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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

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

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final
☒ Return/terminated
☐ Amended return
☐ Application pending

C Name of organization
St Vincent Hospital of the Hospital Sisters of the Third Order of St Francis
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
835 S VAN BUREN
City or town, state or province, country, and ZIP or foreign postal code
Green Bay, WI 543013256
F Name and address of principal officer
THERESE PANDL
2710 EXECUTIVE DRIVE PO BOX 19
GREEN BAY, WI 54307
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.STVINCENTHOSPITAL.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other
L Year of formation 1888
M State of legal domicile WI

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
ST VINCENT HOSPITAL'S MISSION IS TO CARRY OUT THE HEALING MINISTRY OF THE CATHOLIC CHURCH BY PROVIDING HIGH-QUALITY HOSPITAL SERVICES TO THE PEOPLE OF GREEN BAY, NORTHEAST WISCONSIN, AND NEARBY UPPER MICHIGAN

2 Check this box 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) 15

4 Number of independent voting members of the governing body (Part VI, line 1b) 13

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 2,435

6 Total number of volunteers (estimate if necessary) 263

7a Total unrelated business revenue from Part VIII, column (C), line 12 2,477,008

7b Net unrelated business taxable income from Form 990-T, line 34 -851,098

Revenue

8 Contributions and grants (Part VIII, line 1h) 2,415,739

9 Program service revenue (Part VIII, line 2g) 535,365,921

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 14,045,770

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 397,576

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 552,312,646

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0

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) 114,943,149

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) 385,824,118

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 500,767,267

19 Revenue less expenses Subtract line 18 from line 12 51,545,379

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 720,838,675

21 Total liabilities (Part X, line 26) 204,162,628

22 Net assets or fund balances Subtract line 21 from line 20 516,676,047

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
Therese Pandl Division CEO
Type or print name and title

2018-04-11
Date

Paid Preparer Use Only
Print/Type preparer's name Rachel Spurlock
Preparer's signature Rachel Spurlock
Date
Check if self-employed
PTIN P00520729
Firm's name CROWE HORWATH LLP
Firm's EIN 35-0921680
Firm's address 225 West Wacker Drive Suite 2600
Chicago, IL 606061224
Phone no (312) 899-7000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 \$	39,613,117	including grants of \$) (Revenue \$	58,044,759)
See Additional Data						

4b	(Code)	(Expenses \$	25,133,686	including grants of \$) (Revenue \$	53,522,216)
See Additional Data						

4c	(Code)	(Expenses \$	17,248,576	including grants of \$) (Revenue \$	35,987,398)
See Additional Data						

(Code)	(Expenses \$	349,839,402	including grants of \$) (Revenue \$	385,445,120)
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ST VINCENT HOSPITAL PROVIDES A WIDE ARRAY OF SERVICES. BESIDES THE PROGRAMS LISTED ABOVE, WE OFFER IMAGING SERVICES WITH ACCESS TO THE LATEST TECHNOLOGY IN COMPUTED TOMOGRAPHY, MRI, NUCLEAR MEDICINE AND ULTRASOUND. WE ALSO HAVE ORTHOPEDIC SERVICES THAT INCLUDES JOINT CARE, PHYSICAL THERAPY & OCCUPATIONAL THERAPY. OUR WOMEN'S SERVICES DEPARTMENT PROVIDES LABOR & DELIVERY SERVICES, OB CLINIC, NURSE EDUCATORS AND LACTATION SPECIALIST. WE PROVIDE NEONATAL, PEDIATRIC AND GENERAL ICU AS WELL AS INTERMEDIATE CARE UNITS. WE HAVE A 24 HOUR EMERGENCY DEPARTMENT/TRAUMA CENTER WITH SAME NURSES AVAILABLE. OUR PHARMACY IS ALSO OPEN 24 HOURS TO MEET PATIENT NEEDS. OUR PULMONARY FUNCTIONS AREA INCLUDES A BRONCHIAL LAB, RESPIRATORY CARE AND A SLEEP CENTER. WE PROVIDE DIALYSIS FOR BOTH INPATIENT AND OUTPATIENTS. OUR HOME HEALTH CARE DEPARTMENT PROVIDES CARE FOR PATIENTS THAT NO LONGER REQUIRE HOSPITALIZATION BUT WHO CONTINUE CARE IN SOME WAY. WE PROVIDE A WOUND CARE CENTER THAT INCLUDES HYPERBARIC TREATMENTS. WE ALSO HAVE PROGRAMS TO INCREASE PATIENT CARE AND SATISFACTION SUCH AS CASE MANAGEMENT, PALLIATIVE CARE, INFECTION PREVENTION, SPIRITUAL SERVICES, CONTINUOUS PROCESS IMPROVEMENT AND RISK MANAGEMENT.








4d	Other program services (Describe in Schedule O)					
(Expenses \$	349,839,402	including grants of \$) (Revenue \$	385,445,120)		

4e	Total program service expenses ▶	431,834,781
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> 	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> 	26 Yes	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> 	28c Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 	33 Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> 	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	124
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	2,435
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 15		
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 13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	Yes
b Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶	
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20 State the name, address, and telephone number of the person who possesses the organization's books and records. ▶Joanne Horvath 835 S VAN BUREN GREEN BAY, WI 54301 (920) 431-3211	

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

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

Form **990** (2016)

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	3,227,547	2,496,687	2,820,022

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 ▶ 98

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CARDINAL HEALTH - PHARMACY 2901 ENLOE STREET HUDSON, WI 54016	PHARMACY SERVICES	14,850,905
SODEXO INC & AFFILIATES 4880 PAYSHERE CIR CHICAGO, IL 60674	FOOD SERVICE	1,987,620
SUPERIOR HEALTH LINENS 2150 MAPLE DR PLOVER, WI 54467	LAUNDRY SERVICES	738,219
PHILIPS MEDICAL SYSTEMS PO BOX 100355 ATLANTA, GA 303840355	MEDICAL EQUIPMENT MAINTENANCE	623,114
VARIAN MEDICAL SYSTEMS 3100 Hansen Way Palo Alto, CA 94304	MEDICAL EQUIPMENT MAINTENANCE	611,484

<p>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 ► 45</p>	
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Part VIII

Statement of Revenue

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

☒

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . .	1b					
	c	Fundraising events . . .	1c					
	d	Related organizations	1d	1,982,184				
	e	Government grants (contributions)	1e	486,730				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	34,465				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f	2,503,379					
Program Service Revenue			Business Code					
	2a	Patient Service Revenue	900099	527,297,996	527,297,996			
	b	Other Operating Revenue	900099	5,856,615	5,701,497	155,118		
	c	Reference Lab	621500	2,211,310		2,211,310		
	d	_____						
	e	_____						
	f	All other program service revenue		0	0	0		
	g	Total. Add lines 2a-2f	535,365,921					
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	2,876,775			2,876,775	
	4		Income from investment of tax-exempt bond proceeds					
	5		Royalties					
	6a	(i) Real		(ii) Personal				
		Gross rents						
		91,839						
		b Less rental expenses		31,298				
	c		Rental income or (loss)	60,541	0			
	d		Net rental income or (loss)	60,541			60,541	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory		11,449,149	9,449			
		b Less cost or other basis and sales expenses			289,602			
		c Gain or (loss)		11,449,149	-280,153			
	d		Net gain or (loss)	11,168,995			11,168,995	
	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		Gift Shop	453220	143,258			143,258	
b		Printing	323100	51,624		51,624		
c		Physician Fees/Dues	900099	42,380		42,380		
d		All other revenue		99,773	0	16,576	83,197	
e		Total. Add lines 11a-11d		337,035				
12		Total revenue. See Instructions		552,312,646	532,999,493	2,477,008	14,332,766	

Part IX Statement of Functional Expenses

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	3,250,523		3,250,523	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	86,545,177	75,351,170	11,194,007	
7 Other salaries and wages.				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	2,461,928	2,065,902	396,026	
9 Other employee benefits.	14,901,992	12,504,859	2,397,133	
10 Payroll taxes.	7,783,529	6,531,471	1,252,058	
11 Fees for services (non-employees):				
a Management.				
b Legal.	122,533		122,533	
c Accounting.				
d Lobbying.	24,801		24,801	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	3,265,117		3,265,117	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	224,191,207	196,662,238	27,528,969	0
12 Advertising and promotion.	1,784,890	1,784,890		
13 Office expenses.	2,579,129	1,601,950	977,179	
14 Information technology.	223,113	-731,614	954,727	
15 Royalties.				
16 Occupancy.	14,644,097	12,646,460	1,997,637	
17 Travel.	397,132	309,088	88,044	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	2,508,670	2,258,497	250,173	
20 Interest.	1,037,270	-644,526	1,681,796	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	20,049,756	16,416,874	3,632,882	
23 Insurance.	1,372,918	621,393	751,525	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a Medical Supplies.	83,314,338	83,075,804	238,534	
b Equipment Rental & Maintenance.	15,245,426	14,939,748	305,678	
c Bad Debt.	4,797,082	4,797,082		
d Medicaid Tax Assessment.	7,918,789		7,918,789	
e All other expenses.	2,347,850	1,643,495	704,355	0
25 Total functional expenses. Add lines 1 through 24e.	500,767,267	431,834,781	68,932,486	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		11,198,561	1	13,146,257
	2	Savings and temporary cash investments		2,207,363	2	9,618,730
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		101,049,036	4	98,767,361
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		4,125	5	4,125
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		0	6	0
	7	Notes and loans receivable, net		5,412,154	7	5,398,330
	8	Inventories for sale or use		6,955,093	8	7,968,839
	9	Prepaid expenses and deferred charges		2,105,794	9	2,415,304
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a	394,791,102		
	b	Less: accumulated depreciation	10b	235,199,082		
				150,990,951	10c	159,592,020
	11	Investments—publicly traded securities		372,708,589	11	350,973,141
	12	Investments—other securities. See Part IV, line 11		0	12	
	13	Investments—program-related. See Part IV, line 11		28,887,236	13	69,235,082
	14	Intangible assets		4,669,142	14	3,719,486
15	Other assets. See Part IV, line 11		465,404	15	0	
16	Total assets. Add lines 1 through 15 (must equal line 34)		686,653,448	16	720,838,675	
Liabilities	17	Accounts payable and accrued expenses		58,645,537	17	57,240,426
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		70,677,804	20	66,822,043
	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	0
	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.		112,252,977	25	80,100,159
	26	Total liabilities. Add lines 17 through 25		241,576,318	26	204,162,628
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		429,599,520	27	500,927,277
	28	Temporarily restricted net assets		8,994,264	28	9,197,250
	29	Permanently restricted net assets		6,483,346	29	6,551,520
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		445,077,130	33	516,676,047
	34	Total liabilities and net assets/fund balances		686,653,448	34	720,838,675

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	552,312,646
2	Total expenses (must equal Part IX, column (A), line 25)	2	500,767,267
3	Revenue less expenses Subtract line 2 from line 1	3	51,545,379
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	445,077,130
5	Net unrealized gains (losses) on investments	5	10,799,321
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	9,254,217
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	516,676,047

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 39-0817529
Name: St Vincent Hospital of the Hospital Sisters of the Third
Order of St Francis
S

Form 990 (2016)

Form 990, Part III, Line 4a:
REGIONAL CANCER CENTER - SEE SCHEDULE O "PROGRAM SERVICE ACCOMPLISHMENTS"

Form 990, Part III, Line 4b:

SURGICAL SERVICES - SEE SCHEDULE O "PROGRAM SERVICE ACCOMPLISHMENTS"

Form 990, Part III, Line 4c:

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THERESE B PANDL PRESIDENT	18 0 42 0	X		X				0	901,796	239,493
DJ LONG JR CHAIRPERSON	1 0 1 0	X		X				0	0	0
BETSY MITCHELL Vice Chair - Part Year	1 0 1 0	X		X				0	0	0
DANIEL J PLATKOWSKI Vice Chair - Part Year	1 0 1 0	X		X				0	0	0
JOHN HAGER SECRETARY	1 0 1 0	X		X				0	0	0
JUDY NAGEL Board Member	1 0 1 0	X		X				0	0	0
JULES BLANK MD DIRECTOR	1 0 1 0	X						0	0	0
ROBERT BURNS DIRECTOR	1 0 1 0	X						0	0	0
MICHAEL W COTTRELL HSBS VP FINANCE	1 0 59 1	X						0	877,154	229,172
SR MAUREEN FAGAN OSF Board Member	1 0 2 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
SR BERNADINE GUTOWSKI OSF DIRECTOR	1 0 4 0	X						0	0	0		
KENNETH HUJET MD DIRECTOR	1 0 1 0	X						0	0	0		
Staci Kring DIRECTOR	1 0 1 0	X						0	0	0		
Dennis Langenberg DIRECTOR	1 0 1 0	X						0	0	0		
Michael Wickman Board Member	1 0 1 0	X						0	0	0		
ANN M CARR TREASURER	0 3 59 4			X				0	359,960	312,526		
LAWRENCE J CONNORS COO	20 0 20 0			X				0	357,777	262,047		
PAULA HAFEMAN CNO	40 0 0			X				301,640	0	319,001		
CHRISTINE JENSEMA CHIEF PEOPLE OFFICER	50 0 0			X				274,448	0	273,714		
KENNETH JOHNSON MD CHIEF MEDICAL OFFICER	26 0 0			X				430,271	0	88,408		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GAIL OSTRANDER CHIEF QUALITY OFFICER	40 0 0			X				221,847	0	71,237
GREG SIMIA DIVISION CFO	20 0 20 0			X				403,057	0	112,569
THOMAS R BAYER SR VP - REGIONAL DEVELOPMENT	40 0 0				X			233,605	0	216,103
JOANNE HORVATH VP FINANCE	22 0 18 0				X			189,777	0	35,106
DEANNA LINDNER CRNA	40 0 0					X		236,897	0	76,036
SARAH LULLOFF PHYSICIAN	40 0 0					X		237,231	0	95,173
BARBARA MACH CRNA	40 0 0					X		235,625	0	155,684
JOSEPH VANDERSTEEN CRNA	40 0 0					X		219,429	0	114,617
CURTIS WATSON ANESTHESIA MANAGER	40 0 0 0					X		243,720	0	219,136

SCHEDULE A
(Form 990 or 990-EZ)

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

Employer identification number
39-0817529

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 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 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

☐

Enter the number of supported organizations _____
- g

☐

Provide the following information about the supported organization(s) _____

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2016

Open to Public Inspection

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

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

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

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 7202 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		24,801
j	Total. Add lines 1c through 1i			24,801
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2016

Open to Public Inspection

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

Employer identification number
39-0817529

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		13,022,128		13,022,128
b Buildings		178,919,006	93,897,595	85,021,411
c Leasehold improvements		6,068,647	3,680,675	2,387,972
d Equipment		184,542,427	137,620,812	46,921,615
e Other		12,238,894		12,238,894
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				159,592,020

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) INV - PREVEA HEALTH SERVICES (PREFERRED)	21,260,890	C
(2) INV - PREVEA HEALTH SERVICES (COMMON)		
(3) INV - COMMUNITY MEMORIAL HOSPITAL		
(4) ONCOLOGY JOINT VENTURE		
(5) INV - PAIN CENTER WI	477,329	C
(6) Inv - Unity Limited Partnership	7,483,971	C
(7) Door County Cancer Center	40,012,892	C
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶	69,235,082	

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

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	
DUE TO MEDICARE	
CAP LEASE PAY-PREVEA	4,163,581
ACCRUED BENEFIT LIABILITY	65,494,546
RETIREMENT OBLIGATION - ASBESTOS	712,126
Derivative Instruments	9,668,918
Deferred Compensation	60,988
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	80,100,159

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: 39-0817529
Name: St Vincent Hospital of the Hospital Sisters of the Third Order of St Francis

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	<p>HSHS and the Foundation are Illinois not-for-profit organizations as described in Section 501 (c) (3) of the Internal Revenue Code (the Code) and are exempt from federal income taxes on related income pursuant to Section 501 (a) of the Code. Kiara, Inc. is an Illinois for-profit corporation that recognizes income taxes under the asset-and-liability method. Deferred tax assets and liabilities are recognized for the future tax consequences attributable to differences between the consolidated financial statement carrying amounts of existing assets and liabilities and their respective tax basis and operating loss and tax credit carryforwards. Deferred tax assets and liabilities are measured using the enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. The effect on deferred tax assets and liabilities of a change in tax rates is recognized in income in the period that includes the enactment date. In assessing the realizability of deferred tax assets, management considers whether it is more likely than not that some portion or all of the deferred tax assets will not be realized. The ultimate realization of deferred tax assets is dependent upon the generation of future taxable income during the periods in which those temporary differences become deductible. Management considers projected future taxable income and tax planning strategies in making this assessment. Based upon the level of historical taxable losses and projections for future taxable losses over the periods for which the deferred tax assets are deductible, management believes it is more likely than not Kiara, Inc. will not realize the majority of the benefits of these deductible differences. Full valuation allowances have been applied against the deferred tax assets attributable to the net operating loss carryforwards not realized as of June 30, 2017 and 2016 in the accompanying consolidated financial statements due to the uncertainty of realization. HSHS recognizes the tax benefit from an uncertain tax position only if it is more likely than not the tax position will be sustained on examination by the taxing authorities, based on the technical merits of the position. As of June 30, 2017 and 2016, HSHS does not have any liabilities for unrecognized tax benefits.</p>

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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

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

Name of the organization

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

Employer identification number

39-0817529

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

☐ 100%

☐ 150%

☒ 200%

☐ Other

%

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

Yes

☐ 200%

☐ 250%

☐ 300%

☐ 350%

☐ 400%

☒ Other

60000 %

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?

4

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

No

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

b

If "Yes," did the organization make it available to the public?

6b

Yes

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2,752,599		2,752,599	0 55 %
b Medicaid (from Worksheet 3, column a)			72,981,354	40,867,956	32,113,398	6 41 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			3,234,498	1,179,436	2,055,062	0 41 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	78,968,451	42,047,392	36,921,059	7 37 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		8,173	1,141,941		1,141,941	0 23 %
f Health professions education (from Worksheet 5)		305	340,413		340,413	0 07 %
g Subsidized health services (from Worksheet 6)			201,856		201,856	0 04 %
h Research (from Worksheet 7)					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)		203,217	379,131	663	378,468	0 08 %
j Total. Other Benefits	0	211,695	2,063,341	663	2,062,678	0 41 %
k Total. Add lines 7d and 7j	0	211,695	81,031,792	42,048,055	38,983,737	7 78 %

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

Cat No 50192T

Schedule H (Form 990) 2016

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0 %
2 Economic development			3,750		3,750	0 %
3 Community support					0	0 %
4 Environmental improvements			5,000		5,000	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building			6,258		6,258	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development					0	0 %
9 Other		86	13,373		13,373	0 %
10 Total	0	86	28,381	0	28,381	0 01 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	4,797,082	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	473,441	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	155,267,278
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	227,891,695
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-72,624,417
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes	

Part IV Management Companies and Joint Ventures

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

1

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
ST VINCENT HOSPITAL**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

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

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

ST VINCENT HOSPITAL

Name of hospital facility or letter of facility reporting group _____

	Yes	No
<p>Did the hospital facility have in place during the tax year a written financial assistance policy that</p> <p>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</p> <p>If "Yes," indicate the eligibility criteria explained in the FAP</p> <p>a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0 % and FPG family income limit for eligibility for discounted care of 600.0 %</p> <p>b <input type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p>c <input checked="" type="checkbox"/> Asset level</p> <p>d <input checked="" type="checkbox"/> Medical indigency</p> <p>e <input checked="" type="checkbox"/> Insurance status</p> <p>f <input checked="" type="checkbox"/> Underinsurance discount</p> <p>g <input checked="" type="checkbox"/> Residency</p> <p>h <input checked="" type="checkbox"/> Other (describe in Section C)</p>	13 Yes	
<p>14 Explained the basis for calculating amounts charged to patients?</p> <p>15 Explained the method for applying for financial assistance?</p> <p>If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)</p> <p>a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</p> <p>b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</p> <p>c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</p> <p>d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p>	14 Yes	
<p>16 Was widely publicized within the community served by the hospital facility?</p> <p>If "Yes," indicate how the hospital facility publicized the policy (check all that apply)</p> <p>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>https://www.stvincenthospital.org/Patients-Guests/Patient-Financial-Services</u></p> <p>b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>https://www.stvincenthospital.org/Patients-Guests/Patient-Financial-Services</u></p> <p>c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https://www.stvincenthospital.org/Patients-Guests/Patient-Financial-Services</u></p> <p>d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</p> <p>h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p>i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</p> <p>j <input type="checkbox"/> Other (describe in Section C)</p>	15 Yes	
	16 Yes	

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

ST VINCENT HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)			

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

ST VINCENT HOSPITAL

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

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

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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

[illegible]

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

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

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

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 PROMOTION OF COMMUNITY HEALTH (CONTINUED A)	<p>Double Your bucks Adequate food and nutrition was identified as one of the major health needs facing our community The community wide food and nutrition action planning group has been actively working with local farmers market to encourage customers using EBT (Electronic benefit transfer, formerly known as food stamps) to purchase fruits and vegetables They worked to enable vendors to accept EBT, and, using a planning grant from a local foundation, trialed a "double your bucks" initiative to double the purchasing power of EBT when used for fruits and vegetables up to a maximum of \$10 A trial of this program showed that that the programs increased purchases of fruits and vegetables by those receiving EBT benefits HSHS St Vincent and St Mary's has stepped forward to provided funding so that the "double your bucks" program could continue Without this agreement, the trial program would have been discontinued despite demonstrated success Here are some of the outcomes from the 2015 season 95% of participants say that as a result of the program they eat more fruits and vegetables, 84% say they purchase fewer high fat low nutrition snacks, and 94% say they now purchase more fruits and vegetables year round To have an even greater impact, a condition of our program support has been that the patient focused literature developed by the oral health group be distributed to participants along with toothbrushes Reports are the participants are delighted by this extra added bonus Other community benefit activities</p> <p>*Cover the cost of a nurse employed by the NEW Community Clinic, a Federally Qualified Health Center to assist the volunteer physicians who see patients with acute needs at their Bodart Street location More than 70% of patients indicate the clinic's care prevented a trip to the emergency department *Supply NEW Clinic with free and discounted laboratory and radiology services *Provide funds to assist NEW Clinic to pay for specialized dental assistants to enable the oral surgeons to see as many patients as possible during their volunteer time *Provide the Sexual Assault Nurse Examiner (SANE) program to provide care and assistance for anyone who has been sexually assaulted The program is available around the clock for victims of sexual assault, male or female, infant to elderly, and is the only regional site for such care *Collaborate with Medical College of Wisconsin in offering a community medical education program in Green Bay, and have provided financial support to offset operating costs and staff to assist in training *Provided \$523,175 in family support services Professionals at the hospital assisted in excess of 4,100 people by screening and applying for the appropriate assistance, such as SSDI or Medical Assistance when they came to the hospital in a time of medical need This included providing certified application counselors to assist patients in understanding and using the new insurance marketplace *Paid for more than \$15,442 in uncompensated ambulance and other vehicle rides for patients, either to or from the hospital or to help them get to their doctor appointments elsewhere *Cash donations, used equipment, furnishings and printing services to local churches, organizations and schools *Free support programs including cancer survivor and grief care *Eagle III - transportation for critically ill and injured patients, provided staff and financial assistance to eagle III for patients they served who were unable to pay their bill, *Hospital colleagues spoke at health fairs, schools, technical colleges, and a wide variety of organizations, *Training for county health nurses, local paramedics and home health agencies, *Student intern programs with local colleges and universities, *Hospital colleagues serve on local health organization boards and donate their time and expertise during and after business hours, *Laundry service for the local Altrusa House free of charge *HSHS St Vincent Hospital along with HSHS St Mary's Hospital and Bellin Health supports Unity Hospice, a provider of appropriate and compassionate care for the terminally ill *HSHS St Vincent Hospital, along with HSHS St Mary's Hospital, held a community medical equipment drive to collect home medical equipment for Hospital Sisters Mission Outreach, a medical supply recovery organization</p>

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 6 DESCRIPTION OF AFFILIATED GROUP (CONTINUED A)</p>	<p>SHS Good Shepherd Hospital in Shelbyville, Illinois increases access to mammograms, diagnostic screenings and breast cancer treatments for women through the hospital's Pink Ribbon Program and Vicky Wagner Breast Cancer Assistance Fund. The Pink Ribbon Program covers the costs of mammograms or diagnostic screenings for women living in rural areas who are under or uninsured. The Vicky Wagner Breast Cancer Assistance Fund assists women living in Shelby County who are receiving treatment for breast cancer with out of pocket expenses such as wigs, transportation to treatment appointments, child care, meals or other expenses that insurance doesn't cover. In southwest Illinois, SHS St. Joseph's Hospital in Highland provides enhanced offerings for senior population based on their CHNA. "Senior Renewal" is an outpatient counseling program for senior adults who may be facing emotional and physical problems unique to the aging process such as feelings of loneliness, isolation and anxiety. Clients receive a comprehensive level of treatment without inpatient hospitalization through counseling strategies and education. In addition, St. Joseph's Hospital is the lead collaborator in the Highland Area Meals on Wheels Program. In April 1977, the hospital partnered with the now defunct Highland Area Council of Churches to introduce the Meals on Wheels program. Today, St. Joseph's partners with the civic organization Highland Area Meals on Wheels Program to prepare and deliver nutritious meals to the elderly, those who are recuperating from illness or hospital stays, or anyone wishing to participate in the program within a 15-mile radius (cumulative population 20,000+) of the hospital. Annually, approximately 16,896 meals are delivered in eight communities. In addition to programs designed to increase access to care, SHS makes sure that those who need financial assistance receive it. SHS's Financial Assistance (Charity Care) policy was modified to offer a 45 percent self-pay discount to all patients who register without insurance. SHS Financial Assistance programs have a sliding scale, in some instances providing up to a 55 percent reduction off billed charges if an uninsured patient's family income level is determined to be above 500 percent but equal to or less than 600 percent of the current Federal Poverty Guidelines. SHS hospitals waive all charges for patients below 200 percent of the Federal Poverty Levels. Counselors are available in our hospitals to explain our financial assistance policy to patients, provide them with assistance in filling out a simple application form, or help them enroll in publicly funded health care programs. Enhance community health. As part of our mission to embody Christ's healing love for all people, we understand that we have a responsibility to improve the overall quality of life in our communities by supporting initiatives that promote health and wellness. We recognize we are most successful when we work together with a wide array of public and private organizations that share our commitment to improving lives. By doing so, we maximize our efforts and reduce the duplication of services. To ensure the health care needs of all are being met, SHS hospitals also understand we need to listen closely to the residents of the communities we serve. In turn, 13 SHS hospitals conducted Community Health Needs Assessments (CHNAs) in FY2015. SHS St. Clare Memorial Hospital in Oconto Falls, Wisconsin, who affiliated with SHS in September 2015, and SHS Holy Family Hospital in Greenville, Illinois, who affiliated with SHS in May 2016, both completed their CHNAs in FY2014. SHS Good Shepherd Hospital in Shelbyville, Illinois who affiliated with SHS in January 2017, conducted its most recent CHNA in FY2016. SHS hospitals are using the information gathered from their most recent CHNAs to develop new, and enhance existing, programs and services that best address the needs of the community. Priority health care needs were identified in the FY2015 CHNAs including access to health care services, alcohol, tobacco, and other drug abuse, chronic disease prevention and management, nutrition/wellness, mental health, and oral health. SHS hospitals are addressing these and other needs by proactively offering educational opportunities, preventative screenings, and new or enhanced clinical services. In many cases, the hospitals collaborate with other hospital facilities, local departments of public health and community organizations to address identified needs. In western Wisconsin, SHS Sacred Heart Hospital in Eau Claire and SHS St. Joseph's Hospital in Chippewa Falls are taking the lead to educate the public about mental health issues and treatment, the stigma associated with mental health, and the recognition of mental health issues. Under the umbrella of 3D Community Health, the hospitals led suicide prevention activities across multiple sectors in collaboration with the Chippewa Health Improvement Plan.</p>

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 6 DESCRIPTION OF AFFILIATED GROUP (CONTINUED A)</p>	<p>Partnership in FY2017. Strategies included community trainings of an evidence-based suicide prevention program, QPR (question, persuade & refer), and a variety of events, activities and displays pertaining to suicide prevention. Efforts are measured by the county suicide rate, inventory of change in community knowledge, stigma and behaviors, as well as participation in the county suicide death review team to monitor for potential trends and respond accordingly. 3D formed a suicide death review team in both Eau Claire and Chippewa Counties. These teams review details of each suicide to look for trends and key pieces of information that may guide efforts in targeting certain geographic areas, certain age or gender, etc. 3D is also focused on increasing community awareness and knowledge of the factors that offer protection from suicidal behaviors and that promote wellness and recovery in collaboration with multiple community partners on an ongoing basis. One strategy is to promote effective programs and practices to address adverse childhood experiences (ACEs) that increase protection from suicidal risk and promote connectedness among residents of Chippewa and Eau Claire Counties. At the Children, Health and Family Summit that 3D Community Health coordinated in partnership with the County Department of Human Services in FY2017, 99 of the 190 attendees took a pre-and- post-event survey about ACEs and brain development. There was a 24% increase in the percentage who strongly agreed that exposing infants to stress can actually cause them to develop a smaller brain post-event compared to pre-event survey. HS Holy Family Hospital in Greenville, Illinois has sponsored a multi-faceted health fair for decades, one of the largest Health Fairs in the east St. Louis metropolitan area. The event provides many free health tests in addition to five, low-cost comprehensive blood tests. In FY2017, more than 2,000 blood tests were performed as part of the hospital's annual Health Fair. Participants could choose from a comprehensive blood test, prostate specific antigen blood test (PSA), Hemoglobin A1-C, Vitamin D blood test, Colovantage or a combination of the five blood tests. The cost incurred by HSHS Holy Family Hospital for offering these discounted services was \$1,431,105. In addition to the services provided on the day of the Health Fair, the hospital also performs the low-cost blood tests at several off-site locations including area schools, businesses, and manufacturers. Through the years, life-threatening and serious medical conditions have been discovered through testing performed in association with the Health Fair. Mary's Garden is a community teaching garden located on the campus of HSHS St. Mary's Hospital in Decatur, Illinois. The goals of the community garden are to improve community health and food accessibility for those in need, teach the younger generation sustainable gardening and offer a comprehensive, place-based approach to community health improvement. In FY2017 Mary's Garden became a living classroom for Eisenhower High School students who use the garden for interactive instruction on health and nutrition, science, mathematics, ecology and agriculture. Mary's Garden also provided opportunities for two apprentices to develop competencies and self-confidence to move into rural and urban farming/gardening leadership roles and launched a community-supported agriculture (CSA) program for colleagues. This created two jobs and is providing a model for turning dilapidated city lots into urban gardens. The hospital has engaged City officials about a job creation program and neighborhood revitalization.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 DESCRIPTION OF AFFILIATED GROUP (CONTINUED B)	<p>In FY2017, HSHS St. Nicholas Hospital in Sheboygan supported a case manager position to provide Screening, Brief Intervention, and Referral to Treatment (SBIRT) services at Lakeshore Community Health Care (LCHC) in Sheboygan. First year funding by the hospital in FY2016 was used to create the position. In FY2018, the position will be solely funded by LCHC. SBIRT is an evidence-based practice designed to identify, reduce and prevent problematic use, abuse and dependence on drugs and alcohol. The creation of the SBIRT case manager position stems from Healthy Sheboygan County's 2020 Community Health Implementation Plan which was created following the Community Health Needs Assessment in 2014. Studies show that excessive use of alcohol and other drugs contributes to more than 70 diseases and leads to expensive, long-term health problems. Through early intervention, provided by the SBIRT case manager, the plan is to reduce costs and decrease the severity of drug and alcohol abuse. Advance medical knowledge. HSHS works to advance medical knowledge by supporting research initiatives and educational opportunities. In FY2017, HSHS hospitals and affiliated physician groups contributed more than \$21.5 million toward research and health professions education. Highlights of this commitment include subsidizing medical school residency programs, offering ongoing medical education to physicians and clinicians, and providing job shadowing programs for high school students. In southern Illinois, HSHS St. Joseph's Hospital in Breese, hosted members of the Health Occupations Students of America onsite to learn about job opportunities in health care from health care professionals. St. Joseph's also provided clinical experience for Kaskaskia College students enrolled in nursing, physical therapy and radiology programs. Pharmacy students have also completed their clinical training at St. Joseph's Hospital. In FY2017, the program served more than 200 students. In FY2017, HSHS St. Mary's Hospital Medical Center and HSHS St. Vincent Hospital in Green Bay invested more than \$636,000 to provide onsite training and education of nurses and allied health professionals. In addition, the hospitals have been collaborating with the Medical College of Wisconsin to establish a community medical education program in Green Bay and to provide financial support to offset operating costs in FY2017. Also in eastern Wisconsin, HSHS St. Clare Memorial Hospital in Oconto Falls provided training for local paramedics and emergency response personnel through the hospital's EMS liaison program. Mission-driven and strategically implemented Community Benefit is an integral part of Hospital Sisters Health System's Mission. Our commitment to Community Benefit arises from our Catholic identity, Mission and Core Values shared by 14,000 colleagues across Illinois and Wisconsin. Through our work to improve access to health care services, enhance community health, advance medical knowledge, and relieve or reduce the burden of government, we believe we have made a positive difference in the quality of lives of tens of thousands of people in Illinois and Wisconsin in FY2017. As a Catholic health care ministry, HSHS is concerned with the dignity of all persons, the common good, and the stewardship of resources. We advocate for health care for all and work to improve social conditions that lead to improved health and well-being. We engage partners in our communities to improve health and quality of life and to reduce duplication. Working side-by-side with many faith communities, HSHS remains dedicated to our common purpose of compassionate care for all people.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 SCHEDULE H, PART 1, COL F	The bad debt expense included on Form 990, Part IX, Line 25, column (A) was subtracted prior to and for the purpose of calculating the percentage in Part I, Line 7, column (f) is \$ 4,797,082

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	CHARITY CARE IS CALCULATED BY DETERMINING THE TOTAL AMOUNT FROM PATIENT BILLING THAT IS WRITTEN OFF TO CHARITY CARE CHARGE CODES OR ALLOWANCES THIS AMOUNT MATCHES THE NUMBER THAT IS REPORTED ON OUR FY2017 AUDITED FINANCIAL STATEMENTS THE TOTAL CHARITY CARE DOLLAR AMOUNT IS THEN REDUCED TO COST BY APPLYING THE HOSPITAL'S COST TO CHARGE RATIO AS CALCULATED ON IRS SCHEDULE H - WORKSHEET 2

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	<p>The community building activities that we have tracked and reported in our community benefit report are a minor portion of our total community benefit efforts. They consist primarily of actively participating in and supporting the work of community groups to advance community awareness about health issues while supporting the areas of identified need in the community. Activities included attending the Wisconsin Hospital Association's Advocacy Day where staff and other local health care organizations met with our legislators to discuss healthcare legislation. On a local level, hospital staff provides active participation on community boards and organizations including Community Partnership for Children, Oral Health Task Force, NEW Community Clinic, St Johns Homeless Shelter, Habitat for Humanity, Peninsula Pride Farms, AODA Task Force and Unity Hospice.</p>

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	HSHS St Vincent Hospital strongly believes that its charity care, and the related community benefit obtained from such care, is understated because of those patients who potentially qualify for charity care but do not wish to apply for it. In addition, some care is not classified as charity because of missing documentation on patient resources. Thus, the hospital's bad debt includes a portion that could be classified as charity care if application for such care was sought and/or completed.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	The text of the footnote to the organization's financial statements that describes bad debt expense can be found on page 21 of the HSHS Consolidated Audit Report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	<p>HSHS St Vincent Hospital continually strives to provide excellent patient care in the most cost effective fashion. Nonetheless, the Medicare program, in many cases, does not provide payment that covers the full cost of the care provided. Since it is the mission of the hospital to respond to community need, hospital management continually advocates for improved Medicare payment so that the cost of quality care to those patients who are not able to afford it is not compromised and is fairly subsidized by all payers. While this shortfall in Medicare payments is not classified as community benefit by the IRS, we nonetheless believe it is an important contribution made by the hospital to the health and well-being of the community. If the Medicare program did not exist, many Medicare patients would be eligible for charity care or other means-tested government programs. Further, by absorbing this payment shortfall and providing care below cost to these individuals, St Vincent Hospital is relieving the burdens of the government. Accordingly, this shortfall restricts St Vincent Hospital's ability to make funds available to provide for charity care and other community benefits. The hospital Medicare shortfall at cost for fiscal year 2017 was \$72,624,417.</p>

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- ST VINCENT HOSPITAL Line 16a URL https //www stvincenthospital org/Patients-Guests/Patient-Financial-Services,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- ST VINCENT HOSPITAL Line 16b URL https //www stvincenthospital org/Patients-Guests/Patient-Financial-Services,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- ST VINCENT HOSPITAL Line 16c URL https //www stvincenthospital org/Patients-Guests/Patient-Financial-Services,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>As indicated in Part V, Section C, the hospital conducted a Community Health Needs Assessment in FY2015. In addition to conducting a Community Health Needs Assessment (CHNA) triennially per the provisions in the Affordable Care Act, the hospital routinely assesses the health care needs of the communities it serves in a variety of ways, including reviewing the health needs assessments of other health care organizations in our service area as well our local and state health departments and the United Way. We continually review primary data such as hospital and emergency department utilization and patient surveys as well as secondary data from our county and state public health departments, the Centers for Disease Control, County Health Rankings, and the Behavioral Risk FS Survey to name a few. On occasion, we will also collect primary data through telephone and electronic survey instruments. In addition to ongoing primary and secondary data collection and analysis, the hospital regularly assesses the health care needs of the communities it serves through feedback received from its internal assessment team, assessment advisory team, hospital leadership, Strategy department and hospital Board members. As part of the three-year Implementation Plan, the hospital shares its progress toward achieving its short and long term indicators in various community venues such as town hall meetings, community forums, and Chamber of Commerce. Also through volunteer and board service with other local health care, social service agencies, law enforcement task forces, and area schools, hospital colleagues gather ongoing information on the health care needs of the communities it serves.</p>

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community Information	<p>Brown County, Wisconsin is a primarily urban county, one of 72 Wisconsin counties, and is located in the northeastern part of the state. Brown County's population is predominantly Caucasian (82%), with a small proportion of people who are Native American (3%) or Black (3%). There is a sizeable Hispanic population, with almost 9% of the population (Source: census.gov). There are approximately 260,000 residents, of which nearly 34,000 are covered by Medicaid/BadgerCare. According to the 2017 County Health Rankings, 9% of Brown County's population is uninsured and the median household income in Brown County is \$56,000. About 11% of Brown County residents live at or below the federal poverty level (Source: County Health Rankings). Brown County contains a dental care HPSA (health professional shortage area) and the metro area is a MUA (medically underserved area), per HRSA. HSHS St. Vincent Hospital does not exclude MUAs, low income or minority populations from its service area. There are three not-for-profit general medical surgical hospitals and one for-profit general medical surgical hospital serving Brown County and the surrounding area. In addition, there is one not-for-profit psychiatric hospital, one for-profit psychiatric hospital and one county operated psychiatric hospital in the area. Since most of the population resides in the Green Bay metro area, plans and services focus on this area.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>As a healing ministry of the Catholic Church and an affiliate of Hospital Sisters Health System (HSHS), HSHS St Vincent Hospital is committed to delivering high quality, compassionate, and cost-effective health care services to all. The hospital was founded more than 125 years ago to bring a healing presence and improve the health of our community, especially for those persons who are sick, poor, and disadvantaged. Because of the hospital's purpose and tradition, it is organized to promote the health of Brown County, Wisconsin and surrounding areas. The hospital is governed by a Board of Directors, at least a majority of whom reside in the hospital's primary service area and who are neither employees nor independent contractors of the hospital (nor family members thereof). The Board ensures that HSHS St Vincent Hospital is responding to community need. During both FY2012 and 2015, for example, the board reviewed the community health needs assessment and approved an implementation strategy for addressing selected needs. In addition our hospital advisory council, Friends of St Vincent Foundation, Cancer Research Institute Board, and the St Vincent auxiliary, whose members assist in many areas of the hospital, provide the hospital with additional connections to and insights into the larger community and its health care needs. Also consistent with its exempt purpose, HSHS St Vincent Hospital has an open medical staff with privileges available to all qualified physicians in the area. The hospital also operates an emergency department that is open 24 hours to all persons regardless of their ability to pay. As a not-for-profit hospital, HSHS St Vincent Hospital reinvests surplus funds to support the mission of the organization and health of the community rather than distributing surplus funds as profits to shareholders or individuals. Funds not committed to ongoing operations are generally used to upgrade facilities, secure new technologies, improve patient care, and support initiatives designed to promote health and ensure access for all. HSHS St Vincent Hospital also conducts medical research through the Cancer Research Institute and serves as a site for health professionals education. HSHS St Vincent Hospital also devotes significant resources to access for patients who cannot afford care, along with other community benefits. In FY 2017, HSHS St Vincent Hospital provided more than \$39 million in Community Benefit services, including charity care at cost, unpaid costs of Medicaid and other public programs, and a range of diverse programs designed to enhance access and improve community health. Additionally, in FY 2017 St Vincent Hospital provided \$473K (at cost) in uncompensated care to patients who did not qualify for charity care or public assistance and more than \$72 million (at cost) in excess of Medicare payment for health care services. HSHS St Vincent Hospital provides a range of Community Benefit activities and programs that furthers our mission and long-standing commitment to our community. In many cases, these Community Benefit initiatives would not exist without the leadership role played by HSHS St Vincent Hospital and they often relieve a burden that would otherwise be carried by government. Since HSHS St Vincent Hospital and HSHS St Mary's Hospital are in the same market, only a few miles apart, they jointly conduct the CHNA along with community partners, and work together on their CHNA implementation strategies. Indeed, most proactive community benefit expenses are shared by HSHS St Vincent Hospital (2/3) and HSHS St Mary's Hospital (1/3). Here are examples of strategies implemented during FY2017:</p> <ol style="list-style-type: none"> 1. Oral Health a. Continued to lead the activities of the community Oral Health Task Force, which has its own three-year plan with goals and outcome measures. Extensive summary of this work is available. Prevention, intervention, and policy modification strategies are included in the committee's action plan. b. Helped to expand services at NEW Community Clinic dental clinic by i. Supporting the effort to gain a HRSA grant for expansion through subsidizing the rent guarantee necessary and assisting with the design cost for the center. ii. Supporting the efforts of the oral surgeons to provide their services free of charge at NEW Clinic by subsidizing the cost of a staff person to gain the necessary medical clearances and consent forms for patients-many of whom are elderly and/or disabled and need consent from guardians. c. Helped to expand the services to children in other school districts by paying for a dental hygienist employed by the Brown County Oral Health Partnership to offer services in the Ashwaubenon school district. d. Served on the boards for NEW Community Clinic and Oral Health Partnership, playing significant roles in their governance. (e.g., Vice President on NEW Clinic board, search committee member for OHP and lead the announcement process for the new executive director.) 2. Men

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>tal Health, AODA, Physical Activity and Nutrition a Actively participate in the developme nt of the Greater Green Bay Mental Health Connection, which is a collaboration of agencies and organizations designed to reform the mental health delivery system in our community Lead the strategic planning process, wrote portions of the grant application that resulted in a major 7 year grant from Medical College of Wisconsin, and serve on the steering comm ittee b Worked with Prevea Health to implement the TIPS program, a program for non-viole nt opioid abusers that provides treatment and deferred/dismissed prosecution upon successf ul completion of the treatment process Actions include subsidizing scholarships for a res idental treatment program and arranging to have the first dose of Vivitrol donated c St arted the "Plant a Row" program in the division since "food and nutrition" is a health foc us area in all our markets d Supported the "Double Your Bucks" program at farmers market s in Green Bay, DePere and Oneida to enable EBT recipients to buy double the amount of fre sh fruits and vegetables e Supported the Boy Scout "Scouting for Food" food drive This food drive is using the materials developed by the local food and nutrition group that pro vides guidelines and suggestions for donors that encourages them to contribute healthy foo ds 3 Identify and implement programs to provide appropriate care to poor and needy a P rovided assistance to community members to enroll in insurance products through the market place or to enroll in BadgerCare through certified application counselors and educational sessions b Through an agreement with Brown County, subsidized the cost of an income mai ntenance worker to assist with immediate enrollment in BadgerCare Assistance Here are tw o examples of the impact these efforts have had on our community Oral Health Partnership The Oral Health Partnership has made tremendous inroads in the Green Bay schools to addre ss these issues, but has not had the capacity to reach out to other local school districts -there are nine in Brown County Based on their assessment of where the greatest need resi des and using a donation from HSHS St Vincent Hospital and HSHS St Mary's Hospital, OHP could begin services to the Ashwaubenon school district OHP shared the following story D ue to our opportunity to expand our school based services to Ashwaubenon, a young middle s chool student was able to receive much needed dental services Her only access to dental c are has been provided through OHP During her school appointment for an exam, sealants and a cleaning six teeth were identified with decay One of these molars was deeply decayed d own to the gum line and the infection had spread through the roof of the mouth This situa tion is especially dangerous in that the infection can spread to other parts of the body, including the brain This patient received chair-side oral hygiene education and then thro ugh case management was appointed for follow up treatment at the Howe Resource Center Dent al Clinic The mother of this patient was unaware of the severity of her child's dental di sease and our clinical staff was able to relay the importance of receiving oral care and e ducation to aid in prevention of further disease and maintenance of oral health The schoo l nurse writes, I am so appreciative of the relationship that the Brown County Oral Health Partnership has forged with our district Through this alliance 79 students received oral health care that otherwise would have been difficult to obtain Some of these students we re identified with significant dental issues, including dental caries and abscesses What a relief to know that these students can now receive the proper dental care, which in turn helps them to be healthy and ready to learn I am hoping we can continue this partnership in the future!</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>HSHS St. Vincent Hospital is an affiliate of Hospital Sisters Health System (HSHS), a health care ministry that includes 15 hospitals, numerous community-based health centers and clinics, and hundreds of physician partners across Illinois and Wisconsin. The mission of HSHS is "to reveal and embody Christ's healing love for all people through our high-quality Franciscan health care ministry." We live our mission by providing holistic healing to all who seek our care, as well as through Community Benefit. In tandem with others in the communities we serve, our Community Benefit initiatives are strategically increasing access to care, improving the health status of residents, and increasing medical education and knowledge. In FY2017, our hospitals responded to the top needs identified in each of their most recent Community Health Needs Assessments (CHNAs). The information gathered from these assessments was used to develop or enhance Community Benefit programs and services to best address community health needs. Among the priority needs identified in the most recent CHNA process were access to care, alcohol, tobacco, and other drug abuse, chronic disease prevention and management, nutrition/wellness, mental health, and oral health. HSHS hospitals are proactively addressing these and other needs through patient, provider and community education, preventative screenings, self-management classes, and new or enhanced clinical services. In FY2017, HSHS collectively provided \$197.6 million in Community Benefit (9.2% of total hospital expenses). This amount included \$26.0 million provided for Financial Assistance (aka Charity Care) and \$128.6 million for unreimbursed care provided as part of the Medicaid program. In addition, HSHS hospitals committed significant resources to treat Medicare patients. The cost of providing services to primarily elderly beneficiaries of the Medicare program - in excess of governmental and managed care contract payments - was \$205.9 million. HSHS hospitals also recorded \$40.9 million in uncollectible accounts. While HSHS does not count the latter two amounts as Community Benefit, they nonetheless reflect our commitment to serving all persons in need of care. In addition to the dollars invested in our Community Benefit programs, HSHS continues to reinvest any surplus revenue from operations and investments into new medical technology, facility infrastructure and health care services in our communities. By doing so, we ensure our ability to meet the ongoing demand for high quality, efficient and easily accessible health care. Improve access to health care. As a Franciscan health care ministry, HSHS is deeply committed to serving those who are most in need with a special focus on the poor and vulnerable. We not only provide care to every patient who walks through our doors, but also reach out beyond the walls of our hospitals and clinics to care for those in our communities. Our efforts to ensure residents in the communities we serve receive the right care, at the right time, and in the right setting involve collaborating with others to achieve this goal. Across our two-state System, there are numerous examples of partnerships with departments of public health, other health care facilities and community and social service organizations to enhance access to care for those in need. In FY2017, HSHS and our 15 hospitals dedicated Community Benefit resources to educate uninsured persons about enrollment opportunities in affordable health care coverage and to facilitate the enrollment process. Studies have shown that people without insurance are more likely to postpone care and develop more severe and expensive conditions than their insured counterparts. It is for this reason that the Catholic Church, Catholic health care and HSHS have long promoted "coverage and access for all." HSHS and our 15 hospitals in partnership with local health departments, social service agencies and other health care providers played a vital role in educating eligible people in their service areas, by referring people to Certified Application Counselors and/or in enrolling them in the health insurance exchanges, or by helping them to obtain coverage through Medicaid expansion. In southern Illinois, HSHS St. Elizabeth's Hospital in Belleville is committed to improving access to health care services by assisting eligible patients to enroll in health care plans. In FY2017, more than 3,200 patients were screened and 74% met eligibility criteria and were enrolled in Medicaid. Access to health care is not limited to insurance coverage and access to primary care providers. In FY2017, the hospital assisted patients with access to medications, durable medical equipment, and transportation including more than \$5,600 in cab and bus tickets for patients and \$14,000 for patients who needed transfer by ambulance. In response to its FY2015 CHNA, HSHS St. John's Hospital in Springfield, Illinois established a community health worker.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>program to increase access to health care and coordination of care for residents of the E nos Park Neighborhood The hospital also helped establish an Enos Park Neighborhood Adviso ry Council and Providers Alliance as part of the access collaborative to drive behavior ch anges and improve health outcomes In the first three years, the program has realized 93% engagement of 300 clients Services rendered include basic needs and health care access S ixteen formally homeless individuals or families were placed in affordable, safe housing Of the 35 parolees in the program, the recidivism rate was only 18% compared to 60% nation wide The only reason participating parolees went back to prison was because of lack of a job or housing One-hundred percent of our clients saw a primary care provider and 84% wer e connected to a medical home This program is being replicated in a second location in Sa ngamon County's eastside where our most vulnerable, low-income and underserved populations exist Through the support of HSHS St Mary's Hospital Medical Center and St Vincent Hos pital in Green Bay, the Oral Health Partnership (OHP) continues to expand to communities t hroughout Brown County, providing dental care to 0 - 19 year olds who are uninsured or und erinsured In FY2017, more than 12,000 general dentistry procedures, including exams, X-ra ys, cleanings, fillings, and crowns, were completed for youth in Brown County's smaller, l ess urban communities, and more than 1,300 preventative sealants were applied OHP serves more than 9,000 kids each year through three fixed-site clinics and the traveling school-b ased program In January 2017, OHP's West location was opened in response to data showing an unmet need of medical assistance children in the Ashwaubenon area This clinic, along w ith the traveling school-based team, will help OHP and HSHS reach the goal of expanding se rvices to a wider population of Brown County children in need HSHS St Francis Hospital i n Litchfield, Illinois collaborated with Lewis & Clark Community College and local dental providers to bring the College's mobile dental health unit to the Litchfield area, the uni t provides free or low cost dental exams and screenings, x-rays and hygiene services In a ddition, three local dental providers also participated by opening their offices and donat ing time, staff and supplies to provide either a free filling, extraction or hygiene servi ces Beginning in 2015, the hospital collaborated with Catholic Charities to launch a dent al voucher program Five dentists in Macoupin and Montgomery counties participate in the p rogram, which covers an initial exam and x-rays, one tooth extraction and up to three fill ings per year per individual The percentage of total emergency department visits related to dental issues has decreased from 2.2% in 2011 to .95% in 2016 because of this collabora tion In southeast Illinois, area residents can get help filling a prescription through th e long-term collaboration between HSHS St Anthony's Memorial Hospital in Effingham and Ca tholic Charities In FY2017, St Anthony's Memorial Hospital helped to underwrite the cost of prescription medications for 246 residents St Anthony's Memorial Hospital and Cathol ic Charities believe no one should be without prescriptions because of the inability to pa y</p>

990 Schedule H, Supplemental Information

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

Additional Data

Software ID: 16000421

Software Version: 2016v3.0

EIN: 39-0817529

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

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

Section A. Hospital Facilities

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

1

Name, address, primary website address, and state license number

1

ST VINCENT HOSPITAL
835 S VAN BUREN
GREEN BAY, WI 54301
[http //www stvincenthospital org/](http://www.stvincenthospital.org/)
19

Licensed hospital

General medical & surgical

Children's hospitals

Teaching hospital

Critical access hospital

Research facility;

ER-24 hours

ER-other

Other (Describe)

**Facility
reporting group**

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	<p>Facility , 1 - HSHS St Vincent Hospital Quantitative data for each of the potential health focus areas was assembled from a wide variety of public sources The quantitative data was then reviewed to help validate the selection of health priorities In alignment with IRS guidance, data was reviewed by individuals who represented 1) the broad interests of the community, and 2) the voice of community members who were medically underserved, minorities, low-income, and/or those persons with chronic illnesses These people attended the community health improvement project summit in November 2014</p> <p>-Scott Anderson, Northeast Wisconsin Technical College, Associate Dean, Allied Health Sciences</p> <p>-Deborah Armbruster, Brown County Health Department, MCH Nurse Manager -Sandy Atkins, Greater Green Bay YMCA, Director of Center Operations -Sharla Baenen, Bellin Psychiatric Center, President</p> <p>-Donna Boehm , HSHS St Vincent Hospital, Director, Regional Cancer Services -Erin Bongers, De Pere Health Department, Public Health Nurse -Jamie Campbell, N E W Community Clinic - WIC, Project Nutritionist, RD -Tina Cazzola, Brown County Community Treatment Center, Substance Abuse Counselor In Training -Barbara Coniff, Libertas, Director -Laura Cormier, Bellin Health Oconto Hospital, Vice President Operations -Kathie DeMuth, Bellin College, Assistant Professor -Mike Donovan, City of De Pere Board of Health Chair/Council President -Elaine Doughty, HSHS St Mary's Hospital Medical Center, Director Emergency Dept/Nursing Resource -Grant Dvorak, Greater Green Bay Chamber Health Educator -John Dye, Live 54218, Chairman, Executive Committee -Christopher Elfner, Bellin Health, Team Leader -Howard Endow, Brown County United Way, Community Impact Manager -Thomas Erdman, University of Wisconsin Green Bay, Academic Curator Richter Museum of Natural History -Patricia Finner-Stone, De Pere Board of Health/LWVGGB/BACC, Volunteer/BOD -Judy Friederichs, Brown County Health Department, Director -Caroline Glander, HSHS St Vincent Hospital, RN-Patient Navigator (Cancer Center) -Patti Glaser-Martin, Hospital Sisters Health System/Prevea Health, Sr Manager, Internal Communication and Community -Rob Gollman, Brown County Health Department, Environmental and Laboratory Division Manager -Meredith Hansen, Aging & Disability Resource Center, Resource Specialist -Adam Hardy, Achieve Brown County, Executive Director -Margie Hempel, Unified School District of De Pere, Health Services Coordinator -Kimberly Hess, Center for Childhood Safety Executive Director -Laura Hieb, Bellin Health -Sarah Himmelheber, University of Wisconsin-Green Bay -Sarah Inman, Brown County United Way, VP of Community Investment & Strategic Impact -Amy Jerdee, Aurora Baycare Medical Center, Vice President of Clinical Operations -Elizabeth Kostichka, Eliza Insurance, Independent Insurance Agent -Bonnie Kuhr, N E W Community Clinic, CEO -Celia LaTour, Catholic Charities -Greg Maass, Brown County United Way, Pres/CEO -Steve McCar</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	thy, N E W Curative Rehabilitation, President and CEO -Mary Miceli-Wink, Brown County Hum an Services, AODA Counselor -Seth Moore, N E W Community Clinic - Outreach Healthcare, Nu rse Practitioner / Program Coordinator -Melinda Morella, Live54218, Assistant Director -Ma ry Paluchniak, HSHS St Nicholas Hospital, Facilitator - Outreach -Angela Raleigh, Prevea Health, Marketing Associate -John Rocheleau, Bellin Health, System V P Business Support and I T -Stacy Ross, Brown County Health Department -Dawn Schaefer, West De Pere School D istrict, School Nurse -Elizabeth Scheelk, State of Wisconsin - Division of Public Health, Public Health Educator -Christine Schneider, Schneider National, Health and Wellness Manag er -Heidi Selberg, Hospital Sisters Health System, VP Advocacy and Community Benefit -Patt l Smeester, Brown County Health Department -Rose Smits, Community Volunteer -Jill Sobieck, Brown County United Way, Community Partnership for Children Coordinator -Carrie Stempski, Brown County Oral Health Partnership Executive Director -Troy Streckenbach, Brown County Brown County Executive -Kaitlin Swanson, HSHS St Vincent and St Mary's Hospitals, Direct or of Planning & Strategic Support -Dan Teaters, BC Planning & Land Services Dept /Green B ay MPO, Transportation Planner/GIS -Catherine Therrien, N E W Community Clinic, N E W De ntal Clinic Coordinator -Ashley VandenBoomen, Brown County United Way, Research and Initia tives Manager -Jen Van Den Elzen, Live54218, Director -Christine Vandenhouten, University of Wisconsin Green Bay, Associate Professor -Janelle Walton Aging & Disability Resource Ce nter of Brown County, Disability Benefit Specialist -Jody Wilmet, Bellin Health VP -Bob Wo essner, Bob, Inc CEO -Chrystal Woller, De Pere Health Department, Director -Chua Xiong, B rown County Health Department, Nurse Manager -Leanne Zhu, University of Wisconsin - Green Bay, Assistant Professor in Nutritional Sciences By holding the summit and sharing the pri orities and implementation plans with the hospital community advisory committee, the hospi tal took into account input from persons who represent the broad interests of the communit y served by the hospital, including those with special knowledge of, or expertise in publi c health (local, regional, state and/or tribal) Members of medically underserved, low-inc ome and minority populations served by the hospital or individuals or organizations repres enting the interests of such populations also provided input The medically underserved ar e members of a population who experience health disparities, are at risk of not receiving adequate medical care as a result of being uninsured or underinsured, and/or experiencing barriers to health care due to geographic, language, financial or other barriers

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - HSHS St Vincent Hospital The CHNA was conducted with Bellin Health and Aurora BayCare Medical Center, as well as with our sister hospital HSHS St Mary's Hospital Medical Center

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - HSHS St Vincent Hospital A community wide CHNA steering committee was developed to guide the structure of the process to ensure that the requirements of all parties were met Members of the CHNA Steering Committee represented organizations that have a legal or regulatory requirement to conduct a CHNA The CHNA Steering Committee members included Judy Friedrichs, Brown County Public Health Chrystal Woller, City of DePere Public Health Heidi Selberg, Hospital Sisters Health System John Rocheleau, Bellin Health Jodi Wilmet, Bellin Health Laura Heib, Bellin Health Mark Huber, Aurora Health Howard Endow , United Way Christopher Colletta, WI Department of Health Northeast Region

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - HSHS St Vincent Hospital HSHS St Vincent Hospital partners with community wide action planning teams to develop, implement, monitor and evaluate both new and ongoing initiatives that address the identified priority community health needs The implementation strategies and interventions include, but are not limited to, the following initiatives categories 1 Oral Health -HSHS St Vincent Hospital is involved in the implementation and/or continuation of the following efforts to improve access to care a Lead the activities of the community Oral Health Task Force, which has its own three-year plan with goals and outcome measures b Support Public Health's efforts to retain fluoridation in public health water supplies via testimony when requested 2 Mental Health, AODA, Physical Activity and Nutrition - HSHS St Vincent Hospital is engaged in the development, implementation and/or continuation of the following efforts to improve services a Support the activities of the community action planning teams, which have their own three-year plan with goals and outcome measures b Work with Public Health and our community partners to identify and implement at least one new evidence-based community program that addresses one of the identified health priorities 3 Identify and implement programs to provide appropriate care to poor and needy a Develop strategies to reduce ED visits for dental conditions b Develop strategies to reduce ED visits by Medicaid patients and provide them with care in settings appropriate to their needs c Provide assistance to community members to enroll in insurance products through the market place or to enroll in BadgerCare, as appropriate for their situation

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - St Vincent Hospital Presumptive eligibility provides individuals participating in one of the following categories with a 100% write off These programs are granted by outside organizations based on screening criteria of less than 200% of the FPG 1 Homelessness 2 Deceased with no estate 3 Mental incapacitation with no one to act on patient's behalf 4 Medicaid eligibility, but not on date of service or for non-covered services 5 Incarceration in a penal institution 6 Enrollment in the following assistance programs for low-income individuals 6a Temporary Assistance for Needy Families (TANF) 6b Illinois Housing Development Authority's Rental Housing Support Program 7 Wisconsin Department of Health Services Housing Assistance Program 8 Participation in Women, Infants and Children programs (WIC), 9 Supplemental Nutrition Assistance Program (SNAP) eligibility, 10 Illinois Free Lunch and Breakfast Program, 11 Wisconsin Free Lunch Program, 12 Low Income Home Energy Assistance Program (LIHEAP), 13 Wisconsin Home Energy Assistance Program (WHEAP), 14 Enrollment in an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as criteria, 15 Receipt of grant assistance for medical services

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 20 Facility , 1	Facility , 1 - ST VINCENT HOSPITAL HSHS provides a written notice about upcoming ECAs at least 30 days prior to initiating ECAs This statement is included on a patient billing statement prior to placement with an agency Additionally, a message about the availability of financial assistance is included on the statement, but it was not a separate summary document

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Employer identification number
39-0817529

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
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?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	CERTAIN OFFICERS AND HIGHEST COMPENSATED EMPLOYEES OF THE ORGANIZATION RECEIVED A GIFT CERTIFICATE DURING THE YEAR. THE RELATED TAX EFFECT WAS DETERMINED AND A GROSS UP PAYMENT WAS MADE.
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	PLEASE SEE RESPONSE TO FORM 990, PART VI, LINE 15A IN SCHEDULE O.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	HSHS EXECUTIVES ELIGIBLE TO PARTICIPATE IN SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) ARE DEFINED IN THE SERP PLAN DOCUMENTS. THE SERP WAS ESTABLISHED TO PROVIDE ADDITIONAL RETIREMENT BENEFITS TO ENSURE REASONABLE MARKET COMPETITIVE BENEFITS IN ACCORDANCE WITH THE HSHS EXECUTIVE COMPENSATION PHILOSOPHY ESTABLISHED BY THE HSHS COMPENSATION COMMITTEE. THE PLAN PROVIDES A DEFINED RETIREMENT CONTRIBUTION TO PARTICIPANTS COMMENCING ON JANUARY 1, 2008, EQUAL TO A PERCENTAGE OF COMPENSATION AS DEFINED IN THE SERP PLAN DOCUMENTS FOR THE PLAN YEAR. PARTICIPANTS CONSTRUCTIVELY RECEIVE A DISTRIBUTION FROM THE PLAN NO LATER THAN MARCH 15TH OF THE CALENDAR YEAR FOLLOWING THE CALENDAR YEAR IN WHICH AN AMOUNT IS VESTED AND TAXABLE PURSUANT TO A VESTING SCHEDULE AS SPECIFIED IN THE PLAN DOCUMENT. THE ACTUAL DISTRIBUTION OF THE VESTED BENEFIT UNDER THE PLAN IS PAID IN A SINGLE LUMP SUM TO THE PARTICIPANT OR THE PARTICIPANT'S BENEFICIARY UPON THE EARLIER OF THE PARTICIPANT'S TERMINATION OF EMPLOYMENT, DEATH, OR TOTAL AND PERMANENT DISABILITY. THE FOLLOWING INTERESTED PERSONS CONSTRUCTIVELY RECEIVED DEFERRALS TO THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2016: THESE DEFERRALS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C): Ann Carr -- \$31,564; Michael Cottrell -- \$94,085; Therese Pandl -- \$94,337. THE FOLLOWING INTERESTED PERSONS RECEIVED DISTRIBUTIONS FROM THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2016: THESE PAYMENTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III) AND SCHEDULE J, PART II, COLUMN (F), AS APPLICABLE: Ann Carr -- \$31,485; Michael Cottrell -- \$83,663; Therese Pandl -- \$96,536.

Additional Data

Software ID: 16000421

Software Version: 2016v3.0

EIN: 39-0817529

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1THERESE B PANDL PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	650,406	111,977	139,413	208,461	-	-	96,536
						31,032	1,141,289	
1MICHAEL W COTTRELL HSHS VP FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	617,558	139,028	120,568	199,280	-	-	83,663
						29,892	1,106,326	
2ANN M CARR TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	251,800	39,616	68,544	291,816	-	-	31,485
						20,710	672,486	
3LAWRENCE J CONNORS COO	(i)	0	0	0	0	0	0	0
	(ii)	313,818	25,142	18,817	236,871	-	-	0
						25,176	619,824	
4PAULA HAFEMAN CNO	(i)	270,861	15,989	14,790	300,699	18,302	620,641	0
	(ii)	0	0	0	0	-	-	0
						0	0	
5CHRISTINE JENSEMA CHIEF PEOPLE OFFICER	(i)	250,460	14,763	9,225	245,864	27,850	548,162	0
	(ii)	0	0	0	0	-	-	0
						0	0	
6KENNETH JOHNSON MD CHIEF MEDICAL OFFICER	(i)	396,460	33,421	390	62,787	25,621	518,679	0
	(ii)	0	0	0	0	-	-	0
						0	0	
7GAIL OSTRANDER CHIEF QUALITY OFFICER	(i)	209,792	11,855	200	62,551	8,686	293,084	0
	(ii)	0	0	0	0	-	-	0
						0	0	
8GREG SIMIA DIVISION CFO	(i)	370,894	31,383	780	85,174	27,395	515,626	0
	(ii)	0	0	0	0	-	-	0
						0	0	
9THOMAS R BAYER SR VP - REGIONAL DEVELOPMENT	(i)	204,658	12,567	16,380	189,282	26,821	449,708	0
	(ii)	0	0	0	0	-	-	0
						0	0	
10JOANNE HORVATH VP FINANCE	(i)	188,997	0	780	7,715	27,391	224,883	0
	(ii)	0	0	0	0	-	-	0
						0	0	
11DEANNA LINDNER CRNA	(i)	224,982	7,294	4,621	44,270	31,766	312,933	0
	(ii)	0	0	0	0	-	-	0
						0	0	
12SARAH LULLOFF PHYSICIAN	(i)	236,451	0	780	69,217	25,956	332,404	0
	(ii)	0	0	0	0	-	-	0
						0	0	
13BARBARA MACH CRNA	(i)	235,625	0	0	154,085	1,599	391,309	0
	(ii)	0	0	0	0	-	-	0
						0	0	
14JOSEPH VANDERSTEEN CRNA	(i)	211,634	6,678	1,117	85,501	29,116	334,046	0
	(ii)	0	0	0	0	-	-	0
						0	0	
15CURTIS WATSON ANESTHESIA MANAGER	(i)	231,943	7,238	4,539	193,387	25,749	462,856	0
	(ii)	0	0	0	0	-	-	0
						0	0	

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2016

Open to Public
Inspection

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

Employer identification number
39-0817529

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) THERESE PANDL	DIR/OFFICER	STOCK PURCHASE		X	4,125	4,125		No	Yes		Yes	
Total						▶ \$ 4,125						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) PREVEA CLINIC INC	OFFICER (SEE PART V)	1,120,828	LEASED FACILITIES/EQUIP		No

Part V Supplemental Information

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

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

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

Employer identification number

39-0817529

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4b PROGRAM SERVICE ACCOMPLISHMENTS - SURGERY	HSHS ST VINCENT HOSPITAL SURGICAL SERVICES SURGICAL SERVICES IS COMPRISED OF PRE-OPERATIVE SERVICES (PREADMISSION TESTING/AM ADMIT/SHORT STAY), 16 FUNCTIONAL OR SUITES AND 2 OPEN HEART OR SUITES AND 1 HYBRID IMAGING OR SUITE, CENTRAL PROCESSING/DISTRIBUTION, ANESTHESIA, AND RECOVERY THE 24/7 OPERATIONS ARE CONDUCTED ON 4TH AND 5TH FLOOR WITH THE DIRECT REPORT OF 178 EMPLOYEES IN FY2017, 8,358 SURGICAL PROCEDURES WERE PERFORMED AND PATIENTS CARED FOR BOTH ON AN INPATIENT AND OUTPATIENT BASIS THE SURGICAL PROCEDURES PERFORMED ARE GENERAL, ORTHOPEDIC, NEUROSURGERY, UROLOGY, GYNECOLOGY, OPHTHALMOLOGY, ORAL - MAXILLOFACIAL, TRAUMA, CARDIAC SURGERY, AND ORGAN PROCUREMENT SURGICAL SERVICES COLLABORATES AND PROVIDES SERVICES IN THE HEART CENTER, CANCER CENTER, WOMEN'S AND CHILDREN, ORTHOPEDIC CENTER, TRAUMA CENTER ANESTHESIA AND CENTRAL PROCESSING/DISTRIBUTION ALSO PROVIDES HOSPITAL WIDE SERVICES TO INPATIENT NURSING, LABOR AND DELIVERY AND THE EMERGENCY DEPARTMENT THE ANESTHESIA DEPARTMENT IS COMPRISED OF 20 EMPLOYED NURSE ANESTHETISTS AND 13 CONTRACTED ANESTHESIOLOGISTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a PROGRAM SER ACCOMPLISHMENTS - HSHS ST VINCENT HOSPITAL CANCER CENTERS	<p>HSHS ST VINCENT HOSPITAL CANCER CENTERS HSHS St Vincent Hospital Cancer Centers offer the best expertise in a wide array of specialty areas, compassionately treating a variety of cancers with technology, expertise and outcomes on par with nationally acclaimed cancer centers in the United States. A team of health care professionals including surgeons, medical oncologists, radiation oncologists, oncology nurses, support services and other skilled professionals pool their experience and expertise to deliver a personalized treatment plan. The HSHS St Vincent Hospital Cancer Centers provide services in multiple locations throughout Northeastern Wisconsin, bringing patients high quality, compassionate care without the need for burdensome travel. The Center serves approximately 1,200 newly diagnosed individuals annually. In 2002, the National Cancer Institute (NCI) awarded St Vincent Hospital the Community Clinical Oncology Program (CCOP) designation for our excellence in cancer research-one of only 63 sites nationally. In 2014, that connection to the National Cancer Institute continued under their new program-NCI Community Oncology Research Program (NCORP). HSHS St Vincent Cancer Research Institute works collaboratively with two other health care organizations in Wisconsin (Marshfield Clinic Research Foundation in Marshfield and Gundersen Medical Foundation in LaCrosse) to form the WINCORP network. Among the services the HSHS St Vincent Cancer Research Institute provides access to new treatment protocols and drugs for people who have been diagnosed with certain types of cancer, prevention studies to help people remain cancer-free and opportunities for people to directly contribute to the body of knowledge scientists need to find a cure for cancer. Over 100 different clinical trial options are available through the HSHS St Vincent Cancer Research Institute at any given time.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4c PROGRAM SERVICE ACCOMPLISHMENTS - HEART & VASCULAR CENTER	HSHS ST VINCENT HEART AND VASCULAR CENTER THE CATH LAB OFFERS A COMPLETE ARRAY OF CATHETERIZATION LABORATORY PROCEDURES AND NONINVASIVE CARDIOVASCULAR DIAGNOSTIC PROCEDURES DOING 2,050 CARDIAC CATHETERIZATIONS IN FY2017 JUST STEPS AWAY, THE STATE-OF-THE-ART CARDIOVASCULAR OPERATING CENTER (CVOR) IS AVAILABLE FOR CUTTING-EDGE OPEN HEART PROCEDURES BY OUR HIGHLY-SKILLED CARDIOTHORACIC SURGEONS WHERE 161 OPEN HEART SURGERIES WERE PERFORMED THIS YEAR IN THE SAME COMPLEX, CARDIO VASCULAR ICU SUITES ARE OUTFITTED WITH UP-TO-THE-MINUTE MONITORING DEVICES THAT ALLOW STAFF AND PHYSICIANS TO KEEP CAREFUL WATCH OVER THEIR PATIENTS WHILE DELIVERING HANDS-ON CARE IMMEDIATELY AFTER PROCEDURES FOR THOSE PATIENTS WHO NEED FOLLOW-UP, A CARDIO-PULMONARY REHABILITATION PROGRAM IS OFFERED THE CENTER BEGAN OFFERING THE NEW TRANS AORTIC VALVE REPAIR (TAVR) PROCEDURE IN JANUARY OF 2016 IN FY2017, 137 PROCEDURES HAVE BEEN PERFORMED THIS NEW GROUND BREAKING THERAPY ALLOWS THE PATIENT TO RECEIVE A NEW HEART VALVE AND RETURN HOME IN LESS THAN 2 DAYS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 349,839,402 including grants of \$)(Revenue \$ 385,445,120) ST VINCENT HOSPITAL PROVIDES A WIDE ARRAY OF SERVICES BESIDES THE PROGRAMS LISTED ABOVE, WE OFFER IMAGING SERVICES WITH ACCESS TO THE LATEST TECHNOLOGY IN COMPUTED TOMOGRAPHY, MRI, NUCLEAR MEDICINE AND ULTRASOUND WE ALSO HAVE ORTHOPEDIC SERVICES THAT INCLUDES JOINT CARE, PHYSICAL THERAPY & OCCUPATIONAL THERAPY OUR WOMEN'S SERVICES DEPARTMENT PROVIDES LABOR & DELIVERY SERVICES, OB CLINIC, NURSE EDUCATORS AND LACTATION SPECIALIST WE PROVIDE NEONATAL, PEDIATRIC AND GENERAL ICU AS WELL AS INTERMEDIATE CARE UNITS WE HAVE A 24 HOUR EMERGENCY DEPARTMENT/TRAUMA CENTER WITH SANE NURSES AVAILABLE OUR PHARMACY IS ALSO OPEN 24 HOURS TO MEET PATIENT NEEDS OUR PULMONARY FUNCTIONS AREA INCLUDES A BRONCHIAL LAB, RESPIRATORY CARE AND A SLEEP CENTER WE PROVIDE DIALYSIS FOR BOTH INPATIENT AND OUTPATIENTS OUR HOME HEALTH CARE DEPARTMENT PROVIDES CARE FOR PATIENTS THAT NO LONGER REQUIRE HOSPITALIZATION BUT WHO CONTINUE CARE IN SOME WAY WE PROVIDE A WOUND CARE CENTER THAT INCLUDES HYPERBARIC TREATMENTS WE ALSO HAVE PROGRAMS TO INCREASE PATIENT CARE AND SATISFACTION SUCH AS CASE MANAGEMENT, PALLIATIVE CARE, INFECTION PREVENTION, SPIRITUAL SERVICES, CONTINUOUS PROCESS IMPROVEMENT AND RISK MANAGEMENT

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	OR ANY AFFILIATE, AND (N) ADOPT POLICIES TO IMPLEMENT THE RESERVED POWERS OF HSSI

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>THE ORGANIZATION IS SUBJECT TO THE CORPORATE COMPLIANCE PROGRAM AND CONFLICT OF INTEREST POLICY ("POLICY") OF HOSPITAL SISTERS HEALTH SYSTEM, AN ILLINOIS NOT FOR PROFIT CORPORATION EXEMPT FROM FEDERAL TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. A REVISED CORPORATE COMPLIANCE PROGRAM AND CONFLICT OF INTEREST POLICY HAVE BEEN IMPLEMENTED SINCE JANUARY 2009 TO MANAGE CONFLICTS OF INTEREST USING A SYSTEM-WIDE PROTOCOL FOR DISCLOSURE STATEMENTS. IN ACCORDANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, ALL COVERED PERSONS HAVE A DUTY TO COMPLY WITH THE CONFLICT OF INTEREST POLICY FOR ANY CONTRACT, TRANSACTION, RELATIONSHIP, OR ACTIVITY CONTEMPLATED, ENTERED INTO, OR CONDUCTED AT HSHS OR ITS AFFILIATES. THE POLICY DEFINES COVERED PERSONS AS BOARD MEMBERS, BOARD COMMITTEE MEMBERS, OFFICERS, BOARD DESIGNEES, SENIOR MANAGEMENT, MEMBERS OF ANY COMMITTEE THAT OVERSEES THE APPROVAL OF PHARMACEUTICALS AND MEDICAL DEVICES, AND ANY OTHER INDIVIDUAL WHO HOLDS A POSITION OF TRUST. ON AN ANNUAL BASIS, HSHS DISCLOSES A COPY OF THE CONFLICT OF INTEREST POLICY (AND ALL CORRESPONDING PROCEDURES, GUIDELINES, FORMS, AND TOOLS) TO ALL COVERED PERSONS AND ADVISES ALL COVERED PERSONS IN WRITING OF ANY SUBSTANTIVE CHANGES TO THIS POLICY AND SUCH RELATED MATERIALS. COVERED PERSONS ARE REQUIRED TO REVIEW AND COMPLETE THE CORRESPONDING CONFLICT OF INTEREST STATEMENT. THE SYSTEM OFFICE VICE PRESIDENT - SYSTEM RESPONSIBILITY, VICE PRESIDENT - RISK & COMPLIANCE, OR MEMBERS OF THE AUDIT AND INTEGRITY COMMITTEE ("COMMITTEE") ARE AVAILABLE TO ANSWER ANY QUESTIONS A COVERED PERSON MAY HAVE. IN ADDITION, IF, AT ANY TIME AFTER SUBMITTING AN ANNUAL CONFLICT OF INTEREST STATEMENT, A COVERED PERSON BECOMES AWARE OF AN INTEREST THAT HE OR SHE WOULD HAVE HAD TO DISCLOSE AT THE ANNUAL INTERVAL, THE COVERED PERSON IS REQUIRED PROMPTLY TO DISCLOSE THE INTEREST TO THE COMMITTEE USING THE HSHS CONFLICT OF INTEREST DISCLOSURE STATEMENT. COMPLETED CONFLICT OF INTEREST STATEMENTS ARE SUBMITTED TO THE COMMITTEE, WHICH IS RESPONSIBLE FOR IDENTIFYING, ASSESSING, AND MANAGING CONFLICTS OF INTEREST THAT ARISE IN THE COURSE OF CONDUCTING THE AFFAIRS OF HSHS AND ITS AFFILIATES. IF THE COMMITTEE DETERMINES THAT A CONFLICT OF INTEREST EXISTS, THE CONFLICT OF INTEREST POLICY REQUIRES HSHS NOT TO ENGAGE IN, OR ENTER INTO, A PROPOSED CONTRACT, TRANSACTION, RELATIONSHIP, ARRANGEMENT, OR ACTIVITY UNLESS THE COMMITTEE OR, WHERE NECESSARY, THE BOARD OF DIRECTORS (ACTING THROUGH ITS DISINTERESTED MEMBERS), HAS INVESTIGATED ALTERNATIVES TO THE PROPOSED CONTRACT, TRANSACTION, RELATIONSHIP, ARRANGEMENT, OR ACTIVITY AND, IN THE ABSENCE OF ALTERNATIVES THAT ARE IN THE BEST INTERESTS OF HSHS, HAS DETERMINED 1 THAT, REGARDLESS OF WHETHER THE COVERED PERSON PARTICIPATES IN THE IMPLEMENTATION OF THE PROPOSED CONTRACT, TRANSACTION, RELATIONSHIP, ARRANGEMENT, OR ACTIVITY, 2 THE CONTRACT, TRANSACTION, ARRANGEMENT, OR ACTIVITY IS IN THE BEST INTERESTS OF HSHS, 3 THE CONTRACT, TRANSACTION, ARRANGEMENT,</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>ENT, OR ACTIVITY IS FAIR AND REASONABLE FROM THE PERSPECTIVE OF HSHS, AND 4 HSHS CANNOT OBTAIN A MORE ADVANTAGEOUS CONTRACT, TRANSACTION, ARRANGEMENT, OR ACTIVITY WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES IN DETERMINING WHETHER A CONTRACT, TRANSACTION OR ARRANGEMENT IS FAIR AND REASONABLE TO HSHS, THE COMMITTEE SHALL CONSIDER, WHERE APPLICABLE 1 APRAISALS OR OTHER INDEPENDENT VALUATIONS OF THE FAIR MARKET VALUE OF THE CONTRACT, TRANSACTION, OR ARRANGEMENT, 2 INFORMATION REGARDING COMPARABLE CONTRACTS, TRANSACTIONS, OR ARRANGEMENTS BETWEEN UNRELATED PARTIES, 3 OFFERS FROM COMPARABLE COMPETING ENTITIES, AND/OR 4 STUDIES OF COMPARABLE COMPENSATION ARRANGEMENTS IN ANY CASE IN WHICH THE COMMITTEE FINDS, AFTER TAKING THE STEPS DESCRIBED ABOVE, THAT HSHS SHOULD PARTICIPATE IN A PROPOSED TRANSACTION OR ARRANGEMENT DESPITE THE EXISTENCE OF A CONFLICT OF INTEREST, THE COMMITTEE SHALL DEVELOP, IMPLEMENT, MONITOR, AND ENFORCE COMPLIANCE WITH, A CONFLICT MANAGEMENT PLAN FOR MANAGING THE CONFLICT OF INTEREST AS IT CONSIDERS NECESSARY FOR SUCH FINDINGS TO REMAIN VALID THROUGHOUT THE LIFE OF THE CONTRACT, TRANSACTION, RELATIONSHIP, ARRANGEMENT, OR ACTIVITY ALL CONFLICT MANAGEMENT PLANS SHALL 1 STATE THAT THE COMMITTEE WILL OVERSEE, MONITOR, AND ENFORCE COMPLIANCE WITH THE PLAN THROUGHOUT THE COURSE OF THE STUDY AND SPECIFY MEANS FOR DOING SO, INCLUDING, WITHOUT LIMITATION, THAT THE APPROPRIATE INDIVIDUALS MUST PROVIDE THE COMMITTEE WITH WRITTEN REPORTS PERTAINING TO COMPLIANCE WITH THE CONFLICT MANAGEMENT PLAN, THAT THE COMMITTEE SHALL HAVE THE RIGHT TO AUDIT THE STUDY FOR SUCH COMPLIANCE AND THE RIGHT TO IMPOSE SANCTIONS FOR NON-COMPLIANCE, 2 STATE THAT THE PLAN MUST BE SHARED WITH COVERED PERSON WHOSE INTERESTS IT WAS DEVELOPED TO MANAGE, 3 STATE THAT THE PLAN MUST BE SHARED WITH, AND PERIODIC REPORTS ON COMPLIANCE WITH THE PLAN MUST BE PROVIDED TO, THE BOARD, SENIOR MANAGEMENT, AND/OR GOVERNMENT AGENCIES, AND 4 PROVIDE FOR SUCH OTHER MANAGEMENT STEPS AND MECHANISMS THE COMMITTEE CONSIDERS NECESSARY AND APPROPRIATE IN ADDITION TO THE COMMITTEE, THE SYSTEM OFFICE VICE PRESIDENTS OF SYSTEM RESPONSIBILITY AND RISK & COMPLIANCE MAY RETAIN SUCH INDEPENDENT ADVISORS OR EXPERTS AS DEEMED NECESSARY TO ASSIST IN MAKING ITS DETERMINATIONS AND DECISIONS IF THE COMMITTEE DETERMINES THAT THE CONTEMPLATED TRANSACTION, RELATIONSHIP ARRANGEMENT, OR ACTIVITY CANNOT PROCEED DUE TO A CONFLICT OF INTEREST, THE COMMITTEE SHALL INFORM THE APPLICABLE COVERED PERSON OR DECISION-MAKING BODY OF SUCH DETERMINATION WITHIN ONE WEEK OF THE COMMITTEE MEETING AT WHICH THE CONTEMPLATED TRANSACTION WAS DISCUSSED THE COMMITTEE SHALL DOCUMENT ITS REJECTION OF THE CONTEMPLATED TRANSACTION IN THE COMMITTEE'S MEETING MINUTES</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	THE COMPENSATION COMMITTEE (COMMITTEE) IS COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS THE COMMITTEE DEVELOPS A COMPENSATION PHILOSOPHY FOR THE SYSTEM AND ALL AFFILIATES THE COMMITTEE SELECTS AND HIRES THE INDEPENDENT COMPENSATION CONSULTANT TO DEVELOP COMPARABILITY DATA, AND ADVISE THE COMMITTEE DURING ITS DELIBERATIONS REGARDING ALL ELEMENTS OF TOTAL COMPENSATION FOR ALL DISQUALIFIED INDIVIDUALS INTEGRATED HEALTHCARE STRATEGIES ("IHS"), THE CONSULTANTS UTILIZED BY THE COMMITTEE, USE DATA FROM MULTIPLE TAX-EXEMPT PEER GROUP SOURCES TO DETERMINE SALARY RANGES, INCENTIVE OPPORTUNITY RANGES, AND BENEFITS FOR THE DISQUALIFIED INDIVIDUALS IHS THEN ASSISTS THE COMMITTEE IN PREPARING CONTEMPORANEOUS DOCUMENTATION OF ALL ACTIONS EACH COMMITTEE MEETING IS CONDUCTED WITH THE INTENT TO CREATE A REBUTTABLE PRESUMPTION OF REASONABLENESS FOR ALL ELEMENTS OF EXECUTIVE TOTAL COMPENSATION FOR THE DISQUALIFIED INDIVIDUALS THE CHAIRMAN MAKES THIS DECLARATION AND ALSO INQUIRES IF THERE ARE ANY CONFLICTS OF INTEREST BY ANY ATTENDEES ANY CONFLICTS ARE DISCLOSED AND THE COMMITTEE THEN ACTS IN A MANNER TO AVOID ANY CONFLICTED INDIVIDUAL PARTICIPATING IN ANY MANNER WHERE A CONFLICT MIGHT EXIST AT THE END OF THE MEETING, THE COMMITTEE PREPARES CONTEMPORANEOUS MINUTES THAT RECORD ALL ACTIONS TAKEN DURING THE MEETING

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Catering - Total Revenue 16576, Related or Exempt Function Revenue , Unrelated Business Revenue 16576, Revenue Excluded from Tax Under Sections 512, 513, or 514 , Other - Total Revenue 83197, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 83197,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Professional Fees - Physicians - Total Expense 13896395, Program Service Expense 13730723, Management and General Expenses 165672, Fundraising Expenses , Medical Group Allocation - Total Expense 23912406, Program Service Expense 23912406, Management and General Expenses , Fundraising Expenses , Consulting - Total Expense 528356, Program Service Expense 107178, Management and General Expenses 421178, Fundraising Expenses , Outside Services - Total Expense 166013718, Program Service Expense 159099896, Management and General Expenses 6913822, Fundraising Expenses , Other - Total Expense -10103566, Program Service Expense -187965, Management and General Expenses -9915601, Fundraising Expenses , Shared Services Fee - Total Expense 29943898, Program Service Expense , Management and General Expenses 29943898, Fundraising Expenses ,

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Transfer to/from affiliates - -2077259, Recognition of change in pension funded status - 7325474, Change in temporarily restricted net assets - -1634, Change in Permanently restricted net assets - 68174, Change in fair value of interest rate swap - 5249204, Swap payments - -1309742,

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2016

Open to Public Inspection

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

Employer identification number
39-0817529

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) KIARA CLINICAL INTEGRATION NETWORK LLC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 26-1417684	HEALTHCARE	IL	-1,762,307	6,257,513	HSSI
(2) PHYSICIAN CLINICAL INTEGRATION NETWORK LLC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1668647	HEALTHCARE	IL	-950,689	8,580,781	KCIN
(3) HSHS ACO LLC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 32-0465666	HEALTHCARE & SOCIAL ASSISTANCE	IL	-515,297	146,855	KCIN

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MEMORIAL AND ST ELIZABETH'S HEALTHCARE CANCER TREATMENT CENTER 4000 NORTH ILLINOIS STREET SWANSEA, IL 62226 37-1312961	HEALTHCARE	IL	ST ELIZABETH'S	Related	674,729	4,464,307		No			No	50 %
(2) PRAIRIE HEART INSTITUTE ST JOHN'S 800 EAST CARPENTER STREET SPRINGFIELD, IL 62769 37-1321197	HEALTHCARE	IL	HSHS	Related	0	8,000		No			No	100 %
(3) PAIN CENTER OF WISCONSIN 4131 W LOOMIS ROAD SUITE 300 GREENFIELD, WI 53221 26-3155343	HEALTHCARE	WI	ST VINCENT	Related	527,290	608,459		No			No	50 %
(4) PAIN CENTER OF WISCONSIN - OCONTO FALLS LLC 4131 W LOOMIS ROAD SUITE 300 GREENFIELD, WI 53221 36-4717036	HEALTHCARE	WI	ST CLARE	Related	82,878	213,434		No			No	50 %
(5) CARPENTER STREET HOTEL LLC 525 NORTH SIXTH STREET SPRINGFIELD, IL 62702 36-4128127	HOTEL	IL	LASANTE INC	N/A								0 %
(6) SPRINGFIELD URGENT CARE REAL ESTATE LLC PO BOX 19456 SPRINGFIELD, IL 62794 03-0413258	RENTAL REAL ESTATE	IL	LASANTE INC	N/A								0 %
(7) PRAIRIE HEART INSTITUTE MANAGEMENT COMPANY LLC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 26-1479945	MEDICAL	IL	HSHS	Related	-7,119	10,276		No		Yes		100 %

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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

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

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
Schedule R, Part V, Line 2 TRANSACTIONS WITH RELATED ENTITIES	ANY TRANSACTIONS LISTED ON SCHEDULE R, PART V, LINE 1 AND NOT ON SCHEDULE R, PART V, LINE 2 ARE BETWEEN RELATED 501(C)(3) AND DO NOT REQUIRE REPORTING ON THIS SECTION



Additional Data

Software ID: 16000421

Software Version: 2016v3.0

EIN: 39-0817529

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1058692	HEALTHCARE	IL	501(c)(3)	Type III-FI	NA		No
(1) 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1186514	HEALTHCARE	IL	501(c)(3)	7	HSHS	Yes	
(2) 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1120626	INSURANCE	IL	501(c)(3)	Type I	HSHS	Yes	
(3) 2661 COUNTY HIGHWAY 1 CHIPPEWA FALLS, WI 54729 51-0157933	HEALTHCARE	WI	501(c)(3)	Type I	HSSI	Yes	
(4) 990 WEST CLAIREMONT AVENUE EAU CLAIRE, WI 54701 39-0807060	HEALTHCARE	WI	501(c)(3)	3	HSSI	Yes	
(5) 503 N MAPLE STREET EFFINGHAM, IL 62401 37-0661233	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
(6) 211 SOUTH THIRD STREET BELLEVILLE, IL 62220 37-0663567	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
(7) 3100 SUPERIOR AVENUE SHEBOYGAN, WI 53081 39-0808480	HEALTHCARE	WI	501(c)(3)	3	HSSI	Yes	
(8) 800 EAST CARPENTER STREET SPRINGFIELD, IL 62769 37-0661238	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
(9) 9515 HOLY CROSS LANE BREESE, IL 62230 37-1208459	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
(10) 2661 COUNTY HIGHWAY 1 CHIPPEWA FALLS, WI 54729 39-0810545	HEALTHCARE	WI	501(c)(3)	3	HSSI	Yes	
(11) 1800 E LAKE SHORE DRIVE DECATUR, IL 62521 37-0661244	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
(12) 111 SPRING STREET STREATOR, IL 61364 36-2169181	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
(13) 1762 SHAWANO AVENUE GREEN BAY, WI 54303 39-0818682	HEALTHCARE	WI	501(c)(3)	3	HSSI	Yes	
(14) 12866 TROXLER AVENUE HIGHLAND, IL 62249 37-0663568	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
(15) 1215 FRANCISCAN DRIVE LITCHFIELD, IL 62056 37-0661236	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
(16) 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1163402	HEALTHCARE	IL	501(c)(3)	Type III-FI	HSHS	Yes	
(17) 3215 EXECUTIVE PARK DRIVE SPRINGFIELD, IL 62703 26-3956318	HEALTHCARE	IL	501(c)(3)	Type III-FI	HSSI	Yes	
(18) 3215 EXECUTIVE PARK DRIVE SPRINGFIELD, IL 62703 26-4515959	HEALTHCARE	WI	501(c)(3)	Type III-FI	HSSI	Yes	
(19) 919 ASHLAND AVENUE SHEBOYGAN, WI 53081 39-1860942	HEALTHCARE	WI	501(c)(3)	10	ST NICHOLAS	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) 2366 OAK RIDGE CIRCLE DE PERE, WI 54115 39-1750729	HEALTHCARE	WI	501(c)(3)	10	HSSI	Yes	
(1) 317 NORTH 5TH STREET SPRINGFIELD, IL 62701 37-1157915	HEALTHCARE	IL	501(c)(3)	4	HSSI	Yes	
(2) 855 S MAIN STREET OCONTO FALLS, WI 54154 39-0848401	HEALTHCARE	WI	501(c)(3)	3	HSSI	Yes	
(3) 200 HEALTHCARE DRIVE GREENVILLE, IL 62246 37-0792770	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
(4) 200 HEALTHCARE DRIVE GREENVILLE, IL 62246 37-1140166	FUNDRAISING	IL	501(c)(3)	Type II	HSSI	Yes	
(5) 200 SOUTH CEDAR STREET SHELBYVILLE, IL 62565 37-1294401	FUNDRAISING	IL	501(c)(3)	Type I	HSSI	Yes	
(6) 200 SOUTH CEDAR STREET SHELBYVILLE, IL 62565 37-0512290	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproporionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MEMORIAL AND ST ELIZABETH'S HEALTHCARE CANCER TREATMENT CENTER 4000 NORTH ILLINOIS STREET SWANSEA, IL 62226 37-1312961	HEALTHCARE	IL	ST ELIZABETH'S	Related	674,729	4,464,307		No			No	50 %
(1) PRAIRIE HEART INSTITUTE ST JOHN'S 800 EAST CARPENTER STREET SPRINGFIELD, IL 62769 37-1321197	HEALTHCARE	IL	HSHS	Related	0	8,000		No			No	100 %
(2) PAIN CENTER OF WISCONSIN 4131 W LOOMIS ROAD SUITE 300 GREENFIELD, WI 53221 26-3155343	HEALTHCARE	WI	ST VINCENT	Related	527,290	608,459		No			No	50 %
(3) PAIN CENTER OF WISCONSIN - OCONTO FALLS LLC 4131 W LOOMIS ROAD SUITE 300 GREENFIELD, WI 53221 36-4717036	HEALTHCARE	WI	ST CLARE	Related	82,878	213,434		No			No	50 %
(4) CARPENTER STREET HOTEL LLC 525 NORTH SIXTH STREET SPRINGFIELD, IL 62702 36-4128127	HOTEL	IL	LASANTE INC	N/A								0 %
(5) SPRINGFIELD URGENT CARE REAL ESTATE LLC PO BOX 19456 SPRINGFIELD, IL 62794 03-0413258	RENTAL REAL ESTATE	IL	LASANTE INC	N/A								0 %
(6) PRAIRIE HEART INSTITUTE MANAGEMENT COMPANY LLC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 26-1479945	MEDICAL	IL	HSHS	Related	-7,119	10,276		No		Yes		100 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) KIARA INC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1163401	HEALTHCARE	IL	HSHS	C Corporation	-32,734,440	34,421,714	100 %	Yes	
(1) LASANTE WISCONSIN INC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 39-1572196	HEALTHCARE	IL	KIARA INC	C Corporation				Yes	
(2) LASANTE INC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1163400	HEALTHCARE	IL	KIARA INC	C Corporation				Yes	
(3) PRAIRIE CARDIOVASCULAR 619 EAST MASON SUITE 4P57 SPRINGFIELD, IL 62701 37-1071858	HEALTHCARE	IL	KIARA INC	C Corporation				Yes	
(4) PREVEA HEALTH SERVICES INC 2710 EXECUTIVE DRIVE GREEN BAY, WI 54304 39-1839351	HEALTHCARE	WI	HSSI	C Corporation	260,762	45,933,122	50 %	Yes	
(5) PREVEA CLINIC INC 2710 EXECUTVE DRIVE GREEN BAY, WI 54304 39-1839349	HEALTHCARE	WI	PHSI	C Corporation				Yes	
(6) RENAISSANCE QUALITY INSURANCE LTD PO BOX 1159 GRAND CAYMAN KY11102 CJ 98-0669953	INSURANCE	CJ	HSSI	C Corporation	0	120,349,324	100 %	Yes	
(7) OJV INC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 46-0873384	HEALTHCARE	IL	LASANTE INC	C Corporation				Yes	