

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

# Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2018**  
**Open to Public Inspection**

**A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019**

- 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  
Ascension St Vincent's 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 \$ 487,991,261

**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.

|  |           |         |
|--|-----------|---------|
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)             | <b>3</b>  | 10      |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | <b>4</b>  | 8       |
| <b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)  | <b>5</b>  | 3,083   |
| <b>6</b> Total number of volunteers (estimate if necessary)                            | <b>6</b>  | 277     |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12         | <b>7a</b> | 928,782 |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34                | <b>7b</b> | 0       |

|   | Prior Year                | Current Year |
|---|---------------------------|--------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                      | 1,880,240                 | 1,682,483    |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                       | 484,921,628               | 478,082,799  |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                     | 164,412                   | 276,790      |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)          | 6,974,471                 | 7,120,587    |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 493,940,751               | 487,162,659  |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)                  | 135,000                   | 108,000      |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     |                           | 0            |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 158,044,661               | 150,663,515  |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    |                           | 0            |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0                      |                           |              |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                      | 268,687,824               | 306,563,403  |
| <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)         | 426,867,485               | 457,334,918  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | 67,073,266                | 29,827,741   |
|   | Beginning of Current Year | End of Year  |
| <b>20</b> Total assets (Part X, line 16)  | 209,630,551               | 222,123,875  |
| <b>21</b> Total liabilities (Part X, line 26)   | 331,561,766               | 334,020,308  |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20                        | -121,931,215              | -111,896,433 |

**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: 2020-05-12

Tonya Mershon Tax Officer  
Type or print name and title

**Paid Preparer Use Only**

|                            |                      |      |   |      |
|----------------------------|----------------------|------|---|------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name ▶              |                      |      | Firm's EIN ▶                                    |      |
| Firm's address ▶           |                      |      | Phone no.                                       |      |

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

ROOTED IN THE LOVING MINISTRY OF JESUS AS HEALER, WE COMMIT OURSELVES TO SERVING ALL PERSONS WITH SPECIAL ATTENTION TO THOSE WHO ARE POOR AND VULNERABLE. OUR CATHOLIC HEALTH MINISTRY IS DEDICATED TO SPIRITUALLY-CENTERED, HOLISTIC CARE WHICH SUSTAINS AND IMPROVES THE HEALTH OF INDIVIDUALS AND COMMUNITIES. WE ARE ADVOCATES FOR A COMPASSIONATE AND JUST SOCIETY THROUGH OUR ACTIONS AND OUR WORDS.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 360,753,394 including grants of \$ 108,000 ) (Revenue \$ 479,652,761 )  
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 ▶ 360,753,394

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and controlled entities.

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 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

|   |            |       |    |  |            |     |    |
|---|------------|-------|----|--|------------|-----|----|
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .   | <b>2a</b>  | 3,083 |    |  |            |     |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | <b>2b</b>  | Yes   |    | <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .  | <b>3a</b>  | Yes |    |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .  | <b>3b</b>  | Yes   |    | <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . | <b>4a</b>  |     | No |
| <b>b</b> If "Yes," enter the name of the foreign country: _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |            |       |    | <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  | <b>5a</b>  |     | No |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | <b>5b</b>  |       |    | <b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .  | <b>5c</b>  |     |    |
| <b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .                 | <b>6a</b>  |       |    | <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .   | <b>6b</b>  |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>  |            |       |    |  |            |     |    |
| <b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .  | <b>7a</b>  |       |    | <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .   | <b>7b</b>  |     |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .   | <b>7c</b>  | Yes   |    | <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .   | <b>7d</b>  |     |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | <b>7e</b>  |       | No | <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .  | <b>7f</b>  |     | No |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .   | <b>7g</b>  |       |    | <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .  | <b>7h</b>  |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b>  |            |       |    |  |            |     |    |
| Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .   | <b>8</b>   |       |    | <b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .   | <b>9a</b>  |     |    |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .  | <b>9b</b>  |       |    | <b>10 Section 501(c)(7) organizations.</b> Enter:  |            |     |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .   | <b>10a</b> |       |    | <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | <b>10b</b> |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:  |            |       |    |  |            |     |    |
| <b>a</b> Gross income from members or shareholders . . . . .  | <b>11a</b> |       |    | <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .  | <b>11b</b> |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?   |            |       |    |  |            |     |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   | <b>12b</b> |       |    | <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   |            |     |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                   |            |       |    |  |            |     |    |
| <b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .  | <b>13b</b> |       |    | <b>c</b> Enter the amount of reserves on hand . . . . .  | <b>13c</b> |     |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .   | <b>14a</b> |       | No | <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .   | <b>14b</b> |     |    |
| <b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .    |            |       |    |  |            |     |    |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .  | <b>16</b>  |       | No |  |            |     |    |

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



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included in line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 5 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [ ] Own website [ ] Another's website [x] Upon request [ ] Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: SARA OBRIEN 11775 BORMAN DRIVE MARYLAND HEIGHTS, MO 63146 (314) 733-8070

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

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

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

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

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

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

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

| (A)<br>Name and Title     | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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 |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
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|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |   |   |

| <b>Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> <i>(continued)</i> |  |   |                       |         |              |                              |        |  |   |   |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-Total</b> . . . . .   |  |   |                       |         |              |                              | ▶      |  |   |   |
| <b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .   |  |   |                       |         |              |                              | ▶      |  |   |   |
| <b>1d Total (add lines 1b and 1c)</b> . . . . .   |  |   |                       |         |              |                              | ▶      | 1,425,304  | 6,912,149   | 603,417   |

**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 ▶ 70

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address  | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| GRESHAM SMITH & PARTNERS<br>511 UNION ST<br>NASHVILLE CITY CENTER<br>NASHVILLE, TN 37219        | CONSTRUCTION SERVICES          | 2,794,216           |
| CARDIOTHORACIC & VASCULAR SURGICAL<br>1824 KING STREET<br>STE 200<br>JACKSONVILLE, FL 32204     | SURGICAL SERVICES              | 2,776,983           |
| OB HOSPITALIST GROUP<br>10 CENTIMETERS DRIVE<br>MAULDIN, SC 296623278                           | MEDICAL SERVICES               | 1,422,769           |
| ARUP LABORATORIES<br>500 S CHIPETA WAY<br>SALT LAKE CITY, UT 84108                              | LABORATORY SERVICES            | 1,052,325           |
| JACKSONVILLE GK EQUIPMENT LLC<br>FOUR EMBARCADERO CENTER<br>STE 3700<br>SAN FRANCISCO, CA 94111 | INSURANCE SERVICES             | 805,034             |

**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 ▶ 26



**Part VIII Statement of Revenue**

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

|   |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |
|---|---|----------------------|--|---|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | <b>1a</b> Federated campaigns . . . . .   | <b>1a</b>            | 0  |   |  |
|   | <b>b</b> Membership dues . . . . .  | <b>1b</b>            | 0  |   |  |
|   | <b>c</b> Fundraising events . . . . .   | <b>1c</b>            | 0  |   |  |
|   | <b>d</b> Related organizations . . . . .  | <b>1d</b>            | 1,682,483  |   |  |
|   | <b>e</b> Government grants (contributions) . . . . .  | <b>1e</b>            | 0  |   |  |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included<br>above . . . . . | <b>1f</b>            |  |   |  |
|   | <b>g</b> Noncash contributions included<br>in lines 1a - 1f: \$ _____                                   |                      |  |   |  |
| <b>h Total.</b> Add lines 1a-1f . . . . .                         |   | 1,682,483            |  |   |  |

| <b>Program Service Revenue</b>            |   |  | Business Code |             |             |         |   |
|---|---|--|---------------|-------------|-------------|---------|---|
|   | <b>2a</b> NET PATIENT SERVICE REVENUE       |  | 621990        | 473,916,520 | 472,987,738 | 928,782 |   |
|   | <b>b</b> SERVICES TO AFFILIATES             |  | 561000        | 2,403,467   | 2,403,467   |         |   |
|   | <b>c</b> RENTAL INCOME FROM AFFILIATES      |  | 531120        | 1,558,476   | 1,558,476   |         |   |
|   | <b>d</b> INCOME FROM JOINT VENTURES         |  | 900099        | 169,180     | 169,180     |         |   |
|   | <b>e</b> MANAGEMENT FEES                    |  | 561000        | 23,724      | 23,724      |         |   |
|   | <b>f</b> All other program service revenue. |  |               | 11,432      | 11,432      | 0       | 0 |
| <b>g Total.</b> Add lines 2a-2f . . . . . |   |  | 478,082,799   |             |             |         |   |

|   |  |   |               |             |         |           |           |  |
|---|--|---|---------------|-------------|---------|-----------|-----------|--|
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .  |   |               | 93,122      |         |           | 93,122    |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .  |   |               | 0           |         |           | 0         |  |
|   | <b>5</b> Royalties . . . . .   |   |               | 0           |         |           | 0         |  |
|   | <b>6a</b> Gross rents  | (i) Real  | (ii) Personal |             |         |           |           |  |
|   |  | 3,077,870   | 0             |             |         |           |           |  |
|   |  | <b>b</b> Less: rental expenses                        | 790,139       |             |         |           |           |  |
|   |  | <b>c</b> Rental income or (loss)                      | 2,287,731     | 0           |         |           |           |  |
|   | <b>d</b> Net rental income or (loss) . . . . .   |   |               | 2,287,731   |         |           | 2,287,731 |  |
|   | <b>7a</b> Gross amount from sales of assets other than inventory   | (i) Securities  | (ii) Other    |             |         |           |           |  |
|   |  | 0   | 222,131       |             |         |           |           |  |
|   |  | <b>b</b> Less: cost or other basis and sales expenses |               | 38,463      |         |           |           |  |
|   |  | <b>c</b> Gain or (loss)                               | 0             | 183,668     |         |           |           |  |
|   | <b>d</b> Net gain or (loss) . . . . .  |   |               | 183,668     |         |           | 183,668   |  |
|   | <b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . | <b>a</b>  |               |             |         |           |           |  |
|   | <b>b</b> Less: direct expenses . . . . .   | <b>b</b>  |               |             |         |           |           |  |
| <b>c</b> Net income or (loss) from fundraising events . . . . .               |  |   | 0             |             |         | 0         |           |  |
| <b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . | <b>a</b>   |   |               |             |         |           |           |  |
| <b>b</b> Less: direct expenses . . . . .                                      | <b>b</b>   |   |               |             |         |           |           |  |
| <b>c</b> Net income or (loss) from gaming activities . . . . .                |  |   | 0             |             |         | 0         |           |  |
| <b>10a</b> Gross sales of inventory, less returns and allowances . . . . .    | <b>a</b>   |   |               |             |         |           |           |  |
| <b>b</b> Less: cost of goods sold . . . . .                                   | <b>b</b>   |   |               |             |         |           |           |  |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .               |  |   | 0             |             |         | 0         |           |  |
| Miscellaneous Revenue   | Business Code  |   |               |             |         |           |           |  |
| <b>11a</b> CAFETERIA/VENDING REVENUE  | 722514   |   | 2,629,826     |             |         | 2,629,826 |           |  |
| <b>b</b> RESEARCH REVENUES  | 900099   |   | 589,801       | 589,801     |         |           |           |  |
| <b>c</b> PARKING REVENUE  | 812930   |   | 194,038       |             |         | 194,038   |           |  |
| <b>d</b> All other revenue . . . . .  |  |   | 1,419,191     | 980,161     | 0       | 439,030   |           |  |
| <b>e Total.</b> Add lines 11a-11d . . . . .                                   |  |   | 4,832,856     |             |         |           |           |  |
| <b>12 Total revenue.</b> See Instructions. . . . .                            |  |   | 487,162,659   | 478,723,979 | 928,782 | 5,827,415 |           |  |

**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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 108,000                      | 108,000                                |   |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   |                              |  |   |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.  |                              |  |   |                                    |
| <b>4</b> Benefits paid to or for members   |                              |  |   |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .  | 141,715                      | 141,715                                | 0   | 0                                  |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   |                              |  |   |                                    |
| <b>7</b> Other salaries and wages  | 119,583,511                  | 114,235,648                            | 5,347,863                                     |                                    |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .   | 4,335,534                    | 4,141,484                              | 194,050                                       |                                    |
| <b>9</b> Other employee benefits . . . . .   | 17,951,420                   | 17,148,395                             | 803,025                                       |                                    |
| <b>10</b> Payroll taxes . . . . .  | 8,651,335                    | 8,264,803                              | 386,532                                       |                                    |
| <b>11</b> Fees for services (non-employees):   |                              |  |   |                                    |
| <b>a</b> Management . . . . .  | 406,471                      | 406,471                                |   |                                    |
| <b>b</b> Legal . . . . .   | 1,000                        |  | 1,000   |                                    |
| <b>c</b> Accounting . . . . .  | 550                          |  | 550   |                                    |
| <b>d</b> Lobbying . . . . .  |                              |  |   |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                              |  |   |                                    |
| <b>f</b> Investment management fees . . . . .  |                              |  |   |                                    |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  | 14,596,692                   | 14,239,579                             | 357,113                                       | 0                                  |
| <b>12</b> Advertising and promotion . . . . .  | 102,412                      | 44,901                                 | 57,511  |                                    |
| <b>13</b> Office expenses . . . . .  | 1,263,556                    | 494,924                                | 768,632                                       |                                    |
| <b>14</b> Information technology . . . . .   | 382,328                      | 268,726                                | 113,602                                       |                                    |
| <b>15</b> Royalties . . . . .  |                              |  |   |                                    |
| <b>16</b> Occupancy . . . . .  | 6,811,005                    | 1,793,226                              | 5,017,779                                     |                                    |
| <b>17</b> Travel . . . . .   | 184,436                      | 178,094                                | 6,342   |                                    |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   |                              |  |   |                                    |
| <b>19</b> Conferences, conventions, and meetings . . . . .   | 248,884                      | 145,705                                | 103,179                                       |                                    |
| <b>20</b> Interest . . . . .   |                              |  |   |                                    |
| <b>21</b> Payments to affiliates . . . . .   |                              |  |   |                                    |
| <b>22</b> Depreciation, depletion, and amortization . . . . .  | 15,333,012                   | 9,020,304                              | 6,312,708                                     |                                    |
| <b>23</b> Insurance . . . . .  | 111,030                      | 15,570                                 | 95,460  |                                    |
| <b>24</b> 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.)  |                              |  |   |                                    |
| <b>a</b> MEDICAL SUPPLIES  | 110,533,222                  | 108,576,361                            | 1,956,861                                     |                                    |
| <b>b</b> CORPORATE OVERHEAD  | 53,796,604                   |  | 53,796,604                                    |                                    |
| <b>c</b> MANAGEMENT FEE TO AFFILIATE   | 39,637,455                   | 39,637,455                             |   |                                    |
| <b>d</b> UBI Tax Expense   | 3,127                        |  | 3,127   |                                    |
| <b>e</b> All other expenses  | 63,151,619                   | 41,892,034                             | 21,259,585                                    | 0                                  |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 457,334,918                  | 360,753,395                            | 96,581,523                                    | 0                                  |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br>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)<br>Beginning of year |              | (B)<br>End of year |
|---|---|--------------------------|--------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .  | 8,158                    | <b>1</b>     | 7,912              |
|   | <b>2</b> Savings and temporary cash investments . . . . .   | 2,532,369                | <b>2</b>     | 3,286,003          |
|   | <b>3</b> Pledges and grants receivable, net . . . . .   | 0                        | <b>3</b>     | 0                  |
|   | <b>4</b> Accounts receivable, net . . . . .   | 69,667,587               | <b>4</b>     | 69,373,974         |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .  | 0                        | <b>5</b>     | 0                  |
|   | <b>6</b> 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                        | <b>6</b>     | 0                  |
|   | <b>7</b> Notes and loans receivable, net . . . . .  | 0                        | <b>7</b>     | 0                  |
|   | <b>8</b> Inventories for sale or use . . . . .  | 12,645,665               | <b>8</b>     | 11,475,901         |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .  | 208,649                  | <b>9</b>     | 331,075            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  | 552,398,058              |              |                    |
|   | <b>b</b> Less: accumulated depreciation   | 432,072,630              |              |                    |
|   | <b>11</b> Investments—publicly traded securities . . . . .  | 0                        | <b>11</b>    | 0                  |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .  | 117,391                  | <b>12</b>    | 117,391            |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .   | -169,180                 | <b>13</b>    |                    |
|   | <b>14</b> Intangible assets . . . . .   | 8,815,858                | <b>14</b>    | 8,565,432          |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .  | 17,728,723               | <b>15</b>    | 8,640,759          |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 209,630,551   | <b>16</b>                | 222,123,875  |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .   | 32,121,515               | <b>17</b>    | 34,651,230         |
|   | <b>18</b> Grants payable . . . . .  | 0                        | <b>18</b>    | 0                  |
|   | <b>19</b> Deferred revenue . . . . .  | 39,368                   | <b>19</b>    | 38,117             |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .   | 0                        | <b>20</b>    | 0                  |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D   | 0                        | <b>21</b>    | 0                  |
|   | <b>22</b> 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                        | <b>22</b>    | 0                  |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .  | 0                        | <b>23</b>    | 0                  |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .  | 0                        | <b>24</b>    | 0                  |
|   | <b>25</b> 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   | 299,400,883              | <b>25</b>    | 299,330,961        |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .  | 331,561,766              | <b>26</b>    | 334,020,308        |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |              |                    |
|   | <b>27</b> Unrestricted net assets   | -130,690,651             | <b>27</b>    | -111,896,433       |
|   | <b>28</b> Temporarily restricted net assets . . . . .   | 8,173,708                | <b>28</b>    | 0                  |
|   | <b>29</b> Permanently restricted net assets   | 585,728                  | <b>29</b>    | 0                  |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>   |                          |              |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .  | 0                        | <b>30</b>    | 0                  |
|   | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .   | 0                        | <b>31</b>    | 0                  |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds  | 0                        | <b>32</b>    | 0                  |
| <b>33</b> Total net assets or fund balances . . . . .                         | -121,931,215  | <b>33</b>                | -111,896,433 |                    |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 209,630,551   | <b>34</b>                | 222,123,875  |                    |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |              |
|-----------|--|-----------|--------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 487,162,659  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 457,334,918  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 29,827,741   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | -121,931,215 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |              |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |              |
| <b>7</b>  | Investment expenses  | <b>7</b>  |              |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |              |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | -19,792,959  |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | -111,896,433 |

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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.
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | No |
| <b>2b</b> | Yes |    |
| <b>2c</b> | Yes |    |
| <b>3a</b> |     | No |
| <b>3b</b> |     |    |

## Additional Data

**Software ID:** 18007697

**Software Version:** 2018v3.1

**EIN:** 59-0624449

**Name:** St Vincent's Medical Center Inc

Form 990 (2018)

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### **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 2019, St. Vincent's Medical Center, Inc. treated 22,120 adults and children for a total of 97,834 patient days of service. The hospital also provided services for 151,333 outpatient visits, which included 8,215 outpatient surgeries and 61,443 Emergency Room Visits. See Schedule H for a non-exhaustive list of community benefit programs and descriptions.

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

| (A)<br>Name and Title                        | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former  |  |   |   |
| RICHARD JONES<br>CHAIR                       | 1.0<br>.....   | X   |                       | X       |              |                              |         | 0  | 0   | 0   |
| DAVID G KULIK<br>VICE CHAIR (END 8/2018)     | 1.0<br>.....   | X   |                       | X       |              |                              |         | 0  | 0   | 0   |
| WILLIAM CODY MD<br>VICE CHAIR (START 8/2019) | 50.0<br>.....  | X   |                       | X       |              |                              | 112,163 | 0  | 29,551  |   |
| THOMAS J VANOSDOL<br>EX-OFFICIO/CEO          | 0.0<br>.....   | X   |                       | X       |              |                              | 0       | 872,897  | 44,477  |   |
| THOMAS R MCGEHEE JR<br>DIRECTOR              | 1.0<br>.....   | X   |                       |         |              |                              | 0       | 0  | 0   |   |
| HELEN D ROWAN<br>DIRECTOR                    | 1.0<br>.....   | X   |                       |         |              |                              | 0       | 0  | 0   |   |
| MICHAEL BOYLAN<br>DIRECTOR                   | 1.0<br>.....   | X   |                       |         |              |                              | 0       | 0  | 0   |   |
| AUBREY EDGE<br>DIRECTOR                      | 1.0<br>.....   | X   |                       |         |              |                              | 0       | 0  | 0   |   |
| RAYMOND LEE<br>DIRECTOR (START 8/2018)       | 1.0<br>.....   | X   |                       |         |              |                              | 0       | 0  | 0   |   |
| VAN D ROYAL<br>DIRECTOR                      | 1.0<br>.....   | X   |                       |         |              |                              | 0       | 0  | 0   |   |



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

| (A)<br>Name and Title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Instructional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| JEFFREY A MATHISON MD<br>FORMER KEY EMPLOYEE (END 12/2017)         | 0.0<br>.....<br>50.0   |   |                       |         |              |                              | X      | 0  | 412,502   | 38,039  |
| TRACY B WILLIAMS<br>FORMER KEY EMPLOYEE (END 12/2017)              | 0.0<br>.....<br>50.0   |   |                       |         |              |                              | X      | 0  | 305,537   | 43,172  |
| LORRAINE M KEITH<br>FORMER KEY EMPLOYEE (END 12/2017)              | 0.0<br>.....<br>50.0   |   |                       |         |              |                              | X      | 0  | 285,331   | 11,350  |
| WILLIAM R MAYHER<br>FORMER KEY EMPLOYEE (END 12/2017)              | 0.0<br>.....<br>50.0   |   |                       |         |              |                              | X      | 0  | 274,070   | 35,362  |
| DONALD B CLAYPOOL<br>FORMER KEY EMPLOYEE (END 7/2017)              | 0.0<br>.....<br>50.0   |   |                       |         |              |                              | X      | 0  | 244,596   | 0   |
| FRANK H GILBERSTADT MD<br>FORMER KEY EMPLOYEE (END 12/2017)        | 0.0<br>.....<br>50.0   |   |                       |         |              |                              | X      | 0  | 568,592   | 37,427  |
| TERESA LOFTIS<br>FORMER KEY EMPLOYEE (END 12/2017)                 | 0.0<br>.....<br>50.0   |   |                       |         |              |                              | X      | 0  | 267,289   | 35,887  |
| JOHN D MEYER III<br>FORMER KEY EMPLOYEE (END 12/2017)              | 0.0<br>.....<br>50.0   |   |                       |         |              |                              | X      | 0  | 399,249   | 27,575  |
| JEFFREY H MIDDLEBROOKS<br>FORMER KEY EMPLOYEE (END 12/2017)        | 0.0<br>.....<br>50.0   |   |                       |         |              |                              | X      | 0  | 699,244   | 32,079  |
| MICHELLE C WILLIAMS ADAMOLEKUN<br>FORMER KEY EMPLOYEE (END 2/2018) | 0.0<br>.....<br>50.0   |   |                       |         |              |                              | X      | 0  | 273,516   | 5,534   |



**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

**Name of the organization**  
St Vincent's Medical Center Inc

**Employer identification number**  
59-0624449

**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 **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 |   |   |
|                                    |          |  |   |    |   |   |
| <b>Total</b>                       |          |  |   |    |   |   |

**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<br>(or fiscal year beginning in) ▶ |  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b>   | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .  |          |          |          |          |          |           |
| <b>2</b>   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .   |          |          |          |          |          |           |
| <b>3</b>   | The value of services or facilities furnished by a governmental unit to the organization without charge..  |          |          |          |          |          |           |
| <b>4</b>   | <b>Total.</b> Add lines 1 through 3  |          |          |          |          |          |           |
| <b>5</b>   | 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). . . |          |          |          |          |          |           |
| <b>6</b>   | <b>Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ▶ |   | (a)2014 | (b)2015 | (c)2016 | (d)2017 | (e)2018   | (f)Total |
|--|---|---------|---------|---------|---------|-----------|----------|
| <b>7</b>   | Amounts from line 4. . .  |         |         |         |         |           |          |
| <b>8</b>   | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . |         |         |         |         |           |          |
| <b>9</b>   | Net income from unrelated business activities, whether or not the business is regularly carried on. . .                               |         |         |         |         |           |          |
| <b>10</b>  | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .                                  |         |         |         |         |           |          |
| <b>11</b>  | <b>Total support.</b> Add lines 7 through 10  |         |         |         |         |           |          |
| <b>12</b>  | Gross receipts from related activities, etc. (see instructions) . . . . .   |         |         |         |         | <b>12</b> |          |

**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**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>14</b> | Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . . | <b>14</b> |  |
| <b>15</b> | Public support percentage for 2017 Schedule A, Part II, line 14 . . . . .                        | <b>15</b> |  |

- 16a 33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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<br>(or fiscal year beginning in) ►  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .   |          |          |          |          |          |           |
| <b>2</b> 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 . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .   |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . .   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . .  |          |          |          |          |          |           |
| <b>b</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. . .            |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. . .   |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►   | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . .  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . .                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b. . .  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . .     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .                                |          |          |          |          |          |           |
| <b>13 Total support.</b> (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**

|  |           |  |
|--|-----------|--|
| <b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> |  |
| <b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . . .                        | <b>18</b> |  |

**19a 33 1/3% support tests—2018.** 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—2017.** 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 |
|------------|--|-----|----|
| <b>1</b>   | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>   |     |    |
| <b>2</b>   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>  |     |    |
| <b>3a</b>  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| <b>b</b>   | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>  |     |    |
| <b>c</b>   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>   |     |    |
| <b>4a</b>  | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>   |     |    |
| <b>b</b>   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>   |     |    |
| <b>c</b>   | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>  |     |    |
| <b>5a</b>  | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b</b>   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c</b>   | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b>   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>7</b>   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>   |     |    |
| <b>8</b>   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>   |     |    |
| <b>9a</b>  | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>b</b>   | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>c</b>   | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>10a</b> | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>   |     |    |
| <b>b</b>   | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>  |     |    |

**Part IV Supporting Organizations** (continued)

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>11</b> | Has the organization accepted a gift or contribution from any of the following persons?   |     |    |
| <b>a</b>  | 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>b</b>  | A family member of a person described in (a) above?   |     |    |
| <b>c</b>  | 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 |
|----------|--|-----|----|
| <b>1</b> | 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> |     |    |
| <b>2</b> | 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 |
|----------|---|-----|----|
| <b>1</b> | 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 |
|----------|--|-----|----|
| <b>1</b> | 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? |     |    |
| <b>2</b> | 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>  |     |    |
| <b>3</b> | 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**

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

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

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

| <b>Section A - Adjusted Net Income</b> |  | (A) Prior Year | (B) Current Year<br>(optional) |
|--|--|----------------|--------------------------------|
| <b>1</b>                               | Net short-term capital gain  | <b>1</b>       |                                |
| <b>2</b>                               | Recoveries of prior-year distributions   | <b>2</b>       |                                |
| <b>3</b>                               | Other gross income (see instructions)  | <b>3</b>       |                                |
| <b>4</b>                               | Add lines 1 through 3  | <b>4</b>       |                                |
| <b>5</b>                               | Depreciation and depletion   | <b>5</b>       |                                |
| <b>6</b>                               | 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) | <b>6</b>       |                                |
| <b>7</b>                               | Other expenses (see instructions)  | <b>7</b>       |                                |
| <b>8</b>                               | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b>       |                                |

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

| <b>Section C - Distributable Amount</b> |  |          | Current Year |
|---|--|----------|--------------|
| <b>1</b>                                | Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b> |              |
| <b>2</b>                                | Enter 85% of line 1  | <b>2</b> |              |
| <b>3</b>                                | Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b> |              |
| <b>4</b>                                | Enter greater of line 2 or line 3  | <b>4</b> |              |
| <b>5</b>                                | Income tax imposed in prior year   | <b>5</b> |              |
| <b>6</b>                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | <b>6</b> |              |

- 7**  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

| <b>Section D - Distributions</b>   | <b>Current Year</b> |
|--|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes   |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity             |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations   |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets   |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)   |                     |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions   |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.  |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions |                     |
| <b>9</b> Distributable amount for 2018 from Section C, line 6  |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount   |                     |

| <b>Section E - Distribution Allocations (see instructions)</b>   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2018</b> | <b>(iii)<br/>Distributable<br/>Amount for 2018</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2018 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2018:  |                                     |   |  |
| <b>a</b> From 2013. . . . .  |                                     |   |  |
| <b>b</b> From 2014. . . . .  |                                     |   |  |
| <b>c</b> From 2015. . . . .  |                                     |   |  |
| <b>d</b> From 2016. . . . .  |                                     |   |  |
| <b>e</b> From 2017. . . . .  |                                     |   |  |
| <b>f Total</b> of lines 3a through e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2018 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2013 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                                     |   |  |
| <b>4</b> Distributions for 2018 from Section D, line 7:  |                                     |   |  |
| \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2018 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.                        |                                     |   |  |
| <b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.  |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b> Excess from 2014. . . . .   |                                     |   |  |
| <b>b</b> Excess from 2015. . . . .   |                                     |   |  |
| <b>c</b> Excess from 2016. . . . .   |                                     |   |  |
| <b>d</b> Excess from 2017. . . . .   |                                     |   |  |
| <b>e</b> Excess from 2018. . . . .   |                                     |   |  |

## Additional Data

**Software ID:** 18007697

**Software Version:** 2018v3.1

**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 D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2018**  
**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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

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

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**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    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses               |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> 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 |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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 |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      | 5,907,356                       |                              | 5,907,356      |
| <b>b</b> Buildings . . . . .   |                                      | 326,818,805                     | 273,207,023                  | 53,611,782     |
| <b>c</b> Leasehold improvements  |                                      | 1,447,352                       | 1,133,154                    | 314,198        |
| <b>d</b> Equipment . . . . .   |                                      | 178,233,733                     | 151,499,567                  | 26,734,166     |
| <b>e</b> Other . . . . .   |                                      | 39,990,812                      | 6,232,886                    | 33,757,926     |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                      |                                 |                              | 120,325,428    |

**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<br>(including name of security)   | (b) Book value | (c) Method of valuation:<br>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)   |                |  |
| <b>Total.</b> (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:<br>Cost or end-of-year market value |
|--|----------------|--|
| (1)  |                |  |
| (2)  |                |  |
| (3)  |                |  |
| (4)  |                |  |
| (5)  |                |  |
| (6)  |                |  |
| (7)  |                |  |
| (8)  |                |  |
| (9)  |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.) | ▶              |  |

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

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.) | ▶              |

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

| 1. (a) Description of liability  | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| Lease Liability  | 11,485         |
| Other Misc Current Liabilities   | -576           |
| Due to Affiliates  | 46,622,059     |
| Estimated 3rd Party Payor Settlement                                     | 458,564        |
| Physician Guarantee Liability  |                |
| Recovery Tail Liability  | 6,071,247      |
| Accrued Tax Liability  | 48,011         |
| Debt with Ascension Health Alliance                                      | 242,548,596    |
| JV Interest Liability  | 3,571,575      |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.) | ▶ 299,330,961  |

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.

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

**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.

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

**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 |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
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|                  |             |
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|                  |             |

## Additional Data

**Software ID:** 18007697

**Software Version:** 2018v3.1

**EIN:** 59-0624449

**Name:** St Vincent's Medical Center Inc

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

| 1. (a) Description of Liability      | (b) Book Value |
|--------------------------------------|----------------|
| Lease Liability                      | 11,485         |
| Other Misc Current Liabilities       | -576           |
| Due to Affiliates                    | 46,622,059     |
| Estimated 3rd Party Payor Settlement | 458,564        |
| Physician Guarantee Liability        |                |
| Recovery Tail Liability              | 6,071,247      |
| Accrued Tax Liability                | 48,011         |
| Debt with Ascension Health Alliance  | 242,548,596    |
| JV Interest Liability                | 3,571,575      |

## 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, 2019. |

**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

# Hospitals

OMB No. 1545-0047  
**2018**  
 Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

**Name of the organization**  
 St Vincent's Medical Center Inc

**Employer identification number**  
 59-0624449

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

|   | Yes | No |
|---|-----|----|
| <b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .   | Yes |    |
| <b>1b</b> If "Yes," was it a written policy? . . . . .  | Yes |    |
| <b>2</b> 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.<br><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> Generally tailored to individual hospital facilities  |     |    |
| <b>3</b> 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.<br><b>a</b> 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:<br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>25000</u> % | Yes |    |
| <b>b</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: . . . . .<br><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 _____ %  | Yes |    |
| <b>c</b> 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.  |     |    |
| <b>4</b> 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"? . . . . .   | Yes |    |
| <b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .   | Yes |    |
| <b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .   | Yes |    |
| <b>c</b> 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? . . . . .   |     | No |
| <b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .  | Yes |    |
| <b>b</b> If "Yes," did the organization make it available to the public? . . . . .  | 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**

| <b>Financial Assistance and Means-Tested Government Programs</b>  | <b>(a)</b> Number of activities or programs (optional) | <b>(b)</b> Persons served (optional) | <b>(c)</b> Total community benefit expense | <b>(d)</b> Direct offsetting revenue | <b>(e)</b> Net community benefit expense | <b>(f)</b> Percent of total expense |
|---|--|--------------------------------------|--|--------------------------------------|--|-------------------------------------|
| <b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .  |  |                                      | 12,607,474                                 |                                      | 12,607,474                               | 2.76 %                              |
| <b>b</b> Medicaid (from Worksheet 3, column a) . . . . .  |  |                                      | 36,697,792                                 | 20,439,192                           | 16,258,600                               | 3.56 %                              |
| <b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .             |  |                                      |  |                                      | 0  | 0 %                                 |
| <b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .                          | 0  | 0                                    | 49,305,266                                 | 20,439,192                           | 28,866,074                               | 6.31 %                              |
| <b>Other Benefits</b>   |  |                                      |  |                                      |  |                                     |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4). . . . . |  |                                      | 1,459,239                                  |                                      | 1,459,239                                | 0.32 %                              |
| <b>f</b> Health professions education (from Worksheet 5) . . . . .  |  |                                      | 6,095,448                                  |                                      | 6,095,448                                | 1.33 %                              |
| <b>g</b> Subsidized health services (from Worksheet 6) . . . . .  |  |                                      |  |                                      | 0  | 0 %                                 |
| <b>h</b> Research (from Worksheet 7) . . . . .  |  |                                      |  |                                      | 0  | 0 %                                 |
| <b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .                  |  |                                      | 558,587                                    |                                      | 558,587                                  | 0.12 %                              |
| <b>j Total.</b> Other Benefits . . . . .  | 0  | 0                                    | 8,113,274                                  | 0                                    | 8,113,274                                | 1.77 %                              |
| <b>k Total.</b> Add lines 7d and 7j . . . . .   | 0  | 0                                    | 57,418,540                                 | 20,439,192                           | 36,979,348                               | 8.09 %                              |



**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 %                          |
| <b>10 Total</b>   | 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.   |     |           |
|   |   |     | 4,808,981 |
| 3 | Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. |     |           |
|   |   |     | 3,348,424 |
| 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 | 226,727,871 |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5   | 6 | 240,282,171 |
| 7 | Subtract line 6 from line 5. This is the surplus (or shortfall)   | 7 | -13,554,300 |
| 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:<br><br><input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other |   |             |

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

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

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

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

1

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

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

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 St Vincent's 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 |
|--|--|-----|----|
| <b>Community Health Needs Assessment</b> |  |     |    |
| <b>1</b>                                 | 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 |
| <b>2</b>                                 | 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 |
| <b>3</b>                                 | 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. . . . .<br>If "Yes," indicate what the CHNA report describes (check all that apply):   | Yes |    |
| <b>a</b>                                 | <input checked="" type="checkbox"/> A definition of the community served by the hospital facility  |     |    |
| <b>b</b>                                 | <input checked="" type="checkbox"/> Demographics of the community  |     |    |
| <b>c</b>                                 | <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  |     |    |
| <b>d</b>                                 | <input checked="" type="checkbox"/> How data was obtained  |     |    |
| <b>e</b>                                 | <input checked="" type="checkbox"/> The significant health needs of the community  |     |    |
| <b>f</b>                                 | <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  |     |    |
| <b>g</b>                                 | <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs  |     |    |
| <b>h</b>                                 | <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests   |     |    |
| <b>i</b>                                 | <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)  |     |    |
| <b>j</b>                                 | <input type="checkbox"/> Other (describe in Section C)   |     |    |
| <b>4</b>                                 | Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>  |     |    |
| <b>5</b>                                 | 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 |    |
| <b>6 a</b>                               | 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>b</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 |    |
| <b>7</b>                                 | Did the hospital facility make its CHNA report widely available to the public? . . . . .<br>If "Yes," indicate how the CHNA report was made widely available (check all that apply):   | Yes |    |
| <b>a</b>                                 | <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://healthcare.ascension.org/CHNA</u>   |     |    |
| <b>b</b>                                 | <input type="checkbox"/> Other website (list url): _____   |     |    |
| <b>c</b>                                 | <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility  |     |    |
| <b>d</b>                                 | <input type="checkbox"/> Other (describe in Section C)   |     |    |
| <b>8</b>                                 | 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 |    |
| <b>9</b>                                 | Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>  |     |    |
| <b>10</b>                                | Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .<br>If "Yes" (list url): <u>https://healthcare.ascension.org/CHNA</u>   | Yes |    |
| <b>a</b>                                 |  |     |    |
| <b>b</b>                                 | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .   |     |    |
| <b>11</b>                                | 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.   |     |    |
| <b>12a</b>                               | 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>b</b>                                 | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .   |     |    |
| <b>c</b>                                 | 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: |   |     |    |
| <b>13</b>   | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?<br>If "Yes," indicate the eligibility criteria explained in the FAP:   | Yes |    |
| <b>a</b>  | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250.0</u> %<br>and FPG family income limit for eligibility for discounted care of <u>400.0</u> %   |     |    |
| <b>b</b>  | <input type="checkbox"/> Income level other than FPG (describe in Section C)  |     |    |
| <b>c</b>  | <input checked="" type="checkbox"/> Asset level   |     |    |
| <b>d</b>  | <input checked="" type="checkbox"/> Medical indigency   |     |    |
| <b>e</b>  | <input checked="" type="checkbox"/> Insurance status  |     |    |
| <b>f</b>  | <input checked="" type="checkbox"/> Underinsurance discount   |     |    |
| <b>g</b>  | <input type="checkbox"/> Residency  |     |    |
| <b>h</b>  | <input type="checkbox"/> Other (describe in Section C)  |     |    |
| <b>14</b>   | Explained the basis for calculating amounts charged to patients? . . . . .  | Yes |    |
| <b>15</b>   | Explained the method for applying for financial assistance? . . . . .<br>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 |    |
| <b>a</b>  | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application  |     |    |
| <b>b</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  |     |    |
| <b>c</b>  | <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  |     |    |
| <b>d</b>  | <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications  |     |    |
| <b>e</b>  | <input type="checkbox"/> Other (describe in Section C)  |     |    |
| <b>16</b>   | Was widely publicized within the community served by the hospital facility? . . . . .<br>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):   | Yes |    |
| <b>a</b>  | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url):<br><u>https://healthcare.ascension.org/Financial-Assistance</u>   |     |    |
| <b>b</b>  | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url):<br><u>https://healthcare.ascension.org/Financial-Assistance</u>  |     |    |
| <b>c</b>  | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url):<br><u>https://healthcare.ascension.org/Financial-Assistance</u>   |     |    |
| <b>d</b>  | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |     |    |
| <b>e</b>  | <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)   |     |    |
| <b>f</b>  | <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)  |     |    |
| <b>g</b>  | <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 |     |    |
| <b>h</b>  | <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP   |     |    |
| <b>i</b>  | <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   |     |    |
| <b>j</b>  | <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  |    |
|-----------|---|-----|-----|----|
| <b>17</b> | 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 |    |
| <b>18</b> | 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:  |     |     |    |
| <b>a</b>  | <input type="checkbox"/> Reporting to credit agency(ies)  |     |     |    |
| <b>b</b>  | <input type="checkbox"/> Selling an individual's debt to another party  |     |     |    |
| <b>c</b>  | <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   |     |     |    |
| <b>d</b>  | <input type="checkbox"/> Actions that require a legal or judicial process   |     |     |    |
| <b>e</b>  | <input type="checkbox"/> Other similar actions (describe in Section C)  |     |     |    |
| <b>f</b>  | <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted   |     |     |    |
| <b>19</b> | 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? . . . . .<br>If "Yes," check all actions in which the hospital facility or a third party engaged: | 19  |     | No |
| <b>a</b>  | <input type="checkbox"/> Reporting to credit agency(ies)  |     |     |    |
| <b>b</b>  | <input type="checkbox"/> Selling an individual's debt to another party  |     |     |    |
| <b>c</b>  | <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   |     |     |    |
| <b>d</b>  | <input type="checkbox"/> Actions that require a legal or judicial process   |     |     |    |
| <b>e</b>  | <input type="checkbox"/> Other similar actions (describe in Section C)  |     |     |    |
| <b>20</b> | 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):  |     |     |    |
| <b>a</b>  | <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>b</b>  | <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process   |     |     |    |
| <b>c</b>  | <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications  |     |     |    |
| <b>d</b>  | <input checked="" type="checkbox"/> Made presumptive eligibility determinations   |     |     |    |
| <b>e</b>  | <input type="checkbox"/> Other (describe in Section C)  |     |     |    |
| <b>f</b>  | <input type="checkbox"/> None of these efforts were made  |     |     |    |

**Policy Relating to Emergency Medical Care**

|           |   |    |     |  |
|-----------|---|----|-----|--|
| <b>21</b> | Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . | 21 | Yes |  |
|           | If "No," indicate why:  |    |     |  |
| <b>a</b>  | <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions  |    |     |  |
| <b>b</b>  | <input type="checkbox"/> The hospital facility's policy was not in writing  |    |     |  |
| <b>c</b>  | <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)  |    |     |  |
| <b>d</b>  | <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 |
|-----------|-----|----|
| <b>23</b> |     | No |
| <b>24</b> |     | No |

**Part V Facility Information** (continued)

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

| Form and Line Reference | Explanation |
|-------------------------|-------------|
| See Add'l Data          |             |
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**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) |
|------------------|-----------------------------|
| <b>1</b>         |                             |
| <b>2</b>         |                             |
| <b>3</b>         |                             |
| <b>4</b>         |                             |
| <b>5</b>         |                             |
| <b>6</b>         |                             |
| <b>7</b>         |                             |
| <b>8</b>         |                             |
| <b>9</b>         |                             |
| <b>10</b>        |                             |



**Part VI Supplemental Information**

Provide the following information.

- 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.
- 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.
- 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.
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 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.).
- 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.
- 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<br>Community Information - Part II | <p>UNINSURED POPULATION IN THE REGION: 12.8% OF THE DUVAL COUNTY POPULATION IS UNINSURED. 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 AT 200% OR BELOW FEDERAL POVERTY LEVEL. FINANCIAL COUNSELORS ARE AVAILABLE TO DETERMINE 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 RIVERSIDE PROVIDES TO THE LESS FORTUNATE. ST. VINCENT'S 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 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. ST. VINCENT'S HEALTHCARE HAS BEEN PART OF JACKSONVILLE FOR OVER 100 YEARS. ST. VINCENT'S 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.</p> |
| Schedule H, Part I, Line 3c medical indigency                  | <p>Patients with demonstrated financial needs with income greater than 400% of the FPL may be eligible for consideration under a "Means Test" for some discount of their charges for services from the Organization based on a substantive assessment of their ability to pay. Ascension St. Vincent's will consider Medical Indigence for applicants exceeding 400% of the FPL. When the total outstanding medical debt exceeds the gross household income for the past year the patient will be eligible for financial assistance not to exceed a 90% write off. A Patient eligible for the "Means Test" discount will not be charged more than the calculated AGB charges.</p>  |

**990 Schedule H, Supplemental Information**

| Form and Line Reference   | Explanation   |
|---|---|
| Schedule H, Part V, Section B<br>Hospital Websites  | <p>Part V, Section B: During the course of the tax year and/or prior to the filing of the return for the taxable year, the filing organization, which is part of a larger health system, transitioned from a separately hosted website (or websites), to being a part of the health system's centrally hosted hospital website. This transition was intended to facilitate public access to information, including enabling the health system to better manage and monitor compliance requirements that IRC Section 501(r) information be made widely available to the public. During and as a result of the migration of hospital facility information to the new central website, it is possible that there may have been brief instances of web access interruption. If so, the filing organization believes that any such interruptions would have been minor and inadvertent, and due to reasonable cause, and that any such instances would have been immediately addressed when identified. The filing organization and health system have established procedures in place as part of its centralized monitoring and management processes that are reasonably designed to address, monitor and promote compliance with the requirements of IRC Section 501(r). In an effort to be fully transparent, the filing organization has chosen to pro-actively disclose on this Form 990 this possibility of very minor and inadvertent web access interruptions that could have occurred in the normal course of migrating locally maintained hospital facility information to an improved centrally managed website. In so disclosing, the organization is not reporting that interruptions in the nature of a Section 501(r) violation in fact occurred. Rather, the organization is pro-actively disclosing that the migration process was undertaken and that, in completing that process, it is possible that brief interruptions in web access may have occurred as the hospital facility data was relocated to the central website.</p> |
| Schedule H, Part I, Line 7 Costing<br>Methodology used to calculate<br>financial assistance | <p>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.</p>   |

**990 Schedule H, Supplemental Information**

| Form and Line Reference   | Explanation   |
|---|---|
| Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount | 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 2019 WAS \$30,056,129 AT CHARGES, (\$4,808,981 AT COST). |
| 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 Footnote #2, pages 18-20 of Audited Financial Statements.  |
| 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<br>Collection practices for patients eligible for financial assistance | ST. VINCENT'S MEDICAL CENTER, INC. FOLLOWS THE ASCENSION GUIDELINES FOR COLLECTION PRACTICES RELATED TO PATIENTS QUALIFYING FOR CHARITY OR FINANCIAL ASSISTANCE. A PATIENT CAN APPLY FOR CHARITY OR FINANCIAL ASSISTANCE AT ANY TIME DURING THE COLLECTION CYCLE. ONCE QUALIFYING DOCUMENTATION IS RECEIVED THE PATIENT'S ACCOUNT IS ADJUSTED. PATIENT ACCOUNTS FOR THE QUALIFYING PATIENT IN THE PREVIOUS SIX MONTHS MAY ALSO BE CONSIDERED FOR CHARITY OR FINANCIAL ASSISTANCE. ONCE A PATIENT QUALIFIES FOR CHARITY OR FINANCIAL ASSISTANCE, ALL COLLECTION ACTIVITY IS SUSPENDED. |
| Schedule H, Part V, Section B, Line 16a FAP website  | - St. Vincent's Medical Center, Inc.: Line 16a URL: <a href="https://healthcare.ascension.org/Financial-Assistance;">https://healthcare.ascension.org/Financial-Assistance;</a>   |

## 990 Schedule H, Supplemental Information

| 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: <a href="https://healthcare.ascension.org/Financial-Assistance;">https://healthcare.ascension.org/Financial-Assistance</a> ; |
| Schedule H, Part V, Section B, Line 16c FAP plain language summary website | - St. Vincent's Medical Center, Inc.: Line 16c URL: <a href="https://healthcare.ascension.org/Financial-Assistance">https://healthcare.ascension.org/Financial-Assistance</a> ;  |

**990 Schedule H, Supplemental Information**

| 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>   |
| Schedule H, Part VI, Line 3 Patient education of eligibility for assistance | <p>St. Vincent's Medical Center, Inc. posts its 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 though 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, Suplemental Information

| Form and Line Reference                                      | Explanation  |
|--|--|
| Schedule H, Part VI, Line 4<br>Community information         | <p>ST. VINCENT'S 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, inc. FOCUS AREA: 32099, 32201, 32202, 32203, 32204, 32205, 32206, 32207, 32208, 32209, 32210, 32211, 32212, 32214, 32215, 32216, 32217, 32218, 32219, 32220, 32221, 32222, 32223, 32224, 32225, 32226, 32227, 32228, 32229, 32230, 32231, 32232, 32233, 32234, 32235, 32236, 32237, 32238, 32239, 32240, 32241, 32244, 32245, 32246, 32247, 32250, 32254, 32255, 32256, 32257, 32258, 32266, and 32277. THERE ARE CURRENTLY 19 OTHER ACUTE AND SPECIALTY HOSPITALS WHO SERVE THE COMMUNITY, INCLUDING ST. VINCENT'S HEALTHCARE FACILITIES. 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: ACCORDING TO THE U.S. CENSUS BUREAU'S 2016 POPULATION ESTIMATES, ASCENSION ST. VINCENT'S SERVICE AREA HAD A POPULATION OF 926,255. OF THE 34 ZIP CODES IN DUVAL COUNTY IN 2012-2016, ZIP CODE 32210 HAD THE LARGEST POPULATION (61,973) WHILE ZIP CODE 32228 HAD THE LOWEST POPULATION (394). AS OF JULY 1, 2018, THE TOTAL POPULATION IS 950,181. ST. VINCENT'S SERVICE AREA POPULATION BY AGE AS COMPARED TO THE AGE DISTRIBUTION FOR THE NORTHEAST FLORIDA REGION. THE PERCENTAGE OF THE POPULATION UNDER 18 YEARS OF AGE IN DUVAL COUNTY IS ALMOST EQUIVALENT TO THAT OF THE NORTHEAST FLORIDA REGION. DUVAL COUNTY'S AGE DISTRIBUTION DIFFERS FROM THE REGION FOR THE POPULATION AGED 18 AND ABOVE. THE PERCENTAGE OF POPULATION BETWEEN 18 AND 44 YEARS OF AGE IS HIGHER IN DUVAL COUNTY COMPARED TO THE NORTHEAST FLORIDA REGION, FURTHERMORE THE COUNTY'S PERCENTAGE OF POPULATION OVER 45 YEARS OF AGE IS LOWER THAN THE REGION. IN DUVAL COUNTY, A SMALLER PERCENTAGE OF THE POPULATION IDENTIFIED AS WHITE (NON-HISPANIC) AND A LARGER PERCENTAGE IDENTIFIED AS BLACK OR AFRICAN AMERICAN COMPARED TO THE NORTHEAST FLORIDA REGION. AS FOR THE SERVICE AREA AS A WHOLE, THE WHITE (NON-HISPANIC) POPULATION MAKES UP 55% OF THE OVERALL POPULATION, WITH BLACK/AFRICAN AMERICAN ACCOUNTING FOR 29% OF THE POPULATION, FOLLOWED BY HISPANIC OR LATINO (OF ANY RACE) AND THEN ASIAN AT 9% AND 4%, RESPECTIVELY. THE VETERAN POPULATION IS A SIGNIFICANT PART OF THE COMMUNITY. FIGURE 15 SHOWS THAT 12.2% OF DUVAL COUNTY'S RESIDENTS ARE VETERANS, COMPARED TO 8.0% AND 9.4% OF RESIDENTS OF THE UNITED STATES AND FLORIDA, RESPECTIVELY. THIS IS A CRUCIAL CONTEXTUAL FIGURE WHEN ASSESSING REGIONAL HEALTH AS THERE ARE BARRIERS AND CHALLENGES TO ACCESS TO CARE FOR THAT POPULATION. FURTHERMORE, VETERANS ARE MORE PRONE TO BE AFFECTED BY DISABILITIES, INABILITY TO GET OR KEEP JOBS AND HOUSING, AND MISINFORMATION ABOUT OR LACK OF INSURANCE OR BENEFITS. ACCORDING TO THE US CENSUS BUREAU QUICK FACTS: MEDIAN HOUSEHOLD INCOME AS OF JULY 1, 2018 IS \$54,473.</p>  |
| Schedule H, Part VI, Line 5<br>Promotion of community health | <p>ST. VINCENT'S MEDICAL CENTER, INC. HAS BEEN PART OF JACKSONVILLE FOR OVER 100 YEARS. ST. VINCENT'S 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 MEDICAL CENTER, INC. 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 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 INC. 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 \$600,000 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 8,000 SERVICES TO CHILDREN DURING THE SCHOOL-YEAR AND SUMMER PROGRAMS. ALL WERE PROVIDED WITHOUT COST TO THE PATIENT. 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 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 OVER 150 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. IN THE tax year 2015 CHNA, MENTAL HEALTH WAS A SIGNIFICANT IDENTIFIED NEEDS THAT WAS PRIORITIZED ACROSS THE COMMUNITY. TO ADDRESS THIS NEED, THE PARTNERSHIP HAS MADE A SUBSTANTIAL INVESTMENT, BOTH IN DEDICATION OF TIME AND FINANCIAL RESOURCES, TO TRAIN 10,000 LOCAL COMMUNITY MEMBERS IN MENTAL HEALTH FIRST AID (MHFA). MHFA BEING AN EVIDENCED BASED TRAINING TO GIVE NON-MENTAL HEALTH PROFESSIONALS, PRACTICAL TRAINING ON HOW TO IDENTIFY, COMMUNICATE, AND CONNECT PEOPLE SUFFERING WITH MENTAL HEALTH ISSUES TO LOCAL RESOURCES. CURRENTLY, THE PARTNERSHIP IS ON TRACK TO TRAIN 10,000 NORTHEAST FLORIDIANS IN MHFA, INCLUDING A COMMITMENT TO TRAIN ALL MEMBERS OF THE JACKSONVILLE SHERIFF'S OFFICE. IN FEBRUARY 2017, THE CEOS OF ST. VINCENT'S HEALTHCARE, BAPTIST HEALTH, BROOKS REHABILITATION, FLAGLER HOSPITAL, MAYO CLINIC AND MEMORIAL HOSPITAL COLLECTIVELY AND GENEROUSLY PLEDGED OVER \$900,000 TO SUPPORT THE MENTAL HEALTH NURSING PROGRAM AT THE UNIVERSITY OF NORTH FLORIDA. THE FUNDS ESTABLISHED A NON-ENDOWED PROFESSORSHIP IN MENTAL HEALTH GRADUATE NURSING FOR A FIVE-YEAR PERIOD, PROVIDING RESOURCES TO PAY THE SALARY OF AN OUTSTANDING FACULTY MEMBER IN THE FIELD OF PSYCHIATRIC/MENTAL HEALTH NURSING.</p> |



**990 Schedule H, Supplemental Information**

| Form and Line Reference  | Explanation  |
|--|--|
| Schedule H, Part VI, Line 6 Affiliated health care system            | ST. VINCENT'S MEDICAL CENTER, INC. (d/b/a Ascension St. Vincent's Riverside) IS A WHOLLY OWNED SUBSIDIARY OF ST. VINCENT'S HEALTH SYSTEM, INC. (SVHS), WHICH IS A MEMBER OF ASCENSION HEALTH. ASCENSION HEALTH ALLIANCE, D/B/A ASCENSION (ASCENSION), IS A MISSOURI NONPROFIT CORPORATION FORMED ON SEPTEMBER 13, 2011. ASCENSION IS THE SOLE CORPORATE MEMBER AND PARENT ORGANIZATION OF ASCENSION HEALTH, A CATHOLIC NATIONAL HEALTH SYSTEM CONSISTING PRIMARILY OF NONPROFIT CORPORATIONS THAT OWN AND OPERATE LOCAL HEALTHCARE FACILITIES, OR HEALTH MINISTRIES, LOCATED IN more than 20 OF THE UNITED STATES AND THE DISTRICT OF COLUMBIA. ASCENSION IS SPONSORED BY ASCENSION SPONSOR, A PUBLIC JURIDIC PERSON. THE PARTICIPATING ORGANIZATIONS/ENTITIES OF ASCENSION SPONSOR ARE THE DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL, ST. LOUISE PROVINCE; THE CONGREGATION OF ST. JOSEPH; THE CONGREGATION OF THE SISTERS OF ST. JOSEPH OF CARONDELET; THE CONGREGATION OF ALEXIAN BROTHERS OF THE IMMACULATE CONCEPTION PROVINCE, INC. - AMERICAN PROVINCE; AND THE SISTERS OF THE SORROWFUL MOTHER OF THE THIRD ORDER OF ST. FRANCIS OF ASSISI - US/CARIBBEAN PROVINCE. ST. VINCENT'S MEDICAL CENTER, INC., 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. 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., CONSOLIDATED PHARMACY SERVICES, INC. AND ST. VINCENT'S FOUNDATION, INC. |
| Schedule H, Part VI, Line 7 State filing of community benefit report | FL   |

**Additional Data****Software ID:** 18007697**Software Version:** 2018v3.1**EIN:** 59-0624449**Name:** St Vincent's Medical Center Inc**Form 990 Schedule H, Part V Section A. Hospital Facilities**

| <b>Section A. Hospital Facilities</b><br><br>(list in order of size from largest to smallest—see instructions)<br>How many hospital facilities did the organization operate during the tax year?<br><b>1</b> |  | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe) | Facility reporting group |
|--|--|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| 1  | St Vincent's Medical Center Inc<br>4205 Belfort Road Suite 4020<br>Jacksonville, FL 32216<br><a href="https://healthcare.ascension.org/Locations/Florida/FLJAC/Jacksonville-St-Vincent's-Medical-Center-Riv">https://healthcare.ascension.org/Locations/Florida/FLJAC/Jacksonville-St-Vincent's-Medical-Center-Riv</a><br>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<br>Facility , 1 | Facility , 1 - St. Vincent's Medical Center, Inc.. THE PRIMARY DATA USED IN THIS ASSESSMENT CONSIST OF (1) KEY INFORMANT INTERVIEWS CONDUCTED BY PHONE, (2) FOCUS GROUP DISCUSSIONS, AND (3) A COMMUNITY SURVEY DISTRIBUTED THROUGH ONLINE AND ON PAPER SUBMISSIONS. KEY INFORMANT INTERVIEWS INCLUDED: TWENTY-NINE KEY INFORMANT INTERVIEWS WERE CONDUCTED BY PHONE FROM MARCH 13, 2018 THROUGH APRIL 23, 2018. PARTICIPANTS WERE SELECTED FOR THEIR KNOWLEDGE ABOUT COMMUNITY HEALTH NEEDS, BARRIERS, STRENGTHS, AND OPPORTUNITIES (INCLUDING THE NEEDS OF VULNERABLE AND UNDERSERVED POPULATIONS AS REQUIRED BY IRS REGULATIONS). PEOPLE WITH PUBLIC HEALTH EXPERTISE; THE ABILITY TO SPEAK ON THE NEEDS OF LOW-INCOME, UNDERSERVED, OR MINORITY POPULATIONS; AND THE ABILITY TO SPEAK ON THE BROAD INTERESTS OF THE COMMUNITY WERE ASKED TO PARTICIPATE IN KEY INFORMANT INTERVIEWS. OF THE TWENTY-NINE KEY INFORMANT INTERVIEWS CONDUCTED, TWENTY-ONE INTERVIEWS WERE WITH COMMUNITY EXPERTS WHO EITHER SERVED OR REPRESENTED UNDERSERVED COMMUNITIES. FOCUS GROUPS INCLUDED: TWENTY-TWO FOCUS GROUPS WITH A TOTAL OF 212 PARTICIPANTS WERE FACILITATED FROM MARCH 28, 2018 THROUGH APRIL 25, 2018. PARTICIPANTS WERE SELECTED FOR THEIR KNOWLEDGE ABOUT COMMUNITY HEALTH NEEDS AND BARRIERS. THE FOCUS GROUPS WERE SPLIT INTO TWO CATEGORIES: (1) FOCUS GROUPS OF HOSPITAL STAFF AND (2) FOCUS GROUPS OF COMMUNITY MEMBERS WITH WIDE BACKGROUNDS, INCLUDING PERSONS WITH DISABILITIES, VETERANS, PERSONS OF LIMITED INCOME, COMMUNITIES OF COLOR, THE FAITH COMMUNITIES, AND MORE. OF THE TWENTY-TWO FOCUS GROUPS CONDUCTED, TEN INCLUDED COMMUNITY MEMBERS OF UNDERSERVED COMMUNITIES OR COMMUNITY ADVOCATES FOR UNDERSERVED COMMUNITIES. COMMUNITY SURVEY INCLUDED: THE COMMUNITY SURVEY WAS PRIMARILY DISTRIBUTED ONLINE THROUGH FROM MARCH 26, 2018 THROUGH APRIL 16, 2018. THE SURVEY WAS ALSO MADE AVAILABLE ON PAPER, THOUGH PAPER DISTRIBUTION WAS LIMITED. THE SURVEY ELICITED RESPONSES FROM 697 COMMUNITY MEMBERS IN DUVAL COUNTY. |

**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<br>Facility , 1 | Facility , 1 - St. Vincent's Medical Center, Inc.. St. Vincent's Medical Center collaborated with other hospital members of the Jacksonville Nonprofit Hospital Partnership. The Partnership includes: - Baptist Health - UF Health Jacksonville (then Shands Jacksonville Medical Center) - Wolfson Children's Hospital - Mayo Clinic |

**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<br>Facility , 1 | Facility , 1 - St. Vincent's Medical Center, Inc.. St. Vincent's Medical Center collaborated with some non-hospital facilities of the Jacksonville Nonprofit Hospital Partnership. The Partnership includes: - Brooks Rehabilitation - Clay County Health Department - Duval County Health Department - Nassau County Health Department - Putnam County Health Department |

**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<br/>Facility , 1</p> | <p>Facility , 1 - St. Vincent's Medical Center, Inc.. THE CHNAS WERE CONDUCTED TO IDENTIFY PR IORITY HEALTH NEEDS WITHIN EACH COMMUNITY SERVED BY EACH HOSPITAL, FOR ASCENSION ST. VINCE NT'S RIVERSIDE, THE COMMUNITY IS DUVAL COUNTY, AND TO INFORM DEVELOPMENT OF IMPLEMENTATION STRATEGIES TO ADDRESS THE IDENTIFIED NEEDS SELECTED BY EACH HOSPITAL BASED ON THEIR ABILI TY TO IMPACT THE NEED. ADDITIONALLY, THE PARTNERSHIP FOCUSES COLLABORATIVE EFFORTS TO INCL UDE THE FIVE-COUNTY SERVICE AREA OF BAKER, CLAY, DUVAL, NASSAU, AND ST. JOHNS. THE CHNAS W ERE CONDUCTED TO RESPOND TO FEDERAL REGULATORY REQUIREMENTS AND SEEK TO IDENTIFY SIGNIFICA NT HEALTH NEEDS FOR PARTICULAR GEOGRAPHIC AREAS AND POPULATIONS. BELOW ARE THE PRIORITIZED SIGNIFICANT NEEDS IDENTIFIED IN THE TAX YEAR 2018 CHNA. ACCESS TO HEALTH SERVICES - IMPL EMENT SOCIAL DETERMINANTS OF HEALTH (SDOH) SCREENING FOR PATIENTS, THEN INTRODUCE A SERVICE TO ADDRESS AND IMPROVE SOCIAL NEEDS FOR THAT POPULATION. - TARGET AUDIENCE WILL BE RESIDE NTS IN THE DURKEEVILLE NEIGHBORHOOD OF JACKSONVILLE, HEALTH ZONE 1, ZIP CODE 32209. - A SD OH SCREENING WILL BE GIVEN AT REGISTRATION OF THE ST. PIUS CLINIC, AND THEN A SERVICE WILL BE IMPLEMENTED TO ADDRESS A SPECIFIC COMMUNITY NEED THAT IS REPORTED. - COLLABORATION OF ASCENSION MEDICAL GROUP, ASCENSION INFORMATION SERVICES, AND POTENTIALLY A COMMUNITY PARTN ER ANTICIPATED IMPACT: - SCREENING TOOL IMPLEMENTATION - PROCESS IMPLEMENTED - INTRODUCTIO N OF SERVICE TO IMPROVE HEALTH OUTCOMES BEHAVIORAL HEALTH - INCREASE ACCESS TO BEHAVIORAL HEALTH SERVICES BY INCORPORATING TELEHEALTH AND INTEGRATING BEHAVIORAL HEALTH INTO OTHER S PECIALTY CARE AREAS. - TARGET AUDIENCE WILL BE PATIENTS IN THE DURKEEVILLE NEIGHBORHOOD OF JACKSONVILLE, PATIENTS WITH COMPLEX COMORBIDITIES INCLUDING CHRONIC PAIN. - COLLABORATION OF BEHAVIORAL HEALTH SERVICES LINE, ASCENSION MEDICAL GROUP, ASCENSION INFORMATION SERVIC ES, AND PHYSICAL THERAPY DEPARTMENT. ANTICIPATED IMPACT: - INCREASED ACCESS TO BEHAVIORAL HEALTH SERVICES - INTEGRATION OF BEHAVIORAL HEALTH WITH SPECIALTY CARE SERVICES - INCREASE D PAIN MANAGEMENT CLINIC ACCESS CANCER - INCREASE NUMBER OF CANCER SCREENINGS, WITH SPECIA L ATTENTION TO DISPARATE POPULATIONS. - TARGET AUDIENCE WILL BE RESIDENTS OF NORTHEAST FLO RIDA. - COLLABORATION OF CANCER SERVICE LINE, PULMONARY, AND ASCENSION MEDICAL GROUP ANTICIPATED IMPACT: - INCREASED NUMBER OF LOW DOSE CT LUNG SCREENINGS - INCREASED NUMBER OF CAN CER SCREENINGS ST. VINCENT'S HEALTHCARE IS COMMITTED TO OUR MISSION AND TO THE COMMUNITY; HOWEVER, NO ENTITY CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENTED BY THE TAX YEAR 2018 CHNA . THE FOLLOWING ARE THOSE WE BELIEVE DO NOT HAVE ENOUGH COMMUNITY SUPPORT OR ORGANIZATION TO ADEQUATELY ADDRESS. NEEDS THAT WILL NOT BE ADDRESSED: 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 H</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<br/>Facility , 1</p> | <p>AS NOT IDENTIFIED AN EFFECTIVE INTERVENTION TO IMPROVE POVERTY ON A LARGE SCALE WITHIN THE LOCAL COMMUNITY BUT WILL CONTINUE TO ADVOCATE FOR THE POOR AND VULNERABLE, AS IS OUR MISSION. MATERNAL, CHILD, AND INFANT HEALTH: ST. VINCENT'S HEALTHCARE WILL CONTINUE TO SUPPORT SAFE SLEEP AND BABY FRIENDLY CERTIFICATIONS AT ALL FAMILY BIRTH PLACES, AS WELL AS OPEN A LEVEL 3 NICU FOR ASCENSION ST. VINCENT'S SOUTHSIDE. VULNERABLE POPULATIONS: ST. VINCENT'S HEALTHCARE'S MISSION CALLS US TO CONTINUALLY SUPPORT THOSE IN POVERTY AND OF VULNERABLE POPULATIONS, ALL IMPLEMENTATION PLANS HAVE SPECIAL ATTENTION TO THOSE WE SERVE EMBEDDED IN THEM, WITHOUT NECESSITATING A SEPARATE IMPLEMENTATION PLAN TO ADDRESS THE NEED. ACTIONS TAKEN DURING THE 2018 TAX YEAR TO ADDRESS THE PRIORITIZED SIGNIFICANT NEEDS IDENTIFIED IN THE 2015 TAX YEAR CHNA: - ACCESS -MOBILE HEALTH 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). 15,029 FREE SERVICES WERE PROVIDED FOR ACUTE AND PRIMARY CARE WITHIN THE IMPOVERISHED AND INDIGENT COMMUNITY OF DUVAL COUNTY. - DIABETES - THE COMPREHENSIVE DIABETIC PROGRAM MET GOAL FOR NUMBER OF PATIENTS IN PROGRAM, RETENTION RATE, HGBA1C CONTROLLED, EYE EXAM, AND NEPHROPATHY SCREENING RATE. THE CONTINUE TO WORK ON MEETING GOAL FOR BP&lt;140/90. - HEALTH DISPARITIES - ST. VINCENT'S HEALTHCARE HELD THEIR 5TH ANNUAL MEDICAL MISSION AT HOME EVENT PROVIDING FREE ACCESS TO MEDICAL AND SOCIAL SERVICES FOR OVER 400 INDIVIDUALS IN THE COMMUNITY, PROVIDING THOUSANDS OF SERVICES TO THOSE MOST IN NEED INCLUDING FOOD, CLOTHES, FREE PRESCRIPTIONS, AND DENTAL SERVICES. -MATERNAL AND CHILD HEALTH - OUR FAMILY BIRTH PLACES CONTINUE TO SUPPORT BABY FRIENDLY HOSPITALS IN SUPPORT OF THEIR CERTIFICATION FOR HEALTHIER OUTCOMES. - MENTAL HEALTH - MENTAL HEALTH COUNSELING PROVIDED ON A SLIDING SCALE TO ENCOURAGE ACCESS FOR THOSE MOST IN NEED AND IN POVERTY. - OBESITY/NUTRITION/LIFESTYLE - EXCEEDED GOAL FOR NUMBER OF PARTICIPANTS IN MOMENTUM EXERCISE AND WELLNESS PROGRAM ENGAGING STUDENTS IN DUVAL COUNTY MIDDLE SCHOOLS. - SMOKING - SUPPORTED AHEC'S TOBACCO CESSATION CLASSES BY COLLABORATION WITH RESPIRATORY DEPARTMENT PROCESS OF REFERRING PATIENTS AND PROVIDING EDUCATIONAL MATERIALS.</p> |



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

Schedule I (Form 990)

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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.

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, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Row 1: SISTERS OF ST FRANCIS XAVIER, 20-1499617, 501(c)(3), 108,000, 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<br>Procedures for monitoring use of grant funds. | St. Vincent's Medical Center, Inc. provides only direct charitable contributions. Therefore, no monitoring of charitable contributions is performed. |

**Schedule J**  
(Form 990)

**Compensation Information**

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**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 Questions Regarding Compensation**

|                          |   | Yes                      | No  |
|--------------------------|---|--------------------------|---|
| <b>1a</b>                | 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.   |                          |   |
| <input type="checkbox"/> | First-class or charter travel   | <input type="checkbox"/> | Housing allowance or residence for personal use |
| <input type="checkbox"/> | Travel for companions   | <input type="checkbox"/> | Payments for business use of personal residence |
| <input type="checkbox"/> | Tax idemnification and gross-up payments  | <input type="checkbox"/> | Health or social club dues or initiation fees   |
| <input type="checkbox"/> | Discretionary spending account  | <input type="checkbox"/> | Personal services (e.g., maid, chauffeur, chef) |
| <b>b</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  | <b>1b</b>                |   |
| <b>2</b>                 | 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?  | <b>2</b>                 |   |
| <b>3</b>                 | 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. |                          |   |
| <input type="checkbox"/> | Compensation committee  | <input type="checkbox"/> | Written employment contract                     |
| <input type="checkbox"/> | Independent compensation consultant   | <input type="checkbox"/> | Compensation survey or study                    |
| <input type="checkbox"/> | Form 990 of other organizations   | <input type="checkbox"/> | Approval by the board or compensation committee |
| <b>4</b>                 | 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:  |                          |   |
| <b>a</b>                 | Receive a severance payment or change-of-control payment?   | <b>4a</b>                | Yes   |
| <b>b</b>                 | Participate in, or receive payment from, a supplemental nonqualified retirement plan?   | <b>4b</b>                | Yes   |
| <b>c</b>                 | Participate in, or receive payment from, an equity-based compensation arrangement?  | <b>4c</b>                | No  |
|                          | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.   |                          |   |
|                          | <b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>   |                          |   |
| <b>5</b>                 | 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:  |                          |   |
| <b>a</b>                 | The organization?   | <b>5a</b>                | No  |
| <b>b</b>                 | Any related organization?   | <b>5b</b>                | No  |
|                          | If "Yes," on line 5a or 5b, describe in Part III.   |                          |   |
| <b>6</b>                 | 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:  |                          |   |
| <b>a</b>                 | The organization?   | <b>6a</b>                | No  |
| <b>b</b>                 | Any related organization?   | <b>6b</b>                | No  |
|                          | If "Yes," on line 6a or 6b, describe in Part III.   |                          |   |
| <b>7</b>                 | 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.  | <b>7</b>                 | No  |
| <b>8</b>                 | 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.  | <b>8</b>                 | No  |
| <b>9</b>                 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?  | <b>9</b>                 |   |

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

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

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

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

**Part III Supplemental Information**

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

| <b>Return Reference</b>   | <b>Explanation</b>  |
|---|---|
| Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation | 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. |

| Return Reference   | Explanation  |
|--|--|
| Schedule J, Part I, Line 4a Severance or change-of-control payment | The following individual(s) received severance payments from the organization or a related organization during calendar year 2018: DONALD CLAYPOOL - \$244,596<br>LORRAINE KEITH - \$122,308 MICHAEL SCHATZLEIN - \$1,055,862 MICHELLE WILLIAMS ADAMOLEKUN - \$203,019 |

| <b>Return Reference</b>  | <b>Explanation</b>   |
|--|--|
| Schedule J, Part I, Line 4b<br>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 during calendar year 2018. |





**Additional Data**

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**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 |  |                         |                                 |   |
| THOMAS J VANOSDOL                            | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| EX-OFFICIO/CEO                               | (ii) | 640,991  | 129,310                             | 102,595                             | 17,875   | 26,602                  | 917,374                         | 0   |
| MICHAEL H SCHATZLEIN MD                      | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| FORMER OFFICER (END 12/2016)                 | (ii) | 0  | 0                                   | 1,010,804                           | 0  | 0                       | 1,010,804                       | 0   |
| PAMELA M HESS                                | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| FORMER OFFICER (END 6/2018)                  | (ii) | 304,974  | 27,668                              | 88,113                              | 17,875   | 17,913                  | 456,544                         | 0   |
| C SUSAN CORNEJO                              | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| CFO, MINISTRY MARKET (END 1/2019)            | (ii) | 467,360  | 63,269                              | 49,084                              | 16,500   | 23,149                  | 619,362                         | 0   |
| KIMBERLY P SHREWSBURY                        | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| CFO, MINISTRY MARKET (START 1/2019)          | (ii) | 278,435  | 0                                   | 19,618                              | 17,875   | 25,589                  | 341,518                         | 0   |
| JEFFREY A MATHISON MD                        | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| FORMER KEY EMPLOYEE (END 12/2017)            | (ii) | 337,600  | 0                                   | 74,901                              | 16,978   | 21,061                  | 450,541                         | 0   |
| TRACY B WILLIAMS                             | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| FORMER KEY EMPLOYEE (END 12/2017)            | (ii) | 283,930  | 0                                   | 21,607                              | 16,195   | 26,977                  | 348,709                         | 0   |
| LORRAINE M KEITH                             | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| FORMER KEY EMPLOYEE (END 12/2017)            | (ii) | 142,265  | 0                                   | 143,066                             | 9,275  | 2,075                   | 296,681                         | 0   |
| WILLIAM R MAYHER                             | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| FORMER KEY EMPLOYEE (END 12/2017)            | (ii) | 248,564  | 0                                   | 25,506                              | 13,031   | 22,331                  | 309,432                         | 0   |
| DONALD B CLAYPOOL                            | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| FORMER KEY EMPLOYEE (END 7/2017)             | (ii) | 0  | 0                                   | 244,596                             | 0  | 0                       | 244,596                         | 0   |
| FRANK H GILBERSTADT MD                       | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| FORMER KEY EMPLOYEE (END 12/2017)            | (ii) | 453,995  | 69,044                              | 45,553                              | 13,750   | 23,677                  | 606,018                         | 0   |
| TERESA LOFTIS                                | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| FORMER KEY EMPLOYEE (END 12/2017)            | (ii) | 222,200  | 31,412                              | 13,678                              | 14,916   | 20,971                  | 303,176                         | 0   |
| JOHN D MEYER III                             | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| FORMER KEY EMPLOYEE (END 12/2017)            | (ii) | 298,805  | 58,408                              | 42,036                              | 17,293   | 10,282                  | 426,825                         | 0   |
| JEFFREY H MIDDLEBROOKS                       | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| FORMER KEY EMPLOYEE (END 12/2017)            | (ii) | 398,362  | 170,994                             | 129,889                             | 6,875  | 25,204                  | 731,323                         | 0   |
| MICHELLE C WILLIAMS ADAMOLEKUN               | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| FORMER KEY EMPLOYEE (END 2/2018)             | (ii) | 56,954   | 0                                   | 216,562                             | 1,226  | 4,308                   | 279,050                         | 0   |
| DAVID A MCINNES MD                           | (i)  | 377,026  | 540                                 | 5,778                               | 17,875   | 29,881                  | 431,100                         | 0   |
| DIRECTOR, PHYSICIAN RESIDENT/STUDENT PROGRAM | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| SONYA J DOMINGUEZ MD                         | (i)  | 244,136  | 5,390                               | 755                                 | 15,649   | 26,570                  | 292,500                         | 0   |
| PHYSICIAN                                    | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| FERNANDO MORENA JR MD                        | (i)  | 230,000  | 0                                   | 3,247                               | 11,500   | 4,888                   | 249,635                         | 0   |
| PHYSICIAN                                    | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| DANIELLE CARTER MD                           | (i)  | 202,578  | 28,190                              | 341                                 | 5,772  | 4,411                   | 241,291                         | 0   |
| PHYSICIAN                                    | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| TODD D FRACKE                                | (i)  | 212,536  | 0                                   | 2,624                               | 7,772  | 19,744                  | 242,676                         | 0   |
| SUPERVISOR, PHYSICST                         | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018****Open to Public Inspection**

Department of the Treasury

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<br>Doing Business as: | St. Vincent's Family Medical Center Consolidated Laboratory Services. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>  | <b>Explanation</b>   |
|--|--|
| Form 990,<br>Part IV, Line<br>20b<br>Explanation<br>of Financial<br>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**

| <b>Return Reference</b>   | <b>Explanation</b>  |
|---|---|
| Form 990, Part VI, Line 15a<br>PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL | The process for determining compensation of the organization's CEO, Executive Director, or Top Management Official is performed by a related organization. The process includes review and approval by independent persons of the related organization's compensation committee, use of comparability data, and contemporaneous substantiation of the deliberation and decision regarding the compensation arrangement. The compensation committee is charged with overseeing the process in a manner designed to assure independence, avoid conflicts of interest, ensure reasonableness and market comparability of total compensation, and to otherwise abide by pertinent laws and regulations. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>   | <b>Explanation</b>  |
|---|---|
| Form 990, Part VI, Line 15b<br>PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES | The process for determining compensation of the organization's other officers or key employees is performed by a related organization. The process includes review and approval by independent persons of the related organization's compensation committee, use of comparability data, and contemporaneous substantiation of the deliberation and decision regarding the compensation arrangement. The compensation committee is charged with overseeing the process in a manner designed to assure independence, avoid conflicts of interest, ensure reasonableness and market comparability of total compensation, and to otherwise abide by pertinent laws and regulations. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                                      | <b>Explanation</b>  |
|--|---|
| 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**

| <b>Return Reference</b>   | <b>Explanation</b>  |
|---|---|
| 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**

| <b>Return Reference</b>  | <b>Explanation</b>  |
|--|---|
| 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**

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

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                                 | <b>Explanation</b>  |
|---|---|
| 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**

| <b>Return Reference</b>  | <b>Explanation</b>  |
|--|---|
| Form 990,<br>Part VI, Line<br>19 Required<br>documents<br>available to<br>the public | The organization will provide any documents open to public inspection upon request. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                        | <b>Explanation</b>   |
|--|--|
| 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**

| <b>Return Reference</b>   | <b>Explanation</b>   |
|---|--|
| Form 990,<br>Part VIII, Line<br>2f Other<br>Program<br>Service<br>Revenue | Pharmacy Revenue - Total Revenue: 11432, Related or Exempt Function Revenue: 11432, 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: 31786, Related or Exempt Function Revenue: 31786, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 0; Escalation Revenue - Total Revenue: 68872, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 68872; Late Penalty Fees - Total Revenue: 1947, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 1947; Miscellaneous Revenue - Total Revenue: 1316586, Related or Exempt Function Revenue: 948375, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 368211; |

## 990 Schedule O, Supplemental Information

| Return Reference                           | Explanation   |
|--|---|
| Form 990, Part IX, Line 11g Other Expenses | <p>MISCELLANEOUS EXPENSE - Total Expense: 635685, Program Service Expense: 868195, Management and General Expenses: -232510, Fundraising Expenses: ; Physician Fees to Affiliate - Total Expense: 1486763, Program Service Expense: 1486763, Management and General Expenses: , Fundraising Expenses: ; Contract Labor - Total Expense: 653210, Program Service Expense: 633408, Management and General Expenses: 19802, Fundraising Expenses: ; Minor Equipment - Total Expense: 1038142, Program Service Expense: 767445, Management and General Expenses: 270697, Fundraising Expenses: ; Equipment Lease - Total Expense: 2533039, Program Service Expense: 2533039, Management and General Expenses: , Fundraising Expenses: ; Non Recurring Expenses - Total Expense: 491, Program Service Expense: 491, Management and General Expenses: , Fundraising Expenses: ; Provider Tax - Total Expense: 5900107, Program Service Expense: 5900107, Management and General Expenses: , Fundraising Expenses: ; Other Non Medical Supplies - Total Expense: 2509014, Program Service Expense: 2260728, Management and General Expenses: 248286, Fundraising Expenses: ; Dues - Total Expense: 239641, Program Service Expense: 112073, Management and General Expenses: 127568, Fundraising Expenses: ; Maintenance &amp; Repairs - Total Expense: 660750, Program Service Expense: 515431, Management and General Expenses: 145319, Fundraising Expenses: ; Licenses &amp; Permits - Total Expense: 222067, Program Service Expense: 218964, Management and General Expenses: 3103, Fundraising Expenses: ; Books &amp; Subscriptions - Total Expense: 63578, Program Service Expense: 63578, Management and General Expenses: , Fundraising Expenses: ; RECORD RETENTION EXPENSE - Total Expense: 118671, Program Service Expense: 79039, Management and General Expenses: 39632, Fundraising Expenses: ; TRANSPORTATION EXPENSE - Total Expense: 350520, Program Service Expense: 100712, Management and General Expenses: 249808, Fundraising Expenses: ; PURCHASED SERVICES - Total Expense: 46739941, Program Service Expense: 26352061, Management and General Expenses: 20387880, Fundraising Expenses: ;</p> |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>  | <b>Explanation</b>   |
|--|--|
| Form 990, Part XI, Line 9 Other changes in net assets or fund balances | TRANSFERS WITH ALPHA FUND - -10194889; CHANGE IN VALUE OF INTEREST IN ST. VINCENT'S FOUNDATION, Inc. - -8173708; FUND BALANCE - OTHER - -2234764; TRANSFERS WITH AFFILIATES - 810402 ; |



**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>   | <b>Explanation</b>  |
|---|---|
| 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 | <a href="https://healthcare.ascension.org/Locations/Florida/FLJAC/Jacksonville-Ascension-St-Vincent's-Riverside">https://healthcare.ascension.org/Locations/Florida/FLJAC/Jacksonville-Ascension-St-Vincent's-Riverside</a> |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2018**

**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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

|  | Yes       | No  |
|--|-----------|-----|
| <b>1</b> 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? |           |     |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .               | <b>1a</b> | No  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> | No  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> | Yes |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> | No  |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> | No  |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> | No  |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> | No  |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> | No  |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> | No  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> | Yes |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> | Yes |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> | No  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> | No  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> | No  |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> | No  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> | Yes |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> | Yes |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> | Yes |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> | 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)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |

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

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

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

**Part VII**      **Supplemental Information**

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

| <b>Return Reference</b> | <b>Explanation</b> |
|-------------------------|--------------------|
|                         |                    |

**Additional Data**

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 59-0624449  
**Name:** St Vincent's Medical Center Inc

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

| (a)<br>Name, address, and EIN of related organization                | (b)<br>Primary activity   | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|--|---|--|----------------------------|---|----------------------------------|---|----|
|  |   |  |                            |   |                                  | Yes   | No |
| 1506 Oneida St<br>Appleton, WI 54915<br>39-1568866                   | HEALTH SYSTEM   | IL   | 501(c)(3)                  | Type II   | MINISTRY HEALTH CARE INC         | Yes   |    |
| 6100 NORTH 42ND STREET<br>MILWAUKEE, WI 53209<br>39-1641846          | COMMUNITY CENTER  | WI   | 501(c)(3)                  | 7   | MINISTRY HEALTH CARE INC         | Yes   |    |
| 6801 AIRPORT BLVD<br>MOBILE, AL 36608<br>46-2847744                  | SUPPORT PROVIDENCE HOSPITAL   | AL   | 501(c)(3)                  | 10  | GULF COAST HEALTH SYSTEM         | Yes   |    |
| 2601 Navistar Drive<br>Lisle, IL 60532<br>47-2360513                 | Joint Operating Company   | IL   | 501(c)(3)                  | Type II   | NA                               |   | No |
| 2601 Navistar Drive<br>Lisle, IL 60532<br>36-4336931                 | Physician services  | IL   | 501(c)(3)                  | 3   | Alexian Brothers Health System   | Yes   |    |
| 1650 Moon Lake Blvd<br>Hoffman Estates, IL 60169<br>36-4251848       | Behavioral health hospital  | IL   | 501(c)(3)                  | 3   | Alexian Brothers Health System   | Yes   |    |
| 825 Wellington Avenue<br>Chicago, IL 60657<br>36-3527899             | Housing and supportive care services for persons with HIV/AIDS                                  | IL   | 501(c)(3)                  | 10  | Alexian Brothers Health System   | Yes   |    |
| 3436 N Kennicott Avenue<br>Arlington Heights, IL 60004<br>36-3045007 | Outpatient community mental health services   | IL   | 501(c)(3)                  | 10  | Alexian Brothers Health System   | Yes   |    |
| 12250 Weber Hill Rd Ste 200<br>St Louis, MO 63127<br>36-4344423      | PACE- Comprehensive & Coordinated Community Based Services                                      | IL   | 501(c)(3)                  | 10  | Ascension Health Senior Care     | Yes   |    |
| 200 South Wacker Drive<br>Chicago, IL 60606<br>36-3260495            | Supports the provision of healthcare services for related corporations for which it is a member | IL   | 501(c)(3)                  | Type III-FI   | Ascension Health                 | Yes   |    |
| 2601 Navistar Drive<br>Lisle, IL 60532<br>36-3276552                 | Supports the provision of healthcare services for related corporations                          | IL   | 501(c)(3)                  | Type III-FI   | Alexian Brothers Health System   | Yes   |    |
| 12250 Weber Hill Rd Ste 200<br>ST LOUIS, MO 63127<br>43-1470362      | SKILLED NURSING FACILITY  | MO   | 501(c)(3)                  | 10  | ASCENSION HEALTH SENIOR CARE     | Yes   |    |
| 2601 Navistar Drive<br>Lisle, IL 60532<br>47-1930457                 | Physician services  | IL   | 501(c)(3)                  | 3   | Alexian Brothers Health System   | Yes   |    |
| 800 Biesterfield Road<br>Elk Grove Village, IL 60007<br>36-2596381   | Acute care hospital   | IL   | 501(c)(3)                  | 3   | Alexian Brothers Health System   | Yes   |    |
| 2601 Navistar Drive<br>Lisle, IL 60532<br>81-1110738                 | SPECIALTY PHYSICIAN PRACTICE GROUP  | IL   | 501(c)(3)                  | 3   | ALEXIAN BROTHERS HEALTH SYSTEM   | Yes   |    |
| 2601 Navistar Drive<br>Lisle, IL 60532<br>94-1530037                 | Acute care hospital (sold in 1998)  | TX   | 501(c)(3)                  | Type I  | Alexian Brothers Health System   | Yes   |    |
| 12250 Weber Hill Rd Ste 200<br>ST LOUIS, MO 63127<br>36-4484290      | Supports the provision of healthcare for related corporations                                   | IL   | 501(c)(3)                  | Type II   | Alexian Brothers Health System   | Yes   |    |
| 3040 W Salt Creek Ln<br>Arlington Heights, IL 60005<br>43-1295333    | HUD housing   | MO   | 501(c)(3)                  | 10  | Alexian Brothers Health System   | Yes   |    |
| 12250 Weber Hill Rd Ste 200<br>St Louis, MO 63127<br>43-1592502      | SKILLED NURSING FACILITY  | MO   | 501(c)(3)                  | 10  | ASCENSION HEALTH SENIOR CARE     | Yes   |    |
| 2601 Navistar Drive<br>Lisle, IL 60532<br>80-0710751                 | Specialty physician practice group  | IL   | 501(c)(3)                  | 3   | Alexian Brothers Health System   | Yes   |    |



| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |                                      |  |                            |   |  |   |    |
|--|--------------------------------------|--|----------------------------|---|--|---|----|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity              | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity   | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |                                      |  |                            |   |  | Yes   | No |
| 12250 Weber Hill Rd Ste 200<br>St Louis, MO 63127<br>39-1351584                    | CONTINUING CARE RETIREMENT COMMUNITY | WI   | 501(c)(3)                  | 10  | ASCENSION HEALTH SENIOR CARE   | Yes   |    |
| 12250 Weber Hill Rd Ste 200<br>St Louis, MO 63127<br>62-1136742                    | CONTINUING CARE RETIREMENT COMMUNITY | TN   | 501(c)(3)                  | 10  | ASCENSION HEALTH SENIOR CARE   | Yes   |    |
| 2434 Interstate Plaza Drive<br>Hammond, IN 46234<br>20-3238867                     | HEALTH CARE                          | IN   | 501(c)(3)                  | 3   | Presence Central & Suburban Hospitals Network AND PRESENCE CHICAGO HOSPITALS NETWORK | Yes   |    |
| 2660 10TH AVENNUE SOUTH NO 505<br>BIRMINGHAM, AL 35205<br>63-0952490               | SPORTS MEDICINE                      | AL   | 501(c)(3)                  | 7   | ST VINCENT'S BIRMINGHAM  | Yes   |    |
| 1190 E 2900 N ROAD<br>CLIFTON, IL 60927<br>36-2841358                              | RETIREMENT COMMUNITY                 | IL   | 501(c)(3)                  | 10  | PRESENCE LIFE CONNECTIONS  | Yes   |    |
| 28000 DEQUINDRE ROAD<br>WARREN, MI 48092<br>38-2601348                             | HEALTH CARE                          | MI   | 501(c)(3)                  | 10  | ST JOHN PROVIDENCE   | Yes   |    |
| 3801 SPRING STREET<br>RACINE, WI 53405<br>39-1264986                               | HOSPITAL                             | WI   | 501(c)(3)                  | 3   | WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC                                | Yes   |    |
| 2202 N FORBES BLVD<br>TUCSON, AZ 85745<br>86-0455920                               | HOSPITAL                             | AZ   | 501(c)(3)                  | 3   | ASCENSION HEALTH   | Yes   |    |
| 1521 GULL ROAD<br>KALAMAZOO, MI 49048<br>23-7222558                                | FUNDRAISING                          | MI   | 501(c)(3)                  | Type III-FI   | ASCENSION BORGESS HOSPITAL   | Yes   |    |
| 1521 GULL ROAD<br>KALAMAZOO, MI 49048<br>38-1360526                                | HEALTHCARE SERVICES                  | MI   | 501(c)(3)                  | 3   | ASCENSION MICHIGAN   | Yes   |    |
| 420 W HIGH STREET<br>DOWAGIAC, MI 49047<br>38-2860459                              | FUNDRAISING                          | MI   | 501(c)(3)                  | Type III-FI   | ASCENSION BORGESS-LEE HOSPITAL   | Yes   |    |
| 420 WEST HIGH STREET<br>DOWAGIAC, MI 49047<br>38-1490190                           | HEALTHCARE SERVICES                  | MI   | 501(c)(3)                  | 3   | ASCENSION MICHIGAN   | Yes   |    |
| 12851 GRAND RIVER<br>BRIGHTON, MI 48116<br>38-1576680                              | HOSPITAL                             | MI   | 501(c)(3)                  | 3   | ASCENSION MICHIGAN   | Yes   |    |
| 614 MEMORIAL DRIVE<br>CHILTON, WI 53014<br>39-0905385                              | HOSPITAL                             | WI   | 501(c)(3)                  | 3   | MINISTRY HEALTH CARE INC   | Yes   |    |
| )<br>101 South Hanley Ste 450<br>St Louis, MO 63105<br>46-1121862                  | Health care                          | MO   | 501(c)(3)                  | 7   | Ascension Health Alliance  | Yes   |    |
| 201 HOSPITAL ROAD<br>EAGLE RIVER, WI 54521<br>39-0985690                           | HOSPITAL                             | WI   | 501(c)(3)                  | 3   | MINISTRY HEALTH CARE INC   | Yes   |    |
| 28000 DEQUINDRE ROAD<br>WARREN, MI 48092<br>38-1958763                             | HEALTH CARE                          | MI   | 501(c)(3)                  | 10  | ST JOHN PROVIDENCE   | Yes   |    |
| ONE GENESYS PARKWAY<br>GRAND BLANC, MI 484398065<br>38-3591148                     | FOUNDATION                           | MI   | 501(c)(3)                  | Type I  | GENESYS HEALTH SYSTEM  | Yes   |    |
| ONE GENESYS PARKWAY<br>GRAND BLANC, MI 484398065<br>38-2377821                     | HOSPITAL                             | MI   | 501(c)(3)                  | 3   | ASCENSION MICHIGAN   | Yes   |    |
| 601 SOUTH CENTER AVENUE<br>MERRILL, WI 54452<br>39-0808503                         | HOSPITAL                             | WI   | 501(c)(3)                  | 3   | MINISTRY HEALTH CARE INC   | Yes   |    |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |                              |  |                            |   |   |   |    |
|--|------------------------------|--|----------------------------|---|---|---|----|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity      | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity                      | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |                              |  |                            |   |   | Yes   | No |
| PO BOX 45998<br>ST LOUIS, MO 63145<br>31-1662309                                   | NATIONAL HEALTH              | MO   | 501(c)(3)                  | Type I  | ASCENSION HEALTH ALLIANCE                             |   | No |
| PO BOX 45998<br>ST LOUIS, MO 63145<br>65-1257719                                   | SUPPORTING ORGANIZATION      | MO   | 501(c)(3)                  | Type I  | ASCENSION HEALTH ALLIANCE                             | Yes   |    |
| PO BOX 45998<br>ST LOUIS, MO 63145<br>45-3358926                                   | NATIONAL HEALTH SYSTEM       | MO   | 501(c)(3)                  | Type I  | NA  |   | No |
| RUST<br>4600 EDMUNDSON RD<br>ST LOUIS, MO 63134<br>36-7046706                      | SUPPORTING ORGANIZATION      | MO   | 501(c)(3)                  | Type I  | ASCENSION HEALTH ALLIANCE                             | Yes   |    |
| 101 SOUTH HANLEY<br>SUITE 450<br>ST LOUIS, MO 63105<br>65-1205990                  | SUPPORTING ORGANIZATION      | MO   | 501(c)(3)                  | Type I  | ASCENSION HEALTH ALLIANCE                             | Yes   |    |
| 12250 Weber Hill Road<br>St Louis, MO 63127<br>43-1227406                          | PARENT COMPANY               | MO   | 501(c)(3)                  | Type I  | ASCENSION HEALTH                                      | Yes   |    |
| PO BOX 46944<br>ST LOUIS, MO 63146<br>43-1601369                                   | TRUST                        | MO   | 501(c)(9)                  |   | ASCENSION HEALTH                                      | Yes   |    |
| 12250 Weber Hill Rd Ste 200<br>ST LOUIS, MO 63127<br>82-4710412                    | RETIREMENT COMMUNITY         | WI   | 501(c)(3)                  | 10  | ASCENSION HEALTH SENIOR CARE                          | Yes   |    |
| 28000 DEQUINDRE ROAD<br>WARREN, MI 48092<br>38-3322109                             | HOSPITAL                     | MI   | 501(c)(3)                  | 3   | ASCENSION MICHIGAN                                    | Yes   |    |
| 28000 Dequinidre Rd<br>WARREN, MI 48092<br>38-3494637                              | HEALTH CARE                  | MI   | 501(c)(3)                  | 10  | ST JOHN PROVIDENCE                                    | Yes   |    |
| 1521 GULL ROAD<br>KALAMAZOO, MI 49048<br>38-3193801                                | HEALTHCARE SERVICES          | MI   | 501(c)(3)                  | 10  | BORGESS HEALTH ALLIANCE INC                           | Yes   |    |
| 1570 APPLETON RD<br>MENASHA, WI 54952<br>39-1127163                                | CLINICAL HEALTHCARE SERVICES | WI   | 501(c)(3)                  | 3   | AFFINITY HEALTH SYSTEM                                | Yes   |    |
| 824 ILLINOIS AVENUE<br>STEVENS POINT, WI 54481<br>39-1965593                       | MEDICAL GROUP                | WI   | 501(c)(3)                  | Type III-FI   | MINISTRY HEALTH CARE INC                              | Yes   |    |
| 400 WEST RIVER WOODS PARKWAY<br>GLENDALE, WI 53212<br>39-1791586                   | MEDICAL GROUP                | WI   | 501(c)(3)                  | 3   | WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC | Yes   |    |
| 28000 DEQUINDRE ROAD<br>WARREN, MI 48092<br>38-2631907                             | HEALTH CARE                  | MI   | 501(c)(3)                  | Type I  | ASCENSION HEALTH                                      | Yes   |    |
| PO BOX 45998<br>ST LOUIS, MO 63145<br>27-3174701                                   | SUPPORTING ORGANIZATION      | MO   | 501(c)(3)                  | Type I  | ASCENSION HEALTH ALLIANCE                             | Yes   |    |
| 1506 S ONEIDA STREET<br>APPLETON, WI 54915<br>39-0816818                           | HOSPITAL                     | WI   | 501(c)(3)                  | 3   | MINISTRY HEALTH CARE INC                              | Yes   |    |
| 1120 PINE STREET<br>STANLEY, WI 54768<br>39-0807065                                | HOSPITAL                     | WI   | 501(c)(3)                  | 3   | MINISTRY HEALTH CARE INC                              | Yes   |    |
| 6901 MEDICAL PARKWAY<br>WACO, TX 76712<br>74-1109636                               | HEALTHCARE SERVICES          | TX   | 501(c)(3)                  | 3   | ASCENSION TEXAS                                       | Yes   |    |
| 22101 MOROSS<br>DETROIT, MI 48236<br>38-3526629                                    | FUNDRAISING                  | MI   | 501(c)(3)                  | Type III-FI   | ST JOHN PROVIDENCE                                    | Yes   |    |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |                                     |  |                            |   |   |   |    |
|--|-------------------------------------|--|----------------------------|---|---|---|----|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity             | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity                                | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |                                     |  |                            |   |   | Yes   | No |
| 16001 WEST NINE MILE ROAD<br>SOUTHFIELD, MI 48037<br>38-1358212                    | HOSPITAL                            | MI   | 501(c)(3)                  | 3   | ASCENSION MICHIGAN  | Yes   |    |
| ENTER FOUNDATION<br>1101 WEST UNIVERSITY DR<br>ROCHESTER, MI 48307<br>38-2627336   | SUPPORTING                          | MI   | 501(c)(3)                  | Type I  | ASCENSION PROVIDENCE<br>ROCHESTER HOSPITAL                      | Yes   |    |
| 1101 W UNIVERSITY DR<br>ROCHESTER, MI 48307<br>38-1359247                          | GENERAL HOSPITAL                    | MI   | 501(c)(3)                  | 3   | ASCENSION MICHIGAN  | Yes   |    |
| 4100 RIVER ROAD<br>EAST CHINA, MI 48054<br>38-3160564                              | HOSPITAL                            | MI   | 501(c)(3)                  | 3   | ASCENSION MICHIGAN  | Yes   |    |
| PO BOX 347<br>STEVENS POINT, WI 54481<br>39-1390638                                | HOSPITAL                            | WI   | 501(c)(3)                  | 3   | MINISTRY HEALTH CARE<br>INC                                     | Yes   |    |
| 5000 WEST CHAMBERS STREET<br>MILWAUKEE, WI 53210<br>39-0816857                     | HOSPITAL                            | WI   | 501(c)(3)                  | 3   | WHEATON FRANCISCAN<br>HEALTHCARE-<br>SOUTHEAST WISCONSIN<br>INC | Yes   |    |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>74-1109643                            | DELIVERY OF HEALTH<br>CARE SERVICES | TX   | 501(c)(3)                  | 3   | ASCENSION TEXAS   | Yes   |    |
| 28000 DEQUINDRE ROAD<br>WARREN, MI 48092<br>38-2262856                             | HEALTH CARE                         | MI   | 501(c)(3)                  | 3   | ST JOHN PROVIDENCE  | Yes   |    |
| 3400 MINISTRY PARKWAY<br>WESTON, WI 54476<br>72-1531917                            | HOSPITAL                            | WI   | 501(c)(3)                  | 3   | MINISTRY HEALTH CARE<br>INC                                     | Yes   |    |
| 3237 SOUTH 16TH STREET<br>MILWAUKEE, WI 53215<br>39-0907740                        | HOSPITAL                            | WI   | 501(c)(3)                  | 3   | WHEATON FRANCISCAN<br>HEALTHCARE-<br>SOUTHEAST WISCONSIN<br>INC | Yes   |    |
| 22101 MOROSS<br>DETROIT, MI 48236<br>20-2961579                                    | FUNDRAISING                         | MI   | 501(c)(3)                  | 7   | ST JOHN PROVIDENCE  | Yes   |    |
| 28000 DEQUINDRE ROAD<br>WARREN, MI 48092<br>38-1359063                             | HEALTH CARE                         | MI   | 501(c)(3)                  | 3   | ASCENSION MICHIGAN  | Yes   |    |
| 200 HEMLOCK ROAD<br>TAWAS CITY, MI 48763<br>01-0790428                             | FUNDRAISING                         | MI   | 501(c)(3)                  | Type I  | ASCENSION ST JOSEPH'S<br>HOSPITAL                               | Yes   |    |
| 200 HEMLOCK ROAD<br>TAWAS CITY, MI 48763<br>38-1443395                             | HEALTH CARE                         | MI   | 501(c)(3)                  | 3   | ASCENSION MICHIGAN  | Yes   |    |
| 800 S WASHINGTON AVENUE<br>SAGINAW, MI 48601<br>38-2246366                         | FUNDRAISING                         | MI   | 501(c)(3)                  | Type II   | ASCENSION ST MARY'S<br>HOSPITAL                                 | Yes   |    |
| 800 S WASHINGTON AVENUE<br>SAGINAW, MI 48601<br>38-0997730                         | HOSPITAL                            | MI   | 501(c)(3)                  | 3   | ASCENSION MICHIGAN  | Yes   |    |
| 900 ILLINOIS AVENUE<br>STEVENS POINT, WI 54481<br>39-0808443                       | HOSPITAL                            | WI   | 501(c)(3)                  | 3   | MINISTRY HEALTH CARE<br>INC                                     | Yes   |    |
| 805 WEST CEDEAR STREET<br>STANDISH, MI 48658<br>38-1671120                         | HOSPITAL                            | MI   | 501(c)(3)                  | 3   | ASCENSION MICHIGAN  | Yes   |    |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>45-4364243                            | DELIVERY OF HEALTH<br>CARE SERVICES | TX   | 501(c)(3)                  | Type I  | ASCENSION HEALTH  | Yes   |    |
| 8200 E THORN DRIVE<br>WICHITA, KS 67226<br>48-0958974                              | MANAGEMENT COMPANY                  | KS   | 501(c)(3)                  | 10  | ASCENSION VIA CHRISTI<br>HEALTH INC                             | Yes   |    |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |   |  |                            |   |  |   |    |
|--|---|--|----------------------------|---|--|---|----|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity                 | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity                                 | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |   |  |                            |   |  | Yes   | No |
| 8200 E THORN DRIVE<br>WICHITA, KS 67226<br>48-1172107                              | HEALTH SYSTEM PARENT                    | KS   | 501(c)(3)                  | Type III-FI   | ASCENSION HEALTH   | Yes   |    |
| 1823 COLLEGE AVENUE<br>MANHATTAN, KS 66502<br>48-1186704                           | HOSPITAL                                | KS   | 501(c)(3)                  | 3   | ASCENSION VIA CHRISTI HEALTH INC                                 | Yes   |    |
| 1 MT CARMEL WAY<br>PITTSBURG, KS 66762<br>48-0543778                               | HOSPITAL                                | KS   | 501(c)(3)                  | 3   | ASCENSION VIA CHRISTI HEALTH INC                                 | Yes   |    |
| 14800 W ST TERESA<br>WICHITA, KS 67235<br>27-1965272                               | HOSPITAL                                | KS   | 501(c)(3)                  | 3   | ASCENSION VIA CHRISTI HEALTH INC                                 | Yes   |    |
| 929 N SAINT FRANCIS<br>WICHITA, KS 67214<br>48-1172106                             | HOSPITAL                                | KS   | 501(c)(3)                  | 3   | ASCENSION VIA CHRISTI HEALTH INC                                 | Yes   |    |
| 8200 E THORN DRIVE<br>WICHITA, KS 67226<br>48-0948571                              | PROPERTY MANAGEMENT                     | KS   | 501(c)(4)                  |   | ASCENSION VIA CHRISTI HOSPITALS WICHITA INC                      | Yes   |    |
| 1151 N ROCK ROAD<br>WICHITA, KS 67206<br>48-1158274                                | REHABILITATION HOSPITAL                 | KS   | 501(c)(3)                  | 3   | ASCENSION VIA CHRISTI HOSPITALS WICHITA INC                      | Yes   |    |
| 3237 SOUTH 16TH STREET<br>MILWAUKEE, WI 53215<br>39-1701402                        | LABORATORY                              | WI   | 501(c)(3)                  | 10  | WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC            | Yes   |    |
| 19525 WEST NORTH AVENUE<br>BROOKFIELD, WI 53005<br>39-1613624                      | PHARMACY                                | WI   | 501(c)(3)                  | 10  | WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC            | Yes   |    |
| 2000 CHURCH STREET<br>NASHVILLE, TN 37236<br>58-1509251                            | COMMUNITY HEALTH PROMOTION              | TN   | 501(c)(3)                  | Type I  | SAINT THOMAS NETWORK   | Yes   |    |
| 2000 CHURCH STREET<br>NASHVILLE, TN 37236<br>58-1861378                            | INACTIVE                                | TN   | 501(c)(3)                  | Type I  | SAINT THOMAS MIDTOWN HOSPITAL                                    | Yes   |    |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>74-2971975                            | OWN OIL AND MINERAL RIGHTS, REAL ESTATE | TX   | 501(c)(3)                  | Type III-FI   | SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC | Yes   |    |
| 1521 GULL ROAD<br>KALAMAZOO, MI 49048<br>38-2468823                                | HOLDING COMPANY                         | MI   | 501(c)(3)                  | 3   | BORGESS HEALTH ALLIANCE INC                                      | Yes   |    |
| 1521 GULL ROAD<br>KALAMAZOO, MI 49048<br>38-2335286                                | HEALTH SYSTEM PARENT                    | MI   | 501(c)(3)                  | Type III-FI   | ASCENSION MICHIGAN   | Yes   |    |
| 12250 Weber Hill Rd Ste 200<br>ST LOUIS, MO 63127<br>38-2555589                    | SKILLED NURSING FACILITY                | MI   | 501(c)(3)                  | 3   | ASCENSION HEALTH SENIOR CARE                                     | Yes   |    |
| 2202 N FORBES BLVD<br>TUSCON, AZ 85716<br>86-0749574                               | FOUNDATION                              | AZ   | 501(c)(3)                  | Type I  | ASCENSION ARIZONA  | Yes   |    |
| 1000 CARONDELET DRIVE<br>KANSAS CITY, MO 63145<br>43-1276738                       | HEALTH SYSTEM PARENT                    | MO   | 501(c)(3)                  | Type III-FI   | ASCENSION HEALTH   | Yes   |    |
| 2202 N FORBES BLVD<br>TUCSON, AZ 85745<br>56-1943271                               | INACTIVE HOSPITAL                       | AZ   | 501(c)(3)                  | 3   | ASCENSION ARIZONA  | Yes   |    |
| 12250 Weber Hill Rd Ste 200<br>ST LOUIS, MO 63127<br>74-2505427                    | SKILLED NURSING FACILITY                | MO   | 501(c)(3)                  | 10  | ASCENSION HEALTH SENIOR CARE                                     | Yes   |    |
| 427 GUY PARK AVE<br>AMSTERDAM, NY 12010<br>81-4769136                              | MEDICAL GROUP                           | NY   | 501(c)(3)                  | 3   | ST MARY'S HEALTHCARE   | Yes   |    |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |                                  |  |                            |   |   |   |    |
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| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity          | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity          | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |                                  |  |                            |   |   | Yes   | No |
| N4642 COUNTY N<br>APPLETON, WI 54914<br>45-4681563                                 | BEHAVIORAL HEALTH SERVICES       | WI   | 501(c)(3)                  | 3   | AFFINITY HEALTH SYSTEM                    | Yes   |    |
| 5455 ALI DRIVE DEPT200<br>GRAND BLANC, MI 484395195<br>38-2514708                  | ADULT DAY CARE                   | MI   | 501(c)(3)                  | Type I  | GENESYS AMBULATORY HEALTH SERVICES        | Yes   |    |
| 2001 W 86TH STREET<br>INDIANAPOLIS, IN 46260<br>35-1869951                         | FREESTANDING OUTPATIENT CENTER   | IN   | 501(c)(3)                  | Type III-FI   | ST VINCENT HEALTH INC                     | Yes   |    |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>20-0468031                            | FUNDRAISING                      | TX   | 501(c)(3)                  | Type I  | ASCENSION TEXAS                           | Yes   |    |
| 4425 NORTH PORT WASHINGTON ROAD<br>GLENDALE, WI 53212<br>39-1596986                | COLLEGE                          | WI   | 501(c)(3)                  | 2   | COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC | Yes   |    |
| 400 W RIVER WOODS PKWY<br>GLENDALE, WI 53212<br>39-1494981                         | FOUNDATION                       | WI   | 501(c)(3)                  | 7   | COLUMBIA ST MARY'S INC                    | Yes   |    |
| 4425 NORTH PORT WASHINGTON ROAD<br>GLENDALE, WI 53212<br>39-0806315                | HOSPITAL                         | WI   | 501(c)(3)                  | 3   | COLUMBIA ST MARY'S INC                    | Yes   |    |
| 4425 NORTH PORT WASHINGTON ROAD<br>GLENDALE, WI 53212<br>39-0807063                | HOSPITAL                         | WI   | 501(c)(3)                  | 3   | COLUMBIA ST MARY'S INC                    | Yes   |    |
| 400 WEST RIVER WOODS PARKWAY<br>GLENDALE, WI 53212<br>39-1834639                   | HEALTH SYSTEM                    | WI   | 501(c)(3)                  | Type I  | ASCENSION HEALTH                          | Yes   |    |
| 2622 W Central Suite 100<br>Wichita, KS 67203<br>48-1241079                        | RETIREMENT COMMUNITY             | KS   | 501(c)(3)                  | 10  | VIA CHRISTI VILLAGES INC                  | Yes   |    |
| 1101 WEST UNIVERSITY DR<br>ROCHESTER, MI 48307<br>38-3239057                       | CANCER TREATMENT                 | MI   | 501(c)(3)                  | 10  | ASCENSION PROVIDENCE ROCHESTER HOSPITAL   | Yes   |    |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>74-2800601                            | DELIVERY OF HEALTH CARE SERVICES | TX   | 501(c)(3)                  | 10  | SETON CLINICAL ENTERPRISE CORPORATION     | Yes   |    |
| PO BOX 829<br>WOODRUFF, WI 54568<br>39-1357365                                     | NURSING/ASSISTED LIVING SERVICES | WI   | 501(c)(3)                  | 10  | HOWARD YOUNG HEALTH CARE INC              | Yes   |    |
| 800 S WASHINGTON AVENUE<br>SAGINAW, MI 48601<br>38-2790703                         | MEDICAL RESEARCH ORGANIZATION    | MI   | 501(c)(3)                  | 10  | ASCENSION ST MARY'S HOSPITAL              | Yes   |    |
| 3400 MINISTRY PARKWAY<br>WESTON, WI 54476<br>75-3193633                            | FOUNDATION                       | WI   | 501(c)(3)                  | Type I  | ASCENSION ST CLARE'S HOSPITAL INC         | Yes   |    |
| 611 SAINT JOSEPH AVENUE<br>MARSHFIELD, WI 54449<br>39-1684957                      | FOUNDATION                       | WI   | 501(c)(3)                  | Type I  | SAINT JOSEPH'S HOSPITAL OF MARSHFIELD INC | Yes   |    |
| 5455 ALI DR DEPT 200<br>GRAND BLANC, MI 484395195<br>38-2371754                    | HEALTH SRVCS/STAFFING/PROP MNGT  | MI   | 501(c)(3)                  | Type II   | GENESYS HEALTH SYSTEM                     | Yes   |    |
| 8481 HOLLY ROAD<br>GRAND BLANC, MI 484391812<br>38-2317364                         | CONVALESCENT CENTER              | MI   | 501(c)(3)                  | 3   | GENESYS AMBULATORY HEALTH SERVICES        | Yes   |    |
| ONE GENESYS PARKWAY<br>GRAND BLANC, MI 484398065<br>38-3339703                     | HEALTH SYSTEM PARENT             | MI   | 501(c)(3)                  | Type II   | ASCENSION MICHIGAN                        | Yes   |    |
| 101 SOUTH HANLEY SUITE 200<br>ST LOUIS, MO 63105<br>83-1078006                     | SUPPORTING ORGANIZATION          | MO   | 501(c)(3)                  | Type I  | ASCENSION HEALTH ALLIANCE                 | Yes   |    |

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| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity                                    | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity                | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |  |  |                            |   |   | Yes   | No |
| 601 SOUTH CENTER AVENUE<br>MERRILL, WI 54452<br>39-1627755                         | FOUNDATION   | WI   | 501(c)(3)                  | Type I  | ASCENSION GOOD SAMARITAN HOSPITAL INC           | Yes   |    |
| 6801 AIRPORT BLVD<br>MOBILE, AL 36608<br>63-0934712                                | HEALTH SYSTEM  | AL   | 501(c)(3)                  | Type III-FI   | ST VINCENT'S HEALTH SYSTEM                      | Yes   |    |
| 5151 N 9TH AVENUE<br>PENSACOLA, FL 32504<br>59-3620346                             | NURSING HOME   | FL   | 501(c)(3)                  | 10  | SACRED HEART HEALTH SYSTEM                      | Yes   |    |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>27-3220767                            | DELIVERY OF HEALTH CARE SERVICES                           | TX   | 501(c)(3)                  | 10  | SETON CLINICAL ENTERPRISE CORPORATION           | Yes   |    |
| 240 MAPLE STREET<br>WOODRUFF, WI 54568<br>39-1521169                               | CHARITABLE FOUNDATION                                      | WI   | 501(c)(3)                  | 7   | HOWARD YOUNG HEALTH CARE INC                    | Yes   |    |
| 240 MAPLE STREET<br>WOODRUFF, WI 54568<br>39-1499115                               | HOME OFFICE  | WI   | 501(c)(3)                  | Type II   | MINISTRY HEALTH CARE INC                        | Yes   |    |
| 3500 E FRANK PHILLIPS BLVD<br>BARTLESVILLE, OK 74006<br>73-0606129                 | HEALTH CARE  | OK   | 501(c)(3)                  | 3   | ST JOHN HEALTH SYSTEM INC                       | Yes   |    |
| 237 SOUTH LOCUST<br>NOWATA, OK 74048<br>73-1440267                                 | HEALTH CARE  | OK   | 501(c)(3)                  | 3   | ST JOHN HEALTH SYSTEM INC                       | Yes   |    |
| 18927 HICKORY CREEK DRIVE<br>SUITE 300<br>MOKENA, IL 60448<br>36-3438977           | LOW INCOME HOUSING FOR ELDERLY AND HANDICAPPED INDIVIDUALS | IL   | 501(c)(3)                  | 10  | PRESENCE LIFE CONNECTIONS                       | Yes   |    |
| 520 NORTH 4TH AVENUE<br>PASCO, WA 99301<br>91-1528577                              | FUNDRAISING  | WA   | 501(c)(3)                  | Type I  | OUR LADY OF LOURDES HOSPITAL AT PASCO           | Yes   |    |
| 169 Riverside Drive<br>Binghamton, NY 13905<br>22-2873637                          | Rental of Health Care Facilities                           | NY   | 501(c)(2)                  |   | Our Lady of Lourdes Memorial Hospital Inc       | Yes   |    |
| 427 GUY PARK AVE<br>AMSTERDAM, NY 12010<br>14-1776546                              | MEDICAL OFFICE BUILDING                                    | NY   | 501(c)(25)                 |   | ST MARY'S HEALTHCARE                            | Yes   |    |
| 2380 E Dempster Street<br>DES PLAINES, IL 60016<br>36-3495969                      | HEALTH CARE  | IL   | 501(c)(3)                  | 10  | Presence Health Partners Services               | Yes   |    |
| PO BOX 3370<br>OSHKOSH, WI 54903<br>23-7140261                                     | FOUNDATION   | WI   | 501(c)(3)                  | 10  | AFFINITY HEALTH SYSTEM                          | Yes   |    |
| 400 WEST RIVER WOODS PARKWAY<br>GLENDALE, WI 53212<br>94-3436893                   | Medical Group  | WI   | 501(c)(3)                  | 3   | ASCENSION MEDICAL GROUP-SOUTHEAST WISCONSIN INC | Yes   |    |
| 10925 W LAKE PARK DR STE 100<br>MILWAUKEE, WI 53224<br>39-1490371                  | PARENT CORPORATION   | WI   | 501(c)(3)                  | Type II   | ASCENSION HEALTH                                | Yes   |    |
| 2251 NORTH SHORE DRIVE<br>RHINELANDER, WI 54501<br>39-1829015                      | SPECIALTY HEALTH SERVICES                                  | WI   | 501(c)(3)                  | 3   | ASCENSION SACRED HEART-STMARY'S HOSPITALS INC   | Yes   |    |
| 520 NORTH 4TH AVENUE<br>PASCO, WA 99301<br>91-0349750                              | HEALTHCARE   | WA   | 501(c)(3)                  | 3   | ASCENSION HEALTH                                | Yes   |    |
| 169 RIVERSIDE DRIVE<br>BINGHAMTON, NY 13905<br>15-0532221                          | HOSPITAL   | NY   | 501(c)(3)                  | 3   | ASCENSION HEALTH                                | Yes   |    |
| 5285 Lewiston Road<br>Lewiston, NY 14092<br>16-1608735                             | SKILLED NURSING FACILITY                                   | NY   | 501(c)(3)                  | 3   | ASCENSION HEALTH SENIOR CARE                    | Yes   |    |

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| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity                            | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity         | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |  |  |                            |   |  | Yes   | No |
| 1923 SOUTH UTICA AVENUE<br>TULSA, OK 74104<br>20-3700131                           | HEALTH CARE  | OK   | 501(c)(3)                  | 3   | ST JOHN HEALTH SYSTEM INC                | Yes   |    |
| 2380 E Dempster Street<br>DES PLAINES, IL 60016<br>36-4286236                      | HEALTH CARE  | IL   | 501(c)(3)                  | 10  | Presence Care Transformation Corporation | Yes   |    |
| 1820 SOUTH 25TH AVENUE<br>BROADVIEW, IL 60155<br>36-2709982                        | HEALTH CARE  | IL   | 501(c)(3)                  | 10  | Presence Care Transformation Corporation | Yes   |    |
| 18927 HICKORY CREEK DR 300<br>MOKENA, IL 60448<br>46-0483587                       | HEALTH CARE  | IL   | 501(c)(3)                  | 10  | PRESENCE CARE TRANSFORMATION CORPORATION | Yes   |    |
| 200 South Wacker Drive<br>Chicago, IL 60606<br>36-3366652                          | MGMT SUPPORT                                       | IL   | 501(c)(3)                  | Type III-FI   | Alexian Brothers Health System           | Yes   |    |
| 200 South Wacker Drive<br>Chicago, IL 60606<br>36-4195126                          | HEALTH CARE  | IL   | 501(c)(3)                  | 3   | Presence Care Transformation Corporation | Yes   |    |
| 200 SOUTH WACKER DRIVE<br>CHICAGO, IL 60606<br>36-2235165                          | HEALTH CARE  | IL   | 501(c)(3)                  | 3   | Presence Care Transformation Corporation | Yes   |    |
| 200 SOUTH WACKER DRIVE<br>CHICAGO, IL 60606<br>36-3330929                          | FUNDRAISING  | IL   | 501(c)(3)                  | 7   | Alexian Brothers Health System           | Yes   |    |
| 2380 E DEMPSTER AVE STE 236<br>DES PLAINES, IL 60016<br>36-2644178                 | HEALTH CARE  | IL   | 501(c)(3)                  | Type II   | Alexian Brothers Health System           | Yes   |    |
| 2380 E Dempster Street<br>DES PLAINES, IL 60016<br>36-3330928                      | HEALTH CARE  | IL   | 501(c)(3)                  | 3   | Presence Care Transformation Corporation | Yes   |    |
| 18927 HICKORY CREEK DR 300<br>MOKENA, IL 60448<br>46-0483581                       | HEALTH CARE  | IL   | 501(c)(3)                  | 10  | PRESENCE CARE TRANSFORMATION CORPORATION | Yes   |    |
| 18927 HICKORY CREEK DRIVE 300<br>MOKENA, IL 60448<br>37-1127787                    | RETIREMENT COMMUNITY                               | IL   | 501(c)(3)                  | 10  | ASCENSION HEALTH SENIOR CARE             | Yes   |    |
| 100 NORTH RIVER ROAD<br>DES PLAINES, IL 60016<br>23-7061646                        | RETIREMENT COMMUNITY                               | IL   | 501(c)(3)                  | 10  | ASCENSION HEALTH SENIOR CARE             | Yes   |    |
| 3700 WASHINGTON AVENUE<br>EVANSVILLE, IN 47750<br>20-8775914                       | DORMANT  | IN   | 501(c)(3)                  | 10  | ST MARY'S HEALTH INC                     | Yes   |    |
| 6801 AIRPORT BLVD<br>MOBILE, AL 36608<br>63-0914564                                | SUPPORT PROVIDENCE HOSPITAL                        | AL   | 501(c)(2)                  |   | GULF COAST HEALTH SYSTEM                 | Yes   |    |
| 6801 AIRPORT BLVD<br>MOBILE, AL 36608<br>63-0915493                                | SUPPORT PROVIDENCE HOSPITAL                        | AL   | 501(c)(3)                  | 7   | GULF COAST HEALTH SYSTEM                 | Yes   |    |
| 6901 MEDICAL PARKWAY<br>WACO, TX 76712<br>74-2683112                               | SUPPORT CHARITABLE PURPOSE OF ASCENSION PROVIDENCE | TX   | 501(c)(3)                  | Type I  | ASCENSION PROVIDENCE                     | Yes   |    |
| 6901 MEDICAL PARKWAY<br>WACO, TX 76712<br>74-2696970                               | PHYSICIAN PRACTICES                                | TX   | 501(c)(3)                  | 3   | ASCENSION PROVIDENCE                     | Yes   |    |
| 1150 VARNUM STREET NE<br>WASHINGTON, DC 20017<br>52-1275583                        | FUNDRAISING ORGANIZATION                           | DC   | 501(c)(3)                  | Type I  | PROVIDENCE HOSPITAL                      | Yes   |    |
| 1150 VARNUM STREET NE<br>WASHINGTON, DC 20017<br>52-1275587                        | PHYSICIAN PRACTICES                                | DC   | 501(c)(3)                  | Type I  | PROVIDENCE HOSPITAL                      | Yes   |    |

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|  |                          |  |                            |   |  | Yes   | No |
| 6801 AIRPORT BLVD<br>MOBILE, AL 36608<br>63-0288861                                | HOSPITAL                 | AL   | 501(c)(3)                  | 3   | GULF COAST HEALTH SYSTEM                 | Yes   |    |
| 1150 VARNUM STREET NE<br>WASHINGTON, DC 20017<br>53-0196636                        | HOSPITAL                 | DC   | 501(c)(3)                  | 3   | ASCENSION HEALTH                         | Yes   |    |
| 300 W Highway 6<br>Waco, TX 76712<br>61-1759304                                    | SKILLED NURSING FACILITY | TX   | 501(c)(3)                  | 3   | ASCENSION HEALTH SENIOR CARE             | Yes   |    |
| 1550 BISHOP COURT<br>MOUNT PROSPECT, IL 60056<br>36-3296367                        | HEALTH CARE              | IL   | 501(c)(3)                  | 10  | Presence Care Transformation Corporation | Yes   |    |
| 5151 N 9TH AVENUE<br>PENSACOLA, FL 32504<br>59-2436597                             | FOUNDATION               | FL   | 501(c)(3)                  | 7   | SACRED HEART HEALTH SYSTEM               | Yes   |    |
| 5151 N 9TH AVENUE<br>PENSACOLA, FL 32504<br>59-0634434                             | HOSPITAL                 | FL   | 501(c)(3)                  | 3   | ST VINCENT'S HEALTH SYSTEM INC           | Yes   |    |
| 5151 N 9TH AVENUE<br>PENSACOLA, FL 32504<br>57-1183283                             | INVESTMENT               | FL   | 501(c)(3)                  | Type I  | SACRED HEART HEALTH SYSTEM               | Yes   |    |
| 4425 NORTH PORT WASHINGTON ROAD<br>GLENDALE, WI 53212<br>39-0902199                | REHAB SERVICES           | WI   | 501(c)(3)                  | 3   | COLUMBIA ST MARY'S INC                   | Yes   |    |
| 1200 GRANT BLVD WEST<br>WABASHA, MN 55981<br>41-0693877                            | HOSPITAL                 | MN   | 501(c)(3)                  | 3   | MINISTRY HEALTH CARE INC                 | Yes   |    |
| 611 SAINT JOSEPH AVENUE<br>MARSHFIELD, WI 54449<br>39-0847631                      | HOSPITAL                 | WI   | 501(c)(3)                  | 3   | MINISTRY HEALTH CARE INC                 | Yes   |    |
| 900 ILLINOIS AVENUE<br>STEVENS POINT, WI 54481<br>39-1657410                       | FOUNDATION               | WI   | 501(c)(3)                  | Type I  | ASCENSION ST MICHAEL'S HOSPITAL INC      | Yes   |    |
| 4220 HARDING ROAD<br>NASHVILLE, TN 37205<br>58-1716804                             | SYSTEM PARENT            | TN   | 501(c)(3)                  | Type III-FI   | ASCENSION HEALTH                         | Yes   |    |
| PO BOX 380<br>NASHVILLE, TN 37202<br>58-1663055                                    | OPERATES FOUNDATION      | TN   | 501(c)(3)                  | 7   | SAINT THOMAS NETWORK                     | Yes   |    |
| 135 EAST SWAN STREET<br>CENTERVILLE, TN 37033<br>58-1737573                        | HOSPITAL                 | TN   | 501(c)(3)                  | 3   | BAPTIST HEALTH CARE AFFILIATES INC       | Yes   |    |
| 135 EAST SWAN STREET<br>CENTERVILLE, TN 37033<br>62-1836937                        | HOME HEALTH CARE         | TN   | 501(c)(3)                  | 10  | SAINT THOMAS HICKMAN HOSPITAL            | Yes   |    |
| 2000 CHURCH STREET<br>NASHVILLE, TN 37236<br>62-1529858                            | HEALTHCARE PROVIDER      | TN   | 501(c)(3)                  | 10  | SAINT THOMAS NETWORK                     | Yes   |    |
| 4220 HARDING ROAD<br>NASHVILLE, TN 37205<br>62-1869474                             | ACUTE CARE HOSPITAL      | TN   | 501(c)(3)                  | 3   | SAINT THOMAS HEALTH                      | Yes   |    |
| 4220 HARDING ROAD<br>NASHVILLE, TN 37205<br>62-1284994                             | HEALTH INVESTMENT ENTITY | TN   | 501(c)(3)                  | 10  | SAINT THOMAS HEALTH                      | Yes   |    |
| 4220 HARDING PIKE<br>NASHVILLE, TN 37205<br>47-4063046                             | HOSPITALS                | TN   | 501(c)(3)                  | 3   | SAINT THOMAS HEALTH                      | Yes   |    |
| 1700 MEDICAL CENTER PARKWAY<br>MURFREESBORO, TN 37219<br>62-1167917                | FOUNDATION               | TN   | 501(c)(3)                  | Type I  | SAINT THOMAS RUTHERFORD HOSPITAL         | Yes   |    |



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|  |   |  |                            |   |   | Yes   | No |
| 1700 MEDICAL CENTER PARKWAY<br>MURFREESBORO, TN 37219<br>62-0475842                | HOSPITAL  | TN   | 501(c)(3)                  | 3   | SAINT THOMAS HEALTH                       | Yes   |    |
| 4220 HARDING ROAD<br>NASHVILLE, TN 37205<br>62-0347580                             | HOSPITAL  | TN   | 501(c)(3)                  | 3   | SAINT THOMAS HEALTH                       | Yes   |    |
| 520 SOUTH SANTA FE AVE<br>SALINA, KS 67401<br>43-1948057                           | MEDICAL EQUIPMENT   | KS   | 501(c)(3)                  | 10  | ASCENSION VIA CHRISTI HEALTH PARTNERS INC | Yes   |    |
| 2601 Navistar Drive<br>Lisle, IL 60532<br>36-3308965                               | Owns or leases properties where healthcare services are delivered | IL   | 501(c)(2)                  |   | Alexian Brothers Health System            | Yes   |    |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>45-4364681                            | DELIVERY OF HEALTH CARE SERVICES                                  | TX   | 501(c)(3)                  | Type I  | ASCENSION TEXAS                           | Yes   |    |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>26-4562522                            | DELIVERY OF HEALTH CARE SERVICES                                  | TX   | 501(c)(3)                  | 10  | SETON CLINICAL ENTERPRISE CORPORATION     | Yes   |    |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>27-1311790                            | DELIVERY OF HEALTH CARE SERVICES                                  | TX   | 501(c)(3)                  | 10  | SETON CLINICAL ENTERPRISE CORPORATION     | Yes   |    |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>74-2212968                            | FUNDRAISING   | TX   | 501(c)(3)                  | Type I  | ASCENSION TEXAS                           | Yes   |    |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>26-2842608                            | FUNDRAISING   | TX   | 501(c)(3)                  | Type I  | ASCENSION TEXAS                           | Yes   |    |
| 28000 DEQUINDRE<br>WARREN, MI 48092<br>38-2820107                                  | HEALTH CARE   | MI   | 501(c)(3)                  | 10  | ST JOHN PROVIDENCE                        | Yes   |    |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>45-2498998                            | DELIVERY OF HEALTH CARE SERVICES                                  | TX   | 501(c)(3)                  | 10  | ASCENSION SETON                           | Yes   |    |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>45-4364813                            | DELIVERY OF HEALTH CARE SERVICES                                  | TX   | 501(c)(3)                  | Type I  | ASCENSION TEXAS                           | Yes   |    |
| 12250 Weber Hill Rd Ste 200<br>ST LOUIS, MO 63127<br>23-2960726                    | SKILLED NURSING FACILITY  | PA   | 501(c)(3)                  | 10  | ASCENSION HEALTH SENIOR CARE              | Yes   |    |
| 900 CATON AVENUE<br>BALTIMORE, MD 21229<br>39-2064992                              | PROVIDE HEALTH CARE SERVICES TO THE COMMUNITY                     | MD   | 501(c)(3)                  | 10  | ASCENSION MEDICAL GROUP LLC               | Yes   |    |
| 6801 AIRPORT BLVD<br>MOBILE, AL 36608<br>63-0937704                                | SUPPORT PROVIDENCE HOSPITAL                                       | AL   | 501(c)(3)                  | Type II   | GULF COAST HEALTH SYSTEM                  | Yes   |    |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>42-1670843                            | DELIVERY OF HEALTH CARE SERVICES                                  | TX   | 501(c)(3)                  | 10  | SETON CLINICAL ENTERPRISE CORPORATION     | Yes   |    |
| 810 ST VINCENTS DRIVE<br>BIRMINGHAM, AL 35205<br>23-7326976                        | REAL ESTATE   | AL   | 501(c)(2)                  |   | ST VINCENT'S HEALTH SYSTEM                | Yes   |    |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>20-5330986                            | FUNDRAISING   | TX   | 501(c)(3)                  | Type I  | ASCENSION TEXAS                           | Yes   |    |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>74-2869762                            | DELIVERY OF HEALTH CARE SERVICES                                  | TX   | 501(c)(3)                  | 10  | SETON CLINICAL ENTERPRISE CORPORATION     | Yes   |    |
| 415 6TH STREET<br>LEWISTON, ID 83501<br>82-0204264                                 | HOSPITAL  | ID   | 501(c)(3)                  | 3   | ASCENSION HEALTH                          | Yes   |    |

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| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity     | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity                | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |                             |  |                            |   |   | Yes   | No |
| 169 RIVERSIDE DRIVE<br>BINGHAMTON, NY 13905<br>82-1103087                          | HEALTHCARE                  | NY   | 501(c)(3)                  | 3   | OUR LADY OF LOURDES<br>MEMORIAL HOSPITAL<br>INC | Yes   |    |
| 4205 BELFORT ROAD SUITE 4020<br>JACKSONVILLE, FL 32216<br>59-2292041               | PHYSICIAN PRACTICE          | FL   | 501(c)(3)                  | 10  | ASCENSION MEDICAL<br>GROUP LLC                  | Yes   |    |
| 900 CATON AVENUE<br>BALTIMORE, MD 21229<br>52-1415083                              | FUNDRAISING                 | MD   | 501(c)(3)                  | Type I  | ST AGNES HEALTHCARE                             | Yes   |    |
| 900 CATON AVENUE<br>BALTIMORE, MD 21229<br>52-0591657                              | HOSPITAL                    | MD   | 501(c)(3)                  | 3   | ASCENSION HEALTH                                | Yes   |    |
| 1555 Barrington Road<br>Hoffman Estates, IL 60194<br>36-4251846                    | Acute care hospital         | IL   | 501(c)(3)                  | 3   | Alexian Brothers Health<br>System               | Yes   |    |
| 1750 Stockton Street<br>Jacksonville, FL 32204<br>59-1878316                       | SKILLED NURSING<br>FACILITY | FL   | 501(c)(3)                  | 3   | ASCENSION HEALTH<br>SENIOR CARE                 | Yes   |    |
| 1506 S ONEIDA STREET<br>APPLETON, WI 54915<br>39-1256677                           | FOUNDATION                  | WI   | 501(c)(3)                  | 7   | AFFINITY HEALTH<br>SYSTEM                       | Yes   |    |
| 1923 SOUTH UTICA AVENUE<br>TULSA, OK 74104<br>73-0999759                           | HEALTH CARE                 | OK   | 501(c)(3)                  | 10  | ST JOHN HEALTH<br>SYSTEM INC                    | Yes   |    |
| 1923 SOUTH UTICA AVENUE<br>TULSA, OK 74104<br>38-3833117                           | HEALTH CARE                 | OK   | 501(c)(3)                  | 3   | ST JOHN HEALTH<br>SYSTEM INC                    | Yes   |    |
| 1923 SOUTH UTICA AVENUE<br>TULSA, OK 74104<br>61-1659782                           | REAL ESTATE                 | OK   | 501(c)(2)                  |   | ST JOHN HEALTH<br>SYSTEM INC                    | Yes   |    |
| 1923 SOUTH UTICA AVENUE<br>TULSA, OK 74104<br>73-1133139                           | HEALTH CARE                 | OK   | 501(c)(3)                  | 7   | ST JOHN HEALTH<br>SYSTEM INC                    | Yes   |    |
| 1923 SOUTH UTICA AVENUE<br>TULSA, OK 74104<br>73-1215174                           | SYSTEM PARENT               | OK   | 501(c)(3)                  | Type I  | ASCENSION HEALTH                                | Yes   |    |
| 1923 SOUTH UTICA AVENUE<br>TULSA, OK 74104<br>73-0579286                           | HEALTH CARE                 | OK   | 501(c)(3)                  | 3   | ST JOHN HEALTH<br>SYSTEM INC                    | Yes   |    |
| 28000 DEQUINDRE ROAD<br>WARREN, MI 48092<br>38-2244034                             | PARENT                      | MI   | 501(c)(3)                  | Type III-FI   | ASCENSION MICHIGAN                              | Yes   |    |
| 1923 SOUTH UTICA AVENUE<br>TULSA, OK 74104<br>73-0662663                           | HEALTH CARE                 | OK   | 501(c)(3)                  | 3   | ST JOHN HEALTH<br>SYSTEM INC                    | Yes   |    |
| 1923 SOUTH UTICA AVENUE<br>TULSA, OK 74104<br>73-1077367                           | NURSING HOME                | OK   | 501(c)(3)                  | 10  | ST JOHN HEALTH<br>SYSTEM INC                    | Yes   |    |
| 1907 W SYCAMORE STREET<br>KOKOMO, IN 46901<br>23-7313206                           | SUPPORTING<br>ORGANIZATION  | IN   | 501(c)(3)                  | Type I  | ST JOSEPH HOSPITAL &<br>HEALTH CENTER INC       | Yes   |    |
| 1907 W SYCAMORE STREET<br>KOKOMO, IN 46901<br>35-0992717                           | HOSPITAL                    | IN   | 501(c)(3)                  | 3   | ST VINCENT HEALTH INC                           | Yes   |    |
| 1000 CARONDELET DRIVE<br>KANSAS CITY, MO 63145<br>43-1388461                       | FUNDRAISING                 | MO   | 501(c)(3)                  | Type III-FI   | CARONDELET HEALTH                               | Yes   |    |
| 415 6TH STREET<br>LEWISTON, ID 83501<br>51-0168321                                 | FUNDRAISING                 | ID   | 501(c)(3)                  | Type I  | SJRC Inc  | Yes   |    |

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|  |                                     |  |                            |   |   | Yes   | No |
| 12250 Weber Hill Rd Ste 200<br>ST LOUIS, MO 63127<br>52-1835288                    | SKILLED NURSING FACILITY            | MD   | 501(c)(3)                  | 10  | ASCENSION HEALTH SENIOR CARE              | Yes   |    |
| 4205 BELFORD ROAD SUITE 4020<br>JACKSONVILLE, FL 32216<br>26-0479484               | HOSPITAL                            | FL   | 501(c)(3)                  | 3   | ST VINCENT'S HEALTH SYSTEM INC            | Yes   |    |
| 800 S WASHINGTON AVENUE<br>SAGINAW, MI 48601<br>46-1084363                         | SUPPORTING ORGANIZATION             | MI   | 501(c)(3)                  | Type III-FI   | ASCENSION MICHIGAN                        | Yes   |    |
| 3700 WASHINGTON AVENUE<br>EVANSVILLE, IN 47750<br>35-1899560                       | DME/HOME CARE                       | IN   | 501(c)(3)                  | Type I  | ST MARY'S HEALTH INC                      | Yes   |    |
| 3700 WASHINGTON AVENUE<br>EVANSVILLE, IN 47750<br>23-7248362                       | REAL ESTATE HOLDING COMPANY         | IN   | 501(c)(2)                  |   | ST MARY'S HEALTH INC                      | Yes   |    |
| 3700 WASHINGTON AVENUE<br>EVANSVILLE, IN 47750<br>35-1899562                       | TAX-EXEMPT AFFILIATE REIMBURSEMENTS | IN   | 501(c)(3)                  | Type I  | ST MARY'S HEALTH INC                      | Yes   |    |
| 3700 WASHINGTON AVENUE<br>EVANSVILLE, IN 47750<br>23-7045370                       | SUPPORTING ORGANIZATION             | IN   | 501(c)(3)                  | Type I  | ST MARY'S HEALTH INC                      | Yes   |    |
| 3700 WASHINGTON AVENUE<br>EVANSVILLE, IN 47750<br>35-1679526                       | INVESTMENT SERVICES                 | IN   | 501(c)(3)                  | Type III-FI   | ST MARY'S HEALTH INC                      | Yes   |    |
| 3700 WASHINGTON AVENUE<br>EVANSVILLE, IN 47750<br>35-0869065                       | HOSPITAL                            | IN   | 501(c)(3)                  | 3   | ST VINCENT HEALTH INC                     | Yes   |    |
| 427 GUY PARK AVE<br>AMSTERDAM, NY 12010<br>14-1347719                              | HOSPITAL                            | NY   | 501(c)(3)                  | 3   | ASCENSION HEALTH                          | Yes   |    |
| 1000 CARONDELET DRIVE<br>KANSAS CITY, MO 63145<br>43-1918107                       | FUNDRAISING                         | MO   | 501(c)(3)                  | Type III-FI   | CARONDELET HEALTH                         | Yes   |    |
| 3700 WASHINGTON AVENUE<br>EVANSVILLE, IN 47750<br>26-1356310                       | PHYSICIAN PROFESSIONAL SERVICES     | IN   | 501(c)(3)                  | 10  | ST VINCENT MEDICAL GROUP INC              | Yes   |    |
| 901 ST MARYS DRIVE<br>EVANSVILLE, IN 47714<br>27-3474697                           | DORMANT                             | IN   | 501(c)(3)                  | Type I  | ST MARY'S MEDICAL GROUP LLC               | Yes   |    |
| 3700 WASHINGTON AVENUE<br>EVANSVILLE, IN 47750<br>20-5342518                       | AMBULANCE SERVICES                  | IN   | 501(c)(4)                  |   | ST MARY'S HEALTH SERVICES INC             | Yes   |    |
| 1116 MILLIS AVENUE<br>BOONVILLE, IN 47601<br>35-1343019                            | HOSPITAL                            | IN   | 501(c)(3)                  | 3   | ST VINCENT HEALTH INC                     | Yes   |    |
| 2015 JACKSON STREET<br>ANDERSON, IN 46016<br>35-2053693                            | SUPPORTING ORGANIZATION             | IN   | 501(c)(3)                  | Type I  | ST VINCENT ANDERSON REGIONAL HOSPITAL INC | Yes   |    |
| 2015 JACKSON STREET<br>ANDERSON, IN 46016<br>46-0877261                            | HOSPITAL                            | IN   | 501(c)(3)                  | 3   | ST VINCENT HEALTH INC                     | Yes   |    |
| 13500 N MERIDIAN STREET<br>CARMEL, IN 46032<br>74-3107055                          | HOSPITAL                            | IN   | 501(c)(3)                  | 3   | ST VINCENT HEALTH INC                     | Yes   |    |
| 1206 E NATIONAL AVENUE<br>BRAZIL, IN 47834<br>35-2112529                           | CRITICAL ACCESS HOSPITAL            | IN   | 501(c)(3)                  | 3   | ST VINCENT HEALTH INC                     | Yes   |    |
| 1600 23RD STREET<br>BEDFORD, IN 47421<br>27-2192831                                | CRITICAL ACCESS HOSPITAL            | IN   | 501(c)(3)                  | 3   | ST VINCENT HEALTH INC                     | Yes   |    |

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|  |                                 |  |                            |   |  | Yes   | No |
| 13861 OLIO ROAD<br>FISHERS, IN 46037<br>45-4243702                                 | HOSPITAL                        | IN   | 501(c)(3)                  | 3   | ST VINCENT HEALTH INC                          | Yes   |    |
| 1300 S JACKSON<br>FRANKFORT, IN 46041<br>35-1531734                                | SUPPORTING ORGANIZATION         | IN   | 501(c)(3)                  | Type I  | ST VINCENT FRANKFORT HOSPITAL INC              | Yes   |    |
| 1300 S JACKSON<br>FRANKFORT, IN 46041<br>35-2099320                                | CRITICAL ACCESS HOSPITAL        | IN   | 501(c)(3)                  | 3   | ST VINCENT HEALTH INC                          | Yes   |    |
| 10330 N MERIDIAN STREET STE 430N<br>INDIANAPOLIS, IN 46290<br>35-2052591           | PARENT COMPANY                  | IN   | 501(c)(3)                  | Type III-FI   | ASCENSION HEALTH                               | Yes   |    |
| 8333 NAAB ROAD STE 301<br>INDIANAPOLIS, IN 46260<br>46-1227327                     | HEALTH AND WELLNESS SERVICES    | IN   | 501(c)(3)                  | 10  | ST VINCENT HEALTH INC                          | Yes   |    |
| 2001 W 86TH STREET<br>INDIANAPOLIS, IN 46260<br>35-0869066                         | HOSPITAL                        | IN   | 501(c)(3)                  | 3   | ST VINCENT HEALTH INC                          | Yes   |    |
| 8402 Harcourt Rd Ste 210<br>INDIANAPOLIS, IN 46260<br>35-6088862                   | SUPPORTING ORGANIZATION         | IN   | 501(c)(3)                  | Type I  | ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC | Yes   |    |
| 301 HENRY STREET<br>NORTH VERNON, IN 47265<br>84-1703732                           | DORMANT                         | IN   | 501(c)(3)                  | 1   | ST VINCENT JENNINGS HOSPITAL INC               | Yes   |    |
| 301 HENRY STREET<br>NORTH VERNON, IN 47265<br>35-1841606                           | CRITICAL ACCESS HOSPITAL        | IN   | 501(c)(3)                  | 3   | ST VINCENT HEALTH INC                          | Yes   |    |
| 1331 SOUTH A STREET<br>ELWOOD, IN 46036<br>35-0876389                              | HOSPITAL                        | IN   | 501(c)(3)                  | 3   | ST VINCENT HEALTH INC                          | Yes   |    |
| 8425 HARCOURT ROAD<br>INDIANAPOLIS, IN 46260<br>27-2039417                         | PHYSICIAN PROFESSIONAL SERVICES | IN   | 501(c)(3)                  | 10  | ST VINCENT CARMEL HOSPITAL INC                 | Yes   |    |
| 1331 SOUTH A STREET<br>ELWOOD, IN 46036<br>31-1066871                              | SUPPORTING ORGANIZATION         | IN   | 501(c)(3)                  | Type I  | ST VINCENT MADISON COUNTY HEALTH SYSTEM INC    | Yes   |    |
| 473 GREENVILLE AVENUE<br>WINCHESTER, IN 47394<br>35-2133006                        | SUPPORTING ORGANIZATION         | IN   | 501(c)(3)                  | Type I  | ST VINCENT RANDOLPH HOSPITAL INC               | Yes   |    |
| 473 GREENVILLE AVENUE<br>WINCHESTER, IN 47394<br>35-2103153                        | CRITICAL ACCESS HOSPITAL        | IN   | 501(c)(3)                  | 3   | ST VINCENT HEALTH INC                          | Yes   |    |
| 10330 N MERIDIAN STREET STE 400N<br>INDIANAPOLIS, IN 46290<br>47-1289091           | RETAIL AMBULATORY SERVICES      | IN   | 501(c)(3)                  | 10  | ST VINCENT HEALTH INC                          | Yes   |    |
| 911 N SHELBY STREET<br>SALEM, IN 47167<br>27-0847538                               | CRITICAL ACCESS HOSPITAL        | IN   | 501(c)(3)                  | 3   | ST VINCENT HEALTH INC                          | Yes   |    |
| 8050 TOWNSHIP LINE RD<br>INDIANAPOLIS, IN 46260<br>35-1712001                      | LONG TERM CARE HOSPITAL         | IN   | 501(c)(3)                  | 3   | ST VINCENT HEALTH INC                          | Yes   |    |
| 412 N MONROE STREET<br>WILLIAMSPORT, IN 47993<br>74-3130159                        | SUPPORTING ORGANIZATION         | IN   | 501(c)(3)                  | Type I  | ST VINCENT WILLIAMSPORT HOSPITAL INC           | Yes   |    |
| 412 N MONROE STREET<br>WILLIAMSPORT, IN 47993<br>35-0784551                        | CRITICAL ACCESS HOSPITAL        | IN   | 501(c)(3)                  | 3   | ST VINCENT HEALTH INC                          | Yes   |    |
| 810 ST VINCENTS DRIVE<br>BIRMINGHAM, AL 35205<br>63-0288864                        | HOSPITAL                        | AL   | 501(c)(3)                  | 3   | ST VINCENT'S HEALTH SYSTEM                     | Yes   |    |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |  |  |                            |   |                                       |   |    |
|--|--|--|----------------------------|---|---------------------------------------|---|----|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity                | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity      | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |  |  |                            |   |                                       | Yes   | No |
| 150 GILBREATH DRIVE<br>ONEONTA, AL 35121<br>63-0909073                             | HOSPITAL                               | AL   | 501(c)(3)                  | 3   | ST VINCENT'S HEALTH SYSTEM            | Yes   |    |
| 2800 MAIN STREET<br>BRIDGEPORT, CT 06606<br>06-1331677                             | COLLEGE OF HEALTH SCIENCE              | CT   | 501(c)(3)                  | 2   | STVINCENT'S MEDICAL CENTER            | Yes   |    |
| 95 MERRITT BOULEVARD<br>TRUMBULL, CT 06611<br>22-2554128                           | REAL ESTATE HOLDINGS                   | CT   | 501(c)(25)                 |   | ST VINCENT'S HEALTH SERVICES CORP     | Yes   |    |
| 50 MEDICAL PARK EAST DRIVE<br>BIRMINGHAM, AL 35235<br>63-0578923                   | HOSPITAL                               | AL   | 501(c)(3)                  | 3   | ST VINCENT'S HEALTH SYSTEM            | Yes   |    |
| 1 Medical Park East Drive<br>BIRMINGHAM, AL 35235<br>63-0868066                    | FUNDRAISING                            | AL   | 501(c)(3)                  | 7   | ST VINCENT'S HEALTH SYSTEM            | Yes   |    |
| 4205 BELFORT ROAD SUITE 4020<br>JACKSONVILLE, FL 32216<br>59-2219923               | FUND RAISING                           | FL   | 501(c)(3)                  | 7   | ST VINCENT'S HEALTH SYSTEM INC        | Yes   |    |
| 2800 MAIN STREET<br>BRIDGEPORT, CT 06606<br>22-2558134                             | HOLDING COMPANY                        | CT   | 501(c)(3)                  | Type I  | ST VINCENT'S MEDICAL CENTER           | Yes   |    |
| 810 ST VINCENTS DRIVE<br>BIRMINGHAM, AL 35205<br>63-0931008                        | HEALTH SYSTEM                          | AL   | 501(c)(3)                  | Type III-FI   | ASCENSION HEALTH                      | Yes   |    |
| 4205 BELFORT ROAD SUITE 4020<br>JACKSONVILLE, FL 32216<br>59-3650609               | PARENT ENTITY                          | FL   | 501(c)(3)                  | Type II   | ASCENSION HEALTH                      | Yes   |    |
| 2800 MAIN STREET<br>BRIDGEPORT, CT 06606<br>06-0646886                             | HOSPITAL AND SYSTEM PARENT             | CT   | 501(c)(3)                  | 3   | ASCENSION HEALTH                      | Yes   |    |
| 4205 BELFORT ROAD SUITE 4020<br>JACKSONVILLE, FL 32216<br>46-1523194               | HOSPITAL                               | FL   | 501(c)(3)                  | 3   | ST VINCENT'S HEALTH SYSTEM INC        | Yes   |    |
| 2800 MAIN STREET<br>BRIDGEPORT, CT 06606<br>22-2558132                             | FUNDRAISING                            | CT   | 501(c)(3)                  | 7   | ST VINCENT'S HEALTH SERVICES CORP     | Yes   |    |
| 2800 MAIN STREET<br>BRIDGEPORT, CT 06606<br>80-0458769                             | PHYSICIAN PRACTICES                    | CT   | 501(c)(3)                  | Type I  | ST VINCENT'S MEDICAL CENTER           | Yes   |    |
| 95 MERRITT BOULEVARD<br>TRUMBULL, CT 06611<br>06-0702617                           | PROGRAMS FOR SPECIAL NEEDS INDIVIDUALS | CT   | 501(c)(3)                  | 10  | ST VINCENT'S HEALTH SERVICES CORP     | Yes   |    |
| 10330 N MERIDIAN STREET STE 430N<br>INDIANAPOLIS, IN 46290<br>20-5002285           | REAL ESTATE HOLDING COMPANY            | IN   | 501(c)(3)                  | Type III-FI   | ST VINCENT HEALTH INC                 | Yes   |    |
| 2202 N FORBES BLVD<br>TUCSON, AZ 85745<br>85-4088322                               | FOUNDATION                             | AZ   | 501(c)(3)                  | Type I  | CARONDELET FOUNDATION INC             | Yes   |    |
| 5455 ALI DR DEPT 200<br>GRAND BLANC, MI 484395195<br>38-2427678                    | PRG RELATED INVESTMENTS                | MI   | 501(c)(3)                  | Type I  | GENESYS HEALTH SYSTEM                 | Yes   |    |
| 240 MAPLE STREET<br>WOODRUFF, WI 54568<br>39-0873606                               | HOSPITAL                               | WI   | 501(c)(3)                  | 3   | MINISTRY HEALTH CARE INC              | Yes   |    |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>74-2727509                            | SPIRITUALITY CENTER                    | TX   | 501(c)(3)                  | Type I  | ASCENSION TEXAS                       | Yes   |    |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>26-4562712                            | DELIVERY OF HEALTH CARE SERVICES       | TX   | 501(c)(3)                  | 10  | SETON CLINICAL ENTERPRISE CORPORATION | Yes   |    |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |                                |  |                            |   |  |   |    |
|--|--------------------------------|--|----------------------------|---|--|---|----|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity        | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity                                 | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |                                |  |                            |   |  | Yes   | No |
| 1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>74-2855201                            | TO HOLD TITLE TO REAL PROPERTY | TX   | 501(c)(25)                 |   | SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC | Yes   |    |
| 810 ST VINCENTS DRIVE<br>BIRMINGHAM, AL 35205<br>63-0932323                        | PHYSICIAN GROUP                | AL   | 501(c)(3)                  | Type II   | ST VINCENT'S HEALTH SYSTEM                                       | Yes   |    |
| 12250 Weber Hill Rd Ste 200<br>ST LOUIS, MO 63127<br>48-1236589                    | PACE (SNF)                     | KS   | 501(c)(3)                  | 10  | VIA CHRISTI VILLAGES INC   | Yes   |    |
| 12250 Weber Hill Rd Ste 200<br>ST LOUIS, MO 63127<br>48-1129325                    | RETIREMENT COMMUNITY           | KS   | 501(c)(3)                  | 10  | VIA CHRISTI VILLAGES INC   | Yes   |    |
| 12250 Weber Hill Rd Ste 200<br>ST LOUIS, MO 63127<br>20-2828680                    | RETIREMENT COMMUNITY           | KS   | 501(c)(3)                  | 10  | VIA CHRISTI VILLAGES INC   | Yes   |    |
| 12250 Weber Hill Rd Ste 200<br>ST LOUIS, MO 63127<br>48-1078862                    | RETIREMENT COMMUNITY           | KS   | 501(c)(3)                  | 10  | VIA CHRISTI VILLAGES INC   | Yes   |    |
| 12250 Weber Hill Rd Ste 200<br>ST LOUIS, MO 63127<br>48-1247723                    | RETIREMENT COMMUNITY           | KS   | 501(c)(3)                  | 10  | VIA CHRISTI VILLAGES INC   | Yes   |    |
| 12250 Weber Hill Rd Ste 200<br>ST LOUIS, MO 63127<br>74-3070971                    | RETIREMENT COMMUNITY           | KS   | 501(c)(3)                  | 10  | VIA CHRISTI VILLAGES INC   | Yes   |    |
| 12250 Weber Hill Rd Ste 200<br>ST LOUIS, MO 63127<br>73-1153337                    | RETIREMENT COMMUNITY           | OK   | 501(c)(3)                  | 10  | VIA CHRISTI VILLAGES INC   | Yes   |    |
| 12250 Weber Hill Rd Ste 200<br>ST LOUIS, MO 63127<br>48-0559086                    | MANAGEMENT COMPANY             | KS   | 501(c)(3)                  | Type III-FI   | ASCENSION HEALTH SENIOR CARE                                     | Yes   |    |
| 3807 SPRING STREET<br>RACINE, WI 53405<br>93-0838390                               | FOUNDATION                     | WI   | 501(c)(3)                  | 10  | ASCENSION ALL SAINTS HOSPITAL INC                                | Yes   |    |
| 711 Genn Drive<br>Wamego, KS 66547<br>72-1526400                                   | HOSPITAL                       | KS   | 501(c)(3)                  | 3   | ASCENSION VIA CHRISTI HOSPITAL MANHATTAN INC                     | Yes   |    |
| 3237 SOUTH 16TH STREET<br>MILWAUKEE, WI 53215<br>39-2028808                        | FOUNDATION                     | WI   | 501(c)(3)                  | Type I  | ASCENSION SE WISCONSIN HOSPITAL INC                              | Yes   |    |
| 5000 WEST CHAMBERS STREET<br>MILWAUKEE, WI 53210<br>39-1636804                     | FOUNDATION                     | WI   | 501(c)(3)                  | Type I  | ASCENSION SE WISCONSIN HOSPITAL INC                              | Yes   |    |
| 3805B SPRING STREET<br>RACINE, WI 53405<br>39-1570877                              | FOUNDATION                     | WI   | 501(c)(3)                  | 7   | ASCENSION ALL SAINTS HOSPITAL INC                                | Yes   |    |
| 19333 WEST NORTH AVENUE<br>BROOKFIELD, WI 53045<br>39-6068950                      | AUXILIARY                      | WI   | 501(c)(3)                  | Type III-FI   | ASCENSION SE WISCONSIN HOSPITAL INC                              | Yes   |    |
| 3237 SOUTH 16TH STREET<br>MILWAUKEE, WI 53215<br>32-0135258                        | FOUNDATION                     | WI   | 501(c)(3)                  | Type I  | ASCENSION ST FRANCIS HOSPITAL INC                                | Yes   |    |
| 12250 Weber Hill Rd Ste 200<br>ST LOUIS, MO 63127<br>39-1486775                    | RETIREMENT COMMUNITY           | WI   | 501(c)(3)                  | 10  | ASCENSION HEALTH SENIOR CARE                                     | Yes   |    |
| 4300 BROWN DEER ROAD<br>SUITE 250<br>BROWN DER, WI 53223<br>56-2426294             | FOUNDATION                     | WI   | 501(c)(3)                  | Type I  | ASCENSION WISCONSIN PHARMACY INC                                 | Yes   |    |
| 400 WEST RIVER WOODS PARKWAY<br>GLENDALE, WI 53212<br>39-1568865                   | PARENT CORPORATION             | IL   | 501(c)(3)                  | Type III-FI   | ASCENSION HEALTH   | Yes   |    |









| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust                               |                                  |   |   |  |                                 |   |                                |  |    |
|---|----------------------------------|---|---|--|---------------------------------|---|--------------------------------|--|----|
| (a)<br>Name, address, and EIN of<br>related organization  | (b)<br>Primary activity          | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity                   | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|   |                                  |   |   |  |                                 |   |                                | Yes  | No |
| (1) ADVANTAGE HEALTHCO INC<br>1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>74-2698151   | HEALTH SERVICES                  | TX  | NA  | C Corporation  |                                 |   |                                | Yes  |    |
| (1) ADVENT INC<br>28000 DEQUINDRE<br>WARREN, MI 48092<br>38-2971743   | RENTAL REAL ESTATE               | MI  | NA  | C Corporation  |                                 |   |                                | Yes  |    |
| (2) AFFILIATED HEALTH SERVICES INC<br>28000 DEQUINDRE<br>WARREN, MI 48092<br>38-2292922   | MEDICAL SERVICES                 | MI  | NA  | C Corporation  |                                 |   |                                | Yes  |    |
| (3)<br>AFFILIATED MEDICAL SERVICES<br>LABORATORY INC<br>2916 E CENTRAL<br>WICHITA, KS 67214<br>48-1239522                               | MEDICAL LABORATORY               | KS  | NA  | C Corporation  |                                 |   |                                | Yes  |    |
| (4) AH INCUBATIONS ACCELERATOR INC<br>101 SOUTH HANLEY ROAD<br>SUITE 450<br>ST LOUIS, MO 63105<br>45-5078523                            | MEDICAL SERVICE                  | MO  | NA  | C Corporation  |                                 |   |                                | Yes  |    |
| (5)<br>ALEXIAN BROTHERS CORPUS CHRISTI<br>HOUSING PROJECT LLC<br>3900 SOUTH GRAND<br>ST LOUIS, MO 63118<br>94-3465394                   | HOUSING                          | MO  | NA  | C Corporation  |                                 |   |                                | Yes  |    |
| (6)<br>Alexian Brothers Health Providers Association<br>Inc<br>2601 Navistar Drive<br>Lisle, IL 60532<br>36-3853286                     | Messenger model IPA              | IL  | NA  | C Corporation  |                                 |   |                                | Yes  |    |
| (7) Alexian Village of Elk Grove<br>3040 W Salt Creek<br>Arlington Heights, IL 60005<br>35-2211303                                      | Tax credit financed<br>housing   | IL  | NA  | C Corporation  |                                 |   |                                | Yes  |    |
| (8)<br>AMITA HEALTH CLINICALLY INTEGRATED<br>NETWORK LLC<br>2601 NAVISTAR DRIVE<br>LISLE, IL 60532<br>80-0967178                        | MANAGED CARE                     | IL  | NA  | C Corporation  |                                 |   |                                | Yes  |    |
| (9) ASCENSION CAPITAL UK LIMITED<br>FOUNTAIN HOUSE<br>130 FENCHURCH STREET<br>LONDON, ENGLAND EC3M5DJ<br>UK                             | INSURANCE                        | UK  | NA  | C Corporation  |                                 |   |                                | Yes  |    |
| (10)<br>Ascension Care Management Health Partners<br>Tennessee<br>102 WOODMONT BOULEVARD SUITE 700<br>NASHVILLE, TN 37205<br>45-2958482 | ACCOUNTABLE CARE<br>ORGANIZATION | TN  | NA  | C Corporation  |                                 |   |                                | Yes  |    |
| (11)<br>ASCENSION CARE MANAGEMENT HEALTH<br>PARTNERS INC<br>101 SOUTH HANLEY ROAD<br>SUITE 200<br>CLAYTON, MO 63105<br>45-4413419       | MEDICAL SERVICE                  | MO  | ASCENSION HEALTH<br>ALLIANCE                          | C Corporation  |                                 |   |                                | Yes  |    |
| (12)<br>ASCENSION CARE MANAGEMENT HOLDINGS<br>LTD AND SUBSIDIARIES<br>8220 IRVING<br>STERLING HEIGHTS, MI 48312<br>38-3269272           | INSURANCE AND TPA                | MI  | ASCENSION CARE<br>MANAGEMENT<br>INSURANCE<br>HOLDINGS | C Corporation  |                                 |   |                                | Yes  |    |
| (13)<br>ASCENSION HEALTH INSURANCE LIMITED<br>PO BOX 1159<br>GRAND CAYMAN, Bahamas KY11102<br>CJ  | INSURANCE                        | CJ  | NA  | C Corporation  |                                 |   |                                | Yes  |    |
| (14)<br>ASCENSION HEALTH MASTER PENSION<br>TRUST<br>11775 BORMAN DRIVE<br>SUITE 200<br>ST LOUIS, MO 63146<br>36-6891022                 | TRUST                            | MO  | NA  | Trust  |                                 |   |                                | Yes  |    |

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust                             |  |   |                                     |  |                                 |   |                                |  |    |
|---|--|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| (a)<br>Name, address, and EIN of<br>related organization  | (b)<br>Primary activity                | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|   |  |   |                                     |  |                                 |   |                                | Yes  | No |
| (16)<br>ASCENSION HEALTH RISK PURCHASING<br>GROUP<br>101 SOUTH HANLEY ROAD<br>SUITE 450<br>ST LOUIS, MO 63105<br>27-4176480           | SUPPORTING<br>ORGANIZATION             | MO  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (1)<br>ASCENSION MEDICAL GROUP VIA CHRISTI PA<br>3311 EAST MURDOCK<br>WICHITA, KS 67208<br>48-0993446                                 | PROFESSIONAL<br>ASSOCIATION            | KS  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (2) ASCENSION VENTURES CORPORATION<br>810 ST VINCENTS DRIVE<br>BIRMINGHAM, AL 35205<br>63-1217059                                     | MISC HEALTHCARE<br>SERVICES            | AL  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (3) BAPTIST HEALTH CARE VENTURES INC<br>2000 CHURCH STREET<br>NASHVILLE, TN 37236<br>62-0469214                                       | HOLDING COMPANY                        | TN  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (4) BAYLEY CONDOMINIUM ASSOCIATION<br>2121 HIGHLAND AVENUE SOUTH<br>BIRMINGHAM, AL 35205<br>63-1209915                                | CONDOMINIUM<br>ASSOCIATION             | AL  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (5) BEECHER BALLENGER SERVICES<br>ONE GENESYS PARKWAY<br>GRAND BLANC, MI 484398065<br>38-2497922                                      | HOLDING COMPANY                        | MI  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (6) CARONDELET MEDICAL GROUP INC<br>2202 N FORBES BLVD<br>TUCSON, AZ 85745<br>86-0836126  | MEDICAL GROUP                          | AZ  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (7) CARONDELET SPECIALIST GROUP INC<br>2202 N FORBES BLVD<br>TUCSON, AZ 85745<br>28-1558773   | PHYSICIAN PRACTICE                     | AZ  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (8) CLINICAL HOLDINGS CORP<br>101 SOUTH HANLEY ROAD<br>SUITE 200<br>CLAYTON, MO 63105<br>45-3802297                                   | HOLDING COMPANY                        | MO  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (9)<br>CONSOLIDATED PHARMACY SERVICES INC<br>AND SUBSIDIARIES<br>4205 BELFORT ROAD SUITE 4030<br>JACKSONVILLE, FL 32216<br>59-3398033 | RETAIL PHARMACY &<br>PATIENT TRANSPORT | FL  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (10) Corbett Corporation<br>169 Riverside Drive<br>Binghamton, NY 13905<br>16-1268267   | Property Management                    | NY  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (11)<br>CRITTENTON DEVELOPMENT CORPORATION<br>2251 N SQUIRREL RD STE 310<br>AUBURN HILLS, MI 48326<br>38-2594115                      | REAL ESTATE                            | MI  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (12) CRITTENTON MEDICAL PHARMACY INC<br>1135 West University Dr 105<br>ROCHESTER, MI 48307<br>20-3773341                              | PHARMACY SERVICES                      | MI  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (13) DELL CHILDREN'S HEALTH ALLIANCE<br>1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>27-1311909                                       | HEALTH SERVICES                        | TX  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (14) EASTSIDE VENTURES<br>810 ST VINCENTS DRIVE<br>BIRMINGHAM, AL 35205<br>63-0846221   | MISC HEALTHCARE<br>SERVICES            | AL  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust                                  |                                    |   |                                     |  |                                 |   |                                |  |    |
|--|------------------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| (a)<br>Name, address, and EIN of<br>related organization   | (b)<br>Primary activity            | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|  |                                    |   |                                     |  |                                 |   |                                | Yes  | No |
| (31)<br>FAMILY MEDICINE CENTER CONDOMINIUM<br>ASSOCIATION INC<br>1 SHIRCLIFF WAY<br>JACKSONVILLE, FL 32204<br>26-1983355                   | CONDOMINIUM<br>ASSOCIATION         | FL  | St Vincent's<br>Medical Center Inc  | C Corporation  | 130,537                         | 7,893                                     | 68.72 %                        | Yes  |    |
| (1)<br>FRANKLIN MEDICAL OFFICE BUILDING<br>CONDOMINIUM ASSOCIATION INC<br>400 WEST RIVER WOODS PARKWAY<br>GLENDALE, WI 53212<br>34-1983857 | CONDO ASSOCIATION                  | WI  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (2) GENESYS PRACTICE PARTNERS<br>5445 ALI DRIVE DEPT 200<br>GRAND BLANC, MI 48439<br>03-0516871  | EMPLOYED PHY<br>PRACTICE           | MI  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (3) GULF COAST DIVERSIFIED INC<br>5154 NORTH 9TH AVENUE<br>PENSACOLA, FL 32507<br>59-2432798   | INVESTMENT                         | FL  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (4) HEALTHNET OF ALABAMA INC<br>PO BOX 830605<br>BIRMINGHAM, AL 352830605<br>63-1027511  | PREFERRED PROVIDER<br>ORGANIZATION | AL  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (5) HOWARD YOUNG CLINICS INC<br>240 MAPLE STREET<br>WOODRUFF, WI 54568<br>39-1969706   | HEALTHCARE                         | WI  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (6) INDIAN CREEK CENTER INC<br>101 S Hanley Ste 200<br>St Louis, MO 63105<br>48-0956627  | MANAGEMENT                         | MO  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (7) INTEGRATED HEALTHCARE SYSTEMS INC<br>3311 EAST MURDOCK<br>WICHITA, KS 67208<br>48-0941549  | CLINIC SERVICES                    | KS  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (8) MADISON MEDICAL AFFILIATES INC<br>4425 N PORT WASHINGTON RD<br>GLENDALE, WI 53212<br>39-1855720  | HEALTHCARE                         | WI  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (9) MID-STATE PROPERTIES INC<br>2000 CHURCH STREET<br>NASHVILLE, TN 37236<br>62-1232018  | INACTIVE                           | TN  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (10)<br>MISSISSIPPI PROVIDENCE HEALTHCARE<br>SERVICES INC<br>6801 AIRPORT BLVD<br>MOBILE, AL 36608<br>46-1130426                           | HEALTHCARE SERVICES                | MS  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (11) OMNI MEDICAL GROUP INC<br>1923 SOUTH UTICA AVENUE<br>TULSA, OK 74104<br>73-1335536  | MEDICAL SERVICES                   | OK  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (12) PHYSICIAN SUPPORT SERVICES INC<br>1923 SOUTH UTICA AVENUE<br>TULSA, OK 74104<br>73-1437252  | MEDICAL SERVICES                   | OK  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (13)<br>PHYSICIANS OF PASCO CONDOMINIUMS<br>ASSOC<br>520 NORTH 4TH AVENUE<br>PASCO, WA 99301<br>45-3691641                                 | PROPERTY MANAGEMENT                | WA  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (14) PRESENCE PROPERTIES INC<br>100 NORTH RIVER ROAD<br>DES PLAINES, IL 60016<br>36-3520630  | MEDICAL                            | IL  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |

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

| (a)<br>Name, address, and EIN of<br>related organization  | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
|   |                         |   |                                     |  |                                 |   |                                | Yes  | No |
| (46) PRESENCE SERVICE CORPORATION<br>2380 E DEMPSTER STREET<br>DES PLAINES, IL 60016<br>36-4314354                              | MEDICAL                 | IL  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (1) PRESENCE VENTURES INC<br>100 NORTH RIVER ROAD<br>DES PLAINES, IL 60016<br>37-1168085  | MEDICAL                 | IL  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (2)<br>PROSPECT MEDICAL COMMONS<br>CONDOMINIUM ASSOCIATION INC<br>4425 N Port Washington Rd<br>GLENDALE, WI 53212<br>20-8042108 | CONDO ASSOCIATION       | WI  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (3) PROVIDENCE PARK Inc<br>PO BOX 850429<br>MOBILE, AL 36685<br>63-0886846  | REAL ESTATE             | AL  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (4) REGIONAL MEDICAL LABORATORIES INC<br>1923 SOUTH UTICA AVENUE<br>TULSA, OK 74104<br>73-1131608                               | MEDICAL SERVICES        | OK  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (5) RESOURCE PHARMACIES INC<br>1150 VARNUM STREET NE<br>WASHINGTON, DC 20017<br>52-1410076                                      | RETAIL PHARMACY         | DC  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (6) SETON INSURANCE COMPANY<br>1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>47-5395483  | HEALTH SERVICES         | TX  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (7)<br>SETON ACCOUNTABLE CARE ORGANIZATION<br>INC<br>1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>74-2677756                    | HEALTH SERVICES         | TX  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (8) SETON HEALTH ALLIANCE<br>1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>45-3047469  | HEALTH SERVICES         | TX  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (9) SETON HEALTH PLAN INC<br>1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>74-2725348  | HMO                     | TX  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (10) SETON MSO INC<br>1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>74-2870455   | HEALTH SERVICES         | TX  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (11) SETON PHARMACY INC<br>4205 BELFORT ROAD SUITE 4030<br>JACKSONVILLE, FL 32216<br>59-3001427                                 | RETAIL PHARMACY         | FL  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (12) SETON PHYSICIAN HOSPITAL NETWORK<br>1345 PHILOMENA STREET<br>AUSTIN, TX 78723<br>74-2643825                                | HEALTH SERVICES         | TX  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (13) SOVA INC<br>102 WOODMONT BOULEVARD SUITE 700<br>NASHVILLE, TN 37205<br>26-1319638  | HEALTH SERVICES         | TN  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (14) ST AGNES HEALTH VENTURES INC<br>900 CATON AVENUE<br>BALTIMORE, MD 21229<br>52-1733632                                      | HOLDING COMPANY         | MD  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust       |   |   |                                     |  |                                 |   |                                |  |    |
|---|---|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| (a)<br>Name, address, and EIN of<br>related organization  | (b)<br>Primary activity                         | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|   |   |   |                                     |  |                                 |   |                                | Yes  | No |
| (61) ST JOHN ANESTHESIA SERVICES INC<br>1923 SOUTH UTICA AVENUE<br>TULSA, OK 74104<br>20-3690446                | MEDICAL SERVICES                                | OK  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (1) ST JOHN PHYSICIANS INC<br>1923 SOUTH UTICA AVENUE<br>TULSA, OK 74104<br>73-1321032                          | MEDICAL SERVICES                                | OK  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (2) ST JOHN URGENT CARE CLINICS INC<br>1923 SOUTH UTICA AVENUE<br>TULSA, OK 74104<br>20-4990275                 | MEDICAL SERVICES                                | OK  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (3) ST JOSEPH HEALTH ENTERPRISES<br>200 HEMLOCK ROAD<br>TAWAS CITY, MI 48764<br>38-2686747                      | OTHER MEDICAL                                   | MI  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (4) St Mary's Health<br>800 S Washington Avenue<br>Saginaw, MI 48601<br>38-3477017                              | Dormant   | MI  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (5) ST MARY'S MEDICAL GROUP INC<br>3700 WASHINGTON AVE<br>EVANSVILLE, IN 47750<br>35-2076827                    | INVESTMENT                                      | IN  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (6) St Vincent's Strategic Ventures Inc<br>4205 Belfort Road Suite 4030<br>Jacksonville, FL 33213<br>59-3133073 | LEASING   | FL  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (7) SUNFLOWER ASSURANCE LTD<br>PO BOX 1085<br>GRAND CAYMAN, Bahamas KY11102<br>CJ                               | INSURANCE                                       | CJ  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (8) TEXTILE SYSTEMS INC<br>817 WALBRIDGE<br>KALAMAZOO, MI 49007<br>38-2705047                                   | LAUNDRY SERVICES                                | MI  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (9) Thelen Corporation<br>3040 Salt Creek Lane<br>Arlington Heights, IL 60005<br>36-3266316                     | Owns/ leases property;<br>joint venture partner | IL  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (10) TRAVEL SERVICES CORPORATION<br>PO BOX 45998<br>ST LOUIS, MO 631455998<br>26-3764978                        | TRAVEL SERVICES                                 | MO  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (11) US HEALTH HOLDINGS LTD AND<br>SUBSIDIARIES<br>8220 IRVING<br>STERLING HEIGHTS, MI 48312<br>38-3269272      | INSURANCE AND TPA                               | MI  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (12) UTICA SERVICES INC<br>1923 SOUTH UTICA AVENUE<br>TULSA, OK 74104<br>73-1057650                             | MEDICAL SERVICES                                | OK  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (13) VCH IOWA PC<br>8200 E THORN DRIVE<br>WICHITA, KS 67226<br>27-3983977                                       | PROFESSIONAL<br>ASSOCIATION                     | IA  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (14) VCH IOWA PC TRUST<br>8200 E THORN DRIVE<br>WICHITA, KS 67226<br>27-6937322                                 | BENEFICIARY TRUST                               | IA  | NA                                  | Trust  |                                 |   |                                | Yes  |    |

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

| (a)<br>Name, address, and EIN of<br>related organization   | (b)<br>Primary activity     | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|--|-----------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
|  |                             |   |                                     |  |                                 |   |                                | Yes  | No |
| (76) VIA CHRISTI CLINIC SERVICES INC<br>8200 E THORN DRIVE<br>WICHITA, KS 67226<br>27-3984287                            | CLINIC SERVICES             | KS  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (1) VIA CHRISTI HEALTH ALLIANCE IN<br>ACCOUNTABLE CARE INC<br>8200 E THORN DRIVE<br>WICHITA, KS 67226<br>48-2872857      | ACO                         | KS  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (2) VINCENTIAN VENTURES OF NORTH ALABAMA<br>INC<br>810 ST VINCENTS DRIVE<br>BIRMINGHAM, AL 35205<br>63-0965456           | MISC HEALTHCARE<br>SERVICES | AL  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (3) VINCENTURES INC<br>95 MERRITT BOULEVARD<br>TRUMBULL, CT 06611<br>06-1211417  | INACTIVE                    | CT  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (4) WHEATON FRANCISCAN ENTERPRISES INC<br>400 WEST RIVER WOODS PARKWAY<br>GLENDALE, WI 53212<br>39-1985204               | HOLDING CO                  | WI  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (5) WHEATON FRANCISCAN HOLDINGS INC<br>400 WEST RIVER WOODS PARKWAY<br>GLENDALE, WI 53212<br>39-1836357                  | HOLDING CO                  | WI  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (6) WHEATON FRANCISCAN MEDICAL GROUP -<br>SUSSEX INC<br>400 WEST RIVER WOODS PARKWAY<br>GLENDALE, WI 53212<br>39-1361100 | HEALTHCARE                  | WI  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (7) WHEATON FRANCISCAN PROVIDER NETWORK<br>INC<br>400 WEST RIVER WOODS PARKWAY<br>GLENDALE, WI 53212<br>39-1952140       | PROVIDER CONTRACT           | WI  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (8) WHEATON WAY CONDOMINIUM OWNERS<br>ASSOCIATION INC<br>10101 SOUTH 27TH STREET<br>FRANKLIN, WI 53123<br>30-0659830     | CONDO ASSOCIATION           | WI  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |
| (9) L GILBRAITH INSURANCE SPC LTD<br>68 W BAY ROAD PO BOX 1109<br>GRAND CAYMAN, CAYMAN ISLANDS KY11120<br>CJ             | INSURANCE                   | CJ  | NA                                  | C Corporation  |                                 |   |                                | Yes  |    |

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

|             | <b>(a)</b><br>Name of related organization          | <b>(b)</b><br>Transaction type(a-s) | <b>(c)</b><br>Amount Involved | <b>(d)</b><br>Method of determining amount involved |
|-------------|---|-------------------------------------|-------------------------------|---|
| <b>(1)</b>  | Ascension Alpha Fund LLC                            | P                                   | 3,260,210                     | FAIR MARKET VALUE                                   |
| <b>(1)</b>  | Ascension Alpha Fund LLC                            | R                                   | 3,749,094                     | FAIR MARKET VALUE                                   |
| <b>(2)</b>  | ASCENSION HEALTH - IS INC                           | P                                   | 377,550                       | FAIR MARKET VALUE                                   |
| <b>(3)</b>  | ST AGNES HEALTHCARE INC                             | P                                   | 238,052                       | FAIR MARKET VALUE                                   |
| <b>(4)</b>  | CONSOLIDATED PHARMACY SERVICES INC AND SUBSIDIARIES | P                                   | 4,945,634                     | FAIR MARKET VALUE                                   |
| <b>(5)</b>  | CONSOLIDATED PHARMACY SERVICES INC AND SUBSIDIARIES | Q                                   | 2,536,279                     | FAIR MARKET VALUE                                   |
| <b>(6)</b>  | ST LUKE'S-ST VINCENT'S HEALTHCARE INC               | J                                   | 124,200                       | FAIR MARKET VALUE                                   |
| <b>(7)</b>  | ST LUKE'S-ST VINCENT'S HEALTHCARE INC               | K                                   | 55,566                        | FAIR MARKET VALUE                                   |
| <b>(8)</b>  | ST LUKE'S-ST VINCENT'S HEALTHCARE INC               | P                                   | 111,796,410                   | FAIR MARKET VALUE                                   |
| <b>(9)</b>  | ST LUKE'S-ST VINCENT'S HEALTHCARE INC               | Q                                   | 2,549,578                     | FAIR MARKET VALUE                                   |
| <b>(10)</b> | St Vincent's Ambulatory Care Inc                    | J                                   | 718,765                       | FAIR MARKET VALUE                                   |
| <b>(11)</b> | St Vincent's Ambulatory Care Inc                    | K                                   | 63,676                        | FAIR MARKET VALUE                                   |
| <b>(12)</b> | St Vincent's Ambulatory Care Inc                    | P                                   | 11,484,140                    | FAIR MARKET VALUE                                   |
| <b>(13)</b> | St Vincent's Ambulatory Care Inc                    | Q                                   | 8,726,223                     | FAIR MARKET VALUE                                   |
| <b>(14)</b> | St Vincent's Ambulatory Care Inc                    | R                                   | 1,767,534                     | FAIR MARKET VALUE                                   |
| <b>(15)</b> | ST VINCENT'S FOUNDATION INC                         | C                                   | 1,682,483                     | FAIR MARKET VALUE                                   |
| <b>(16)</b> | ST VINCENT'S FOUNDATION INC                         | P                                   | 7,205,467                     | FAIR MARKET VALUE                                   |
| <b>(17)</b> | ST VINCENT'S FOUNDATION INC                         | Q                                   | 1,359,463                     | FAIR MARKET VALUE                                   |
| <b>(18)</b> | ST VINCENT'S HEALTH SYSTEM INC                      | J                                   | 345,679                       | FAIR MARKET VALUE                                   |
| <b>(19)</b> | ST VINCENT'S HEALTH SYSTEM INC                      | K                                   | 311,700                       | FAIR MARKET VALUE                                   |
| <b>(20)</b> | ST VINCENT'S HEALTH SYSTEM INC                      | P                                   | 71,730,899                    | FAIR MARKET VALUE                                   |
| <b>(21)</b> | ST VINCENT'S HEALTH SYSTEM INC                      | Q                                   | 12,189,095                    | FAIR MARKET VALUE                                   |
| <b>(22)</b> | ST VINCENT'S HEALTH SYSTEM INC                      | R                                   | 12,732,564                    | FAIR MARKET VALUE                                   |
| <b>(23)</b> | ST VINCENT'S HEALTH SYSTEM INC                      | S                                   | 200,000                       | FAIR MARKET VALUE                                   |
| <b>(24)</b> | ST VINCENT'S MEDICAL CENTER-CLAY COUNTY INC         | P                                   | 995,240                       | FAIR MARKET VALUE                                   |



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

| <b>(a)</b><br>Name of related organization              | <b>(b)</b><br>Transaction type(a-s) | <b>(c)</b><br>Amount Involved | <b>(d)</b><br>Method of determining amount involved |
|---|-------------------------------------|-------------------------------|---|
| <b>(26)</b> ST VINCENT'S MEDICAL CENTER-CLAY COUNTY INC | Q                                   | 3,439,352                     | FAIR MARKET VALUE                                   |
| <b>(1)</b> ST CATHERINE LABOURE MANOR INC               | Q                                   | 3,251,753                     | FAIR MARKET VALUE                                   |