locations/Hospitals/Indianapolis 14-005075-1	X	X		X	X	X	X			A
2	St Vincent Women's Hospital 8111 Township Line Road Indianapolis, IN 46260 https://www.stvincent.org/Locations/Hospitals/Womens 14-005075-1	X	X					X			A
3	St Vincent Stress Center 8401 Harcourt Road Indianapolis, IN 46260 https://www.stvincent.org 14-005075-1	X									A
4	Peyton Manning Children's Hospital 2001 West 86th Street Indianapolis, IN 46260 http://peytonmanningch.org 14-005075-1	X	X	X				X			A

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 5 Facility A, 1	Facility A, 1 - FACILITY GROUP A - ST VINCENT HOSPITAL AND HEALTH CARE CENTER, INC , LINE 1, ST VINCENT WOMEN'S HOSPITAL, LINE 2, ST VINCENT STRESS CENTER, LINE 3, PEYTON MANNING CHILDREN'S HOSPITAL, LINE 4 As federally required by the Affordable Care Act, the following is an overview of the methods and process used to identify and prioritize significant health needs in Marion County, Indiana St Vincent Health contracted Healthy Communities Institute (HCI) to help facilitate their system wide CHNA work and document all efforts The secondary data included over 100 community health and quality of life indicators covering over 20 topic areas Health indicators for Marion County were compared to other counties in Indiana and nationwide to score health topics and compare relative areas of need Other considerations for health areas of need included trends over time, Healthy People 2020 targets, and disparities by gender and race/ethnicity The needs assessment was further informed by interviews with community members who have a fundamental understanding of Marion County's health needs and represent the broad interests of the community Eighteen key informants provided valuable input on the county's health challenges, the sub-populations most in need, and existing resources for county residents The informants included - About Special Kids, Inc - Alliance for Health Promotion/Health by Design - Archdiocese of Indianapolis - Central Indiana's Area Agency on Aging - Covering Kids and Families - Crooked Creek Community Development Corporation - Gennesaret Free Clinic - Holy Family Shelter - Indiana Minority Health Coalition - Indiana State Department of Health - Indianapolis OASIS - The Julian Center - Leukemia & Lymphoma Society - Little Red Door Cancer Agency - Marion County Health Department - National Alliance of Mental Illness Indiana - YMCA of Greater Indianapolis

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 6a Facility A, 1	Facility A, 1 - FACILITY GROUP A - ST VINCENT HOSPITAL AND HEALTH CARE CENTER, INC , LINE 1, ST VINCENT WOMEN'S HOSPITAL, LINE 2, ST VINCENT STRESS CENTER, LINE 3, PEYTON MANNING CHILDREN'S HOSPITAL, LINE 4 The hospital conducted its CHNA in conjunction with another St Vincent Hospital, St Vincent Seton Specialty that resides in Marion County

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 11 Facility A, 1	Facility A, 1 - FACILITY GROUP A - ST VINCENT HOSPITAL AND HEALTH CARE CENTER, INC , LINE 1, ST VINCENT WOMEN'S HOSPITAL, LINE 2, ST VINCENT STRESS CENTER, LINE 3, PEYTON MANNIN G CHILDREN'S HOSPITAL, LINE 4 The St Vincent Hospital and Health Care Center FY 2017-2019 Implementation Strategy specifically addresses the following three system wide health im provement priorities 1) Access to Health Services St Vincent Hospital and Health Care Ce nter will use the RUAH Pathway Program to increase its reported number of completed pathwa ys (i e , verification from FSSA) in FY 2015 by 5% each year for FYs 2017-2019 Achieving this goal will contribute to the percentage of people who have health insurance in Marion County Specific action steps include the following HAW assesses for eligibility and educ ates individuals about coverage options, HAW submits application and works through any iss ues or delays, and HAW verifies eligibility in order to complete the Pathway 2) Exercise, Nutrition & Weight St Vincent Hospital and Health Care Center will partner with a school and a food source to provide eligible students with a weekend backpack of nutritious food throughout the school year in order to reduce the school's number of families in FY 2018 who are food insecure (based on survey responses) by 5% at the end of FY 2019 (June 30, 20 19) (NOTE FY 2017 is the planning year for the program) Specific action steps include t he following complete the Weekend Feeding Program Preparation Checklist, meet with all st akeholders to determine program logistics, plan the specifics of your program's protocol, make final preparations for the program's "go live" date in FY 2018, and distribute and co llect surveys, enter survey data into software at the beginning and end of the school year (twice a year in FY 2018 and FY 2019) 3) Behavioral Health St Vincent Hospital and Heal th Care Center will offer Rx for Change training at no charge to anyone who works in a hea lth care setting to increase the proportion of training participants who screen and refer to the Indiana Tobacco Quitline by 10% by the end of FY 2019 (June 30, 2019) Achieving th is goal will contribute to the percentage of tobacco users who have been screened and refe rred to the Indiana Tobacco Quitline Specific action steps include the following complet e the Provider Training Checklist - Action Step #1, plan at least two Rx for Change traini ngs in your community in FY 2018 and ensure continuing education credits are available, if applicable (See Provider Training Checklist - Action Step #2), develop a strategy to prom ote trainings to the community, promote and offer at least two Rx for Change trainings at no charge to your community in FY 2018, enter FY 2018 baseline survey data into database w ithin two weeks of each training, for FY 2019 - Repeat Action Steps #2-4 to plan, develop, and promote and offer at least two Rx for Change trainings at no charge to your community in FY 2019, and enter FY 2019

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 11 Facility A, 1	baseline survey data into database within two weeks of each training Needs That Will Not Be Addressed The hospital is committed to improving community health by directly, and indirectly, addressing prioritized health needs However, certain factors impact the hospital 's ability to fully address all priorities health needs The needs listed below are not included in the hospital's implementation strategy plan for the following reasons Transportation - This identified health need is not being monitored and evaluated in the Implementation Strategy due to limitations within the hospital's financials and human resources However, St Vincent Hospital and Health Care Center supports the efforts of Health by Design and other organizations that are focusing on this issue Social Environment - This identified health need is not being monitored and evaluated in the Implementation Strategy due to limitations within the hospital's financials and human resources However, St Vincent Hospital and Health Care Center supports organizations that focus on housing, homelessness, domestic violence and other organizations that focus on this issue Maternal, Fetal & Infant Health - This issue is being addressed in the Access to Health Services priority

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As Filed Data -

DLN: 93493135136488

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC

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

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
35-0869066

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2

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

23

3

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

0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" 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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	The finance committee ensures that funds are distributed appropriately according to Ascension Health's strategic business plan and consistent with corporate policies and procedures

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 35-0869066
Name: ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC

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
STVINCENT HOSPITAL FOUNDATION INC 10330 N MERIDIAN STREET SUITE 430N INDIANAPOLIS, IN 46290	35-6088862	501(c)(3)	1,915,658				GENERAL SUPPORT
BABE STORE PECAR 942 N 10TH STREET NOBLESVILLE, IN 46060	35-2006040	501(C)(3)	134,474				GENERAL SUPPORT

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
ARCHDIOCESE OF INDIANAPOLIS 30 EAST PALMER STREET INDIANAPOLIS, IN 46225	35-1018460	501(C)(3)	90,739				GENERAL SUPPORT
GENNESARET FREE CLINIC INC 615 N ALABAMA STREET INDIANAPOLIS, IN 462041414	35-1776518	501(C)(3)	75,084				GENERAL SUPPORT

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
FAY BICCARD GLICK NEIGHBORHOOD CENTER 2990 W 71ST STREET INDIANAPOLIS, IN 46268	35-1738809	501(C)(3)	45,084				GENERAL SUPPORT
MORNING DOVE THERAPEUTIC RIDING INC 7440 W 96TH STREET ZIONSVILLE, IN 46077	35-2056736	501(C)(3)	43,042				GENERAL SUPPORT

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
HORIZON HOUSE INC 1033 E WASHINGTON ROAD INDIANAPOLIS, IN 46202	35-1759503	501(C)(3)	30,042				GENERAL SUPPORT
YMCA OF GREATER INDIANAPOLIS - FISHERS 615 N ALABAMA STREET INDIANAPOLIS, IN 46204	35-0868211	501(C)(3)	30,042				GENERAL SUPPORT

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
BROOKE'S PLACE FOR GRIEVING YOUNG PEOPLE INC 50 EAST 91ST STREET INDIANAPOLIS, IN 46240	35-2045122	501(C)(3)	25,042				GENERAL SUPPORT
CROOKED CREEK 7003 MICHIGAN RD SUITE A INDIANAPOLIS, IN 46268	35-2110841	501(C)(3)	25,042				GENERAL SUPPORT

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
PEERS PROJECT OF INDIANA INC 1400 N MERIDIAN STREET INDIANAPOLIS, IN 46202	27-0833289	501(C)(3)	25,042				GENERAL SUPPORT
RAPHAEL HEALTH CENTER INC 401 E 34TH STREET INDIANAPOLIS, IN 46205	35-1948768	501(C)(3)	24,861				GENERAL SUPPORT

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
THE JULIAN CENTER INC 2011 N MERIDIAN STREET INDIANAPOLIS, IN 46202	35-1346514	501(C)(3)	23,084				GENERAL SUPPORT
YMCA OF GREATER INDIANAPOLIS - PIKE 615 N ALABAMA STREET INDIANAPOLIS, IN 46204	35-0868211	501(C)(3)	20,084				GENERAL SUPPORT

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
NEIGHBORHOOD CHRISTIAN LEGAL CLINIC 3333 N MERIDIAN STREET SUITE 201 INDIANAPOLIS, IN 46208	35-1916572	501(C)(3)	20,042				GENERAL SUPPORT
OVERDOSE LIFE LINE 7331 LAKESIDE DRIVE INDIANAPOLIS, IN 46278	47-1333720	501(C)(3)	20,042				GENERAL SUPPORT

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
INDIANA SPORTS CORPORATION 201 S CAPITAL AVE SUITE 1200 INDIANAPOLIS, IN 462251097	31-0975117	501(C)(3)	15,085				GENERAL SUPPORT
PREVENT CHILD ABUSE 3833 N MERIDIAN STREET SUITE 101 INDIANAPOLIS, IN 46208	35-1708240	501(C)(3)	15,085				GENERAL SUPPORT

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
BIG BROTHERS BIG SISTERS 2960 N MERIDIAN STREET INDIANAPOLIS, IN 46208	35-1323831	501(C)(3)	10,042				GENERAL SUPPORT
GLEANERS FOOD BANK OF INDIANA INC 3737 WALDEMERE AVE INDIANAPOLIS, IN 46241	35-1483868	501(C)(3)	10,042				GENERAL SUPPORT

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
OASIS OF INDIANA 10800 E WASHINGTON ST INDIANAPOLIS, IN 46229	27-2392510	501(C)(3)	10,042				GENERAL SUPPORT
PATHWAY TO RECOVERY INC 2135 N ALABAMA STREET INDIANAPOLIS, IN 46202	35-1820889	501(C)(3)	10,042				GENERAL SUPPORT

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
WHEELER MISSION MINISTRIES INC 205 E NEW YORK STREET INDIANAPOLIS, IN 46204	35-0888771	501(C)(3)	5,542				GENERAL SUPPORT

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 AND HEALTH CARE CENTER INC	Employer identification number 35-0869066
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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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ 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?	4a	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed 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?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	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?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	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.	7	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.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

For each individual whose compensation must be reported 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
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	Ascension Health, a related organization of St Vincent Hospital and Health Care Center, Inc , uses the following to establish the compensation of the organization's CEO/Executive Director - Compensation committee - Independent compensation consultant - Compensation survey or study - Approval by the board or compensation committee
Schedule J, Part I, Line 4a Severance or change-of-control payment	The following individual(s) received severance payments from the organization or a related organization during the calendar year 2016 Julie M Carmichael - \$175,934 Thomas M Cook - \$175,999 Martha L Durall - \$183,222
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Eligible executives participate in various non-qualified deferred compensation plans organized under Code Section 457(f). The exact purpose of each plan varies but they include compensation limitation make-up plans, voluntary deferral plans, deferral of a portion of incentive bonus type plans, etc. Any amount ultimately paid under the program to the executive is reported as compensation on Form 990, Schedule J, Part II, Column B in the year paid. The following individuals received payment from the supplemental nonqualified retirement plan in the amount as noted Vincent C Caponi - \$1,229,841

Additional Data

Software ID: 16000421

Software Version: 2016v3.0

EIN: 35-0869066

Name: ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC

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				
1JONATHAN S NALLI CEO-MINISTRY MARKET INDIANA	(i)	876,053	1,343,858	329,606	13,250	38,639	2,601,406	0
	(ii)	0	0	0	0	0	0	0
1AARON J FELDMAN MD EX-OFFICIO / PRES SVHHC	(i)	507,257	256,769	14,478	12,964	27,026	818,494	0
	(ii)	0	0	0	0	0	0	0
2JULIE M CARMICHAEL FORMER OFFICER (END 7/2015)	(i)	0	0	175,934	0	5,031	180,965	0
	(ii)	0	0	0	0	0	0	0
3THOMAS M COOK FORMER OFFICER (END 8/2015)	(i)	0	0	175,999	0	5,749	181,748	0
	(ii)	0	0	0	0	0	0	0
4CHERYL A HARMON COO-MINISTRY MARKET INDIANA	(i)	463,400	297,018	52,755	12,552	13,079	838,804	0
	(ii)	0	0	0	0	0	0	0
5TERRENCE METZGER CFO INDPLS HOSPITAL REGION	(i)	235,155	32,828	2,139	12,223	22,176	304,521	0
	(ii)	0	0	0	0	0	0	0
6RICHARD K FREEMAN MD CMO-MINISTRY MARKET INDIANA	(i)	519,111	203,115	2,622	7,950	34,020	766,818	0
	(ii)	0	2,284	0	6,625	0	8,909	0
7MARY MYERS CNO	(i)	302,805	103,134	4,522	13,250	29,505	453,216	0
	(ii)	0	0	0	0	0	0	0
8ERICA L WEHRMEISTER COO - INDPLS	(i)	305,979	103,134	958	13,250	30,114	453,435	0
	(ii)	0	0	0	0	0	0	0
9JEFFREY ROTHENBERG MD INTERIM CMO INDPLS HOSPITAL REGION	(i)	206,183	0	1,311	5,712	16,099	229,305	0
	(ii)	0	0	0	0	0	0	0
10MARTHA L DURALL FORMER KEY EMPLOYEE (END 11/2015)	(i)	325	0	183,222	0	650	184,197	0
	(ii)	0	0	0	0	0	0	0
11ANNE F COLEMAN ADMINISTRATOR - WOMEN'S	(i)	291,217	141,325	2,352	17,225	33,523	485,642	0
	(ii)	0	0	0	0	0	0	0
12CRAIG DUNKER EXECUTIVE DIRECTOR OPS - WOMENS & SETON	(i)	114,708	31,898	1,224	5,333	13,476	166,639	0
	(ii)	0	0	0	0	0	0	0
13VINCENT C CAPONI Sr VP-Ascension	(i)	906,191	1,194,589	1,514,048	17,225	25,702	3,657,755	1,229,841
	(ii)	0	0	0	0	0	0	0
14CYNTHIA D ADAMS CNO-IN Mnstry Mkt	(i)	449,992	211,019	53,038	13,250	5,364	732,663	0
	(ii)	0	0	0	0	0	0	0
15JAMES SUMNERS Dir-Clinical Medicine-Indpls	(i)	718,489	31,531	11,124	15,900	35,642	812,686	0
	(ii)	0	0	0	0	0	0	0
16HAROLD BIVINS JR MD Physician	(i)	482,063	630,019	5,577	14,575	38,312	1,170,546	0
	(ii)	0	5,400	0	32	0	5,432	0
17MICHAEL J CALLAHAN MD Physician	(i)	678,185	328,907	1,140	15,900	36,949	1,061,081	0
	(ii)	0	0	0	0	0	0	0

OMB No 1545-0047

2016

35-0869066

	Yes	No
2a		
2b		
2c		
2d		

Part I Liquidation, Termination, or Dissolution (continued)**Note.** If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-**Yes** **No****3** Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III**3****4a** Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?**4a****b** If "Yes," did the organization provide such notice?**4b****5** Did the organization discharge or pay all of its liabilities in accordance with state laws?**5****6a** Did the organization have any tax-exempt bonds outstanding during the year?**6a****b** If "Yes" on line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?**6b****c** If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III**Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.**

Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	CASH ACCOUNTS TRANSFERRED TO PARENT'S BALANCE SHEET - INDY	07-01-2016	523,256,094	FMV	45-3358926	ASCENSION HEALTH ALLIANCE PO BOX 45998 ST LOUIS, MO 63145	501(C)(3)
	CASH ACCOUNTS TRANSFERRED TO PARENT'S BALANCE SHEET-STRESS	07-01-2016	6,170,766	FMV	45-3358926	ASCENSION HEALTH ALLIANCE PO BOX 45998 ST LOIUS, MO 63145	501(C)(3)

2 Did or will any officer, director, trustee, or key employee of the organization**Yes** **No****a** Become a director or trustee of a successor or transferee organization?**2a** No**b** Become an employee of, or independent contractor for, a successor or transferee organization?**2b** No**c** Become a direct or indirect owner of a successor or transferee organization?**2c** No**d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?**2d** No**e** If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ►

Part III **Supplemental Information.**

Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

Return Reference	Explanation
Schedule N, Part II CASH TRANSFER	ST VINCENT HOSPITAL & HEALTH CARE CENTER, INC TRANSFERRED ITS BEGINNING HSD CASH BALANCES TO ASCENSION HEALTH ALLIANCE (45-3358926) AS OF JULY 1, 2016

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC

Supplemental Information to Form 990 or 990-EZComplete 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

2016**Open to Public
Inspection****Employer identification number**

35-0869066

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IV, Line 24a Tax Exempt Bond Issuance	St Vincent Hospital and Health Care Center, Inc is a health facility that is part of Ascension Health System Ascension Health is the borrower for tax exempt hospital revenue bonds St Vincent Hospital and Health Care Center, Inc holds an intercompany note payable with Ascension Health, and this information is reported on the balance sheet

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IV, Line 20b Audited Financial Statements	The activity of St Vincent Hospital and Health Care Center, Inc is reported in the consolidated financial statements of Ascension Health Alliance No individual audit of St Vincent Hospital and Health Care Center, Inc is completed Therefore, the attached audited financial statements are of Ascension Health Alliance and Affiliates, which include the activity of St Vincent Hospital and Health Care Center, Inc

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a COMPENSATION DETERMINATION	THE PROCESS OF DETERMINING THE AMOUNT OF COMPENSATION PAID TO THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR OR TOP MANAGEMENT OFFICIAL IS PERFORMED BY ASCENSION HEALTH, A RELATED ORGANIZATION OF ST VINCENT HOSPITAL AND HEALTH CARE CENTER, INC. THE PROCESS INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION. THE EXECUTIVE COMPENSATION COMMITTEE REVIEWED AND APPROVED THE COMPENSATION. IN THE REVIEW OF THE COMPENSATION, THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR OR TOP MANAGEMENT OFFICIAL'S SALARY WAS COMPARED TO INDIVIDUALS AT OTHER ORGANIZATIONS IN THE AREA WHO HOLD THE SAME TITLE. DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE MINUTES. THE INDIVIDUAL WAS NOT PRESENT WHEN THEIR COMPENSATION WAS DECIDED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b COMPENSATION DETERMINATION	THE PROCESS OF DETERMINING THE AMOUNT OF COMPENSATION PAID TO THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES IS PERFORMED BY ST VINCENT HEALTH, INC AND ITS SUBSIDIARY ORGANIZATION S ST VINCENT HEALTH, INC IS THE SOLE CORPORATE MEMBER OF ST VINCENT HOSPITAL AND HEALTH CARE CENTER, INC THE PROCESS INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION THE EXECUTIVE COMPENSATION COMMITTEE REVIEWED AND APPROVED THE COMPENSATION IN THE REVIEW OF THE COMPENSATION, THE OFFICERS AND KEY EMPLOYEES' SALARIES WERE COMPARED TO INDIVIDUALS AT OTHER ORGANIZATIONS IN THE AREA WHO HOLD THE SAME TITLE DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE MINUTES INDIVIDUALS WERE NOT PRESENT WHEN THEIR COMPENSATION WAS DECIDED

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	St Vincent Hospital and Health Care Center, Inc has a single corporate member, St Vincent Health, Inc

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	St Vincent Hospital and Health Care Center, Inc has a single corporate member, St Vincent Health, Inc who has the ability to elect members to the governing body of St Vincent Hospital and Health Care Center, Inc

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	All decisions that have a material impact to St Vincent Hospital and Health Care Center, Inc 's financial information or corporation as a whole are subject to approval by its sole corporate member, St Vincent Health, Inc

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	DURING THE RETURN PREPARATION PROCESS, THE TAX DEPARTMENT WORKS WITH OTHER FUNCTIONAL AREAS INCLUDING FINANCE, ACCOUNTING, TREASURY, LEGAL, HUMAN RESOURCES, AND CORPORATE COMPLIANCE FOR ADVICE, INFORMATION AND ASSISTANCE IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN UPON COMPLETION, THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S INTERNAL TAX DEPARTMENT WHICH CONSISTS OF ATTORNEYS AND CPAS A COMPLETE FINAL COPY OF THE RETURN IS PROVIDED TO THE ORGANIZATION'S PRESIDENT, FINANCIAL OFFICER, AND/OR OTHER KEY OFFICERS IN LIEU OF THE FULL BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy in that any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or arrangement. The remaining individuals on the governing board or committee will decide if conflicts of interest exist. Each director, principal officer and member of a committee with governing board delegated powers annually signs a statement which affirms such person has received a copy of the conflicts of interest policy, has read and understands the policy, has agreed to comply with the policy, and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its tax-exempt purpose.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The organization will provide any documents open to public inspection upon request

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other Revenue - Total Revenue 6104233, Related or Exempt Function Revenue 6104233, Unrel ated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Mana gement Fees - Total Revenue 211440, Related or Exempt Function Revenue 211440, Unrelated Business Revenue 0, Revenue Excluded from Tax Under Sections 512, 513, or 514 0, Hotel/ Conference Revenue - Total Revenue 1115938, Related or Exempt Function Revenue , Unrelat ed Business Revenue 1115938, Revenue Excluded from Tax Under Sections 512, 513, or 514 0 , Cafeteria Revenue - Total Revenue 3869951, Related or Exempt Function Revenue , Unrela ted Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 3869951 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	TRANSFER TO AFFILIATES - -293244716, TRANSFER TO NON-CONTROLLING INTEREST - -14154180, OTHER - -83307, TRANSFER TO ALPHA FUND -INDY AS OF 7/1/2016 - -523256094, TRANSFER TO ALPHA FUND-STRESS AS OF 7/1/2016 - -6170766,

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC

Employer identification number
35-0869066

Part I

Identification of Disregarded Entities

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

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

Part II

Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(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

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) ENDOSCOPY CENTER LLC 13421 OLD MERIDIAN STREET STE 150 CARMEL, IN 46032 32-0029881	ENDOSCOPY CENTER	IN	NA	N/A								
(2) STVINCENT HEART CENTER OF INDIANA LLC 10580 N MERIDIAN STREET INDIANAPOLIS, IN 46290 36-4492612	HEART HOSPITAL	IN	NA	N/A								
(3) CARMEL AMBULATORY SURGERY CENTER LLC 13421 OLD MERIDIAN ST STE 150 CARMEL, IN 46032 32-0014795	AMBULATORY SURGERY CENTER	IN	NA	N/A								
(4) NAAB ROAD SURGERY CENTER LLC 8260 NAAB ROAD STE 100 INDIANAPOLIS, IN 46260 35-1991390	AMBULATORY SURGERY CENTER	IN	ST VINCENT HOSPITAL & HEALTH CARE CENTER INC	Related	15,789,947	19,648,778		No		Yes		51 %
(5) TRI-STATE COMMUNITY CLINICS LLC 8601 N KENTUCKY AVENUE SUITE J EVANSVILLE, IN 47711 27-0885968	PRIMARY CARE PHYSICIAN PRACTICES	IN	NA	N/A								
(6) THP - ST VINCENT VENTURE LLC 1415 LOUISIANA STREET 27TH FLOOR HOUSTON, TX 77002 81-3184703	FREESTANDING ED'S	TX	NA	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) ST MARY'S MEDICAL GROUP INC 3700 WASHINGTON AVE EVANSVILLE, IN 47750 35-2076827	INVESTMENT	IN	NA	C Corporation				Yes	

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

Yes

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

Yes

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

Yes

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

Yes

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

1r

Yes

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

1s

Yes

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

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

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)

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 35-0869066
Name: ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) PO BOX 45998 ST LOUIS, MO 63145 45-3358926	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	NA		No
(1) PO BOX 45998 ST LOUIS, MO 63145 31-1662309	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE		No
(2) 10330 N MERIDIAN STREET STE 430N INDIANAPOLIS, IN 46290 35-2052591	PARENT COMPANY	IN	501(c)(3)	Type III-FI	ASCENSION HEALTH		No
(3) 2001 W 86TH STREET INDIANAPOLIS, IN 46260 35-1869951	FREESTANDING OUTPATIENT CENTER	IN	501(c)(3)	Type III-FI	ST VINCENT HEALTH INC	Yes	
(4) 10330 N MERIDIAN STREET STE 430N INDIANAPOLIS, IN 46290 20-5002285	REAL ESTATE HOLDING COMPANY	IN	501(c)(3)	Type III-FI	ST VINCENT HEALTH INC	Yes	
(5) 1907 W SYCAMORE STREET KOKOMO, IN 46901 35-0992717	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(6) 2015 JACKSON STREET ANDERSON, IN 46016 46-0877261	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(7) 13500 N MERIDIAN STREET CARMEL, IN 46032 74-3107055	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(8) 1206 E NATIONAL AVENUE BRAZIL, IN 47834 35-2112529	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(9) 1600 23RD STREET BEDFORD, IN 47421 27-2192831	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(10) 13861 OLIO ROAD FISHERS, IN 46037 45-4243702	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(11) 1300 S JACKSON FRANKFORT, IN 46041 35-2099320	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(12) 8333 NAAB ROAD STE 301 INDIANAPOLIS, IN 46260 46-1227327	HEALTH AND WELLNESS SERVICES	IN	501(c)(3)	10	ST VINCENT HEALTH INC	Yes	
(13) 301 HENRY STREET NORTH VERNON, IN 47265 35-1841606	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(14) 1331 SOUTH A STREET ELWOOD, IN 46036 35-0876389	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(15) 8425 HARCOURT ROAD INDIANAPOLIS, IN 46260 27-2039417	PHYSICIAN PROFESSIONAL SERVICES	IN	501(c)(3)	10	ST VINCENT HEALTH INC	Yes	
(16) 473 GREENVILLE AVENUE WINCHESTER, IN 47394 35-2103153	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(17) 10330 N MERIDIAN STREET STE 400N INDIANAPOLIS, IN 46290 47-1289091	RETAIL AMBULATORY SERVICES	IN	501(c)(3)	10	ST VINCENT HEALTH INC	Yes	
(18) 911 N SHELBY STREET SALEM, IN 47167 27-0847538	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(19) 8050 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260 35-1712001	LONG TERM CARE HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) 412 N MONROE STREET WILLIAMSPORT, IN 47993 35-0784551	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(1) 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-0869065	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(2) 1116 MILLIS AVENUE BOONVILLE, IN 47601 35-1343019	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(3) 1907 W SYCAMORE STREET KOKOMO, IN 46901 23-7313206	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST JOSEPH HOSPITAL & HEALTH CENTER INC	Yes	
(4) 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1899560	DME/HOME CARE	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
(5) 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 23-7248362	REAL ESTATE HOLDING COMPANY	IN	501(c)(2)		ST MARY'S HEALTH INC	Yes	
(6) 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1679526	INVESTMENT SERVICES	IN	501(c)(3)	Type III-FI	ST MARY'S HEALTH INC	Yes	
(7) 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1899562	TAX-EXEMPT AFFILIATE REIMBURSEMENTS	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
(8) 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 23-7045370	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
(9) 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 26-1356310	PHYSICIAN PROFESSIONAL SERVICES	IN	501(c)(3)	10	ST MARY'S HEALTH INC	Yes	
(10) 901 ST MARYS DRIVE EVANSVILLE, IN 47714 27-3474697	DORMANT	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
(11) 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 20-8775914	DORMANT	IN	501(c)(3)	10	ST MARY'S HEALTH INC	Yes	
(12) 2015 JACKSON STREET ANDERSON, IN 46016 35-2053693	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT ANDERSON REGIONAL HOSPITAL INC	Yes	
(13) 1300 S JACKSON FRANKFORT, IN 46041 35-1531734	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT FRANKFORT HOSPITAL INC	Yes	
(14) 10330 N MERIDIAN STREET STE 430N INDIANAPOLIS, IN 46290 35-6088862	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC	Yes	
(15) 1331 SOUTH A STREET ELWOOD, IN 46036 31-1066871	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT MADISON COUNTY HEALTH SYSTEM INC	Yes	
(16) 473 GREENVILLE AVENUE WINCHESTER, IN 47394 35-2133006	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT RANDOLPH HOSPITAL INC	Yes	
(17) 412 N MONROE STREET WILLIAMSPORT, IN 47993 74-3130159	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT WILLIAMSPORT HOSPITAL INC	Yes	
(18) 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 20-5342518	AMBULANCE SERVICES	IN	501(c)(4)		ST MARY'S HEALTH SERVICES INC	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	CENTRAL INDIANA HEALTH SYSTEM CARDIAC SERVICES INC	L	3,276,633	FAIR MARKET VALUE
(1)	CENTRAL INDIANA HEALTH SYSTEM CARDIAC SERVICES INC	P	2,669,047	FAIR MARKET VALUE
(2)	CENTRAL INDIANA HEALTH SYSTEM CARDIAC SERVICES INC	S	38,651,500	FAIR MARKET VALUE
(3)	ST VINCENT SETON SPECIALTY HOSPITAL INC	L	257,973	FAIR MARKET VALUE
(4)	ST VINCENT SETON SPECIALTY HOSPITAL INC	P	228,080	FAIR MARKET VALUE
(5)	ST VINCENT SETON SPECIALTY HOSPITAL INC	S	7,613,144	FAIR MARKET VALUE
(6)	ST JOSEPH HOSPITAL & HEALTH CENTER INC	L	107,470	FAIR MARKET VALUE
(7)	ST JOSEPH HOSPITAL & HEALTH CENTER INC	P	1,433,853	FAIR MARKET VALUE
(8)	ST JOSEPH HOSPITAL & HEALTH CENTER INC	S	20,492,149	FAIR MARKET VALUE
(9)	ST VINCENT ANDERSON REGIONAL HOSPITAL INC	L	73,368	FAIR MARKET VALUE
(10)	ST VINCENT ANDERSON REGIONAL HOSPITAL INC	P	657,949	FAIR MARKET VALUE
(11)	ST VINCENT ANDERSON REGIONAL HOSPITAL INC	Q	58,134	FAIR MARKET VALUE
(12)	ST VINCENT ANDERSON REGIONAL HOSPITAL INC	S	6,069,490	FAIR MARKET VALUE
(13)	ST VINCENT CARMEL HOSPITAL INC	L	81,376	FAIR MARKET VALUE
(14)	ST VINCENT CARMEL HOSPITAL INC	P	7,462,375	FAIR MARKET VALUE
(15)	ST VINCENT CARMEL HOSPITAL INC	S	22,229,084	FAIR MARKET VALUE
(16)	ST VINCENT FRANKFORT HOSPITAL INC	P	281,823	FAIR MARKET VALUE
(17)	ST VINCENT FRANKFORT HOSPITAL INC	R	64,030	FAIR MARKET VALUE
(18)	ST VINCENT FRANKFORT HOSPITAL INC	S	3,408,287	FAIR MARKET VALUE
(19)	ST VINCENT HOSPITAL FOUNDATION INC	J	69,786	FAIR MARKET VALUE
(20)	ST VINCENT HOSPITAL FOUNDATION INC	M	1,908,426	FAIR MARKET VALUE
(21)	ST VINCENT HOSPITAL FOUNDATION INC	S	10,222,773	FAIR MARKET VALUE
(22)	ST VINCENT JENNINGS HOSPITAL INC	P	190,397	FAIR MARKET VALUE
(23)	ST VINCENT JENNINGS HOSPITAL INC	S	2,495,421	FAIR MARKET VALUE
(24)	ST VINCENT MADISON COUNTY HEALTH SYSTEM INC	P	322,710	FAIR MARKET VALUE

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	ST VINCENT MADISON COUNTY HEALTH SYSTEM INC	S	3,613,663	FAIR MARKET VALUE
(1)	ST VINCENT RANDOLPH HOSPITAL FOUNDATION INC	L	66,028	FAIR MARKET VALUE
(2)	ST VINCENT SALEM HOSPITAL INC	P	93,505	FAIR MARKET VALUE
(3)	ST VINCENT SALEM HOSPITAL INC	S	1,013,100	FAIR MARKET VALUE
(4)	ST VINCENT WILLIAMSPORT HOSPITAL INC	L	173,379	FAIR MARKET VALUE
(5)	ST VINCENT WILLIAMSPORT HOSPITAL INC	P	248,774	FAIR MARKET VALUE
(6)	ST VINCENT WILLIAMSPORT HOSPITAL INC	S	1,918,819	FAIR MARKET VALUE
(7)	ST VINCENT CLAY HOSPITAL INC	P	210,836	FAIR MARKET VALUE
(8)	ST VINCENT CLAY HOSPITAL INC	S	2,488,712	FAIR MARKET VALUE
(9)	ST VINCENT RANDOLPH HOSPITAL INC	P	360,155	FAIR MARKET VALUE
(10)	ST VINCENT RANDOLPH HOSPITAL INC	S	4,140,412	FAIR MARKET VALUE
(11)	ST VINCENT MEDICAL GROUP INC	L	1,584,290	FAIR MARKET VALUE
(12)	ST VINCENT MEDICAL GROUP INC	P	1,910,420	FAIR MARKET VALUE
(13)	ST VINCENT MEDICAL GROUP INC	R	3,548,785	FAIR MARKET VALUE
(14)	ST VINCENT MEDICAL GROUP INC	S	5,592,269	FAIR MARKET VALUE
(15)	ST VINCENT DUNN HOSPITAL INC	P	196,698	FAIR MARKET VALUE
(16)	ST VINCENT DUNN HOSPITAL INC	S	2,508,080	FAIR MARKET VALUE
(17)	ST VINCENT FISHERS HOSPITAL INC	P	1,140,490	FAIR MARKET VALUE
(18)	ST VINCENT FISHERS HOSPITAL INC	S	11,195,602	FAIR MARKET VALUE
(19)	ST VINCENT HEALTH WELLNESS AND PREVENTIVE CARE INSTITUTE INC	P	186,837	FAIR MARKET VALUE
(20)	ST VINCENT HEALTH WELLNESS AND PREVENTIVE CARE INSTITUTE INC	S	2,678,995	FAIR MARKET VALUE
(21)	STVINCENT HOSPITAL FOUNDATION INC	C	12,957,314	FAIR MARKET VALUE
(22)	STVINCENT HOSPITAL FOUNDATION INC	B	1,915,658	FAIR MARKET VALUE