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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

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 HEALTH INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
250 WEST 96TH STREET

City or town, state or province, country, and ZIP or foreign postal code
INDIANAPOLIS, IN 46290

D Employer identification number
35-2052591

E Telephone number
(314) 733-8000

G Gross receipts $ 228,532,423

F Name and address of principal officer
JONATHAN S NALLI
250 WEST 96TH STREET
INDIANAPOLIS, IN 46290

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 1998

M State of legal domicile IN

Part I Summary

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)	**3**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	70
6	Total number of volunteers (estimate if necessary)	**6**	10
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,198,816
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	68,549	456,836
9	Program service revenue (Part VIII, line 2g)	215,766,660	219,839,528
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,942,235	-32,976
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-41,429,011	8,236,059
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	177,348,433	228,499,447
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,489,143	2,127,211
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	861,059	3,034,609
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	212,786,794	205,094,584
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	215,136,996	210,256,404
19	Revenue less expenses Subtract line 18 from line 12	-37,788,563	18,243,043

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	863,097,800	220,508,341
21	Total liabilities (Part X, line 26)	339,776,881	333,365,058
22	Net assets or fund balances Subtract line 21 from line 20	523,320,919	-112,856,717

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 — Date: 2017-11-10

Tonya Mershon Tax Officer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

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 $ 146,370,274 including grants of $ 2,127,211) (Revenue $ 225,366,536)

See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 146,370,274

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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	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		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	137		
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**	70		
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	1a	11		
	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	1b	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	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ 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

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JONATHAN S NALLI EX-OFFICIO - SYSTEM CEO	40 0 1 2	X		X				0	2,549,517	51,889
(2) DANIEL J ELSENER CHAIRMAN	0 2 0	X		X				0	0	0
(3) SISTER RENEE ROSE SECRETARY	0 2 0	X		X				0	0	0
(4) KENNETH G STELLA VICE-CHAIRMAN	0 2 0	X		X				0	0	0
(5) MICHAEL R HINTON DIRECTOR	0 2 3 0	X						0	0	0
(6) BENJAMIN CAMPBELL DIRECTOR	0 2 0	X						0	0	0
(7) CLIFFORD HALLAM DIRECTOR	0 2 0	X						0	0	0
(8) DAVID J HANDEL DIRECTOR	0 2 0	X						0	0	0
(9) LUCINE SULLIVAN MOLLER JD DIRECTOR	0 2 0	X						0	0	0
(10) STEPHEN L SCOTT DIRECTOR	0 2 0	X						0	0	0
(11) J ALBERT SMITH JR DIRECTOR	0 2 0	X						0	0	0
(12) CHERYL A HARMON CFO-MINISTRY MARKET INDIANA/INTERIM COO	20 0 22 6			X				0	813,173	25,631
(13) JOSEPH O MURDOCK SVP HR - TALENT ACQUISITION	40 0 0 0			X				0	914,305	33,950
(14) JILL A BROCKER Dir-Quality	40 0 0					X		152,814	0	27,439
(15) BRENDA K ERNER Executive Director	40 0 0					X		299,258	0	35,257
(16) SRIKANTH KONDETI Analyst-IS Bus Intelligence	40 0 0					X		111,652	0	35,078
(17) JOHN R PEASLEY Chief Information Officer	40 0 0					X		242,502	0	42,746

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KEVIN P WILLMANN President-Navion	40 0 0					X		418,824	0	44,840
(19) MICHAEL L MULLINS FORMER OFFICER (END 6/2016)	0 0 50 6						X	0	1,109,406	41,914
(20) JULIE M CARMICHAEL FORMER OFFICER (END 6/2015)	0 0 0 0						X	0	175,934	5,031
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								1,225,050	5,562,335	343,775

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 ▶ 7

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FIRSTSOURCE GROUP USA INC 7650 MAGNA DR BELLEVILLE, IL 622233366	COLLECTION SERVICES	2,862,022
NORTHWEST RADIOLOGY NETWORK PC 5901 TECHNOLOGY CTR DR INDIANAPOLIS, IN 462785071	RADIOLOGY SERVICES	1,934,752
DELL MARKETING LP One Dell Way Round Rock, TX 78682	INFORMATION TECHNOLOGY SERVICES	1,154,161
MIRAMED REVENUE GROUP LLC 360 E 22nd St Lombard, IL 60148	ACCOUNTING SERVICES	818,316
MEDSPEED LLC 655 W GRAND AVENUE SUITE 320 ELMHURST, IL 60126	TRANSPORTATION SERVICES	802,075

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 30

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	422,980			
	e Government grants (contributions)	1e	33,856			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $ _____					
	h **Total.** Add lines 1a-1f		456,836			
Program Service Revenue		Business Code				
	2a Program Revenue	621990	218,186,961	215,988,145	2,198,816	
	b Intercompany Revenue	900099	3,008,832	3,008,832		
	c Joint Venture Revenue - Operating	621990	791,042	791,042		
	d Joint Venture Revenue	900099	-2,147,307	-2,147,307		
	e _____					
	f All other program service revenue		0	0	0	0
	g **Total.** Add lines 2a-2f		219,839,528			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	147,404				
	b Less rental expenses					
	c Rental income or (loss)	147,404	0			
	d Net rental income or (loss)			147,404		147,404
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses		32,976			
	c Gain or (loss)	0	-32,976			
	d Net gain or (loss)			-32,976		-32,976
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a Legal Income	900099	5,237,483	5,237,483		
	b Other Revenue	900099	1,744,959	1,744,959		
	c Supply Purchasing Rebate	900099	584,202	584,202		
	d All other revenue		522,011	159,180	0	362,831
	e **Total.** Add lines 11a-11d		8,088,655			
	12 Total revenue. See Instructions		228,499,447	225,366,536	2,198,816	477,259

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,127,211	2,127,211		
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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	2,480,383	1,718,905	761,478	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	12,063	8,360	3,703	
10 Payroll taxes	542,163	375,719	166,444	
11 Fees for services (non-employees)				
a Management	1,285,530	890,872	394,658	
b Legal	377,993	261,949	116,044	
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	95,483	66,170	29,313	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,797,361	4,710,571	2,086,790	0
12 Advertising and promotion	7,969,247	5,522,688	2,446,559	
13 Office expenses	1,011,784	701,166	310,618	
14 Information technology	1,538,309	1,066,048	472,261	
15 Royalties				
16 Occupancy	1,363,323	944,783	418,540	
17 Travel	1,603,543	1,111,255	492,288	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	484,700	335,897	148,803	
20 Interest	102,597	71,100	31,497	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	26,137,720	18,113,440	8,024,280	
23 Insurance	31,053	31,053		
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 Purchased Services	133,520,790	92,529,908	40,990,882	
b Corporate Expense	7,447,078	5,160,825	2,286,253	
c Contract Labor	6,316,721	4,377,488	1,939,233	
d Equipment Rent	3,695,336	2,560,868	1,134,468	
e All other expenses	5,316,016	3,683,998	1,632,018	0
25 **Total functional expenses.** Add lines 1 through 24e	210,256,404	146,370,274	63,886,130	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 Sheet

Check 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	9,557,280	2	6,365,479
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	
	7	Notes and loans receivable, net	0	7	1,500,000
	8	Inventories for sale or use	2,373	8	20,324
	9	Prepaid expenses and deferred charges	1,227,355	9	2,257,580
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 111,554,264			
	b	Less accumulated depreciation — 10b: 86,441,821	25,215,679	10c	25,112,443
	11	Investments—publicly traded securities		11	0
	12	Investments—other securities See Part IV, line 11	0	12	
	13	Investments—program-related See Part IV, line 11	5,332,123	13	5,270,056
	14	Intangible assets	67,017,314	14	57,907,606
	15	Other assets See Part IV, line 11	754,745,676	15	122,074,853
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	863,097,800	16	220,508,341
Liabilities	17	Accounts payable and accrued expenses	31,302,577	17	25,846,601
	18	Grants payable		18	
	19	Deferred revenue	0	19	14,259,776
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	308,474,304	25	293,258,681
	26	**Total liabilities.** Add lines 17 through 25	339,776,881	26	333,365,058
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	523,320,849	27	-112,856,717
	28	Temporarily restricted net assets	70	28	0
	29	Permanently restricted net assets		29	
		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	523,320,919	33	-112,856,717
	34	Total liabilities and net assets/fund balances	863,097,800	34	220,508,341

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	228,499,447
2	Total expenses (must equal Part IX, column (A), line 25)	2	210,256,404
3	Revenue less expenses Subtract line 2 from line 1	3	18,243,043
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	523,320,919
5	Net unrealized gains (losses) on investments	5	
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	-654,420,679
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-112,856,717

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 35-2052591
Name: ST VINCENT HEALTH INC

Form 990 (2016)

Form 990, Part III, Line 4a:

ST VINCENT HEALTH, INC (SVH) IS A NON-PROFIT HEALTHCARE SYSTEM CONSISTING OF 20 LOCALLY-SPONSORED MINISTRIES (RANGING FROM SEVERAL RURAL, 25-BED HOSPITALS TO ITS FLAGSHIP, QUATERNARY-LEVEL, INDIANAPOLIS-BASED HOSPITAL) SERVING OVER 57 COUNTIES THROUGHOUT CENTRAL INDIANA SPONSORED BY ASCENSION HEALTH, THE NATION'S LARGEST CATHOLIC HEALTHCARE SYSTEM, SVH (INCLUDING ITS SPONSORED MINISTRIES) EMPLOYS MORE THAN 20,000 ASSOCIATES AND 2,500 PHYSICIANS, MAKING ST VINCENT HEALTH ONE OF THE LARGEST HEALTHCARE EMPLOYERS IN THE STATE THIS FILING INCLUDES SVH CORPORATE-LEVEL ACTIVITIES AND THE ACTIVITIES OF QUALITY HEALTHCARE SOLUTIONS SEE SCHEDULE O FOR A NON-EXHAUSTIVE LIST OF ST VINCENT HEALTH, INC 'S COMMUNITY BENEFIT PROGRAMS AND DESCRIPTIONS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132005388

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
ST VINCENT HEALTH INC

Employer identification number
35-2052591

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 16

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total 16					0	0

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) ▶	(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) ▶	(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? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		No
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? *If "Yes," provide detail in* ***Part VI.***	6		No
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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		No
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? *If "Yes," provide detail in* ***Part VI.***	9b		No
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? *If "Yes," provide detail in* ***Part VI.***	9c		No
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)? *If "Yes," answer line 10b below*	10a		No
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	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)? *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)*	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?	1	Yes	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2	Yes	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3	Yes	

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)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a	Yes	
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b	Yes	

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART I SUPPORTED ORGANIZATIONS	ST VINCENT HEALTH, INC SUPPORTS THE PROVISION OF HEALTHCARE SERVICES AT THE CORPORATIONS TO WHICH IT IS THE NATIONAL MEMBER BY THE PROVISION OF CENTRALIZED ADMINISTRATIVE SUPPORT , INCLUDING SERVICES SUCH AS MISSION INTEGRATION, ACCOUNTING, ACCOUNTS PAYABLE, TREASURY (INCLUDING CASH, INVESTMENT AND DEBT MANAGEMENT), INSURANCE, PAYROLL, HUMAN RESOURCES, COMP LIANCE, LEGAL, EDUCATION, WELLNESS, AND PATIENT SAFETY AND QUALITY ALL COSTS OF ST VINCE NT HEALTH, INC ARE CHARGED TO THE MEMBERS THROUGH A MANAGEMENT FEE TRANSACTIONS WITH EAC H MEMBER ARE DELINEATED ON SCHEDULE R

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section D, Line 3 Supp Org Have Significant Voice In Investment Policies	BY VIRTUE OF OVERLAPPING BOARD MEMBERS, THE SUPPORTED ORGANIZATIONS HAVE A SIGNIFICANT VOI CE IN THE SUPPORTING ORGANIZATION'S DAILY OPERATIONS THE ASCENSION SPONSOR, THROUGH ITS C ONTROL OF THE ASCENSION BOARD, CONTROLS THE SYSTEM INTEGRATED STRATEGIC OPERATIONAL FINANC IAL PLAN, ANNUAL TARGETS AND INITIATIVES WITHIN THIS OPERATIONAL FRAMEWORK, CERTAIN EXPEN DITURES OF FUNDS, CAPITAL INVESTMENTS, ISSUANCE OF DEBT, ETC ARE SUBJECT TO ASCENSION-LEV EL APPROVAL

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section E, Line 3a Power To Appoint/Elect Majority of Officer/Director/Trustee	St Vincent Health, Inc , as the National Member, has the authority to approve changes to the governing documents of its supported organizations, approve the mission and vision sta tements for its respective supported organizations, approve the formation or acquisition o f legal entities, and, appoint, upon the recommendation of the governing board of the appl icable supported organization, or removal, the Board Chair and members of the governing bo ard of such supported organization

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section E, Line 3b Substantial Direction Over Policies/Programs/Activities	All decisions that have a material impact to each of the supporting organization's financi al information or corporation as a whole are subject to approval by the national Member, S t Vincent Health, Inc

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 35-2052591
Name: ST VINCENT HEALTH INC

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC	350869066	3	Yes		0	0
(A) ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC	350869066	3	Yes		0	0
(A) ST VINCENT CARMEL HOSPITAL INC	743107055	3	Yes		0	0
(A) ST VINCENT CARMEL HOSPITAL INC	743107055	3	Yes		0	0
(B) ST VINCENT SETON SPECIALTY HOSPITAL INC	351712001	3	Yes		0	0
(B) ST VINCENT SETON SPECIALTY HOSPITAL INC	351712001	3	Yes		0	0
(C) ST JOSEPH HOSPITAL & HEALTH CENTER INC	350992717	3	Yes		0	0
(C) ST JOSEPH HOSPITAL & HEALTH CENTER INC	350992717	3	Yes		0	0
(D) ST VINCENT CLAY HOSPITAL INC	352112529	3	Yes		0	0
(D) ST VINCENT CLAY HOSPITAL INC	352112529	3	Yes		0	0
(E) ST VINCENT FISHERS HOSPITAL INC	454243702	3	Yes		0	0
(E) ST VINCENT FISHERS HOSPITAL INC	454243702	3	Yes		0	0
(F) ST VINCENT FRANKFORT HOSPITAL INC	352099320	3	Yes		0	0
(F) ST VINCENT FRANKFORT HOSPITAL INC	352099320	3	Yes		0	0
(G) ST VINCENT JENNINGS HOSPITAL INC	351841606	3	Yes		0	0
(G) ST VINCENT JENNINGS HOSPITAL INC	351841606	3	Yes		0	0
(H) ST VINCENT MADISON COUNTY HEALTH SYSTEM INC	350876389	3	Yes		0	0
(H) ST VINCENT MADISON COUNTY HEALTH SYSTEM INC	350876389	3	Yes		0	0
(I) ST VINCENT RANDOLPH HOSPITAL INC	352103153	3	Yes		0	0
(I) ST VINCENT RANDOLPH HOSPITAL INC	352103153	3	Yes		0	0
(J) ST VINCENT WILLIAMSPORT HOSPITAL INC	350784551	3	Yes		0	0
(J) ST VINCENT WILLIAMSPORT HOSPITAL INC	350784551	3	Yes		0	0
(K) ST VINCENT SALEM HOSPITAL INC	270847538	3	Yes		0	0
(K) ST VINCENT SALEM HOSPITAL INC	270847538	3	Yes		0	0
(L) ST VINCENT DUNN HOSPITAL INC	272192831	3	Yes		0	0
(L) ST VINCENT DUNN HOSPITAL INC	272192831	3	Yes		0	0
(M) ST VINCENT MEDICAL GROUP INC	272039417	9	Yes		0	0
(M) ST VINCENT MEDICAL GROUP INC	272039417	9	Yes		0	0
(N) ST VINCENT ANDERSON REGIONAL HOSPITAL INC	460877261	3	Yes		0	0
(N) ST VINCENT ANDERSON REGIONAL HOSPITAL INC	460877261	3	Yes		0	0

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(P) ST VINCENT HEALTH WELLNESS AND PREVENTIVE CARE INSTITUTE INC	461227327	9	Yes		0	0
(P) ST VINCENT HEALTH WELLNESS AND PREVENTIVE CARE INSTITUTE INC	461227327	9	Yes		0	0

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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 HEALTH INC

Employer identification number
35-2052591

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	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 ▶ $ _____

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 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		1,016,666		1,016,666
b Buildings		17,760,440	14,766,778	2,993,662
c Leasehold improvements		3,666,253	72,268	3,593,985
d Equipment		81,674,454	71,602,775	10,071,679
e Other		7,436,451		7,436,451
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				25,112,443

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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) RESTRICTED BY DONOR OR GRANTOR	
(3) Total Deferred Compensation Asset	30,459,521
(4) Intra/Intercompany AR	87,315,261
(5) Other Miscellaneous Assets	
(6) Other Receivables	4,051,656
(7) Other Assets	248,415
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	122,074,853

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	
INTERCOMPANY PAYABLES	73,808,700
ASCENSION HEALTH DEFERRED COMPENSATION LIABLITY	30,459,522
INTERCOMPANY DEBT WITH ASCENSION HEALTH ALLIANCE	42,833,728
Pension and Other Post retirement Liability	132,611,707
Other Liabilities	9,732,145
LONG TERM AT RISK COMEPNSATION	2,922,342
AH SAVINGS PLAN LIABILITY	890,537
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	293,258,681

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: 35-2052591
Name: ST VINCENT HEALTH INC

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 thre shold and measurement attribute for financial statement recognition and measurement of a t ax 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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," 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

Name of the organization
ST VINCENT HEALTH INC

Employer identification number
35-2052591

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 . . . . . ▶ 28

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: 35-2052591
Name: ST VINCENT HEALTH 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
MARIAN UNIVERSITY 3200 COLD SPRING ROAD INDIANAPOLIS, IN 46222	35-0868175	501(C)(3)	575,086				GENERAL OPERATIONS
NEW HOPE OF INDIANA 8450 N PAYNE ROAD INDIANAPOLIS, IN 46268	37-1733591	501(c)(3)	285,131				GENERAL OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
NOTRE DAME ACE 107 CAROLE SANDNER HALL NOTRE DAME, IN 46556	35-0868188	501(c)(3)	200,086				GENERAL OPERATIONS
WOMEN'S CARE CENTER 4901 W 86TH STREET INDIANAPOLIS, IN 46268	35-1609945	501(C)(3)	150,043				GENERAL OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
IVY TECH ANDERSON 50 W FALL CREEK PARKWAY NORTH DRIVE INDIANAPOLIS, IN 46208	35-1180631	501(C)(3)	100,043				GENERAL OPERATIONS
DIABETES YOUTH FOUNDATION 817 S Tibbs Ave INDIANAPOLIS, IN 46241	35-1783933	501(c)(3)	90,043				GENERAL OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 7272 Greenville Ave Dallas, TX 75231	13-5613797	501(c)(3)	75,616				GENERAL OPERATIONS
UNITED WAY OF INDIANA PO Box 88409 INDIANAPOLIS, IN 46208	35-1007590	501(c)(3)	75,418				GENERAL OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
JUMP IN FOR HEALTHY KIDS 3901 N MERIDIAN STREET INDIANAPOLIS, IN 46208	35-1007590	501(C)(3)	50,086				GENERAL OPERATIONS
MARCH OF DIMES - MARCH FOR BABIES 1275 Mamaroneck Ave White Plains, NY 10605	13-1846366	501(c)(3)	35,043				GENERAL OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CATCH THE STARS FOUNDATION PO BOX 53337 INDIANAPOLIS, IN 46253	05-0604202	501(c)(3)	25,086				GENERAL OPERATIONS
GLEANERS FOOD BANK 3737 WALDEMERE AVE INDIANAPOLIS, IN 46241	35-1483868	501(C)(3)	25,086				GENERAL OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
PEYBACK FOUNDATION PO Box 3367 Englewood, CO 80155	34-1882628	501(c)(3)	25,043				GENERAL OPERATIONS
RIGHTFIT 3401 N MERIDIAN STREET INDIANAPOLIS, IN 46208	81-3943390	501(c)(3)	25,000				GENERAL OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
IVY TECH FRANKFORT(IVY TECH FOUNDATION INC) 50 W FALL CREEK PARKWAY NORTH DRIVE INDIANAPOLIS, IN 46208	23-7073977	501(c)(3)	20,086				GENERAL OPERATIONS
WASHINGTON COMMUNITY FOUNDATION DISASTER 1701 N SHELBY STREET SALEM, IN 47167	35-1883377	501(C)(3)	20,086				GENERAL OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
INDIANAPOLIS ZOO 1200 W Washington St PO Box 22309 INDIANAPOLIS, IN 46222	35-1074747	501(c)(3)	20,043				GENERAL OPERATIONS
ALZHEIMER'S ASSOCIATION 225 N Michigan Ave Chicago, IL 60601	13-3039601	501(c)(3)	12,836				GENERAL OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN LUNG ASSOCIATION 55 W Wacker Drive Chicago, IL 60601	13-1632524	501(c)(3)	12,543				GENERAL OPERATIONS
THE OASIS INSTITUTE 11780 Borman Drive St Louis, MO 63146	43-1830354	501(c)(3)	12,500				GENERAL OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 CAPITOL AVE INDIANAPOLIS, IN 46225	31-0975117	501(c)(3)	12,500				GENERAL OPERATIONS
INDIANA DENTAL ASSOCIATION 1319 E STOP 10 ROAD INDIANAPOLIS, IN 46227	35-0411620	501(C)(6)	10,086				GENERAL OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST RAPHAEL CATHOLIC MEDICAL GUILD 520 STEVENS STREET INDIANAPOLIS, IN 46203	47-5189084	501(C)(3)	10,086				GENERAL OPERATIONS
PACK AWAY HUNGER PO Box 37 Greenwood, IN 46142	27-1438579	501(c)(3)	5,963				GENERAL OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CHILD ADVOCATES RUN 3701 Kirby Drive Houston, TX 77098	76-0111345	501(c)(3)	5,043				GENERAL OPERATIONS
CONGENITAL HEART ASSOCIATION HEART WALK 3300 Henry Ave Philadelphia, PA 19129	04-3447959	501(c)(3)	5,043				GENERAL OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
OVAR COMING TOGETHER 2625 N Meridian Street INDIANAPOLIS, IN 46208	32-0009759	501(c)(3)	5,043				GENERAL OPERATIONS
ST VINCENT HOSPITAL FOUNDATION INC 10330 N MERIDIAN STREET STE 430N INDIANAPOLIS, IN 46290	35-6088862	501(C)(3)	145,636				GENERAL OPERATIONS

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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 HEALTH INC

Employer identification number
35-2052591

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**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 ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**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?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	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?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
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?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
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 accured 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				
1 JONATHAN S NALLI EX-OFFICIO - SYSTEM CEO	(i)	0	0	0	0	0	0	0
	(ii)	876,053	1,343,858	329,606	13,250	38,639	2,601,406	0
2 MICHAEL L MULLINS FORMER OFFICER (END 6/2016)	(i)	0	0	0	0	0	0	0
	(ii)	560,870	447,000	101,536	13,250	28,664	1,151,320	0
3 JULIE M CARMICHAEL FORMER OFFICER (END 6/2015)	(i)	0	0	0	0	0	0	0
	(ii)	0	0	175,934	0	5,031	180,965	0
4 CHERYL A HARMON CFO-MINISTRY MARKET INDIANA/INTERIM COO	(i)	0	0	0	0	0	0	0
	(ii)	463,400	297,018	52,755	12,552	13,079	838,804	0
5 JOSEPH O MURDOCK SVP HR - TALENT ACQUISITION	(i)	0	0	0	0	0	0	0
	(ii)	371,879	411,105	131,321	9,275	24,675	948,255	0
6 JILL A BROCKER Dir-Quality	(i)	133,155	18,496	1,163	9,366	18,073	180,253	0
	(ii)	0	0	0	0	0	0	0
7 BRENDA K ERNER Executive Director	(i)	219,317	75,028	4,913	14,650	20,607	334,515	0
	(ii)	0	0	0	0	0	0	0
8 JOHN R PEASLEY Chief Information Officer	(i)	178,321	63,250	931	13,860	28,886	285,248	0
	(ii)	0	0	0	0	0	0	0
9 KEVIN P WILLMANN President-Navion	(i)	277,877	136,705	4,242	14,575	30,265	463,664	0
	(ii)	0	0	0	0	0	0	0

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 Health, 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 Julie M Carmichael - $175,934
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 No payments were made to listed persons in Part VII under the various non-qualified deferred compensation plans during the year

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 35-2052591
Name: ST VINCENT HEALTH 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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1 JONATHAN S NALLI EX-OFFICIO - SYSTEM CEO	(I)	0	0	0	0	0	0	0
	(II)	876,053	1,343,858	329,606	13,250	38,639	2,601,406	0
1 MICHAEL L MULLINS FORMER OFFICER (END 6/2016)	(I)	0	0	0	0	0	0	0
	(II)	560,870	447,000	101,536	13,250	28,664	1,151,320	0
2 JULIE M CARMICHAEL FORMER OFFICER (END 6/2015)	(I)	0	0	0	0	0	0	0
	(II)	0	0	175,934	0	5,031	180,965	0
3 CHERYL A HARMON CFO-MINISTRY MARKET INDIANA/INTERIM COO	(I)	0	0	0	0	0	0	0
	(II)	463,400	297,018	52,755	12,552	13,079	838,804	0
4 JOSEPH O MURDOCK SVP HR - TALENT ACQUISITION	(I)	0	0	0	0	0	0	0
	(II)	371,879	411,105	131,321	9,275	24,675	948,255	0
5 JILL A BROCKER Dir-Quality	(I)	133,155	18,496	1,163	9,366	18,073	180,253	0
	(II)	0	0	0	0	0	0	0
6 BRENDA K ERNER Executive Director	(I)	219,317	75,028	4,913	14,650	20,607	334,515	0
	(II)	0	0	0	0	0	0	0
7 JOHN R PEASLEY Chief Information Officer	(I)	178,321	63,250	931	13,860	28,886	285,248	0
	(II)	0	0	0	0	0	0	0
8 KEVIN P WILLMANN President-Navion	(I)	277,877	136,705	4,242	14,575	30,265	463,664	0
	(II)	0	0	0	0	0	0	0

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SCHEDULE N (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.**
▶ **Attach certified copies of any articles of dissolution, resolutions, or plans.**
▶ **Attach to Form 990 or 990-EZ.**
▶ **Information about Schedule N (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
ST VINCENT HEALTH INC

Employer identification number
35-2052591

Part I **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I 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 typeof entity

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization			
a	Become a director or trustee of a successor or transferee organization?	2a		
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		
c	Become a direct or indirect owner of a successor or transferee organization?	2c		
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d		
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 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- HEALTH	07-01-2016	510,991,492	FMV	45-3358926	ASCENSION HEALTH ALLIANCE PO BOX 45998 ST LOUIS, MO 63145	501(C)(3)
CASH ACCOUNTS TRANSFERRED TO PARENT'S BALANCE SHEET- NAVION	07-01-2018	27,074,441	FMV	45-3358926	ASCENSION HEALTH ALLIANCE PO BOX 45998 ST LOUIS, MO 63145	501(C)(3)

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization			
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 HEALTH, INC TRANSFERRED ITS BEGINNING HSD CASH BALANCES TO ASCENSION HEALTH ALLIANCE (45-3358926) AS OF JULY 1, 2016

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
ST VINCENT HEALTH INC

Employer identification number

35-2052591

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4 PROGRAM SERVICE ACCOMPLISHMENTS	From its inception, the St Vincent vision has been to deliver a continuum of holistic, hi gh-quality health services in Central Indiana through its sponsored health care ministries and improve the lives and health of Indiana individuals and communities, with special att ention to the poor and vulnerable This is accomplished through strong partnerships with b usinesses, community organizations, local, state and federal government, physicians, St Vi ncent associates and others Most St Vincent ministries file individual Form 990s The St Vincent Health filing encompasses the health system's corporate-level activities as well a s activities of Quality Healthcare Solutions, LLC, a healthcare consulting firm specializi ng in data coding and quality of care reporting St Vincent invests in resources, trainin g, tools, and other support to assist St Vincent-sponsored health care ministries in partn ering with their communities to provide community benefit The St Vincent Health Community Development & Health Improvement Department educates, encourages and empowers associates to engage in the community, to deploy resources and expertise to facilitate this work, and to track and report community benefit, These professionals work with leadership and assoc iates at each hospital and with key community partners to develop and support initiatives that address identified community needs and to measure, track and report community benefit An electronic database is being utilized to provide accurate reporting and timely analys is throughout all St Vincent ministries This investment empowers the sponsored health min istries to work closely with their communities to assess strengths, needs and challenges t hrough a Community Health Needs Assessment (CHNA) conducted every three years, to develop an Implementation Strategy to address priority needs, and to work together with a wide ran ge of community partners to implement and support solutions that will improve quality of l ife and build and sustain a healthier community St Vincent Health also creates accountabi lity and provides systems for tracking and reporting community benefit to each community, to St Vincent, and its sponsoring organization, Ascension Health The CHNA, Implementatio n Strategy, and Community Benefit Report for each hospital are posted on their websites C ommunity Health Needs Assessment True community benefit responds to the particular needs a nd challenges of a specific community, building on its unique strengths and assets Each h ospital, working with St Vincent Health Community Development & Health Improvement liaison s, leads a community health needs assessment (CHNA) every 3 years Using a variety of tool s, including surveys, key person interviews, focus groups, secondary data and data analysi s professionals, the hospital team identifies community needs and concerns These are shar ed with the community at large and a consensus is reached about priorities and available r esources To provide ongoing c

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4 PROGRAM SERVICE ACCOMPLISHMENTS	ommunity input and a basis for collaboration within the community to address health needs, St Vincent leads or participates in a community roundtable or forum This group brings to gether organizations and individuals from throughout the community who share a common inte rest in improving the community's health status and quality of life and provides expertise in a variety of community dimensions, including public health Implementation Strategy On completion of each CHNA, the Community Development & Health Improvement Department works with each hospital to identify those priority needs which they plan to address and to deve lop an Implementation Strategy to document their goals and strategies for addressing these needs Supporting Community Benefit Solutions As St Vincent ministries come together wit h their communities to address challenges and implement solutions, St Vincent Community D evelopment & Health Improvement staff support these efforts in a variety of ways, from sha ring best practices, to identifying potential partners, to suggesting additional sources o f funding to leverage St Vincent's commitment, to connecting with other resources availabl e within the health system or community Support is provided for an array of community ben efit programs which include - In-patient and outpatient care available to all, without reg ard for ability to pay - Full participation in public programs, such as Medicaid - Health education and promotion for members of the public - Medical education - An array of commun ity-building activities which indirectly impact health, including housing, transportation, arts and culture, economic development, and job readiness Community Benefit Training, Tr acking and Reporting St Vincent's commitment to community benefit includes ongoing associ ate education and advocating for full integration of community benefit into each departmen t within the organization Community liaisons conduct field training on a regular basis at each sponsored health ministry In addition, St Vincent hosts periodic community benefit educational sessions to celebrate this important work and provide education on significan t issues St Vincent commits to reporting community benefit fully and accurately to state and federal governments, to its sponsor, Ascension Health, and to each of the communities it serves Thus, educating associates on how to appropriately report and account for comm unity benefit is imperative St Vincent utilizes an on-line database that allows departme nts to enter, quantify and qualify community benefit on an ongoing basis This database is managed by St Vincent and reports are reviewed quarterly and annually An annual communi ty benefit report is prepared and distributed by St Vincent to its individual ministries, which in turn, are distributed to communities Annually, the report is published electron ically and made available on-line as well as a hard-copy brochure

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4 PROGRAM SERVICE ACCOMPLISHMENTS	Charity Care and Certain Other Community Benefits at Cost Check-Up 13 Check-up 13, a partn ership between St Vincent Health and WTHR Channel 13, provides news stories on the 13th of every month that focus on a specific health topic or issue In conjunction with many of t hese news "check-ups", St Vincent offers specific screenings or events that provide furthe r education or health care Viewers who have health-related concerns or questions can call 800-UCHECK13 to be connected to a St Vincent Health ministry that can assist in providing answers and appropriate follow-up Each month's health topics are chosen based on area ne eds, health-focused observances, and availability of related screenings and education to s upport the monthly report This partnership is enabling both organizations to increase awa reness of health issues, assist Hoosiers in taking a proactive approach to their health, a nd improve access to comprehensive health resources Community Benefit Sponsorships St Vi ncent supports efforts to improve the health of our communities by partnering with local o rganizations and providing financial support through sponsorships Because many factors af fect health, St Vincent supports a wide-range of topics For example, to increase access t o health services, St Vincent provides financial support to Gennersaret Free Clinic and s erves on its board of directors St Vincent provides financial sponsorships to organizatio ns focused on youth, including Big Brothers/Big Sisters, Child Advocates, Kokomo YMCA, Mak e a Wish Foundation and PeyBack Foundation Additionally, St Vincent sponsors events speci fically addressing the health needs of populations affected by health disparities, includi ng Black Expo, Catch the Stars Foundation, and the Infant Mortality Summit Health Promoti on Sponsorships St Vincent supports efforts to improve the health of our communities by p artnering with local organizations and providing financial support that focus on research, education and/or advocacy St Vincent supports a wide-range of topics, including but not limited to, Leukemia and Lymphoma Society, Polycystic Kidney Disease Foundation, American Lung Association, Congenital Heart Association, American Heart Association, Mental Health America of Indiana, American Foundation for Suicide Prevention, Epilepsy Foundation, Natio nal Kidney Foundation, People's Burn Foundation, and United Network for Organ Sharing Foo d Security According to Feeding America, 15 3% of the population in Indiana is considered food insecure, and therefore, struggle with the ability to provide enough food for every p erson in the household to have an active, healthy life St Vincent has addressed food ins ecurity in a variety of ways, including donations of staff time and funds to Gleaners Food Bank, which serves central Indiana With the understanding that food insecurity exists wi thin every community, St Vincent Health associates assisted St Vincent Indianapolis' fir st Pack Away Hunger event duri

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4 PROGRAM SERVICE ACCOMPLISHMENTS	ng fiscal year 2016 During this event, 55 associates assembled 16,000 meals to be distrib uted locally and internationally Medical Mission at Home St Vincent is committed to prov iding care and support to those who might not otherwise have access to healthcare on a reg ular basis That is why St Vincent sponsored their inaugural Medical Mission at Home duri ng fiscal year 2016 This event provides basic healthcare to the community, at no charge Services included physical exams, wellness services, sports physicals, foot washing, mammo grams, assistance with choosing and enrolling in a health insurance plan, referrals to com munity services and food from the food pantry Over 100 associates worked this event to se rve 116 individuals Community Benefit Cash and In-Kind Contributions In addition to the o utreach programs directly operated by St Vincent Health, the corporate office and physicia n network makes cash and in-kind donations to a variety of community organizations focused on improving health status in the community These take the form of cash donations to out side organizations, the donation of employee time and services to outside organizations an d the representation of the hospital on community boards and committees working to improve health status and quality of life within the community

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4 PROGRAM SERVICE ACCOMPLISHMENTS	Community Building Activities St Vincent STAR Job Readiness Program Job readiness is the f oundation of economic stability and empowerment To meet this need, St Vincent Health, one of the state's largest employers, created the Special Talents to Achieve and Rise (STAR) Program Established in 2002, the STAR Program aims to enrich lives and provide job readin ess skills to individuals in Marion and surrounding counties who are facing significant ba rriers to employment, but have a sincere desire to gain and maintain a job Developed to p rovide both job readiness and life skills, the STAR Program reaches out to both disadvanta ged individuals and those who find themselves in situational stress due to a recent job lo ss, or an inability to find employment For many individuals, the program has not only res ulted in a job, but has been life-transforming The STAR Program has helped individuals wi th a minimal level of education and those with graduate degrees It has helped those who h ave never had a job and those who have secured employment but were unable to keep it It h as also helped those who have worked for thirty years in a particular job but find themsel ves now searching without the knowledge necessary to be competitive in the workplace In a ddition to work history diversity, the STAR Program also enjoys diversity in ethnicity and socioeconomic levels Participants are referred to the STAR Program directly through St V incent Human Resources, the court system, public assistance workers, shelters, churches, f riends, and family Applicants are screened by STAR Team Members to determine the individu al's commitment to the program Participants meet four days a week, four hours a day for s ix weeks in a classroom setting, where they gain and/or enhance job readiness and life ski lls They learn the importance of positive attitude, punctuality, interviewing techniques, resume building, professionalism, and dressing for success In addition, St Vincent works with partners from throughout the community to provide training on how to budget, open a checking account, secure reliable transportation, and provides an outside perspective on w hat employers are seeking Following classroom training, students are placed with mentors who are associates in various departments throughout the St Vincent system Five sessions of STAR classes were offered in fiscal year 2016 More than 343 STARS have gone on to sust ain full-time employment since the program's inception St Vincent Danny's Closet of Hope Studies have shown that a professional appearance is a strong influencer in hiring and pro motion decisions Thus it is imperative that those seeking employment, especially those wh o are overcoming additional employment barriers, have access to appropriate clothing resou rces The St Vincent STAR Job Readiness Program has long worked closely with the local Dre ss for Success agency to assist women enrolled in the STAR program in obtaining suitable i nterview and work clothing Un

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4 PROGRAM SERVICE ACCOMPLISHMENTS	til recently, however, there was no such assistance available for men Responding to this need among men participating in the STAR program, and recognizing that other local agencie s were in need of such a resource, Danny's Closet of Hope was born Danny's Closet assists men in obtaining adequate clothing for interviewing and employment, and seeks to build co nfidence and hope for their clients In addition to serving STAR participants, approximate ly 55 other organizations in Indianapolis refer their male clients to Danny's Closet by ap pointment At these appointments, men are fitted for a new or gently used suit, dress shir t, tie, belt, dress shoes, and are given new socks, undergarments and a business portfolio St Vincent Danny's Closet of Hope is fortunate to have many individual and organizationa l partners who have cleaned out their closets or held clothing drives, donating gently use d professional men's clothing Danny's Closet has a wonderful partnership with Fabric Care Center in Indianapolis who donates all dry-cleaning services Through Danny's Closet of H ope, hundreds of Indiana men hoping to gain and maintain employment are experiencing the d ifference that professional clothing can make in hope, in confidence and in how an employe r responds Danny's Closet has suited over approximately 5,000 men since the ministry's in ception in 2007 Understanding Poverty The St Vincent Health Poverty Experience is a half- day simulation designed to help participants understand what it would be like to be a part of a typical poor and vulnerable family trying to survive from week-to-week The simulati on sensitizes participants to the realities of life faced by those unable to provide adequ ate resources for their families During the experience, 40-60 participants assume the rol es of up to 26 different families living in poverty, with a goal of seeking out and managi ng available resources to ensure basic services for each family member St Vincent conduct s the poverty experience for a wide-variety of community and government organizations, inc luding schools, city, county and state entities and non-profits Community Building Cash a nd In-kind Contributions St Vincent Health makes cash and in-kind donations to a variety o f community organizations focused on building the community These take the form of cash d onations to outside organizations, the donation of employee time and services to outside o rganizations and the representation of the organization on community boards and committees working to improve infrastructure for the community

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IV, Line 24a TAX EXEMPT BOND ISSUANCE	St Vincent Health, 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 Health, Inc holds an inter company 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 VI, Line 15a DETERMINATION OF COMPENSATION	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 HEALTH, 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 6 Classes of members or stockholders	St Vincent Health, Inc has a single corporate member, Ascension Health

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	Ascension Health has designed a system authority matrix which assigns authority for key decisions that are necessary in the operation of the system Specific areas that are identified in the authority matrix are new organizations & major transactions, governing documents, appointments/removals, evaluation, debt limits, strategic & financial plans, assets, system policies & procedures These areas are subject to certain levels of approval by Ascension per the system authority matrix

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 15b Process to establish compensation of other employees	IN DETERMINING COMPENSATION OF THE ORGANIZATION'S OFFICERS, THE PROCESS INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION THE ST VINCENT HEALTH, INC EXECUTIVE COMPENSATION COMMITTEE REVIEWED AND APPROVED THE COMPENSATION IN THE REVIEW OF THE COMPENSATION, THE OFFICERS' 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 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	Cafeteria Revenue - Total Revenue 362831, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 362831, Accounting Income - Total Revenue 159180, Related or Exempt Function Revenue 159180, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	FAS 158 PENSION LIABILITY - -25512328, Transfer (to) from Affiliates - -91431027, TRANSFER TO ALPHA FUND - HEALTH AS OF 7/1/2016 - -510991492, TRANSFER TO ALPHA FUND- NAVION AS OF 7/1/2016 - -27074441, contribution of capital non-controlling interest - 588609,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2b AUDITED FINANCIAL STATEMENTS	The activity of ST VINCENT HEALTH, INC is reported in the consolidated financial statements of Ascension Health Alliance No individual audit of ST VINCENT HEALTH, INC is completed Therefore, the audited financial statements are of Ascension Health Alliance and Affiliates, which include the activity of ST VINCENT HEALTH, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c oversight of audit or selection of independent accountant	ST VINCENT HEALTH, INC is included in the consolidated financial statements of Ascension Health Alliance The Finance and Audit committee of Ascension Health Alliance's Board assumes responsibility for the consolidated organization as a whole

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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 HEALTH INC

Employer identification number
35-2052591

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HRH SVH REAL ESTATE DEVELOPMENT CO LLC 10330 N MERIDIAN STREET STE 430N INDIANAPOLIS, IN 46290 27-2933470	LAND HOLDING COMPANY	IN	1	0	STVINCENT HEALTH INC
(2) QUALITY HEALTHCARE SOLUTIONS LLC DBA NAVION HEALTHCARE SOLUTIONS 8425 HARCOURT ROAD INDIANAPOLIS, IN 46260 27-2818049	HEALTH CARE CONSULTING	IN	8,915,908	1,065,621	STVINCENT HEALTH INC

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	(g) 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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(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	NA	N/A								
(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	ST VINCENT HEALTH INC	Related	0	153,256		No		Yes		51 %

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	(i) 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

		Yes	No
1 During the tax year, did the orgranization 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		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

See Additional Data Table

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

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

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: 35-2052591
Name: ST VINCENT HEALTH 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) 2001 W 86TH STREET INDIANAPOLIS, IN 46260 35-1869951	FREESTANDING OUTPATIENT CENTER	IN	501(c)(3)	Type III-FI	ST VINCENT HEALTH INC	Yes	
(3) 4141 SHORE DRIVE INDIANAPOLIS, IN 46254 35-1786005	REHABILITATION HOSPITAL	IN	501(c)(3)	3	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) 2001 W 86TH STREET INDIANAPOLIS, IN 46260 35-0869066	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(14) 301 HENRY STREET NORTH VERNON, IN 47265 35-1841606	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(15) 1331 SOUTH A STREET ELWOOD, IN 46036 35-0876389	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(16) 8425 HARCOURT ROAD INDIANAPOLIS, IN 46260 27-2039417	PHYSICIAN PROFESSIONAL SERVICES	IN	501(c)(3)	10	ST VINCENT HEALTH INC	Yes	
(17) 473 GREENVILLE AVENUE WINCHESTER, IN 47394 35-2103153	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(18) 10330 N MERIDIAN STREET STE 400N INDIANAPOLIS, IN 46290 47-1289091	RETAIL AMBULATORY SERVICES	IN	501(c)(3)	10	ST VINCENT HEALTH INC	Yes	
(19) 911 N SHELBY STREET SALEM, IN 47167 27-0847538	CRITICAL ACCESS 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) 8050 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260 35-1712001	LONG TERM CARE HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(1) 412 N MONROE STREET WILLIAMSPORT, IN 47993 35-0784551	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(2) 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-0869065	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(3) 1116 MILLIS AVENUE BOONVILLE, IN 47601 35-1343019	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
(4) 1907 W SYCAMORE STREET KOKOMO, IN 46901 23-7313206	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST JOSEPH HOSPITAL & HEALTH CENTER INC	Yes	
(5) 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1899560	DME/HOME CARE	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
(6) 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 23-7248362	REAL ESTATE HOLDING COMPANY	IN	501(c)(2)		ST MARY'S HEALTH INC	Yes	
(7) 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1679526	INVESTMENT SERVICES	IN	501(c)(3)	Type III-FI	ST MARY'S HEALTH INC	Yes	
(8) 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1899562	TAX-EXEMPT AFFILIATE REIMBURSEMENTS	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
(9) 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 23-7045370	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
(10) 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 26-1356310	PHYSICIAN PROFESSIONAL SERVICES	IN	501(c)(3)	10	ST MARY'S HEALTH INC	Yes	
(11) 901 ST MARYS DRIVE EVANSVILLE, IN 47714 27-3474697	DORMANT	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
(12) 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 20-8775914	DORMANT	IN	501(c)(3)	10	ST MARY'S HEALTH INC	Yes	
(13) 2015 JACKSON STREET ANDERSON, IN 46016 35-2053693	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT ANDERSON REGIONAL HOSPITAL INC	Yes	
(14) 1300 S JACKSON FRANKFORT, IN 46041 35-1531734	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT FRANKFORT HOSPITAL INC	Yes	
(15) 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	
(16) 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	
(17) 473 GREENVILLE AVENUE WINCHESTER, IN 47394 35-2133006	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT RANDOLPH HOSPITAL INC	Yes	
(18) 412 N MONROE STREET WILLIAMSPORT, IN 47993 74-3130159	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT WILLIAMSPORT HOSPITAL INC	Yes	
(19) 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	2,034,247	FAIR MARKET VALUE
(1)	CENTRAL INDIANA HEALTH SYSTEM CARDIAC SERVICES INC	P	4,104,686	FAIR MARKET VALUE
(2)	CENTRAL INDIANA HEALTH SYSTEM CARDIAC SERVICES INC	Q	21,363,867	FAIR MARKET VALUE
(3)	CENTRAL INDIANA HEALTH SYSTEM CARDIAC SERVICES INC	S	86,653,703	FAIR MARKET VALUE
(4)	ST VINCENT SETON SPECIALTY HOSPITAL INC	L	626,408	FAIR MARKET VALUE
(5)	ST VINCENT SETON SPECIALTY HOSPITAL INC	P	145,454	FAIR MARKET VALUE
(6)	ST VINCENT SETON SPECIALTY HOSPITAL INC	R	9,119,353	FAIR MARKET VALUE
(7)	ST JOSEPH HOSPITAL & HEALTH CENTER INC	L	2,562,996	FAIR MARKET VALUE
(8)	ST JOSEPH HOSPITAL & HEALTH CENTER INC	P	691,588	FAIR MARKET VALUE
(9)	ST JOSEPH HOSPITAL & HEALTH CENTER INC	Q	223,470	FAIR MARKET VALUE
(10)	ST JOSEPH HOSPITAL & HEALTH CENTER INC	S	7,668,630	FAIR MARKET VALUE
(11)	ST JOSEPH HOSPITAL & HEALTH CENTER INC	R	35,856,118	FAIR MARKET VALUE
(12)	ST VINCENT ANDERSON REGIONAL HOSPITAL INC	L	3,878,636	FAIR MARKET VALUE
(13)	ST VINCENT ANDERSON REGIONAL HOSPITAL INC	P	674,759	FAIR MARKET VALUE
(14)	ST VINCENT ANDERSON REGIONAL HOSPITAL INC	Q	218,932	FAIR MARKET VALUE
(15)	ST VINCENT ANDERSON REGIONAL HOSPITAL INC	S	5,669,175	FAIR MARKET VALUE
(16)	ST VINCENT ANDERSON REGIONAL HOSPITAL INC	R	47,773,657	FAIR MARKET VALUE
(17)	ST VINCENT CARMEL HOSPITAL INC	L	2,373,960	FAIR MARKET VALUE
(18)	ST VINCENT CARMEL HOSPITAL INC	P	823,982	FAIR MARKET VALUE
(19)	ST VINCENT CARMEL HOSPITAL INC	Q	247,473	FAIR MARKET VALUE
(20)	ST VINCENT CARMEL HOSPITAL INC	R	75,234,695	FAIR MARKET VALUE
(21)	ST VINCENT FRANKFORT HOSPITAL INC	L	450,247	FAIR MARKET VALUE
(22)	ST VINCENT FRANKFORT HOSPITAL INC	P	81,578	FAIR MARKET VALUE
(23)	ST VINCENT FRANKFORT HOSPITAL INC	S	303,313	FAIR MARKET VALUE
(24)	ST VINCENT FRANKFORT HOSPITAL INC	R	3,655,942	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 HOSPITAL AND HEALTH CARE CENTER INC	P	8,000,495	FAIR MARKET VALUE
(1)	ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC	Q	2,022,652	FAIR MARKET VALUE
(2)	ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC	S	1,614,560	FAIR MARKET VALUE
(3)	ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC	R	628,291,443	FAIR MARKET VALUE
(4)	ST VINCENT HOSPITAL FOUNDATION INC	C	422,980	FAIR MARKET VALUE
(5)	ST VINCENT HOSPITAL FOUNDATION INC	M	148,000	FAIR MARKET VALUE
(6)	ST VINCENT HOSPITAL FOUNDATION INC	R	340,644	FAIR MARKET VALUE
(7)	ST VINCENT JENNINGS HOSPITAL INC	L	427,824	FAIR MARKET VALUE
(8)	ST VINCENT JENNINGS HOSPITAL INC	P	162,434	FAIR MARKET VALUE
(9)	ST VINCENT JENNINGS HOSPITAL INC	S	3,073,385	FAIR MARKET VALUE
(10)	ST VINCENT JENNINGS HOSPITAL INC	R	3,177,268	FAIR MARKET VALUE
(11)	SVH REAL ESTATE INC	R	477,321	FAIR MARKET VALUE
(12)	ST VINCENT MADISON COUNTY HEALTH SYSTEM INC	L	446,529	FAIR MARKET VALUE
(13)	ST VINCENT MADISON COUNTY HEALTH SYSTEM INC	P	150,998	FAIR MARKET VALUE
(14)	ST VINCENT MADISON COUNTY HEALTH SYSTEM INC	Q	136,719	FAIR MARKET VALUE
(15)	ST VINCENT MADISON COUNTY HEALTH SYSTEM INC	S	1,674,942	FAIR MARKET VALUE
(16)	ST VINCENT MADISON COUNTY HEALTH SYSTEM INC	R	5,705,868	FAIR MARKET VALUE
(17)	ST VINCENT MERCY HOSPITAL FOUNDATION INC	L	113,521	FAIR MARKET VALUE
(18)	ST VINCENT RANDOLPH HOSPITAL FOUNDATION INC	L	73,810	FAIR MARKET VALUE
(19)	ST VINCENT SALEM HOSPITAL INC	L	399,242	FAIR MARKET VALUE
(20)	ST VINCENT SALEM HOSPITAL INC	S	1,082,780	FAIR MARKET VALUE
(21)	ST VINCENT SALEM HOSPITAL INC	R	3,848,047	FAIR MARKET VALUE
(22)	ST VINCENT WILLIAMSPORT HOSPITAL INC	L	497,427	FAIR MARKET VALUE
(23)	ST VINCENT WILLIAMSPORT HOSPITAL INC	P	51,742	FAIR MARKET VALUE
(24)	ST VINCENT WILLIAMSPORT HOSPITAL INC	S	3,316,696	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
(51)	ST VINCENT WILLIAMSPORT HOSPITAL INC	R	4,196,908	FAIR MARKET VALUE
(1)	ST VINCENT CLAY HOSPITAL INC	L	419,423	FAIR MARKET VALUE
(2)	ST VINCENT CLAY HOSPITAL INC	P	101,295	FAIR MARKET VALUE
(3)	ST VINCENT CLAY HOSPITAL INC	Q	93,800	FAIR MARKET VALUE
(4)	ST VINCENT CLAY HOSPITAL INC	S	2,697,901	FAIR MARKET VALUE
(5)	ST VINCENT CLAY HOSPITAL INC	R	3,515,336	FAIR MARKET VALUE
(6)	ST VINCENT RANDOLPH HOSPITAL INC	L	484,556	FAIR MARKET VALUE
(7)	ST VINCENT RANDOLPH HOSPITAL INC	P	179,021	FAIR MARKET VALUE
(8)	ST VINCENT RANDOLPH HOSPITAL INC	Q	170,269	FAIR MARKET VALUE
(9)	ST VINCENT RANDOLPH HOSPITAL INC	S	731,394	FAIR MARKET VALUE
(10)	ST VINCENT RANDOLPH HOSPITAL INC	R	3,790,366	FAIR MARKET VALUE
(11)	ST VINCENT MEDICAL GROUP INC	L	6,039,032	FAIR MARKET VALUE
(12)	ST VINCENT MEDICAL GROUP INC	M	190,267	FAIR MARKET VALUE
(13)	ST VINCENT MEDICAL GROUP INC	P	4,897,569	FAIR MARKET VALUE
(14)	ST VINCENT MEDICAL GROUP INC	S	121,283,376	FAIR MARKET VALUE
(15)	ST VINCENT MEDICAL GROUP INC	R	48,002,096	FAIR MARKET VALUE
(16)	ST VINCENT DUNN HOSPITAL INC	L	424,489	FAIR MARKET VALUE
(17)	ST VINCENT DUNN HOSPITAL INC	P	100,323	FAIR MARKET VALUE
(18)	ST VINCENT DUNN HOSPITAL INC	Q	91,658	FAIR MARKET VALUE
(19)	ST VINCENT DUNN HOSPITAL INC	R	4,612,674	FAIR MARKET VALUE
(20)	ST VICENT FISHERS HOSPTIAL INC	L	976,016	FAIR MARKET VALUE
(21)	ST VICENT FISHERS HOSPTIAL INC	P	266,045	FAIR MARKET VALUE
(22)	ST VICENT FISHERS HOSPTIAL INC	R	14,917,691	FAIR MARKET VALUE
(23)	ST VINCENT HEALTH WELLNESS AND PREVENTIVE CARE INSTITUTE INC	S	2,483,088	FAIR MARKET VALUE
(24)	ST VICENT RAS INC	P	59,704	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
(76)	ST VINCENT HOSPITAL FOUNDATION INC	B	145,636	FAIR MARKET VALUE