

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047
2017
Open to Public Inspection

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

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
St Vincent's Medical Center Inc

Doing business as
St Vincent's Medical Center Riverside

Number and street (or P O box if mail is not delivered to street address) Room/suite
4205 Belfort Road 4020

City or town, state or province, country, and ZIP or foreign postal code
Jacksonville, FL 32216

D Employer identification number
59-0624449

E Telephone number
(314) 733-8000

G Gross receipts \$ 494,813,566

F Name and address of principal officer
Thomas J VanOsdol
1 Shircliff Way
Jacksonville, FL 32204

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶ 0928

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

J Website: ▶ See Schedule O

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1916 **M** State of legal domicile FL

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	11
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	3,126
6 Total number of volunteers (estimate if necessary)	338
7a Total unrelated business revenue from Part VIII, column (C), line 12	2,336,722
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	436,279	1,880,240
9 Program service revenue (Part VIII, line 2g)	469,868,250	484,921,628
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	271,620	164,412
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,301,735	6,974,471
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	476,877,884	493,940,751
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	391,982	135,000
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	154,103,352	158,044,661
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶49		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	278,675,059	268,687,824
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	433,170,393	426,867,485
19 Revenue less expenses Subtract line 18 from line 12	43,707,491	67,073,266

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	216,724,124	209,630,551
21 Total liabilities (Part X, line 26)	359,130,125	331,561,766
22 Net assets or fund balances Subtract line 21 from line 20	-142,406,001	-121,931,215

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: 2019-05-11
Tonya Mershon Tax Officer
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
Check if self-employed PTIN: _____
Firm's name: _____ Firm's EIN: _____
Firm's address: _____ Phone no: _____

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

Our Mission as part of a Catholic health care system is to further the healing ministry of Jesus by continually improving the health and well-being of all people, especially the poor, in the communities we serve

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 321,067,679 including grants of \$ 135,000) (Revenue \$ 484,782,344)
See Additional Data

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

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

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

4e Total program service expenses ▶ 321,067,679

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (13), 1b (11), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17, 18, 19, 20.

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

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

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

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

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

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

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

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

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

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 79

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like ST VINCENTS OUTPATIENT IMAGINIG and CARDIOTHORACIC & VASCULAR SURGICAL.

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 39

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	1,880,190				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	50				
	g Noncash contributions included in lines 1a-1f \$ <u>97,515</u>						
	h Total. Add lines 1a-1f			1,880,240			
Program Service Revenue		Business Code					
	2a Net Patient Service Revenue	621990	481,057,915	478,721,193	2,336,722		
	b Rental Income from Affiliates	531120	1,569,096	1,569,096			
	c Services to Affiliates	561000	2,069,510	2,069,510			
	d Pharmacy Revenue	446110	57,019	57,019			
	e Shared Savings Revenue	900099	178,649	178,649			
	f All other program service revenue		-10,561	-10,561	0	0	
g Total. Add lines 2a-2f		484,921,628					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		164,614			164,614	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		2,930,525					
		b Less rental expenses	872,613				
		c Rental income or (loss)	2,057,912	0			
	d Net rental income or (loss)		2,057,912			2,057,912	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other		0			
		b Less cost or other basis and sales expenses			202		
		c Gain or (loss)	0	-202			
	d Net gain or (loss)		-202			-202	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a Cafeteria/Vending Revenue	722514	2,402,691			2,402,691		
b Research Revenue	900099	449,128	449,128				
c Parking Revenue	812930	285,976			285,976		
d All other revenue		1,778,764	1,748,310	0	30,454		
e Total. Add lines 11a-11d		4,916,559					
12 Total revenue. See Instructions		493,940,751	484,782,344	2,336,722	4,941,445		

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.	135,000	135,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	142,930	134,354	8,576	
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.	127,463,295	119,788,269	7,675,026	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	5,782,824	5,434,619	348,205	
9 Other employee benefits.	15,562,723	14,625,634	937,089	
10 Payroll taxes.	9,092,889	8,545,375	547,514	
11 Fees for services (non-employees)				
a Management.	448,795	423,651	25,144	
b Legal.	3,030		3,030	
c Accounting.	25,203		25,203	
d Lobbying.	3,206		3,206	
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).	14,106,117	13,996,242	109,875	0
12 Advertising and promotion.	70,430	64,762	5,668	
13 Office expenses.	1,220,796	669,335	551,461	
14 Information technology.	306,713	270,578	36,135	
15 Royalties.				
16 Occupancy.	6,884,860	1,843,736	5,041,124	
17 Travel.	205,662	185,710	19,952	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	63,496	409,496	-346,000	
20 Interest.	8,967,248		8,967,248	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	14,069,444	7,759,043	6,310,401	
23 Insurance.	4,796,394	514,682	4,281,712	
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.	111,417,773	110,657,277	760,489	7
b Purchased Services.	47,057,071	19,270,094	27,786,977	
c Corporate Overhead.	41,958,404		41,958,404	
d Provider Tax.	5,813,194	5,813,194		
e All other expenses.	11,269,988	10,526,628	743,318	42
25 Total functional expenses. Add lines 1 through 24e.	426,867,485	321,067,679	105,799,757	49
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,889,928	1	8,158
	2 Savings and temporary cash investments	0	2	2,532,369
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	66,649,668	4	69,667,587
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	12,836,200	8	12,645,665
	9 Prepaid expenses and deferred charges	414,228	9	208,649
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	514,911,017		
	b Less accumulated depreciation	416,835,686		
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	0	12	117,391
	13 Investments—program-related See Part IV, line 11	-158,584	13	-169,180
	14 Intangible assets	11,853,663	14	8,815,858
	15 Other assets See Part IV, line 11	27,368,415	15	17,728,723
16 Total assets. Add lines 1 through 15 (must equal line 34)	216,724,124	16	209,630,551	
Liabilities	17 Accounts payable and accrued expenses	29,164,195	17	32,121,515
	18 Grants payable		18	
	19 Deferred revenue	53,217	19	39,368
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	329,912,713	25	299,400,883
	26 Total liabilities. Add lines 17 through 25	359,130,125	26	331,561,766
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	-149,079,541	27	-130,690,651
	28 Temporarily restricted net assets	6,087,812	28	8,173,708
	29 Permanently restricted net assets	585,728	29	585,728
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-142,406,001	33	-121,931,215
	34 Total liabilities and net assets/fund balances	216,724,124	34	209,630,551

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	493,940,751
2	Total expenses (must equal Part IX, column (A), line 25)	2	426,867,485
3	Revenue less expenses Subtract line 2 from line 1	3	67,073,266
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-142,406,001
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-46,598,480
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-121,931,215

Part XII Financial Statements and Reporting

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

	Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p>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</p>	Yes	
<p>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?</p>		No
<p>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</p>		

Additional Data

Software ID: 17005876

Software Version: 2017v2.2

EIN: 59-0624449

Name: St Vincent's Medical Center Inc

Form 990 (2017)

Form 990, Part III, Line 4a:

St Vincent's Medical Center, Inc is a 479-bed hospital campus providing services without regard to patient race, creed, national origin, economic status, or ability to pay. During fiscal year 2018, St Vincent's Medical Center, Inc treated 22,940 adults and children for a total of 104,455 patient days of service. The hospital also provided services for 111,526 outpatient visits, which included 8,585 outpatient surgeries and 63,395 Emergency Room Visits. See Schedule H for a non-exhaustive list of community benefit programs and descriptions.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS J VANOSDOL CEO, MINISTRY MARKET	00 500	X	X					0	926,860	45,050
PAUL J CHAPPANO MD CHAIRMAN	10 30	X	X					0	0	0
DAVID G KULIK VICE CHAIRMAN	10 40	X	X					0	0	0
RICHARD JONES SECRETARY/TREASURER	10 30	X		X				0	0	0
MICHAEL BOYLAN MEMBER	10 30	X						0	0	0
WILLIAM CODY MD MEMBER	460 40	X						115,142	0	27,788
AUBREY EDGE MEMBER (START 7/2017)	10 30	X						0	0	0
JOHN FALCONETTI MEMBER (START 7/2017)	10 40	X						0	0	0
CARLA HARRIS MEMBER	10 30	X						0	0	0
THOMAS R MCGEHEE JR MEMBER (START 7/2017)	10 40	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			
HELEN D ROWAN MEMBER	1 0 3 0	X						0	0	0
VAN D ROYAL MEMBER	1 0 3 0	X						0	0	0
SISTER MARY WALZ DC MEMBER (START 7/2017)	1 0 3 0	X						0	0	0
C SUSAN CORNEJO CFO, GULF COAST MINISTRY MARKET (START 6/2018)	6 0 44 0			X				0	703,672	37,265
PAMELA M HESS CFO, JACKSONVILLE MINISTRY MARKET (END 6/2018)	26 0 29 0			X				0	688,053	35,645
MICHELLE ADAMOLEKUN CHRO, MINISTRY MARKET (END 2/2018)	16 0 39 0				X			0	429,273	36,215
DONALD B CLAYPOOL PRESIDENT, ACUTE CARE HOSPITALS (END 7/2017)	31 0 24 0				X			0	572,529	38,444
FRANK H GILBERSTADT MD CCO, MINISTRY MARKET	29 0 26 0				X			0	722,234	40,598
LORRAINE M KEITH CNO, MINISTRY MARKET	30 0 25 0				X			0	332,773	19,310
TERESA LOFTIS CMIO, MINISTRY MARKET	27 0 28 0				X			0	311,099	39,733

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			
ROBERT F RASPA MD PHYSICIAN	55 0 0					X		211,398	0	20,059
JOHN J CASSANI FORMER KEY EMPLOYEE (END 3/2016)	0 0 0 0						X	0	110,840	2,128
MICHAEL H SCHATZLEIN MD FORMER OFFICER (END 12/2016)	0 0 0 0						X	0	1,051,835	11,195

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
St Vincent's Medical Center Inc

Employer identification number

59-0624449

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 **section 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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
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

- 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Additional Data

Software ID: 17005876

Software Version: 2017v2.2

EIN: 59-0624449

Name: St Vincent's Medical 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.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017
Open to Public Inspection

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

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

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

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

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

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

Name of the organization St Vincent's Medical Center Inc	Employer identification number 59-0624449
---	---

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		3,206
j Total Add lines 1c through 1i			3,206
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2017
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
St Vincent's Medical Center Inc

Employer identification number
59-0624449

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

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

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e g , recreation or education)
 - Preservation of an historically important land area
 - Protection of natural habitat
 - Preservation of a certified historic structure
 - Preservation of open space

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

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

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|---------------|----|
| | Yes | No |
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,922,356		5,922,356
b Buildings		322,094,678	266,332,392	55,762,286
c Leasehold improvements		1,402,352	1,054,995	347,357
d Equipment		166,080,764	143,356,637	22,724,127
e Other		19,410,867	6,091,662	13,319,205
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				98,075,331

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

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

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

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

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

(a) Description	(b) Book value
See Additional Data Table	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	17,728,723

Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	299,400,883

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 59-0624449
Name: St Vincent's Medical Center Inc

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

(a) Description	(b) Book value
Other Asset	
Misc Long Term Assets	
board designated investments	
Other Miscellaneous Asssets	214,777
Due from Affiliates	3,570,849
Other Receivables	1,031,972
Deferred Compensation/Retirement/Pension Asset	
Physician Guarantee Asset	191,059
Beneficial Interest in Foundation	10,407,428
Estimated 3rd Party Payor Settlements	1,736,958
Donor Restricted Assets	575,680

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

1 (a) Description of Liability	(b) Book Value
Lease Liability	17,003
Savings Plan Liability	
Other Misc Current Liabilities	-576
Due to Affiliates	41,842,228
Deferred Compensation/Retirement/Pension Liability	
Estimated 3rd Party Payor Settlement	3,173,116
Physician Guarantee Liability	26,673
Recovery Tail Liability	4,157,885
Accrued Tax Liability	301,972
Debt with Ascension Health Alliance	246,005,334

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

1 (a) Description of Liability	(b) Book Value
JV Interest Liability	3,877,248

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, 2018

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 St Vincent's Medical Center Inc

Hospitals

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

Employer identification number
 59-0624449

OMB No 1545-0047
2017
Open to Public Inspection

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 <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>25000</u> %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			10,848,884	0	10,848,884	2.54 %
b Medicaid (from Worksheet 3, column a)			38,336,980	22,710,580	15,626,400	3.66 %
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	49,185,864	22,710,580	26,475,284	6.20 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,602,458	0	1,602,458	0.38 %
f Health professions education (from Worksheet 5)			6,123,084	0	6,123,084	1.43 %
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)			2,612,681	0	2,612,681	0.61 %
j Total Other Benefits	0	0	10,338,223	0	10,338,223	2.42 %
k Total. Add lines 7d and 7j	0	0	59,524,087	22,710,580	36,813,507	8.62 %

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					0	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development					0	0 %
9 Other					0	0 %
10 Total	0	0	0	0	0	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		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.		
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.		
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	230,264,684
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	254,218,464
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-23,953,780
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(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				
2				
3				
4				
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11				
12				
13				

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

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

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

1

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

See Additional Data Table	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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 St Vincent's Medical Center Inc

Name of hospital facility or letter of facility reporting group _____

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

		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?		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		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)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>14</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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	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	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)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https //healthcare ascension org/-/media/Healthcare/Markets/Florida/Documents/StVin St_Vin</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? <u>https //healthcare ascension org/-/media/Healthcare/Markets/Florida/Documents/StVincents/2016-</u>	Yes	
a	If "Yes" (list url) <u>St_Vin</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

St Vincent's Medical Center Inc

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	Yes	
a	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	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)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> 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)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PT VI</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PT VI</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PT VI</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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

St Vincent's Medical Center Inc

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

St Vincent's Medical Center Inc

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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

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

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

Name and address	Type of Facility (describe)
1	
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3	
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10	

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community Information - Part II	<p>VARIOUS METRICS ARE REVIEWED WHEN ESTABLISHING COMMUNITY OUTREACH PROGRAMS THE FOLLOWING ARE EXAMPLES OF THE DATA ST VINCENT'S COLLECTS WHEN DETERMINING REGIONAL AND COMMUNITY NEEDS -ST VINCENT'S HEALTHCARE COMPARES COUNTY POPULATION BY RACE AGAINST THE STATE ST VINCENT'S ALSO COMPARES POPULATION BY RACE IN EACH OF THE ZIP CODES THE FINDINGS FROM THE COMPARISON INDICATE THAT OF THE APPROXIMATELY 1,500,000 PERSONS IN THE 5 COUNTY REGION THE SIGNIFICANT RACIAL BREAKDOWNS ARE 69% WHITE, 23% AFRICAN AMERICAN, AND 9% HISPANIC THE PERCENTAGE OF POPULATION THAT DID NOT SPEAK ENGLISH WELL OR NOT AT ALL WAS 1 7% ST VINCENT'S MEDICAL CENTER RIVERSIDE COMPARES THE JACKSONVILLE METROPOLITAN STATISTICAL AREA (MSA) IN MEDIAN HOUSEHOLD INCOME AGAINST THE FEDERAL POVERTY PERCENTAGE FINDING THAT IN THE FIVE COUNTY AREA HOUSEHOLD INCOMES RANGED FROM \$50,500 IN BAKER COUNTY TO \$67,700 IN ST JOHNS COUNTY THE PERCENTAGE OF PERSONS BELOW THE FEDERAL POVERTY RATE RANGED FROM A LOW OF 10 1% IN ST JOHNS COUNTY TO A HIGH OF 15 9% IN BAKER COUNTY THE FLORIDA AVERAGE WAS 15 1% FLORIDA CHARTS TABLES WHICH ARE PROVIDED BY THE FLORIDA DEPARTMENT OF HEALTH, OFFICE OF PLANNING, EVALUATION AND DATA ANALYSIS ARE UTILIZED TO DETERMINE BEHAVIORAL RISK FACTORS AND CHRONIC (BRFSS) DISEASE PREVALENCE IN THE REGION BY REVIEWING FL CHARTS, COUNTY PROFILES AND BRFSS DATA, ALONG WITH INTERNAL VOLUME AND FINANCIAL DATA, ST VINCENT'S IS ABLE TO DETERMINE AREAS OF NEED AND CHRONIC DISEASE PREVALENCE IN RELATION TO BEHAVIORAL RISK FACTORS THE ANALYSIS BELOW IS AN EXAMPLE OF THE DATA OFTEN COMPILED FROM THE RESOURCES MENTIONED ABOVE ANALYSIS FOR BAKER COUNTY BAKER COUNTY DEMONSTRATES THE LEAST FAVORABLE SITUATION WITH COMPARISON TO THE OTHER COUNTIES IN THE STATE WITH REGARDS TO THE FOLLOWING DISEASES PREMATURE DEATH, % OF ADULT SMOKING, ADULT OBESITY, TEEN BIRTH RATES, PREVENTABLE HOSPITAL STAYS, AND ALCOHOL-IMPAIRED DRIVING DEATHS IN COUNTY HEALTH RANKINGS THIS COUNTY HAS THE LEAST FAVORABLE SITUATION IN COMPARISON TO ALL COUNTIES ON THE FOLLOWING MEASURES IN THE BEHAVIORAL RISK FACTORS (BRFSS) DATA PERCENTAGE OF ADULTS WHO MEET VIGOROUS PHYSICAL ACTIVITY RECOMMENDATIONS, PERCENTAGE OF ADULTS WHO ENGAGE IN NO LEISURE-TIME PHYSICAL ACTIVITY, PERCENTAGE OF ADULTS WHO EAT AT LEAST 5 SERVINGS OF FRUITS AND VEGETABLES A DAY, AND THE PERCENTAGE OF ADULTS WHO ARE OBESE ANALYSIS OF DUVAL COUNTY DUVAL COUNTY DEMONSTRATES THE LEAST FAVORABLE SITUATION IN COMPARISON TO THE OTHER COUNTIES IN THE STATE WITH REGARDS TO THE FOLLOWING DISEASES NUMBER OF POOR HEALTH DAYS PER MONTH, POOR MENTAL HEALTH DAYS PER MONTH, SEXUALLY TRANSMITTED INFECTIONS, PERCENTAGE OF UNINSURED AND NUMBER OF CHILDREN IN POVERTY IN COUNTY HEALTH RANKINGS ON THE BEHAVIORAL RISK FACTORS (BRFSS) DATA DUVAL HAS ONE MEASURE IN THE LEAST FAVORABLE SITUATION WHICH IS THE PERCENTAGE OF ADULTS WHO MEET MODERATE PHYSICAL ACTIVITY RECOMMENDATIONS</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community Information - Part III	<p>UNINSURED POPULATION IN THE REGION ANALYSIS HEALTH CARE SAFETY NET FOR UNINSURED PERSONS THE PARENT ORGANIZATION ST VINCENT'S HEALTHCARE (SVHC) WEBSITE PROVIDES INFORMATION AND PHONE NUMBERS TO THE HOPE PROGRAM, TO EMPOWER ALL PATIENTS WHO NEED ACCESS TO HEALTH CARE ENROLLMENT OR FEDERAL ASSISTANCE PROGRAMS THERE IS A SPECIAL FOCUS ON ENGAGING PATIENTS WHO ARE 200% AT OR BELOW FEDERAL POVERTY LEVEL FINANCIAL COUNSELORS ARE AVAILABLE TO DECIDE WHETHER A PATIENT QUALIFIES FOR CHARITY CARE PATIENTS WHO DO NOT HAVE INSURANCE ARE ELIGIBLE FOR DISCOUNTS ON THEIR BILL WHEN THEY AGREE TO A PAYMENT PLAN, THIS SERVICE IS ALSO PROVIDED BY THE FINANCIAL COUNSELORS THE SVHC WEBSITE CONTAINS A WEALTH OF INFORMATION ON SERVICES WHICH ST VINCENT'S MEDICAL CENTER RIVERSIDE (SVMCR) PROVIDES TO THE LESS FORTUNATE SVMCR HAS AN ACTIVE MOBILE HEALTH OUTREACH MISSION (MHOM) THIS MISSION PROVIDES FREE MEDICAL SERVICES TO THE RESIDENTS OF NORTHEAST FLORIDA, WHO ARE UN-SERVED AND UNDERSERVED THIS MISSION MAINLY SEES MIGRANT/RURAL FARM WORKERS AND THEIR FAMILIES AND ALSO POOR INNER CITY FAMILIES IN THE FOLLOWING COUNTIES CLAY, DUVAL, NASSAU, PUTNAM, AND ST JOHNS A MOBILE HEALTH UNIT CONSISTS OF CLINICIANS FROM A VARIETY OF SPECIALTIES, INCLUDING PHYSICIANS, ARNPS, RNS, MEDICAL ASSISTANTS, EMT/PARAMEDICS AND CASE MANAGERS TO ASSIST IN PROVIDING CARE EXAMPLES OF CARE PROVIDED TO THIS POPULATION ARE IMMUNIZATIONS, HEALTH SCREENINGS, PHYSICALS, LABORATORY, DIAGNOSTIC TESTING, DENTAL CARE, VISION SCREENINGS, CASE MANAGEMENT, HEALTH EDUCATION AND DISPENSING OF FREE MEDICATION MHOM CASE MANAGEMENT WORKS WITH PATIENTS IN NEED TO GAIN ACCESS TO SERVICES OR SPECIALIST NOT PROVIDED BY THEIR MOBILE CLINICS PATIENTS ARE CONNECTED WITH APPROPRIATE RESOURCES FOR FOLLOW UP CARE ST VINCENT'S MEDICAL CENTER RIVERSIDE PROVIDES SEVERAL PROGRAMS TO ADDRESS THE NEEDS OF UNDER PRIVILEGED CHILDREN AND MOTHERS ONE IS THE SCHOOL NURSE PROGRAM, WHICH PLACES NURSES IN SCHOOLS SERVING DISADVANTAGED CHILDREN THESE NURSES ARE OFTEN THE ONLY DIRECT ACCESS SOME OF THESE CHILDREN HAVE TO HEALTH CARE ANOTHER PROGRAM IS THE EMERGENCY PREGNANCY SERVICE OF JACKSONVILLE ST VINCENT'S HEALTHCARE PROVIDES THE OPERATIONAL FACILITIES AND APPROXIMATELY 20% OF THE OPERATIONAL FUNDING THIS NOT-FOR-PROFIT ORGANIZATION SERVES AS A CRISIS INTERVENTION CENTER FOR MEDICAL AND SOCIAL SERVICE NEEDS RELATED TO PREGNANCY, AS WELL AS PROVIDING COUNSELING, EDUCATION AND OUTREACH PROGRAMS THAT FOCUS ON PROVIDING ADOLESCENTS AND OTHERS WITH THE SKILLS AND KNOWLEDGE TO MAKE RESPONSIBLE CHOICES ABOUT THEIR LIVES THE SETON CENTER FOR WOMEN AND CHILDREN WAS ESTABLISHED TO ENSURE THAT AS MANY POOR EXPECTANT MOTHERS AS IS POSSIBLE GET PROPER PRENATAL CARE HOWEVER, THE CENTER CARES FOR MOTHERS AND BABIES OF ALL INCOMES THE CENTER PROVIDES INFORMATION TO EXPECTANT PARENTS ON CHILDBIRTH, BREASTFEEDING AND NEW INFANT CARE GIVING IT ALSO OFFERS INFANT HEALTH SCREENING WHICH INCLUDES A FULL ASSESSMENT AND EXAMINATION OF THE BABY AND EXAMINATION OF THE MOTHER THE ST VINCENT'S AUXILIARY BEGAN THE GOOD SAMARITAN FUND TO HELP THOSE LESS FORTUNATE BY PROVIDING SUPPORT BEYOND THE EXCELLENT MEDICAL CARE PROVIDED AT ST VINCENT'S HEALTHCARE MANY OF ST VINCENT'S PATIENTS NEED FINANCIAL ASSISTANCE WITH PRESCRIPTION MEDICATIONS, FUNERAL EXPENSES AND OTHER CRITICAL NEEDS THE GOOD SAMARITAN FUND PAYS FOR THESE ITEMS FOR PATIENTS AT WHO HAVE NO OTHER ASSISTANCE AVAILABLE TO THEM REACH OUT AND READ IS A PROGRAM FACILITATED BY THE FAMILY MEDICINE CENTER (FMC) ON THE ST VINCENT'S MEDICAL CENTER RIVERSIDE CAMPUS AND SUPPORTED BY ALL ST VINCENT'S PRIMARY CARE FAMILY MEDICINE OFFICES THIS PROGRAM GIVES AGE APPROPRIATE BOOKS TO IMPOVERISHED CHILDREN WHEN THEY VISIT A PEDIATRICIAN AT THE FMC BOOKS ARE GIVEN TO CHILDREN FROM 6 MONTHS UNTIL 5 YEARS OF AGE BOOKS AND LITERACY AT AN EARLY AGE BUILD A VITAL FOUNDATION OF DEVELOPMENT 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 (EG, OPEN MEDICAL STAFF, COMMUNITY BOARD, USE OF SURPLUS FUNDS, ETC) ST VINCENT'S HEALTHCARE HAS BEEN PART OF JACKSONVILLE FOR OVER 100 YEARS ST VINCENT'S MEDICAL CENTER RIVERSIDE HAS WELCOMED THE SICK AND VULNERABLE TO ITS DOORS THROUGHOUT IN ITS MISSION STATEMENT, ST VINCENT'S PROCLAIMS THAT IT PROVIDES CARE TO ALL, BUT WITH SPECIAL ATTENTION TO THE POOR AND VULNERABLE THIS IS THE EMPHASIS IT EMPLOYS IN ITS COMMUNITY BENEFIT PROGRAMS ST VINCENT'S HEALTHCARE HAS A MEDICAL STAFF OPEN TO ALL QUALIFIED PHYSICIANS IN THE NORTHEAST FLORIDA AREA THE MAJORITY OF THE DEDICATED MEMBERS OF THE BOARD OF DIRECTORS OF ST VINCENT'S HEALTHCARE ARE PERSONS WHO LIVE AND WORK IN THE REGION WHO, BY VIRTUE OF THEIR CONTINUING SERVICE TO THE COMMUNITY, ARE ACUTELY AWARE OF THE SOCIAL AND HEALTH NEEDS OF THE REGION THESE INDIVIDUALS ALONG WITH M</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community Information - Part III	<p>MEMBERS OF THE MEDICAL STAFF ARE COMMITTED TO THE MISSION STATEMENT AND ITS CALL TO PROVIDE HIGH QUALITY HEALTH CARE FOR ALL WHO COME TO ITS DOORS AS WELL, ST VINCENT'S LEADERSHIP TAKES AN ACTIVE ROLE IN THE COMMUNITY BY SERVING ON COMMUNITY BOARDS TO SHARE EXPERTISE AND HEALTH CARE KNOWLEDGE WITH CASH AND IN-KIND CONTRIBUTIONS, ST VINCENT'S MEDICAL CENTER RIVERSIDE AND, IN SOME INSTANCES, IN PARTNERSHIP WITH OTHER ORGANIZATIONS, OFFERS A VARIETY OF OPPORTUNITIES WHICH ARE NO OR LOW COST TO THE COMMUNITY ST VINCENT'S DOES THIS AS PART OF ITS MISSION TO PROVIDE CARE FOR ALL, ESPECIALLY THE POOR AND VULNERABLE OF THE COMMUNITY IT MAINTAINS A PRIMARY CARE RESIDENCY PROGRAM ALONG WITH PODIATRY AND PHARMACY RESIDENCIES THE GOOD SAMARITAN FUND OF ST VINCENT'S HEALTHCARE DISBURSED APPROXIMATELY \$60 0,000 TO PATIENTS AND FAMILIES IN NEED THESE SERVICES INCLUDED MEDICATIONS, TRANSPORTATION, CLOTHING, SHORT-TERM RESIDENTIAL AND BURIAL EXPENSES THE MOBILE HEALTH OUTREACH MINISTRY (MHOM) URBAN/RURAL PROGRAM PROVIDED OVER 9,000 VISITS IN ITS PRIMARY CARE AND DENTAL PROGRAMS IN THE FIVE COUNTIES OF NORTHEAST FLORIDA IT PROVIDED COUNTLESS HEALTH SCREENINGS AND IMMUNIZATION WHICH ARE NOT INCLUDED IN THE ABOVE COUNT THE MHOM PEDIATRIC PROGRAM PROVIDED APPROXIMATELY 8,700 SERVICES TO CHILDREN DURING THE SCHOOL-YEAR AND SUMMER PROGRAMS ALL WERE PROVIDED WITHOUT COST TO THE PATIENT THE ST VINCENT'S HEALTHCARE'S WEBSITE, JAXHEALTH.COM, IS AN ENCYCLOPEDIA WITH WELLNESS TOOLS FOR THE COMMUNITY TO GAIN INFORMATION TO LIVE A HEALTHIER LIFE STYLE VARIOUS SEMINARS AND EDUCATIONAL OPPORTUNITIES, FACILITATED BY HEALTH CARE PROVIDERS AND SUBJECT MATTER EXPERTS ON DIFFERENT TOPICS RELATED TO HEALTH, WELLNESS, AND AGING AND ARE OPEN TO THE PUBLIC, WITH A SPECIAL EMPHASIS TO ENGAGE THE ELDERLY, TO ENHANCE THEIR HEALTH CARE KNOWLEDGE THIS IS A FREELY ACCESSIBLE TO THE PUBLIC KIDS TOGETHER AGAINST CANCER (KTAC) IS A SUPPORT GROUP FOR CHILDREN OF A PARENT DIAGNOSED WITH CANCER THIS PROGRAM ALLOWS CHILDREN AND THEIR FAMILIES TO CONNECT WITH THEIR HEALTH PROVIDERS AND BETTER UNDERSTAND TREATMENT PLAN OPTIONS ART THERAPY PROGRAMS ARE OFFERED IN PARTNERSHIP WITH THE CUMMER MUSEUM, LOCATED CLOSE TO THE ST VINCENT'S MEDICAL CENTER RIVERSIDE CAMPUS THIS GROUP IS FREE TO ALL THE FAITH COMMUNITY NURSING PROGRAM, FORMERLY CALLED THE PARISH NURSE PROGRAM, IS A SMALL TEAM OF EMPLOYED NURSES THAT MAINTAIN SUPPORTIVE RELATIONSHIPS WITH 232 FAITH CONGREGATIONS, OF MULTIPLE FAITH BACKGROUNDS, TO TRAIN MEDICAL PROFESSIONALS IN EACH CONGREGATION TO SERVE THEIR MINISTRIES WITH HEALTH SERVICES AND EDUCATION THEY PROVIDE EDUCATION, RESOURCES, AND EXPERTISE TO COMMUNITY ORGANIZATIONS, AT NO COST, TO SUPPORT A HOLISTIC VIEW OF HEALTH AND WELLNESS</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a THE FAP WAS WIDELY AVAILABLE ON WEBSITE	https://healthcare.ascension.org/Locations/Florida/FLJAC/Jacksonville-St-Vincents-Medical-Center-Riverside/Financial-Assistance

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b THE FAP APPLICATION WAS WIDELY AVAILABLE ON WEBSITE	https://healthcare.ascension.org/Locations/Florida/FLJAC/Jacksonville-St-Vincents-Medical-Center-Riverside/Financial-Assistance

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c A PLAIN LANGUAGE SUMMARY OF THE FAP WEBSITE	https://healthcare.ascension.org/Locations/Florida/FLJAC/Jacksonville-St-Vincents-Medical-Center-Riverside/Financial-Assistance

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	THE COST OF PROVIDING CHARITY CARE, MEANS-TESTED GOVERNMENT PROGRAMS, AND OTHER COMMUNITY BENEFIT PROGRAMS IS ESTIMATED USING INTERNAL COST DATA, AND IS CALCULATED IN COMPLIANCE WITH CATHOLIC HEALTH ASSOCIATION ("CHA") GUIDELINES THE ORGANIZATION USES A COST ACCOUNTING SYSTEM THAT ADDRESSES ALL PATIENT SEGMENTS (FOR EXAMPLE, INPATIENT, OUTPATIENT, EMERGENCY ROOM, PRIVATE INSURANCE, MEDICAID, MEDICARE, UNINSURED, OR SELF-PAY) THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE FOR THE INFORMATION IN THE TABLE, A COST-TO-CHARGE RATIO WAS CALCULATED AND APPLIED

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Schedule H, Part II Community Building Activities</p>	<p>ST VINCENT'S HEALTHCARE HAS BEEN PART OF JACKSONVILLE FOR OVER A CENTURY IT HAS WELCOMED THE SICK AND VULNERABLE TO ITS DOORS THROUGHOUT THIS TIME IN ITS MISSION STATEMENT, ST VINCENT'S PROCLAIMS THAT IT PROVIDES CARE TO ALL, BUT WITH SPECIAL ATTENTION TO THE POOR AND VULNERABLE THIS IS THE EMPHASIS IT EMPLOYS IN ITS COMMUNITY BUILDING PROGRAMS IT USES MULTIPLE TOOLS TO DETERMINE COMMUNITY NEED INCLUDING DATA COLLECTION FROM THE HEALTH PLANNING COUNCIL, AGENCY FOR HEALTHCARE ADMINISTRATION, COUNTY HEALTH DEPARTMENTS, THE FLORIDA DEPARTMENT OF HEALTH, LIVE ESTIMATES VIA THOMPSON REUTERS, INPATIENT AND OUTPATIENT UTILIZATION RATES AND STATE INPATIENT/OUTPATIENT DATA ALLOWS ST VINCENT'S TO PARTICIPATE IN THE FOLLOWING PROGRAMS MANY AREAS IN NORTHEAST FLORIDA HAVE BEEN IDENTIFIED AS A FOOD DESERT BY THE DUVAL COUNTY FOOD SUMMIT ST VINCENT'S PROVIDES FINANCIAL SUPPORT TO VARIOUS ORGANIZATIONS THAT SERVE THE MOST AT RISK ADULTS AND CHILDREN, PARTICULARLY AROUND ACCESS TO FOOD CLARA WHITE MISSION, AGING TRUE, AND HUNGER FIGHT ALL PROVIDE FOOD, IN VARIOUS WAYS AND MEANS, TO THE PEOPLE OF OUR COMMUNITY CLARA WHITE PROVIDES COMMUNITY GARDENS AND PROVIDES JOB TRAINING IN RESTAURANT AND CATERING OPPORTUNITIES AGING TRUE IS THE PROVIDER OF ALL MEALS ON WHEELS SERVICES IN DUVAL COUNTY, DELIVERING NUTRITIOUS MEALS TO THE HOMES OF THE ELDERLY AND DISABLED HUNGER FIGHT PROVIDES THOUSANDS OF SELF STABLE MEAL BAGS TO LOCAL AND INTERNATIONAL COMMUNITIES, WITH AN EMPHASIS POST DISASTER, OF A HIGHLY NUTRITIONAL MEAL THAT CAN BE MADE USING MINIMAL RESOURCES ST VINCENT'S HEALTHCARE ALSO PROVIDES FINANCIAL SUPPORT AND EXPERTISE FOR THE JACKSONVILLE AREA CHAMBER OF COMMERCE AND THE CLAY COUNTY CHAMBER OF COMMERCE THE CHAMBERS OBJECTIVES ARE TO DRIVE BUSINESS IN THE REGION WITH EMPHASIS ON INITIATIVES FOR THE UN/UNDER EMPLOYED IN THE AREA THROUGH THEIR CAREER ACADEMIES AND YOUTH SUMMER INITIATIVES ST VINCENT'S SUPPORTS PREPARATION FOR ALL MEMBERS OF THE COMMUNITY FOR ENTERING AND REMAINING IN THE WORKFORCE FOLLOWING OUR MISSION, ST VINCENT'S SUPPORTS MANY ORGANIZATIONS WORKING WITH POOR AND VULNERABLE YOUTH AND THEIR FAMILIES THE TOM COUGHLIN JAY FUND IS A LOCAL NON-PROFIT ORGANIZATION THAT HELPS FAMILIES WITH CHILDREN BATTLING CANCER THROUGH FINANCIAL AND EMOTIONAL SUPPORT SIMILARLY, DELIVER THE DREAM SUPPORTS FAMILIES WITH CHILDREN UNDERGOING CRISIS OR CHRONIC ILLNESS TO REGAIN STRENGTH AND MEND SPIRITS ST VINCENT'S ALSO SUPPORTED THE BOYS AND GIRLS CLUB OF NORTHEAST FLORIDA TO PROVIDE SAFE AFTERSCHOOL PROGRAMS AND ACTIVITIES TO AT RISK YOUTH THESE VARIOUS NON-PROFITS ENSURE CHILDREN AND THEIR FAMILIES ARE PROVIDED FOR IN A HOLISTIC CAREGIVING MODEL TO SUPPORT HEALTHY LIVES HOUSING, AS PERMEANT AND TRANSITIONAL, WAS SUPPORTED FOR THE MOST VULNERABLE IN OUR COMMUNITY ST VINCENT'S SPONSORED HABIJAX, HABITAT FOR HUMANITY NONPROFIT, WITH FINANCIAL AND VOLUNTEER SUPPORT HABIJAX ENABLES THE IMPOVERISHED A CHANCE TO PURCHASE A HOUSE, USING A MODEL THAT REQUIRE FINANCIAL AND PERSONAL INVESTED DURING THE BUILDING PROCESS THE SULZBACHER CENTER, A HOMELESS SHELTER AND CLINIC, OFFERS VARIOUS RESOURCES INCLUDING HEALTH CARE AND DENTAL SERVICES WAS SUPPORTED WITH FINANCIAL AND IN-KIND DONATION</p>

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Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, THE CORPORATION FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITHIN COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY ASCENSION HEALTH ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE CORPORATION'S POLICIES AFTER APPLYING THE COST-TO-CHARGE RATIO, THE SHARE OF THE BAD DEBT EXPENSE IN FISCAL YEAR 2018 WAS \$36,990,279 AT CHARGES, (\$6,288,347 AT COST)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	THE PROVISION FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL EXPERIENCE, ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, INCLUDING THOSE AMOUNTS NOT COVERED BY INSURANCE THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR DOUBTFUL ACCOUNTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	THE ORGANIZATION IS PART OF THE ASCENSION HEALTH ALLIANCE'S CONSOLIDATED AUDIT IN WHICH THE FOOTNOTE THAT DISCUSSES THE BAD DEBT EXPENSE IS LOCATED ON PAGE 21

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	A COST TO CHARGE RATIO IS APPLIED TO THE ORGANIZATION'S MEDICARE EXPENSE TO DETERMINE THE MEDICARE ALLOWABLE COSTS REPORTED IN THE ORGANIZATION'S MEDICARE COST REPORT ASCENSION HEALTH AND ITS RELATED HEALTH MINISTRIES FOLLOW THE CATHOLIC HEALTH ASSOCIATION (CHA) GUIDELINES FOR DETERMINING COMMUNITY BENEFIT CHA COMMUNITY BENEFIT REPORTING GUIDELINES SUGGEST THAT MEDICARE SHORTFALL IS NOT TREATED AS COMMUNITY BENEFIT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	THE ORGANIZATION FOLLOWS THE ASCENSION GUIDELINES FOR COLLECTION PRACTICES RELATED TO PATIENTS QUALIFYING FOR CHARITY OR FINANCIAL ASSISTANCE. A PATIENT CAN APPLY FOR CHARITY OR FINANCIAL ASSISTANCE AT ANY TIME DURING THE COLLECTION CYCLE. ONCE QUALIFYING DOCUMENTATION IS RECEIVED, THE PATIENT'S ACCOUNT IS ADJUSTED. PATIENT ACCOUNTS FOR THE QUALIFYING PATIENT IN THE PREVIOUS SIX MONTHS MAY ALSO BE CONSIDERED FOR CHARITY OR FINANCIAL ASSISTANCE. ONCE A PATIENT QUALIFIES FOR CHARITY OR FINANCIAL ASSISTANCE, ALL COLLECTION ACTIVITY IS SUSPENDED.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- St Vincent's Medical Center, Inc Line 16a URL SEE PT VI,

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- St Vincent's Medical Center, Inc Line 16b URL SEE PT VI,

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- St Vincent's Medical Center, Inc Line 16c URL SEE PT VI,

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Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>In addition to the CHNAs reported in Part V, Section B, we also have an active Mobile Health Outreach Mission (MHOM) This mission provides free medical services to the residents of Northeast Florida, who are un-served and underserved This mission mainly sees migrant/rural farm workers and their families and also poor inner city families in the following counties Clay, Duval, Nassau, Putnam, St John's and Volusia A mobile health unit consists of a physician, nurse practitioner, emergency medical technician and social worker assistance to assist in providing care Examples of care provided to this population are immunizations, health screenings, physicals, laboratory, diagnostic testing, dental care, case management, health education and dispensing of free medication MHOM case management works with patients in need to gain access to services or specialist not provided by their mobile clinics Patients are connected with appropriate resources for follow up care</p>

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Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 3 Patient education of eligibility for assistance</p>	<p>St Vincent's Medical Center Riverside posts information about availability of charity care in its emergency room and admissions areas. Referrals for charity care are made by Financial Specialists, Patient Accounting personnel, social work personnel, collection agency personnel, physicians and community members. All patients potentially eligible for charity care status are screened by the financial specialists/collection representatives for assistance through federal, state, county and other social service programs. The financial specialists/collection representatives work collaboratively with other health care members to explore alternative financial resources for the patients. The Charity Care Policy is available to patients upon request and provided the patient does not qualify for any funded program. Medicaid patients upon exhaustion of benefits will automatically qualify for charity care allowance as long as they remain eligible for Medicaid. The Hospital Outreach Eligibility Program (HOPE) was created to improve access to healthcare for the poor and vulnerable. Information about the program is available, not only at St Vincent's Medical Center Riverside, but also in physician offices, on the website, on the medical clinic vans and at various locations throughout the community. HOPE staff works to provide this service to the entire community, not just patients likely to use St Vincent's Healthcare. Staff participate in neighborhood and community-wide enrollment fairs and health screenings in which, not only are patients who come to St Vincent's Medical Center Riverside screened, but persons throughout the community are screened to determine eligibility for insurance. Programs for which HOPE staff works diligently to enroll include Medicaid, Florida KidCare, charity programs, other state and federally funded programs including Medicare, COBRA, and HCRA. Patients will be denied charity based on non-compliance with attempts to obtain insurance for eligibility coverage through other programs (i.e. Medicaid-eligible individuals who have failed to keep required appointments with their case worker). Patients should be screened prior to sending to Florida Department of Children and Family Services to determine if they qualify for Medicaid. Patients can be selected for presumptive charity care by using an electronic screening process. Information about the Charity Care Policy is included in the patient bills indicating financial assistance is available and information about contacting the Hospital to seek assistance. We do not provide the criteria within the bills themselves. Any uninsured patient or patient requesting assistance is referred to a patient financial advocate to assist with resolving the bill with the Hospital. This process includes assisting the patient with filing an application for any government sponsored health care program. All patient financial services areas maintain a list of available translators for any non-English speaking patients. There are all bi-lingual associates in the patient financial services department and are available as needed to assist with non-English speaking patients. All registration staff is trained and responsible for completing an initial financial assistance screening application that is used for assessing the patient's family's financial situation. The financial assistance screening application is then forwarded to a patient financial advocate who will review and assist the patient with the process. The collection agencies used by St Vincent's HealthCare are required to follow St Vincent's policies regarding patient notification about the availability of financial assistance. Those patients who indicate an inability to pay for their services are referred back to the Hospital to apply for charity care. In addition to this process, open accounts are routinely screened using computer software tools for potential charity care qualified patients. Any patient with family income less than 200% of Federal Poverty Guidelines will qualify for 100% charity care write-off.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 4 Community Information</p>	<p>ST VINCENT'S HEALTHCARE LOOKS AT THE COMMUNITY IT SERVES IN TWO WAYS ON A REGIONAL LEVEL, FIVE COUNTIES FALL INTO THE OVERALL PLANNING REGION DUVAL, CLAY, NASSAU, BAKER, AND ST JOHN'S ON A NARROWER LEVEL 75% OF THE PRIMARY SERVICE AREA (PSA) IS REVIEWED BY ZIP CODE WHICH IS COMPRISED OF APPROXIMATELY 160,000 INPATIENT CASES ST VINCENT'S MEDICAL CENTER RIVERSIDE FOCUS ARE 32011, 32040, 32046, 32063, 32065, 32068, 32073, 32082, 32204, 32205, 32206, 32207, 32208, 32209, 32210, 32211, 32215, 32216, 32217, 32218, 32219, 32220, 32221, 32222, 32223, 32224, 32225, 32233, 32234, 32244, 32246, 32250, 32254, 32256, 32257, 32258, 32259, 32277 THE FACILITIES WITHIN THE AREA ARE - BAPTIST MEDICAL CENTER - JACKSONVILLE, AN ACUTE CARE NOT-FOR-PROFIT FACILITY IN JACKSONVILLE WITH 489 BEDS, - WOLFSON CHILDREN'S HOSPITAL, AN ACUTE CARE NOT-FOR-PROFIT CHILDREN'S FACILITY IN JACKSONVILLE WITH 202 BEDS, - BAPTIST MEDICAL CENTER BEACHES, AN ACUTE CARE NOT-FOR-PROFIT FACILITY IN JACKSONVILLE BEACH WITH 146 BEDS, - BAPTIST MEDICAL CENTER NASSAU, AN ACUTE CARE NOT-FOR-PROFIT FACILITY IN FERNANDINA BEACH WITH 62 BEDS, - BAPTIST MEDICAL CENTER SOUTH, AN ACUTE CARE NOT-FOR-PROFIT FACILITY IN JACKSONVILLE WITH 269 BEDS, - ED FRASER MEMORIAL HOSPITAL, AN ACUTE CARE NOT-FOR-PROFIT FACILITY IN MACCLENNY WITH 25 BEDS, - FLAGLER HOSPITAL, AN ACUTE CARE NOT-FOR-PROFIT FACILITY IN ST AUGUSTINE WITH 335 BEDS, - KINDRED HOSPITAL - NORTH FLORIDA, A LONG-TERM CARE FOR-PROFIT FACILITY IN GREEN COVE SPRINGS WITH 80 BEDS, - MAYO CLINIC JACKSONVILLE, AN ACADEMIC ACUTE CARE NOT-FOR-PROFIT FACILITY IN JACKSONVILLE WITH 304 BEDS, - MEMORIAL HOSPITAL JACKSONVILLE, AN ACUTE CARE FOR-PROFIT FACILITY IN JACKSONVILLE WITH 418 BEDS, - ORANGE PARK MEDICAL CENTER, AN ACUTE CARE FOR-PROFIT FACILITY IN ORANGE PARK WITH 317 BEDS, - RIVER POINT BEHAVIORAL HEALTH, JACKSONVILLE A PSYCHIATRIC FOR-PROFIT FACILITY IN JACKSONVILLE WITH 84 BEDS, - ST VINCENT'S MEDICAL CENTER RIVERSIDE, AN ACUTE CARE NOT-FOR-PROFIT FACILITY IN JACKSONVILLE WITH 528 BEDS, - ST VINCENT'S MEDICAL CENTER SOUTHSIDE, AN ACUTE CARE NOT-FOR-PROFIT FACILITY IN JACKSONVILLE WITH 309 BEDS, - ST VINCENT'S MEDICAL CENTER CLAY COUNTY, AN ACUTE CARE NOT-FOR-PROFIT FACILITY IN JACKSONVILLE WITH 106 BEDS - UF HEALTH JACKSONVILLE, AN ACADEMIC ACUTE CARE NOT-FOR-PROFIT FACILITY IN JACKSONVILLE WITH 609 BEDS, - UF HEALTH NORTH, AN ACUTE CARE NOT-FOR-PROFIT FACILITY IN JACKSONVILLE WITH 92 BEDS - CURAHEALTH JACKSONVILLE, A LONG-TERM CARE FOR-PROFIT FACILITY IN JACKSONVILLE WITH 107 BEDS, - WEKIVA SPRINGS, A PSYCHIATRIC AND SUBSTANCE ABUSE FOR-PROFIT FACILITY IN JACKSONVILLE WITH 120 BEDS</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 5 Promotion of community health</p>	<p>ST VINCENT'S HEALTHCARE HAS BEEN PART OF JACKSONVILLE FOR OVER 100 YEARS ST VINCENT'S MEDICAL CENTER RIVERSIDE HAS WELCOMED THE SICK AND VULNERABLE TO ITS DOORS THROUGHOUT IN ITS MISSION STATEMENT, ST VINCENT'S PROCLAIMS THAT IT PROVIDES CARE TO ALL, BUT WITH SPECIAL ATTENTION TO THE POOR AND VULNERABLE THIS IS THE EMPHASIS IT EMPLOYS IN ITS COMMUNITY BENEFIT PROGRAMS ST VINCENT'S HEALTHCARE HAS A MEDICAL STAFF OPEN TO ALL QUALIFIED PHYSICIANS IN THE NORTHEAST FLORIDA AREA THE MAJORITY OF THE DEDICATED MEMBERS OF THE BOARD OF DIRECTORS OF ST VINCENT'S HEALTHCARE ARE PERSONS WHO LIVE AND WORK IN THE NORTHEAST FLORIDA REGION WHO, BY VIRTUE OF THEIR CONTINUING SERVICE TO THE COMMUNITY, ARE ACUTELY AWARE OF THE SOCIAL AND HEALTH NEEDS OF THE REGION THESE INDIVIDUALS ALONG WITH MEMBERS OF THE MEDICAL STAFF ARE COMMITTED TO THE MISSION STATEMENT AND ITS CALL TO PROVIDE HIGH QUALITY HEALTH CARE FOR ALL WHO COME TO ITS DOORS AS WELL, ST VINCENT'S LEADERSHIP TAKES AN ACTIVE ROLE IN THE COMMUNITY BY SERVING ON COMMUNITY BOARDS TO SHARE EXPERTISE AND HEALTH CARE KNOWLEDGE WITH CASH AND IN-KIND CONTRIBUTIONS, ST VINCENT'S MEDICAL CENTER RIVERSIDE AND, IN SOME INSTANCES, IN PARTNERSHIP WITH OTHER ORGANIZATIONS IS ABLE TO OFFER A VARIETY OF OPPORTUNITIES WHICH ARE NO OR LOW COST TO THE COMMUNITY ST VINCENT'S DOES THIS AS PART OF ITS MISSION TO PROVIDE CARE FOR ALL, ESPECIALLY THE POOR AND VULNERABLE OF THE COMMUNITY IT MAINTAINS A PRIMARY CARE RESIDENCY PROGRAM ALONG WITH PODIATRY AND PHARMACY RESIDENCIES IT SPONSORS THE FAITH COMMUNITY NURSING PROGRAM WHICH IS IN 70 CONGREGATIONS IN NORTHEAST FLORIDA AND THE SETON CENTER FOR WOMEN AND CHILDREN IT MAINTAINS A PRIMARY CARE RESIDENCY PROGRAM ALONG WITH PODIATRY AND PHARMACY RESIDENCIES THE MIKE DAVIDSON FAMILY OVERNIGHT CENTER IS A 16-BED OVERNIGHT CENTER FOR PATIENTS WHO MUST BE IN THE MEDICAL CENTER FOR EARLY MORNING PROCEDURES, BUT MAY LIVE TOO FAR AWAY AND REQUIRE OVERNIGHT RESIDENCE FAMILIES CAN ALSO STAY AT THE OVERNIGHT CENTER TO BE CLOSE TO PATIENTS WHO ARE HAVING MEDICAL EMERGENCIES, SUCH AS BEING ADMITTED IN THE ICUS OR BABIES IN THE NICU THE GOOD SAMARITAN FUND OF ST VINCENT'S MEDICAL CENTER RIVERSIDE DISBURSED APPROXIMATELY \$380,000 TO PATIENTS IN FINANCIAL NEED THESE SERVICES INCLUDED MEDICATIONS, TRANSPORTATION, CLOTHING, SHORT-TERM RESIDENTIAL AND BURIAL EXPENSES THE MOBILE HEALTH OUTREACH MINISTRY (MHOM) URBAN/RURAL PROGRAM SERVED OVER 6,000 PERSONS IN ITS PRIMARY CARE PROGRAM IN THE FIVE COUNTIES OF NORTHEAST FLORIDA IT PROVIDED COUNTLESS HEALTH SCREENINGS AND IMMUNIZATION WHICH ARE NOT INCLUDED IN THE ABOVE COUNT THE MHOM PEDIATRIC PROGRAM SERVED APPROXIMATELY 9,900 CHILDREN IN ITS SCHOOL-YEAR AND SUMMER PROGRAMS ALL WERE PROVIDED WITHOUT COST TO THE PATIENT THE ST VINCENT'S HEALTHCARE'S WEBSITE, JAXHEALTH.COM, IS AN ENCYCLOPEDIA WITH WELLNESS TOOLS FOR THE COMMUNITY TO GAIN INFORMATION TO LIVE A HEALTHIER LIFE STYLE VARIOUS SEMINARS AND EDUCATIONAL OPPORTUNITIES, FACILITATED BY HEALTH CARE PROVIDERS AND SUBJECT MATTER EXPERTS ON DIFFERENT TOPICS RELATED TO HEALTH, WELLNESS, AND AGING AND ARE OPEN TO THE PUBLIC, WITH A SPECIAL EMPHASIS TO ENGAGE THE ELDERLY, TO ENHANCE THEIR HEALTH CARE KNOWLEDGE KIDS TOGETHER AGAINST CANCER (KTAC) IS A SUPPORT GROUP FOR CHILDREN OF A PARENT DIAGNOSED WITH CANCER THIS PROGRAM ALLOWS CHILDREN AND THEIR FAMILIES TO CONNECT WITH THEIR HEALTH PROVIDERS AND BETTER UNDERSTAND TREATMENT PLAN OPTIONS ART THERAPY PROGRAMS ARE OFFERED IN PARTNERSHIP WITH THE CUMMER MUSEUM, LOCATED CLOSE TO THE ST VINCENT'S MEDICAL CENTER RIVERSIDE CAMPUS THIS GROUP IS FREE TO ALL THE FAITH COMMUNITY NURSING PROGRAM, FORMERLY CALLED THE PARISH NURSE PROGRAM, IS A SMALL TEAM OF EMPLOYED NURSES THAT MAINTAIN SUPPORTIVE RELATIONSHIPS WITH 70 FAITH CONGREGATIONS, OF MULTIPLE FAITH BACKGROUNDS, TO TRAIN MEDICAL PROFESSIONALS IN EACH CONGREGATION TO SERVE THEIR MINISTRIES WITH HEALTH SERVICES AND EDUCATION ST VINCENT'S MEDICAL CENTER RIVERSIDE GIVES SPACE WITHOUT COST TO COMMUNITY HEALTH ORGANIZATIONS SUCH AS VISION IS PRICELESS, EMERGENCY PREGNANCY SERVICES, AMERICAN CANCER SOCIETY AND THE DIOCESAN CENTER FOR FAMILY LIFE, AS WELL AS VARIOUS COMMUNITY GROUPS THAT USE THE MEDICAL CENTER FOR COMMUNITY MEETING SPACE</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 6 Affiliated health care system</p>	<p>ST VINCENT'S MEDICAL CENTER, INC (THE MEDICAL CENTER) IS A WHOLLY OWNED SUBSIDIARY OF ST VINCENT'S HEALTH SYSTEM, INC (SVHS), WHICH IS A MEMBER OF ASCENSION HEALTH ASCENSION HEALTH IS A CATHOLIC, NATIONAL HEALTH SYSTEM CONSISTING PRIMARILY OF NONPROFIT CORPORATIONS THAT OWN AND OPERATE LOCAL HEALTH CARE FACILITIES, OR HEALTH MINISTRIES, LOCATED IN 20 OF THE UNITED STATES AND THE DISTRICT OF COLUMBIA ASCENSION HEALTH IS SPONSORED BY THE NORTHEAST, SOUTHEAST, EAST CENTRAL, AND WEST CENTRAL PROVINCES OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL, THE CONGREGATION OF ST JOSEPH, AND THE SISTERS OF ST JOSEPH OF CARONDELET (CSJ) THE MEDICAL CENTER, LOCATED IN JACKSONVILLE, FLORIDA, IS A NONPROFIT ACUTE CARE HOSPITAL THE MEDICAL CENTER PROVIDES INPATIENT, OUTPATIENT, AND EMERGENCY CARE SERVICES FOR THE RESIDENTS OF NORTHEAST FLORIDA AND SOUTHEAST GEORGIA ADMITTING PHYSICIANS ARE PRIMARILY PRACTITIONERS IN THE LOCAL AREA THE MEDICAL CENTER IS RELATED TO ASCENSION HEALTH'S OTHER SPONSORED ORGANIZATIONS THROUGH COMMON CONTROL SUBSTANTIALLY ALL EXPENSES OF ASCENSION HEALTH AND ITS SPONSORED ORGANIZATIONS ARE RELATED TO PROVIDING HEALTH CARE SERVICES MISSION ASCENSION HEALTH DIRECTS ITS GOVERNANCE AND MANAGEMENT ACTIVITIES TOWARD STRONG, VIBRANT, CATHOLIC HEALTH MINISTRIES UNITED IN SERVICE AND HEALING AND DEDICATES ITS RESOURCES TO SPIRITUALLY CENTERED CARE WHICH SUSTAINS AND IMPROVES THE HEALTH OF THE INDIVIDUALS AND COMMUNITIES IT SERVES IN ACCORDANCE WITH ASCENSION HEALTH'S MISSION OF SERVICE TO THOSE PERSONS LIVING IN POVERTY AND OTHER VULNERABLE PERSONS, EACH HEALTH MINISTRY ACCEPTS PATIENTS REGARDLESS OF THEIR ABILITY TO PAY ASCENSION HEALTH USES FOUR CATEGORIES TO IDENTIFY THE RESOURCES UTILIZED FOR THE CARE OF PERSONS LIVING IN POVERTY AND COMMUNITY BENEFIT PROGRAMS TRADITIONAL CHARITY CARE INCLUDES THE COST OF SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD HEALTH CARE BECAUSE OF INADEQUATE RESOURCES AND/OR WHO ARE UNINSURED OR UNDERINSURED UNPAID COST OF PUBLIC PROGRAMS, EXCLUDING MEDICARE, REPRESENTS THE UNPAID COST OF SERVICES PROVIDED TO PERSONS COVERED BY PUBLIC PROGRAMS FOR PERSONS LIVING IN POVERTY AND OTHER VULNERABLE PERSONS COST OF OTHER PROGRAMS FOR PERSONS LIVING IN POVERTY AND OTHER VULNERABLE PERSONS INCLUDES UNREIMBURSED COSTS OF PROGRAMS INTENTIONALLY DESIGNED TO SERVE THE PERSONS LIVING IN POVERTY AND OTHER VULNERABLE PERSONS OF THE COMMUNITY, INCLUDING SUBSTANCE ABUSERS, THE HOMELESS, VICTIMS OF CHILD ABUSE, AND PERSONS WITH ACQUIRED IMMUNE DEFICIENCY SYNDROME COMMUNITY BENEFIT CONSISTS OF THE UNREIMBURSED COSTS OF COMMUNITY BENEFIT PROGRAMS AND SERVICES FOR THE GENERAL COMMUNITY, NOT SOLELY FOR THE PERSONS LIVING IN POVERTY, INCLUDING HEALTH PROMOTION AND EDUCATION, HEALTH CLINICS AND SCREENINGS, AND MEDICAL RESEARCH DISCOUNTS ARE PROVIDED TO ALL UNINSURED PATIENTS, INCLUDING THOSE WITH THE MEANS TO PAY DISCOUNTS PROVIDED TO THOSE PATIENTS WHO DID NOT QUALIFY FOR ASSISTANCE UNDER CHARITY CARE GUIDELINES ARE NOT INCLUDED IN THE COST OF PROVIDING CARE OF PERSONS WHO ARE POOR AND COMMUNITY BENEFIT PROGRAMS THE COST OF PROVIDING CARE OF PERSONS LIVING IN POVERTY AND COMMUNITY BENEFIT PROGRAMS IS ESTIMATED USING INTERNAL COST DATA AND IS CALCULATED IN COMPLIANCE WITH GUIDELINES ESTABLISHED BY BOTH THE CATHOLIC HEALTH ASSOCIATION (CHA) AND THE INTERNAL REVENUE SERVICE (IRS) ADDITIONAL AFFILIATES AND MEMBERS OF THE ST VINCENT'S HEALTH SYSTEM INCLUDE ST LUKE'S-ST VINCENT'S HEALTHCARE, ST VINCENT'S MEDICAL CENTER-CLAY COUNTY, INC , ST VINCENT'S AMBULATORY CARE, INC , ST VINCENT'S PHYSICIAN'S ENTERPRISE INC , CONSOLIDATED PHARMACY SERVICES, INC AND ST VINCENT'S FOUNDATION, INC</p>

990 Schedule H, Supplemental Information

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

Schedule H (Form 990) 2017

Additional Data**Software ID:** 17005876**Software Version:** 2017v2.2**EIN:** 59-0624449**Name:** St Vincent's Medical Center Inc**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u>											
Name, address, primary website address, and state license number											
1	St Vincent's Medical Center Inc 4205 Belfort Road Suite 4020 Jacksonville, FL 32216 https://healthcare.ascension.org/Locations/Florida/FLJAC/Jacksonville-St-Vincents-Medical-Center-Riv 4376	X	X					X			

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

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

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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - St Vincent's Medical Center, Inc d/b/a St Vincent's Medical Center Riverside INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING INDIVIDUALS WITH SPECIAL KNOWLEDGE OR EXPERTISE IN PUBLIC HEALTH, WAS RECEIVED FROM 185 INDIVIDUALS THROUGH ELEVEN KEY INFORMANT INTERVIEWS, SEVENTEEN FOCUS GROUPS, AND FOUR TOWN HALL MEETINGS COMMUNITY INPUT WAS GATHERED FROM MARCH THROUGH JUNE 2015 INTERVIEWS INCLUDED INDIVIDUALS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, THE LOCAL PUBLIC HEALTH DEPARTMENT, AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH NEEDS OF THE COMMUNITY, AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS, AND POPULATIONS WITH CHRONIC DISEASE NEEDS DUVAL COUNTY DEPARTMENT OF HEALTH STAFF, WORKING UNDER SUBCONTRACT WITH VERITE, CONDUCTED AND SUMMARIZED RESULTS FROM THE KEY INFORMANT INTERVIEWS AND COMMUNITY MEETINGS PARTICIPANTS INCLUDED CITY OF JACKSONVILLE DISABLED SERVICES, PHYSICIANS AND NURSES FROM PRIVATE PRACTICES, HISPANIC MINISTRIES SOCIAL SERVICES STAFF, UNIVERSITY OF NORTH FLORIDA, NEMOURS, SULZBACHER CENTER, NORTHWEST JACKSONVILLE COMMUNITY DEVELOPMENT CORPORATION, JACKSONVILLE FIRE & RESCUE DEPARTMENT, DOH-DUVAL, PRIVATE PRACTICE AND DOH DUVAL STAFF

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 , 1	Facility , 1 - St Vincent's Medical Center, Inc d/b/a St Vincent's Medical Center Riverside St Vincent's Medical Center collaborated with other hospital members of the Jacksonville Metropolitan Community Benefit Partnership The Partnership is comprised of - Baptist Health - UF Health Jacksonville (then Shands Jacksonville Medical Center) - Wolfson Children's Hospital

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 , 1	Facility , 1 - St Vincent's Medical Center, Inc d/b/a St Vincent's Medical Center Riverside St Vincent's Medical Center collaborated with some non-hospital facilities The Partnership is comprised of - Brooks Rehabilitation - Clay County Health Department - Duval County Health Department - Mayo Clinic - Nassau County Health Department - Putnam County Health Department - St Vincent's HealthCare

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
<p>Schedule H, Part V, Section B, Line 11 Facility , 1</p>	<p>Facility , 1 - St Vincent's Medical Center, Inc d/b/a St Vincent's Medical Center River side HERE, YOU WILL FIND OUR PRIORITIES IN THE COMMUNITY AND THE STRATEGIES WE ARE USING TO ADDRESS THESE PRIORITIES INCREASE MEDICAL ACCESS AND QUALITY OF CARE FOR ST VINCENT'S HEALTHCARE'S MEDICARE ELIGIBLE PATIENTS IN DUVAL COUNTY THROUGH ALIGNMENT HEALTHCARE 1 DEVELOP A PARTNERSHIP WITH ALIGNMENT HEALTHCARE TO ASSIST OLDER INDIVIDUALS ACCESSING MEDI CARE 2 CREATE AN ADVANCED CLINICAL MODEL TO SUPPORT MEDICARE BENEFICIARIES, LOWER COSTS AND INCREASE THE AVAILABILITY OF HEALTH CARE FOR SENIORS IMPROVE HEALTH OUTCOMES FOR THE PATIENTS OF ST VINCENT'S HEALTHCARE WHO ARE DIAGNOSED WITH DIABETES IN DUVAL COUNTY THROU GH EVIDENCE-BASED ACTIVITIES 1 OVERSEE DEVELOPMENT AND ADOPTION OF STANDARDS AND NORMS F OR THE DIAGNOSIS AND TREATMENT OF DIABETES, ITS COMPLICATIONS AND RISK FACTORS FOR ST VINCENT'S HEALTHCARE 2 PROMOTE AND CONTRIBUTE TO DIABETES SCREENING TO REDUCE THE PREVALENC E OF DIABETES 3 PROMOTE LIVING WELL WITH DIABETES AND DISEASE MANAGEMENT VIA EDUCATION 4 ADVOCATE FOR PREVENTION AND CONTROL OF DIABETES IN VULNERABLE POPULATIONS PROMOTE HEALTH AND WELLNESS FOR THE POOR AND VULNERABLE IN DUVAL COUNTY WITH AN ANNUAL COLLABORATIVE COMM UNITY-WIDE INITIATIVE, MEDICAL MISSION AT HOME 1 COORDINATING WITH ASCENSION HEALTH COOR DINATE AN ANNUAL MEDICAL MISSION AT HOME 2 DEVELOP A SYSTEM WIDE SUPPORT TEAM LEAD BY MI SSION INTEGRATION 3 ESTABLISH SUPPORTIVE PARTNERSHIPS FROM LOCAL BUSINESS, HEALTH PROVID ERS AND ORGANIZATIONS 4 IMPLEMENT AN EVENT PROMOTE INFANT MORTALITY FOR PARENTS IN DUVA L COUNTY WITH A SAFE SLEEP EDUCATIONAL INITIATIVE FEATURED AT ST VINCENT'S RIVERSIDE FAMI LY BIRTH PLACE 1 EDUCATE THE STAFF OF ST VINCENT'S FAMILY BIRTH PLACE AND PHYSICIANS ON THE REQUIREMENTS FOR SAFE SLEEP ENVIRONMENTS AS RECOGNIZED BY CRIBS FOR KIDS PROGRAM 2 GAIN NATIONAL SAFE SLEEP HOSPITAL CERTIFICATION 3 EDUCATE AND DISTRIBUTE SAFE SLEEP MATE RIALS, SLEEP SACKS AND (PACK-N-PLAYS IF THERE IS NO SAFE SLEEP ENVIRONMENT AVAILABLE) TO S T VINCENT'S MATERNITY PATIENTS 4 PROMOTE COLLABORATIVE PARTNERSHIPS WITH FLORIDA DEPART MENT OF CHILDREN & FAMILIES, HEALTHY START COALITION, EARLY LEARNING COALITION SAFE KIDS O F NEFL, AND THE COUNTY HEALTH DEPARTMENT INCREASE ACCESS TO MENTAL HEALTH SUPPORT SPECIFI CALLY FOR THE UNINSURED POOR (BELOW 250% FPL) IN DUVAL COUNTY WHO ARE SEEKING CARE FROM ST VINCENT'S HEALTHCARE 1 DEVELOP AND IMPLEMENT A SYSTEM TO IDENTIFY POTENTIAL PARTICIPAN TS 2 TRACK THOSE PARTICIPANTS AND COMPARE DATE FROM BASELINE YEAR OF 2015 AUGMENT AN EVI DENCED BASED VOLUNTARY NUTRITION AND FITNESS AWARENESS PROGRAM FOR YOUTH 8-11 IN DUVAL COU NTY 1 DEVELOP PARTNERSHIP WITH DUVAL COUNTY SCHOOLS 2 DEVELOP PARTNERSHIPS WITH LOCAL Y OUTH ORGANIZATIONS 3 IMPLEMENT A PEDIATRIC NUTRITION AND FITNESS PROGRAM SUITABLE FOR AFT ERSCHOOL PROGRAMS, PHYSICAL EDUCATION CLASSES, AND SUMMER PROGRAMS WITHIN THE COMMUNITY P ROVIDE OPPORTUNITIES FOR SMOKI</p>

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
<p>Schedule H, Part V, Section B, Line 11 Facility , 1</p>	<p>NG CESSATION FOR THE PUBLIC IN DUVAL COUNTY THROUGH A COLLABORATIVE PARTNERSHIP BETWEEN ST VINCENT'S RIVERSIDE, NORTHEAST FLORIDA AHEC AND OTHER LOCAL ORGANIZATIONS 1 COORDINATE WITH AHEC TO PROVIDE SMOKING CESSATION OPPORTUNITIES TO THE PUBLIC 2 CONDUCT 5 CLASSES A NNUALLY NEEDS THAT WILL NOT BE ADDRESSED ST VINCENT'S HEALTHCARE IS COMMITTED TO OUR MISS ION AND TO THE COMMUNITY, HOWEVER, NO ENTITY CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENTED BY THE 2015 CHNA THE FOLLOWING ARE THOSE WE BELIEVE ARE EITHER NOT SUPPORTED BY OUR MISS ION OR THAT RESOURCES ARE NOT CURRENTLY AVAILABLE TO ADEQUATELY ADDRESS CANCER ST VINCE NT'S HEALTHCARE LACKS RESOURCES IN THE ABILITY TO PROVIDE LARGE-SCALE CANCER SERVICES WITH IN THE NORTHEAST FLORIDA AREAS BUT WILL CONTINUE TO SUPPORT LOCAL ORGANIZATIONS THAT OFFER CANCER SERVICES TO THE COMMUNITY COMMUNICABLE DISEASES ST VINCENT'S WILL NOT IMPLEMENT INITIATIVES TO ADDRESS THIS NEED AT THIS TIME THE LOCAL CHILDREN'S HOSPITAL CURRENTLY PR OVIDES RESOURCES SPECIFICALLY FOR YOUTH WHILE VARIOUS OTHER ORGANIZATIONS WITHIN THE REGIO N OFFER AN ADULT EMPHASIS ON THIS NEED DENTAL CARE DENTAL CARE IS CURRENTLY NOT A MEDICA L SERVICE PROVIDED BY ST VINCENT'S HEALTHCARE WE WILL CONTINUE TO SEEK ADDITIONAL OPPORT UNITIES TO EXPAND DENTAL SERVICES TO THOSE MOST IN NEED POVERTY ST VINCENT'S HEALTHCARE DOES NOT HAVE SUFFICIENT RESOURCES TO PROVIDE SIGNIFICANT CHANGE THERE ARE NUMEROUS RESO URCES WITHIN THIS AREA DEVOTED TO THIS MEASURE INCLUDING THE UNITED WAY OF NORTHEAST FLORI DA ST VINCENT'S HEALTHCARE HAS NOT IDENTIFIED AN EFFECTIVE INTERVENTION TO IMPROVE POVER TY ON A LARGE SCALE WITHIN THE LOCAL COMMUNITY BUT WILL CONTINUE TO ADVOCATE FOR THE POOR AND VULNERABLE, AS IS OUR MISSION SEXUALLY TRANSMITTED INFECTIONS- IN ACCORDANCE WITH THE ETHICAL AND RELIGIOUS DIRECTIVES OF CATHOLIC HEALTH CARE, ST VINCENT'S HEALTHCARE CONTIN UES TO SUPPORT SEXUAL ABSTINENCE EDUCATION IN THE COMMUNITY TRANSPORTATION CURRENTLY, ST VINCENT'S HEALTHCARE LACKS CAPACITY TO IMPROVE THE OVERALL PUBLIC TRANSPORTATION SYSTEM WITHIN THE NORTHEAST FLORIDA AREA WE WILL CONTINUE TO PARTNER WITH LOCAL TRANSPORTATION A UTHORITIES TO ADVOCATE FOR THE IMPROVEMENT OF SERVICES, ESPECIALLY THOSE MOST IN NEED THAT RELY ON PUBLIC TRANSPORTATION ACTIONS TAKEN DURING THE 2018 TAX YEAR - ACCESS -MOBILE H EALTH OUTREACH MINISTRY EXCEEDED THEIR ANNUAL GOAL, WITH THE USE OF 5 MOBILE HEALTH UNITS (3 ARE MEDICAL UNITS, 1 IS A COMBINATION MEDICAL/VISION UNIT, AND 1 IS A DENTAL UNIT) 15,0 60 FREE SERVICES WERE PROVIDED FOR ACUTE AND PRIMARY CARE WITHIN THE IMPOVERISHED AND INDI GENT COMMUNITY OF DUVAL COUNTY - DIABETES - THE COMPREHENSIVE DIABETIC PROGRAM MET GOAL F OR NUMBER OF PATIENTS IN PROGRAM, RETENTION RATE, HGBA1C CONTROLLED, EYE EXAM, AND NEPHROP ATHY SCREENING RATE THE CONTINUE TO WORK ON MEETING GOAL FOR BP<140/90 - OBESITY/NUTRITTI ON/LIFESTYLE - EXCEEDED GOAL FOR NUMBER OF PARTICIPANTS IN MOMENTUM EXERCISE AND WELLNESS PROGRAM ENGAGING STUDENTS IN D</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	UVAL COUNTY MIDDLE SCHOOLS

Schedule I (Form 990)

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

OMB No 1545-0047

2017

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization St Vincent's Medical Center Inc

Employer identification number 59-0624449

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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

Table with 8 columns: (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. Row 1: SISTERS OF ST FRANCIS XAVIER, 2585 OAK STREET, JACKSONVILLE, FL 32204, EIN 20-1499617, IRC 501C3, Amount 135,000, Purpose GENERAL SUPPORT.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 1
3 Enter total number of other organizations listed in the line 1 table. 0

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

Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	St Vincent's Medical Center Riverside provides only direct charitable contributions. Therefore, no monitoring of charitable contributions is performed.

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

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

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization St Vincent's Medical Center Inc	Employer identification number 59-0624449
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Part I Questions Regarding Compensation

		Yes	No		
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee				
<p>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</p>					
<p>a Receive a severance payment or change-of-control payment?</p>	4a	Yes			
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes			
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>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</p>					
<p>a The organization?</p>	5a		No		
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b		No		
<p>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</p>					
<p>a The organization?</p>	6a		No		
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b		No		
<p>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</p>	7		No		
<p>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</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	Ascension Health, a related organization of St. Vincent's Medical Center, Inc., uses the following to establish the compensation of the organization's President & CEO - Compensation Committee, - Independent Compensation Consultant, - Compensation Survey or Study, and - Approval by the Board or Compensation Committee
Schedule J, Part I, Line 4a Severance or change-of-control payment	The following individual(s) received severance payments from the organization or a related organization: John J. Cassani - \$105,134; Michael H. Schatzlein, MD - \$961,539
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Eligible executives participate in a program that provides for supplemental retirement benefits. The payment of benefits under the program, if any, is entirely dependent upon the facts and circumstances under which the executive terminates employment with the organization. Benefits under the program are unfunded and non-vested. Due to the substantial risk of forfeiture provision, there is no guarantee that these executives will ever receive any benefit under the program. Any amount ultimately paid under the program to the executive is reported as compensation on Form 990, Schedule J, Part II, Column B in the year paid. No individuals received payment from the supplemental nonqualified retirement plan in the current year.

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 59-0624449
Name: St Vincent's Medical 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				
1	THOMAS J VANOSDOL CEO, MINISTRY MARKET	(i) 0 ----- (ii) 555,860	(i) 0 ----- (ii) 301,615	(i) 0 ----- (ii) 69,385	(i) 0 ----- (ii) 17,550	(i) 0 ----- (ii) 27,500	(i) 0 ----- (ii) 971,910	(i) 0 ----- (ii) 0
1	MICHAEL H SCHATZLEIN MD FORMER OFFICER (END 12/2016)	(i) 0 ----- (ii) 37,007	(i) 0 ----- (ii) 0	(i) 0 ----- (ii) 1,014,828	(i) 0 ----- (ii) 1,704	(i) 0 ----- (ii) 9,491	(i) 0 ----- (ii) 1,063,029	(i) 0 ----- (ii) 0
2	C SUSAN CORNEJO CFO, GULF COAST MINISTRY MARKET (START 6/2018)	(i) 0 ----- (ii) 401,722	(i) 0 ----- (ii) 248,229	(i) 0 ----- (ii) 53,721	(i) 0 ----- (ii) 16,200	(i) 0 ----- (ii) 21,065	(i) 0 ----- (ii) 740,937	(i) 0 ----- (ii) 0
3	PAMELA M HESS CFO, JACKSONVILLE MINISTRY MARKET (END 6/2018)	(i) 0 ----- (ii) 325,338	(i) 0 ----- (ii) 104,808	(i) 0 ----- (ii) 257,907	(i) 0 ----- (ii) 16,200	(i) 0 ----- (ii) 19,445	(i) 0 ----- (ii) 723,699	(i) 0 ----- (ii) 0
4	JOHN J CASSANI FORMER KEY EMPLOYEE (END 3/2016)	(i) 0 ----- (ii) 2,186	(i) 0 ----- (ii) 0	(i) 0 ----- (ii) 108,655	(i) 0 ----- (ii) 0	(i) 0 ----- (ii) 2,128	(i) 0 ----- (ii) 112,968	(i) 0 ----- (ii) 0
5	MICHELLE ADAMOLEKUN CHRO, MINISTRY MARKET (END 2/2018)	(i) 0 ----- (ii) 248,838	(i) 0 ----- (ii) 141,041	(i) 0 ----- (ii) 39,395	(i) 0 ----- (ii) 16,171	(i) 0 ----- (ii) 20,045	(i) 0 ----- (ii) 465,489	(i) 0 ----- (ii) 0
6	DONALD B CLAYPOOL PRESIDENT, ACUTE CARE HOSPITALS (END 7/2017)	(i) 0 ----- (ii) 266,526	(i) 0 ----- (ii) 50,244	(i) 0 ----- (ii) 255,759	(i) 0 ----- (ii) 14,850	(i) 0 ----- (ii) 23,594	(i) 0 ----- (ii) 610,973	(i) 0 ----- (ii) 0
7	FRANK H GILBERSTADT MD CCO, MINISTRY MARKET	(i) 0 ----- (ii) 431,924	(i) 0 ----- (ii) 233,148	(i) 0 ----- (ii) 57,162	(i) 0 ----- (ii) 13,500	(i) 0 ----- (ii) 27,098	(i) 0 ----- (ii) 762,832	(i) 0 ----- (ii) 0
8	LORRAINE M KEITH CNO, MINISTRY MARKET	(i) 0 ----- (ii) 264,190	(i) 0 ----- (ii) 33,708	(i) 0 ----- (ii) 34,875	(i) 0 ----- (ii) 15,640	(i) 0 ----- (ii) 3,670	(i) 0 ----- (ii) 352,083	(i) 0 ----- (ii) 0
9	TERESA LOFTIS CMIO, MINISTRY MARKET	(i) 0 ----- (ii) 201,566	(i) 0 ----- (ii) 94,202	(i) 0 ----- (ii) 15,331	(i) 0 ----- (ii) 15,419	(i) 0 ----- (ii) 24,315	(i) 0 ----- (ii) 350,833	(i) 0 ----- (ii) 0
10	WILLIAM R MAYHER COO, MINISTRY MARKET	(i) 0 ----- (ii) 189,345	(i) 0 ----- (ii) 24,804	(i) 0 ----- (ii) 19,374	(i) 0 ----- (ii) 13,207	(i) 0 ----- (ii) 25,912	(i) 0 ----- (ii) 272,642	(i) 0 ----- (ii) 0
11	JOHN D MEYER III CSMO, MINISTRY MARKET	(i) 0 ----- (ii) 263,158	(i) 0 ----- (ii) 166,595	(i) 0 ----- (ii) 41,645	(i) 0 ----- (ii) 17,220	(i) 0 ----- (ii) 9,756	(i) 0 ----- (ii) 498,375	(i) 0 ----- (ii) 0
12	JEFFREY H MIDDLEBROOK CLO, REGIONAL	(i) 0 ----- (ii) 333,538	(i) 0 ----- (ii) 138,824	(i) 0 ----- (ii) 65,198	(i) 0 ----- (ii) 9,658	(i) 0 ----- (ii) 25,406	(i) 0 ----- (ii) 572,625	(i) 0 ----- (ii) 0
13	KENNETH ROTHFIELD CHIEF MEDICAL OFFICER (END 8/2017)	(i) 0 ----- (ii) 251,360	(i) 0 ----- (ii) 49,659	(i) 0 ----- (ii) 82,661	(i) 0 ----- (ii) 14,468	(i) 0 ----- (ii) 20,024	(i) 0 ----- (ii) 418,172	(i) 0 ----- (ii) 0
14	TRACY B WILLIAMS COO - Acute Care Hospitals	(i) 0 ----- (ii) 283,313	(i) 0 ----- (ii) 37,524	(i) 0 ----- (ii) 25,421	(i) 0 ----- (ii) 15,852	(i) 0 ----- (ii) 30,271	(i) 0 ----- (ii) 392,381	(i) 0 ----- (ii) 0
15	SONYA J DOMINGUEZ MD PHYSICIAN	(i) 240,984 ----- (ii) 0	(i) 7,260 ----- (ii) 0	(i) 736 ----- (ii) 0	(i) 15,431 ----- (ii) 0	(i) 29,189 ----- (ii) 0	(i) 293,601 ----- (ii) 0	(i) 0 ----- (ii) 0
16	TODD D FRACKE RADIATION PHYSICIST	(i) 210,624 ----- (ii) 0	(i) 0 ----- (ii) 0	(i) 6,883 ----- (ii) 0	(i) 8,022 ----- (ii) 0	(i) 17,378 ----- (ii) 0	(i) 242,908 ----- (ii) 0	(i) 0 ----- (ii) 0
17	NAICIE ARIEL MARROW MD PHYSICIAN	(i) 208,633 ----- (ii) 0	(i) 17,725 ----- (ii) 0	(i) 393 ----- (ii) 0	(i) 10,853 ----- (ii) 0	(i) 31,127 ----- (ii) 0	(i) 268,731 ----- (ii) 0	(i) 0 ----- (ii) 0
18	DAVID A MCINNES MD MEDICAL DIRECTOR, FAMILY MEDICINE	(i) 368,024 ----- (ii) 0	(i) 37,463 ----- (ii) 0	(i) 5,639 ----- (ii) 0	(i) 17,550 ----- (ii) 0	(i) 30,661 ----- (ii) 0	(i) 459,338 ----- (ii) 0	(i) 0 ----- (ii) 0
19	ROBERT F RASPA MD PHYSICIAN	(i) 205,450 ----- (ii) 0	(i) 3,065 ----- (ii) 0	(i) 2,883 ----- (ii) 0	(i) 13,683 ----- (ii) 0	(i) 6,376 ----- (ii) 0	(i) 231,457 ----- (ii) 0	(i) 0 ----- (ii) 0

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
St Vincent's Medical Center Inc

Employer identification number

59-0624449

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>COMPUTER EQUIPMENT</u>)	X	1	97,515	Cost
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Schedule M, Part I Explanations of reporting method for number of contributions	Other - COMPUTER EQUIPMENT NUMBER OF CONTRIBUTIONS

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
St Vincent's Medical Center Inc

Employer identification number

59-0624449

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part I, Line 1 Doing Business as	St Vincent's Family Medical Center Consolidated Laboratory Services

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	IN DETERMINING THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT & CEO, THE PROCESS PERFORMED BY ASCENSION HEALTH, A RELATED ORGANIZATION OF ST VINCENT'S MEDICAL CENTER, INC , INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION THE COMPENSATION COMMITTEE REVIEWED AND APPROVED THE COMPENSATION IN THE REVIEW OF THE COMPENSATION, THE PRESIDENT & CEO WAS COMPARED TO INDIVIDUALS AT OTHER ORGANIZATIONS IN THE AREA WHO HOLD THE SAME TITLE DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE COMMITTEE MINUTES THE INDIVIDUAL WAS NOT PRESENT WHEN HIS COMPENSATION WAS DECIDED

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	IN DETERMINING COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES, THE PROCESS PERFORMED BY ST VINCENT'S HEALTH SYSTEM, INC , A RELATED ORGANIZATION OF ST VINCENT'S MEDICAL CENTER, INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION THE EXECUTIVE COMPENSATION COMMITTEE REVIEWED AND APPROVED THE COMPENSATION IN THE REVIEW OF THE COMPENSATION, THE OFFICERS' SALARIES WERE COMPARED TO INDIVIDUALS AT OTHER ORGANIZATIONS IN THE AREA WHO HOLD THE SAME TITLE DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE MINUTES INDIVIDUALS WERE NOT PRESENT WHEN THEIR COMPENSATION WAS DECIDED

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	St Vincent's Medical Center, Inc has a single corporate member, St Vincent's Health System, 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's Medical Center, Inc has a single corporate member St Vincent's Health System, Inc , who has the ability to elect members to the governing body of St Vincent's Medical 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's Medical Center, Inc 's financial information or corporation as a whole are subject to approval by its sole corporate member, St Vincent's Health System, 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 INCLUDING FINANCE, ACCOUNTING, TREASURY, LEGAL, HUMAN RESOURCES, AND CORPORATE COMPLIANCE FOR ADVICE, INFORMATION AND ASSISTANCE IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN UPON COMPLETION, THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S INTERNAL TAX DEPARTMENT WHICH CONSISTS OF ATTORNEYS AND CPAS A COMPLETE FINAL COPY OF THE RETURN IS PROVIDED TO THE ORGANIZATION'S PRESIDENT, FINANCIAL OFFICER, AND/OR OTHER KEY OFFICERS IN LIEU OF THE FULL BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>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.</p>

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	Income from Joint Ventures - Total Revenue -10596, Related or Exempt Function Revenue -10596, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Management Fees - Total Revenue 35, Related or Exempt Function Revenue 35, 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 37251, Related or Exempt Function Revenue 37251, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Escheatment Revenue - Total Revenue 13791, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 13791, Late Penalty Fees - Total Revenue 16663, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 16663, Miscellaneous Expense - Total Revenue 1711059, Related or Exempt Function Revenue 1711059, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	TRANSFERS WITH ALPHA FUND - -48685095, CHANGE IN VALUE OF INTEREST IN ST VINCENT'S FOUNDATION - 2086615,

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Header Website	https://healthcare.ascension.org/Locations/Florida/FLJAC/Jacksonville-St-Vincent-Medical-Center-Riverside

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
St Vincent's Medical Center Inc

Employer identification number

59-0624449

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ASCENSION HEALTH ALLIANCE PO BOX 45998 ST LOUIS, MO 631455998 45-3358926	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	NA		No
(2) ASCENSION HEALTH PO BOX 45998 ST LOUIS, MO 63145 31-1662309	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE		No
(3) ST VINCENT'S HEALTH SYSTEM INC 4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-3650609	PARENT ENTITY	FL	501(c)(3)	Type II	ASCENSION HEALTH		No
(4) ST LUKE'S-ST VINCENT'S HEALTHCARE INC 4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 26-0479484	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
(5) ST VINCENT'S FOUNDATION INC 4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-2219923	FUND RAISING	FL	501(c)(3)	7	ST VINCENT'S HEALTH SYSTEM INC	Yes	
(6) ST VINCENT'S MEDICAL CENTER CLAY COUNTY INC 4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 46-1523194	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CONSOLIDATED PHARMACY SERVICES INC 4205 BELFORT ROAD SUITE 4030 JACKSONVILLE, FL 32216 59-3398033	RETAIL PHARMACY & PATIENT TRANSPORT	FL	NA	C Corporation				Yes	
(2) ADVANCED PATIENT TRANSPORTATION INC 4205 BELFORT ROAD SUITE 4030 JACKSONVILLE, FL 32216 59-3381444	TRANSPORT SERVICES	FL	NA	C Corporation				Yes	
(3) SETON PHARMACY INC 4205 BELFORT ROAD SUITE 4030 JACKSONVILLE, FL 32216 59-3001427	RETAIL PHARMACY	FL	NA	C Corporation				Yes	
(4) FAMILY MEDICINE CENTER CONDOMINIUM ASSOCIATION INC 1 SHIRCLIFF WAY JACKSONVILLE, FL 32204 26-1983355	CONDOMINIUM ASSOCIATION	FL	ST VINCENT'S MEDICAL CENTER INC	C Corporation	148,559	11,254	68.72 %	Yes	
(5) St Vincent's Strategic Ventures Inc 4205 Belfort Road Suite 4030 Jacksonville, FL 33213 59-3133073	LEASING	FL	NA	C Corporation				Yes	

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

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

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

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

See Additional Data Table

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

Part VII **Supplemental Information**

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

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 59-0624449
Name: St Vincent's Medical 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
PO BOX 45998 ST LOUIS, MO 631455998 45-3358926	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	NA		No
PO BOX 45998 ST LOUIS, MO 63145 31-1662309	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE		No
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-3650609	PARENT ENTITY	FL	501(c)(3)	Type II	ASCENSION HEALTH		No
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 26-0479484	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-2219923	FUND RAISING	FL	501(c)(3)	7	ST VINCENT'S HEALTH SYSTEM INC	Yes	
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 46-1523194	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CONSOLIDATED PHARMACY SERVICES INC	P	56,398	FAIR MARKET VALUE
CONSOLIDATED PHARMACY SERVICES INC	Q	2,580,118	FAIR MARKET VALUE
CONSOLIDATED PHARMACY SERVICES INC	R	413,120	FAIR MARKET VALUE
ST LUKE'S-ST VINCENT'S HEALTHCARE INC	K	154,633	FAIR MARKET VALUE
ST LUKE'S-ST VINCENT'S HEALTHCARE INC	L	1,053,598	FAIR MARKET VALUE
ST LUKE'S-ST VINCENT'S HEALTHCARE INC	Q	167,563	FAIR MARKET VALUE
ST VINCENT'S FOUNDATION INC	C	1,782,676	FAIR MARKET VALUE
ST VINCENT'S MEDICAL CENTER-CLAY COUNTY Inc	L	1,277,695	FAIR MARKET VALUE
ST VINCENT'S MEDICAL CENTER-CLAY COUNTY Inc	Q	242,673	FAIR MARKET VALUE
ST VINCENT'S MEDICAL CENTER-CLAY COUNTY Inc	P	69,119	FAIR MARKET VALUE