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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

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) 810 St Vincents Drive | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Birmingham, AL 35205

D Employer identification number
63-0931008

E Telephone number
(314) 733-8000

G Gross receipts $ 146,800,329

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

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

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)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	887
6	Total number of volunteers (estimate if necessary)	**6**	13
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	133,187
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	223,561

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	15,356,593	1,141,967
9	Program service revenue (Part VIII, line 2g)	172,407,672	139,648,721
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,820,489	559,776
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,276,278	4,843,901
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	190,861,032	146,194,365
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	104,260	211,000
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	52,371,321	54,031,045
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	134,202,117	102,664,605
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	186,677,698	156,906,650
19	Revenue less expenses Subtract line 18 from line 12	4,183,334	-10,712,285

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	219,639,839	290,026,638
21	Total liabilities (Part X, line 26)	95,579,424	89,256,169
22	Net assets or fund balances Subtract line 21 from line 20	124,060,415	200,770,469

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

****** 2019-05-11
Signature of officer 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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

Our 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 $ 145,203,980 including grants of $ 211,000) (Revenue $ 143,090,898)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 145,203,980

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

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	223		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	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**		Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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 ▶SARA OBRIEN 11775 BORMAN DRIVE MARYLAND HEIGHTS, MO 63146 (314) 733-8070

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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) ▶								7,494,531	4,020,662	748,672

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 ▶ 63

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SOUTHERN PERIOPERATIVE SERVICES PC 405 RIVERDALE DRIVE TUSCALOOSA, AL 35406	HEALTHCARE SERVICES	646,495
MEDSPEED LLC 665 W GRAND AVE SUITE 320 ELMHURST, IL 601261043	COURIER SERVICES	327,724
ACCENTURE LLP 161 N CLARK STREET CHICAGO, IL 60601	CONSULTING SERVICES	308,230
MEDPARTNERS HIM LLC 5810 CORAL RIDGE DR SUITE 250 CORAL SPRINGS, FL 33076	HEALTHCARE SERVICES	260,895
SIGNATURE HEALTH PC 2700 ROGERS DRIVE STE 102 BIRMINGHAM, AL 35209	HEALTHCARE SERVICES	207,130

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 Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . . **1a**				
	b Membership dues . . **1b**				
	c Fundraising events . . **1c**				
	d Related organizations **1d** 1,119,920				
	e Government grants (contributions) **1e**				
	f All other contributions, gifts, grants, and similar amounts not included above **1f** 22,047				
	g Noncash contributions included in lines 1a-1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶	1,141,967			
Program Service Revenue		Business Code			
	2a Net Patient Service Revenue	621990	66,313,862	66,180,713	133,149
	b Services to Affiliates	561000	75,962,931	75,962,931	
	c Shared Savings Revenue	900099	333,598	333,598	
	d Lab Services	621500	-27,835	-27,873	38
	e Income from Joint Ventures	621990	298	298	
	f All other program service revenue		-2,934,133	-2,934,133	0
	g Total. Add lines 2a–2f . . . . ▶	139,648,721			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	1,165,740			1,165,740
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents	194,394			
	b Less rental expenses				
	c Rental income or (loss)	194,394	0		
	d Net rental income or (loss) . . . . . ▶	194,394			194,394
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory				
	b Less cost or other basis and sales expenses		605,964		
	c Gain or (loss)	0	-605,964		
	d Net gain or (loss) . . . . . ▶	-605,964			-605,964
	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** 20,037				
	b Less cost of goods sold . . **b**				
	c Net income or (loss) from sales of inventory . . ▶	20,037			20,037
	Miscellaneous Revenue	Business Code			
	11a Community Service	900099	3,548,324	3,548,324	
	b Cafeteria/Vending Revenue	722514	259,345		259,345
	c Education Revenue	616000	27,040	27,040	
	d All other revenue		794,761	0	0	794,761
	e Total. Add lines 11a–11d . . . . . ▶		4,629,470		
	12 Total revenue. See Instructions . . . . . ▶		146,194,365	143,090,898	133,187	1,828,313

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	211,000	211,000		
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	4,873,989	4,386,590	487,399	
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	38,019,348	34,217,413	3,801,935	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,652,649	1,487,384	165,265	
9 Other employee benefits	6,547,701	5,892,931	654,770	
10 Payroll taxes	2,937,358	2,643,622	293,736	
11 Fees for services (non-employees)				
a Management	100,319	90,287	10,032	
b Legal	15,575	14,018	1,557	
c Accounting	1,070	963	107	
d Lobbying	5,747	5,172	575	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	-50,000	-45,000	-5,000	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,474,709	4,027,239	447,470	0
12 Advertising and promotion	208,210	187,389	20,821	
13 Office expenses	1,356,672	1,221,005	135,667	
14 Information technology	352,098	316,888	35,210	
15 Royalties . .				
16 Occupancy	3,379,641	3,041,677	337,964	
17 Travel	419,907	377,916	41,991	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	215,246	193,721	21,525	
20 Interest	-603	-543	-60	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	10,036,080	9,032,473	1,003,607	
23 Insurance . . .	497,991	448,192	49,799	
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	34,913,751	31,422,376	3,491,375	
b Management Fee to Affiliate	17,459,711	17,459,711		
c Capitation Claims Expense	17,032,806	17,032,806		
d Medical Supplies	5,176,389	5,176,389		
e All other expenses	7,069,286	6,362,361	706,925	0
25 **Total functional expenses.** Add lines 1 through 24e	156,906,650	145,203,980	11,702,670	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		30,920,137	1	1,990
	2	Savings and temporary cash investments		37,692,517	2	27,349,894
	3	Pledges and grants receivable, net		1,859,871	3	0
	4	Accounts receivable, net		5,954,261	4	5,286,330
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	1,109,444
	8	Inventories for sale or use		1,282,689	8	1,262,010
	9	Prepaid expenses and deferred charges		639,765	9	479,581
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 78,536,071			
	b	Less accumulated depreciation	10b 24,366,180	51,549,812	10c	54,169,891
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		0	12	
	13	Investments—program-related See Part IV, line 11		149,072	13	95,429
	14	Intangible assets		36,462,057	14	40,774,239
	15	Other assets See Part IV, line 11		53,129,658	15	159,497,830
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		219,639,839	16	290,026,638
Liabilities	17	Accounts payable and accrued expenses		18,156,263	17	5,893,901
	18	Grants payable			18	
	19	Deferred revenue		145,387	19	242,226
	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	0
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		77,277,774	25	83,120,042
	26	**Total liabilities.** Add lines 17 through 25		95,579,424	26	89,256,169
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		122,158,333	27	200,718,468
	28	Temporarily restricted net assets		1,902,082	28	52,001
	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		124,060,415	33	200,770,469
	34	Total liabilities and net assets/fund balances		219,639,839	34	290,026,638

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	146,194,365
2	Total expenses (must equal Part IX, column (A), line 25)	2	156,906,650
3	Revenue less expenses Subtract line 2 from line 1	3	-10,712,285
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	124,060,415
5	Net unrealized gains (losses) on investments	5	336,845
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	87,085,494
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	200,770,469

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 63-0931008
Name: St Vincent's Health System

Form 990 (2017)

Form 990, Part III, Line 4a:

St Vincent's Health System is a 66-bed hospital campus providing services without regard to patient race, creed, national origin, economic status, or ability to pay During fiscal year 2018, St Vincent's Health System treated 2,600 adults and children for a total of 9,263 patient days of service The hospital also provided services for 78,924 outpatient visits, which included 2,616 outpatient surgeries and 42,976 Emergency Room Visits See Schedule H for a non-exhaustive list of community benefit programs and descriptions

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NENA F SANDERS CHAIRMAN	20 50	X		X				0	0	0
JOSEPH E WELDEN JR MD VICE-CHAIRMAN	20 50	X		X				0	0	0
WILLIAM HORTON SECRETARY/TREASURER	20 50	X		X				0	0	0
JAMES CANTRELL MD BOARD MEMBER	20 50	X						0	0	0
MATT CARRINGTON BOARD MEMBER (START 7/2017)	20 50	X						0	0	0
LEIGH DAVIS BOARD MEMBER (START 7/2017)	20 50	X						0	0	0
KENT J GRAEVE BOARD MEMBER	20 50	X						0	0	0
ELIZABETH HUNTLEY BOARD MEMBER	20 50	X						0	0	0
DENNIS JONES MD BOARD MEMBER	20 50	X						0	0	0
CATHERINE MARIE LOWE SISTER BOARD MEMBER (START 7/2017)	20 50	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			
MICHAEL MILLS BOARD MEMBER (START 7/2017)	2 0 ..... 5 0	X						0	0	0
DAVID SILVERSTEIN BOARD MEMBER (START 7/2017)	2 0 ..... 5 0	X						0	0	0
DELYNN ZELL CFP BOARD MEMBER	2 0 ..... 5 0	X						0	0	0
JASON P ALEXANDER FACHE CEO, MINISTRY MARKET	0 0 ..... 50 0			X				0	472,184	27,767
JENNIFER L KINGRY CFO, MINISTRY MARKET (END 8/2017)	15 0 ..... 35 0			X				293,400	0	19,390
ROBERT E RAY PRESIDENT BIRMINGHAM	25 0 ..... 25 0			X				0	392,773	35,848
BRANDON M WILLIAMS CFO, MINISTRY MARKET (START 8/2017)	15 0 ..... 39 0			X				152,113	0	9,142
SUZANNAH CAMPBELL Administrator-STV CHILTON	50 0 ..... 0 0				X			212,199	0	13,478
WAYNE CARMELLO-HARPER SVP MISSION INTEGRATION & PHILANTHROPY	40 0 ..... 0 0				X			429,151	0	35,285
WILLIAM A DAVIS COO, MINISTRY MARKET (END 11/2017)	0 0 ..... 51 0				X			677,383	35,426	39,389

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			
STEPHANIE J DUGGAN MD CCO, MINISTRY MARKET	14 0 ..... 36 0				X			705,629	0	39,794
JAMES FLYNN AMG Administrative Dyad Leader	50 0 0				X			224,906	0	31,704
STEPHANIE HOLDERBY VP-Ambulatory HC Network	50 0 0				X			221,679	0	25,586
DON E KING COO, MINISTRY MARKET (START 1/2018)	7 0 ..... 43 0				X			0	782,385	41,936
JEFFREY H MIDDLEBROOK CLO, MINISTRY MARKET (START 1/2018)	5 0 ..... 50 0				X			0	537,561	35,064
LIZ MOORE CCMO, MINISTRY MARKET	5 0 ..... 0 0				X			111,707	196,370	37,693
CHRISTOPHER L MOORE CNO, MINISTRY MARKET	14 0 ..... 36 0				X			317,997	0	39,438
LISA NICHOLS Administrator-STV ST CLAIR	50 0 0				X			180,066	0	31,546
PEGGY PANOS VP-Corporate Responsibility	50 0 ..... 0 0				X			157,902	20,994	20,220
BRENNA POWELL VP-Strategic Integration	50 0 0				X			181,726	0	14,532

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			
ANDREW TAYLOR VP-Regional Growth	50 0 0				X			159,667	0	15,539
LYDIA ANN EDWARDS DIRECTOR, PHARMACY	50 0 0					X		185,812	0	23,263
KRISTY GUNTHER VP, FINANCIAL PLANNING	50 0 0					X		182,671	0	2,676
JERRY L KITCHENS JR EXECUTIVE DIRECTOR	50 0 0					X		175,215	0	30,364
JACK WARREN VINES JR DIRECTOR, ORTHOPEDIC SERVICE LINE	50 0 0					X		202,652	0	26,560
GORDON BRIAN WESLEY ADMINISTRATIVE SYSTEM DIRECTOR, CARDIOVASCULAR	50 0 0					X		174,637	0	20,987
FRANK MALENSEK FORMER KEY EMPLOYEE (END 6/2017)	0 0 ..... 0 0						X	0	328,658	38,281
DAVID A CAUBLE FORMER OFFICER (END 11/2015)	0 0 ..... 0 0						X	375,532	0	0
GREGORY L JAMES MD FORMER OFFICER (END 2/2016)	0 0 ..... 51 0						X	0	1,026,984	35,414
MICHAEL R KORPIEL FORMER OFFICER (END 4/2017)	0 0 ..... 0 0						X	0	116,259	1,983

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 ..... 0 0						X	247,266	0	1,854
NAN M PRIEST FORMER OFFICER (END 6/2017)	0 0 ..... 0 0						X	810,477	0	32,427
NEEYSA C BIDDLE FORMER OFFICER (END 6/2017)	0 0 ..... 0 0						X	1,114,745	111,067	21,512

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

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

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

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

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

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

f Enter the number of supported organizations 5

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total 5					66,107,645	0

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 2017 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** 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—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **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 2017 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-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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 th e 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 contro lling entity of its subsidiaries Organizations that conduct health related and other act ivity, and limit the powers, duties and responsibilities of the governing bodies of such S ubsidiary Organizations, all in accordance with requirements established by Ascension Heal th "

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
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		41,913,422	0
(A) ST VINCENT'S EAST	630578923	3	Yes		22,057,373	0
(B) ST VINCENT'S BLOUNT	630909073	3	Yes		2,024,274	0
(C) AMERICAN SPORTS MEDICINE INSTITUTE	630952490	7	Yes		112,576	0
(D) ST VINCENT'S FOUNDATION OF ALABAMA INC	630868066	7	Yes		0	0

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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

2017

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	**Employer identification number**
St Vincent's Health System	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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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-
1					
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		
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-		

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

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) 2014	(b) 2015	(c) 2016	(d) 2017	(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) Yes	(a) No	(b) 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		5,747
j	Total Add lines 1c through 1i			5,747
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Lobbying expenses represent the portion of dues paid to national and state hospital associations that is specifically allocable to lobbying St Vincent'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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2017

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 ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

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

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,250,000		3,250,000
b Buildings		33,661,563	5,303,641	28,357,922
c Leasehold improvements		0	0	0
d Equipment		37,376,569	19,050,291	18,326,278
e Other		4,247,939	12,248	4,235,691
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				54,169,891

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) Other MIscellaneous Assets	301,434
(2) Due from Affiliates	104,405,472
(3) Other Receivables	13,230,192
(4) Deferred Compensation/Retirement/Pension Asset	
(5) Physician Guarantee Asset	1,091,920
(6) Security Deposit	139,064
(7) Estimated 3rd Party Payor Settlements	1,124,856
(8) Donor Restricted Non HSD	52,001
(9) Funded Depreciation	39,152,891
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	159,497,830

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)* ▶	83,120,042

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: 17005876
Software Version: 2017v2.2
EIN: 63-0931008
Name: St Vincent's Health System

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

(a) Description	(b) Book value
Other MIscellaneous Assets	301,434
Due from Affiliates	104,405,472
Other Receivables	13,230,192
Deferred Compensation/Retirement/Pension Asset	
Physician Guarantee Asset	1,091,920
Security Deposit	139,064
Estimated 3rd Party Payor Settlements	1,124,856
Donor Restricted Non HSD	52,001
Funded Depreciation	39,152,891

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

1 (a) Description of Liability	(b) Book Value
At Risk Compensation LIability	
Other LIabilities	1,036,171
Valuation ALlowance	924,000
Due to Affiliates	68,717,257
Deferred Compensation/Retirement/Pension Liability	
Savings Plan Liability	
Estimated 3rd Party Payor Settlement	2,417,170
Physician Guarantee Liability	589,273
Recovery Tail Liability	107,222
Accrued Tax Liability	17,287

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

1	**(a)** Description of Liability	**(b)** Book Value
	IBNR Capitation Claims	9,311,662

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	THE SYSTEM ACCOUNTS FOR UNCERTAINTY IN INCOME TAX POSITIONS BY APPLYING A RECOGNITION THRE SHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A T AX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE SYSTEM HAS DETERMINED THAT NO MATERIAL UNRECOGNIZED TAX BENEFITS OR LIABILITIES EXIST AS OF JUNE 30, 2018

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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

2017

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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 25000 %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 32700 %			
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 eligibile 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)			3,011,682	0	3,011,682	1 92 %
b Medicaid (from Worksheet 3, column a)			7,492,632	6,528,471	964,161	0 61 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	10,504,314	6,528,471	3,975,843	2 53 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	52	8,342	351,206		351,206	0 22 %
f Health professions education (from Worksheet 5)	8	5	68,682		68,682	0 04 %
g Subsidized health services (from Worksheet 6)	2	480	1,728		1,728	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	62	8,827	421,616	0	421,616	0 27 %
k **Total.** Add lines 7d and 7j	62	8,827	10,925,930	6,528,471	4,397,459	2 80 %

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	4		12,155		12,155	0 01 %
3 Community support	17		52,446		52,446	0 03 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members	5		157,701		157,701	0 10 %
6 Coalition building	2		7,318		7,318	0 %
7 Community health improvement advocacy	5		97,423		97,423	0 06 %
8 Workforce development	5	355	7,181		7,181	0 %
9 Other					0	0 %
10 Total	38	355	334,224	0	334,224	0 21 %

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 Heathcare 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	3,093,327		
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	18,966,224
6	Enter Medicare allowable costs of care relating to payments on line 5	6	19,957,959
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-991,735
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)

Name of hospital facility or letter of facility reporting group St Vincent's St Clair

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ 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 15			
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?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) https //healthcare ascension org/Locations/Alabama/ALBIR/Pell-City-St-Vincents-St-Clair/Community-Be			
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 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) https //healthcare ascension org/Locations/Alabama/ALBIR/Pell-City-St-Vincents-St-Clair/Community-Be			
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?	13	Yes	
	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)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	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)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	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) https //healthcare ascension org/Financial-Assistance/Alabama			
b	☑ The FAP application form was widely available on a website (list url) https //healthcare ascension org/Financial-Assistance/Alabama			
c	☑ A plain language summary of the FAP was widely available on a website (list url) https //healthcare ascension org/Financial-Assistance/Alabama			
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 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 nonpayment?	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

		Yes	No
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? **23**		No
	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? **24**		No
	If "Yes," explain in Section C		

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)

Name of hospital facility or letter of facility reporting group St Vincent's Chilton

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ 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 15			
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?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) https //healthcare ascension org/Locations/Alabama/ALBIR/Clanton-St-Vincents-Chilton/Community-Benef			
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 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) https //healthcare ascension org/Locations/Alabama/ALBIR/Clanton-St-Vincents-Chilton/Community-Benef			
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?	13	Yes	
	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)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	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)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	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) https //healthcare ascension org/Financial-Assistance/Alabama			
b	☑ The FAP application form was widely available on a website (list url) https //healthcare ascension org/Financial-Assistance/Alabama			
c	☑ A plain language summary of the FAP was widely available on a website (list url) https //healthcare ascension org/Financial-Assistance/Alabama			
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 nonpayment?	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

		Yes	No
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? **23**		No
	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? **24**		No
	If "Yes," explain in Section C		

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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
See Add'l Data	

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

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

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of Community Health - Part 2	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 I, Line 7 Costing Methodology used to calculate financial assistance	The cost of providing charity care, means-tested government programs, and other community benefit programs is estimated using internal cost data, and is calculated in compliance with Catholic Health Association ("CHA") guidelines The organization uses a cost accounting system that addresses all patient segments (for example, inpatient, outpatient, emergency room, private insurance, Medicaid, Medicare, uninsured, or self pay) The best available data was used to calculate the amounts reported in the table For the information in the table, a cost-to-charge ratio was calculated and applied

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	RESEARCH SHOWS THAT SOCIAL DETERMINANTS AND QUALITY OF LIFE PLAY A MAJOR ROLE IN THE HEALTH STATUS OF INDIVIDUALS AND COMMUNITIES COMMUNITY BUILDING ACTIVITIES, WHICH FOCUS ON 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 2018 was $7,951,697 at charges, ($3,093,327 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 21

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 https //healthcare ascension org/Financial-Assistance/Alabama, - St Vincent's Chilton Line 16a URL https //healthcare ascension org/Financial-Assistance/Alabama,

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 https //healthcare ascension org/Financial-Assistance/Alabama, - St Vincent's Chilton Line 16b URL https //healthcare ascension org/Financial-Assistance/Alabama,

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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 https //healthcare ascension org/Financial-Assistance/Alabama, - St Vincent's Chilton Line 16c URL https //healthcare ascension org/Financial-Assistance/Alabama,

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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

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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, THROU GH 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 BIR MINGHAM, 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 CONTRIBUTI ON TO CARING FOR THEIR COMMUNITY, INCLUDING THOSE WHO ARE UNDERSERVED EACH YEAR, ST VINC ENT'S HEALTH SYSTEM FACILITIES SPONSOR A SCHOOL TO ASSIST WITH COLLECTING PHYSICAL EDUCATI ON EQUIPMENT AS WELL AS PARTICIPATING IN SEVERAL PE CLASSES TO FOSTER HEALTHY HABITS FOR L OCAL SCHOOL CHILDREN THIS IS ONE WAY IN WHICH STVHS PROMOTES A HEALTHY LIFESTYLE ACROSS T HE SERVICE AREA AS A MEMBER OF ASCENSION HEALTH, ST VINCENT'S HEALTH SYSTEM CONTINUES TO BUILD AND STRENGTHEN SUSTAINABLE COLLABORATIVE EFFORTS THAT BENEFIT THE HEALTH OF INDIVID UALS, 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, AN D HEALTH AWARENESS PROGRAMS FOR THE COMMUNITY OUR CONCERN FOR ALL HUMAN LIFE AND COMMITME NT 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 ACCESSIBI LITY, THE FINANCING, AND THE DELIVERY OF HEALTH CARE TO ALL PERSONS, ESPECIALLY THE UNINSU RED, UNDERINSURED, AND THE UNDERSERVED THE FOLLOWING CHART DEMONSTRATES THE SIGNIFICANT N UMBER OF PATIENT DAYS AND THE ESTIMATED UNREIMBURSED COST OF SERVICES PROVIDE BY OUR FOUR HOSPITALS TO THE UNINSURED OR UNDERSERVED FY18 NUMBER OF LICENSED BEDS - NUMBER OF PATIEN T DAYS - ESTIMATED UNREIMBURSED COST St Vincent's Birmingham - 439 - 96,110 - $7,784,766 St Vincent's East - 357 - 94,667 - $ 5,616,145 St, Vincent's Blount - 25 - 5,022- $ 743, 720 St Vincent's St Clair - 40 - 6,834 - $ 468,986 St Vincent's Chilton - 26 -2,429 - $ 3,506,857 Total - 887 - 205,062 - $18,120,474 ST VINCENT'S HEATH SYSTEM HAS A DEEP COMMIT MENT TO SERVING THE COMMUNITY WE EARMARK A CERTAIN PERCENTAGE OF OUR YEARLY PROFITS FOR C HARITABLE DONATIONS THROUGH THIS CHARITABLE DONATION PROGRAM, WE ARE ABLE TO SUPPORT LOCA L CHAPTERS OF NATIONAL ORGANIZATIONS SUCH AS THE AMERICAN CANCER SOCIETY, THE AMERICAN HEA RT ASSOCIATION, MARCH OF DIMES, AND SUSAN G KOMEN FOR THE CURE, AMONG OTHERS WE ALSO FUN D LOCAL PROGRAMS AND INITIATIVES SUCH AS THE UNITED WAY MANY OF OUR EXECUTIVES SERVE ON T HE BOARDS OF THESE AND OTHER CHARITABLE ORGANIZATIONS WE PROVIDE ESSENTIAL MEDICAL SERVIC ES 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 H EALTH CARE NEEDS, AND PROVIDE SERVICES TO OTHER ORGANIZATIONS THAT ALLOW THEM TO PROVIDE Q UALITY 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 PR OGRAM EACH OF THESE PROGRAMS WORKS TO ADDRESS ROOT CAUSES OF POVERTY INCLUDING HEALTH DIS PARITIES, BARRIERS TO CARE, EMPLOYMENT, AND HEALTHCARE, AS WELL AS MENTAL HEALTHCARE, COVE RAGE ST VINCENT'S JEREMIAH'S HOPE ACADEMY FOCUSES ON TRAINING AT-RISK INDIVIDUALS, PARTI CULARLY WOMEN, FOR ENTRY LEVEL JOBS IN THE HEALTHCARE INDUSTRY TODAY, MORE THAN 500 PEOPL E HAVE GRADUATED FROM JEREMIAH'S HOPE, AND MOST ARE STILL WORKING IN THE HEALTHCARE INDUST RY EMPLOYMENT IS ONE OF THE MANY SYSTEMIC WAYS TO ASSIST INDIVIDUALS OUT OF POVERTY AND C REATE AN INTERGENERATIONAL IMPACT FOR FAMILIES THAT IS SUSTAINABLE INTO THE FUTURE PHILAN THROPY ALLOWED THIS REVOLUTIONARY PROGRAM TO BLOSSOM AND IT HAS NOW BECOME A MODEL FOR OTH ER HEALTHCARE FACILITIES NATIONWIDE IN 2003, ST VINCENT'S INITIATED A HISPANIC OUTREACH PROGRAM THIS PROGRAM HAS NOW EVOLVED INTO A HIGH-RISK PREGNANCY COACH PROGRAM WITH INFAN T 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 MANAGEM ENT AND PROVIDE CULTURALLY APPROPRIATE AND EFFECTIVE CARE AND GUIDANCE AS PATIENTS NAVIGAT E PRE AND POST-NATAL CARE THE ACCESS TO CARE PROGRAM IS A HEALTHCARE OPTION FOR THE "WORK ING POOR" IN THE BIRMINGHAM AREA, SERVING INDIVIDUALS WHO ARE EMPLOYED BUT LACK HEALTH INS URANCE 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

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	ACQUIRE INSURANCE AND SCREENS PATIENTS BASED ON A WILLINGNESS TO MAKE LIFE CHANGES CONDUC IVE TO GOOD HEALTH AND ADVANCEMENT TO WORK TOWARDS COVERAGE IN THE FUTURE PATIENTS IN THI S PROGRAM ARE INTEGRATED INTO THE ST VINCENT'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 UNDERSTANDING PLANS OF CARE AND MEDICATIONS THE S T 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 I NTO 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 IN FLUENCE IN THE COMMUNITY BY ASSISTING THESE LEADERS IN INTEGRATING HEALTH AND WELLNESS IN TO THEIR DAILY LIVES, THEY ARE THEN ENCOURAGED TO IDENTIFY AND IMPLEMENT A STRATEGY TO IMP ROVE 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 RO UNDTABLE INITIATIVES TO IMPROVE THE OVERALL HEALTH OF THE COMMUNITY AS WELL THE HEALTHCAR E PROVIDER ROUNDTABLE CONSISTS OF HEALTHCARE PROVIDERS FROM AROUND THE REGION WHO SERVE UN INSURED OR UNDERINSURED PATIENTS AND MEETS SIX TIMES A YEAR THE MENTAL HEALTHCARE PROVIDE R ROUNDTABLE IS COMPRISED OF PROVIDERS ACROSS THE CONTINUUM WHO PROVIDE CARE TO THE COMMUN ITY 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 DIS CUSS DENTAL NEEDS IN THE COMMUNITY AND IDENTIFY POTENTIAL AREAS FOR COLLABORATION THE GOA L OF THESE GROUPS IS NOT ONLY TO COORDINATE CARE BUT ALSO TO IDENTIFY GAPS AND NEEDS IN TH E 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 HEA LTH INITIATIVES SUCH AS JEFFERSON COUNTY HEALTH ACTION PARTNERSHIP, UNITED WAY'S BOLD GOAL S AND THE BIRMINGHAM MAYOR'S CITY IMPROVEMENT WORK GROUPS ST VINCENT'S AND ASCENSION HAV E 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 OPPORTUNIT IES FOR POLICY AND PROCEDURE CHANGE THAT WILL EXPAND COVERAGE, ASSIST THOSE WHO ARE PROVID ING CARE TO THE UNINSURED AS WELL AS LOOKING AT OTHER WAYS TO PROMOTE THE HEALTH OF THE CO MMUNITY EXAMPLES OF ADVOCACY IN THESE AREAS INCLUDES WORKING WITH NAVIGATORS TO ENROLL MA RKETPLACE PARTICIPANTS, DEVELOPING NEW AND ENHANCED RELATIONSHIPS WITH COMMUNITY CARE PART NERS 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 RESP OND TO COMMUNITY ISSUES INVOLVING NATURAL DISASTERS THIS IS EVIDENCED BY COLLECTION AND D ONATION OF ITEMS FOR HURRICANE, FLOOD AND TORNADO SURVIVORS AS WELL AS VOLUNTEER EFFORTS T O ASSIST WITH THOSE AFFECTED IN THE PAST, ST VINCENT'S HAS PROVIDED TETANUS SHOTS AND BA SIC MEDICAL CARE IN AREAS OF NEED

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Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	AS PART OF ST VINCENT'S HEALTH SYSTEM (THE HEALTH MINISTRY IS A MEMBER OF ASCENSION HEALTH ALLIANCE ("THE SYSTEM") ASCENSION HEALTH ALLIANCE IS A MISSOURI NONPROFIT CORPORATION FORMED ON SEPTEMBER 13, 2011 ASCENSION HEALTH ALLIANCE 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 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 - AMERICAN PROVINCE THE SISTERS OF THE SORROWFUL MOTHER OF THE THIRD ORDER OF ST FRANCIS OF ASSISI - U S /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 IN 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: 17005876
Software Version: 2017v2.2
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** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	St Vincent's St Clair 7063 Veterans Parkway Pell City, AL 35125 https //healthcare ascension org/Locations/Alabama/ALBIR/Pell-City-St-Vincents-St-Clair H5801	X	X					X			
2	St Vincent's Chilton 2030 Lay Dam Road Clanton, AL 35046 https //healthcare ascension org/Locations/Alabama/ALBIR/Clanton-St-Vincents-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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	To better target community resources on the service area's most pressing health needs, the hospital participated in a group discussion with organizational decision makers and community leaders to prioritize the significant community health needs while considering several criteria alignment with Ascension Health strategies of healthcare that leaves no one behind, care for the poor and vulnerable, opportunities for partnership, availability of existing programs and resources, addressing disparities of subgroups, availability of evidence-based practices, and community input The significant health needs are a prioritized description of the significant health needs of the community as identified through the CHNA See Schedule H, Part V, Line 7 for the link to the CHNA and Schedule H, Part V, Line 11 for how those needs are being addressed

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - St Vincent's St Clair The CHNA process for St Vincent's St Clair was a collaborative project with representation from all areas of the Health System which included Senior Leadership, Corporate Development, Mission Integration, Finance, and leadership from each of the facilities The process included a review of publically available secondary health data for the following health indicator topics recommended by the Catholic Health Association demographics and socioeconomic status, access to health care, health status, risk factor behaviors, child health, infectious diseases, natural environment, and social environment Input was also received by conducting interviews with individuals who represented broad interests of the community and local/state health leaders, a paper survey distributed and collected at community events, and focus groups were conducted within the community, with special attention to the vulnerable populations in the area served * Interviews Interviews were conducted with a former CEO of a local community bank in St Clair County, and a board member of the St Clair County Healthcare Authority * Paper Survey - simple paper pencil survey (attachment included in appendix) distributed at various events and locations, including - Clergy Wellness 5K event - Various health fairs through STVHS Wellness Services - Access to Care patients - Jeremiah's Hope students * Focus Groups - Two focus groups were held at St Vincent's St Clair and open to the community in September of 2015 The focus groups were conducted to obtain more detailed information about resident perceptions of quality of life, including the assets, strengths, and weaknesses of St Clair County

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - St Vincent's St Clair - Part 1 ST VINCENT'S ST CLAIR COMMUNITY HEALTH N EEDS ASSESSMENT IMPLEMENTATION PLAN NARRATIVE FY17 UPDATE- ST VINCENT'S BIRMINGHAM HOSPIT AL THE IDENTIFIED COMMUNITY HEALTH NEEDS FOR THE DEFINED SERVICE AREA OF ST VINCENT'S BIR MINGHAM FOR FY17 - FY19 1 ACCESS TO HEALTHCARE AND MENTAL HEALTHCARE 2 CANCER AWARENESS /PREVENTION/EDUCATION 3 DIABETES AWARENESS/PREVENTION/EDUCATION PRIORITIZED NEED IMPROVE D ACCESS TO HEALTHCARE INCLUDING MENTAL HEALTHCARE GOAL 1 INCREASE PROPORTION OF PERSONS WITH HEALTH INSURANCE COVERAGE ST VINCENT'S HEALTH SYSTEM HAS A LONG HISTORY OF WORKING W ITH INDIVIDUALS WHO ARE UNINSURED TO BE ABLE TO PROVIDE HEALTHCARE AND MENTAL HEALTHCARE S ERVICES THE ACCESS TO CARE PROGRAM IS A PRIMARY CARE PROVIDER PROGRAM FOR INDIVIDUALS LIV ING LESS THAN 200% INCOME OVER THE FEDERAL POVERTY LEVEL WHO HAVE NO OTHER ACCESS TO HEALT H COVERAGE IN PARTNERSHIP WITH ENROLL ALABAMA, ST VINCENT'S ENCOURAGED INDIVIDUALS TO SI GN UP FOR HEALTHCARE EXCHANGES AND PUBLICIZED BENEFITS OF THE AFFORDABLE CARE ACT TO ADDR ESS THIS NEED IN FY18, STVHS HEAVILY ADVOCATED FOR MEDICAID EXPANSION IN THE STATE OF ALAB AMA AT THE LEGISLATIVE LEVEL EFFORTS WERE MADE TO ASSIST INDIVIDUALS IN THE COMMUNITY WIT H CONNECTING TO COVERAGE THROUGH THE OPEN ENROLLMENT PERIOD OF HEALTHCARE EXCHANGE IN COLL ABORATION WITH ENROLL ALABAMA GOAL 2 INCREASE PROPORTION OF PERSONS REPORTING MEDICAL HO ME (PRIMARY CARE PROVIDER) STVHS HOSTED COMMUNITY HEALTH SCREENINGS INCLUDING DOCUMENTATIO N ON PRIMARY CARE PROVIDER AND FOLLOW UP INCLUDES REFERRAL AND ASSISTANCE WITH LOCATING AP PROPRIATE SERVICES FOR THE PATIENT WHO IS UNATTACHED A DOCUMENT WAS DEVELOPED AND IS BEIN G DISTRIBUTED TO THE COMMUNITY ON THE LEVELS OF CARE AND IMPORTANCE OF A PRIMARY CARE HOME DURING A MEDICAL MISSION EVENT WITH PROJECT HOMELESS CONNECT, PATIENTS WERE GIVEN PCP AP POINTMENTS TO FOLLOW UP WITH A LOCAL FREE CLINIC FOLLOW UP IS BEING PROVIDED BOTH INPATIE NT AND OUTPATIENT TO ASSIST INDIVIDUALS WITH CONNECTING TO A PRIMARY CARE PROVIDER TRANSP ORTATION 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 SPEC IALTY CARE NEEDS PATIENT NAVIGATORS HAVE BEEN ACTIVELY CONNECTING PATIENTS WITHOUT A PCP TO POSSIBLE PRIMARY CARE UNATTACHED PATIENTS AT STVHS URGENT CARE ARE BEING FOLLOWED UP B Y DIAL-A-NURSE TO ENSURE THEY ARE GIVEN APPROPRIATE OPTIONS FOR A MEDICAL HOME GOAL 3 IN CREASE PROPORTION OF ADULTS WITH MENTAL HEALTH DISORDERS WHO RECEIVE TREATMENT THE ADDITIO N 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 CONNEC TED WITH A MORE PERMANENT PROVIDER IN FY18, THE BRIDGE CLINIC PROVIDED SERVICES TO 172 UN IQUE PATIENTS WHO DID NOT HAVE

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	A MENTAL HEALTHCARE PROVIDER A MENTAL HEALTHCARE PROVIDER ROUNDTABLE OF COMMUNITY ORGANI ZATIONS/AGENCIES MEETS REGULARLY TO IDENTIFY GAPS IN SERVICE AND PROVIDE UPDATES AND INFOR MATION ON SERVICES AVAILABLE IN THE COMMUNITY A MENTAL HEALTH PROVIDER RESOURCE IS AVAILA BLE TO YOUTH THROUGH THE ESTABLISHMENT OF THE REFERRAL CENTER AT CHILDREN'S HOSPITAL SIMI LAR RESOURCE FOR ADULTS IS BEING COORDINATED THROUGH THE STATE'S 2-1-1 SERVICE AT UNITED W AY A SPOE (SINGLE POINT OF ENTRY) FOR MENTAL HEALTH IS BEING EVALUATED AT THE LOCAL AND S TATE LEVEL A PHYSICIAN CME CLASS WAS PROVIDED ON DEPRESSION AND SUICIDE TO RECOGNIZE SIGN S AND SYMPTOMS IN PATIENTS AS WELL AS PRACTITIONERS A CME ON OPIOID ABUSE WAS HELD IN FY1 8 AS WELL TWO CME OFFERINGS COVERED ISSUES AROUND WORKPLACE VIOLENCE AND MENTAL HEALTH A PHARMACY CONFERENCE WAS HELD INCLUDING SESSIONS RELATED TO MENTAL HEALTH AND MEDICATION IN MARCH OF 2017, ST VINCENT'S ST CLAIR IMPLEMENTED TELEPSYCH EVALUATION ABILITY TO ITS CAMPUS AND WAS ABLE TO CONNECT WITH PSYCHIATRISTS FOR CONSULTS WHERE THIS WAS NOT PREVIOUS LY POSSIBLE GOAL 4 INCREASE DEPRESSION SCREENING FOR ADULTS BY PRIMARY CARE PROVIDERS AL L 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 WELL IN CY17 AND 18, THIS RE SULTED IN 1290 NEW SCREENINGS AND EDUCATION REGARDING DEPRESSION AND ANXIETY PRIORITIZED NEED IMPROVE EDUCATION/AWARENESS/PREVENTION OF CANCER GOAL 1 INCREASE PROPORTION OF ADUL TS WHO WERE COUNSELED BY THEIR PROVIDERS ABOUT CANCER SCREENINGS BASED ON CURRENT GUIDELIN ES CANCER SCREENINGS BASED ON CURRENT GUIDELINES PLANS ARE CURRENTLY UNDERWAY TO PROVIDE M ORE PHYSICIAN EDUCATION REGARDING CANCER SCREENING GUIDELINES CLINICAL PROMPTS ARE PART O F THE ELECTRONIC HEALTH RECORD CME TOPICS FOR EDUCATION OF PHYSICIANS SPECIFIC TO CANCER ARE UPCOMING FOR FY19 GOAL 2 INCREASE PROPORTION OF ADULTS WHO RECEIVE BREAST, LUNG, PRO STATE, COLORECTAL AND SKIN CANCER SCREENING ST VINCENT'S CLINIC PATIENTS HAD A BASELINE C OLORECTAL CANCER SCREENING RATE OF 36 5% AND THIS WAS INCREASED IN FY17 TO 47 4% SPECIFIC ALLY, FOR MEDICAID PATIENTS, THE BASELINE BEGAN AT 43% AND INCREASED TO 49 7% IN FY17 IN 2018, ST VINCENT'S OSE PROVIDED FREE COLORECTAL CANCER SCREENINGS TO THE UNINSURED COMMUN ITY OF THOSE, 39 COLONOSCOPIES WERE PERFORMED GOAL 3 INCREASE MENTAL AND PHYSICAL HEALT H-RELATED QUALITY OF LIFE INDICATORS OF CANCER SURVIVORS ST VINCENT'S PARTICIPATION AND C LOSE PARTNERSHIP WITH FORGE PROVIDES SUPPORT AND SERVICES TO INDIVIDUALS WHO HAVE EXPERIEN CED BREAST CANCER A 24-HOUR SUPPORT LINE HAS BEEN ESTABLISHED TO PROVIDE COUNSELING AND R EFERRALS, SUPPORT GROUPS AND ACTIVITIES THAT PROMOTE HEALTHY LIVING HAVE ENGAGED SURVIVORS PATIENT ADVOCATES/NAVIGATORS ASSIST PATIENTS WITH SUPPORTIVE SERVICES A RESOURCE LIBRAR Y IS AVAILABLE TO INDIVIDUALS

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	IN NEED OF ADDITIONAL INFORMATION A CLINICIAN ADVISORY COMMITTEE PROVIDES CLINICAL FEEDBA CK TO SURVIVOR NETWORK PRIORITIZED NEED IMPROVE EDUCATION/AWARENESS/PREVENTION OF DIABET ES GOAL 1 INCREASE PROPORTION OF PERSONS WITH DIABETES WHOSE CONDITION HAS BEEN DIAGNOSED THROUGH EARLY SCREENING AND RISK FACTORS IN FY18, ST VINCENT'S WELLNESS DEPARTMENT PROVI DED FREE GLUCOSE SCREENINGS TO THE COMMUNITY - ESPECIALLY FOCUSED ON AREAS WHERE HEALTHCAR E ACCESS IS A BARRIER THESE INDIVIDUALS WERE PROVIDED COUNSELING AND ABNORMAL RESULTS WER E 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 PROPORTION OF ADULTS DIAGNOSED WITH DIABETES WHO RECEIVE FORMAL DIABETES EDUCATION IN FY18, ST VINCENT' S HEALTH SYSTEM PROVIDED 4,688 DIABETES EDUCATION PATIENT ENCOUNTERS THIS IS UP APPROXIMA TELY 12% FROM THE PREVIOUS YEAR WHERE FY 17 RECORDED 4185 ENCOUNTERS

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	Facility , 2 - St Vincent's St Clair - Part 2 *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 ST CLAIR 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

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - ST VINCENT'S ST CLAIR At a minimum, Patients with incomes above 250% of the FPL, but not exceeding 327% of the FPL, will receive a sliding scale discount on that portion of the charges for services provided for which the Patient is responsible following payment by an insurer, if any A Patient eligible for the sliding scale discount will not be charged more than the calculated AGB charges Patients with demonstrated financial needs with income greater than 327% of the FPL may be eligible for consideration under a "Means Test" for some discount of their charges for services from the Organization based on a substantive assessment of their ability to pay A Patient who is not eligible for FAP under presumptive eligibility will be able to complete a FAP application for consideration of qualifying for Charity under the "Means Test" The Means Test shall be applied in individual cases of hardship under particular circumstances of patients with income greater than the FPL base A Patient eligible for the "Means Test" discount will not be charged more than the calculated AGB charges for the care provided

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	To better target community resources on the service area's most pressing health needs, the hospital participated in a group discussion with organizational decision makers and community leaders to prioritize the significant community health needs while considering several criteria alignment with Ascension Health strategies of healthcare that leaves no one behind, care for the poor and vulnerable, opportunities for partnership, availability of existing programs and resources, opportunities for partnership, addressing disparities of subgroups, availability of evidence-based practices, and community input The significant health needs are a prioritized description of the significant health needs of the community as identified through the CHNA See Schedule H, Part V, Line 7 for the link to the CHNA and Schedule H, Part V, Line 11 for how those needs are being addressed

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - St Vincent's Chilton The CHNA process for St Vincent's Chilton was a collaborative project with representation from all areas of the Health System which included Senior Leadership, Corporate Development, Mission Integration, Finance, and leadership from each of the facilities The process included a review of publicly available secondary health data for the following health indicator topics recommended by the Catholic Health Association demographics and socioeconomic status, access to health care, health status, risk factor behaviors, child health, infectious diseases, natural environment, and social environment Input was also received by conducting interviews with individuals who represented broad interests of the community and local/state health leaders, and a paper survey was distributed and collected at community events * Interviews - Interviews were conducted with city mayors within Chilton County, county commissioner, city council members and a member of the Chilton County Healthcare Authority Board * Paper Survey - simple paper pencil survey (attachment included in appendix) distributed at various events and locations, including - Clergy Wellness 5K event - Various health fairs through STVHS Wellness Services - Access to Care patients -Jeremiah's Hope students

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - St Vincent's Chilton - Part 1 COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTA TION PLAN NARRATIVE FY17 UPDATE- ST VINCENT'S CHILTON HOSPITAL THE IDENTIFIED COMMUNITY H EALTH NEEDS FOR THE DEFINED SERVICE AREA OF ST VINCENT'S BIRMINGHAM FOR FY17 - FY19 1 A CCESS TO HEALTHCARE AND MENTAL HEALTHCARE 2 CANCER AWARENESS/PREVENTION/EDUCATION 3 DIAB ETES AWARENESS/PREVENTION/EDUCATION PRIORITIZED NEED IMPROVED ACCESS TO HEALTHCARE INCLUD ING MENTAL HEALTHCARE GOAL 1 INCREASE PROPORTION OF PERSONS WITH HEALTH INSURANCE COVERAG E ST VINCENT'S HEALTH SYSTEM HAS A LONG HISTORY OF WORKING WITH INDIVIDUALS WHO ARE UNINS URED TO BE ABLE TO PROVIDE HEALTHCARE AND MENTAL HEALTHCARE SERVICES THE ACCESS TO CARE P ROGRAM IS A PRIMARY CARE PROVIDER PROGRAM FOR INDIVIDUALS LIVING LESS THAN 200% INCOME OVE R THE FEDERAL POVERTY LEVEL WHO HAVE NO OTHER ACCESS TO HEALTH COVERAGE IN PARTNERSHIP WI TH ENROLL ALABAMA, ST VINCENT'S ENCOURAGED INDIVIDUALS TO SIGN UP FOR HEALTHCARE EXCHANGE S AND PUBLICIZED BENEFITS OF THE AFFORDABLE CARE ACT TO ADDRESS THIS NEED IN FY18, 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 THRO UGH THE OPEN ENROLLMENT PERIOD OF HEALTHCARE EXCHANGE IN COLLABORATION WITH ENROLL ALABAMA GOAL 2 INCREASE PROPORTION OF PERSONS REPORTING MEDICAL HOME (PRIMARY CARE PROVIDER) ST VHS HOSTED COMMUNITY HEALTH SCREENINGS INCLUDING DOCUMENTATION ON PRIMARY CARE PROVIDER AN D FOLLOW UP INCLUDES REFERRAL AND ASSISTANCE WITH LOCATING APPROPRIATE SERVICES FOR THE PA TIENT WHO IS UNATTACHED A DOCUMENT WAS DEVELOPED AND IS BEING DISTRIBUTED TO THE COMMUNIT Y ON THE LEVELS OF CARE AND IMPORTANCE OF A PRIMARY CARE HOME DURING A MEDICAL MISSION EV ENT WITH PROJECT HOMELESS CONNECT, PATIENTS WERE GIVEN PCP APPOINTMENTS TO FOLLOW UP WITH A LOCAL FREE CLINIC FOLLOW UP IS BEING PROVIDED BOTH INPATIENT AND OUTPATIENT TO ASSIST I NDIVIDUALS WITH CONNECTING TO A PRIMARY CARE PROVIDER TRANSPORTATION SERVICES HAVE BEEN E STABLISHED WITH LYFT TO ASSIST PATIENTS IN GETTING TO FOLLOW UP AND PRIMARY CARE APPOINTME NTS 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 PATIENT NAV IGATORS HAVE BEEN ACTIVELY CONNECTING PATIENTS WITHOUT A PCP TO POSSIBLE PRIMARY CARE UNA TTACHED PATIENTS AT STVHS URGENT CARE ARE BEING FOLLOWED UP BY DIAL-A-NURSE TO ENSURE THEY ARE GIVEN APPROPRIATE OPTIONS FOR A MEDICAL HOME GOAL 3 INCREASE PROPORTION OF ADULTS W ITH MENTAL HEALTH DISORDERS WHO RECEIVE TREATMENT THE ADDITION OF THE OUTPATIENT BRIDGE CL INIC AT ST VINCENT'S EAST PROVIDES THE ENTIRE REGION A QUICK LINKAGE TO INDIVIDUALS IN NE ED OF URGENT MENTAL HEALTH SERVICES AS THEY WAIT TO BE CONNECTED WITH A MORE PERMANENT PRO VIDER IN FY18, THE BRIDGE CLINIC PROVIDED SERVICES TO 172 UNIQUE PATIENTS WHO DID NOT HAV E A MENTAL HEALTHCARE PROVIDER

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	A MENTAL HEALTHCARE PROVIDER ROUNDTABLE OF COMMUNITY ORGANIZATIONS/AGENCIES MEETS REGULA RLY TO IDENTIFY GAPS IN SERVICE AND PROVIDE UPDATES AND INFORMATION ON SERVICES AVAILABLE IN THE COMMUNITY A MENTAL HEALTH PROVIDER RESOURCE IS AVAILABLE TO YOUTH THROUGH THE ESTA BLISHMENT OF THE REFERRAL CENTER AT CHILDREN'S HOSPITAL SIMILAR RESOURCE FOR ADULTS IS BE ING COORDINATED THROUGH THE STATE'S 2-1-1 SERVICE AT UNITED WAY A SPOE (SINGLE POINT OF E NTRY) FOR MENTAL HEALTH IS BEING EVALUATED AT THE LOCAL AND STATE LEVEL A PHYSICIAN CME C LASS WAS PROVIDED ON DEPRESSION AND SUICIDE TO RECOGNIZE SIGNS AND SYMPTOMS IN PATIENTS AS WELL AS PRACTITIONERS A CME ON OPIOID ABUSE WAS HELD IN FY18 AS WELL TWO CME OFFERINGS COVERED ISSUES AROUND WORKPLACE VIOLENCE AND MENTAL HEALTH A PHARMACY CONFERENCE WAS HELD INCLUDING SESSIONS RELATED TO MENTAL HEALTH AND MEDICATION IN MARCH OF 2017, ST VINCENT 'S CHILTON IMPLEMENTED TELEPSYCH EVALUATION ABILITY TO ITS CAMPUS AND WAS ABLE TO CONNECT WITH PSYCHIATRISTS FOR CONSULTS WHERE THIS WAS NOT PREVIOUSLY POSSIBLE GOAL 4 INCREASE D EPRESSION SCREENING FOR ADULTS BY PRIMARY CARE PROVIDERS ALL AMG PHYSICIAN PRACTICES HAVE IMPLEMENTED THE PHQ-9 DEPRESSION/ANXIETY SCREENING FOR NEW AND ANNUAL PATIENT VISITS INDI VIDUALS WITH A QUALIFYING SCORE ARE REFERRED FOR SERVICES OTHER AFFILIATED PRACTICES ARE PROVIDING PHQ-9 SCREENINGS AS WELL IN CY17 AND 18, THIS RESULTED IN 1290 NEW SCREENINGS A ND EDUCATION REGARDING DEPRESSION AND ANXIETY PRIORITIZED NEED IMPROVE EDUCATION/AWARENE SS/PREVENTION OF CANCER GOAL 1 INCREASE PROPORTION OF ADULTS WHO WERE COUNSELED BY THEIR PROVIDERS ABOUT CANCER SCREENINGS BASED ON CURRENT GUIDELINES CANCER SCREENINGS BASED ON C URRENT GUIDELINES PLANS ARE CURRENTLY UNDERWAY TO PROVIDE MORE PHYSICIAN EDUCATION REGARDI NG CANCER SCREENING GUIDELINES CLINICAL PROMPTS ARE PART OF THE ELECTRONIC HEALTH RECORD CME TOPICS FOR EDUCATION OF PHYSICIANS SPECIFIC TO CANCER ARE UPCOMING FOR FY19 GOAL 2 INCREASE PROPORTION OF ADULTS WHO RECEIVE BREAST, LUNG, PROSTATE, COLORECTAL AND SKIN CANC ER SCREENING ST VINCENT'S CLINIC PATIENTS HAD A BASELINE COLORECTAL CANCER SCREENING RATE OF 36 5% AND THIS WAS INCREASED IN FY17 TO 47 4% SPECIFICALLY, FOR MEDICAID PATIENTS, TH E BASELINE BEGAN AT 43% AND INCREASED TO 49 7% IN FY17 IN 2018, ST VINCENT'S OSE PROVIDE D FREE COLORECTAL CANCER SCREENINGS TO THE UNINSURED COMMUNITY OF THOSE, 39 COLONOSCOPIES WERE PERFORMED GOAL 3 INCREASE MENTAL AND PHYSICAL HEALTH-RELATED QUALITY OF LIFE INDIC ATORS OF CANCER SURVIVORS ST VINCENT'S PARTICIPATION AND CLOSE PARTNERSHIP WITH FORGE PRO VIDES SUPPORT AND SERVICES TO INDIVIDUALS WHO HAVE EXPERIENCED BREAST CANCER A 24-HOUR SU PPORT LINE HAS BEEN ESTABLISHED TO PROVIDE COUNSELING AND REFERRALS, SUPPORT GROUPS AND AC TIVITIES THAT PROMOTE HEALTHY LIVING HAVE ENGAGED SURVIVORS PATIENT ADVOCATES/NAVIGATORS ASSIST PATIENTS WITH SUPPORTIVE SERVICES A RESOURCE LIBRARY IS AVAILABLE TO INDIVIDUALS I N NEED OF ADDITIONAL INFORMATI

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	ON A CLINICIAN ADVISORY COMMITTEE PROVIDES CLINICAL FEEDBACK TO SURVIVOR NETWORK PRIORIT IZED NEED IMPROVE EDUCATION/AWARENESS/PREVENTION OF DIABETES GOAL 1 INCREASE PROPORTION OF PERSONS WITH DIABETES WHOSE CONDITION HAS BEEN DIAGNOSED THROUGH EARLY SCREENING AND RI SK FACTORS IN FY18, ST VINCENT'S WELLNESS DEPARTMENT PROVIDED FREE GLUCOSE SCREENINGS TO THE COMMUNITY - ESPECIALLY FOCUSED ON AREAS WHERE HEALTHCARE ACCESS IS A BARRIER THESE IN DIVIDUALS 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 CO NTINUED CARE AND TREATMENT GOAL 2 INCREASE PROPORTION OF ADULTS DIAGNOSED WITH DIABETES WHO RECEIVE FORMAL DIABETES EDUCATION IN FY18, ST VINCENT'S HEALTH SYSTEM PROVIDED 4,688 DIABETES EDUCATION PATIENT ENCOUNTERS THIS IS UP APPROXIMATELY 12% FROM THE PREVIOUS YEAR WHERE FY 17 RECORDED 4185 ENCOUNTERS

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	Facility , 2 - St Vincent's Chilton - Part II *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 HEALTH SYSTEM 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 CHILTON 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

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - ST VINCENT'S CHILTON At a minimum, Patients with incomes above 250% of the FPL, but not exceeding 327% of the FPL, will receive a sliding scale discount on that portion of the charges for services provided for which the Patient is responsible following payment by an insurer, if any A Patient eligible for the sliding scale discount will not be charged more than the calculated AGB charges Patients with demonstrated financial needs with income greater than 327% of the FPL may be eligible for consideration under a "Means Test" for some discount of their charges for services from the Organization based on a substantive assessment of their ability to pay A Patient who is not eligible for FAP under presumptive eligibility will be able to complete a FAP application for consideration of qualifying for Charity under the "Means Test" The Means Test shall be applied in individual cases of hardship under particular circumstances of patients with income greater than the FPL base A Patient eligible for the "Means Test" discount will not be charged more than the calculated AGB charges for the care provided

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
St Vincent's Health System

Employer identification number
63-0931008

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash 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) HOLY FAMILY CRISTO REY HIGH SCHOOL 2001 19TH ST ENSLEY BIRMINGHAM, AL 35218	13-4341859	501(C)(3)	136,000				GENERAL SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

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 appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	Ascension Health, 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
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 David A Cauble - $361,543 Carol A Marietta - $243,757 Nan M Priest - $35,194 Michael R Korpiel - $112,788
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 David A Cauble - $13,989 Nan M Priest - $90,593

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 63-0931008
Name: St Vincent's Health System

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	(i)	319,307	673,278	122,159	16,050	5,462	1,136,257	0
FORMER OFFICER (END 6/2017)	(ii)	111,067	0	0	0	0	111,067	0
1DAVID A CAUBLE	(i)	0	0	375,532	0	0	375,532	13,989
FORMER OFFICER (END 11/2015)	(ii)	0	0	0	0	0	0	0
2GREGORY L JAMES MD	(i)	0	0	0	0	0	0	0
FORMER OFFICER (END 2/2016)	(ii)	474,354	458,209	94,421	14,850	20,564	1,062,398	0
3MICHAEL R KORPIEL	(i)	0	0	0	0	0	0	0
FORMER OFFICER (END 4/2017)	(ii)	0	0	116,259	0	1,983	118,242	0
4CAROL A MAIETTA	(i)	0	0	247,266	0	1,854	249,120	0
FORMER OFFICER (END 1/2016)	(ii)	0	0	0	0	0	0	0
5NAN M PRIEST	(i)	262,306	194,199	353,972	17,550	14,877	842,904	90,593
FORMER OFFICER (END 6/2017)	(ii)	0	0	0	0	0	0	0
6 JASON P ALEXANDER FACHE	(i)	0	0	0	0	0	0	0
CEO, MINISTRY MARKET	(ii)	414,474	0	57,710	11,406	16,361	499,951	0
7JENNIFER L KINGRY	(i)	170,280	98,122	24,999	5,319	14,071	312,790	0
CFO, MINISTRY MARKET (END 8/2017)	(ii)	0	0	0	0	0	0	0
8ROBERT E RAY	(i)	0	0	0	0	0	0	0
PRESIDENT BIRMINGHAM	(ii)	320,045	25,827	46,901	14,850	20,998	428,621	0
9BRANDON M WILLIAMS	(i)	119,738	30,000	2,376	3,231	5,911	161,255	0
CFO, MINISTRY MARKET (START 8/2017)	(ii)	0	0	0	0	0	0	0
10FRANK MALENSEK	(i)	0	0	0	0	0	0	0
FORMER KEY EMPLOYEE (END 6/2017)	(ii)	296,426	12,629	19,603	14,850	23,431	366,939	0
11SUZANNAH CAMPBELL	(i)	184,972	11,761	15,466	11,453	2,025	225,677	0
Administrator-STV CHILTON	(ii)	0	0	0	0	0	0	0
12 WAYNE CARMELLO-HARPER	(i)	272,397	123,400	33,354	14,850	20,435	464,436	0
SVP MISSION INTEGRATION & PHILANTHROPY	(ii)	0	0	0	0	0	0	0
13WILLIAM A DAVIS	(i)	365,843	246,807	64,732	15,606	21,356	714,345	0
COO, MINISTRY MARKET (END 11/2017)	(ii)	29,225	0	6,202	594	1,832	37,853	0
14 STEPHANIE J DUGGAN MD	(i)	457,147	190,157	58,326	14,850	24,944	745,424	0
CCO, MINISTRY MARKET	(ii)	0	0	0	0	0	0	0
15JAMES FLYNN	(i)	194,529	12,715	17,661	11,318	20,386	256,610	0
AMG Administrative Dyad Leader	(ii)	0	0	0	0	0	0	0
16STEPHANIE HOLDERBY	(i)	195,435	12,715	13,529	13,826	11,760	247,265	0
VP-Ambulatory HC Network	(ii)	0	0	0	0	0	0	0
17DON E KING	(i)	0	0	0	0	0	0	0
COO, MINISTRY MARKET (START 1/2018)	(ii)	456,783	276,549	49,054	14,850	27,086	824,321	0
18 JEFFREY H MIDDLEBROOK	(i)	0	0	0	0	0	0	0
CLO, MINISTRY MARKET (START 1/2018)	(ii)	333,538	138,824	65,198	9,658	25,406	572,625	0
19LIZ MOORE	(i)	105,901	0	5,806	7,191	11,208	130,106	0
CCMO, MINISTRY MARKET	(ii)	92,388	97,073	6,909	8,939	10,354	215,664	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				
21CHRISTOPHER L MOORE	(I)	278,646	18,119	21,232	17,550	21,888	357,435	0
CNO, MINISTRY MARKET	(II)	0	0	0	0	0	0	0
1LISA NICHOLS	(I)	161,985	10,375	7,705	11,916	19,629	211,611	0
Administrator-STV ST CLAIR	(II)	0	0	0	0	0	0	0
2PEGGY PANOS	(I)	131,249	18,330	8,323	9,554	8,163	175,619	0
VP-Corporate Responsibility	(II)	20,513	0	481	1,356	1,147	23,497	0
3BRENNA POWELL	(I)	160,930	10,051	10,744	10,379	4,153	196,258	0
VP-Strategic Integration	(II)	0	0	0	0	0	0	0
4ANDREW TAYLOR	(I)	142,702	9,218	7,748	7,051	8,488	175,206	0
VP-Regional Growth	(II)	0	0	0	0	0	0	0
5LYDIA ANN EDWARDS	(I)	177,222	7,304	1,287	10,230	13,033	209,075	0
DIRECTOR, PHARMACY	(II)	0	0	0	0	0	0	0
6KRISTY GUNTHER	(I)	1,877	0	180,794	0	2,676	185,347	0
VP, FINANCIAL PLANNING	(II)	0	0	0	0	0	0	0
7JERRY L KITCHENS JR	(I)	166,102	6,809	2,304	9,323	21,041	205,579	0
EXECUTIVE DIRECTOR	(II)	0	0	0	0	0	0	0
8JACK WARREN VINES JR	(I)	191,349	7,782	3,521	10,481	16,079	229,212	0
DIRECTOR, ORTHOPEDIC SERVICE LINE	(II)	0	0	0	0	0	0	0
9GORDON BRIAN WESLEY	(I)	144,131	30,000	506	6,480	14,507	195,624	0
ADMINISTRATIVE SYSTEM DIRECTOR, CARDIOVASCULAR	(II)	0	0	0	0	0	0	0

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
St Vincent's Health System

Employer identification number
63-0931008

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IV, Line 20b Audited Financial Statements	The activity of St Vincent's Health System is reported in the consolidated financial stat ements 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 A lliance and Affiliates, which include the activity of St Vincent's Health System

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, perfor med by Ascension Health, a related organization of St Vincent's Health System, included a review and approval by independent persons, comparability data and contemporaneous substa ntiation of the deliberation and decision The Compensation Committee reviewed and approve d 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 commi ttee minutes The individual was not present when his compensation was decided

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 a bility 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 de cisions that are necessary in the operation of the system Specific areas that are identif ied in the authority matrix are new organizations & major transactions, governing documen ts, appointments/removals, evaluation, debt limits, strategic & financial plans, assets, s ystem policies & procedures These areas are subject to certain levels of approval by Asce nsion 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 conf lict 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, mu st disclose the existence of the financial interest and be given the opportunity to disclo se all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or arrangement The remaining indivi duals 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 powe rs annually signs a statement which affirms such person has received a copy of the conflic ts 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 f ederal tax exemption it must engage primarily in activities which accomplish its tax-exemp t 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 SUBSTANTIATIO N OF THE DELIBERATION AND DECISION THE EXECUTIVE COMPENSATION COMMITTEE REVIEWED AND APPR OVED THE COMPENSATION IN THE REVIEW OF THE COMPENSATION, THE OFFICERS' SALARIES WERE COMP ARED 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 TH E 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 VII, Section A Related Entities	The organization utilizes an affiliate as the common pay agent Employees reported in Part VII may have duties that impact multiple related entities Total average hours worked and compensation and benefits paid are reported In doing so, if available, a common law empl oyer analysis is used to determine whether the hours and compensation/benefits are reporta ble as attributable directly to the filing organization or another entity, otherwise, the best available information has been used as the basis for allocations utilized in the repo rting

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Subsidy - Total Revenue -2934133, Related or Exempt Function Revenue -2934133, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Escheatment Revenue - Total Revenue 1751, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 1751, Fitn ess Club Revenue - Total Revenue -40, Related or Exempt Function Revenue , Unrelated Bus ıness Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 -40, Mıscellan eous Revenue - Total Revenue 792839, Related or Exempt Function Revenue , Unrelated Busı ness Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 792839, Medical Staff Dues - Total Revenue 211, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 211,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Net Asset Transfers with Affiliates - -82909, Write-off of pledge - -1775494, Transfers to Alpha Fund - 88943897,

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 Ascens ion Health Alliance The Finance and Audit committee of Ascension Health Alliance's Board assumes responsibility for the consolidated organization as a whole

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

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	29,413,368	8,487,299	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	17,312,543	62,707,521	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	(g) No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) 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	(i) 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	47,642,942	24,128,596	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	4,115,694	664,237	100 %	Yes	
(3)BAYLEY CONDOMINIUM ASSOCIATION 2121 HIGHLAND AVENUE SOUTH BIRMINGHAM, AL 35205 63-1209915	CONDOMINIUM ASSOCIATION	AL	NA	C Corporation				Yes	
(4)HEALTHNET OF ALABAMA INC PO BOX 830605 BIRMINGHAM, AL 352830605 63-1027511	PREFERRED PROVIDER ORGANIZATION	AL	ST VINCENT'S HEALTH SYSTEM	C Corporation	0	0		Yes	

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

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

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

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

See Additional Data Table

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

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

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

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

Part VII **Supplemental Information**

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

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
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
PO BOX 45998 ST LOUIS, MO 63145 45-3358926	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	NA		No
PO BOX 45998 ST LOUIS, MO 63145 31-1662309	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE		No
810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0288864	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	
150 GILBREATH DRIVE ONEONTA, AL 35121 63-0909073	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	
50 MEDICAL PARK EAST DRIVE BIRMINGHAM, AL 35235 63-0578923	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	
2660 10TH AVENNUE SOUTH NO 505 BIRMINGHAM, AL 35205 63-0952490	SPORTS MEDICINE	AL	501(c)(3)	7	ST VINCENT'S BIRMINGHAM	Yes	
810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0932323	PHYSICIAN GROUP	AL	501(c)(3)	Type II	ST VINCENT'S HEALTH SYSTEM	Yes	
1 Medical Park East Drive BIRMINGHAM, AL 35235 63-0868066	FUNDRAISING	AL	501(c)(3)	7	ST VINCENT'S HEALTH SYSTEM	Yes	
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
AMERICAN SPORTS MEDICINE INSTITUTE	L	2,135,358	FAIR MARKET VALUE
AMERICAN SPORTS MEDICINE INSTITUTE	Q	283,404	FAIR MARKET VALUE
AMERICAN SPORTS MEDICINE INSTITUTE	S	656,908	FAIR MARKET VALUE
ASCENSION VENTURES CORPORATION	L	530,752	FAIR MARKET VALUE
ASCENSION VENTURES CORPORATION	M	264,632	FAIR MARKET VALUE
ASCENSION VENTURES CORPORATION	S	3,229,277	FAIR MARKET VALUE
VINCENTIAN VENTURES OF NORTH ALABAMA INC	L	5,744,440	FAIR MARKET VALUE
VINCENTIAN VENTURES OF NORTH ALABAMA INC	M	2,627,765	FAIR MARKET VALUE
VINCENTIAN VENTURES OF NORTH ALABAMA INC	Q	6,268,860	FAIR MARKET VALUE
VINCENTIAN VENTURES OF NORTH ALABAMA INC	S	48,377,077	FAIR MARKET VALUE
ST VINCENT'S BLOUNT	L	1,827,358	FAIR MARKET VALUE
ST VINCENT'S BLOUNT	M	2,024,274	FAIR MARKET VALUE
ST VINCENT'S BLOUNT	P	86,540	FAIR MARKET VALUE
ST VINCENT'S BLOUNT	S	23,367,400	FAIR MARKET VALUE
ST VINCENT'S FOUNDATION OF ALABAMA INC	L	13,781,605	FAIR MARKET VALUE
ST VINCENT'S FOUNDATION OF ALABAMA INC	Q	23,523,064	FAIR MARKET VALUE
ST VINCENT'S SLEEP DISORDER CENTER	O	582,864	FAIR MARKET VALUE
SETON PROPERTY CORPORATION OF NORTH ALABAMA	L	680,626	FAIR MARKET VALUE
SETON PROPERTY CORPORATION OF NORTH ALABAMA	M	609,503	FAIR MARKET VALUE
SETON PROPERTY CORPORATION OF NORTH ALABAMA	O	243,695	FAIR MARKET VALUE
SETON PROPERTY CORPORATION OF NORTH ALABAMA	Q	176,087	FAIR MARKET VALUE
SETON PROPERTY CORPORATION OF NORTH ALABAMA	S	648,048	FAIR MARKET VALUE
ST VINCENT'S EAST	L	20,623,744	FAIR MARKET VALUE
ST VINCENT'S EAST	M	22,057,373	FAIR MARKET VALUE
ST VINCENT'S EAST	P	1,585,089	FAIR MARKET VALUE

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(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ST VINCENT'S EAST	Q	72,813	FAIR MARKET VALUE
ST VINCENT'S EAST	S	215,251,918	FAIR MARKET VALUE
ST VINCENT'S OUTPATIENT SURGERY SERVICES LLC	M	258,382	FAIR MARKET VALUE
ST VINCENT'S BIRMINGHAM	L	52,563,777	FAIR MARKET VALUE
ST VINCENT'S BIRMINGHAM	M	41,913,422	FAIR MARKET VALUE
ST VINCENT'S BIRMINGHAM	P	665,228	FAIR MARKET VALUE
ST VINCENT'S BIRMINGHAM	Q	1,135,251	FAIR MARKET VALUE
ST VINCENT'S BIRMINGHAM	S	406,323,822	FAIR MARKET VALUE
ST VINCENT'S FOUNDATION OF ALABAMA INC	C	1,119,920	FAIR MARKET VALUE