

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493129024958

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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](#)

Department of the Treasury

Internal Revenue Service

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's Health System

Doing business as

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

Room/suite

810 St Vincents Drive

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

Birmingham, AL 35205

F Name and address of principal officer

JASON ALEXANDER

810 St Vincents Drive

Birmingham, AL 35205

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

D Employer identification number

63-0931008

E Telephone number

(314) 733-8000

G Gross receipts \$

191,023,067

I Tax-exempt status

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

J Website: ▶

www.stvhs.com

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1986

M State of legal domicile

AL

Part I Summary

Activities & Governance

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

We provide high-tech, quality care to the people in more than 40 different zip codes

2 Check this box ▶ ☒ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

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

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

6 Total number of volunteers (estimate if necessary)

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

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

Revenue

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

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

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

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

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

Expenses

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

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

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

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

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

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

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

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Prior Year

Current Year

312,328,799

219,639,839

143,086,640

95,579,424

169,242,159

124,060,415

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

2017-10-23

Date

Tonya Mershon Tax Officer

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

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

☐ Yes ☐ No

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

Our Catholic health ministry is dedicated to spiritually centered, holistic care, which sustains and improves the health of individuals and communities. In furtherance of its mission and in an effort to reduce the government's financial burden, St. Vincent's Health System supports the efforts of its hospitals and health facilities providing care to individuals and communities.

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 \$ 131,732,207 including grants of \$ 104,260) (Revenue \$ 130,562,324)
	See Additional Data

4b	(Code) (Expenses \$ 20,318,508 including grants of \$) (Revenue \$ 25,741,211)
	See Additional Data

4c	(Code) (Expenses \$ 16,708,629 including grants of \$) (Revenue \$ 161,041,387)
	See Additional Data

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

4e	Total program service expenses ▶ 168,759,344
-----------	---

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	151	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	887	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments?If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	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?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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.		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?	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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.	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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.		No
b	Other officers or key employees of the organization.	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?	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?	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.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

►TINA LEWIS VP OF FINANCE 50 MEDICAL PARK EAST DRIVE STE 310 Birmingham, AL 35235 (205) 838-3216

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)

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								9,554,879	1,947,346	718,222

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 ► 60

	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
CARDIOVASCULAR LOGISTICS OF BIRMINGHAM 225 DUNN STREET HOUMA, LA 703604413 MED-SOUTH INC	CARDIOVASCULAR SERVICES	475,643
406 MEDICAL CENTER DRIVE JASPER, AL 35502 DHP OF ALABAMA PC	HEALTHCARE SERVICES	340,560
265 BROOKVIEW CENTRE WAY SUITE 400 KNOXVILLE, TN 37919 MEDSPEED LLC	HEALTHCARE SERVICES	311,915
665 W GRAND AVE SUITE 320 ELMHURST, IL 601261043 PROXSYS RX LLC	COURIER SERVICES	280,202
1500 URBAN CENTER DRIVE SUITE 530 BIRMINGHAM, AL 35242	PHARMACY SERVICES	219,173

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 ► 10

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c				
	d Related organizations	1d	11,672,915			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,683,678			
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶		15,356,593			
Program Service Revenue		Business Code				
	2a Net Patient Revenue	621900	56,274,426	56,184,921	89,505	
	b Management Fees from Affiliates	561000	108,137,615	108,137,615		
	c County Subsidy for Chilton	621900	7,833,322	7,833,322		
	d Lab Services	621500	54,660	54,367	293	
	e Joint Venture Revenue	621900	107,649	107,649		
	f All other program service revenue		0	0	0	0
	g Total. Add lines 2a-2f ▶		172,407,672			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		1,831,042			1,831,042
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real (ii) Personal				
		128,772				
	b Less rental expenses					
	c Rental income or (loss)	128,772 0				
	d Net rental income or (loss) ▶		128,772			128,772
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less cost or other basis and sales expenses			10,553		
	c Gain or (loss)	0 -10,553				
	d Net gain or (loss) ▶		-10,553			-10,553
	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						
	225,882					
b Less cost of goods sold b	151,482					
c Net income or (loss) from sales of inventory ▶			74,400		74,400	
Miscellaneous Revenue Business Code						
11a Education Revenue	611710	50,121			50,121	
b OTHER Miscellaneous REVENUE	900099	1,022,985			1,022,985	
c						
d All other revenue			0	0	0	
e Total. Add lines 11a-11d ▶			1,073,106			
12 Total revenue. See Instructions ▶			190,861,032	172,317,874	89,798	3,096,767

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.	104,260	104,260		
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.	7,094,814	6,385,333	709,481	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	35,411,090	31,869,985	3,541,105	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,114,216	1,002,794	111,422	
9 Other employee benefits.	5,651,479	5,086,331	565,148	
10 Payroll taxes.	3,099,722	2,789,750	309,972	
11 Fees for services (non-employees):				
a Management.	106,348	95,713	10,635	
b Legal.	749	674	75	
c Accounting.	837,324	753,592	83,732	
d Lobbying.	17,696	17,696		
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	4,630,732	4,167,659	463,073	0
12 Advertising and promotion.	226,556	203,900	22,656	
13 Office expenses.	1,678,056	1,510,250	167,806	
14 Information technology.	322,911	290,620	32,291	
15 Royalties.				
16 Occupancy.	3,220,276	2,898,248	322,028	
17 Travel.	464,279	417,851	46,428	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	221,311	199,180	22,131	
20 Interest.	2,397	2,157	240	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	6,049,193	5,444,274	604,919	
23 Insurance.	15,753,603	14,178,243	1,575,360	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a PURCHASED SERVICES	73,214,616	65,893,154	7,321,462	
b Corporate Overhead Allocations	14,305,096	12,874,586	1,430,510	
c Medical Supplies	5,276,003	5,276,003		
d Provider Tax Expense	2,089,825	2,089,825		
e All other expenses	5,785,146	5,207,266	577,880	0
25 Total functional expenses. Add lines 1 through 24e.	186,677,698	168,759,344	17,918,354	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		13,501,503	1	30,920,137
	2	Savings and temporary cash investments		0	2	37,692,517
	3	Pledges and grants receivable, net		29,129,064	3	1,859,871
	4	Accounts receivable, net		11,196,238	4	5,954,261
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		0	6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		552,073	8	1,282,689
	9	Prepaid expenses and deferred charges		517,078	9	639,765
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a	81,578,223		
	b	Less: accumulated depreciation	10b	30,028,411		
				10,844,483	10c	51,549,812
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		4,298,301	12	
	13	Investments—program-related. See Part IV, line 11		77,797	13	149,072
	14	Intangible assets		17,946,681	14	36,462,057
15	Other assets. See Part IV, line 11		224,265,581	15	53,129,658	
16	Total assets. Add lines 1 through 15 (must equal line 34)		312,328,799	16	219,639,839	
Liabilities	17	Accounts payable and accrued expenses		25,662,911	17	18,156,263
	18	Grants payable			18	
	19	Deferred revenue		4,796,279	19	145,387
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		112,627,450	25	77,277,774
	26	Total liabilities. Add lines 17 through 25		143,086,640	26	95,579,424
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		140,208,680	27	122,158,333
	28	Temporarily restricted net assets		29,033,479	28	1,902,082
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		169,242,159	33	124,060,415	
34	Total liabilities and net assets/fund balances		312,328,799	34	219,639,839	

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	190,861,032
2	Total expenses (must equal Part IX, column (A), line 25)	2	186,677,698
3	Revenue less expenses Subtract line 2 from line 1	3	4,183,334
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	169,242,159
5	Net unrealized gains (losses) on investments	5	1,019,757
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	-50,384,835
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	124,060,415

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

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

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 63-0931008
Name: St Vincent's Health System

Form 990 (2016)

Form 990, Part III, Line 4a:

ST VINCENT'S HEALTH SYSTEM IS COMMITTED TO PROVIDING HEALTHCARE THAT WORKS, HEALTHCARE THAT IS SAFE, AND HEALTHCARE THAT LEAVES NO ONE BEHIND, TO THIS END, THE HEALTH SYSTEM SUPPORTS VARIOUS 501(C)(3) ORGANIZATIONS INCLUDING AMERICAN SPORTS MEDICINE INSTITUTE, ST VINCENT'S FOUNDATION OF ALABAMA, INC , ST VINCENT'S BIRMINGHAM, ST VINCENT'S EAST, ST, VINCENT'S BLOUNT, AND UNIVERSAL HEALTH SYSTEM

Form 990, Part III, Line 4b:

ST VINCENT'S ST CLAIR HOSPITAL IS DEDICATED TO SPIRITUALLY CENTERED, HOLISTIC CARE THAT SUSTAINS AND IMPROVES THE HEALTH OF THE INDIVIDUALS AND COMMUNITIES IT FURTHERS THIS GOAL THROUGH DELIVERY OF PATIENT SERVICES, CARE TO THE ELDERLY AND INDIGENT, PATIENT EDUCATION AND HEALTH AWARENESS PROGRAMS FOR THE COMMUNITY, FOR DETAILED INFORMATION ON THE HOSPITAL'S PROGRAM SERVICE ACCOMPLISHMENTS AND STATISTICAL DATA SEE SCHEDULE H

Form 990, Part III, Line 4c:

ST VINCENT'S CHILTON HOSPITAL IS DEDICATED TO SPIRITUALLY CENTERED, HOLISTIC CARE THAT SUSTAINS AND IMPROVES THE HEALTH OF THE INDIVIDUALS AND COMMUNITIES IT FURTHERS THIS GOAL THROUGH DELIVERY OF PATIENT SERVICES, CARE TO THE ELDERLY AND INDIGENT, PATIENT EDUCATION AND HEALTH AWARENESS PROGRAMS FOR THE COMMUNITY, FOR DETAILED INFORMATION ON THE HOSPITAL'S PROGRAM SERVICE ACCOMPLISHMENTS AND STATISTICAL DATA SEE SCHEDULE H

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			
NEEYSA C BIDDLE	15 0									
SVP ASCENSION HEALTH/BIRMINGHAM MARKET EXECUTIVE/PRESIDENT CEO - STVHS	35 0	X		X				1,359,832	0	26,949
JAMES D DAVIS	2 0									
SECRETARY/TREASURER	2 5	X		X				0	0	0
NENA F SANDERS	2 0									
CHAIR	2 5	X		X				0	0	0
DANIEL F SANSONE	2 0									
VICE CHAIR	2 5	X		X				0	0	0
JAMES CANTRELL MD	2 0									
BOARD MEMBER	2 5	X						0	0	0
SISTER MARY ELIZABETH CULLEN DC	2 0									
BOARD MEMBER	2 5	X						0	0	0
KENT J GRAEVE	2 0									
BOARD MEMBER	2 5	X						0	0	0
WILLIAM HORTON	2 0									
BOARD MEMBER (START 7/2016)	2 5	X						0	0	0
ELIZABETH HUNTLEY	2 0									
BOARD MEMBER (START 7/2016)	2 5	X						0	0	0
DENNIS JONES MD	2 0									
BOARD MEMBER	2 5	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIE H PARKER	2 0									
BOARD MEMBER	 2 5	X						0	0	0
JOSEPH E WELDEN JR MD	2 0									
BOARD MEMBER	 2 5	X						0	0	0
DELYNN ZELL CFP	2 0									
BOARD MEMBER	 2 5	X						0	0	0
JASON ALEXANDER	17 0									
SVP ASCENSION HEALTH/BIRMINGHAM MARKET EXECUTIVE/PRESIDENT CEO - STVHS (START 3/2017)	 33 0			X				0	0	0
WILLIAM A DAVIS	39 0									
CHIEF OPERATING OFFICER	 11 0			X				642,753	0	40,414
STEPHANIE J DUGGAN MD	17 0									
CCO-Mnstry Mkt Brmnghm (START 7/2016)	 33 0			X				289,393	272,659	38,679
JENNIFER L KINGRY	15 0									
CFO	 35 0			X				336,489	0	39,301
MICHAEL R KORPIEL	1 0									
PRESIDENT/COO - ST VINCENT'S EAST (END 4/2017)	 49 0			X				0	442,293	25,459
NAN M PRIEST	30 0									
EVP/CHIEF STRATEGY OFFICER	 13 0			X				576,123	0	33,768
ROBERT E RAY	25 0									
PRESIDENT BIRMINGHAM	 25 0			X				0	407,882	36,643

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			
SUSAN DOUGHTON CHIEF LEGAL OFFICER	15 0 0			X				0	0	0
GINA ANDERSON CHIEF INTEGRATION/QUALITY OFFICER (END 7/2016)	40 0 0				X			416,339	0	16,506
SUZANNAH CAMPBELL Administrator-STV CHILTON	50 0 0 0				X			215,191	0	13,589
WAYNE CARMELO-HARPER SVP MISSION INTEGRATION & PHILANTHROPY	40 0 5 0				X			445,674	0	34,235
JAMES FLYNN AMG Administrative Dyad Leader	50 0 0				X			237,392	0	32,770
STEPHANIE HOLDERBY VP-Ambulatory HC Network	50 0 0				X			242,310	0	22,354
FRANK MALENSEK CHIEF MEDICAL OFFICER (END 6/2017)	50 0 0 0				X			486,189	0	37,810
CHRISTOPHER L MOORE CNO - SYSTEM	40 0 0				X			336,556	0	43,084
LIZ MOORE CCMO-Mnstry Mkt Brmngm	50 0 0				X			308,563	0	37,745
LISA NICHOLS Administrator-STV ST CLAIR	50 0 0				X			194,007	0	31,072

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			
PEGGY PANOS	50 0									
VP-Corporate Responsibility	 0				X			183,860	0	19,633
BRENNA POWELL	50 0									
VP-Strategic Integration	 0				X			188,224	0	17,823
ANDREW TAYLOR	50 0									
VP-Regional Growth	 0				X			157,354	0	14,627
Vicki Briggs	40 0									
COO System	 0 0					X		262,538	120,463	0
PAULA H MCCULLOUGH	0 0									
VP PATIENT CARE SVC	 50 0					X		258,227	0	32,715
Lydia Ann Edwards	40 0									
System Dir-Pharmacy	 0					X		198,587	0	24,637
Jack Warren Vines JR	40 0									
Dir-Orthopedic Svc Line Dvlpmt	 0					X		213,883	0	23,082
KRISTY GUNTHER	40 0									
VP - FINANCIAL PLANNING	 0					X		192,671	0	14,024
DAVID A CAUBLE	0 0									
FORMER OFFICER (END 11/2015)	 0 0						X	397,069	0	10,428
GREGORY L JAMES MD	0 0									
FORMER OFFICER (END 2/2016)	 40 0						X	134,270	704,049	33,587

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			
CAROL A MAIETTA FORMER OFFICER (END 1/2016)	0 0						X	292,263	0	7,498
JOHN D O'NEIL FORMER OFFICER (END 9/2014)	0 0 0 0						X	989,122	0	9,790

SCHEDULE A (Form 990 or 990-EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047
		2016 Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization St Vincent's Health System	Employer identification number 63-0931008	

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.
The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2

☐

A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11

☐

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

☒

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

☐

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

☐

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

☒

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

☐

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

☐

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

Enter the number of supported organizations

6
- 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		
See Additional Data Table						
Total	6				93,191,284	0

Part II

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

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

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

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ ☐						
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ ☐						
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning 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	Yes
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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	No
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	No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <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	No
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	No
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	No
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	No
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	No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	No
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	No
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	No
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	No
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		No
11b		No
11c		No

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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	Yes	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2	Yes	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		No

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☒ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test Answer (a) and (b) below.		Yes	No
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>		Yes	
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	Yes		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

Part V

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

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

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

Part VI Supplemental Information.

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

Facts And Circumstances Test**990 Schedule A, Supplemental Information**

Return Reference	Explanation
Schedule A, Part IV, Section E, Line 3a Power To Appoint/Elect Majority of Officer/Director/Trustee	Section 4 1-d-f of the current By Laws of St Vincent's Health System details the power of the Board which includes but is not limited to recommending, appointing or removing of the governing board of it's subsidiaries

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section E, Line 3b Substantial Direction Over Policies/Programs/Activities	Section 1 4-h of the By Laws states St Vincent's Health System "shall serve as the controlling entity of its subsidiaries Organizations that conduct health related and other activity, and limit the powers, duties and responsibilities of the governing bodies of such Subsidiary Organizations, all in accordance with requirements established by Ascension Health "

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 63-0931008
Name: St Vincent's Health System

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

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) ST VINCENT'S BIRMINGHAM	630288864	3	Yes		58,782,416	0
(A) ST VINCENT'S BIRMINGHAM	630288864	3	Yes		58,782,416	0
(A) ST VINCENT'S EAST	630578923	3	Yes		31,140,497	0
(A) ST VINCENT'S EAST	630578923	3	Yes		31,140,497	0
(B) ST VINCENT'S BLOUNT	630909073	3	Yes		2,895,854	0
(B) ST VINCENT'S BLOUNT	630909073	3	Yes		2,895,854	0
(C) UNIVERSAL HEALTH SERVICES	630932323	3	Yes		6,055	0
(C) UNIVERSAL HEALTH SERVICES	630932323	3	Yes		6,055	0
(D) AMERICAN SPORTS MEDICINE INSTITUTE	630952490	7	Yes		366,462	0
(D) AMERICAN SPORTS MEDICINE INSTITUTE	630952490	7	Yes		366,462	0
(E) ST VINCENT'S FOUNDATION OF NORTH AL	630868066	7	Yes		0	0
(E) ST VINCENT'S FOUNDATION OF NORTH AL	630868066	7	Yes		0	0

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's Health System	Employer identification number 63-0931008
--	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

d Other exempt purpose expenditures

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		17,696
j	Total. Add lines 1c through 1i			17,696
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Lobbying expenses represent the portion of dues paid to national and state hospital associations that is specifically allocable to lobbying. St. Vincent's Health System does not participate or intervene in (including the publishing or distributing of statements), any political campaign on behalf of (or in opposition to) any candidate for public office.
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Lobbying expenses represent the portion of dues paid to national and state hospital associations that is specifically allocable to lobbying. St. Vincent's Health System does not participate or intervene in (including the publishing or distributing of statements), any political campaign on behalf of (or in opposition to) any candidate for public office.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493129024958	
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's Health System				Employer identification number 63-0931008	
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 ► \$					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2016	

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,250,000		3,250,000
b Buildings		33,191,384	3,569,697	29,621,687
c Leasehold improvements				
d Equipment		38,300,207	26,448,876	11,851,331
e Other		6,836,632	9,838	6,826,794
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				51,549,812

Part VII

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

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

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

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

(a) Description	(b) Book value
(1) Interest in investments held by Ascension Health Alliance	
(2) Donor restricted temp NonHSD	
(3) Security Deposits	
(4) Deferred Compensation Asset	6,395,984
(5) Due from Affiliates	29,943,895
(6) Other Miscellaneous Assets	599,619
(7) Physician Guarantee	2,408,215
(8) Other Receivables	13,781,945
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	53,129,658

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	
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	77,277,774

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: 63-0931008
Name: St Vincent's Health System

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

(a) Description	(b) Book value
(1) Interest in investments held by Ascension Health Alliance	
(2) Donor restricted temp NonHSD	
(3) Security Deposits	
(4) Deferred Compensation Asset	6,395,984
(5) Due from Affiliates	29,943,895
(6) Other MIscellaneous Assets	599,619
(7) Physician Guarantee	2,408,215
(8) Other Receivables	13,781,945

Form 990, Schedule D, Part X, - Other Liabilities

(a) Description of Liability	(b) Book Value
1	
Historical allowance other	
Estimated Settlement to Third-Party Payor	1,907,726
Accrued Tax LIability	17,714
AH Savings Plan LIability	2,937,700
At Risk Compensation LIability	1,937,867
Deferred Compensation Liability	6,395,984
Due to Affiliates	51,135,839
Other LIabilities	182,573
Pension Liability	10,266,578
Physician Guarantee Liability	1,500,057

Form 990, Schedule D, Part X, - Other Liabilities	
1 (a) Description of Liability	(b) Book Value
Recovery Tail Liability	71,736
Valuation Allowance	924,000

Supplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	THE SYSTEM ACCOUNTS FOR UNCERTAINTY IN INCOME TAX POSITIONS BY APPLYING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE SYSTEM HAS DETERMINED THAT NO MATERIAL UNRECOGNIZED TAX BENEFITS OR LIABILITIES EXIST AS OF JUNE 30, 2017

SCHEDULE H (Form 990) Department of the Treasury Internal Revenue Service	Hospitals ► Complete if the organization answered "Yes" on Form 990, Part IV, question 20. ► Attach to Form 990. ► Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.	OMB No 1545-0047 2016 Open to Public Inspection
Name of the organization St Vincent's Health System		Employer identification number 63-0931008

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b If "Yes," was it a written policy?	1b	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☐ 150% ☐ 200% ☒ Other <u>25000 %</u>	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other <u>32700 %</u>	3b	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2,028,460		2,028,460	1 09 %
b Medicaid (from Worksheet 3, column a)			6,029,576	5,425,363	604,213	0 32 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0		0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	8,058,036	5,425,363	2,632,673	1 41 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	11	23	4,499		4,499	0 %
f Health professions education (from Worksheet 5)	6	525	23,016		23,016	0 01 %
g Subsidized health services (from Worksheet 6)					0	0 %
h Research (from Worksheet 7)					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)					0	0 %
j Total. Other Benefits	17	548	27,515	0	27,515	0 01 %
k Total. Add lines 7d and 7j	17	548	8,085,551	5,425,363	2,660,188	1 43 %

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	50	329		329	0 %
3 Community support	2	53	1,677		1,677	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development	2	7	6,749		6,749	0 %
9 Other					0	0 %
10 Total	7	110	8,755	0	8,755	0 %

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	No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	1,166,390
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	0
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	16,909,365
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	14,992,859
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	1,916,506
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
☐ Cost accounting system	☒ Cost to charge ratio	☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
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?

2

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
St Vincent's St Clair**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 ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a ☒ Hospital facility's website (list url) <u>http://www.stvhs.com/chassessment/CHNA_St%20Clair.pdf</u>		
b ☐ Other website (list url) _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>http://www.stvhs.com/chassessment/svsc_community%20Assessment.pdf</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

St Vincent's St Clair

Name of hospital facility or letter of facility reporting group

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that 13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250.0 % and FPG family income limit for eligibility for discounted care of 327.0 % b ☒ Income level other than FPG (describe in Section C) c ☐ Asset level d ☐ Medical indigency e ☒ Insurance status f ☒ Underinsurance discount g ☐ Residency h ☐ Other (describe in Section C)	13 Yes	
14 Explained the basis for calculating amounts charged to patients? 15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d ☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e ☐ Other (describe in Section C)	14 Yes	
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a ☒ The FAP was widely available on a website (list url) <u>http://www.stvhs.com/financialpolicy.asp</u> b ☒ The FAP application form was widely available on a website (list url) <u>http://www.stvhs.com/financialpolicy.asp</u> c ☒ A plain language summary of the FAP was widely available on a website (list url) <u>http://www.stvhs.com/financialpolicy.asp</u> d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations j ☐ Other (describe in Section C)	15 Yes	
	16 Yes	

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

St Vincent's St Clair

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

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

St Vincent's St Clair

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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's Chilton

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): _____

2

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 Yes	
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 Yes	
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a ☒ Hospital facility's website (list url) <u>http://www.stvhs.com/chassessment/CHNA_Chilton.pdf</u>		
b ☐ Other website (list url) _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>http://www.stvhs.com/chassessment/svsc_community%20Assessment.pdf</u>	10 Yes	
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

St Vincent's Chilton

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250.0 % and FPG family income limit for eligibility for discounted care of 327.0 %			
b ☐ Income level other than FPG (describe in Section C)			
c ☐ Asset level			
d ☐ Medical indigency			
e ☒ Insurance status			
f ☒ Underinsurance discount			
g ☐ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a ☒ The FAP was widely available on a website (list url) <u>http://www.stvhs.com/financialpolicy.asp</u>			
b ☒ The FAP application form was widely available on a website (list url) <u>http://www.stvhs.com/financialpolicy.asp</u>			
c ☒ A plain language summary of the FAP was widely available on a website (list url) <u>http://www.stvhs.com/financialpolicy.asp</u>			
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐ Other (describe in Section C)			

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

St Vincent's Chilton

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

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

St Vincent's Chilton

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 Continued	Promotion of health and wellness is an integrated part of the St. Vincent's culture. Health screenings, education and follow-up in the broader community bring awareness and learning to individuals who might not otherwise receive care. In addition to community screenings, St. Vincent's has traditionally focused outreach on areas for systemic change such as the implementation of community vegetable gardens to promote healthy eating and collection of P.E. equipment for local schools. St. Vincent's associates volunteer as P.E. helpers to encourage the healthy habits of exercise for elementary school students. With the assistance of athletic trainers, St. Vincent's assists with the promotion of safe athletics to ensure students do not injure themselves at such a young age. Sports physicals for students who would not otherwise have access are also part of the community health outreach. In collaboration with the greater community, St. Vincent's provides medical care, pharmaceuticals, vaccines, wound care and foot care at Project Homeless Connect, a one-day blitz of services for individuals in the community experiencing homelessness. St. Vincent's also provides healthy snacks for participants and volunteers at the event. St. Vincent's East and Christ Health Center (a local Federally Qualified Health Center), created a high-level of clinical integration to improve health equity in 49 zip codes by increasing access to primary care and mental health services for almost 12,000 low to moderate income individuals. St. Vincent's continues to care for the community through extensive collaboration such as with the Forge initiative. This breast cancer survivorship program provides a 24/7 hotline for support, peer mentors, support groups and other resources to breast cancer survivors and their caregivers. Housed at St. Vincent's and led by the Health System, this initiative successfully brought together ALL the major healthcare providers in the region to rally around one cause. St. Vincent's provides in-kind office space and support for the Forge staff. We Are Called To - Service of the Poor - Generosity of spirit, especially for persons most in need - Reverence - Respect and compassion for the dignity and diversity of life - Integrity-Inspiring trust through personal leadership - Wisdom-Integrating excellence and stewardship - Creativity -Courageous innovation - Dedication - Affirming the hope and joy of our ministry. St. Vincent's Health System is made up of six facilities: St. Vincent's Birmingham, St. Vincent's Blount, St. Vincent's East, St. Vincent's St. Clair, St. Vincent's Chilton and One Nineteen Health and Wellness. Together, we provide a special brand of high-touch, high-tech quality care to people in more than 40 different zip codes. Our healthcare family has an extensive network of skilled physicians and associates, as well as the most advanced technologies available. We are a part of Ascension Health, the nation's largest Catholic and non-profit health system, with more than 150,000 associates serving in 23 states and the District of Columbia. We are committed to providing healthcare that works, healthcare that is safe, and healthcare that leaves no one behind for life.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 17 Billing and Collection Policy	During tax year 2017, the organization learned via verbal comments of IRS agents at public events that the IRS intends that the "readily obtainable" standard in the 501(r) regulations for the AGB calculation and billing and collection policy is only met if those items are posted to the organization's web site. The organization had interpreted that web posting standard to be a safe harbor after consulting with external counsel and tax advisors, and timely took other steps to make the information readily obtainable. Consequently, the organization does not believe its decision to not post these documents to its web site rises to the level of a failure, nor does it believe the circumstances were either willful or egregious, having otherwise timely taken the steps necessary to attain and continue to maintain compliance with the other requirements related to the billing and collection policy and the AGB, as part of its policies and procedures for ensuring compliance with all aspects of 501(r). However, the organization is making this voluntary disclosure in order to communicate to the IRS the changes it is undertaking in response to the recent IRS informal guidance on this specific point concerning the "readily obtainable" standard, and the fact that the organization has started the work necessary to post its AGB information and billing and collection policy to its web site and will complete those additional postings as soon as reasonably possible. The other web postings required under 501(r) (i.e., those related to the community health needs assessment and the financial assistance policy) were timely completed and continue to remain in place as required. The organization believes its safeguards worked as intended in this case (i.e., the organization has regular communications with a number of external law firms and tax consultants and the timely attention to the recent guidance was supported by the framework of regular access to subject matter experts). These changes are in the process of being incorporated into corporate policies and procedures that apply to the organization.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	RESEARCH SHOWS THAT SOCIAL DETERMINANTS AND QUALITY OF LIFE PLAY A MAJOR ROLE IN THE HEALTH STATUS OF INDIVIDUALS AND COMMUNITIES. COMMUNITY BUILDING ACTIVITIES, WHICH FOCUS ON IMPROVING THE QUALITY OF LIFE WITHIN A COMMUNITY, ULTIMATELY INFLUENCE AND IMPROVE HEALTH STATUS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the Corporation follows established guidelines for placing certain past-due patient balances within collection agencies, subject to the terms of certain restrictions on collection efforts as determined by Ascension Health. Accounts receivable are written off after collection efforts have been followed in accordance with the Corporation's policies. After applying the cost-to-charge ratio, the share of the bad debt expense in fiscal year 2017 was \$10,397,281 at charges, (\$1,166,390 at cost).

990 Schedule H, Supplemental Information

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

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	St Vincent's Health System follows the Ascension guidelines for collection practices related to patients qualifying for charity or financial assistance. A patient can apply for charity or financial assistance at any time during the collection cycle. Once qualifying documentation is received the patient's account is adjusted. Patient accounts for the qualifying patient in the previous six months may also be considered for charity or financial assistance. Once a patient qualifies for charity or financial assistance, all collection activity is suspended.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- St Vincent's St Clair Line 16a URL http //www stvhs com/financialpolicy asp , - St Vincent's Chilton Line 16a URL http //www stvhs com/financialpolicy asp ,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- St Vincent's St Clair Line 16b URL http //www stvhs com/financialpolicy asp , - St Vincent's Chilton Line 16b URL http //www stvhs com/financialpolicy asp ,

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's St Clair Line 16c URL http //www stvhs com/financialpolicy asp , - St Vincent's Chilton Line 16c URL http //www stvhs com/financialpolicy asp ,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	At St Vincent's Health System, we conducted our most recent community needs assessment in June 2016 and were limited geographically to the seven counties served by St Vincent's Health System. The assessment was completed by interviewing key stakeholders both within St Vincent's Health Care System and in the external community. The interviews were conducted as of June 2016. Interviewees included a range of CBO's and program managers from area health care organizations, and more than 50 interviews were completed. The needs assessment consists of census data, public health information, and findings from the interviews. These findings include an assessment of the local healthcare infrastructure and the service gaps, especially in regards to those in our community who lack access to basic healthcare services.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	St Vincent's Health System uses visual aids to inform patients of available financial assistance. The statement of Patient Financial Services Financial Assistance is displayed at all registration areas throughout the Hospital, including the Emergency Department to make patients aware that assistance is available. Our staff when discussing collections with patients, also makes patients aware of the available assistance if they are unable to pay.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community Information	ST VINCENT'S HEALTH SYSTEM PRIMARILY SERVICES RESIDENTS OF CENTRAL ALABAMA IN THE FOLLOWING SEVEN COUNTIES BLOUNT, CULLMAN, JEFFERSON, SHELBY, ST CLAIR, TALLADEGA, AND WALKER - OUR PRIMARY SERVICE AREA CONSISTS OF BOTH RURAL AND URBAN COMMUNITIES WITH A POPULATION OF 1,247,848, MEDIAN INCOME OF \$53,007, AND MEDIAN AGE OF 39 27 - AGE OF POPULATION 26 5% AGE 0-19, 30 9% AGE 20-44, 26 2% AGE 45-64, 16 4% AGE 65+ - SEX 51 9% FEMALE AND 48 1% MALE - ETHNICITY 66 0% WHITE NON-HISPANIC, 28 4% BLACK NON-HISPANIC, 4 3% HISPANIC, 1 3% ASIAN NON-HISPANIC - LANGUAGE ENGLISH SPEAKING 94 4%, NON-ENGLISH AGE 5+ 5 6% (population by language spoken at home) - THERE ARE 89 FEDERALLY DESIGNATED MEDICALLY UNDERSERVED AREAS (MUA'S) IN THE STATE AND 19 7% OF THE POPULATION IS ELIGIBLE FOR MEDICAID INSIDE THE SEVEN COUNTY SERVICE AREAS (U S Census Bureau American Community Survey - % of defined population enrolled in Medicaid) - INSURANCE COVERAGE BREAKDOWN IS 54% PRIVATE, 16% MEDICARE, 16% MEDICAID, AND 14% UNINSURED - POVERTY 17 21% ON AVERAGE IN POVERTY RANGE IN 7 COUNTIES 8 3% TO 23 05% (U S Census Bureau American Community Survey) - HOSPITALS IN SERVICE AREA 16 TOTAL, 5 NONPROFIT, 10 FOR PROFIT, 1 ACADEMIC MEDICAL CENTER - HEALTH STATISTICS - OBESITY 33% - LEADING CAUSES OF DEATH HEART DISEASE, CANCER, STROKE

Form and Line Reference	Explanation																												
Schedule H, Part VI, Line 5 Promotion of community health	This report illustrates the significant degree to which St. Vincent's Health System, through its five hospitals and Health & Wellness facilities, contributes to the positive health status of the communities we serve. The System's five hospitals include St. Vincent's Birmingham, St. Vincent's East, St. Vincent's Blount, St. Vincent's Chilton and St. Vincent's St. Clair. Each hospital has a separate Tax ID number. Each makes an important contribution to caring for their community, including those who are underserved. As a member of Ascension Health, St. Vincent's Health System continues to build and strengthen sustainable collaborative efforts that benefit the health of individuals, families and the community as a whole. The Health System's mission is to extend the healing ministry of Christ. The hospitals of the health system further the mission through the delivery of patient services, care to the elderly and indigent, patient education, and health awareness programs for the community. Our concern for all human life and commitment to the dignity of each person leads us to provide medical services to all people in the community without regard to race, creed, national origin, economic status, or ability to pay. Based on our Core Values and in the spirit of principles adopted by Ascension Health, our Health System has taken proactive steps to address those issues that affect accessibility, the financing, and the delivery of health care to all persons, especially the uninsured, underinsured, and the underserved. The following chart demonstrates the significant number of patient days and the estimated unreimbursed cost of services provided by our four hospitals to the uninsured or underserved: FY17 Number of Licensed Beds - Number of Patient Days - Estimated unreimbursed Cost. <table><tr><th>Hospital</th><th>Licensed Beds</th><th>Patient Days</th><th>Estimated unreimbursed Cost</th></tr><tr><td>St. Vincent's Birmingham</td><td>439</td><td>100,916</td><td>\$13,121,637</td></tr><tr><td>St. Vincent's East</td><td>357</td><td>97,052</td><td>\$12,641,722</td></tr><tr><td>St. Vincent's Blount</td><td>25</td><td>4,705</td><td>\$386,475</td></tr><tr><td>St. Vincent's St. Clair</td><td>40</td><td>7,138</td><td>\$2,340,574</td></tr><tr><td>St. Vincent's Chilton</td><td>30</td><td>2,680</td><td>\$2,190,670</td></tr><tr><td>Total</td><td>891</td><td>212,491</td><td>\$30,681,078</td></tr></table> St. Vincent's Health System has a deep commitment to serving the community. We earmark a certain percentage of our yearly profits for charitable donations. Through this charitable donation program, we are able to support local chapters of national organizations such as the American Cancer Society, the American Heart Association, March of Dimes, and Susan G. Komen for the Cure, among others. We also fund local programs and initiatives such as the United Way. Many of our executives serve on the boards of these and other charitable organizations. We provide essential medical services to the community, train and recruit healthcare professionals to serve the needs of the broader community, provide appropriate charity services to those unable to pay for their healthcare needs, and provide services to other organizations that allow them to provide quality services to their patients or constituents. Some of these services include Jeremiah's Hope Academy, Hispanic Outreach Ministry, Access to Care program and Clergy Wellness program. Each of these programs works to address root causes of poverty including health disparities, barriers to care, employment, and healthcare, as well as mental healthcare, coverage. St. Vincent's Birmingham Jeremiah's Hope Academy focuses on training at-risk individuals, particularly women, for entry level jobs in the healthcare industry. Today, more than 500 people have graduated from Jeremiah's Hope, and most are still working in the healthcare industry. Employment is one of the many systemic ways to assist individuals out of poverty and create an intergenerational impact for families that is sustainable into the future. Philanthropy allowed this revolutionary program to blossom and it has now become a model for other healthcare facilities nationwide. In 2003, St. Vincent's Birmingham initiated a Hispanic Outreach program. This program has now evolved into a congregational health worker training program and a high-risk pregnancy coach program. With infant mortality a significant need in the State of Alabama, the high-risk pregnancy coach aims to address barriers for expectant mothers to go above and beyond traditional case management and provide culturally appropriate and effective care and guidance as patients navigate pre and post-natal care. The Access to Care Program is a healthcare option for the "working poor" in the Birmingham area, serving individuals who are employed but lack health insurance. The Clinic treats up to 500 unique patients each year, providing for all of their healthcare needs with modest co-pays to engage the patient in responsibility for care. St. Vincent's works with patients to identify ways to acquire insurance and screens patients based on a willingness to make life changes conducive to good health and advancement to work towards coverage in the future. Patients in this program are integrated into the St. Vincent	Hospital	Licensed Beds	Patient Days	Estimated unreimbursed Cost	St. Vincent's Birmingham	439	100,916	\$13,121,637	St. Vincent's East	357	97,052	\$12,641,722	St. Vincent's Blount	25	4,705	\$386,475	St. Vincent's St. Clair	40	7,138	\$2,340,574	St. Vincent's Chilton	30	2,680	\$2,190,670	Total	891	212,491	\$30,681,078
Hospital	Licensed Beds	Patient Days	Estimated unreimbursed Cost																										
St. Vincent's Birmingham	439	100,916	\$13,121,637																										
St. Vincent's East	357	97,052	\$12,641,722																										
St. Vincent's Blount	25	4,705	\$386,475																										
St. Vincent's St. Clair	40	7,138	\$2,340,574																										
St. Vincent's Chilton	30	2,680	\$2,190,670																										
Total	891	212,491	\$30,681,078																										

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	's clinic network and taught how to navigate healthcare effectively. An RN health coach works especially with patients who have chronic illness and need additional assistance under standing plans of care and medications. The St. Vincent's Clergy Wellness Program works with local clergy leaders to develop a personal health and wellness plan and also a congregational health improvement plan to integrate into their faith communities. Clergy are disproportionately at risk for chronic and mental illnesses (more than the general population) and yet they hold positions of significant influence in the community. By assisting these leaders in integrating health and wellness into their daily lives, they are then encouraged to identify and implement a strategy to improve the overall health of their congregations as well. This systemic approach allows the program to reach thousands of individuals by proxy. St. Vincent's facilitates community roundtable initiatives to improve the overall health of the community as well. The Healthcare Provider Roundtable consists of healthcare providers from around the region who serve uninsured or underinsured patients and meets six times a year. The Mental Healthcare Provider Roundtable is comprised of providers across the continuum who provide care to the community in the mental health sector. They also meet six times a year (on the alternate months of the healthcare group). A Low-Cost Dental Provider Roundtable now meets quarterly to discuss dental needs in the community and identify potential areas for collaboration. The goal of these groups is not only to coordinate care but also to identify gaps and needs in the community and come together to find solutions to the needs that arise. It is attended by clinics, social service providers, practitioners, educational facilities and major health system representatives. St. Vincent's representatives also serve on various community health initiatives such as Jefferson County Health Action Partnership, United Way's Bold Goals and the Birmingham Mayor's city improvement work groups. St. Vincent's and Ascension have a strong presence in advocacy on behalf of the poor and vulnerable as well. With a Chief Advocacy Officer for Alabama, Ascension and St. Vincent's are actively seeking opportunities for policy and procedure change that will expand coverage, assist those who are providing care to the uninsured as well as looking at other ways to promote the health of the community. Examples of advocacy in these areas includes working with navigators to enroll Marketplace participants, developing new and enhanced relationships with community care partners and working with our state and federal lawmakers to ensure adequate reimbursement for the uninsured and underinsured. When the need arises, St. Vincent's is also quick to respond to community issues involving natural disasters. This is evidenced by collection and donation of items for hurricane, flood and tornado survivors as well as volunteer efforts to assist with those affected. In the past, St. Vincent's has provided tetanus shots and basic medical care in areas of need.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	St Vincent's Health System is a member of Ascension Health Alliance (d/b/a Ascension) Ascension is a Missouri nonprofit corporation formed on September 13, 2011 Ascension is the sole corporate member and parent organization of Ascension Health, a Catholic national health system consisting primarily of nonprofit corporations that own and operate local healthcare facilities, or Health Ministries located in 23 of the United States and the District of Columbia Ascension is sponsored by Ascension Sponsor, a Public Juridic Person The Participating ORGANIZATIONS/ENTITIES of Ascension Sponsor are the Daughters of Charity of St Vincent de Paul St Louise Province the Congregation of St Joseph the Congregation of the Sisters of St Joseph of Carondelet the Congregation of Alexian Brothers of the Immaculate Conception Province, Inc - American Province the Sisters of the Sorrowful Mother of the Third Order of St Francis of Assisi - US/Caribbean Province Mission The System directs its governance and management activities toward strong, vibrant, Catholic Health Ministries united in service and healing, and dedicates its resources to spiritually centered care which sustains and accordance with the System's mission of service to those persons living in poverty and other vulnerable persons, each Health Ministry accepts patients regardless of their ability to pay The System uses four categories to identify the resources utilized for the care of persons living in poverty and community benefit programs 1 Traditional charity care includes the cost of services provided to persons who cannot afford healthcare because of inadequate resources and/or who are uninsured or underinsured 2 Unpaid cost of public programs, excluding Medicare, represents the unpaid cost of services provided to persons covered by public programs for the persons living in poverty and other vulnerable persons 3 Cost of other programs for the persons living in poverty and other vulnerable persons includes programs intentionally designed to serve the persons living in poverty and other vulnerable persons of the community including substance abusers, the homeless victims of child abuse and persons with acquired immune deficiency syndrome 4 Community benefit consists of the unreimbursed costs of community benefit programs and services for the general community, not solely for persons living in poverty and other vulnerable persons, including health promotion and education, health clinics and screenings and medical research Discounts are provided to all uninsured patients, including those with the means to pay Discounts provided to those patients who did not qualify for assistance under charity care guidelines are not included in the cost of providing care of persons living in poverty and community benefit programs The cost of providing care to persons living in poverty and community benefit programs is estimated by reducing charges forgone by a factor derived from the ratio of each entity's total operating expenses to the entity's billed charges for patient care

Additional Data**Software ID:** 16000421**Software Version:** 2016v3.0**EIN:** 63-0931008**Name:** St Vincent's Health System**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? 2		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	St Vincent's St Clair 7063 Veterans Parkway Pell City, AL 35125 www.stvhs.com H5801	X	X					X			
2	St Vincent's Chilton 2030 Lay Dam Road Clanton, AL 35046 http://www.stvhs.com/chilton/ H1102	X	X					X			

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - St Vincent's St Clair To prepare the CHNA report, data was gathered from multiple sources in an effort to construct a current and accurate snapshot of the health issues in St Clair County, Alabama, Data was obtained from multiple public data bases and opinions were solicited from public health experts, community leaders and patients within the community served by St Vincent's St Clair Hospital This information was summarized for final consideration by a CHNA team consisting of Hospital and System personnel as well as community members

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 - St Vincent's St Clair Community Health Needs Assessment Implementation Plan Narrative FY17 Update- St Vincent's Birmingham Hospital The identified community health needs for the defined service area of St Vincent's Birmingham for FY17 - FY19 1 Access to Healthcare and Mental Healthcare 2 Cancer Awareness/Prevention/Education 3 Cardiovascular Disease Awareness/Prevention/Education Prioritized Need Improved Access to Healthcare including Mental Healthcare GOAL 1 Increase proportion of persons with health insurance coverage St Vincent's Birmingham has a long history of working with individuals who are uninsured to be able to provide healthcare and mental healthcare services The Access to Care program is a primary care provider program for individuals living less than 200% income over the federal poverty level In partnership with Enroll Alabama, St Vincent's encouraged individuals to sign up for healthcare exchanges and publicized benefits of the Affordable Care Act To address this need in FY17, STVHS heavily advocated for Medicaid expansion in the state of Alabama at the legislative level Efforts were made to assist individuals in the community with connecting to coverage through the open enrollment period of healthcare exchange in collaboration with Enroll Alabama Enrollment days were promoted and hosted at STVHS facility locations GOAL 2 Increase proportion of persons reporting medical home (primary care provider) STVHS hosted community health screenings include documentation on primary care provider and follow up includes referral and assistance with locating appropriate services for the patient who is unattached A document was developed and is being distributed to the community on the levels of care and importance of a primary care home Follow up is being provided both inpatient and outpatient to assist individuals with connecting to a primary care provider Transportation services have been established with Lyft to assist patients in getting to follow up and primary care appointments Project Access, a community collaborative for specialty care, works with individuals who are in need of a primary care provider but also have specialty care needs Preparations were made for a more formalized primary care connection program for unattached patients to be implemented in FY18 GOAL 3 Increase proportion of adults with mental health disorders who receive treatment The addition of the Outpatient Bridge clinic at St Vincent's East provides the entire region a quick linkage to individuals in need of urgent mental health services as they wait to be connected with a more permanent provider In FY17, the Bridge Clinic provided services to 185 unique patients who did not have a mental healthcare provider A mental healthcare provider roundtable of community organizations/agencies meets regularly to identify gaps in service and provide updates and information on services available in the community A mental health provide

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	r resource is available to youth through the establishment of the referral center at Child ren's Hospital Similar resource for adults is being coordinated through the state's 2-1-1 service at United Way A SPOE (single point of entry) for mental health is being evaluate d at the local and state level A physician CME class was provided on psychiatric disorder s as well as a session on substance abuse to assist medical staff in understanding and ide ntifying mental health needs of patients GOAL 4 Increase depression screening for adults by primary care providers All AMG physician practices have implemented the PHQ-9 depressi on/anxiety screening for new and annual patient visits Individuals with a qualifying scor e are referred for services Other affiliated practices are providing PHQ-9 screenings as well Prioritized Need Improve education/awareness/prevention of cancer GOAL 1 Increase proportion of adults who were counseled by their providers about cancer screenings based o n current guidelines Plans are currently underway to provide more physician education rega rding cancer screening guidelines Clinical prompts are part of the Electronic Health Reco rd CME topics for education of physicians specific to cancer are upcoming for FY18 and FY 19 GOAL 2 Increase proportion of adults who receive breast, lung, prostate, colorectal a nd skin cancer screening St Vincent's clinic patients had a baseline colorectal cancer sc reening rate of 36 5% and this was increased in FY17 to 47 4% Specifically for Medicaid p atients, the baseline began at 43% and increased to 49 7% in FY17 In March of 2017, St V incent's East campus worked with East Family Resident Clinic to provide 100 FIT test kits (colorectal cancer) to the community Of those, 21 were returned and as a result, 6 colono scopies were performed In CY 2015, approximately 59% of St Vincent's clinic patients wer e screened for breast cancer In CY2016, that number increased to 60% GOAL 3 Increase me ntal and physical health-related quality of life indicators of cancer survivors St Vincen t's participation and close partnership with Forge provides support and services to indivi duals who have experienced breast cancer A 24 hour support line has been established to p rovide counseling and referrals, support groups and activities that promote healthy living have engaged survivors Patient advocates/navigators assist patients with supportive serv ices A resource library is available to individuals in need of additional information A clinician advisory committee provides clinical feedback to survivor network Prioritized N eed Improve education/awareness/prevention of cardiovascular disease GOAL 1 Increase the proportion of adults with elevated LDL cholesterol who have been advised by a health care provider regarding cholesterol-lowering management, including lifestyle changes and, if i ndicated, medication In FY17, St Vincent's Wellness department provided 383 free LDL leve l screenings to the community

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	- especially focused on areas where healthcare access is a barrier These individuals were provided counseling and abnormal results were called by a nurse from Dial-A-Nurse to discuss the results and assistance with locating a provider who could provide continued care and treatment GOAL 2 Increase the proportion of adults who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure was normal or high In FY17, St Vincent's Wellness department provided 1168 free blood pressure screenings in the community, focused on areas in which healthcare access is a barrier for care All individuals screened for blood pressure were provided counseling and abnormal results were called by a nurse from Dial-A-Nurse to discuss the results and assistance with locating a provider who could provide continued care and treatment GOAL 3 Increase the proportion of adults aged 20 years and older who are aware of the symptoms of and how to respond to a heart attack In FY17, St Vincent's Wellness trained 1866 community members on bystander CPR hands only method

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 , 2	Facility , 2 - St Vincent's St Clair *Proposed goals are taken from Healthy People 2020 goals **Proposed strategies are based on evidence based practices The CHNA for fiscal years 2017-2019 (beginning July 1, 2016) will continue efforts to address health needs of the greater Birmingham community and prioritize needs of the areas St Vincent's Birmingham The assessments of unmet health needs will provide a basis for addressing the health needs of the counties served and serve as a reference for each facility's implementation strategy, ensuring it is aligned with the community needs and the ministry goals of St Vincent's Health System The mission, vision, and values of St Vincent's Health System are the key factors influencing the approach and commitment to addressing community health needs through community benefit activity The objectives of the CHNA and subsequent facility specific implementation strategies are 1) To provide an unbiased comprehensive assessment of Jefferson and Shelby County's health needs, 2) Use the CHNA to prioritize St Vincent's Health System's Community Benefit Program strategy, and 3) Fulfill Internal Revenue Service regulations related to 501 (c)(3) non-profit hospital status for federal income taxes All Needs identified in the CHNA are actively being addressed Blount/St Clair/Chilton Prioritized Need Improve education/awareness/prevention of diabetes GOAL 1 Increase proportion of persons with diabetes whose condition has been diagnosed St Vincent's Wellness services provides community and corporate glucose screenings In FY17, St Vincent's provided 483 free glucose screenings to the community, especially areas where access to healthcare is a barrier Of individuals screened, all are provided counseling and abnormal results are referred to Dial-A-Nurse for follow-up GOAL 2 Increase proportion of adults diagnosed with diabetes who receive formal diabetes education

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 2	St Vincent's Chilton was a newly constructed facility that opened in August 2016 It is licensed for 30 beds

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - St Vincent's Chilton To prepare the CHNA report, data was gathered from multiple sources in an effort to construct a current and accurate snapshot of the health issues in Chilton County, Alabama, Data was obtained from multiple public data bases and opinions were solicited from public health experts, community leaders and patients within the community served by St Vincent's Chilton Hospital This information was summarized for final consideration by a CHNA team consisting of Hospital and System personnel as well as community members

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 - St Vincent's Chilton Community Health Needs Assessment Implementation Plan Narrative FY17 Update- St Vincent's Birmingham Hospital The identified community health needs for the defined service area of St Vincent's Birmingham for FY17 - FY19 1 Access to Healthcare and Mental Healthcare 2 Cancer Awareness/Prevention/Education 3 Cardiovascular Disease Awareness/Prevention/Education Prioritized Need Improved Access to Healthcare including Mental Healthcare GOAL 1 Increase proportion of persons with health insurance coverage St Vincent's Birmingham has a long history of working with individuals who are uninsured to be able to provide healthcare and mental healthcare services The Access to Care program is a primary care provider program for individuals living less than 200% income over the federal poverty level In partnership with Enroll Alabama, St Vincent's encouraged individuals to sign up for healthcare exchanges and publicized benefits of the Affordable Care Act To address this need in FY17, STVHS heavily advocated for Medicaid expansion in the state of Alabama at the legislative level Efforts were made to assist individuals in the community with connecting to coverage through the open enrollment period of healthcare exchange in collaboration with Enroll Alabama Enrollment days were promoted and hosted at STVHS facility locations GOAL 2 Increase proportion of persons reporting medical home (primary care provider) STVHS hosted community health screenings include documentation on primary care provider and follow up includes referral and assistance with locating appropriate services for the patient who is unattached A document was developed and is being distributed to the community on the levels of care and importance of a primary care home Follow up is being provided both inpatient and outpatient to assist individuals with connecting to a primary care provider Transportation services have been established with Lyft to assist patients in getting to follow up and primary care appointments Project Access , a community collaborative for specialty care, works with individuals who are in need of a primary care provider but also have specialty care needs Preparations were made for a more formalized primary care connection program for unattached patients to be implemented in FY18 GOAL 3 Increase proportion of adults with mental health disorders who receive treatment The addition of the Outpatient Bridge clinic at St Vincent's East provides the entire region a quick linkage to individuals in need of urgent mental health services as they wait to be connected with a more permanent provider In FY17, the Bridge Clinic provided services to 185 unique patients who did not have a mental healthcare provider A mental healthcare provider roundtable of community organizations/agencies meets regularly to identify gaps in service and provide updates and information on services available in the community A mental health provider

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	resource is available to youth through the establishment of the referral center at Childre n's Hospital Similar resource for adults is being coordinated through the state's 2-1-1 s service at United Way A SPOE (single point of entry) for mental health is being evaluated at the local and state level A physician CME class was provided on psychiatric disorders as well as a session on substance abuse to assist medical staff in understanding and ident ifying mental health needs of patients GOAL 4 Increase depression screening for adults b y primary care providers All AMG physician practices have implemented the PHQ-9 depression /anxiety screening for new and annual patient visits Individuals with a qualifying score are referred for services Other affiliated practices are providing PHQ-9 screenings as we ll Prioritized Need Improve education/awareness/prevention of cancer GOAL 1 Increase pr oportion of adults who were counseled by their providers about cancer screenings based on current guidelines Plans are currently underway to provide more physician education regard ing cancer screening guidelines Clinical prompts are part of the Electronic Health Record CME topics for education of physicians specific to cancer are upcoming for FY18 and FY19 GOAL 2 Increase proportion of adults who receive breast, lung, prostate, colorectal and skin cancer screening St Vincent's clinic patients had a baseline colorectal cancer scre ening rate of 36 5% and this was increased in FY17 to 47 4% Specifically for Medicaid pat ients, the baseline began at 43% and increased to 49 7% in FY17 In March of 2017, St Vin cent's East campus worked with East Family Resident Clinic to provide 100 FIT test kits (c olorectal cancer) to the community Of those, 21 were returned and as a result, 6 colonosc opies were performed In CY 2015, approximately 59% of St Vincent's clinic patients were screened for breast cancer In CY2016, that number increased to 60% GOAL 3 Increase ment al and physical health-related quality of life indicators of cancer survivors St Vincent' s participation and close partnership with Forge provides support and services to individu als who have experienced breast cancer A 24 hour support line has been established to pro vide counseling and referrals, support groups and activities that promote healthy living h ave engaged survivors Patient advocates/navigators assist patients with supportive servic es A resource library is available to individuals in need of additional information A cl inician advisory committee provides clinical feedback to survivor network Prioritized Nee d Improve education/awareness/prevention of cardiovascular disease GOAL 1 Increase the p roportion of adults with elevated LDL cholesterol who have been advised by a health care p rovider regarding cholesterol-lowering management, including lifestyle changes and, if ind icated, medication In FY17, St Vincent's Wellness department provided 383 free LDL level screenings to the community -

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	especially focused on areas where healthcare access is a barrier These individuals were p rovided counseling and abnormal results were called by a nurse from Dial-A-Nurse to discus s the results and assistance with locating a provider who could provide continued care and treatment GOAL 2 Increase the proportion of adults who have had their blood pressure me asured within the preceding 2 years and can state whether their blood pressure was normal or high In FY17, St Vincent's Wellness department provided 1168 free blood pressure scree nings in the community, focused on areas in which healthcare access is a barrier for care All individuals screened for blood pressure were provided counseling and abnormal results were called by a nurse from Dial-A-Nurse to discuss the results and assistance with locat ing a provider who could provide continued care and treatment GOAL 3 Increase the propor tion of adults aged 20 years and older who are aware of the symptoms of and how to respond to a heart attack In FY17, St Vincent's Wellness trained 1866 community members on bysta nder CPR hands only method

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 , 2	Facility , 2 - St Vincent's Chilton *Proposed goals are taken from Healthy People 2020 goals **Proposed strategies are based on evidence based practices The CHNA for fiscal years 2017-2019 (beginning July 1, 2016) will continue efforts to address health needs of the greater Birmingham community and prioritize needs of the areas St Vincent's Birmingham The assessments of unmet health needs will provide a basis for addressing the health needs of the counties served and serve as a reference for each facility's implementation strategy, ensuring it is aligned with the community needs and the ministry goals of St Vincent's Health System The mission, vision, and values of St Vincent's Health System are the key factors influencing the approach and commitment to addressing community health needs through community benefit activity The objectives of the CHNA and subsequent facility specific implementation strategies are 1) To provide an unbiased comprehensive assessment of Jefferson and Shelby County's health needs, 2) Use the CHNA to prioritize St Vincent's Health System's Community Benefit Program strategy, and 3) Fulfill Internal Revenue Service regulations related to 501 (c)(3) non-profit hospital status for federal income taxes All Needs identified in the CHNA are actively being addressed Blount/St Clair/Chilton Prioritized Need Improve education/awareness/prevention of diabetes GOAL 1 Increase proportion of persons with diabetes whose condition has been diagnosed St Vincent's Wellness services provides community and corporate glucose screenings In FY17, St Vincent's provided 483 free glucose screenings to the community, especially areas where access to healthcare is a barrier Of individuals screened, all are provided counseling and abnormal results are referred to Dial-A-Nurse for follow-up GOAL 2 Increase proportion of adults diagnosed with diabetes who receive formal diabetes education

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493129024958

Schedule I
(Form 990)

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
St Vincent's Health System

Employer identification number
63-0931008

Part IGeneral Information on Grants and Assistance

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

☒ Yes☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) United Way 3600 8th Ave S Birmingham, AL 35232	63-0288846	501(c)(3)	75,000				General Support
(2) MEDICAL FOUNDATION OF JEFFERSON COUNTY 901 18TH ST S BIRMINGHAM, AL 35205	81-3680210		29,260				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table1

3 Enter total number of other organizations listed in the line 1 table1

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	The Associate Allocations Committee consists of 8-16 members who are appointed by the Chief Operating Officer (COO) of St Vincent's Health system. The Committee is authorized to expend resources of the St. Louise/Help Fund, however expenditures will not exceed the budgeted amount. The Committee has the following allocation options: Award - Any part of the approved allocation will not be required to be paid back. Denial - Associate's request is denied. The Committee meets every two (2) weeks opposite payroll weeks unless otherwise necessary.

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's Health System	Employer identification number 63-0931008
--	--

Part I

Questions Regarding Compensation

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

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

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

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

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

Part III **Supplemental Information**

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

Return Reference	Explanation
See Additional Data	

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 63-0931008
Name: St Vincent's Health System

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part II officer compensation	SUSAN DOUGHTON, CHIEF LEGAL OFFICER, WAS PAID BY DOMINICK FELD HYDE FOR SERVICES PROVIDED TO ST VINCENT'S HEALTH SYSTEM FOR THE YEAR ENDED JUNE 30, 2017, \$873,781 WAS PAID TO DOMINICK FELD HYDE FOR SERVICES PROVIDED BY THE FIRM WHICH INCLUDES SERVICES BY SUSAN DOUGHTON

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	Ascension Health, Inc , a related organization of St Vincent's Health System uses the following to establish the compensation of the organization's CEO -Compensation Committee -Independent Compensation Consultant -Compensation Survey or Study -Approval by the Board or Compensation Committee

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 4a Severance or change-of-control payment	The following individual(s) received severance payments from the organization or a related organization John O'Neil - \$450,110 David Cauble - \$397,069 Gina Anderson - \$240,011 Carol Maietta - \$226,157 Michael Korpiel - \$232,218

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Eligible executives participate in a program that provides for supplemental retirement benefits. The payment of benefits under the program, if any, is entirely dependent upon the facts and circumstances under which the executive terminates employment with the organization. Benefits under the program are unfunded and non-vested. Due to the substantial risk of forfeiture provision, there is no guarantee that these executives will ever receive any benefit under the program. Any amount ultimately paid under the program to the executive is reported as compensation on Form 990, Schedule J, Part II, Column B in the year paid. The following individuals received payment from the supplemental nonqualified retirement plan in the amount as noted: John D. O'Neil - \$539,012; Nan M. Priest - \$43,413.

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				
1NEEYSA C BIDDLE SVP ASCENSION HEALTH/BIRMINGHAM MARKET EXECUTIVE/PRESIDENT CEO - STVHS	(i)	593,188	503,787	262,857	15,900	11,049	1,386,781	0
	(ii)	0	0	0	0	-	-	0
1DAVID A CAUBLE FORMER OFFICER (END 11/2015)	(i)	0	0	397,069	0	10,428	407,497	0
	(ii)	0	0	0	0	-	-	0
2GREGORY L JAMES MD FORMER OFFICER (END 2/2016)	(i)	63,157	0	71,113	2,523	2,821	139,614	0
	(ii)	401,475	273,898	28,676	12,052	-	-	0
3CAROL A MAIETTA FORMER OFFICER (END 1/2016)	(i)	13,389	0	278,874	1,130	6,368	299,761	0
	(ii)	0	0	0	0	-	-	0
4JOHN D O'NEIL FORMER OFFICER (END 9/2014)	(i)	0	0	989,122	0	9,790	998,912	539,012
	(ii)	0	0	0	0	-	-	0
5WILLIAM A DAVIS CHIEF OPERATING OFFICER	(i)	387,953	181,073	73,727	15,900	24,514	683,167	0
	(ii)	0	0	0	0	-	-	0
6STEPHANIE J DUGGAN MD CCO-Mnstry Mkt Brmnghm (START 7/2016)	(i)	193,579	76,751	19,063	6,307	10,578	306,278	0
	(ii)	228,270	4,903	39,486	8,269	-	-	0
7JENNIFER L KINGRY CFO	(i)	256,682	42,821	36,986	17,225	22,076	375,790	0
	(ii)	0	0	0	0	-	-	0
8MICHAEL R KORPIEL PRESIDENT/COO - ST VINCENT'S EAST (END 4/2017)	(i)	0	0	0	0	0	0	0
	(ii)	100,586	0	341,707	3,384	-	-	0
9NAN M PRIEST EVP/CHIEF STRATEGY OFFICER	(i)	296,663	138,073	141,387	17,225	16,543	609,891	43,413
	(ii)	0	0	0	0	-	-	0
10ROBERT E RAY PRESIDENT BIRMINGHAM	(i)	0	0	0	0	0	0	0
	(ii)	320,282	26,859	60,741	14,575	-	-	0
11GINA ANDERSON CHIEF INTEGRATION/QUALITY OFFICER (END 7/2016)	(i)	125,584	0	290,755	3,323	13,183	432,845	0
	(ii)	0	0	0	0	-	-	0
12SUZANNAH CAMPBELL Administrator-STV CHILTON	(i)	184,965	12,231	17,995	11,479	2,110	228,780	0
	(ii)	0	0	0	0	-	-	0
13WAYNE CARMELLO-HARPER SVP MISSION INTEGRATION & PHILANTHROPY	(i)	272,997	90,521	82,156	14,575	19,660	479,909	0
	(ii)	0	0	0	0	-	-	0
14JAMES FLYNN AMG Administrative Dyad Leader	(i)	194,823	13,223	29,346	11,437	21,333	270,162	0
	(ii)	0	0	0	0	-	-	0
15STEPHANIE HOLDERBY VP-Ambulatory HC Network	(i)	195,723	13,223	33,364	13,860	8,494	264,664	0
	(ii)	0	0	0	0	-	-	0
16FRANK MALENSEK CHIEF MEDICAL OFFICER (END 6/2017)	(i)	312,573	37,422	136,194	14,575	23,235	523,999	0
	(ii)	0	0	0	0	-	-	0
17CHRISTOPHER L MOORE CNO - SYSTEM	(i)	279,050	19,611	37,895	17,225	25,859	379,640	0
	(ii)	0	0	0	0	-	-	0
18LIZ MOORE CCMO-Mnstry Mkt Brmnghm	(i)	196,446	66,426	45,691	16,004	21,741	346,308	0
	(ii)	0	0	0	0	-	-	0
19LISA NICHOLS Administrator-STV ST CLAIR	(i)	169,097	8,915	15,995	10,466	20,606	225,079	0
	(ii)	0	0	0	0	-	-	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21PEGGY PANOS VP-Corporate Responsibility	(i)	149,085	10,248	24,527	10,716	8,917	203,493	0
	(ii)	0	0	0	0	- 0	- 0	0
1BRENNA POWELL VP-Strategic Integration	(i)	155,015	10,453	22,756	10,098	7,725	206,047	0
	(ii)	0	0	0	0	- 0	- 0	0
2ANDREW TAYLOR VP-Regional Growth	(i)	143,058	5,161	9,135	6,671	7,956	171,981	0
	(ii)	0	0	0	0	- 0	- 0	0
3Vicki Briggs COO System	(i)	0	0	262,538	0	0	262,538	262,538
	(ii)	120,463	0	0	0	- 0	- 120,463	0
4PAULA H MCCULLOUGH VP PATIENT CARE SVC	(i)	195,974	13,413	48,840	13,864	18,851	290,942	0
	(ii)	0	0	0	0	- 0	- 0	0
5Lydia Ann Edwards System Dir-Pharmacy	(i)	179,538	7,447	11,602	10,477	14,160	223,224	0
	(ii)	0	0	0	0	- 0	- 0	0
6Jack Warren Vines JR Dir-Orthopedic Svc Line Dvlpmnt	(i)	182,547	23,858	7,478	8,635	14,447	236,965	0
	(ii)	0	0	0	0	- 0	- 0	0
7KRISTY GUNTHER VP - FINANCIAL PLANNING	(i)	143,872	10,473	38,326	4,716	9,308	206,695	0
	(ii)	0	0	0	0	- 0	- 0	0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493129024958

SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization
St Vincent's Health System

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
63-0931008

Part I

Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36.
Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

2

Did or will any officer, director, trustee, or key employee of the organization

a

Become a director or trustee of a successor or transferee organization?

b

Become an employee of, or independent contractor for, a successor or transferee organization?

c

Become a direct or indirect owner of a successor or transferee organization?

d

Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

e

If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ▶

Yes

No

2a

2b

2c

2d

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

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

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	CASH ACCOUNTS TRANSFERRED TO PARENT'S BALANCE SHEET	07-01-2016	123,008,674	FMV	45-3358926	ASCENSION HEALTH ALLIANCE PO BOX 45998 ST LOUIS, MO 63145	501(C)(3)

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

Part III **Supplemental Information.**

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
St Vincent's Health System

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

63-0931008

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 2 New program services	St Vincent's Health System opened an acute care hopsital, St Vincent's Chilton, on October 10, 2016

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a process to establish executive compensation	In determining the compensation of the organization's President & CEO, the process, performed by Ascension Health, a related organization of St. Vincent's Health System, included a review and approval by independent persons, comparability data and contemporaneous substantiation of the deliberation and decision. The Compensation Committee reviewed and approved the compensation. In the review of the compensation, the President & CEO was compared to individuals at other organizations in the area who hold the same title. During the review and approval of the compensation, documentation of the decision was recorded in the committee minutes. The individual was not present when his compensation was decided.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 3 Delegation of management duties	The Chief Legal Officer operations at St Vincent's Health System are administered by a management company as directed by Ascension effective January 1, 2015 Susan Doughton, Chief Legal Officer, is an employee of Dominick Feld Hyde

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	St Vincent's Health System has a single corporate member, Ascension Health

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	IN DETERMINING COMPENSATION OF THE ORGANIZATION'S OFFICERS, THE PROCESS INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION THE EXECUTIVE COMPENSATION COMMITTEE REVIEWED AND APPROVED THE COMPENSATION IN THE REVIEW OF THE COMPENSATION, THE OFFICERS' SALARIES WERE COMPARED TO INDIVIDUALS AT OTHER ORGANIZATIONS IN THE AREA WHO HOLD THE SAME TITLE DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE MINUTES INDIVIDUALS WERE NOT PRESENT WHEN THEIR COMPENSATION WAS DECIDED

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	FAS 157 Deferred Pension Cost - -5725535, Net Asset Transfers with Affiliates - 246959599, Transfer Interest in Investments of Ascension Health Alliance back to AHA - -123008674, T ransfers to Alpha Fund - -168610225,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2b Audited Financial Statements	The activity of St Vincent's Health System is reported in the consolidated financial statements of Ascension Health Alliance. No individual audit of St Vincent's Health System is completed. Therefore, the attached audited financial statements are of Ascension Health Alliance and Affiliates, which include the activity of St Vincent's Health System.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c Audit Committee	St Vincent's Health System is included in the consolidated financial statements of Ascension Health Alliance. The Finance and Audit committee of Ascension Health Alliance's Board assumes responsibility for the consolidated organization as a whole.

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's Health System

Employer identification number
63-0931008

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) ST VINCENT'S ST CLAIR LLC 7063 Veterans Parkway PELL CITY, AL 35125 63-1146531	HOSPITAL	AL	25,830,282	7,721,211	ST VINCENT'S HEALTH SYSTEM
(2) ONE NINETEEN ASC LLC 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0931008	SHELL	AL	0	0	ST VINCENT'S HEALTH SYSTEM
(3) ST VINCENT'S PHYSICIAN ALLIANCE LLC 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 45-4913277	SHELL	AL	0	0	ST VINCENT'S HEALTH SYSTEM
(4) ST VINCENT CHILTON LLC 2020 LAY DAM ROAD CLANTON, AL 35045 81-0935368	HOSPITAL	AL	31,491,333	66,181,293	ST VINCENT'S HEALTH SYSTEM

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) ST VINCENT'S OUTPATIENT SURGERY SERVICES LLC 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 20-0708162	OUTPATIENT SURGERY	AL	NA	N/A								
(2) ST VINCENT'S SLEEP DISORDER CENTER 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-1282288	SLEEP DISORDER CENTER	AL	NA	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) VINCENTIAN VENTURES OF NORTH ALABAMA INC 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0965456	MISC HEALTHCARE SERVICES	AL	ST VINCENT'S HEALTH SYSTEM	C Corporation	53,102,371	26,740,680	100 %	Yes	
(2) ASCENSION VENTURES CORPORATION 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-1217059	MISC HEALTHCARE SERVICES	AL	ST VINCENT'S HEALTH SYSTEM	C Corporation	3,335,105	604,978	100 %	Yes	
(3) BAYLEY CONDOMINIUM ASSOCIATION 2121 HIGHLAND AVENUE SOUTH BIRMINGHAM, AL 35205 63-1209915	CONDOMINIUM ASSOCIATION	AL	NA	C Corporation				Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

See Additional Data Table

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

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

[illegible]

Part VII **Supplemental Information**

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

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 63-0931008
Name: St Vincent's Health System

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) PO BOX 45998 ST LOUIS, MO 63145 45-3358926	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	NA		No
(1) PO BOX 45998 ST LOUIS, MO 63145 31-1662309	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE		No
(2) 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0288864	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	
(3) 150 GILBREATH DRIVE ONEONTA, AL 35121 63-0909073	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	
(4) 50 MEDICAL PARK EAST DRIVE BIRMINGHAM, AL 35235 63-0578923	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	
(5) 2660 10TH AVENNUE SOUTH NO 505 BIRMINGHAM, AL 35205 63-0952490	SPORTS MEDICINE	AL	501(c)(3)	7	ST VINCENT'S BIRMINGHAM	Yes	
(6) 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0932323	PHYSICIAN GROUP	AL	501(c)(3)	Type II	ST VINCENT'S HEALTH SYSTEM	Yes	
(7) 1 Medical Park East Drive BIRMINGHAM, AL 35235 63-0868066	FUNDRAISING	AL	501(c)(3)	7	ST VINCENT'S HEALTH SYSTEM	Yes	
(8) 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 23-7326976	REAL ESTATE	AL	501(c)(2)		ST VINCENT'S HEALTH SYSTEM	Yes	

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	AMERICAN SPORTS MEDICINE INSTITUTE	L	1,668,877	FAIR MARKET VALUE
(1)	AMERICAN SPORTS MEDICINE INSTITUTE	M	366,462	FAIR MARKET VALUE
(2)	AMERICAN SPORTS MEDICINE INSTITUTE	P	69,059	FAIR MARKET VALUE
(3)	ASCENSION VENTURES CORPORATION	L	122,393	FAIR MARKET VALUE
(4)	ASCENSION VENTURES CORPORATION	M	1,029,399	FAIR MARKET VALUE
(5)	ASCENSION VENTURES CORPORATION	R	879,870	FAIR MARKET VALUE
(6)	EASTSIDE VENTURES	M	66,988	FAIR MARKET VALUE
(7)	OCCUPATIONAL HEALTH CLINIC	L	196,739	FAIR MARKET VALUE
(8)	OCCUPATIONAL HEALTH CLINIC	M	829,814	FAIR MARKET VALUE
(9)	OCCUPATIONAL HEALTH CLINIC	R	952,740	FAIR MARKET VALUE
(10)	SETON PROPERTY CORPORATION OF NORTH ALABAMA	J	114,421	FAIR MARKET VALUE
(11)	SETON PROPERTY CORPORATION OF NORTH ALABAMA	L	350,580	FAIR MARKET VALUE
(12)	SETON PROPERTY CORPORATION OF NORTH ALABAMA	M	1,287,894	FAIR MARKET VALUE
(13)	SETON PROPERTY CORPORATION OF NORTH ALABAMA	O	244,095	FAIR MARKET VALUE
(14)	SETON PROPERTY CORPORATION OF NORTH ALABAMA	R	380,315	FAIR MARKET VALUE
(15)	ST VINCENT'S BLOUNT	M	2,895,854	FAIR MARKET VALUE
(16)	ST VINCENT'S BLOUNT	P	439,760	FAIR MARKET VALUE
(17)	ST VINCENT'S BLOUNT	R	5,366,075	FAIR MARKET VALUE
(18)	ST VINCENT'S EAST	L	4,582,504	FAIR MARKET VALUE
(19)	ST VINCENT'S EAST	M	31,140,497	FAIR MARKET VALUE
(20)	ST VINCENT'S EAST	P	419,159	FAIR MARKET VALUE
(21)	ST VINCENT'S EAST	Q	1,172,728	FAIR MARKET VALUE
(22)	ST VINCENT'S EAST	R	58,973,572	FAIR MARKET VALUE
(23)	ST VINCENT'S FOUNDATION OF ALABAMA INC	L	12,614,428	FAIR MARKET VALUE
(24)	ST VINCENT'S FOUNDATION OF ALABAMA INC	P	20,546,505	FAIR MARKET VALUE

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26) ST VINCENT'S BIRMINGHAM	L	6,945,488	FAIR MARKET VALUE
(1) ST VINCENT'S BIRMINGHAM	M	58,817,657	FAIR MARKET VALUE
(2) ST VINCENT'S BIRMINGHAM	P	2,962,667	FAIR MARKET VALUE
(3) ST VINCENT'S BIRMINGHAM	Q	375,610	FAIR MARKET VALUE
(4) ST VINCENT'S BIRMINGHAM	R	112,057,805	FAIR MARKET VALUE
(5) ST VINCENT'S OUTPATIENT SURGERY SERVICES LLC	M	167,442	FAIR MARKET VALUE
(6) ST VINCENT'S SLEEP DISORDER CENTER	O	384,292	FAIR MARKET VALUE
(7) VINCENTIAN VENTURES OF NORTH ALABAMA INC	L	605,519	FAIR MARKET VALUE
(8) VINCENTIAN VENTURES OF NORTH ALABAMA INC	M	6,581,087	FAIR MARKET VALUE
(9) VINCENTIAN VENTURES OF NORTH ALABAMA INC	R	9,094,228	FAIR MARKET VALUE
(10) VINCENTIAN PHYSICIAN SERVICES	L	587,877	FAIR MARKET VALUE
(11) VINCENTIAN PHYSICIAN SERVICES	M	4,276,360	FAIR MARKET VALUE
(12) VINCENTIAN PHYSICIAN SERVICES	O	396,359	FAIR MARKET VALUE
(13) VINCENTIAN PHYSICIAN SERVICES	P	149,471	FAIR MARKET VALUE
(14) VINCENTIAN PHYSICIAN SERVICES	R	4,294,395	FAIR MARKET VALUE
(15) St Vincent's Foundation of Alabama Inc	C	11,672,915	FAIR MARKET VALUE