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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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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

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

Doing business as
SEE SCHEDULE O FOR COMPLETE LIST

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
C/O TAX DEPARTMENT PO BOX 45998

City or town, state or province, country, and ZIP or foreign postal code
ST LOUIS, MO 631455998

F Name and address of principal officer:
ERICA L WEHRMEISTER
C/O TAX DEPARTMENT PO BOX 45998
ST LOUIS, MO 631455998

D Employer identification number
35-0869066

E Telephone number
(314) 733-8000

G Gross receipts \$ 1,408,458,022

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.stvincent.org/Locations/Hospitals/Indianapolis

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1881

M State of legal domicile: IN

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
To improve the health and well-being of all people in the communities we serve.

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

3 Number of voting members of the governing body (Part VI, line 1a) 12

4 Number of independent voting members of the governing body (Part VI, line 1b) 10

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 7,165

6 Total number of volunteers (estimate if necessary) 456

7a Total unrelated business revenue from Part VIII, column (C), line 12 17,840

b Net unrelated business taxable income from Form 990-T, line 39 0

Revenue

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

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

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

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

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

Prior Year

Current Year

6,860,140

56,851,816

1,355,548,449

1,344,415,262

2,069,147

-813,367

11,944,989

5,996,581

1,376,422,725

1,406,450,292

Expenses

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

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

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

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

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

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

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

19 Revenue less expenses. Subtract line 18 from line 12

423,749,546

452,387,164

0

0

707,007,110

803,367,621

1,133,407,692

1,257,853,912

243,015,033

148,596,380

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Beginning of Current Year

End of Year

765,062,717

858,742,513

468,376,750

658,985,419

296,685,967

199,757,094

Part II

Signature Block

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

Sign Here

Signature of officer
Date
2021-05-17
Tonya Mershon Vice President, Tax
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no.

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

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:

Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually-centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

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 \$ 928,503,212 including grants of \$ 2,099,127) (Revenue \$ 1,344,883,271)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

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

4e **Total program service expenses** ▶ 928,503,212

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 Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	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
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	

Part IV Checklist of Required Schedules (continued)

		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	462
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

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2019)

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 12		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 10		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **IN**

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 4600 EDMUNDSON ROAD ST LOUIS, MO 631343806 (314) 733-8000

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 ☐

a 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.

See instructions for the order in which to list the persons above.

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

[illegible]

Part VII

(A)
Name and title

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)	7,176,114	5,935,178	622,683

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 ▶ 575

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*

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*

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*

Section B. Independent Contractors

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
urgery Center of Indianapolis LLC 007 N Capitol Ave Indianapolis, IN 46202	MEDICAL SERVICES	19,517,251
IID AMERICA CLINICAL LABORATORIES LLC 704 RELIABLE PKWY CHICAGO, IL 606860067	LAB SERVICES	15,976,211
ANCOCK PHYSICIAN NETWORK LLC 56 W Muskegon Dr GREENFIELD, IN 46140	MEDICAL SERVICES	13,901,022
ORTHSIDE ANESTHESIA SERVICES LLC 50 E 96TH STREET SUITE 200 INDIANAPOLIS, IN 462403797	ANESTHESIA SERVICES	9,696,489
YERS AND STAUFFER LC 265 COUNSELORS ROW Suite 200 Indianapolis, IN 462406419	CONSULTING SERVICES	7,270,573

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 ▶ 49

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Part VIII		Statement of Revenue			
Check if Schedule O contains a response or note to any line in this Part VIII ☐					
		(A)	(B)	(C)	(D)
		Total revenue	Related or exempt function revenue	Unrelated business revenue	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	3,932,941		
	e Government grants (contributions)	1e	52,657,831		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	261,044		
	g Noncash contributions included in lines 1a - 1f:\$	1g			
	h Total. Add lines 1a-1f ▶		56,851,816		
Program Service Revenue	Business Code				
	2a Net Patient Service Revenue	621990	1,292,611,712	1,292,611,712	
	b Billing Service Revenue	561000	19,445,308	19,445,308	
	c Pharmacy Revenue	446110	13,971,344	13,971,344	
	d Income from Joint Ventures	900099	11,844,476	11,826,636	17,840
	e Services to Affiliates	900099	2,063,539	2,063,539	
	f All other program service revenue.		4,478,883	4,478,883	0
	g Total. Add lines 2a-2f. ▶		1,344,415,262		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		239,768		239,768
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties ▶				
	6a Gross rents	(i) Real	(ii) Personal		
		6a	1,416,781		
		b Less: rental expenses	6b		
		c Rental income or (loss)	6c	1,416,781	0
	d Net rental income or (loss) ▶		1,416,781		1,416,781
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
		7a		942,373	
		b Less: cost or other basis and sales expenses	7b	1,995,508	
		c Gain or (loss)	7c	0	-1,053,135
	d Net gain or (loss) ▶		-1,053,135		-1,053,135
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a			
		b Less: direct expenses	8b		
	c Net income or (loss) from fundraising events ▶				
	9a Gross income from gaming activities. See Part IV, line 19	9a			
		b Less: direct expenses	9b		
	c Net income or (loss) from gaming activities ▶				
	10aGross sales of inventory, less returns and allowances	10a	21,520		
b Less: cost of goods sold		10b	12,222		
c Net income or (loss) from sales of inventory ▶		9,298	9,298		
Miscellaneous Revenue		Business Code			
11aCafeteria/Vending Revenue	722514	3,699,111	3,699,111		
b Research Revenues	900099	391,198	391,198		
c Escheatment Revenue	900099	166,627		166,627	
d All other revenue		313,566	94,651	0	
e Total. Add lines 11a-11d ▶		4,570,502			
12 Total revenue. See instructions ▶		1,406,450,292	1,344,883,271	17,840	4,697,365

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,051,530	2,051,530		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	42,597	42,597		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	5,000	5,000		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,370,281	1,230,555	1,139,726	
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	358,481,514	334,957,939	23,523,575	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	13,906,499	12,993,954	912,545	
9 Other employee benefits	53,669,926	50,148,103	3,521,823	
10 Payroll taxes	23,958,944	22,326,583	1,632,361	
11 Fees for services (non-employees):				
a Management	10,202,810	9,978,269	224,541	
b Legal	21,360		21,360	
c Accounting	39,250		39,250	
d Lobbying	33,517		33,517	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	58,802,137	55,405,809	3,396,328	0
12 Advertising and promotion	160,435	93,767	66,668	
13 Office expenses	2,361,532	1,028,063	1,333,469	
14 Information technology	472,520	264,996	207,524	
15 Royalties				
16 Occupancy	29,369,891	27,361,309	2,008,582	
17 Travel	704,851	619,055	85,796	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,181,996	1,068,528	113,468	
20 Interest	5,724,168	216	5,723,952	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	40,643,402	37,863,834	2,779,568	
23 Insurance	2,022,087	2,016,059	6,028	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical Supplies	235,256,737	233,740,491	1,516,246	
b Management Fee to Affiliate	234,526,718	2,920,344	231,606,374	
c Purchased Services	94,184,766	59,514,980	34,669,786	
d Provider Tax	51,324,582	51,324,582		
e All other expenses	36,334,862	21,546,649	14,788,213	0
25 Total functional expenses. Add lines 1 through 24e	1,257,853,912	928,503,212	329,350,700	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		11,512	1	10,145	
	2	Savings and temporary cash investments		7,906,185	2	9,296,527	
	3	Pledges and grants receivable, net		47,610	3	84,650	
	4	Accounts receivable, net		268,283,002	4	221,354,875	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0	
	7	Notes and loans receivable, net		1,232,855	7	934,500	
	8	Inventories for sale or use		23,894,462	8	27,596,148	
	9	Prepaid expenses and deferred charges		2,022,324	9	1,288,489	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,064,579,280			
	b	Less: accumulated depreciation	10b	682,134,534	267,049,809	10c	382,444,746
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		3,377,424	12		
	13	Investments—program-related. See Part IV, line 11		75,172,686	13	82,221,653	
	14	Intangible assets		61,743,164	14	60,630,550	
	15	Other assets. See Part IV, line 11		54,321,684	15	72,880,230	
16	Total assets. Add lines 1 through 15 (must equal line 34)		765,062,717	16	858,742,513		
Liabilities	17	Accounts payable and accrued expenses		81,096,792	17	83,532,151	
	18	Grants payable			18		
	19	Deferred revenue		0	19	40,000	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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		387,279,958	25	575,413,268	
	26	Total liabilities. Add lines 17 through 25		468,376,750	26	658,985,419	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		291,038,545	27	176,134,778	
	28	Net assets with donor restrictions		5,647,422	28	23,622,316	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		296,685,967	32	199,757,094	
33	Total liabilities and net assets/fund balances		765,062,717	33	858,742,513		

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,406,450,292
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,257,853,912
3	Revenue less expenses. Subtract line 2 from line 1	3	148,596,380
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	296,685,967
5	Net unrealized gains (losses) on investments	5	-55,549
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	-245,469,704
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	199,757,094

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

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

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 35-0869066
Name: ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC

Form 990 (2019)

Form 990, Part III, Line 4a:

St. Vincent Hospital and Health Care Center is a 844-bed hospital campus providing services without regard to patient race, creed, national origin, economic status, or ability to pay. During fiscal year 2020, St. Vincent Hospital and Health Care Center treated 32,207 adults and children for a total of 193,079 patient days of service. The hospital also provided services for 804,880 outpatient visits, which included 17,263 outpatient surgeries and 91,054 Emergency Room Visits. See Schedule H for a non-exhaustive list of community benefit programs and descriptions. As part of the Ascension Catholic health ministry, the filing organization served in support of Ascension's commitment to both care for patients and communities and support caregivers and other associates through the challenges of the COVID-19 global pandemic in FY20.

Form 990, Part III, Line 4b:

We are a full-service hospital with 24/7 emergency care and Level I Trauma Center, comprehensive stroke center and Transplant Center. We deliver care for life-threatening injuries and illnesses. Our care teams listen to quickly understand your health needs and deliver care that's right for you. We are also a destination for specialty care - including heart and vascular health, orthopedics, stroke care, cardiac rehabilitation and critical care. Our OB-GYN maternity care teams at our Birthing Center deliver a personalized birthing experience. We offer a wide range of minimally invasive procedures, imaging, lab tests and rehabilitation services, all on one campus. We have committed resources to eight centers of excellence including the Ascension St. Vincent Heart Center, Transplant Center, Comprehensive Stroke Center and Neuroscience Center.

Form 990, Part III, Line 4c:

Our efforts are nationally recognized. We have consistently been ranked nationally by HealthGrades, the nation's leading provider of independent hospital ratings, in many of our specialty areas: Heart Care, Critical care, Gastrointestinal care, Orthopedic services, Pulmonary services, Stroke care, Care for your everyday health needs. Our primary and specialty care doctors offer advanced care close to home. Rural and Urban Access to Health (RUAH) Rural and Urban Access to Health (RUAH) is a community-based care coordination program sponsored by Ascension Medical Group - St. Vincent. Inspired by the work of St. Vincent de Paul, the purpose of RUAH is to connect our friends, family and neighbors to a combined network of health, human and social services resulting in improved access to care and removal of barriers to needed resources.

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			
ERICA L WEHRMEISTER EX-OFFICIO/PRESIDENT	50.0	X		X				620,630	0	46,087
KEVIN BOWER CHAIR	1.0	X		X				0	0	0
MOIRA CARLSTEDT VICE CHAIR	1.0	X		X				0	0	0
ANN LATHROP DIRECTOR	1.0	X						0	0	0
CHERYL A HARMON DIRECTOR	0.0	X						0	1,366,855	23,202
DEBORAH A LAWRENCE DIRECTOR	1.0	X						0	0	0
ERIC DOZIER DIRECTOR	1.0	X						0	0	0
INGRID E MASON MD DIRECTOR	1.0	X						0	0	0
JIM HURST DIRECTOR	1.0	X						0	0	0
MICHAEL HALL DIRECTOR	1.0	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			
SANFORD GARNER DIRECTOR	1.0	X						0	0	0
SISTER MARY LOUISE STUBBS DC DIRECTOR	1.0	X						0	0	0
BETHANY L MORROW VP, FINANCE	0.0 50.0			X				0	360,143	28,293
HOSSAIN M MARANDI MD PRESIDENT, PMCH (END 9/2019)	50.0 0.0				X			530,163	0	33,675
JEFFREY M ROTHENBERG MD CMO	50.0 0.0				X			597,126	0	50,263
MARY MYERS RN CNO	50.0 0.0				X			453,172	0	39,165
AARON J FELDMAN MD PRESIDENT (END 6/2019)	50.0 0					X		943,087	0	27,661
ANTHONY A AZAKIE MD PHYSICIAN	50.0 0					X		1,107,403	0	65,242
CYNTHIA D ADAMS RN CNO, MINISTRY MARKET	50.0 0.0					X		816,482	0	26,670
JAMES E SUMNERS MD PHYSICIAN	50.0 0					X		701,950	0	55,310

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 J CALLAHAN MD PHYSICIAN	50.0 0					X		776,507	0	54,483
ANN VARNER FORMER KEY EMPLOYEE (END 12/2017)	0.0 50.0						X	0	563,965	30,251
ANNE F COLEMAN RN FORMER KEY EMPLOYEE (END 6/2017)	50.0 0						X	303,358	0	18,720
JOHN M WAITS FORMER OFFICER (END 10/2018)	0.0 0.0						X	0	151,390	0
JONATHAN S NALLI FACHE FORMER OFFICER (END 6/2018)	0.0 50.0						X	0	2,382,322	43,054
RICHARD K FREEMAN MD FORMER OFFICER (END 6/2017)	50.0 50.0						X	326,236	381,907	45,407
TERRENCE G METZGER FORMER OFFICER (END 1/2019)	0.0 50.0						X	0	728,596	35,200

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number
35-0869066

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f))					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a	33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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 2019 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-2019	(iii) Distributable Amount for 2019
1			Distributable amount for 2019 from Section C, line 6
2			Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.
3			Excess distributions carryover, if any, to 2019:
a			From 2014.
b			From 2015.
c			From 2016.
d			From 2017.
e			From 2018.
f			Total of lines 3a through e
g			Applied to underdistributions of prior years
h			Applied to 2019 distributable amount
i			Carryover from 2014 not applied (see instructions)
j			Remainder. Subtract lines 3g, 3h, and 3i from 3f.
4			Distributions for 2019 from Section D, line 7:
			\$
a			Applied to underdistributions of prior years
b			Applied to 2019 distributable amount
c			Remainder. Subtract lines 4a and 4b from 4.
5			Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.
8			Breakdown of line 7:
a			Excess from 2015.
b			Excess from 2016.
c			Excess from 2017.
d			Excess from 2018.
e			Excess from 2019.

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 35-0869066
Name: ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

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

Name of the organization ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC	Employer identification number 35-0869066
--	--

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ Yes ☐ No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		17,711
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		15,806
j	Total. Add lines 1c through 1i			33,517
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 STATE HOSPITAL ASSOCIATIONS THAT IS SPECIFICALLY ALLOCABLE TO LOBBYING. ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC. DOES NOT PARTICIPATE IN OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTING OF STATEMENTS) ANY POLITICAL CAMPAIGN ON BEHALF OF (OR IN OPPOSITION TO) ANY CANDIDATE FOR PUBLIC OFFICE.

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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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number
35-0869066

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	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 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐

Yes

☐

No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐

Yes

☐

No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐

Yes

☐

No

b

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

☐

Part V

Endowment Funds.

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

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	20,747,392	20,747,392
b	Buildings	0	645,064,528	401,362,637
c	Leasehold improvements	0	15,406,312	12,993,942
d	Equipment	0	327,606,073	256,126,843
e	Other	0	55,754,975	11,651,112
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			382,444,746

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII

Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) THE SURGERY CENTER OF INDIANAPOLIS, LLC	2,774,154	C
(2) HANCOCK HEALTH NETWORK, LLC	1,572,995	C
(3) NEURO ONCOLOGY EQUIPMENT, LLC	128,141	C
(4) MID AMERICA CLINICAL LABORATORIES, LLC	9,745,623	C
(5) WITHAM ST. VINCENT CANCER INSTITUTE, LLC	433,895	C
(6) INDIANA ORTHOPAEDIC HOSPITAL, LLC	65,319,897	C
(7) COOPERATIVE MANAGED CARE SERVICES, LLC	778,234	C
(8) UNITED HOSPITAL SERVICES, LLC	1,468,714	C
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶	82,221,653	

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 Assets	2,665,277
(2) Right of Use Operating Lease Asset	30,484,325
(3) Due from Affiliates	24,114,087
(4) Other Receivables	8,823,152
(5) Estimated 3rd Party Payor Settlements	2,113,300
(6) Interest in Investments Held by Ascension Health Alliance	4,680,089
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	72,880,230

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)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	575,413,268

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: 19010655
Software Version: 2019v5.0
EIN: 35-0869066
Name: ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC

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

1. (a) Description of Liability	(b) Book Value
Pension Liability	7,877,937
Other Liabilites	
Due to Affiliates	139,038,723
Long Term Operating Lease Liability	30,784,693
Estimated 3rd Party Payor Settlement	83,268,521
Recovery Tail Liability	9,514,646
Accrued Personal Property and Real Estate Tax Liability	448,533
Debt with Ascension Health Alliance	156,387,504
Liab for Receivables Sold w/Recourse	8,386,171
Medicare Advance Payments	139,706,540

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The System accounts for uncertainty in income tax positions by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. The System has determined that no material unrecognized tax benefits or liabilities exist as of June 30, 2020.

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.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number
35-0869066

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

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)			37,501,195	0	37,501,195	2.98 %
b Medicaid (from Worksheet 3, column a)			320,554,545	197,301,469	123,253,076	9.80 %
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	358,055,740	197,301,469	160,754,271	12.78 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	14	12,856	1,430,058	0	1,430,058	0.11 %
f Health professions education (from Worksheet 5)	2	826	21,319,593	0	21,319,593	1.69 %
g Subsidized health services (from Worksheet 6)					0	0 %
h Research (from Worksheet 7)					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	7	1,631	3,380,308	0	3,380,308	0.27 %
j Total. Other Benefits	23	15,313	26,129,959	0	26,129,959	2.08 %
k Total. Add lines 7d and 7j	23	15,313	384,185,699	197,301,469	186,884,230	14.86 %

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					0	0 %
3 Community support	1	26,806	28,991	0	28,991	0 %
4 Environmental improvements	1	1	5,000	0	5,000	0 %
5 Leadership development and training for community members	1	100	561	0	561	0 %
6 Coalition building	1	100	964	0	964	0 %
7 Community health improvement advocacy	1	1	5,000	0	5,000	0 %
8 Workforce development	1	1,812	19,068	0	19,068	0 %
9 Other					0	0 %
10 Total	6	28,820	59,584	0	59,584	0 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

1

No

2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

11,935,803

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

355,503,126

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

6

444,119,177

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

7

-88,616,051

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

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 THE SURGERY CENTER OF INDIANAPOLIS LLC	SURGERY CENTER	40 %		49.98 %
2 INDIANA ORTHOPAEDIC HOSPITAL LLC	ORTHOPAEDIC HOSPITAL	20 %		80 %
3 NEURO ONCOLOGY EQUIPMENT LLC	STEREOTACTIC RADIO SURGERY SERVICES	50 %		50 %
4 BREAST MRI LEASING COMPANY LLC	IMAGING CENTER	50 %		50 %
5				
6				
7				
8				
9				
10				
11				
12				
13				

Schedule H (Form 990) 2019

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?

5

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)

A

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a ☒ Hospital facility's website (list url): <u>https://healthcare.ascension.org/CHNA</u>		
b ☐ Other website (list url): _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>https://healthcare.ascension.org/CHNA</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250.0</u> % and FPG family income limit for eligibility for discounted care of <u>400.0</u> %		
b	☐ Income level other than FPG (describe in Section C)		
c	☒ Asset level		
d	☒ Medical indigency		
e	☒ Insurance status		
f	☐ Underinsurance discount		
g	☒ Residency		
h	☐ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15 Yes	
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	☐ Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a	☒ The FAP was widely available on a website (list url): <u>https://healthcare.ascension.org/Financial-Assistance</u>		
b	☒ The FAP application form was widely available on a website (list url): <u>https://healthcare.ascension.org/Financial-Assistance</u>		
c	☒ A plain language summary of the FAP was widely available on a website (list url): <u>https://healthcare.ascension.org/Financial-Assistance</u>		
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	☐ Other (describe in Section C)		

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

A

Name of hospital facility or letter of facility reporting group _____

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon 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 (if not, describe in Section C) b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C) d ☒ Made presumptive eligibility determinations (if not, describe in Section C) e ☐ Other (describe in Section C) f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

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

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

A

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

B

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

5

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a ☒ Hospital facility's website (list url): <u>https://www.orthoindy.com/pay-bill</u>		
b ☒ Other website (list url): <u>https://healthcare.ascension.org/CHNA</u>		
c ☐ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>https://www.orthoindy.com/pay-bill</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

B

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0</u> % and FPG family income limit for eligibility for discounted care of <u>300.0</u> %		
b	☐ Income level other than FPG (describe in Section C)		
c	☒ Asset level		
d	☐ Medical indigency		
e	☐ Insurance status		
f	☐ Underinsurance discount		
g	☐ Residency		
h	☐ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15 Yes	
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	☐ Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a	☒ The FAP was widely available on a website (list url): <u>https://www.orthoindy.com/pay-bill</u>		
b	☒ The FAP application form was widely available on a website (list url): <u>https://www.orthoindy.com/pay-bill</u>		
c	☐ A plain language summary of the FAP was widely available on a website (list url): _____		
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**

B

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 (if not, describe in Section C) b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C) d ☒ Made presumptive eligibility determinations (if not, describe in Section C) 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)**

B

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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

[illegible]

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 22

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c FACTORS OTHER THAN FPG	Patients with incomes above 400% of the FPL may be eligible for financial assistance pursuant to a "means test." A patient will be eligible for financial assistance pursuant to the means test if the patient has excessive total medical debt, which includes medical debt to Ascension and any other health care provider for emergency and other medically necessary care, that is equal to or greater than such patient's household's gross income.
Schedule H, Part V, Section B	Facility Name: Indiana Orthopaedic Hospital, LLC The filing organization has established procedures in place as part of the monitoring and management processes that are reasonably designed to address, monitor and promote compliance with the requirements of Internal Revenue Code (IRC) Section 501(r). During the course of the tax year, the hospital organization engaged third-party external advisors who are expert in IRC Section 501(r) and the related Treasury Regulations as needed to ensure compliance. Included within the scope of this assistance was Indiana Orthopaedic Hospital, LLC (OrthoIndy), a joint venture hospital of St. Vincent Hospital and Health Care Center, Inc. As a result of the review, some deficiencies were identified with respect to OrthoIndy's written policies and procedures. The hospital facility believes these IRC Section 501(r) deficiencies are minor and inadvertent omissions and errors that would not rise to the level of being willful or egregious. OrthoIndy is in the process of revising its written policies to ensure its written documents meet all the requirements of IRC Section 501(r) and mirror its current operational procedures that comply with IRC Section 501(r). While the filing organization understands that OrthoIndy and its advisors had made a good faith effort to comply with the requirements of IRC Section 501(r) and that OrthoIndy's current related policies and procedures would be expected to be generally understood by patients to whom the provisions would apply, the compliance review identified several items that need to be addressed and updated within OrthoIndy's written policies and procedures in order to ensure compliance with the technical requirements of IRC Section 501(r). OrthoIndy is working to complete and adopt such applicable changes. Such items include separating the policy and the plain language summary into two separate documents, ensuring applicable translations are posted, and verifying that the provider list information is posted and updated timely. Upon discovering the oversights described above, OrthoIndy took immediate corrective action to ensure compliance with the IRC Section 501(r) requirements. OrthoIndy continues to be operationally in compliance with Section 501(r) requirements. In an effort to be fully transparent, the filing organization has chosen to proactively disclose these minor omissions and errors on this Form 990 in accordance with Revenue Procedure 2015-21. The failure was neither willful nor egregious and proper correction and disclosure procedures have been followed. To OrthoIndy's knowledge, no individual who was eligible under the hospital facility's FAP was billed incorrect amounts or otherwise impacted by this error. Further, the hospital facility is in the process of revising its written policies and procedures to ensure compliance with IRC Section 501(r) requirements. The revised policies and procedures are anticipated to be adopted by OrthoIndy's board and posted on the hospital facility's website on or before June 30, 2021. In order to ensure compliance with IRC Section 501(r) requirements, the filing organization will continue to monitor and promote compliance with IRC Section 501(r). The hospital organization will ensure that a follow-up IRC Section 501(r) internal review of the hospital facility occurs during FY'21 and the hospital organization has put procedures in place to address and monitor the hospital facility's compliance with requirements of the IRC Section 501(r).

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	The cost of providing charity care, means tested government programs, and community benefit programs is estimated using internal cost data, and is calculated in compliance with Catholic Health Association ("CHA") guidelines. The organization uses a cost accounting system that addresses all patient segments (for example, inpatient, outpatient, emergency room, private insurance, Medicaid, Medicare, uninsured, or self pay). The best available data was used to calculate the amounts reported in the table. For the information in the table, a cost-to-charge ratio was calculated and applied.
Schedule H, Part II Community Building Activities	RESEARCH SHOWS THAT SOCIAL DETERMINANTS AND QUALITY OF LIFE PLAY A MAJOR ROLE IN THE HEALTH STATUS OF INDIVIDUALS AND COMMUNITIES. COMMUNITY BUILDING ACTIVITIES, WHICH FOCUS ON THE ROOT CAUSES OF HEALTH PROBLEMS, ULTIMATELY INFLUENCE AND IMPROVE HEALTH STATUS. EXAMPLES OF COMMUNITY BUILDING ACTIVITIES INCLUDE PHYSICAL IMPROVEMENT AND HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT, ENVIRONMENTAL IMPROVEMENTS, LEADERSHIP DEVELOPMENT AND LEADERSHIP TRAINING FOR COMMUNITY MEMBERS, COALITION BUILDING, ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS AND SAFETY, AND WORKFORCE DEVELOPMENT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the Corporation follows established guidelines for placing certain past-due patient balances within collection agencies, subject to the terms of certain restrictions on collection efforts as determined by Ascension Health. Accounts receivable are written off after collection efforts have been followed in accordance with the Corporation's policies. After applying the cost-to-charge ratio, the share of the bad debt expense in fiscal year 2020 was \$35,199,733 at charges, (\$11,935,803 at cost).
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	THE ORGANIZATION HAS A VERY ROBUST FINANCIAL ASSISTANCE PROGRAM; THEREFORE, NO ESTIMATE IS MADE FOR BAD DEBT ATTRIBUTED TO FINANCIAL ASSISTANCE ELIGIBLE PATIENTS.

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 (implicit price concessions) expense is located in Footnote #2, pages 16-18.
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 HOSPITAL AND HEALTH CARE CENTER, INC. 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.
Schedule H, Part V, Section B, Line 16a FAP website	A - St. Vincent Hospital and Health Care Center, Inc.: Line 16a URL: https://healthcare.ascension.org/Financial-Assistance ; B - INDIANA ORTHOPAEDIC HOSPITAL, LLC (ORTHOINDY): Line 16a URL: https://www.orthoindy.com/pay-bill ;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	A - St. Vincent Hospital and Health Care Center, Inc.: Line 16b URL: https://healthcare.ascension.org/Financial-Assistance ; B - INDIANA ORTHOPAEDIC HOSPITAL, LLC (ORTHOINDY): Line 16b URL: https://www.orthoindy.com/pay-bill ;
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	A - St. Vincent Hospital and Health Care Center, Inc.: Line 16c URL: https://healthcare.ascension.org/Financial-Assistance ;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	ST. VINCENT INDIANAPOLIS HOSPITAL USES RELIABLE, THIRD PARTY REPORTS, INCLUDING DATA FROM GOVERNMENT SOURCES TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES. THESE REPORTS PROVIDE INFORMATION ABOUT KEY HEALTH, SOCIOECONOMIC AND DEMOGRAPHIC INDICATORS THAT POINT TO AREA OF NEED AND INCLUDE BUT ARE NOT LIMITED TO REPORTS FROM THE INDIANA STATE DEPARTMENT OF HEALTH, INDIANA BUSINESS RESEARCH CENTER AT INDIANA UNIVERSITY, U.S. CENSUS BUREAU, ALLIANCE FOR A HEALTHIER INDIANA, TOBACCO PREVENTION & CESSATION COMMISSION AND INDIANA HOSPITAL ASSOCIATION. ST. VINCENT INDIANAPOLIS UTILIZES INFORMATION FROM THESE SECONDARY SOURCES TO DEVELOP PROGRAMS AND PROVIDE SERVICES THROUGHOUT THE REGION. IN ADDITION, ST. VINCENT INDIANAPOLIS CONSIDERS THE HEALTH CARE NEEDS OF THE OVERALL COMMUNITY WHEN EVALUATING INTERNAL FINANCIAL AND OPERATIONAL DECISIONS.
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	St. Vincent Hospital and Health Care Center communicates with patients in multiple ways to ensure that those who are billed for services are aware of the hospital's financial assistance program as well as their potential eligibility for local, state or federal programs. Signs are prominently posted in each service area, and bills contain a formal notice explaining the hospital's charity care program. In addition, the hospital employs financial counselors, health access workers, and enrollment specialists who consult with patients about their eligibility for financial assistance programs and help patients in applying for any public programs for which they may qualify.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	ST. VINCENT INDIANAPOLIS HOSPITAL IS LOCATED AND SERVES MARION COUNTY. THE HOSPITAL RESIDES IN CENTRAL INDIANA. MARION COUNTY'S ESTIMATED POPULATION IS 954,670. ACCORDING TO THE 2020 COUNTY HEALTH RANKINGS, MARION COUNTY RANKS 72 OUT OF 92 INDIANA COUNTIES IN OVERALL HEALTH OUTCOMES. IN THE PRIVATE INDUSTRY, RESIDENTS OF MARION COUNTY PRIMARILY WORK IN HEALTHCARE AND SOCIAL SERVICES, FOLLOWED BY RETAIL TRADE AND PROFESSIONAL TECHNICAL. THERE ARE 28.2% AFRICAN AMERICANS, 10.6% HISPANIC OR LATINOS, AND 54.8% WHITES LIVING IN MARION COUNTY. MEDIAN HOUSEHOLD INCOME (\$48,400) IS LOWER THAN THE STATE AVERAGE WHICH IS \$55,700. THE POVERTY RATE (17.2%) IN MARION COUNTY IS HIGHER COMPARED TO THE STATE (13%). THE POVERTY RATE AMONG CHILDREN UNDER 18 (25%) IS ABOVE THE STATE AVERAGE (18 %). MARION COUNTY'S UNINSURED RATE IS 12% WHICH IS ABOVE THAN THE STATE RATE OF 10%. BY THE INDIANA STATE DEPARTMENT OF HEALTH, PARTS OF MARION COUNTY ARE DESIGNATED AS A MEDICALLY UNDERSERVED AREA (MUA) OR POPULATION (MUP). SOURCES: COUNTY HEALTH RANKINGS, STATS INDIANA, AND INDIANA PRIMARY HEALTH CARE ASSOCIATION.
Schedule H, Part VI, Line 5 Promotion of community health	ST. VINCENT INDIANAPOLIS 'S GOVERNING BODY IS COMPRISED OF PERSONS REPRESENTING DIVERSE ASPECTS AND INTERESTS OF THE COMMUNITY. MANY MEMBERS OF ST. VINCENT INDIANAPOLIS 'S GOVERNING BODY RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA; WHO ARE NEITHER EMPLOYEES OR INDEPENDENT CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF. THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS OR SPECIALTIES AND APPLIES SURPLUS FUNDS TO IMPROVEMENTS IN PATIENT CARE, MEDICAL EDUCATION, AND RESEARCH.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	ST. VINCENT INDIANAPOLIS IS AN AFFILIATE OF ASCENSION ST. VINCENT HEALTH SYSTEM AND ASCENSION HEALTH. ST. VINCENT INDIANAPOLIS AFFILIATES ARE LARGE MULTI-FACETED, INTEGRATED, NOT-FOR-PROFIT MINISTRIES INCLUDING HOSPITAL AND NON-HOSPITAL MINISTRIES (PHYSICIAN GROUP PRACTICES, HOSPITAL ORGANIZATIONS, RESEARCH, HOME HEALTH, DURABLE MEDICAL EQUIPMENT AND SENIOR FACILITIES). THESE MINISTRIES WORK TOGETHER TO CARE FOR PATIENTS, JOINED BY COMMON SYSTEMS AND A PHILOSOPHY OF SERVING AS A HEALING PRESENCE WITH SPECIAL CONCERN FOR OUR NEIGHBORS ESPECIALLY THOSE WHO ARE VULNERABLE. THIS COMMUNITY BENEFIT HAPPENS THROUGH ITS FOCUS ON PATIENTS CARE, EDUCATION, AND RESEARCH. THE ORGANIZATIONS WORK TOGETHER TO SERVE THEIR COMMUNITIES AT THE LOCAL, REGIONAL, STATE, AND NATIONAL LEVEL. ASCENSION HEALTH ALLIANCE, D/B/A ASCENSION (ASCENSION), IS A MISSOURI NONPROFIT CORPORATION FORMED ON SEPTEMBER 13, 2011. ASCENSION IS THE SOLE CORPORATE MEMBER AND PARENT ORGANIZATION OF ASCENSION HEALTH. A CATHOLIC NATIONAL HEALTH SYSTEM CONSISTING PRIMARILY OF NONPROFIT CORPORATIONS THAT OWN AND OPERATE LOCAL HEALTHCARE FACILITIES, OR HEALTH MINISTRIES, LOCATED IN 20 STATES AND THE DISTRICT OF COLUMBIA. ASCENSION IS SPONSORED BY ASCENSION SPONSOR, A PUBLIC JURIDIC PERSON. THE PARTICIPATING ORGANIZATIONS OF ASCENSION SPONSOR ARE THE DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL, ST. LOUISE PROVINCE; THE CONGREGATION OF ST. JOSEPH; THE CONGREGATION OF THE SISTERS OF ST. JOSEPH OF CARONDELET; THE CONGREGATION OF ALEXIAN BROTHERS OF THE IMMACULATE CONCEPTION PROVINCE, INC. - AMERICAN PROVINCE; AND THE SISTERS OF THE SORROWFUL MOTHER OF THE THIRD ORDER OF ST. FRANCIS OF ASSISI - US/CARIBBEAN PROVINCE. AS A PART OF ASCENSION ST. VINCENT, ST. VINCENT INDIANAPOLIS IS DEDICATED TO IMPROVING THE HEALTH STATUS AND QUALITY OF LIFE FOR THE COMMUNITIES IT SERVES. WHILE DESIGNATED ASSOCIATES AT ST. VINCENT INDIANAPOLIS DEVOTE TIME TO LEADING AND ADMINISTERING LOCAL COMMUNITY-BASED PROGRAMS AND PARTNERSHIPS, ASSOCIATES THROUGHOUT THE ORGANIZATION ARE ACTIVE PARTICIPANTS IN COMMUNITY OUTREACH. THEY ARE ASSISTED AND SUPPORTED BY DESIGNATED ASCENSION ST. VINCENT COMMUNITY DEVELOPMENT & HEALTH IMPROVEMENT ASSOCIATES AND OTHER SUPPORT STAFF WHO WORK WITH EACH OF ITS HEALTHCARE FACILITIES TO ADVOCATE FOR AND PROVIDE TECHNICAL ASSISTANCE FOR COMMUNITY OUTREACH, NEEDS ASSESSMENTS, AND PARTNERSHIPS AS WELL AS TO SUPPORT REGIONAL AND STATE-WIDE PROGRAMS, COMMUNITY PROGRAMS SPONSORED BY ASCENSION ST. VINCENT IN WHICH ST. VINCENT INDIANAPOLIS PARTICIPATES.

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 35-0869066
Name: ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>5</u>		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 Hospital and Health Care Center Inc 2001 West 86th Street Indianapolis, IN 46260 www.stvincent.org/Locations/Hospitals/Indianapolis 17-005075-1	X	X		X	X	X	X			A
5	INDIANA ORTHOPAEDIC HOSPITAL LLC (ORTHOINDY) 8400 NORTHWEST BLVD INDIANAPOLIS, IN 46278 https://www.orthoindy.com/ 22-003930-1	X									B
2	St Vincent Women's Hospital 8111 Township Line Road Indianapolis, IN 46260 https://www.stvincent.org/womens/ 17-005075-1	X	X					X			A
3	St Vincent Stress Center 8401 Harcourt Road Indianapolis, IN 46260 https://healthcare.ascension.org/Locations/Indiana/INEVA/Indianapolis-Ascension-St-Vincent-Stress-Ce 17-005075-1	X									A
4	Peyton Manning Children's Hospital 2001 West 86th Street Indianapolis, IN 46260 http://www.peytonmanningch.org/ 17-005075-1	X	X	X				X			A

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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	Facility Group A St. Vincent Hospital and Health Care Center, Inc., Line 1 St. Vincent Women's Hospital, Line 2 St. Vincent Stress Center, Line 3 Peyton Manning Children's Hospital, Line 4 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 A, 1	Facility A, 1 - Facility Group A: St. Vincent Hospital and Health Care Center, Inc., Line 1; St. Vincent Women's Hospital, Line 2; St. Vincent Stress Center, Line 3; Peyton Manning Children's Hospital, Line 4. AS FEDERALLY REQUIRED BY THE AFFORDABLE CARE ACT, THE FOLLOWING IS AN OVERVIEW OF THE METHODS AND PROCESS USED TO IDENTIFY AND PRIORITIZE SIGNIFICANT HEALTH NEEDS IN MARION COUNTY, INDIANA. ST. VINCENT HEALTH CONTRACTED MEASURES MATTER, INDIANA UNIVERSITY AND UNIVERSITY OF INDIANAPOLIS TO HELP FACILITATE THEIR SYSTEM WIDE CHNA WORK AND DOCUMENT ALL EFFORTS. CONCERTED EFFORTS WERE MADE TO ENSURE THAT INDIVIDUALS WHO DIRECTLY OR INDIRECTLY REPRESENT THE NEEDS OF: THOSE WITH PARTICULAR EXPERTISE IN PUBLIC HEALTH PRACTICE AND RESEARCH, THOSE WHO ARE MEDICALLY UNDERSERVED, LOW-INCOME, OR CONSIDERED AMONG THE MINORITY POPULATIONS SERVED BY THE HOSPITAL, AND THE BROADER COMMUNITY AT LARGE AND THOSE WHO REPRESENT THE BROAD INTERESTS AND NEEDS OF THE COMMUNITY SERVED. HEALTH NEEDS FOR MARION COUNTY WERE COMPARED TO THE STATE. OTHER CONSIDERATIONS FOR HEALTH AREAS OF NEED INCLUDED COUNTY HEALTH RANKINGS AND ROADMAPS, INDIANA STATE DEPARTMENT OF HEALTH, AND DISPARITIES BY GENDER AND RACE/ETHNICITY. THE NEEDS ASSESSMENT WAS FURTHER INFORMED BY SURVEYS WITH COMMUNITY MEMBERS WHO HAVE A FUNDAMENTAL UNDERSTANDING OF MARION COUNTY'S HEALTH NEEDS AND REPRESENT THE BROAD INTERESTS OF THE COMMUNITY. EIGHT ORGANIZATIONS RECEIVED A SURVEY OR PARTICIPATED IN THE PRIORITIZATION SESSIONS. THESE ORGANIZATIONS PROVIDED VALUABLE INPUT ON THE COUNTY'S HEALTH CHALLENGES AND EXISTING RESOURCES FOR COUNTY RESIDENTS. THE ORGANIZATIONS INCLUDED: *ARCHDIOCESE OF INDIANAPOLIS - A PROMISE TO KEEP *ARCHDIOCESE OF INDIANAPOLIS - HOLY FAMILY SHELTER *BROOKE'S PLACE FOR GRIEVING YOUNG PEOPLE *FBG NEIGHBORHOOD CENTER *CROOKED CREEK COMMUNITY DEVELOPMENT CORPORATION *GENNESARET FREE CLINIC *HORIZON HOUSE *INDIANAPOLIS-MARION COUNTY PUBLIC LIBRARY *KEEP INDIANAPOLIS BEAUTIFUL *MORNING DOVE *NEIGHBORHOOD CHRISTIAN CENTER *NINE13 INC *PATHWAY TO RECOVERY *RAPHAEL HEALTH CENTER *SOCIETY OF ST. VINCENT DE PAUL *THE JULIAN CENTER *YMCA OF GREATER INDIANAPOLIS.

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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 6a Facility A, 1	Facility A, 1 - Facility Group A: St. Vincent Hospital and Health Care Center, Inc., Line 1; St. Vincent Women's Hospital, Line 2; St. Vincent Stress Center, Line 3; Peyton Manning Children's Hospital, Line 4. The hospital conducted its CHNA in conjunction with the following hospital facilities: Community Health Network Deaconess Health Franciscan Health Hendricks Regional Health IU Health OrthoIndy Schneck Medical Center Riverview Health

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 6b Facility A, 1	Facility A, 1 - Facility Group A: St. Vincent Hospital and Health Care Center, Inc., Line 1; St. Vincent Women's Hospital, Line 2; St. Vincent Stress Center, Line 3; Peyton Manning Children's Hospital, Line 4. The hospital conducted its CHNA in conjunction with the following non hospital facilities: Measures Matter University of Evansville Indiana University.

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 A, 1	Facility A, 1 - Facility Group A: St. Vincent Hospital and Health Care Center, Inc., Line 1; St. Vincent Women's Hospital, Line 2; St. Vincent Stress Center, Line 3; Peyton Manning Children's Hospital, Line 4. IMPLEMENTATION STRATEGY FY20 - FY22 FOR THE CHNA 2019 THE ST . VINCENT INDIANAPOLIS HOSPITAL FY2020-2022 IMPLEMENTATION STRATEGY SPECIFICALLY ADDRESSES THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA WITH THE FOLLOWING T HREE SYSTEM WIDE HEALTH IMPROVEMENT PRIORITIES: 1) ACCESS TO HEALTH SERVICE GOAL: INCREASE THE NUMBER OF PEOPLE ENROLLED IN MEDICARE OR MEDICARE SAVINGS PROGRAMS, STRATEGY: EDUCATE PEOPLE INTERESTED IN THESE PROGRAMS ABOUT THESE OPTIONS AND ASSIST WITH THE APPLICATION A ND SUBMISSION PROCESSES, TARGET POPULATION: PEOPLE INTERESTED IN ENROLLING IN MEDICARE OR MEDICARE SAVINGS PROGRAMS. STRATEGY SOURCE: EVIDENCE-BASED STRATEGY; SYSTEM CHANGE, SOCIAL DETERMINANTS OF HEALTH: ACCESS TO COMMUNITY RESOURCES AND INCOME LEVEL, RESOURCES: HEALTH ADVOCATES FROM RUAH, CDHI DEPARTMENT AT ST. VINCENT, AND ORTHOINDY COLLABORATION. ANTICIP ATED IMPACT: SMART OBJECTIVE - BY JUNE 30, 2022, THE HOSPITAL WILL INCREASE ITS FY20 BASEL INE NUMBER OF ENROLLMENTS FOR THE MEDICARE AND MEDICARE SAVINGS PROGRAM BY 2.5%. RELEVANT LOCAL, STATE, AND NATIONAL OBJECTIVES: HEALTHY PEOPLE 2020 - 100% OF PEOPLE HAVE MEDICAL I NSURANCE. 2) NUTRITION & WEIGHT STATUS (NWS) - FOOD SECURITY GOAL: ELIMINATE VERY LOW FOOD SECURITY AMONG CHILDREN, STRATEGY: ENCOURAGE SCHOOLS AND/OR SCHOOL DISTRICTS TO ADOPT A S CHOO L-WIDE OR DISTRICT-WIDE POLICY DESIGNED TO INCREASE STUDENT PARTICIPATION IN THE SCHOO L BREAKFAST PROGRAM (SBP). NOTE: FY20 IS A TRANSITION/MAINTENANCE YEAR FOR THE FY17-FY19 W EEKEND FEEDING PROGRAM (WFP) STRATEGY, TARGET POPULATION: STUDENTS IN SCHOOLS AND/OR SCHOO L DISTRICTS THAT HAVE LESS THAN 70% PARTICIPATION RATE OF STUDENTS WHO EAT FREE/REDUCED LU NCH ALSO EATING BREAKFAST AT SCHOOL. STRATEGY SOURCE: SCIENTIFICALLY SUPPORTED SYSTEM CHAN GE, SOCIAL DETERMINANTS OF HEALTH: POVERTY AND TRANSPORTATION, RESOURCES: FOOD SERVICE DIR ECTOR AND OTHER SCHOOL STAFF, USDA, INDIANA DEPARTMENT OF EDUCATION (IDOE), NO KID HUNGRY, SCHOOLS THAT HAVE SUCCESSFULLY IMPLEMENTED BREAKFAST AFTER THE BELL (BAB) MODELS, AND ST. VINCENT COLLABORATION WITH NO KID HUNGRY, IDOE, AND PARTICIPATING SCHOOLS. ANTICIPATED IM PACT: SMART OBJECTIVE - THE HOSPITAL WILL PARTNER WITH A SCHOOL AND/OR A SCHOOL DISTRICT T HAT HAVE LESS THAN 70% PARTICIPATION RATE OF STUDENTS WHO EAT FREE/REDUCED-PRICED LUNCH AL SO EATING BREAKFAST IN THE SCHOOL BREAKFAST PROGRAM BY 2% FROM THE BASELINE ESTABLISHED AT THE BEGINNING OF FY21 UNTIL THE END OF FY22 (JUNE 30, 2022). NOTE: FY20 IS THE PLANNING Y EAR FOR THE SBP INITIATIVE, FINAL GOAL IS PENDING SCHOOL GUIDANCE, LIST RELEVANT LOCAL, ST ATE, AND NATIONAL OBJECTIVES: NO KID HUNGRY AND INDIANA DEPARTMENT OF EDUCATION STRATEGIC PLAN 3) MENTAL HEALTH GOAL: INCREASE THE NUMBER OF COMMUNITY MEMBERS THAT ARE TRAINED IN M ENTAL HEALTH FIRST AID (MHFA)

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 A, 1	TO IDENTIFY INDIVIDUALS WHO ARE EXPERIENCING MENTAL HEALTH/SUBSTANCE ISSUES. STRATEGY: OFF ER MHFA TRAINING TO THE COMMUNITY AT NO CHARGE, TARGET POPULATION: COMMUNITY MEMBERS WHO W ANT TO GET TRAINED AS MFHA "FIRST AIDERS". STRATEGY SOURCE: EVIDENCE-BASED STRATEGY: SYSTE M CHANGE, SOCIAL DETERMINANTS OF HEALTH: ACCESS TO COMMUNITY RESOURCES, RESOURCES: INDIANA DEPARTMENT OF EDUCATION, NAMI, MENTAL HEALTH FIRST AID, MENTAL HEALTH OF AMERICA, AND ORT HOINDY, COLLABORATION: SCHOOLS, COMMUNITY, AND CATHOLIC CHURCHES. ANTICIPATED IMPACT: SMAR T OBJECTIVE - THE HOSPITAL WILL INCREASE THE NUMBER OF COMMUNITY MEMBERS TRAINED TO IDENTI FY INDIVIDUALS EXPERIENCING MENTAL HEALTH/SUBSTANCE ISSUES BY THE END OF FY22. NOTE: THERE IS NO BASELINE FOR THIS STRATEGY. TARGET WILL BE SET IN FY20 FOR A TWO-YEAR PERIOD. THE H OSPITAL IS COMMITTED TO IMPROVING COMMUNITY HEALTH BY DIRECTLY, AND INDIRECTLY, ADDRESSING PRIORITIZED HEALTH NEEDS. HOWEVER, CERTAIN FACTORS IMPACT THE HOSPITAL'S ABILITY TO FULLY ADDRESS ALL PRIORITY HEALTH NEEDS. THE NEEDS AND EXPLANATIONS LISTED BELOW ARE NOT BEING ADDRESSED IN THE HOSPITAL'S IMPLEMENTATION STRATEGY PLAN FOR THE FOLLOWING REASONS: SUBSTA NCE ABUSE - THIS ISSUE IS BEING ADDRESSED THROUGH THE MENTAL HEALTH PRIORITY. POVERTY - TH IS IDENTIFIED HEALTH NEED IS NOT BEING ADDRESSED IN THE IMPLEMENTATION STRATEGY DUE TO LIM ITATIONS WITHIN THE HOSPITAL'S HUMAN CAPITAL AND FINANCIAL RESOURCES. HOWEVER, THE HOSPITA L PROVIDES SUPPORT THROUGH THE COMMUNITY-BASED CARE COORDINATION DEPARTMENT OF ST. VINCENT RURAL AND URBAN ACCESS TO HEALTH (RUAH). CHRONIC HEALTH CONDITIONS - THIS IDENTIFIED HEAL TH NEED IS NOT BEING ADDRESSED IN THE IMPLEMENTATION STRATEGY DUE TO LIMITATIONS WITHIN TH E HOSPITAL'S HUMAN CAPITAL AND FINANCIAL RESOURCES. HOWEVER, THE HOSPITAL PROVIDES EDUCATI ON ON VARIOUS HEALTH NEEDS FACING THE LOCAL COMMUNITY THROUGH THE FOLLOWING: HEALTH FAIRS, HEALTH PROMOTION, WELLNESS PROGRAMS, LECTURES, SCHOOL HEALTH EDUCATION PROGRAMS, AND SUPP ORT GROUPS.

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 6a Facility B, 1	Facility B, 1 - INDIANA ORTHOPAEDIC HOSPITAL, LLC. THE HOSPITAL CONDUCTED ITS CHNA IN CONJUNCTION WITH THE FOLLOWING HOSPITAL FACILITIES: COMMUNITY HEALTH NETWORK DEACONESS HEALTH FRANCISCAN HEALTH HENDRICKS REGIONAL HEALTH IU HEALTH SCHNECK MEDICAL CENTER RIVERVIEW HEALTH ST. VINCENT HOSPITAL AND HEALTH CARE CENTER

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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 6b Facility B, 1	Facility B, 1 - INDIANA ORTHOPAEDIC HOSPITAL, LLC. THE HOSPITAL CONDUCTED ITS CHNA IN CONJUNCTION WITH THE FOLLOWING NON HOSPITAL FACILITIES: MEASURES MATTER UNIVERSITY OF EVANSVILLE INDIANA UNIVERSITY

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 B, 1	Facility B, 1 - INDIANA ORTHOPAEDIC HOSPITAL, LLC. IMPLEMENTATION STRATEGY FY20 - FY22 FOR THE CHNA 2019 THE ORTHOINDY HOSPITAL FY2020-2022 IMPLEMENTATION STRATEGY SPECIFICALLY ADDRESSES THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA WITH THE FOLLOWING TWO SYSTEM WIDE HEALTH IMPROVEMENT PRIORITIES: Access to Health Services (AHS) Goal: Increase the number of people enrolled in Medicare or Medicare Savings programs Strategy: Educate people interested in these programs about these options and assist with the application and submission processes Target population: People interested in enrolling Medicare or Medicare Savings programs Strategy source: Evidence-based strategy; System change Social determinants of health: Access to community resources and income level Resources: Health Advocates from RUAH and CDHI department at St. Vincent Collaboration: FSSA and RUAH Anticipated Impact: SMART objectives: By June 30, 2022, the hospital will increase its FY20 baseline number of referrals to RUAH for the Medicare and Medicare Savings programs by 2.5% List relevant local, state and national objectives: Healthy People 2020 - 100% of people have medical insurance Mental Health Goal: Increase the number of community members that are trained in Mental Health First Aid (MHFA) to identify individuals who are experiencing mental health/substance issues Strategy: Promote MHFA training to the community at no charge . Target population: Community members who want to get trained as MHFA "First Aiders" Strategy source: Evidence-based strategy; System change Social determinants of health: Access to community resources Resources: Indiana Department of Education, NAMI, FSSA, Mental Health First Aid, Mental Health of America Collaboration: FSSA, Schools, Community, Catholic Churches Anticipated Impact: SMART objectives: The hospital will promote MHFA trainings through at least one method per year (website, newsletter, etc.) by the end of FY22. NOTE: There is no baseline for this strategy. Promotion will begin in FY21 for a two-year period. (FY20 is a planning year) List relevant local, state and national objectives: 2018 Indiana School Safety Recommendations Report THE HOSPITAL IS COMMITTED TO IMPROVING COMMUNITY HEALTH BY DIRECTLY, AND INDIRECTLY, ADDRESSING PRIORITIZED HEALTH NEEDS. HOWEVER, CERTAIN FACTORS IMPACT THE HOSPITAL'S ABILITY TO FULLY ADDRESS ALL PRIORITY HEALTH NEEDS. THE NEEDS AND EXPLANATIONS LISTED BELOW ARE NOT BEING ADDRESSED IN THE HOSPITAL'S IMPLEMENTATION STRATEGY PLAN FOR THE FOLLOWING REASON: -Substance Abuse - This issue is being addressed through the Mental Health priority. -Homelessness - This identified health need is not being addressed in the Implementation Strategy due to limitations within the hospital's human capital and financial resources. -Chronic Health Conditions - This identified health need is not being addressed in the Implementation Strategy due to limitations within the hospital's human capital and financial resources

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 B, 1	esources. -Youth Services - This identified health need is not being addressed in the Impl ementation Strategy due to limitations within the hospital's human capital and financial r esources.

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? _____

Name and address	Type of Facility (describe)
1 St Vincent Cardiovascular Lab 8333 Naab Road Indianapolis, IN 46260	Cardiovascular Services
1 St Vincent Nuclear and Echo Lab 10590 N Meridian Street Suite 300 Indianapolis, IN 46290	Cardiovascular Services
2 St Vincent Breast Center MRI 8550 Naab Road Indianapolis, IN 46260	Women's Breast Care
3 Ascension St Vincent - Plainfield 2414 East Main Street Plainfield, IN 46168	Emergency Services
4 Ascension St Vincent - Indianapolis South 8451 South Emerson Ave Indianapolis, IN 46237	Emergency Services
5 Ascension St Vincent - Avon 9613 East US Highway 36 Avon, IN 46123	Emergency Services
6 Ascension Cancer Care Center 8301 Harcourt Road Indianapolis, IN 46260	Oncology Serivces
7 Ascension St Vincent - Castleton 8602 Allisonville Road Castleton, IN 46250	Emergency Services
8 Ascension St Vincent - Noblesville South 9460 East 146 th Street Noblesville, IN 46060	Emergency Services
9 Abdominal Transplant Services 8402 Harcourt Road Suite 500 Indianapolis, IN 46260	Transplant Services
10 Ascension St Vincent Primary Care Center Internal Medicine 8414 Naab Rd Suite 100 Indianapolis, IN 46260	Multidisciplinary
11 Transplant Group 8333 Naab Road Suite 300 Indianapolis, IN 46260	Transplant Services
12 St Vincent Pediatric Rehabilitation Center 8220 Naab Road Suite 300 Indianapolis, IN 46260	Pediatric Rehabilitation
13 St Vincent Outpatient Imaging Center 10801 N Michigan Rd Zionsville, IN 46077	Diagnostic Imaging
14 St Vincent Outpatient Treatment Center 11455 North Meridian Suite 250 Carmel, IN 46032	Treatment Center

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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? _____

Name and address	Type of Facility (describe)
16 St Vincent Pediatric Physical & Occupational Therapy 12425 Old Meridian Suite A-1 Carmel, IN 46032	Pediatric Medicine
1 St Vincent Physical Therapy 1185 W Carmel Drive Building C Carmel, IN 46032	Physical Therapy
2 St Vincent Rehabilitation Services Anson 6085 Heartland Drive Suite 201 Zionsville, IN 46077	Rehabilitation Services
3 Broadripple Physical Therapy 1001 Broad Ripple Avenue Indianapolis, IN 46220	Physical Therapy
4 Northwest Physical Therapy 8227 Northwest Blvd Indianapolis, IN 46278	Physical Therapy
5 St Vincent Physical Therapy 14828 Greyhound Ct Suite 150 Carmel, IN 46032	Physical Therapy
6 St Vincent Medication Management 8220 Naab Road Suite 102 Indianapolis, IN 46260	Medical Management

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization

ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC

Employer identification number

35-0869066

Part I 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) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 26

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) Patient Pharmaceuticals	81	42,597			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 35-0869066
Name: ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST VINCENT HOSPITAL FOUNDATION INC C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998	35-6088862	501(c)(3)	1,195,307				GENERAL SUPPORT
RC ARCHDIOCESE OF INDIANAPOLIS 1400 N Merdian Street Indianapolis, IN 46202	35-1018460	501(c)(3)	90,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Eskenazi Health Foundation Inc 720 Eskenazi Ave Fl 5 Indianapolis, IN 46202	31-1132066	501(c)(3)	83,645				General Support
SOCIETY OF ST VINCENT DE PAUL 66 Progress Pkwy Maryland Heights, MO 63043	13-5562362	501(c)(3)	48,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF CENTRAL IN 7435 N Keystone Ave Indianapolis, IN 46240	35-1003695	501(c)(3)	42,500				General Support
GENNESARET FREE CLINIC 615 N Alabama Street Indianapolis, IN 46204	35-1776518	501(c)(3)	40,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HORIZON HOUSE INC 1033 E Washington Street Indianapolis, IN 46202	35-1759503	501(c)(3)	40,000				General Support
JOHN P CRAINE HOUSE INC 6130 N Michigan Road Indianapolis, IN 46228	35-1021203	501(c)(3)	40,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCH OF DIMES FOUNDATION PO Box 932852 Atlanta, GA 31193	13-1846366	501(c)(3)	40,000				General Support
PATHWAY TO RECOVERY INC 2135 N Meridian Street Indianapolis, IN 46202	35-1820889	501(c)(3)	40,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAPHAEL HEALTH CENTER INC 401 E 34th Street Indianapolis, IN 46205	35-1948768	501(c)(3)	39,948				General Support
GLEANERS FOOD BANK OF INDIANA INC 3737 Waldemere Ave Indianapolis, IN 46241	35-1483868	501(c)(3)	34,740				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROOKES PLACE FOR GRIEVING YOUNG PEOPLE 50 E 91st Street Indianapolis, IN 46240	35-2045122	501(c)(3)	30,000				General Support
FAY BICCARD GLICK NEIGHBORHOOD CTR CROOK 2990 W 71st Street Indianapolis, IN 46260	35-1738809	501(c)(3)	30,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD CHRISTIAN LEGAL 3333 N Meridian Street Indianapolis, IN 46208	35-1916572	501(c)(3)	25,500				General Support
CENTER FOR INTERFAITH COOPERATION INC 1100 W 42nd Street Indianapolis, IN 46208	27-5336996	501(c)(3)	20,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROOKED CREEK CDC NW 9101 Wesleyan Road Indianapolis, IN 46268	35-2110841	501(c)(3)	20,000				General Support
YMCA OF GREATER INDIANAPOLIS 615 N Alabama Street Indianapolis, IN 46204	35-0868211	501(c)(3)	20,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MORNING DOVE THERAPEUTIC RIDING INC PO Box 721 Zionsville, IN 46077	35-2056736	501(c)(3)	18,000				General Support
THE JULIAN CENTER INC 2011 N Meridian Street Indianapolis, IN 46202	35-1346514	501(c)(3)	18,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANAPOLIS URBAN LEAGUE INC 777 Indiana Ave Indianapolis, IN 46202	35-6060655	501(c)(3)	10,000				General Support
NINE 13 INC 2841 Sunmeadow Way Indianapolis, IN 46228	46-4393798	501(c)(3)	10,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHEELER MISSION MINISTRIES INC 205 E New York Street Indianapolis, IN 46204	35-0888771	501(c)(3)	10,000				General Support
LITTLE RED DOOR CANCER AGENCY INC 1801 North Meridian Street Indianapolis, IN 46202	35-0914096	501(c)(3)	8,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PAWS AND THINK INC 1346 N Delaware Street Indianapolis, IN 46202	35-2153710	501(c)(3)	8,000				General Support
LITTLE SISTERS OF THE POOR 9040 Ashworth Court Indianapolis, IN 46260	35-1007734	501(c)(3)	6,000				General Support

Schedule J (Form 990)	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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No. 1545-0047
		2019
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC	Employer identification number 35-0869066
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Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
☐ First-class or charter travel	☐ 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 on 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 Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
☐ 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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.

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	Anne F Coleman and Hossain M Marandi, MD, received gross-up payments that were treated as taxable compensation to the individual.
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	A RELATED ORGANIZATION OF THE FILING ORGANIZATION, USES ONE OR MORE OF THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL: - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - COMPENSATION SURVEY OR STUDY, AND - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE PLEASE REFER TO THE FORM 990, PART VI, LINE 15A DISCLOSURE IN SCHEDULE O FOR ADDITIONAL DETAILS ON HOW COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL IS ESTABLISHED.
Schedule J, Part I, Line 4a Severance or change-of-control payment	THE FOLLOWING INDIVIDUAL(S) RECEIVED SEVERANCE PAYMENTS FROM THE ORGANIZATION OR A RELATED ORGANIZATION DURING THE CALENDAR YEAR 2019: Hossain M Marandi - \$107,123 Anne F Coleman - \$176,976 John M Waits - \$150,404
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Eligible executives participate in various non-qualified deferred compensation plans organized under Code Section 457(f). The exact purpose of each plan varies but they include: compensation limitation make-up plans, voluntary deferral plans, deferral of a portion of incentive bonus type plans, etc. Any amount ultimately paid under the program to the executive is reported as compensation on Form 990, Schedule J, Part II, Column B in the year paid. No payments were made to listed persons in Part VII under the various non-qualified deferred compensation plans during the year.

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 35-0869066

Name: ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ERICA L WEHRMEISTER EX-OFFICIO/PRESIDENT	(i)	440,321	150,912	29,397	15,400	30,687	666,717	0
	(ii)	0	0	0	0	0	0	0
1CHERYL A HARMON DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	573,927	607,530	185,398	14,614	8,588	1,390,057	0
2RICHARD K FREEMAN MD FORMER OFFICER (END 6/2017)	(i)	275,335	48,200	2,701	13,461	14,136	353,833	0
	(ii)	227,304	152,684	1,919	1,939	15,871	399,717	0
3TERRENCE G METZGER FORMER OFFICER (END 1/2019)	(i)	0	0	0	0	0	0	0
	(ii)	427,050	240,338	61,208	14,000	21,200	763,796	0
4JONATHAN S NALLI FACHE FORMER OFFICER (END 6/2018)	(i)	0	0	0	0	0	0	0
	(ii)	876,513	1,282,657	223,152	15,400	27,654	2,425,376	0
5JOHN M WAITS FORMER OFFICER (END 10/2018)	(i)	0	0	0	0	0	0	0
	(ii)	0	0	151,390	0	0	151,390	0
6BETHANY L MORROW VP, FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	277,430	81,373	1,340	15,400	12,893	388,436	0
7ANNE F COLEMAN RN FORMER KEY EMPLOYEE (END 6/2017)	(i)	119,936	0	183,422	7,190	11,530	322,078	0
	(ii)	0	0	0	0	0	0	0
8ANN VARNER FORMER KEY EMPLOYEE (END 12/2017)	(i)	0	0	0	0	0	0	0
	(ii)	323,346	198,561	42,058	14,000	16,251	594,216	0
9HOSSAIN M MARANDI MD PRESIDENT, PMCH (END 9/2019)	(i)	296,076	119,440	114,647	8,400	25,275	563,838	0
	(ii)	0	0	0	0	0	0	0
10MARY MYERS RN CNO	(i)	343,966	104,304	4,902	15,400	23,765	492,337	0
	(ii)	0	0	0	0	0	0	0
11JEFFREY M ROTHENBERG MD CMO	(i)	455,019	137,205	4,902	14,000	36,263	647,389	0
	(ii)	0	0	0	0	0	0	0
12CYNTHIA D ADAMS RN CNO, MINISTRY MARKET	(i)	481,102	200,366	135,014	15,400	11,270	843,152	0
	(ii)	0	0	0	0	0	0	0
13ANTHONY A AZAKIE MD PHYSICIAN	(i)	1,009,781	95,000	2,622	14,000	51,242	1,172,645	0
	(ii)	0	0	0	0	0	0	0
14MICHAEL J CALLAHAN MD PHYSICIAN	(i)	648,140	126,657	1,710	18,200	36,283	830,990	0
	(ii)	0	0	0	0	0	0	0
15AARON J FELDMAN MD PRESIDENT (END 6/2019)	(i)	297,981	247,539	397,567	13,695	13,966	970,748	0
	(ii)	0	0	0	0	0	0	0
16JAMES E SUMNERS MD PHYSICIAN	(i)	690,826	0	11,124	16,800	38,510	757,260	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number
35-0869066

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

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

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

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Erin Patterson	Daughter of Kevin Bower, Board Chair	92,785	Employment		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

35-0869066

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a PROCESS FOR DETERMINING COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL, AS WELL AS THAT OF ANY OTHER OFFICERS OR SENIOR EXECUTIVES (IF ANY), IS DIRECTED BY A RELATED ORGANIZATION. THE RELATED ORGANIZATION'S BOARD COMMITTEE RESPONSIBLE FOR COMPENSATION OVERSEES THE PROCESS, UTILIZING INDEPENDENT DELEGES WITHIN THE ORGANIZATION AS APPROPRIATE, DEPENDING ON THE ROLE. IN SOME CASES, THE PROCESS MAY UTILIZE COMPARABILITY DATA AND ANALYSIS FROM A NATIONAL THIRD-PARTY COMPENSATION FIRM; OR, IF MORE APPROPRIATE FOR THE ROLE, IT MAY INSTEAD UTILIZE OTHER APPLICABLE SOURCES OF MARKET COMPARABILITY DATA AS NEEDED TO VERIFY REASONABLENESS. THE PROCESS ALSO INCLUDES CONTEMPORANEOUS SUBSTANTIATION OF THE ANALYSIS AND DECISION REGARDING THE COMPENSATION ARRANGEMENT. COMPENSATION IS REVIEWED AT LEAST ANNUALLY AND THE PROCESS IS ADMINISTERED TO ASSURE INDEPENDENCE, AVOID CONFLICTS OF INTEREST, ENSURE REASONABLENESS AND MARKET COMPARABILITY OF TOTAL COMPENSATION, AND TO OTHERWISE ABIDE BY PERTINENT LAWS AND REGULATIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b PROCESS FOR DETERMINING COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL, AS WELL AS THAT OF ANY OTHER OFFICERS OR SENIOR EXECUTIVES (IF ANY), IS DIRECTED BY A RELATED ORGANIZATION. THE RELATED ORGANIZATION'S BOARD COMMITTEE RESPONSIBLE FOR COMPENSATION OVERSEES THE PROCESS, UTILIZING INDEPENDENT DELEGEEES WITHIN THE ORGANIZATION AS APPROPRIATE, DEPENDING ON THE ROLE. IN SOME CASES, THE PROCESS MAY UTILIZE COMPARABILITY DATA AND ANALYSIS FROM A NATIONAL THIRD-PARTY COMPENSATION FIRM; OR, IF MORE APPROPRIATE FOR THE ROLE, IT MAY INSTEAD UTILIZE OTHER APPLICABLE SOURCES OF MARKET COMPARABILITY DATA AS NEEDED TO VERIFY REASONABLENESS. THE PROCESS ALSO INCLUDES CONTEMPORANEOUS SUBSTANTIATION OF THE ANALYSIS AND DECISION REGARDING THE COMPENSATION ARRANGEMENT. COMPENSATION IS REVIEWED AT LEAST ANNUALLY AND THE PROCESS IS ADMINISTERED TO ASSURE INDEPENDENCE, AVOID CONFLICTS OF INTEREST, ENSURE REASONABLENESS AND MARKET COMPARABILITY OF TOTAL COMPENSATION, AND TO OTHERWISE ABIDE BY PERTINENT LAWS AND REGULATIONS.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	DURING THE RETURN PREPARATION PROCESS, THE TAX DEPARTMENT WORKS WITH OTHER FUNCTIONAL AREAS WHICH MAY INCLUDE, AS NEEDED, FINANCE, ACCOUNTING, TREASURY, LEGAL, HUMAN RESOURCES, AND CORPORATE COMPLIANCE FOR ADVICE, INFORMATION AND ASSISTANCE IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN. A COMPLETE FINAL COPY OF THE RETURN IS PROVIDED TO DESIGNATED MANAGEMENT TEAM MEMBERS WITH EXPERIENCE IN TAX, IN LIEU OF THE FULL BOARD.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part 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 employer analysis is used to determine whether the hours and compensation/benefits are reportable 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 reporting.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Clinic Revenue - Total Revenue: 144495, Related or Exempt Function Revenue: 144495, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Contracted Services Revenue - Total Revenue: 2122321, Related or Exempt Function Revenue: 2122321, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Management Fees - Total Revenue: 74974, Related or Exempt Function Revenue: 74974, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; State Program Revenue - Total Revenue: 60790, Related or Exempt Function Revenue: 60790, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Rental Income from Affiliates - Total Revenue: 200876, Related or Exempt Function Revenue: 200876, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Shared Savings Revenue - Total Revenue: 382005, Related or Exempt Function Revenue: 382005, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Sports Medicine Revenue - Total Revenue: 1493422, Related or Exempt Function Revenue: 1493422, 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	Education Revenue - Total Revenue: 91019, Related or Exempt Function Revenue: 91019, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Late Penalty Fees - Total Revenue: 3632, Related or Exempt Function Revenue: 3632, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Medical Records Fees - Total Revenue: 6770, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 6770; Miscellaneous Revenue - Total Revenue: 212145, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 212145;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	TRANSFERS WITH AFFILIATES - -230841669; TRANSFER TO NON-CONTROLLING INTEREST - -12828035; Prior Year Write Off - -1800000;

990 Schedule O, Supplemental Information

Return Reference	Explanation
HEADING - ITEM C DOING BUSINESS AS	46th Street Family Physicians Ascension St. Vincent - Avon Ascension St. Vincent - Brownsburg Ascension St. Vincent - Castleton Ascension St. Vincent - Greenwood Ascension St. Vincent - Noblesville South Ascension St. Vincent - Noblesville West Ascension St. Vincent - Plainfield Ascension St. Vincent Center for Healthy Aging Ascension St. Vincent Hospital Ascension St. Vincent Hospital - Avon Ascension St. Vincent Hospital - Castleton Ascension St. Vincent Hospital - Indianapolis South Ascension St. Vincent Hospital - Noblesville South Ascension St. Vincent Hospital - Plainfield Ascension St. Vincent Hospital Breast Center Ascension St. Vincent Hospital Cancer Center Ascension St. Vincent Indianapolis Ascension St. Vincent Outpatient Treatment Center Ascension St. Vincent Pharmacy Ascension St. Vincent Primary Care Center Pharmacy Ascension St. Vincent Sports Performance Ascension St. Vincent Stress Center Ascension St. Vincent Women's Health Boutique Ascension St. Vincent Women's Hospital Ascension St. Vincent's Athletes Concussion Alliance Belmont Primary Care Broad Ripple Family Physicians Broad Ripple Internal Medicine Children's Heart Center at St. Vincent Family Hospice of West Central Indiana Family Life Center St. Vincent Family Life Center Fisher's Primary Care Health Directions Indiana Center for Laser Medicine Indiana Neuroscience Institute Internal Medicine of Zionsville John S. Marten and Family Center for Complementary Medicine Joshua Max Simon St. Vincent Primary Care Center Naab Road Family Physicians Northeast Medical Group Pediatric Associates of Indianapolis Pediatric Associates of Zionsville Peyton Manning Children's Hospital at Ascension St. Vincent Peyton Manning Children's Hospital Peyton Manning Children's Hospital at St. Vincent Putnam Family Healthcare St. Vincent Acute Rehabilitation Unit St. Vincent Bariatrics St. Vincent Blood Center St. Vincent Cancer Care St. Vincent Cancer Center St. Vincent Care Management Organization St. Vincent Center for Healthy Aging St. Vincent Center for Healthy Living St. Vincent Center for Joint Replacement St. Vincent Children's Hospital St. Vincent Children's Hospital of Indiana St. Vincent College of Health Professions St. Vincent Diagnostic Center St. Vincent Home Care St. Vincent Home Care - Elwood Branch St. Vincent Home Care - Veederburg Branch St. Vincent Home Care North Vernon Branch St. Vincent Hospice St. Vincent Hospitals and Health Services St. Vincent Immediate Care St. Vincent Indianapolis St. Vincent Indianapolis Hospital St. Vincent Infusion Center St. Vincent Marten House Hotel and Conference Center St. Vincent Maternal-Fetal Medicine Group St. Vincent Medical Center Northeast St. Vincent Neighborhood Hospital St. Vincent Neonatal Physician Group St. Vincent Neurosciences St. Vincent Occupational Health Center St. Vincent Orthopedic Center St. Vincent Orthopedic Transitional Care St. Vincent Orthopedics St. Vincent Outpatient Treatment Center St. Vincent Pediatric Hospital

990 Schedule O, Supplemental Information

Return Reference	Explanation
HEADING - ITEM C DOING BUSINESS AS	tal Program St. Vincent Pediatric Intensive Care Unit Physician's Group St. Vincent Pediat ric Orthopedic Surgeons of Indiana St. Vincent Pediatric Pulmonology Group St. Vincent Ped iatric Subspecialties St. Vincent Pediatric Surgical Group St. Vincent Pharmacy St. Vincen t Physician Services St. Vincent Private Duty Home Care St. Vincent Skilled Care Unit St. Vincent Spine Care St. Vincent Spine Center St. Vincent Sports Medicine St. Vincent Sports Performance St. Vincent Stress Center St. Vincent Stress Center Youth Extended Care Progr am St. Vincent Women's St. Vincent Women's Hospital St. Vincent's Unity Development Center St. Vincent Pediatric Orthopedic Surgeons of Indiana St. Vincent Physician Services Hospi tal and Health Care Center Sycamore Primary Care Technology Management Concepts The Villag e Doctor Village Family Medicine Village Park Family Physicians Westfield Primary Care Wes tlane Internal Medicine William K. Nasser, M.D. Healthcare Education and Simul Woerner, Bo yd Internists

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1 PHYSICAL ADDRESS	THE PHYSICAL ADDRESS FOR THIS ENTITY IS 2001 WEST 86TH STREET, INDIANAPOLIS, INDIANA 46260-1991. THE ADDRESS ON PAGE 1 IS FOR MAILING PURPOSES ONLY.

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number
35-0869066

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

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

No

1m

No

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

Yes

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

Schedule R (Form 990) 2019

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 35-0869066

Name: ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1568866	HEALTH SYSTEM	IL	501(c)(3)	Type II	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-2847744	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	10	GULF COAST HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4336931	Physician services	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4251848	Behavioral health hospital	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3527899	Housing and supportive care services for persons with HIV/AIDS	IL	501(c)(3)	10	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3045007	Outpatient community mental health services	IL	501(c)(3)	10	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4344423	PACE- Comprehensive & Coordinated Community Based Services	IL	501(c)(3)	10	Ascension Health Senior Care	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3260495	Supports the provision of healthcare services for related corporations for which it is a member	IL	501(c)(3)	Type III-FI	Ascension Health	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3276552	Supports the provision of healthcare services for related corporations	IL	501(c)(3)	Type III-FI	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1470362	SKILLED NURSING FACILITY	MO	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 47-1930457	Physician services	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-2596381	Acute care hospital	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 81-1110738	SPECIALTY PHYSICIAN PRACTICE GROUP	IL	501(c)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 94-1530037	Acute care hospital (sold in 1998)	TX	501(c)(3)	Type I	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4484290	Supports the provision of healthcare for related corporations	IL	501(c)(3)	Type II	Alexian Brothers Health System	Yes	
3040 W Salt Creek Ln Arlington Heights, IL 60005 43-1295333	HUD housing	MO	501(c)(3)	10	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1592502	SKILLED NURSING FACILITY	MO	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 80-0710751	Specialty physician practice group	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1351584	CONTINUING CARE RETIREMENT COMMUNITY	WI	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-1136742	CONTINUING CARE RETIREMENT COMMUNITY	TN	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2434 Interstate Plaza Drive Hammond, IN 46234 20-3238867	HEALTH CARE	IN	501(c)(3)	3	Presence Central & Suburban Hospitals Network AND PRESENCE CHICAGO HOSPITAL S NETWORK	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0952490	SPORTS MEDICINE	AL	501(c)(3)	7	ST VINCENT'S BIRMINGHAM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-2841358	RETIREMENT COMMUNITY	IL	501(c)(3)	10	PRESENCE LIFE CONNECTIONS	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1570877	FOUNDATION	WI	501(c)(3)	7	ASCENSION ALL SAINTS HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1264986	HOSPITAL	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2802463	FUNDRAISING	MI	501(c)(3)	Type I	ASCENSION ALLEGAN HOSPITAL	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1359180	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-5800012	HEALTH CARE	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 86-0455920	HOSPITAL	AZ	501(c)(3)	3	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-7222558	FUNDRAISING	MI	501(c)(3)	Type I	ASCENSION BORGESS HOSPITAL	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1360526	HEALTHCARE SERVICES	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2860459	FUNDRAISING	MI	501(c)(3)	Type III-FI	ASCENSION BORGESS-LEE HOSPITAL	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1490190	HEALTHCARE SERVICES	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1576680	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0905385	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-1121862	Health care	MO	501(c)(3)	Type I	Ascension Care Management LLC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2734755	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0985690	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1958763	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3591148	FOUNDATION	MI	501(c)(3)	Type II	GENESYS HEALTH SYSTEM	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2377821	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1627755	FOUNDATION	WI	501(c)(3)	Type II	ASCENSION GOOD SAMARITAN HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0808503	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 31-1662309	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE		No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 65-1257719	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-3358926	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	NA		No
RUST C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-7046706	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 65-1205990	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1227406	PARENT COMPANY	MO	501(c)(3)	Type II	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 82-4710412	RETIREMENT COMMUNITY	WI	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3322109	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 83-1617112	HEALTH CARE	MI	501(c)(3)	10	ASCENSION MEDICAL GROUP LLC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3494637	HEALTH CARE	MI	501(c)(3)	10	ASCENSION MEDICAL GROUP LLC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3193801	HEALTHCARE SERVICES	MI	501(c)(3)	10	ASCENSION MEDICAL GROUP LLC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1127163	CLINICAL HEALTHCARE SERVICES	WI	501(c)(3)	3	AFFINITY HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1965593	MEDICAL GROUP	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1791586	MEDICAL GROUP	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2631907	HEALTH CARE	MI	501(c)(3)	10	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2601348	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-3174701	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0816818	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0807065	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-1109636	HEALTHCARE SERVICES	TX	501(c)(3)	3	ASCENSION TEXAS	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3526629	FUNDRAISING	MI	501(c)(3)	7	ST JOHN PROVIDENCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1358212	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2627336	SUPPORTING	MI	501(c)(3)	Type I	ASCENSION PROVIDENCE ROCHESTER HOSPITAL	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1359247	GENERAL HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3160564	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1390638	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0816857	HOSPITAL	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-1109643	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	3	ASCENSION TEXAS	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2262856	HEALTH CARE	MI	501(c)(3)	3	ST JOHN PROVIDENCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 72-1531917	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1256677	FOUNDATION	WI	501(c)(3)	7	AFFINITY HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0907740	HOSPITAL	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-2961579	FUNDRAISING	MI	501(c)(3)	7	ST JOHN PROVIDENCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1359063	HEALTH CARE	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 01-0790428	FUNDRAISING	MI	501(c)(3)	Type I	ASCENSION ST JOSEPH'S HOSPITAL	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1443395	HEALTH CARE	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2246366	FUNDRAISING	MI	501(c)(3)	Type III-FI	ASCENSION ST MARY'S HOSPITAL	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-0997730	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1657410	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION ST MICHAEL'S HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0808443	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1671120	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-4364243	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-0958974	MANAGEMENT COMPANY	KS	501(c)(3)	10	ASCENSION VIA CHRISTI HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1172107	HEALTH SYSTEM PARENT	KS	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1186704	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-0543778	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-1965272	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1172106	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-0948571	PROPERTY MANAGEMENT	KS	501(c)(4)		ASCENSION VIA CHRISTI HOSPITALS WICHITA INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1158274	REHABILITATION HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HOSPITALS WICHITA INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1601369	VEBA	MO	501(c)(9)		ASCENSION HEALTH ALLIANCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1494981	FOUNDATION	WI	501(c)(3)	7	COLUMBIA ST MARY'S INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1701402	LABORATORY	WI	501(c)(3)	10	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1613624	PHARMACY	WI	501(c)(3)	10	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 58-1509251	COMMUNITY HEALTH PROMOTION	TN	501(c)(3)	Type I	SAINT THOMAS NETWORK	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 58-1861378	INACTIVE	TN	501(c)(3)	Type I	SAINT THOMAS MIDTOWN HOSPITAL	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2971975	OWN OIL AND MINERAL RIGHTS, REAL ESTATE	TX	501(c)(3)	Type III-FI	SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC	Yes	

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(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
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2468823	HOLDING COMPANY	MI	501(c)(3)	3	BORGESS HEALTH ALLIANCE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2335286	HEALTH SYSTEM PARENT	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2555589	SKILLED NURSING FACILITY	MI	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 86-0749574	FOUNDATION	AZ	501(c)(3)	Type I	ASCENSION ARIZONA	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1276738	HEALTH SYSTEM PARENT	MO	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2505427	SKILLED NURSING FACILITY	MO	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 81-4769136	MEDICAL GROUP	NY	501(c)(3)	3	ST MARY'S HEALTHCARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 83-2068871	SKILLED NURSING FACILITY	DC	501(c)(3)	10	Ascension Health Senior Care	Yes	
N4642 COUNTY N APPLETON, WI 54914 45-4681563	BEHAVIORAL HEALTH SERVICES	WI	501(c)(3)	3	AFFINITY HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2514708	ADULT DAY CARE	MI	501(c)(3)	Type II	Ascension Health Senior Care	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-1869951	FREESTANDING OUTPATIENT CENTER	IN	501(c)(3)	Type III-FI	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-0468031	FUNDRAISING	TX	501(c)(3)	Type II	ASCENSION TEXAS	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1596986	COLLEGE	WI	501(c)(3)	2	COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0806315	HOSPITAL	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0807063	HOSPITAL	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1834639	HEALTH SYSTEM	WI	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1241079	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2800601	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1357365	NURSING/ASSISTED LIVING SERVICES	WI	501(c)(3)	10	HOWARD YOUNG HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2790703	MEDICAL RESEARCH ORGANIZATION	MI	501(c)(3)	10	ASCENSION ST MARY'S HOSPITAL	Yes	

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						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 75-3193633	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION ST CLARE'S HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1684957	FOUNDATION	WI	501(c)(3)	Type II	SAINT JOSEPH'S HOSPITAL OF MARSHFIELD INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2371754	HEALTH SRVCS/STAFFING/PROP MNGT	MI	501(c)(3)	Type II	GENESYS HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2317364	CONVALESCENT CENTER	MI	501(c)(3)	3	GENESYS AMBULATORY HEALTH SERVICES	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3339703	HEALTH SYSTEM PARENT	MI	501(c)(3)	Type II	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0934712	HEALTH SYSTEM	AL	501(c)(3)	Type III-FI	ST VINCENT'S HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-3620346	NURSING HOME	FL	501(c)(3)	10	SACRED HEART HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-3220767	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1499115	HOME OFFICE	WI	501(c)(3)	Type II	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-0606129	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-1440267	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
18927 HICKORY CREEK DRIVE SUITE 300 MOKENA, IL 60448 36-3438977	LOW INCOME HOUSING FOR ELDERLY AND HANDICAPPED INDIVIDUALS	IL	501(c)(3)	10	PRESENCE LIFE CONNECTIONS	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 91-1528577	FUNDRAISING	WA	501(c)(3)	Type I	OUR LADY OF LOURDES HOSPITAL AT PASCO	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 22-2873637	Rental of Health Care Facilities	NY	501(c)(2)		Our Lady of Lourdes Memorial Hospital Inc	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 14-1776546	MEDICAL OFFICE BUILDING	NY	501(c)(25)		ST MARY'S HEALTHCARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3495969	HEALTH CARE	IL	501(c)(3)	10	Presence Health Partners Services	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-7140261	FOUNDATION	WI	501(c)(3)	10	AFFINITY HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 94-3436893	Medical Group	WI	501(c)(3)	3	ASCENSION MEDICAL GROUP-SOUTHEAST WISCONSIN INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1490371	PARENT CORPORATION	WI	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 91-0349750	HEALTHCARE	WA	501(c)(3)	3	ASCENSION HEALTH	Yes	

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						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 15-0532221	HOSPITAL	NY	501(c)(3)	3	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 16-1608735	SKILLED NURSING FACILITY	NY	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-3700131	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4286236	HEALTH CARE	IL	501(c)(3)	10	Presence Care Transformation Corporation	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-2709982	HEALTH CARE	IL	501(c)(3)	10	Presence Care Transformation Corporation	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-0483587	HEALTH CARE	IL	501(c)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3366652	MGMT SUPPORT	IL	501(c)(3)	Type III-FI	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4195126	HEALTH CARE	IL	501(c)(3)	3	Presence Care Transformation Corporation	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-2235165	HEALTH CARE	IL	501(c)(3)	3	Presence Care Transformation Corporation	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-2644178	HEALTH CARE	IL	501(c)(3)	Type II	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3330928	HEALTH CARE	IL	501(c)(3)	3	Presence Care Transformation Corporation	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-0483581	HEALTH CARE	IL	501(c)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 37-1127787	RETIREMENT COMMUNITY	IL	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-7061646	RETIREMENT COMMUNITY	IL	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-8775914	DORMANT	IN	501(c)(3)	10	ST MARY'S HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0914564	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(2)		GULF COAST HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0915493	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	7	GULF COAST HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2683112	SUPPORT CHARITABLE PURPOSE OF ASCENSION PROVIDENCE	TX	501(c)(3)	Type I	ASCENSION PROVIDENCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2696970	PHYSICIAN PRACTICES	TX	501(c)(3)	3	ASCENSION PROVIDENCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 52-1275583	FUNDRAISING ORGANIZATION	DC	501(c)(3)	Type I	PROVIDENCE HOSPITAL	Yes	

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						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 52-1275587	PHYSICIAN PRACTICES	DC	501(c)(3)	Type I	PROVIDENCE HOSPITAL	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0288861	HOSPITAL	AL	501(c)(3)	3	GULF COAST HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 53-0196636	HOSPITAL	DC	501(c)(3)	3	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 61-1759304	SKILLED NURSING FACILITY	TX	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3296367	HEALTH CARE	IL	501(c)(3)	10	Presence Care Transformation Corporation	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-2436597	FOUNDATION	FL	501(c)(3)	7	SACRED HEART HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-0634434	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 57-1183283	INVESTMENT	FL	501(c)(3)	Type I	SACRED HEART HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0902199	REHAB SERVICES	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 41-0693877	HOSPITAL	MN	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0847631	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 58-1716804	SYSTEM PARENT	TN	501(c)(3)	Type II	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 58-1663055	OPERATES FOUNDATION	TN	501(c)(3)	7	SAINT THOMAS NETWORK	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 58-1737573	HOSPITAL	TN	501(c)(3)	3	BAPTIST HEALTH CARE AFFILIATES INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-1836937	HOME HEALTH CARE	TN	501(c)(3)	10	SAINT THOMAS HICKMAN HOSPITAL	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-1529858	HEALTHCARE PROVIDER	TN	501(c)(3)	10	ASCENSION MEDICAL GROUP LLC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-1869474	ACUTE CARE HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-1284994	HEALTH INVESTMENT ENTITY	TN	501(c)(3)	10	SAINT THOMAS HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 47-4063046	HOSPITALS	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-1167917	FOUNDATION	TN	501(c)(3)	Type I	SAINT THOMAS RUTHERFORD HOSPITAL	Yes	

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						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-0475842	HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-0347580	HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1948057	MEDICAL EQUIPMENT	KS	501(c)(3)	10	ASCENSION VIA CHRISTI HEALTH PARTNERS INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3308965	Owns or leases properties where healthcare services are delivered	IL	501(c)(2)		Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-4364681	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 26-4562522	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-1311790	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2212968	FUNDRAISING	TX	501(c)(3)	Type II	ASCENSION TEXAS	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 26-2842608	FUNDRAISING	TX	501(c)(3)	Type II	ASCENSION TEXAS	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2820107	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-2498998	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	ASCENSION SETON	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-4364813	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type II	ASCENSION TEXAS	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-2960726	SKILLED NURSING FACILITY	PA	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-2064992	PROVIDE HEALTH CARE SERVICES TO THE COMMUNITY	MD	501(c)(3)	10	ASCENSION MEDICAL GROUP LLC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0937704	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	Type II	GULF COAST HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 42-1670843	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-7326976	REAL ESTATE	AL	501(c)(2)		ST VINCENT'S HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-5330986	FUNDRAISING	TX	501(c)(3)	Type II	ASCENSION TEXAS	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2869762	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 82-0204264	HOSPITAL	ID	501(c)(3)	3	ASCENSION HEALTH	Yes	

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						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 82-1103087	HEALTHCARE	NY	501(c)(3)	3	OUR LADY OF LOURDES MEMORIAL HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 52-1415083	FUNDRAISING	MD	501(c)(3)	Type I	ST AGNES HEALTHCARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 52-0591657	HOSPITAL	MD	501(c)(3)	3	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4251846	Acute care hospital	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-1878316	SKILLED NURSING FACILITY	FL	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-0999759	HEALTH CARE	OK	501(c)(3)	10	ST JOHN HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3833117	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 61-1659782	REAL ESTATE	OK	501(c)(2)		ST JOHN HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-1133139	FUNDRAISING	OK	501(c)(3)	7	ST JOHN HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-1215174	SYSTEM PARENT	OK	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-0579286	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2244034	PARENT	MI	501(c)(3)	Type II	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-0662663	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-1077367	NURSING HOME	OK	501(c)(3)	10	ST JOHN HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-7313206	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST JOSEPH HOSPITAL & HEALTH CENTER INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-0992717	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1388461	FUNDRAISING	MO	501(c)(3)	Type I	CARONDELET HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 51-0168321	FUNDRAISING	ID	501(c)(3)	Type I	SJRCM Inc	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 52-1835288	SKILLED NURSING FACILITY	MD	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 26-0479484	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-1899560	DME/HOME CARE	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-7248362	REAL ESTATE HOLDING COMPANY	IN	501(c)(2)		ST MARY'S HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-7045370	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-1679526	INVESTMENT SERVICES	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-0869065	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 14-1347719	HOSPITAL	NY	501(c)(3)	3	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1918107	FUNDRAISING	MO	501(c)(3)	Type I	CARONDELET HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 26-1356310	PHYSICIAN PROFESSIONAL SERVICES	IN	501(c)(3)	10	ST VINCENT MEDICAL GROUP INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-3474697	DORMANT	IN	501(c)(3)	Type I	ST MARY'S MEDICAL GROUP LLC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-5342518	AMBULANCE SERVICES	IN	501(c)(4)		ST MARY'S HEALTH SERVICES INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-1343019	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-2053693	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT ANDERSON REGIONAL HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-0877261	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-3107055	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-2112529	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-2192831	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-4243702	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-1531734	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT FRANKFORT HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-2099320	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-2052591	PARENT COMPANY	IN	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	

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						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-1227327	HEALTH AND WELLNESS SERVICES	IN	501(c)(3)	10	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-6088862	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC	Yes	
301 HENRY STREET NORTH VERNON, IN 47265 84-1703732	DORMANT	IN	501(c)(3)	1	ST VINCENT JENNINGS HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-1841606	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-0876389	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-2039417	PHYSICIAN PROFESSIONAL SERVICES	IN	501(c)(3)	10	ST VINCENT CARMEL HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 31-1066871	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT MADISON COUNTY HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-2133006	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT RANDOLPH HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-2103153	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 47-1289091	RETAIL AMBULATORY SERVICES	IN	501(c)(3)	10	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-0847538	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-1712001	LONG TERM CARE HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-3130159	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT WILLIAMSPORT HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-0784551	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-2292041	PHYSICIAN PRACTICE	FL	501(c)(3)	10	ASCENSION MEDICAL GROUP LLC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0288864	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0909073	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 06-1331677	INACTIVE	CT	501(c)(3)	10	STVINCENT'S MEDICAL CENTER	Yes	
95 MERRITT BOULEVARD TRUMBULL, CT 06611 22-2554128	REAL ESTATE HOLDINGS	CT	501(c)(25)		ST VINCENT'S HEALTH SERVICES CORP	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0578923	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
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						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0868066	FUNDRAISING	AL	501(c)(3)	7	ST VINCENT'S HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-2219923	FUND RAISING	FL	501(c)(3)	7	ST VINCENT'S HEALTH SYSTEM INC	Yes	
2800 MAIN STREET BRIDGEPORT, CT 06606 22-2558134	HOLDING COMPANY	CT	501(c)(3)	Type I	ST VINCENT'S MEDICAL CENTER	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0931008	HEALTH SYSTEM	AL	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-3650609	PARENT ENTITY	FL	501(c)(3)	Type II	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 06-0646886	HOSPITAL AND SYSTEM PARENT	CT	501(c)(3)	3	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 22-2558132	FUNDRAISING	CT	501(c)(3)	7	ST VINCENT'S MEDICAL CENTER	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-0624449	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-1523194	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
2800 MAIN STREET BRIDGEPORT, CT 06606 80-0458769	PHYSICIAN PRACTICES	CT	501(c)(3)	Type I	ST VINCENT'S MEDICAL CENTER	Yes	
95 MERRITT BOULEVARD TRUMBULL, CT 06611 06-0702617	PROGRAMS FOR SPECIAL NEEDS INDIVIDUALS	CT	501(c)(3)	10	ST VINCENT'S HEALTH SERVICES CORP	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-5002285	REAL ESTATE HOLDING COMPANY	IN	501(c)(3)	Type III-FI	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2427678	PRG RELATED INVESTMENTS	MI	501(c)(3)	Type II	GENESYS HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0873606	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2727509	SPIRITUALITY CENTER	TX	501(c)(3)	Type II	ASCENSION TEXAS	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 26-4562712	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2855201	TO HOLD TITLE TO REAL PROPERTY	TX	501(c)(25)		SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0932323	PHYSICIAN GROUP	AL	501(c)(3)	Type II	ST VINCENT'S HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4943550	FOUNDATION	KS	501(c)(3)	7	ASCENSION VIA CHRISTI HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1236589	PACE (SNF)	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	

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						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1129325	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-2828680	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1078862	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1247723	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-3070971	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-1153337	RETIREMENT COMMUNITY	OK	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-0559086	MANAGEMENT COMPANY	KS	501(c)(3)	Type III-FI	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 93-0838390	FOUNDATION	WI	501(c)(3)	10	ASCENSION ALL SAINTS HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 72-1526400	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HOSPITAL MANHATTAN INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-2028808	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION SE WISCONSIN HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1636804	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION SE WISCONSIN HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-6068950	AUXILIARY	WI	501(c)(3)	Type III-FI	ASCENSION SE WISCONSIN HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 32-0135258	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION ST FRANCIS HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1486775	RETIREMENT COMMUNITY	WI	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 56-2426294	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION WISCONSIN PHARMACY INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1568865	PARENT CORPORATION	IL	501(c)(3)	Type I	ASCENSION HEALTH	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Alexian Rehabilitation Services LLC 935 Beisner Elk Grove Village, IL 60007 30-0221481	Rehabilitation hospital	IL	NA	N/A								
ALLEGAN GENERAL HOSPITAL PAIN ADMINISTRATION SERVICES LLC 555 LINN STREET ALLEGAN, MI 49010 47-3706652	PAIN MANAGEMENT	MI	NA	N/A								
ALVERNO CLINICAL LABORATORIES LLC 2434 INTERSTATE PLAZA DRIVE HAMMOND, IN 46324 20-3240648	MEDICAL SERVICE	IN	NA	N/A								
AMBULATORY SURGERY CENTER LP 818 N Emporia Ste 108 WICHITA, KS 67214 48-1114690	SURGERY CENTER	KS	NA	N/A								
ASCENSION ALPHA FUND LLC 101 SOUTH HANLEY ROAD SUITE 200 ST LOUIS, MO 63105 90-0786464	INVESTMENTS	MO	NA	N/A								
ASCENSION ATHO CARRY LP 101 SOUTH HANLEY ROAD ST LOUIS, MO 63105 84-4224833	INVESTMENTS	DE	NA	N/A								
ASCENSION HEALTH AT HOME LLC 1A BURTON HILLS BOULEVARD NASHVILLE, TN 37215 47-1704527	INVESTMENTS	DE	NA	N/A								
ASCENSION TOWERBROOK HEALTHCARE OPPORTUNITIES LP 65 EAST 55TH STREET 19TH FLOOR NEW YORK, NY 10022 98-1500387	INVESTMENTS	NY	NA	N/A								
ASCENSION VIA CHRISTI IMAGING MANHATTAN LLC 1823 College Avenue MANHATTAN, KS 66502 48-1251984	RADIOLOGY SERVICES	KS	NA	N/A								
ASCENSION WISCONSIN EMERUS JV LLC 8040 EXCELSIOR DRIVE SUITE 400 MADISON, WI 53717 38-4118568	ACUTE CARE HOSPITALS	WI	NA	N/A								
BAPTIST WOMENS HEALTH CENTER LLC 1900 CHURCH STREET SUITE 300 NASHVILLE, TN 37203 62-1772195	OWNS AND OPERATES SPECIALTY HOSPITAL	TN	NA	N/A								
BELMONT HARLEM SURGERY CENTER LLC 3101 NORTH HARLEM CHICAGO, IL 60634 41-2237162	MEDICAL SERVICE	IL	NA	N/A								
Bonaventure Medical Foundation LLC 2601 Navistar Drive Lisle, IL 60532 36-3978153	Manages managed care contracts	DE	NA	N/A								
Borgess Health Partners LLC 28000 DeQuindre Warren, MI 48092 38-2648846	MANAGED CARE	MI	NA	N/A								
CARMEL AMBULATORY SURGERY CENTER LLC 13421 OLD MERIDIAN STREET STE 150 CARMEL, IN 46032 32-0014795	AMBULATORY SURGERY CENTER	IN	NA	N/A								

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							Yes	No		Yes	No	
CB-AH PARALLEL FUND II LP 200 CLARENDON STREET 17TH FLOOR BOSTON, MA 02116 04-3585156	INVESTMENTS	MA	NA	N/A								
CENTRAL TEXAS LAUNDRY LLC 4255 PROFIT STREET SAN ANTONIO, TX 78219 36-4778018	LAUNDRY SERVICES	TX	NA	N/A								
CHV II LP 101 SOUTH HANLEY ROAD CLAYTON, MO 63105 26-0534243	INVESTMENTS	MO	NA	N/A								
CHV III LP 101 SOUTH HANLEY ROAD ST LOUIS, MO 63105 45-4486925	INVESTMENTS	MO	NA	N/A								
CHV IV LP 101 SOUTH HANLEY ROAD ST LOUIS, MO 63105 81-3953953	INVESTMENTS	DE	NA	N/A								
COLLABORATIVE HEALTH VENTURES V LP 101 SOUTH HANLEY ROAD CLAYTON, MO 63105 84-4668723	INVESTMENTS	MO	NA	N/A								
CUMBERLAND BEHAVIORAL HEALTH LLC 6100 Tower Circle Suite 1000 Franklin, TN 37067 32-0530876	behavioral clinic operations	TN	NA	N/A								
ENDOSCOPY CENTER LLC 13421 OLD MERIDIAN STREET STE 150 CARMEL, IN 46032 32-0029881	ENDOSCOPY CENTER	IN	NA	N/A								
ENDOSCOPY GROUP LLC 4810 NORTH DAVIS HIGHWAY PENSACOLA, FL 32503 59-3519881	MEDICAL SERVICES	FL	NA	N/A								
HAYS JV PARTNERS LLC 569 Brookwood Village Suite 901 Birmingham, AL 35209 85-2037257	Holding Company for Ambulatory Surgery Center Investment	TX	NA	N/A								
Hospital Consolidated Laboratories LLC 39595 W 10 Mile Rd Novi, MI 48375 38-3318428	LAB SERVICES	MI	NA	N/A								
INTERVENTIONAL REHABILITATION CENTER LLC 1549 AIRPORT BOULEVARD STE 420 PENSACOLA, FL 32503 59-3673361	MEDICAL SERVICES	FL	NA	N/A								
KANSAS SURGERY AND RECOVERY CENTER LLC 2770 North Webb Road WICHITA, KS 67226 48-1148580	SURGERY CENTER	KS	NA	N/A								
KENOSHA DIGESTIVE HEALTH CENTER 1033 N MAYFAIR ROAD SUITE 101 WAUWATOSA, WI 53226 84-2167873	DIGESTIVE HEALTH	WI	NA	N/A								
Lourdes Health Support LLC 333 Butternut Drive Suite 100 Dewitt, NY 13214 16-1611707	Medical Equipment Provider	NY	NA	N/A								

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							Yes	No		Yes	No	
MIDDLE TENNESSEE IMAGING LLC 400 N HIGHLAND AVENUE MURFREESBORO, TN 37219 01-0570490	DIAGNOSTIC IMAGING CENTER	TN	NA	N/A								
MURFREESBORO DIAGNOSTIC IMAGING LLC 400 N HIGHLAND AVENUE MURFREESBORO, TN 37219 20-0291952	DIAGNOSTIC IMAGING CENTER	TN	NA	N/A								
MY HEALTH ASCENSION MANAGEMENT LLC 28000 DEQUINDRE ROAD WARREN, MI 48092 85-1304904	URGENT CARE CENTER	MI	NA	N/A								
NAAB ROAD SURGERY CENTER LLC 8260 NAAB ROAD STE 100 INDIANAPOLIS, IN 46260 35-1991390	AMBULATORY SURGERY CENTER	IN	ST VINCENT HOSPITAL & HEALTH CARE CENTER INC	Related	15,101,800	7,820,996		No			No	51 %
Oklahoma Cancer Specialists Real Estate Company LLC 12697 E 51st St South TULSA, OK 74146 61-1774455	REAL ESTATE HOLDING	OK	NA	N/A								
Open MRI of Michigan 411 W 13 MILE ROAD MADISON HEIGHTS, MI 48071 38-3544539	MRI Center	MI	NA	N/A								
ORTHOPEDIC SURGERY CENTER OF THE FOX VALLEY LLC 2223 LIME KILN ROAD SUITE 101 GREEN BAY, WI 54311 84-2016212	SURGERY CENTER	WI	NA	N/A								
PCAC GI JV LLC 2601 Navistar Drive Lisle, IL 60532 85-0878312	AMBULATORY SURGERY CENTER	IL	NA	N/A								
PET LLC 5149 NORTH 9TH AVENUE SUITE 124 PENSACOLA, FL 32504 59-3788701	MEDICAL SERVICES	FL	NA	N/A								
PREMIER RADIOLOGY WISCONSIN LLC 500 W BROWN DEER ROAD SUITE 202 BAYSIDE, WI 53217 83-3180104	RADIOLOGY	WI	NA	N/A								
Presence Lakeshore Gastroenterology LLC 150 N River Road Suite 210 Des Plaines, IL 60016 81-1750563	Medical Service	IL	NA	N/A								
PROFESSIONAL CLINICAL LABORATORIES LLC 2434 INTERSTATE PLAZA DR HAMMOND, IN 46324 30-0711211	MEDICAL SERVICES	IN	NA	N/A								
RADS OF AMERICA LLC PO BOX 249 GOODLETTSVILLE, TN 370700249 20-0597581	AMBULATORY SURGERY CENTER	TN	NA	N/A								
SAINT THOMAS HOME RECOVERY CARE LLC 49 MUSIC SQUARE WEST SUITE 401 NASHVILLE, TN 37203 84-2100096	MEDICAL AND REHABILITATION SERVICES	TN	NA	N/A								
SAINT THOMAS REHABILITATION HOSPITAL LLC 680 S 4TH STREET LOUISVILLE, KY 40202 81-4303298	REHABILITATION HOSPITAL	KY	NA	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) 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	
SOUTH COAST REAL ESTATE VENTURE LLC 5907 HIGHWAY 90 MOSS POINT, MS 39563 45-5599047	OWN REAL ESTATE FOR A PHYSICIAN OFFICE BUILDING	MS	NA	N/A								
ST VINCENT'S OUTPATIENT SURGERY SERVICES LLC 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 20-0708162	OUTPATIENT SURGERY	AL	NA	N/A								
ST VINCENT'S SLEEP DISORDER CENTER 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-1282288	SLEEP DISORDER CENTER	AL	NA	N/A								
ST VINCENT HEART CENTER OF INDIANA LLC 10580 N MERIDIAN STREET INDIANAPOLIS, IN 46290 36-4492612	HEART HOSPITAL	IN	NA	N/A								
STHS SLEEP CENTER LLC 102 WOODMONT BOULEVARD SUITE 800 NASHVILLE, TN 37205 20-3664894	OPERATES A SLEEP CENTER	TN	NA	N/A								
STONEGATE JV PARTNERS LLC 569 Brookwood Village Suite 901 Birmingham, AL 35209 85-2023852	Holding Company for Ambulatory Surgery Center Investment	TX	NA	N/A								
THP - ST VINCENT VENTURE LLC 1415 LOUISIANA STREET 27TH FLOOR HOUSTON, TX 77002 81-3184703	FREESTANDING ED'S	TX	NA	N/A								
TOWNE CENTRE SURGERY CENTER LLC 4599 TOWNE CENTRE SAGINAW, MI 48604 20-4943843	OUTPATIENT SERVICES	MI	NA	N/A								
VIA CHRISTI MERCY CLINIC LLC 1 Mt Carmel Place Pittsburg, KS 66762 81-2927645	MEDICAL SERVICES	KS	NA	N/A								
RACINE DIGESTIVE HEALTH CENTER LLC 1033 N MAYFAIR ROAD SUITE 101 WAUWATOSA, WI 53226 84-4211105	DIGESTIVE HEALTH	WI	NA	N/A								
PROVIDENCE VENTURES LLC 26750 PROVIDENCE PKWY SUITE 100 NOVI, MI 48374 16-1704029	INVESTMENT	MI	NA	N/A								

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
ADVANTAGE HEALTHCO INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2698151	HEALTH SERVICES	TX	NA	C Corporation				Yes	
AFFILIATED HEALTH SERVICES INC 28000 DEQUINDRE WARREN, MI 48092 38-2292922	MEDICAL SERVICES	MI	NA	C Corporation				Yes	
AFFILIATED MEDICAL SERVICES LABORATORY INC 2916 E CENTRAL WICHITA, KS 67214 48-1239522	MEDICAL LABORATORY	KS	NA	C Corporation				Yes	
AH INCUBATIONS ACCELERATOR INC 101 SOUTH HANLEY ROAD SUITE 450 ST LOUIS, MO 63105 45-5078523	MEDICAL SERVICE	MO	NA	C Corporation				Yes	
ALEXIAN BROTHERS CORPUS CHRISTI HOUSING PROJECT LLC 3900 SOUTH GRAND ST LOUIS, MO 63118 94-3465394	HOUSING	MO	NA	C Corporation				Yes	
Alexian Brothers Health Providers Association Inc 2601 Navistar Drive Lisle, IL 60532 36-3853286	Messenger model IPA	IL	NA	C Corporation				Yes	
Alexian Village of Elk Grove 3040 W Salt Creek Ln Arlington Heights, IL 60005 35-2211303	Tax credit financed housing	IL	NA	C Corporation				Yes	
AMITA HEALTH CLINICALLY INTEGRATED NETWORK LLC 2601 NAVISTAR DRIVE LISLE, IL 60532 80-0967178	MANAGED CARE	IL	NA	C Corporation				Yes	
ASCENSION CAPITAL UK LIMITED FOUNTAIN HOUSE 130 FENCHURCH STREET LONDON, ENGLAND EC3M5DJ UK	INSURANCE	UK	NA	C Corporation				Yes	
Ascension Care Management Health Partners Tennessee 102 WOODMONT BOULEVARD SUITE 700 NASHVILLE, TN 37205 45-2958482	ACCOUNTABLE CARE ORGANIZATION	TN	NA	C Corporation				Yes	
ASCENSION CARE MANAGEMENT HEALTH PARTNERS INC 101 SOUTH HANLEY ROAD SUITE 200 CLAYTON, MO 63105 45-4413419	MEDICAL SERVICE	MO	NA	C Corporation				Yes	
ASCENSION CARE MANAGEMENT HOLDINGS LTD AND SUBSIDIARIES 8220 IRVING STERLING HEIGHTS, MI 48312 38-3269272	INSURANCE AND TPA	MI	NA	C Corporation				Yes	
ASCENSION HEALTH INSURANCE LIMITED PO BOX 1159 GRAND CAYMAN, Bahamas KY11102 CJ	INSURANCE	CJ	NA	C Corporation				Yes	
ASCENSION HEALTH RISK PURCHASING GROUP 101 SOUTH HANLEY ROAD SUITE 450 ST LOUIS, MO 63105 27-4176480	SUPPORTING ORGANIZATION	MO	NA	C Corporation				Yes	
ASCENSION MEDICAL GROUP VIA CHRISTI PA 3311 EAST MURDOCK WICHITA, KS 67208 48-0993446	PROFESSIONAL ASSOCIATION	KS	NA	C Corporation				Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
ASCENSION VENTURES CORPORATION 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-1217059	MISC HEALTHCARE SERVICES	AL	NA	C Corporation				Yes	
BAPTIST HEALTH CARE VENTURES INC 2000 CHURCH STREET NASHVILLE, TN 37236 62-0469214	HOLDING COMPANY	TN	NA	C Corporation				Yes	
BAYLEY CONDOMINIUM ASSOCIATION 2121 HIGHLAND AVENUE SOUTH BIRMINGHAM, AL 35205 63-1209915	CONDOMINIUM ASSOCIATION	AL	NA	C Corporation				Yes	
BEECHER BALLENGER SERVICES INC AND SUBSIDIARIES ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-2497922	HOLDING COMPANY	MI	NA	C Corporation				Yes	
CARONDELET MEDICAL GROUP INC 101 South Hanley Road ST LOUIS, MO 63105 86-0836126	MEDICAL GROUP	AZ	NA	C Corporation				Yes	
CARONDELET SPECIALIST GROUP INC 101 South Hanley Road ST LOUIS, MO 63105 26-1558773	PHYSICIAN PRACTICE	AZ	NA	C Corporation				Yes	
CLINICAL HOLDINGS CORP 101 SOUTH HANLEY ROAD SUITE 200 CLAYTON, MO 63105 45-3802297	HOLDING COMPANY	MO	NA	C Corporation				Yes	
CONSOLIDATED PHARMACY SERVICES INC AND SUBSIDIARIES 4205 BELFORT ROAD SUITE 4030 JACKSONVILLE, FL 32216 59-3398033	RETAIL PHARMACY & PATIENT TRANSPORT	FL	NA	C Corporation				Yes	
Corbett Corporation 169 Riverside Drive Binghamton, NY 13905 16-1268267	Property Management	NY	NA	C Corporation				Yes	
CRITTENTON DEVELOPMENT CORPORATION AND SUBSIDIARIES 2251 N SQUIRREL RD STE 310 AUBURN HILLS, MI 48326 38-2594115	REAL ESTATE	MI	NA	C Corporation				Yes	
DELL CHILDREN'S HEALTH ALLIANCE 1345 PHILOMENA STREET AUSTIN, TX 78723 27-1311909	HEALTH SERVICES	TX	NA	C Corporation				Yes	
FAMILY MEDICINE CENTER CONDOMINIUM ASSOCIATION INC 1 SHIRCLIFF WAY JACKSONVILLE, FL 32204 26-1983355	CONDOMINIUM ASSOCIATION	FL	NA	C Corporation				Yes	
FRANKLIN MEDICAL OFFICE BUILDING CONDOMINIUM ASSOCIATION INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 34-1983857	CONDO ASSOCIATION	WI	NA	C Corporation				Yes	
GULF COAST DIVERSIFIED INC 5154 NORTH 9TH AVENUE PENSACOLA, FL 32507 59-2432798	INVESTMENT	FL	NA	C Corporation				Yes	
INDIAN CREEK CENTER INC 101 South Hanley Road St Louis, MO 63105 48-0956627	MANAGEMENT	MO	NA	C Corporation				Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
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								Yes	No
INTEGRATED HEALTHCARE SYSTEMS INC 3311 EAST MURDOCK WICHITA, KS 67208 48-0941549	CLINIC SERVICES	KS	NA	C Corporation				Yes	
L GILBRAITH INSURANCE SPC LTD C/O Strategic Risk Solutions PO BOX 1159 GRAND CAYMAN KY11102 CJ	INSURANCE	CJ	NA	C Corporation				Yes	
MADISON MEDICAL AFFILIATES INC 4425 N PORT WASHINGTON RD GLENDALE, WI 53212 39-1855720	HEALTHCARE	WI	NA	C Corporation				Yes	
MID-STATE PROPERTIES INC 2000 CHURCH STREET NASHVILLE, TN 37236 62-1232018	INACTIVE	TN	NA	C Corporation				Yes	
MISSISSIPPI PROVIDENCE HEALTHCARE SERVICES INC 6801 AIRPORT BLVD MOBILE, AL 36608 46-1130426	HEALTHCARE SERVICES	MS	NA	C Corporation				Yes	
PRESENCE SERVICE CORPORATION 2380 E DEMPSTER STREET DES PLAINES, IL 60016 36-4314354	MEDICAL	IL	NA	C Corporation				Yes	
PRESENCE VENTURES INC and SUBSIDIARY 100 NORTH RIVER ROAD DES PLAINES, IL 60016 37-1168085	MEDICAL	IL	NA	C Corporation				Yes	
PROVIDENCE PARK Inc PO BOX 850429 MOBILE, AL 36685 63-0886846	REAL ESTATE	AL	NA	C Corporation				Yes	
RESOURCE PHARMACIES INC 1150 VARNUM STREET NE WASHINGTON, DC 20017 52-1410076	RETAIL PHARMACY	DC	NA	C Corporation				Yes	
SETON INSURANCE COMPANY 1345 PHILOMENA STREET AUSTIN, TX 78723 47-5395483	HEALTH SERVICES	TX	NA	C Corporation				Yes	
SETON HEALTH ALLIANCE 1345 PHILOMENA STREET AUSTIN, TX 78723 45-3047469	HEALTH SERVICES	TX	NA	C Corporation				Yes	
SETON HEALTH PLAN INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2725348	HMO	TX	NA	C Corporation				Yes	
SETON MSO INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2870455	HEALTH SERVICES	TX	NA	C Corporation				Yes	
SETON PHYSICIAN HOSPITAL NETWORK AND SUBSIDIARIES 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2643825	HEALTH SERVICES	TX	NA	C Corporation				Yes	
SOVA INC 102 WOODMONT BOULEVARD SUITE 700 NASHVILLE, TN 37205 26-1319638	HEALTH SERVICES	TN	NA	C Corporation				Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
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								Yes	No
ST AGNES HEALTH VENTURES INC 900 CATON AVENUE BALTIMORE, MD 21229 52-1733632	HOLDING COMPANY	MD	NA	C Corporation				Yes	
ST JOSEPH HEALTH ENTERPRISES 200 HEMLOCK ROAD TAWAS CITY, MI 48764 38-2686747	OTHER MEDICAL	MI	NA	C Corporation				Yes	
St Mary's Health 800 S Washington Avenue Saginaw, MI 48601 38-3477017	Dormant	MI	NA	C Corporation				Yes	
ST MARY'S MEDICAL GROUP INC 3700 WASHINGTON AVE EVANSVILLE, IN 47750 35-2076827	INVESTMENT	IN	NA	C Corporation				Yes	
SUNFLOWER ASSURANCE LTD PO BOX 1085 GRAND CAYMAN, Bahamas KY11102 CJ	INSURANCE	CJ	NA	C Corporation				Yes	
TEXTILE SYSTEMS INC 817 WALBRIDGE KALAMAZOO, MI 49007 38-2705047	LAUNDRY SERVICES	MI	NA	C Corporation				Yes	
THE PROSPECT MEDICAL COMMONS CONDOMINIUM ASSOCIATION INC 4425 N PORT WASHINGTON RD GLENDALE, WI 53212 20-8042108	CONDO ASSOCIATION	WI	NA	C Corporation				Yes	
Thelen Corporation 3040 Salt Creek Lane Arlington Heights, IL 60005 36-3266316	Owns/ leases property; joint venture partner	IL	NA	C Corporation				Yes	
TRAVEL SERVICES CORPORATION PO BOX 45998 ST LOUIS, MO 631455998 26-3764978	TRAVEL SERVICES	MO	NA	C Corporation				Yes	
UTICA SERVICES INC AND SUBSIDIARIES 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1057650	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
VCH IOWA PC 8200 E THORN DRIVE WICHITA, KS 67226 27-3983977	PROFESSIONAL ASSOCIATION	IA	NA	C Corporation				Yes	
VCH IOWA PC TRUST 8200 E THORN DRIVE WICHITA, KS 67226 27-6937322	BENEFICIARY TRUST	IA	NA	Trust				Yes	
VIA CHRISTI CLINIC SERVICES INC 8200 E THORN DRIVE WICHITA, KS 67226 27-3984287	CLINIC SERVICES	KS	NA	C Corporation				Yes	
VIA CHRISTI HEALTH ALLIANCE IN ACCOUNTABLE CARE INC 8200 E THORN DRIVE WICHITA, KS 67226 46-2872857	ACO	KS	NA	C Corporation				Yes	
VINCENTIAN VENTURES OF NORTH ALABAMA INC AND SUBSIDIARIES 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0965456	MISC HEALTHCARE SERVICES	AL	NA	C Corporation				Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
VINCENTURES INC 95 MERRITT BOULEVARD TRUMBULL, CT 06611 06-1211417	INACTIVE	CT	NA	C Corporation				Yes	
WHEATON FRANCISCAN HOLDINGS INC AND SUBSIDIARIES 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1836357	HOLDING CO	WI	NA	C Corporation				Yes	
WHEATON FRANCISCAN PROVIDER NETWORK INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1952140	PROVIDER CONTRACT	WI	NA	C Corporation				Yes	
WHEATON WAY CONDOMINIUM OWNERS ASSOCIATION INC 10101 SOUTH 27TH STREET FRANKLIN, WI 53212 30-0659830	CONDO ASSOCIATION	WI	NA	C Corporation				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
ASCENSION HEALTH-ISINC	P	3,215,826	FAIR MARKET VALUE
CENTRAL INDIANA HEALTH SYSTEM CARDIAC SERVICES INC	P	3,281,702	FAIR MARKET VALUE
CENTRAL INDIANA HEALTH SYSTEM CARDIAC SERVICES INC	Q	2,029,043	FAIR MARKET VALUE
ST JOSEPH HOSPITAL & HEALTH CENTER INC	P	1,561,116	FAIR MARKET VALUE
ST JOSEPH HOSPITAL & HEALTH CENTER INC	Q	577,687	FAIR MARKET VALUE
ST MARY'S HEALTH INC	P	1,663,640	FAIR MARKET VALUE
ST MARY'S HEALTH INC	Q	3,819,882	FAIR MARKET VALUE
ST MARY'S MEDICAL GROUP LLC	P	207,222	FAIR MARKET VALUE
ST MARY'S MEDICAL GROUP LLC	Q	63,968	FAIR MARKET VALUE
ST MARY'S WARRICK HOSPITAL	P	105,661	FAIR MARKET VALUE
ST VINCENT ANDERSON REGIONAL HOSPITAL INC	P	636,362	FAIR MARKET VALUE
ST VINCENT ANDERSON REGIONAL HOSPITAL INC	Q	623,681	FAIR MARKET VALUE
ST VINCENT CARMEL HOSPITAL INC	P	8,394,509	FAIR MARKET VALUE
ST VINCENT CARMEL HOSPITAL INC	Q	4,702,554	FAIR MARKET VALUE
ST VINCENT CLAY HOSPITAL INC	Q	89,532	FAIR MARKET VALUE
ST VINCENT DUNN HOSPITAL INC	Q	197,710	FAIR MARKET VALUE
ST VINCENT FISHERS HOSPITAL INC	K	50,446	FAIR MARKET VALUE
ST VINCENT FISHERS HOSPITAL INC	P	54,330	FAIR MARKET VALUE
ST VINCENT FISHERS HOSPITAL INC	Q	757,547	FAIR MARKET VALUE
ST VINCENT HEALTH INC	P	112,477,680	FAIR MARKET VALUE
ST VINCENT HEALTH INC	Q	11,464,285	FAIR MARKET VALUE
ST VINCENT HEALTH INC	S	266,620,932	FAIR MARKET VALUE
ST VINCENT HOSPITAL FOUNDATION INC	B	1,195,307	FAIR MARKET VALUE
ST VINCENT HOSPITAL FOUNDATION INC	C	3,928,138	FAIR MARKET VALUE
ST VINCENT MEDICAL GROUP INC	J	200,876	FAIR MARKET VALUE

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ST VINCENT MEDICAL GROUP INC	P	10,850,957	FAIR MARKET VALUE
ST VINCENT MEDICAL GROUP INC	Q	123,738	FAIR MARKET VALUE
ST VINCENT RANDOLPH HOSPITAL INC	Q	66,262	FAIR MARKET VALUE
ST VINCENT RAS INC	P	1,305,902	FAIR MARKET VALUE
ST VINCENT RAS INC	S	58,304	FAIR MARKET VALUE
ST VINCENT SETON SPECIALTY HOSPITAL INC	Q	467,243	FAIR MARKET VALUE
ST VINCENT WILLIAMSPORT HOSPITAL INC	P	1,432,844	FAIR MARKET VALUE
ST VINCENT WILLIAMSPORT HOSPITAL INC	Q	1,474,197	FAIR MARKET VALUE
PRESENCE CHICAGO HOSPITAL NETWORK	Q	83,799	FAIR MARKET VALUE