

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2018)

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

WE REVEAL AND FOSTER GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE

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 \$ 325,919,816	including grants of \$ 2,801,840)	(Revenue \$ 450,262,199)
See Additional Data				

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ▶	325,919,816
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 202	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	2,064	2b	Yes	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 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				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		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

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 15		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ▶ KYLE ENGMAN 500 ELDORADO BLVD SUITE 4200 BROOMFIELD, CO 80021 (303) 813-5543

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 ☐

1

● 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

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,295,147	5,592,636	916,521

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 **▶ 154**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SAUNDERS EXPRESS LLC 6950 SOUTH JORDAN ROAD CENTENNIAL, CO 80112	CONSTRUCTION	19,641,380
HEMATOLOGY ONCOLOGY CENTERS OF TH 1315 GOLDEN VALLEY CIRCLE BILLINGS, MT 59102	ONCOLOGY PHYSICIANS	2,616,034
MONTANA FAMILY PRACTICE 123 S 237TH ST BILLINGS, MT 59101	MEDICAL SERVICES	2,475,037
MED-MAP LLC PO BOX 1295 BILLINGS, MT 59101	RENTAL REAL ESTATE	2,158,734
ROCKY MOUNTAIN HEALTH NETWORK 2475 VILLAGE LANE BILLINGS, MT 59102	MEDICAL SERVICES	1,684,840

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 **▶ 43**

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . .	1b					
	c	Fundraising events . . .	1c					
	d	Related organizations	1d	10,058,110				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a - 1f \$						
	h	Total. Add lines 1a-1f	10,058,110					
Program Service Revenue			Business Code					
	2a	PATIENT SERVICE REVENUE	622110	447,849,244	444,494,020	3,355,224		
	b	MISSION UNITED - JV	621110	698,735	698,735			
	c	BIG HORN BSN RAD ONC - JV	621110	229,106	229,106			
	d	ROCKY MTN HEATLH - JV	621110	220,741	220,741			
	e	JOINT VENTURE OTHER	621110	-170,503	-170,503			
	f	All other program service revenue						
	g	Total. Add lines 2a-2f	448,827,323					
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	17,096,425		17,096,425		
	4		Income from investment of tax-exempt bond proceeds					
	5		Royalties					
	6a	(i) Real						
		(ii) Personal						
		1,146,115					4,740	
		712,520					0	
	b	Less rental expenses						
	c	Rental income or (loss)		433,595	4,740			
	d	Net rental income or (loss)		438,335		4,740	433,595	
	7a	(i) Securities						
		(ii) Other						
		146,043						
		0						
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)		146,043				
	d	Net gain or (loss)		146,043		146,043		
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a				
b	Less direct expenses		b					
c	Net income or (loss) from fundraising events							
9a	Gross income from gaming activities See Part IV, line 19		a					
b	Less direct expenses		b					
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances		a					
b	Less cost of goods sold		b					
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11a	CAFETERIA SALES	722310	1,581,040	1,263,041	317,999			
b	PARKING LOT FEES	900099	160,280	160,280				
c	DIETICIAN SERVICES	900099	10,800	10,800				
d	All other revenue		755	755				
e	Total. Add lines 11a-11d	1,752,875						
12	Total revenue. See Instructions	478,319,111				446,906,975	3,677,963	17,676,063

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 ☒

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,801,840	2,801,840		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	2,825,262	2,727,579	97,683	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	101,499,976	97,990,627	3,509,349	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	6,444,925	6,161,707	283,218	
9 Other employee benefits.	13,348,925	13,131,481	217,444	
10 Payroll taxes.	7,361,846	7,177,646	184,200	
11 Fees for services (non-employees):				
a Management.				
b Legal.	16,566	16,058	508	
c Accounting.				
d Lobbying.	448,629		448,629	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	56,094,261	56,094,261		
12 Advertising and promotion.	3,067,630	33,936	3,033,694	
13 Office expenses.	1,518,897	1,426,005	92,892	
14 Information technology.	19,515,413		19,515,413	
15 Royalties.				
16 Occupancy.	7,389,265	6,999,674	389,591	
17 Travel.	969,704	760,128	209,576	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	623,397	561,642	61,755	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	12,055,237	12,055,237		
23 Insurance.	3,527,939	3,527,939		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a MEDICAL SUPPLIES	92,411,551	92,411,551		
b BAD DEBT	9,824,233	9,824,233		
c BILLING AND COLLECTIONS	9,381,996		9,381,996	
d MAINTENANCE SERVICES	8,229,144	7,415,774	813,370	
e All other expenses	32,377,527	4,802,498	27,575,029	
25 Total functional expenses. Add lines 1 through 24e.	391,734,163	325,919,816	65,814,347	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		73,380	1	14,832	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		59,927,551	4	65,412,443	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		91,441	5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net		218,764	7	565,924	
	8	Inventories for sale or use		7,353,274	8	8,366,524	
	9	Prepaid expenses and deferred charges		4,868,923	9	4,273,137	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	431,528,565			
	b	Less: accumulated depreciation	10b	254,416,772	153,296,992	10c	177,111,793
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		4,251,899	12	5,001,184	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		419,224,310	15	476,761,042	
16	Total assets. Add lines 1 through 15 (must equal line 34)		649,306,534	16	737,506,879		
Liabilities	17	Accounts payable and accrued expenses		34,699,239	17	39,667,001	
	18	Grants payable			18		
	19	Deferred revenue		50,819	19	59,408	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			25		
	26	Total liabilities. Add lines 17 through 25		34,750,058	26	39,726,409	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		614,556,476	27	697,780,470	
	28	Temporarily restricted net assets			28		
	29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		614,556,476	33	697,780,470		
34	Total liabilities and net assets/fund balances		649,306,534	34	737,506,879		

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	478,319,111
2	Total expenses (must equal Part IX, column (A), line 25)	2	391,734,163
3	Revenue less expenses Subtract line 2 from line 1	3	86,584,948
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	614,556,476
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3,360,954
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	697,780,470

Part XII Financial Statements and ReportingCheck 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
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:
Software Version:
EIN: 81-0232124
Name: ST VINCENT HEALTHCARE

Form 990 (2018)

Form 990, Part III, Line 4a:

THE SISTERS OF CHARITY OF LEAVENWORTH, KANSAS, FOUNDED ST VINCENT HEALTHCARE IN BILLINGS, MONTANA, IN 1898 MOTIVATED BY ITS MISSION TO PROVIDE COMPASSIONATE CARE AND SERVICE, ST VINCENT HAS BECOME ONE OF MONTANA'S LEADING COMPREHENSIVE HEALTHCARE PROVIDERS MODERN MEDICAL TECHNOLOGY HAS BEEN INTEGRATED INTO OUR COMMITMENT TO PROVIDE CARE FOR THE SICK, TO RESPECT LIFE, TO SERVE THE POOR AND TO PROVIDE COMPASSION AND CHARITY FOR ALL WHO NEED IT ST VINCENT OFFERS PROGRESSIVE SPECIALTY SERVICES IN HEART & VASCULAR, NEUROLOGY, ONCOLOGY, ORTHOPEDICS, AND WOMEN'S SERVICES WE HAVE A SPECIAL "HOSPITAL WITHIN A HOSPITAL" JUST FOR CHILDREN, ST VINCENT CHILDREN'S HEALTHCARE FROM ITS MODEST BEGINNINGS OVER 100 YEARS AGO, ST VINCENT HEALTHCARE HAS GROWN INTO ONE OF MONTANA'S LARGEST COMPREHENSIVE HOSPITALS, SERVING THE HEALTHCARE NEEDS OF OVER 400,000 PEOPLE IN A FOUR-STATE AREA RENOWNED FOR A MISSION OF COMPASSIONATE CARE AND SERVICE TO THE POOR, THE ST VINCENT HEALTHCARE TEAM IS CONTINUALLY RECOGNIZED AS A TECHNOLOGICAL LEADER IN THE HEALTHCARE INDUSTRY DURING 2018, THE FOLLOWING STATISTICAL DATA WAS GATHERED - 12,093 ADMISSIONS- 232,462 OUTPATIENT, CLINIC, AND HOME HEALTH VISTS- 36,561 EMERGENCY DEPARTMENT VISITS- 1,429 BIRTHS- 7,845 SURGERIES- 903,332 LABORATORY TESTS MISSION, VISION & VALUES MISSION WE REVEAL AND FOSTER GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE VISION INSPIRED BY OUR FAITH, WE WILL PARTNER WITH OUR PATIENTS AND COMMUNITIES TO EXCEED THEIR EXPECTATIONS FOR HEALTH VALUES CARING SPIRIT - WE HONOR THE SACRED DIGNITY OF EACH PERSON EXCELLENCE - WE SET AND SURPASS HIGH STANDARDS GOOD HUMOR - WE CREATE JOYFUL AND WELCOMING ENVIRONMENTS INTEGRITY - WE DO THE RIGHT THING WITH OPENNESS AND PRIDE SAFETY - WE DELIVER CARE THAT SEEKS TO ELIMINATE ALL HARM FOR PATIENTS AND ASSOCIATES STEWARDSHIP - WE ARE ACCOUNTABLE FOR THE RESOURCES ENTRUSTED TO US ST VINCENT HEALTHCARE OFFERS A WIDE VARIETY OF SERVICES TO THE COMMUNITY - BARIATRIC SURGERY - BEHAVIORAL HEALTH- BLOOD CONSERVATION PROGRAM- CANCER CARE- CARDIOLOGY- DERMATOLOGY- DIABETES CENTER- EMERGENCY SERVICES- GI DIAGNOSTIC CENTER- INTENSIVE CARE SERVICES- JOINT REPLACEMENT CENTER- KIDS HEALTH- LAB SERVICES- MAMMOGRAPHY- MANSFIELD HEALTH EDUCATION CENTER- WOMEN'S HEALTH- MS CLINIC- NEUROSCIENCE- NURSE ADVISOR- OCCUPATIONAL HEALTH SERVICES- ORTHOPEDIC SERVICES- OTOLARYNGOLOGY - OUTREACH- PAIN CENTER- PEDIATRICS- PRIMARY CARE- RADIOLOGY AND IMAGING SERVICES- REHABILITATION- RESPIRATORY- SENIOR SERVICES- SLEEP CENTER- SPORTS MEDICINE- STROKE- SURGERY SERVICES- TELEHEALTH- TRAUMA OUTREACH- UROLOGY- VASCULAR CENTER- WALK IN CARE- WEIGHT MANAGEMENT- WOUND HEALING CENTER ST VINCENT HEALTHCARE IS RELATED TO SCL HEALTH MEDICAL GROUP - BILLINGS, LLC, A SINGLE MEMBER LIMITED LIABILITY COMPANY OWNED BY A RELATED ORGANIZATION, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC SCL HEALTH MEDICAL GROUP - BILLINGS, LLC IS A GROUP OF PHYSICIAN CLINICS THAT PROVIDE PROFESSIONAL SERVICES TO THE ST VINCENT HEALTHCARE COMMUNITY AND SUPPORTS THE MISSION OF ST VINCENT HEALTHCARE ALTHOUGH SCL HEALTH MEDICAL GROUP - BILLINGS, LLC IS NOT OWNED DIRECTLY BY ST VINCENT HEALTHCARE, ST VINCENT HEALTHCARE IS REQUIRED TO FUND ALL OPERATING LOSSES OF SCL HEALTH MEDICAL GROUP - BILLINGS, LLC THROUGH EQUITY TRANSFERS TO SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC IN 2018, THE HOSPITAL PROVIDED \$17,724,782 IN SUPPORT OF THE LOSSES OF THE PHYSICIAN CLINICS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARTHA ARGUELLES DIRECTOR	1 00 0 00	X						0	0	0
JOHN BEDFORD DIRECTOR	1 00 0 00	X						0	0	0
KEVIN BRUEN MD DIRECTOR	1 00 50 00	X						0	554,531	50,683
CORI COOK DIRECTOR	1 00 0 00	X						0	0	0
DANIELLE EMERY MD CHAIR	2 00 0 00	X		X				0	0	0
KAREN FAGG SECRETARY	2 00 0 00	X		X				0	0	0
SHAUN HARRINGTON DIRECTOR	1 00 0 00	X						0	0	0
KATHRYN HATCH MD DIRECTOR	1 00 0 00	X						0	0	0
SISTER BERNADETTE HELFERT DIRECTOR	1 00 0 00	X						0	0	0
CARL JACKSON DIRECTOR	1 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEBRA JONES MD DIRECTOR	1 00 0 00	X						0	0	0
KEITH LAUVER DIRECTOR	1 00 0 00	X						0	0	0
STEVE LOVELESS PRESIDENT AND CEO	36 00 14 00	X		X				0	778,217	116,617
VU PHAM VICE CHAIR	2 00 0 00	X		X				0	0	0
MAJEL RUSSELL DIRECTOR	1 00 0 00	X						0	0	0
PAMELA PALAGI VP FINANCE MT REGION	36 00 14 00			X				0	311,785	48,651
MICHAEL BUSH MD VP-CHIEF MEDICAL OFFICER-SVH	47 00 3 00				X			0	500,601	92,517
BLANCHE GILMORE VP PATIENT CARE SERVICES - SVB	50 00 0 00				X			0	309,100	33,080
MICHAEL HAMILTON VP STRATEGY-BUSINESS DEV SVB	50 00 0 00				X			0	222,041	17,622
JESSE LASLOVICH VP NETWORK DEVELOPMENT MT REGION	36 00 14 00				X			0	247,098	73,837

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL SKEHAN VP COO MONTANA REGION	36 00 14 00				X			0	475,344	69,323
JAMES RITCHEY VP-HUMAN RESOURCES MT REGION	36 00 14 00				X			0	216,741	12,137
RONALD SNYDER MD PHYSICIAN	50 00 0 00					X		497,000	0	51,205
MARJORIE TEVLIN MD PHYSICIAN	50 00 0 00					X		461,163	0	24,369
RICHARD LAMMERS MD PHYSICIAN	50 00 0 00					X		447,089	0	46,839
SHELDON NELSON MD PHYSICIAN	50 00 0 00					X		447,375	0	50,220
DANIEL LEWIS MD PHYSICIAN	50 00 0 00					X		442,520	0	51,127
JEFFREY ZAVALA FORMER KEY EMPLOYEE	50 00 0 00						X	0	530,274	90,527
STUART GOODMAN MD FORMER HIGHEST PAID	0 00 50 00						X	0	775,838	39,180
WILLIAM SPIRE MD FORMER HIGHEST PAID	0 00 50 00						X	0	671,066	48,587

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 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
ST VINCENT HEALTHCARE

Employer identification number
81-0232124

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

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

- 1

☐

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

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

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

Part II

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

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
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 ► <input type="checkbox"/>	
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 ► <input type="checkbox"/>	
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 ► <input type="checkbox"/>	
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 ► <input type="checkbox"/>	
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 ► <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 81-0232124
Name: ST VINCENT HEALTHCARE

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

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

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

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

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

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

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

Name of the organization ST VINCENT HEALTHCARE	Employer identification number 81-0232124
---	--

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

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

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

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

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

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

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

d Other exempt purpose expenditures

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		448,629
j	Total. Add lines 1c through 1i			448,629
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	AS PART OF THEIR MISSION TO SUPPORT THE POOR AND VULNERABLE ST VINCENT HEALTHCARE PAID \$448,500 TO THE MONTANA HOSPITAL ASSOCIATION TO SUPPORT A MEDICAID EXPANSION INITIATIVE IN MONTANA. ST VINCENT HEALTHCARE HAS ALSO PAID MEMBERSHIP DUES TO THE MONTANA HOSPITAL ASSOCIATION OF WHICH \$129 IS ATTRIBUTED TO LOBBYING.

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DLN: 93493308010899

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for 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 HEALTHCARE

Employer identification number

81-0232124

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.

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

(a) Donor advised funds

(b) Funds and other accounts

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

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

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

1b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	24,954,332	43,040,009	42,470,513	40,639,150	22,166,108
b Contributions	1,675,842	654,720	7,159,174	7,967,355	27,735,435
c Net investment earnings, gains, and losses	-1,177,332		441,785	-188,066	361,820
d Grants or scholarships			3,861,558	4,693,288	6,210,518
e Other expenditures for facilities and programs		18,740,397	3,169,905	1,254,638	3,413,695
f Administrative expenses					
g End of year balance	25,452,842	24,954,332	43,040,009	42,470,513	40,639,150

2

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

a

Board designated or quasi-endowment

57 660 %

b

Permanent endowment

42 340 %

c

Temporarily restricted endowment

0 %

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

3a

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

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

Yes

b

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

3b

Yes

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	21,974,677			21,974,677
b Buildings	212,328,242		123,249,334	89,078,908
c Leasehold improvements	15,111,768		10,882,214	4,229,554
d Equipment	164,759,685		120,285,224	44,474,461
e Other	17,354,193			17,354,193
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				177,111,793

Part VII

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

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

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLE	453,802,572
(2) OTHER ACCT RECEIVABLE	2,820,692
(3) 3RD PARTY SETTLEMENTS	20,010,787
(4) JOINT VENTURE RECEIVABLES	126,991
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	476,761,042

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		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶		

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 81-0232124
Name: ST VINCENT HEALTHCARE

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE TWO LARGEST ENDOWMENTS SUPPORT THE MT PEDIATRICS PROJECT AND NURSE EDUCATION THE REMA INING ENDOWMENTS SUPPORT MOTHER/NEWBORN OBSTETRICS, CANCER PATIENT SUPPORT, SPIRITUAL CARE , EMPLOYEE ASSISTANCE AND OTHER VARIOUS DEPARTMENTS IN THE HOSPITAL

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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

ST VINCENT HEALTHCARE

Employer identification number

81-0232124

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

► Attach to Form 990.

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

Part IFinancial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

☐ 100%

☐ 150%

☒ 200%

☐ Other

%

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

☐ 200%

☐ 250%

☐ 300%

☐ 350%

☒ 400%

☐ Other

%

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?

4

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

5b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

Yes

5c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

No

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

6b

If "Yes," did the organization make it available to the public?

6b

Yes

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

7Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			3,735,012		3,735,012	0 950 %
b Medicaid (from Worksheet 3, column a)			60,460,109	53,746,329	6,713,780	1 710 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			696,850	1,294,945	0	0 %
d Total Financial Assistance and Means-Tested Government Programs			64,891,971	55,041,274	10,448,792	2 660 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			948,253		948,253	0 240 %
f Health professions education (from Worksheet 5)			570,095		570,095	0 150 %
g Subsidized health services (from Worksheet 6)			20,453,318	13,006,159	7,447,159	1 900 %
h Research (from Worksheet 7)			76,166		76,166	0 020 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			507,923		507,923	0 130 %
j Total. Other Benefits			22,555,755	13,006,159	9,549,596	2 440 %
k Total. Add lines 7d and 7j			87,447,726	68,047,433	19,998,388	5 100 %

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

Cat No 50192T

Schedule H (Form 990) 2018

Part III 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						
2 Economic development						
3 Community support			101,562		101,562	0.030 %
4 Environmental improvements			705		705	0 %
5 Leadership development and training for community members			157		157	0 %
6 Coalition building			273		273	0 %
7 Community health improvement advocacy			251,745		251,745	0.060 %
8 Workforce development			0			
9 Other			647,180		647,180	0.170 %
10 Total			1,001,622		1,001,622	0.260 %

Part IIII Bad Debt, Medicare, & Collection Practices**Section A. Bad Debt Expense**

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	9,824,233	
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		
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	58,391,154	
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	82,407,808	
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-24,016,654	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.			
<input type="checkbox"/> Cost accounting system			
<input checked="" type="checkbox"/> Cost to charge ratio			
<input type="checkbox"/> Other			

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (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 1 ATHLETIC MEDICINE & PERFORMANCE LLC	PHYSICAL THERAPY	33.330 %		47.410 %
2 2 ROCKY MOUNTAIN HEALTH NETWORK INC	PHO - ADMINISTRATIVE SERVICES	50.000 %		50.000 %
3 3 ROCKY MOUNTAIN ACCOUNTABLE HEALTH NETWORK INC	ACCOUNTABLE CARE ORGANIZATION	50.000 %		50.000 %
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)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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 HEALTHCARE**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>17</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b Yes	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> Other website (list url) <u>SEE PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10 Yes	
a If "Yes" (list url) <u>SEE PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

ST VINCENT HEALTHCARE			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE PART V, SECTION C		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE PART V, SECTION C		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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

ST VINCENT HEALTHCARE

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

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

ST VINCENT HEALTHCARE

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? **24**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
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Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A	THIS ORGANIZATION IS PART OF SCL HEALTH SYSTEM WHICH PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT ON A CONSOLIDATED BASIS THE REPORT IS PREPARED BY THE PARENT COMPANY, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC
PART I, LINE 7	THE AMOUNTS REPORTED ON FORM 990, SCHEDULE H, PART I, LINE 7A, 7B AND 7C WERE DETERMINED USING THE COST TO CHARGE RATIO DERIVED FROM WORKSHEET 2, IN THE SCHEDULE H, FORM 990 INSTRUCTIONS FORM 990, SCHEDULE H, PART I, LINES 7E, 7F, 7G, 7H AND 7I ARE REPORTED AT COST AS REPORTED IN THE ORGANIZATION'S FINANCIAL STATEMENTS PART I, LINE 7, COLUMN (F) THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE ON SCHEDULE H, PART I, LINE 7 COLUMN (F) IS \$9,824,233

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	ST VINCENT HEALTHCARE RECOGNIZES THE NEED TO ADDRESS UNDERLYING FACTORS WHICH INFLUENCE HEALTH IN OUR COMMUNITY SUCH AS EDUCATION, HOUSING, EARLY CHILDHOOD DEVELOPMENT AND ECONOMIC SECURITY WE SPONSOR THE FOSTER GRANDPARENT PROGRAM WITH 50 LOW-INCOME SENIORS MENTORING STUDENTS IN NEED AT SCHOOLS AND HEADSTART CENTERS RESULTING IN IMPROVED ACADEMIC SCORES WE SUPPORTED THE CERTIFIED NURSING ASSISTANT (CNA) COURSE AND SURGICAL TECH COURSE FOR HIGH SCHOOL STUDENTS AT THE CAREER CENTER ST VINCENT PROVIDED FINANCIAL SUPPORT TO THE YWCA TO BUILD TRANSITIONAL HOUSING AND PROVIDE SUPPORT SERVICES FOR VICTIMS OF VIOLENCE WE PROVIDE FINANCIAL SUPPORT TO ORGANIZATIONS ADDRESSING SOCIAL DETERMINANTS OF HEALTH AND ST VINCENT HEALTHCARE LEADERSHIP SERVE ON THE BOARDS OF ORGANIZATIONS FOCUSED ON COMMUNITY BUILDING INCLUDING BIG SKY ECONOMIC DEVELOPMENT, COMMUNITY LEADERSHIP DEVELOPMENT INC , AND THE BILLINGS CHAMBER OF COMMERCE SCHEDULE H, PART III, LINE 1THE ORGANIZATION REPORTS BAD DEBT IN ACCORDANCE TO HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION (HFMA) STATEMENT NO 15 TO THE EXTENT THAT HFMA STATEMENT NO 15 FOLLOWS THE GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) FOR THE REPORTING OF BAD DEBT
PART III, LINE 2	THE BAD DEBT EXPENSE REPORTED ON PART III, LINE 2 IS AT CHARGES AS RECORDED IN THE ORGANIZATION'S FINANCIAL STATEMENTS THE ALLOWANCE FOR BAD DEBT IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING THE BUSINESS AND GENERAL ECONOMIC CONDITIONS IN ITS SERVICE AREA, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS THE BAD DEBT ALLOWANCE IS CALCULATED AS A PERCENTAGE OF PATIENT RECEIVABLES AFTER DEDUCTIONS FOR ESTIMATED PROVISIONS FOR CONTRACTUAL ADJUSTMENTS (DISCOUNTS) ON SERVICES PROVIDED TO ENROLLEES OF MEDICARE, MEDICAID, THIRD-PARTY PAYOR PROGRAMS, CHARITY CARE, UNINSURED DISCOUNTS, AND OTHER ADMINISTRATIVE ADJUSTMENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	<p>THE ALLOWANCE FOR BAD DEBT IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING THE BUSINESS AND GENERAL ECONOMIC CONDITIONS IN ITS SERVICE AREA, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS THE BAD DEBT ALLOWANCE IS CALCULATED AS A PERCENTAGE OF PATIENT RECEIVABLES AFTER DEDUCTIONS FOR ESTIMATED PROVISIONS FOR CONTRACTUAL ADJUSTMENTS (DISCOUNTS) ON SERVICES PROVIDED TO ENROLLEES OF MEDICARE, MEDICAID, THIRD-PARTY PAYOR PROGRAMS, CHARITY CARE, UNINSURED DISCOUNTS, AND OTHER ADMINISTRATIVE ADJUSTMENTS THE ORGANIZATION HAS A FINANCIAL ASSISTANCE PROGRAM THAT PROVIDES PATIENTS OPPORTUNITIES TO APPLY FOR FREE OR DISCOUNTED CARE AND/OR TO BE ENROLLED IN A GOVERNMENT SPONSORED MEDICAL CARE PROGRAM THE PROCESS INCLUDES IDENTIFYING PATIENTS WITH A FINANCIAL CONCERN AND PROVIDING FINANCIAL COUNSELING AND ASSISTANCE IN APPLYING FOR THE ORGANIZATION'S CHARITY CARE AND OTHER FINANCIAL ASSISTANCE PROGRAMS CERTAIN PATIENT ACCOUNTS ARE WRITTEN OFF TO BAD DEBT BECAUSE THE ORGANIZATION DOES NOT HAVE SUFFICIENT INFORMATION TO DETERMINE IF THE PATIENT WOULD QUALIFY FOR FREE CARE OR FINANCIAL AID THEREFORE, IT IS POSSIBLE THAT SOME BAD DEBT IS ACTUALLY CHARITY CARE HOWEVER, IF A PATIENT ACCOUNT IS WRITTEN OFF TO BAD DEBT AND THE COLLECTION AGENCY LATER DETERMINES THAT THE PATIENT WOULD HAVE QUALIFIED FOR FREE CARE OR FINANCIAL AID, THEN THE BAD DEBT EXPENSE IS RECLASSIFIED TO CHARITY CARE THE FOLLOWING IS THE TEXT OF THE FOOTNOTE IN THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES THE BAD DEBT ALLOWANCE AND BAD DEBT EXPENSE IN MAY 2014, THE FASB ISSUED ASU 2014-09, REVENUE FROM CONTRACTS WITH CUSTOMERS (TOPIC 606), AND HAS SUBSEQUENTLY ISSUED SUPPLEMENTAL AND/OR CLARIFYING ASUS (COLLECTIVELY, ACCOUNTING STANDARDS CODIFICATION (ASC) 606) ASC 606 OUTLINES A FIVE-STEP FRAMEWORK THAT INTENDS TO CLARIFY THE PRINCIPLES FOR RECOGNIZING REVENUE AND ELIMINATE INDUSTRY-SPECIFIC GUIDANCE IN ADDITION, ASC 606 REVISES CURRENT DISCLOSURE REQUIREMENTS IN AN EFFORT TO HELP FINANCIAL STATEMENT USERS BETTER UNDERSTAND THE NATURE, AMOUNT, TIMING, AND UNCERTAINTY OF REVENUE THAT IS RECOGNIZED SCL HEALTH ADOPTED ASC 606 EFFECTIVE JANUARY 1, 2018 USING THE MODIFIED RETROSPECTIVE APPROACH AS A RESULT OF ADOPTION, AMOUNTS PREVIOUSLY CLASSIFIED AS PROVISION FOR BAD DEBTS IN THE CONSOLIDATED STATEMENT OF OPERATIONS ARE NOW REFLECTED AS IMPLICIT PRICE CONCESSIONS AND THEREFORE INCLUDED AS A REDUCTION OF NET PATIENT SERVICE REVENUE IN 2018 FOR PERIODS PRIOR TO THE ADOPTION OF ASC 606, THE PROVISION FOR BAD DEBTS HAS BEEN PRESENTED CONSISTENT WITH PREVIOUS REVENUE RECOGNITION STANDARDS THAT REQUIRED IT TO BE PRESENTED SEPARATELY AS A COMPONENT OF NET PATIENT SERVICE REVENUE</p>
PART III, LINE 8	<p>THE ORGANIZATION BELIEVES THAT AT LEAST SOME PORTION OF THE COSTS WE INCUR IN EXCESS OF PAYMENTS RECEIVED FROM THE FEDERAL GOVERNMENT FOR PROVIDING MEDICAL SERVICES TO MEDICARE ENROLLEES AND BENEFICIARIES UNDER THE FEDERAL MEDICARE PROGRAM (SHORTFALL OR MEDICARE SHORTFALL) CONSTITUTES A COMMUNITY BENEFIT PROVIDING THESE SERVICES CLEARLY LESSENS THE BURDENS OF THE GOVERNMENT BY ALLEVIATING THE FEDERAL GOVERNMENT FROM HAVING TO DIRECTLY PROVIDE THESE MEDICAL SERVICES AS DEMONSTRATED AND CALCULATED ON FORM 990, SCHEDULE H, PART III, LINES 5, 6 AND 7, OUR MEDICARE "ALLOWABLE COSTS" CLEARLY EXCEED THE PAYMENTS WE RECEIVE FOR PROVIDING THESE MEDICAL SERVICES UNDER THE MEDICARE PROGRAM BY ABSORBING THE MEDICARE SHORTFALL COSTS WE ARE PROVIDING A COMMUNITY BENEFIT AS WELL AS EASING THE BURDEN OF THE FEDERAL GOVERNMENT HAVING TO COVER THESE COSTS TO ARRIVE AT THE FORM 990, SCHEDULE H, PART III, LINE 6 AMOUNT, WE USED ACTUAL MEDICARE CHARGES FROM INTERNAL RECORDS AND APPLIED AN ESTIMATED COST TO CHARGE RATIO TO DETERMINE THE MEDICARE ALLOWABLE COSTS THE ESTIMATED MEDICARE COST TO CHARGE RATIO IS THE PRIOR PERIOD MEDICARE COST REPORT COST TO CHARGE RATIO</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B	AN INTEGRAL COMPONENT OF OUR MISSION IS TO BE GOOD FINANCIAL STEWARDS THIS REQUIRES US TO DETERMINE WHICH PATIENTS ARE IN NEED OF CHARITY CARE AND WHICH ARE ABLE TO CONTRIBUTE SOME PAYMENT FOR CARE RECEIVED WE MAINTAIN A BALANCE THAT ENABLES US TO CONTINUE TO PROVIDE CHARITY CARE TO THOSE WHO NEED IT MOST AND ENSURE THAT WE MANAGE OUR RESOURCES SO WE CAN CONTINUE TO BE HERE WHEN PEOPLE NEED US MOST THE ORGANIZATION NOTIFIES PATIENTS OF FINANCIAL ASSISTANCE POLICY UPON ADMISSION AND DISCHARGE IN ADDITION, THE PATIENTS RECEIVE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY WITH THEIR PATIENT BILLS PATIENTS ARE CONTACTED MULTIPLE TIMES ABOUT UNPAID BALANCES PRIOR TO INITIATING ANY COLLECTION ACTION IF A PATIENT IS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE AT ANY TIME DURING THE COLLECTION PROCESS, THE ACCOUNT IS RECLASSIFIED AS FINANCIAL ASSISTANCE AND DEBT COLLECTION EFFORTS ARE CEASED
PART V, SECTION A	WEBSITE WWW.SCLHEALTH.ORG/LOCATIONS/ST-VINCENT-HEALTHCARE/

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	IN ADDITION TO THE CHNA, ST VINCENT HEALTHCARE USES SECONDARY DATA SUCH AS COUNTY HEALTH RANKINGS AND THE BEHAVIOR RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) TO DETERMINE HEALTH NEEDS FOR COUNTIES BEYOND OUR PRIMARY SERVICE AREA ST VINCENT HEALTHCARE LEADERS SERVE ON VARIOUS COMMUNITY BOARDS TO UNDERSTAND SPECIFIC NEEDS OUTREACH AND RELATIONSHIPS WITH OTHER HOSPITALS AND CLINICS ALSO ENABLES ST VINCENT TO BETTER ASSESS HEALTH CARE NEEDS OF OUR RURAL MONTANA COMMUNITIES
PART VI, LINE 3	THE ORGANIZATION NOTIFIES PATIENTS ABOUT THE FINANCIAL ASSISTANCE POLICY UPON ADMISSION AND PRIOR TO DISCHARGE NOTICES ABOUT THE FINANCIAL ASSISTANCE POLICY ARE DISPLAYED THROUGHOUT THE HOSPITAL IN ADDITION, PATIENTS RECEIVE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY WITH THEIR PATIENT BILLS THE FINANCIAL ASSISTANCE POLICY AND APPLICATION ARE POSTED ON THE HOSPITAL'S WEBSITE THE POLICY AND APPLICATION ARE ALSO AVAILABLE UPON REQUEST THE ORGANIZATION HAS A FINANCIAL ASSISTANCE PROGRAM THAT PROVIDES PATIENTS OPPORTUNITIES TO APPLY FOR FREE OR DISCOUNTED CARE AND/OR TO BE ENROLLED IN A GOVERNMENT SPONSORED MEDICAL CARE PROGRAM THE PROCESS INCLUDES IDENTIFYING PATIENTS WITH A FINANCIAL CONCERN, PROVIDING FINANCIAL COUNSELING AND ASSISTANCE IN APPLYING FOR THE ORGANIZATION'S CHARITY CARE AND OTHER FINANCIAL ASSISTANCE PROGRAMS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	<p>POPULATION AND GEOGRAPHY ST VINCENT HEALTHCARE'S PRIMARY SERVICE AREA INCLUDES YELLOWSTONE COUNTY YELLOWSTONE COUNTY ENCOMPASSES 2,633 SQUARE MILES AND INCLUDES A POPULATION OF 151,965 RESIDENTS BETWEEN THE 2000 AND 2010 US CENSUSES, THE POPULATION OF YELLOWSTONE COUNTY INCREASED BY 14 4%, A GREATER PROPORTIONAL INCREASE THAN SEEN ACROSS BOTH MONTANA AND THE NATION OVERALL YELLOWSTONE COUNTY IS PREDOMINATELY URBAN WITH 83 3% OF THE POPULATION LIVING IN AREAS DESIGNATED AS URBAN AND IS SURROUNDED BY RURAL AND FRONTIER COUNTIES RACE AND ETHNICITY THE MAJORITY OF YELLOWSTONE COUNTY RESIDENTS ARE WHITE (90 6%), 4 3% ARE NATIVE AMERICAN, AND 0 7% ARE BLACK A TOTAL OF 5% OF YELLOWSTONE COUNTY RESIDENTS ARE HISPANIC OR LATINO YELLOWSTONE COUNTY HAS A SMALL PERCENTAGE OF LINGUISTICALLY ISOLATED RESIDENTS AT 0 6% POVERTY THE LATEST CENSUS ESTIMATE SHOWS 12 5% OF THE YELLOWSTONE COUNTY POPULATION LIVING BELOW THE FEDERAL POVERTY LEVEL IN ALL, 31 2% OF YELLOWSTONE COUNTY RESIDENTS (AN ESTIMATED 46,236 INDIVIDUALS) LIVE BELOW 200% OF THE FEDERAL POVERTY LEVEL ADDITIONALLY, 40 5% OF YELLOWSTONE COUNTY CHILDREN LIVE BELOW THE 200% POVERTY THRESHOLD ECONOMICS THE UNEMPLOYMENT RATE IN YELLOWSTONE COUNTY IN 2015 WAS 3 3% (US DEPARTMENT OF LABOR), MORE FAVORABLE THAN THE STATEWIDE AND NATIONAL UNEMPLOYMENT RATES AMONG THE ADULT POPULATION, AN ESTIMATED 7 6% OF RESIDENTS DO NOT HAVE A HIGH SCHOOL EDUCATION, IDENTICAL TO MONTANA RATES AND MORE FAVORABLE THAN NATIONAL RATES SIMILAR TO NATIONAL RATES, NEARLY A THIRD OF ADULTS REPORTED HOUSING INSECURITY (2017 CHNA) ADDITIONALLY, 14 4% OF ADULTS REPORTED FOOD INSECURITY, ALSO SIMILAR TO RATES FOUND NATIONALLY (2017 CHNA) HEALTH STATUS JUST OVER ONE-HALF (50 5%) OF YELLOWSTONE COUNTY ADULTS RATE THEIR OVERALL HEALTH AS "EXCELLENT OR "VERY GOOD" WHILE 15 4% OF ADULTS RATED THEIR HEALTH AS "FAIR OR "POOR" (2017 CHNA), SIMILAR TO STATEWIDE AND NATIONAL FINDINGS A TOTAL OF 29 6% OF YELLOWSTONE COUNTY ADULTS ARE LIMITED IN SOME WAY DUE A PHYSICAL, MENTAL, OR EMOTIONAL PROBLEM, LESS FAVORABLE THAN STATE AND NATIONAL PREVALENCE RATES IN 2017, COUNTY HEALTH RANKINGS & ROADMAPS PROGRAM RANKED YELLOWSTONE COUNTY 19 OF 47 COUNTIES IN MONTANA</p>
PART VI, LINE 5	<p>ST VINCENT HEALTHCARE ADHERES TO COMMUNITY BENEFIT GUIDELINES OUTLINED IN THE CATHOLIC HEALTH ASSOCIATION'S PUBLICATION, "A GUIDE TO PLANNING AND REPORTING COMMUNITY BENEFIT" ST VINCENT HEALTHCARE'S COMMUNITY BENEFIT WORK IS DRIVEN BY IDENTIFIED COMMUNITY HEALTH NEEDS AND DIRECTED IN COLLABORATION WITH OTHER HEALTHCARE ORGANIZATIONS AND THE BROADER COMMUNITY COMMUNITY BENEFIT STRATEGIES ARE INTEGRATED IN THE ORGANIZATIONAL STRATEGIC PLAN PROGRAMS ARE LOCATED THROUGHOUT THE ORGANIZATION AND STAFF AND BOARD EDUCATION IS CONDUCTED ST VINCENT HEALTHCARE HAS DEDICATED STAFF COMMITTED TO COMMUNITY BENEFIT EFFORTS HOSPITAL LEADERS, MANAGERS, AND SUPERVISORS ARE REQUIRED TO PARTICIPATE ANNUALLY IN COMMUNITY BENEFIT SERVICE EVENTS WITH NON-PROFIT ORGANIZATIONS TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE IN 2017, OUR LEADERS PERFORMED OVER 2,700 HOURS OF SERVICE IN THE COMMUNITY, BENEFITING MORE THAN 78 ORGANIZATIONS ST VINCENT HEALTHCARE'S BOARD OF DIRECTORS IS A VOLUNTEER GOVERNING BODY WHICH INCLUDE INDEPENDENT PERSONS THAT REPRESENT THE COMMUNITY WITHIN THE BOARD OF DIRECTORS, THERE IS A SPECIFIC COMMUNITY BENEFIT BOARD LEVEL COMMITTEE THIS COMMITTEE IS DEEPLY INVOLVED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS AND PROVIDES DIRECTION TO DEVELOPMENT OF THE ORGANIZATION'S IMPROVEMENT PLAN IN RESPONSE TO RESULTS OF COMMUNITY HEALTH NEEDS ASSESSMENT THE HOSPITAL'S COMMUNITY BENEFIT BOARD COMMITTEE MONITORS IMPLEMENTATION OF COMMUNITY BENEFIT PROGRAMS AND PROVIDES REPORTS BACK TO THE FULL HOSPITAL BOARD ST VINCENT HEALTHCARE OPERATES AN EMERGENCY ROOM THAT IS OPEN TO ALL PERSONS REGARDLESS OF ABILITY TO PAY AND HAS AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA ST VINCENT HEALTHCARE ENGAGES IN MEDICAL AND SCIENTIFIC RESEARCH PROGRAMS, ENGAGES IN THE TRAINING AND EDUCATION OF HEALTHCARE PROFESSIONALS AND PARTICIPATES IN MEDICAID, MEDICARE AND OTHER GOVERNMENT SPONSORED HEALTH PROGRAMS ST VINCENT HEALTHCARE EMPLOYS THE STAFF OF THE ST VINCENT HEALTHCARE FOUNDATION, A NON-PROFIT ORGANIZATION THAT PROVIDES FUNDRAISING FOR BOTH ST VINCENT HEALTHCARE PROGRAMS AND FOR COMMUNITY BENEFIT PROGRAMS THAT REACH BOTH THE POOR AND BROADER COMMUNITY OPERATIONS OF THE ST VINCENT HEALTHCARE FOUNDATION ARE GOVERNED BY A SEPARATE FOUNDATION BOARD WITH VOLUNTARY MEMBERSHIPS FROM THE LOCAL COMMUNITY WHEN ST VINCENT HEALTHCARE HAS EXCESS REVENUE OVER OPERATING EXPENSES, WE USE THOSE FUNDS TO OBTAIN CURRENT HEALTHCARE TECHNOLOGIES AND EQUIPMENT, IMPROVE PATIENT CARE, PROVIDE MEDICAL TRAINING EDUCATION AND RESEARCH, AND TO EXPAND ACCESS TO POINTS OF CARE THESE INVESTMENTS ENSURE WE WILL BE ABLE TO CARE FOR FUTURE GENERATIONS ST VINCENT CO-LEADS COMMUNITY HEALTH IMPROVEMENT EFFORTS AS PART OF THE ALLIANCE, A COLLABORATIVE WITH BILLINGS CLINIC AND RIVERSTONE HEALTH, AND COMMITS TIME AND FINANCIAL RESOURCES TO FULFILLING GOALS OUTLINED IN THE COLLABORATIVE COMMUNITY HEALTH IMPROVEMENT PLAN FOR YELLOWSTONE COUNTY IN 2018, WE PROVIDED \$593,706 IN MISSION FUND GRANT AWARDS TO AMERICAN RED CROSS, BIG SKY ECONOMIC DEVELOPMENT, BIG SKY SENIOR SERVICES, BILLINGS CLINIC PSYCHIATRIC RESIDENCY, BOYS AND GIRLS CLUB OF CARBON COUNTY, COMMUNITY CRISIS CENTER, HORSES SPIRITS HEALING, INC , MONTANA STATE UNIVERSITY BILLINGS, RIVERSTONE HEALTH, ROCKY MOUNTAIN COLLEGE, ROSE PARK ELEMENTARY INCLUSIVE PLAYGROUND, WALLA WALLA UNIVERSITY BILLINGS MENTAL HEALTH CLINIC, YOUTH DYNAMICS, AND YWCA BILLINGS ST VINCENT HEALTHCARE VALUES THESE COMMUNITY PARTNERSHIPS AND COLLABORATIONS AS AN INTEGRAL PART OF OUR COMMUNITY HEALTH IMPROVEMENT EFFORTS</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	<p>THE ORGANIZATION IS A CONTROLLED ENTITY OF THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC (SCLHS) SCLHS AND ITS AFFILIATED ENTITIES HAVE A COMMON CALLING AND MISSION "WE REVEAL AND FOSTER GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE " WE STRIVE TO PROVIDE HIGH-QUALITY, COMPASSIONATE AND AFFORDABLE HEALTHCARE IN EACH OF OUR HOSPITAL SITES AND THEIR RESPECTIVE COMMUNITIES, AS WELL AS IN A VARIETY OF OUTPATIENT SETTINGS AND IN THE HOME SCLHS IS A FAITH-BASED, NONPROFIT HEALTHCARE ORGANIZATION THAT OPERATES EIGHT HOSPITALS, TWO SAFETY NET CLINICS, ONE CHILDREN'S MENTAL HEALTH CENTER, HOME HEALTH AND MORE THAN 100 PHYSICIAN CLINICS IN THREE STATES - COLORADO, KANSAS AND MONTANA THE HEALTH SYSTEM INCLUDES MORE THAN 16,000 FULL-TIME ASSOCIATES AND MORE THAN 600 EMPLOYED PROVIDERS AS OUR HEALTH SYSTEM GROWS, WE'RE LEVERAGING THAT GROWTH TO ACHIEVE BENEFITS OF SCALE - IDENTIFYING COST AND OTHER ADVANTAGES THAT WE GAIN DUE TO OUR SIZE WE'RE ALSO WORKING TO STREAMLINE AND UNIFY OUR SYSTEM-WIDE PROCESSES TO ELIMINATE COSTLY DUPLICATION OF EFFORT WE ACTIVELY ENCOURAGE OUR PEOPLE TO PURSUE CREATIVE IDEAS THAT IMPROVE EFFICIENCY, SERVICE AND THE OVERALL CARE EXPERIENCE WHEN OUR ASSOCIATES OR LEADERSHIP TEAMS IDENTIFY BEST PRACTICES IN ANY AREA OF CARE, WE RAPIDLY REPLICATE THOSE ACROSS ALL CARE SITES THE ORGANIZATION PROMOTES THE HEALTH OF THE COMMUNITY BY DELIVERING DIRECT HIGH QUALITY HEALTHCARE SERVICES THAT ARE RESPONSIVE TO THE NEEDS OF ITS PATIENTS AND THEIR FAMILIES THIS INCLUDES COORDINATING COMMUNITY BENEFIT PROCESSES, PROVIDING GUIDANCE WITH COMMUNITY NEEDS ASSESSMENTS, AND ESTABLISHING CONSISTENT FINANCIAL ASSISTANCE AND CHARITY CARE POLICIES AND PROCEDURES ADDITIONALLY, SCLHS BENEFITS AFFILIATES THROUGH QUALITY IMPROVEMENT AND PERFORMANCE EXCELLENCE INITIATIVES, SYSTEM-WIDE INFORMATION TECHNOLOGY IMPLEMENTATION AND INFRASTRUCTURE, STRATEGIC AND OPERATIONS DIRECTION AND OVERSIGHT, SUPPLY CHAIN MANAGEMENT AND PURCHASING, FINANCE ADMINISTRATION, REVENUE CYCLE SUPPORT, BENEFITS ADMINISTRATION, RISK MANAGEMENT, DISASTER PLANNING AND CRISIS ASSISTANCE, CENTRAL CASH MANAGEMENT AND INVESTMENT, INTERNAL AUDIT, LEGAL SERVICES, TAX SERVICES AND MISSION INTEGRATION</p>

Additional Data

Software ID:

Software Version:

EIN: 81-0232124

Name: ST VINCENT HEALTHCARE

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		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 HEALTHCARE 1233 NORTH 30TH STREET BILLINGS, MT 59101 SEE PART VI SUPP INFO 13258	X	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
ST VINCENT HEALTHCARE	<p>PART V, SECTION B, LINE 5 THE 2017 CHNA WAS CONDUCTED BY ST VINCENT HEALTHCARE IN PARTNERSHIP WITH BILLINGS CLINIC, A HOSPITAL LOCATED IN BILLINGS, MT, AND THE CITY-COUNTY HEALTH DEPARTMENT, RIVERSTONE HEALTH THE CHNA ADVISORY GROUP CONSISTED OF 71 INDIVIDUALS REPRESENTING 58 ORGANIZATIONS ACROSS THE COMMUNITY THE ADVISORY GROUP PROVIDED INPUT THROUGHOUT THE CHNA/CHIP PROCESS AND APPROVED MAJOR ACTIVITIES SUCH AS THE QUESTIONNAIRE, STAKEHOLDERS INVOLVED IN THE KEY INFORMANT SURVEY, AGENDA ITEMS AND INVITEES FOR THE PRIORITIZATION PROCESS THE CHNA INCORPORATED 1) PRIMARY QUANTITATIVE DATA (A 404 HOUSEHOLD TELEPHONE COMMUNITY HEALTH SURVEY), 2) SECONDARY QUANTITATIVE DATA (EXISTING PUBLIC HEALTH DATA) AND 3) PRIMARY QUALITATIVE DATA (KEY INFORMANT SURVEYS) THE SAMPLE DRAWN FOR THE 404 HOUSEHOLD TELEPHONE SURVEY IS REPRESENTATIVE OF THE ADULT YELLOWSTONE COUNTY POPULATION IN TERMS OF DEMOGRAPHIC AND SOCIOECONOMIC CHARACTERISTICS, AS WELL AS GEOGRAPHIC LOCATION THE 2017 CHNA WAS A FOLLOW-UP TO SIMILAR SURVEYS CONDUCTED IN 2014, 2011, AND 2006 WHICH ALLOWED FOR TRENDING OVER TIME TO SOLICIT INPUT FOR KEY INFORMANTS, AN ONLINE KEY INFORMANT SURVEY WAS IMPLEMENTED 194 COMMUNITY STAKEHOLDERS TOOK PART IN THE ONLINE KEY INFORMANT SURVEY INCLUDING REPRESENTATIVES OF COMMUNITY BASED ORGANIZATIONS, EDUCATION, GOVERNMENT, BUSINESS, HEALTHCARE AND PUBLIC HEALTH THROUGHOUT THE PROCESS, INPUT WAS GATHERED FROM INDIVIDUALS WHOSE ORGANIZATIONS WORK WITH LOW-INCOME, MINORITY POPULATIONS, OR OTHER MEDICALLY UNDERSERVED POPULATIONS MINORITY/MEDICALLY UNDERSERVED POPULATIONS REPRESENTED BY KEY INFORMANTS INCLUDED AFRICAN-AMERICANS, AGRICULTURAL WORKERS, AMERICAN INDIANS, ASIANS, CHILDREN, COLLEGE STUDENTS, THOSE WITH CO-OCCURRING DISORDERS, CRIMINAL OFFENDERS, THOSE WITH DISABILITIES, THE ELDERLY, ENGLISH AS A SECOND LANGUAGE, HISPANICS, HOMELESS INDIVIDUALS, HUTTERITES, IMMIGRANTS, LGBT, LOW INCOME, THE MENTALLY ILL, MULTI-RACIAL INDIVIDUALS, PREGNANT TEENS, RUNAWAYS, RURAL RESIDENTS, SAMOANS, SINGLE PARENTS, SUBSTANCE ABUSERS, UNINSURED/UNDERINSURED RESIDENTS, VETERANS, VICTIMS OF VIOLENCE, WOMEN, AND INDIVIDUALS WITH CHRONIC DISEASE SUCH AS CANCER, DIABETES, HIGH BLOOD PRESSURE, AND HIV/AIDS</p>

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
ST VINCENT HEALTHCARE	PART V, SECTION B, LINE 6A THE 2017 CHNA WAS CONDUCTED IN PARTNERSHIP WITH BILLINGS CLINIC, A HOSPITAL LOCATED IN BILLINGS, MT

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
ST VINCENT HEALTHCARE	PART V, SECTION B, LINE 6B THE CHNA WAS CONDUCTED WITH THE CITY-COUNTY HEALTH DEPARTMENT, RIVERSTONE HEALTH IN ADDITION, 71 REPRESENTATIVES FROM BUSINESS, COMMUNITY, EDUCATION, FAITH-BASED ORGANIZATIONS, AND GOVERNMENT WERE INVOLVED IN THE CHNA PROCESS AS MEMBERS OF THE CHNA ADVISORY GROUP WHICH PROVIDED OVERSIGHT TO THE CHNA PROCESS ST VINCENT HEALTHCARE PART V, SECTION B, LINE 7A WWW SCLHEALTH ORG/LOCATIONS/ST-VINCENT-HEALTHCARE/ABOUT/COMMUNITY-BENEFIT/ST VINCENT HEALTHCARE PART V, SECTION B, LINE 7B HTTP //WWW HEALTHYBYDESIGNYELLOWSTONE ORG/COMMUNITY-DATA/

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
ST VINCENT HEALTHCARE	PART V, SECTION B, LINE 7D A PRESS CONFERENCE WAS HELD ON FEBRUARY 6, 2017, TO PUBLICIZE THE CHNA PRINTED COPIES OF THE CHNA REPORT WERE DISTRIBUTED TO LOCAL NON-PROFIT ORGANIZATIONS THE CHNA IS ALSO AVAILABLE ELECTRONICALLY ON THE HEALTHY BY DESIGN COALITION WEBSITE HTTP //WWW HEALTHYBYDESIGNYELLOWSTONE ORG ST VINCENT HEALTHCARE PART V, SECTION B, LINE 10A HTTPS //WWW SCLHEALTH ORG/LOCATIONS/ST-VINCENT-HEALTHCARE/ABOUT/COMMUNITY-BENEFIT/

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
ST VINCENT HEALTHCARE	<p>PART V, SECTION B, LINE 11 THE 2017 CHNA IDENTIFIED 13 AREAS OF OPPORTUNITY AFTER CONSIDERATION OF VARIOUS CRITERIA, INCLUDING STANDING IN COMPARISON WITH BENCHMARK DATA (PARTICULARLY NATIONAL DATA), IDENTIFIED TRENDS, THE PREPONDERANCE OF SIGNIFICANT FINDINGS WITHIN TOPIC AREAS, THE MAGNITUDE OF THE ISSUE IN TERMS OF NUMBER OF PERSONS AFFECTED, AND THE POTENTIAL HEALTH IMPACT OF A GIVEN ISSUE. IN ALPHABETICAL ORDER, THEY ARE 1 ACCESS TO HEALTHCARE SERVICES2 CANCER3 DEMENTIA, INCLUDING ALZHEIMER'S DISEASE4 DIABETES5 HEART DISEASE6 INFANT HEALTH AND FAMILY PLANNING7 INJURY AND VIOLENCE8 MENTAL HEALTH9 NUTRITION, PHYSICAL ACTIVITY AND WEIGHT10 POTENTIALLY DISABLING CONDITIONS11 RESPIRATORY DISEASES12 SUBSTANCE ABUSE13 TOBACCO USE. A GROUP OF COMMUNITY STAKEHOLDERS, REPRESENTING A CROSS-SECTION OF COMMUNITY-BASED AGENCIES AND ORGANIZATIONS, WAS CONVENED TO EVALUATE, DISCUSS, AND PRIORITIZE HEALTH ISSUES FOR THE COMMUNITY. PARTICIPANTS EVALUATED EACH OF THE 13 IDENTIFIED AREAS OF OPPORTUNITY ALONG TWO CRITERIA: SCOPE AND SEVERITY, AND ABILITY TO IMPACT. THIS PROCESS YIELDED A PRIORITIZED LIST OF COMMUNITY NEEDS WITH THE TOP THREE IDENTIFIED NEEDS AS 1 NUTRITION, PHYSICAL ACTIVITY & WEIGHT2 MENTAL HEALTH3 SUBSTANCE ABUSE. ST VINCENT HEALTHCARE IS ADDRESSING THESE IDENTIFIED HEALTH NEEDS THROUGH BOTH COLLABORATIVE COMMUNITY EFFORTS AND SPECIFIC HOSPITAL EFFORTS. NUTRITION, PHYSICAL ACTIVITY & WEIGHT 34.4% OF YELLOWSTONE COUNTY ADULTS ARE OBESE, HIGHER THAN MONTANA FINDINGS AND SIMILAR TO RATES IN THE U.S. (CHNA, 2017). AS A SPONSORING ENTITY AND MEMBER OF THE HEALTHY BY DESIGN COALITION, ST VINCENT HEALTHCARE IS COLLABORATING TO INCREASE THE PROPORTION OF RESIDENTS WHO ARE AT A HEALTHY WEIGHT IN YELLOWSTONE COUNTY THROUGH POLICY, SYSTEMS AND ENVIRONMENTAL CHANGE EFFORTS INCLUDING STRATEGIES FOR HEALTHY FOOD RETAIL AND PROCUREMENT, IMPROVING ACCESS TO PLACES FOR PHYSICAL ACTIVITY, COMMUNITY-SCALE URBAN DESIGN AND LAND USE POLICIES, AND PROVIDING SPACE FOR ORGANIZED ACTIVITIES THAT ENCOURAGE SOCIAL PARTICIPATION AND INCLUSION. THE HEALTHY BY DESIGN COALITION'S GARDENERS' MARKET, LOCATED IN A FEDERALLY IDENTIFIED FOOD DESERT WITHIN A LOW-INCOME NEIGHBORHOOD, SERVED NEARLY 200 RESIDENTS EACH WEEK FROM JUNE TO OCTOBER, ACCEPTING SNAP AND WIC BENEFITS TO INCREASE ACCESS TO AFFORDABLE FRUITS AND VEGETABLES. ST VINCENT HEALTHCARE CONTINUES TO OFFER THE EVIDENCE-BASED DIABETES AND HEART DISEASE PREVENTION PROGRAM. LOCATED AT THE BILLINGS FAMILY YMCA, THIS PROGRAM IS OFFERED TWICE PER YEAR. IN 2018, 119 INDIVIDUALS PARTICIPATED IN THE PROGRAM, WHICH FOCUSES ON NUTRITION EDUCATION AND PHYSICAL ACTIVITY, SUPPORTING HEALTHY LIFESTYLE CHANGES FOR ADULTS WHO ARE AT RISK FOR DEVELOPING TYPE 2 DIABETES. 28.8% OF CHILDREN AGES 5-17 ARE OVERWEIGHT OR OBESE (CHNA, 2017). ST VINCENT HEALTHCARE COLLABORATES WITH AND PROVIDES SUPPORT TO KIDS IN MOTION, AN ACTIVE TRANSPORTATION PROGRAM FACILITATED BY SCHOOL DISTRICT # 2, EDUCATION FOUNDATION FOR BI</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
ST VINCENT HEALTHCARE	<p>LLINGS PUBLIC SCHOOLS, THE CITY OF BILLINGS, AND OTHER COMMUNITY PARTNERS THAT COMBINES VOLUNTEER-COORDINATED EVENTS SUCH AS BICYCLE TUNE-UP CLINICS, WITH IN-CLASS EDUCATION TO EMPower YOUTH WITH THE SKILLS AND CONFIDENCE NEEDED TO WALK AND RIDE THEIR BICYCLE EVERY DAY. IN 2018, OVER 204 STUDENT BICYCLES WERE INSPECTED AND, IF NEEDED, REPAIRED AT 8 SCHOOLS. IN-CLASS EDUCATION WAS PROVIDED TO OVER 700 4TH AND 5TH GRADE STUDENTS AT EIGHT SCHOOLS. ST VINCENT HEALTHCARE MANAGES THE KOHL'S CARES FOR KIDS GRANT PARTNERSHIP WITH PRIORITY TITLE ONE SCHOOLS, PROVIDING PHYSICAL ACTIVITY AND NUTRITION EDUCATION AND OUTREACH. IN 2018, 2,380 STUDENTS IN FIVE TITLE ONE SCHOOLS WERE SERVED BY PROGRAM THROUGH RUNNING PROGRAMS, HIP HOP PROGRAMS, AND SHOE DISTRIBUTION. IN ADDITION, WE PROVIDED IN-KIND SUPPORT TO THE BILLINGS SCHOOL DISTRICT #2 SCHOOL HEALTH ADVISORY COMMITTEE AND BILLINGS ACTION FOR HEALTHY KIDS. ST VINCENT HEALTHCARE PROVIDED FINANCIAL SUPPORT AND LEADERSHIP PROMOTION. THESE ORGANIZATIONS INCLUDED TRAILNET, A LOCAL TRAIL ADVOCACY ORGANIZATION, BIG SKY STATE GAMES, A LOCAL ORGANIZATION WHICH PROVIDES COMMUNITY PHYSICAL ACTIVITY OPPORTUNITIES, SPECIAL OLYMPICS, FOCUSED ON PHYSICAL ACTIVITY FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITY, AND EAGLE MOUNT, FOCUSED ON PHYSICAL ACTIVITY FOR INDIVIDUALS WITH PHYSICAL DISABILITIES. WE ADVOCATE FOR ACCESS TO HEALTHY FOODS FOR LOW-INCOME INDIVIDUALS AND FAMILIES, INCLUDING SERVING AS A DISTRIBUTION SITE FOR BOUNTIFUL BASKETS AND PROVIDING FOOD DONATIONS TO COMMUNITY-BASED ORGANIZATIONS SERVING VULNERABLE POPULATIONS INCLUDING MEALS FOR INDIVIDUALS WITH AIDS/BEHAVIORAL HEALTH. 13.4% OF ADULTS IN YELLOWSTONE COUNTY REPORT THEIR OVERALL MENTAL HEALTH AS FAIR OR POOR, WHICH HAS SIGNIFICANTLY INCREASED SINCE 2005 AND 25.3% OF ADULTS HAVE BEEN DIAGNOSED WITH A DEPRESSIVE DISORDER, WHICH IS HIGHER THAN RATES IN MONTANA AND THE U.S. (CHNA 2017). ST VINCENT HEALTHCARE HAS PROVIDED FINANCIAL SUPPORT TO ORGANIZATIONS FOCUSED ON IMPROVING ACCESS TO MENTAL HEALTH RESOURCES IN OUR COMMUNITY AND HAVE INTEGRATED BEHAVIORAL HEALTH INTO FOUR OF OUR PRIMARY CARE CLINICS. WE CONTINUE TO PROVIDE FINANCIAL SUPPORT TO THE COMMUNITY CRISIS CENTER AND OUR CHIEF MEDICAL OFFICER SERVES ON THE BOARD OF DIRECTORS. THE COMMUNITY CRISIS CENTER PROVIDES ASSESSMENTS, CASE MANAGEMENT, GROUPS, ADDICTIONS COUNSELING, REFERRALS, AND STABILIZATION SERVICES TO PEOPLE 24 HOURS PER DAY 365 DAYS PER YEAR. THESE SERVICES ARE PROVIDED FOR PERSONS IN CRISIS WHO NEED ACCESS TO INTEGRATED MENTAL HEALTH, CHEMICAL DEPENDENCY AND SOCIAL SERVICES, REGARDLESS OF ABILITY TO PAY FOR THESE SERVICES. THIS INCLUDES A 24-HOUR STABILIZATION AREA FOR THOSE MOST AT RISK THAT DO NOT NEED HOSPITALIZATION. THE COMMUNITY CRISIS CENTER ALSO PROVIDES CRISIS INTERVENTION TEAM TRAINING FOR LAW ENFORCEMENT. IN 2018, OVER 11,000 CLIENT VISITS WERE MADE TO THE COMMUNITY CRISIS CENTER. ST VINCENT</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
ST VINCENT HEALTHCARE	<p>HEALTHCARE ALSO PROVIDED FINANCIAL SUPPORT TO A STUDENT RUN MENTAL HEALTH CLINIC AT WALLA WALLA UNIVERSITY-BILLINGS IN 2018, THIS CLINIC PROVIDED NO-COST MENTAL HEALTH SERVICES T O 220 INDIVIDUALS WITHOUT INSURANCE COVERAGE WHILE AT THE SAME TIME PROVIDING CLINICAL HOU RS NEEDED FOR STUDENTS TO COMPLETE THEIR MSW DEGREES, INCREASING ACCESS TO MENTAL HEALTH S ERVICES TO ADDRESS MENTAL HEALTH NEEDS OF VETERANS, WE'VE PROVIDED FINANCIAL AND LEADERSH IP SUPPORT TO HORSES SPIRITS HEALING, INC , A NON-PROFIT PROVIDING EQUINE THERAPY TO 127 V ETERANS WITH PTSD ADDITIONALLY, ST VINCENT HEALTHCARE PROVIDED FINANCIAL SUPPORT FOR BILL INGS CLINIC'S PSYCHAITRIC RESIDENCY PROGRAM WHICH AIMS TO INCREASE PROVIDER CAPACITY TO AD DRESS MENTAL HEALTH NEEDS WE CONTINUE TO PROVIDE FINANCIAL AND IN-KIND SUPPORT TO COMMUNI TY ORGANIZATIONS AND COLLABORATIONS ADDRESSING SUICIDE AND MENTAL HEALTH INCLUDING THE YEL LOWSTONE VALLEY SUICIDE PREVENTION COALITION, AMERICAN FOUNDATION FOR SUICIDE PREVENTION 4 5 5% OF ADULTS IN YELLOWSTONE COUNTY REPORT THEIR LIVES HAVE BEEN NEGATIVELY AFFECTED BY S UBSTANCE USE, HIGHER THAN THE NATIONAL AVERAGE (CHNA, 2017) ST VINCENT HEALTHCARE IS ADD RESSING PRENATAL SUBSTANCE USE THROUGH A COLLABORATIVE WITH THE NORTHERN CHEYENNE TRIBE BY ENROLLING WOMEN INTO THE REDUCING SUBSTANCE ABUSE DURING PREGNANCY PROGRAM IN 2018, 55 A MERICAN INDIAN WOMEN WERE REFERRED TO THE PROGRAM WITH 5 MOTHERS IN OUTPATIENT TREATMENT WE PROVIDED FINANCIAL AND IN-KIND SUPPORT FOR THE COMMUNITY INNOVATIONS INITIATIVE WHICH A DDRESSES ISSUES OF CHRONIC, PUBLIC INTOXICATION ST VINCENT HEALTHCARE ALSO PARTICIPATED IN COLLABORATIVES TO ADDRESS OPIOID USE ACCESS TO HEALTHCARE SERVICES 42% OF ADULTS REPOR T SOME TYPE OF DIFFICULTY OR DELAY IN OBTAINING HEALTHCARE SERVICES IN THE PAST YEAR (CHNA , 2017) YELLOWSTONE COUNTY IS SURROUNDED BY HEALTHCARE PROVIDER SHORTAGE AREAS BASED ON G EOGRAPHIES AND LOW-INCOME (MONTANA PRIMARY CARE NEEDS ASSESSMENT, 2016) TO ENHANCE ACCESS TO HEALTHCARE SERVICES, ESPECIALLY FOR RESIDENTS IN RURAL AND TRIBAL COMMUNITIES, ST VIN CENT HEALTHCARE PROVIDES OUTREACH SERVICES SUCH AS MOBILE MAMMOGRAPHY, VISITING CLINICS, P EDIATRIC OUTREACH, AND VIRTUAL HEALTH SERVICES CONTINUED IN SCHED H PART V SUPPLEMENTAL IN FORMATION</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
PART V, SECTION B, LINE 11 CONTINUED	<p>IN 2018, A SCHOOL-BASED MOBILE CLINIC WAS OPENED IN LOCKWOOD OPENING IN LATE FALL OF 2018 , THE CLINIC SERVED 39 PATIENTS MOBILE MAMMOGRAPHY SCREENINGS WERE PROVIDED TO 2,819 WOMEN AT 55 LOCATIONS, INCLUDING OUTREACH TO AMERICAN INDIAN WOMEN ON THE CROW AND NORTHERN CHEYENNE RESERVATIONS AND THE MONTANA STATE WOMEN'S PRISON MIDWIFERY CLINICS PROVIDED ADDITIONAL OUTREACH TO WOMEN IN THE NORTHERN CHEYENNE COMMUNITY, INCREASING ACCESS TO EARLY PRENATAL CARE TO INCREASE WORKFORCE CAPACITY TO PROVIDE HEALTHCARE SERVICES, ST VINCENT HEALTHCARE PROVIDES CLINICAL ROTATIONS FOR NURSING AND PHARMACY STUDENTS AND OFFERS THE ONLY ACCREDITED CLINICAL PASTORAL EDUCATION (CPE) PROGRAM IN THE STATE IN 2018, 92 NURSING STUDENTS WERE PRECEPTED AND 4 PHARMACY RESIDENTS, 3 DIETETIC INTERNS AND 4 CPE STUDENTS COMPLETED CLINICAL ROTATIONS TO TRAIN FUTURE PHYSICIANS, ST VINCENT HEALTHCARE PROVIDED LEADERSHIP AND FINANCIAL SUPPORT TO THE MONTANA FAMILY PRACTICE RESIDENCY PROGRAM IN ADDITION, ST VINCENT HEALTHCARE OFFERS A MEDICATION ASSISTANCE PROGRAM AND PROVIDED FINANCIAL SUPPORT FOR THE MEDICATION ASSISTANCE PROGRAM AT RIVERSTONE HEALTH, THE CITY-COUNTY HEALTH DEPARTMENT THE MEDICATION ASSISTANCE PROGRAM (MAP) PROVIDES ASSISTANCE TO LOW INCOME, UNINSURED INDIVIDUALS TO OBTAIN FREE OR DISCOUNTED PRESCRIPTION MEDICATIONS DIRECTLY FROM PHARMACEUTICAL COMPANIES IN 2018, RIVERSTONE MAP HELPED 347 PATIENTS TO OBTAIN 604 MEDICATIONS THEY OTHERWISE MAY HAVE GONE WITHOUT OTHER SIGNIFICANT NEEDS NOT PRIORITIZED ST VINCENT HEALTHCARE CONTINUES TO COLLABORATE WITH COMMUNITY ORGANIZATIONS TO ENSURE THESE HEALTH NEEDS ARE ADDRESSED CANCER ST VINCENT HEALTHCARE PROVIDES A MOBILE MAMMOGRAPHY COACH, FINANCIAL AND IN-KIND SUPPORT FOR THE AMERICAN CANCER SOCIETY, FINANCIAL SUPPORT OF THE LIVESTRONG PHYSICAL ACTIVITY PROGRAM AT THE BILLINGS YMCA, LUNG CANCER SCREENINGS, HEAD AND NECK CANCER SCREENINGS, AND CANCER NAVIGATORS FOR PATIENTS WITH DEMENTIA, INCLUDING ALZHEIMER'S DISEASE ST VINCENT HEALTHCARE PROVIDES FINANCIAL AND IN-KIND SUPPORT, INCLUDING OFFICE SPACE FOR THE ALZHEIMER'S SOCIETY DIABETES ST VINCENT HEALTHCARE MANAGES THE DIABETES PREVENTION PROGRAM AT THE BILLINGS YMCA, BLOOD GLUCOSE SCREENINGS WERE CONDUCTED AT LOCAL EVENTS INCLUDING THE MATE SHOW AND MONTANA-STATE UNIVERSITY POWWOW, FINANCIAL AND IN-KIND SUPPORT WAS PROVIDED TO THE AMERICAN DIABETES ASSOCIATION HEART DISEASE AND STROKE ST VINCENT HEALTHCARE OFFERS A STROKE CAMP AND MONTHLY SUPPORT GROUP FOR AREA RESIDENTS, FINANCIAL AND IN-KIND SUPPORT WAS OFFERED FOR COMMUNITY CPR TRAINING AT CPR SATURDAY, CARDIAC REHABILITATION PROGRAMS ARE PROVIDED, AND FINANCIAL AND IN-KIND SUPPORT WAS PROVIDED TO THE AMERICAN HEART ASSOCIATION INJURY AND VIOLENCE ST VINCENT HEALTHCARE PROVIDED FINANCIAL SUPPORT FOR THE YWCA INCLUDING VIOLENCE AWARENESS CAMPAIGNS AND A CRISIS PHONE LINE WHICH RECEIVED 2,472 CALLS IN 2018 OTHER INJURY PREVENTION EFFORTS INCLUDED A DISTRACTED DRIVING PRESENTATION TO REGIONAL SCHOOLS</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
PART V, SECTION B, LINE 11 CONTINUED	AND INJURY PREVENTION EDUCATION AT PEDIATRIC FOCUSED EVENTS POTENTIAL DISABLING CONDITION S NOT ADDRESSED IN 2018 DUE TO RESOURCE LIMITATIONS RESPIRATORY DISEASE AND TOBACCO USE ST VINCENT HEALTHCARE PROVIDES TOBACCO CESSATION CLASSES FOR THE COMMUNITY THE 7-WEEK EV IDENCE-BASED AMERICAN LUNG ASSOCIATION FREEDOM FROM SMOKING CLASS WAS OFFERED ONCE IN 2018 LOW-DOSE CT SCANS WERE PROVIDED TO 300 CURRENT AND FORMER HEAVY SMOKERS TO SCREEN FOR LU NG CANCER AND TOBACCO CESSATION INFORMATION WAS PROVIDED IN CONJUNCTION WITH THESE SCREENI NGS ST VINCENT HEALTHCARE PART V, SECTION B, LINE 16A, 16B, 16C WWW SCLHEALTH ORG/LOCATI ONS/ST-VINCENT- HEALTHCARE/PATIENTS-VISITORS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
1 1 - ST VINCENT MULTIPLE SCLEROSIS CENTER 1041 N 29TH ST BILLINGS, MT 59101	OUTPATIENT PHYSICIAN CLINIC
1 2 - ST VINCENT HEALTHCARE - NEUROSCIENCES & 1041 N 29TH ST BILLINGS, MT 59101	OUTPATIENT PHYSICIAN CLINIC
2 3 - ST VINCENT EMERGENCY MEDICINE 1233 N 30TH ST BILLINGS, MT 59101	OUTPATIENT PHYSICIAN CLINIC
3 4 - ST VINCENT HEALTHCARE - NEUROSCIENCES & 1041 N 29TH ST BILLINGS, MT 59101	OUTPATIENT PHYSICIAN CLINIC
4 5 - ST VINCENT UROLOGY 2900 12TH AVE N STE 160W BILLINGS, MT 59101	OUTPATIENT PHYSICIAN CLINIC
5 6 - FRONTIER CANCER CENTER 1315 GOLDEN VALLEY CIR BILLINGS, MT 59102	OUTPATIENT PHYSICIAN CLINIC
6 7 - ST VINCENT ORTHO MONTANA 2900 12TH AVE N STE 140W BILLINGS, MT 59101	OUTPATIENT PHYSICIAN CLINIC
7 8 - ST VINCENT NEONATOLOGY 1233 N 30TH ST BILLINGS, MT 59101	OUTPATIENT PHYSICIAN CLINIC
8 9 - ST VINCENT INTENSTIVISTS 1233 N 30TH ST BILLINGS, MT 59101	OUTPATIENT PHYSICIAN CLINIC
9 10 - FRONTIER CANCER CENTER 1315 GOLDEN VALLEY CIR BILLINGS, MT 59102	OUTPATIENT PHYSICIAN CLINIC
10 11 - ST VINCENT PALLIATIVE CARE 1233 N 30TH ST BILLINGS, MT 59101	OUTPATIENT PHYSICIAN CLINIC
11 12 - ST VINCENT RHEUMATOLOGY 2900 12TH AVE N STE 503E BILLINGS, MT 59101	OUTPATIENT PHYSICIAN CLINIC
12 13 - ST VINCENT HOSPITALIST NEUROLOGIST 1233 N 30TH ST BILLINGS, MT 59101	OUTPATIENT PHYSICIAN CLINIC
13 14 - RED LODGE PT 810 N BROADWAY REDLODGE, MT 59086	OUTPATIENT PHYSICIAN CLINIC
14 15 - UROLOGY MILES CITY 2600 WILSON ST MILES CITY, MT 59301	OUTPATIENT PHYSICIAN CLINIC

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
16 16 - ST VINCENT HOSPITALISTS 1233 N 30TH ST BILLINGS, MT 59101	OUTPATIENT PHYSICIAN CLINIC
1 17 - UROLOGY GLENDIVE 202 PROSPECT GLENDIVE, MT 59330	OUTPATIENT PHYSICIAN CLINIC
2 18 - UROLOGY WORLAND 1106 BIGHORN BASIN WORLAND, WY 82401	OUTPATIENT PHYSICIAN CLINIC
3 19 - FRONTIER CANCER CENTER 1315 GOLDEN VALLEY CIR BILLINGS, MT 59102	OUTPATIENT PHYSICIAN CLINIC
4 20 - ST VINCENT HOSPITALISTS 1233 N 30TH ST BILLINGS, MT 59107	OUTPATIENT PHYSICIAN CLINIC
5 21 - UROLOGY LEWISTOWN 408 WENDELL AVE LEWISTOWN, MT 59457	OUTPATIENT PHYSICIAN CLINIC
6 22 - UROLOGY CODY 720 LINDSAY LN STE A CODY, WY 82414	OUTPATIENT PHYSICIAN CLINIC
7 23 - MONTANA HEART MILES CITY 2600 WILSON ST MILES CITY, MT 59301	OUTPATIENT PHYSICIAN CLINIC
8 24 - MONTANA HEART LEWISTOWN 310 WENDELL AVE STE 5 LEWISTOWN, MT 59457	OUTPATIENT PHYSICIAN CLINIC

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

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
ST VINCENT HEALTHCARE

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Employer identification number
81-0232124

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 27

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

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
PART I, LINE 2	MISSION FUND POLICIES ST VINCENT HEALTHCARE PROVIDES A LIMITED NUMBER OF GRANTS TO IMPROVE THE HEALTH AND WELL-BEING OF THE PEOPLE IN OUR COMMUNITY GUIDED BY HOSPITAL POLICY, MISSION FUND AWARD PROJECTS MUST (1) DEMONSTRATE A COMMITMENT TO THE ST VINCENT HEALTHCARE MISSION, VISION, AND VALUES, (2) MEET CRITERIA FOR INCLUSION IN THE COMMUNITY BENEFIT REPORT, AND (3) DOCUMENT MEASURABLE OUTCOMES THAT DEMONSTRATE THE SUCCESS OF THE PROJECT PREFERENCE WILL BE GIVEN WHEN THE PROJECT CAN (1) ADDRESS CREATIVELY THE UNMET NEEDS OF THE ECONOMICALLY DISADVANTAGED, (2) FORM COLLABORATIVE PARTNERSHIPS THAT IMPROVE THE HEALTH OF THE COMMUNITY, (3) AID A SIGNIFICANT POPULATION OF THE POOR, UNDERSERVED AND/OR UNINSURED, (4) REFLECT ST VINCENT HEALTHCARE'S ANNUAL AND STRATEGIC GOALS, AND (5) DEMONSTRATE THE POSSIBILITY FOR SUSTAINABILITY BEYOND THE GRANT PERIOD APPLICATIONS ARE REVIEWED ON AN ANNUAL BASIS BY COMMITTEE GRANTEEES ARE REQUIRED TO PROVIDE A 6-MONTH AND 1-YEAR REPORT TO ST VINCENT HEALTHCARE AND PROVIDE FOR AN ON-SITE VISIT OF THE PROGRAM AS NOTED IN THE MISSION FUND APPLICATION, IF FUNDS ARE USED OUTSIDE OF PROJECT GUIDELINES THE GRANTEE MAY BE ASKED TO REIMBURSE ST VINCENT HEALTHCARE FOR FUNDS ALREADY DISTRIBUTED FOR THE PROJECT

Additional Data

Software ID:
Software Version:
EIN: 81-0232124
Name: ST VINCENT HEALTHCARE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST VINCENT HEALTHCARE FOUNDATION 1106 NORTH 30TH STREET BILLINGS, MT 59101	81-0468034	501(C)(3)	1,937,397				SUPPORT OPERATIONS
BILLINGS CLINIC FOUNDATION 2917 TENTH AVE NORTH PO BOX 31031 BILLINGS, MT 59107	81-0407289	501(C)(3)	133,000				PSYCHIATRY RESIDENCY PROGRAM AND SPONSORSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVERSTONE HEALTH 123 S 27TH STREET BILLINGS, MT 59101	35-2332179	501(C)(3)	73,178				PROGRAM SUPPORT, SCHOLARSHIPS AND, SPONSORSHIP
BIG SKY ECONOMIC DEVELOPMENT 222 NORTH 32ND STREET STE 200 BILLINGS, MT 59101	22-3880639	501(C)(3)	57,500				EDUCATION AND ECONOMIC DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA 909 WYOMING AVENUE BILLINGS, MT 89101	81-0534954	501(C)(3)	53,000				REACHING EVERY WOMAN PROGRAM AND EVENT SPONSORSHIP
MONTANA STATE UNIVERSITY FOUNDATION PO BOX 172750 BOZEMAN, MT 59717	81-6001649	501(C)(3)	46,000				TUITION AND SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WALLA WALLA UNIVERSITY 204 S COLLEGE AVE COLLEGE PLACE, WA 99324	91-0617727	501(C)(3)	39,806				STUDENT CLINIC OPERATIONAL SUPPORT
ROCKY MOUNTAIN COLLEGE 1500 POLY DRIVE BILLINGS, MT 59102	81-0235407	501(C)(3)	36,500				EVENT SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA 402 NORTH 32ND STREET BILLINGS, MT 59101	81-0229386	501(C)(3)	30,000				LIVESTRONG SPONSORSHIP
YOUTH DYNAMICS 2334 LEWIS AVE BILLINGS, MT 59102	81-0457323	501(C)(3)	30,000				ROOM AND BOARD SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG SKY SENIOR SERVICES 937 GRAND AVE BILLINGS, MT 59102	81-0364919	501(C)(3)	28,000				OPERATIONAL SUPPORT FOR SENIOR CARE
MONTANA AMATEUR SPORTS INC PO BOX 7136 BILLINGS, MT 59103	81-0431595	501(C)(3)	27,500				EVENT SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 1903 CENTRAL AVE BILLINGS, MT 59102	13-1788491	501(C)(3)	25,000				EVENT SPONSORSHIP
ROSE PARKS ELEMENTARY SCHOOL PTA 1812 19TH AVE WEST BILLINGS, MT 59102	81-0415831	501(C)(3)	25,000				EVERY CHILD PLAY INCLUSIVE PLAYGROUND PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL MS SOCIETY 733 THIRD AVE NEW YORK, NY 10017	13-5661935	501(C)(3)	16,000				EVENT SPONSORSHIP
ST JOHN LUTHERAN 2429 MISSION WAY BILLINGS, MT 59102	81-0288768	501(C)(3)	15,000				SUMMER CONCERT SERIES SPONSOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 431 18TH STREET NW WASHINGTON DC, DC 20006	53-0196605	501(C)(3)	12,500				EMERGENCY RESPONSE VEHICLE
RONALD MCDONALD HOUSE 1144 N 30TH STREET BILLINGS, MT 59101	81-0400667	501(C)(3)	12,100				BILLINGS DINNER AUCTION SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HORSES SPIRIT HEALING INC 7256 HIGHWAY 3 BILLINGS, MT 59106	47-1915118	501(C)(3)	10,000				VETERAN INTEGRATION ACTIVITIES AND THERAPIES
LEADERSHIP MONTANA PO BOX 5155 BOZEMAN, MT 59717	20-8571151	501(C)(3)	10,000				LMT PROGRAM SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAMSEY KELLER MEMORIAL 4382 LAREDO PL BILLINGS, MT 59106	45-4856391	501(C)(3)	9,000				EVENT SPONSORSHIP
BILLINGS MUSTANGS BASEBALL CLUB PO BOX 1553 BILLINGS, MT 59103	47-1743890		9,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF CARBON COUNTY PO BOX 2063 RAWILINS, MT 82301	65-1253243	501(C)(3)	7,500				EVENT SPONSORSHIP AND OPERATION SUPPORT
BILLINGS SYMPHONY ORCHESTRA AND CHORALE 2721 2ND AVE N STE 350 BILLINGS, MT 59101	23-7083873	501(C)(3)	7,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG FAMILIES EARLY HEAD START INC 1020 COOK AVE BILLINGS, MT 59102	81-0422429	501(C)(3)	6,000				SPONSORSHIP
BRAIN INJURY ALLIANCE OF MONTANA 1280 S THIRD STREET W STE 4 MISSOULA, MT 59801	81-0452877	501(C)(3)	6,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF YELLOWSTONE COUNTY 505 ORCHARD LANE BILLINGS, MT 59101	81-0308003	501(C)(3)	5,250				EVENT SPONSORSHIP AND OPERATION SUPPORT
UNITED WAY OF YELLOWSTONE COUNTY 2173 OVERLAND AVE BILLINGS, MT 59102	81-0287507	501(C)(3)	5,240				READER TUTOR PROGRAM & DAY OF CARING

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 <u>www.irs.gov/Form990</u> 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 HEALTHCARE	Employer identification number 81-0232124	

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

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

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

See Additional Data Table

Schedule J (Form 990) 2018

Part III **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	THE ORGANIZATION AND RELATED ORGANIZATIONS ALLOW FOR CERTAIN TAX INDEMNIFICATION AND GROSS-UP PAYMENTS IN THE INSTANCES OF RELOCATION. THESE AMOUNTS ARE TREATED AS TAXABLE COMPENSATION. THE INDIVIDUALS THAT RECEIVED TAX GROSS-UP PAYMENTS IN 2018 WERE JAMES RITCHEY \$16,405.

Return Reference	Explanation
PART I, LINE 1B	THE ORGANIZATION AND RELATED ORGANIZATIONS DO NOT HAVE A FORMAL WRITTEN POLICY FOR TAX INDEMNIFICATION AND GROSS-UP PAYMENTS HOWEVER, BEFORE ANY TAX INDEMNIFICATION AND GROSS-UP PAYMENTS ARE MADE, PROPER APPROVAL FROM THE EMPLOYEE'S MANAGER IS REQUIRED IN ADDITION, APPROVAL IS ALSO REQUIRED FROM HUMAN RESOURCES

Return Reference	Explanation
PART I, LINE 3	<p>THE ORGANIZATION'S OFFICERS AND SENIOR MANAGEMENT ARE PAID BY A RELATED ORGANIZATION, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC (SCL HEALTH) COMPENSATION FOR THE OFFICERS AND SENIOR MANAGEMENT IS MANAGED BY THE SCL HEALTH BOARD COMPENSATION COMMITTEE (COMMITTEE) ON BEHALF OF SCL HEALTH AND ALL OF ITS AFFILIATES THE COMMITTEE REVIEWS AND APPROVES COMPENSATION ARRANGEMENTS OF THE OFFICERS AND SENIOR MANAGEMENT AND MAKES RECOMMENDATIONS TO SCL HEALTH'S BOARD FOR APPROVAL OF ANY CHANGES TO COMPENSATION FOR THE OFFICERS AND SENIOR MANAGEMENT THE COMMITTEE'S REVIEW IS CONDUCTED IN A MANNER THAT IS INTENDED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERMEDIATE SANCTIONS RULES OF INTERNAL REVENUE CODE SECTION 4958 THE COMMITTEE CONDUCTS THE REVIEW WITH THE ASSISTANCE OF AN EXPERIENCED AND INDEPENDENT COMPENSATION CONSULTING FIRM THAT HAS DEEP NATIONAL EXPERTISE IN HEALTH SYSTEMS' EXECUTIVE COMPENSATION PROGRAMS AND LEVELS THE COMMITTEE OBTAINS AND RELIES UPON CURRENT, COMPARABLE MARKET DATA FOR PEER ORGANIZATIONS PRIOR TO MAKING COMPENSATION RELATED DECISIONS THE INFORMATION REVIEWED INCLUDES COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS, THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA SERVED BY SCL HEALTH AND CURRENT COMPENSATION SURVEYS COMPILED BY AN INDEPENDENT FIRM CONSISTENT WITH THE PAY PHILOSOPHY SET BY SCL HEALTH'S BOARD, THE COMMITTEE EMPHASIZES THE IMPORTANCE OF ENSURING TOTAL REMUNERATION IS REASONABLE AND APPROPRIATE WHEN REVIEWING AND MAKING RECOMMENDATIONS WITH RESPECT TO COMPENSATION PACKAGES FOR THE OFFICERS AND SENIOR MANAGEMENT AS PART OF THE REVIEW PROCESS, SCL HEALTH USES THE FOLLOWING IN ESTABLISHING THE COMPENSATION OF OFFICERS AND SENIOR MANAGEMENT 1) COMPENSATION COMMITTEE 2) INDEPENDENT COMPENSATION CONSULTANT 3) FORM 990 OF OTHER ORGANIZATIONS 4) WRITTEN EMPLOYMENT CONTRACTS 5) COMPENSATION SURVEYS AND STUDIES 6) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE THE ITEMS LISTED ABOVE SUPPORT THE COMPENSATION COMMITTEE'S EFFORTS TO ENSURE THAT THE LEVEL OF COMPENSATION PROVIDED TO ITS OFFICERS AND SENIOR MANAGEMENT IS REASONABLE, APPROPRIATE AND CONSISTENT WITH THE PAY PHILOSOPHY SET BY THE BOARD</p>

Return Reference	Explanation
PART I, LINE 4B	<p>PAYMENTS FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN A RELATED ORGANIZATION PROVIDES NONQUALIFIED DEFERRED COMPENSATION PLANS (NQDC) KNOWN AS SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) FOR EXECUTIVES (SENIOR MANAGEMENT) TO COMPENSATE FOR REGULATORY IMPOSED LIMITATIONS IN QUALIFIED RETIREMENT PLANS AND TO PROVIDE A BENEFIT CONSISTENT WITH OTHER NOT FOR PROFIT HEALTH SYSTEMS THESE PLANS ENABLE THE EXECUTIVE TO EARN BENEFITS DURING EACH YEAR THAT THEY PARTICIPATE IN 2014, IN AN EFFORT TO REDUCE LONG-TERM COST AND HAVE GREATER CONTROL OVER FINANCIAL RISK, THE SERP WAS CONVERTED FROM A DEFINED BENEFIT (DB) TO A DEFINED CONTRIBUTION (DC) DESIGN CERTAIN MEMBERS OF SENIOR MANAGEMENT WHOSE BENEFITS WERE CONVERTED FROM DB TO DC WOULD HAVE BEEN DISPROPORTIONATELY AND NEGATIVELY AFFECTED BY THE CHANGE, SO THE COMMITTEE DETERMINED IT WOULD BE APPROPRIATE TO GRANT "TRANSITION CREDITS" IN ORDER TO MITIGATE THE NEGATIVE IMPACT OF THE CHANGE ON THEIR RETIREMENT BENEFITS THIS IS A COMMON APPROACH EMPLOYED BY OTHER ORGANIZATIONS UNDERGOING A SIMILAR TRANSITION THE TRANSITION CREDITS VEST IN ACCORDANCE WITH THE TERMS OF THE DC SERP (I E , AFTER THREE YEARS) AND ARE PAID TO THE EXECUTIVE UPON VESTING NQDC SERP PLANS PRIOR TO 2014 PRIOR TO 2014, THE RELATED ORGANIZATION'S NQDC SERP PLAN PROVIDED A BENEFIT TO ELIGIBLE PARTICIPANTS BASED ON A PERCENTAGE OF THEIR BASE COMPENSATION THE VESTING PERIOD IS 5 YEARS OR WHEN THE PARTICIPANT IS AGE 65 OR OLDER THERE WERE NO CONTRIBUTIONS TO THIS PLAN AFTER DECEMBER 31, 2013 THE RELATED ORGANIZATION HAS DETERMINED THAT THESE BENEFITS SHOULD BE SUBJECT TO TAXATION AS THE AMOUNTS ARE VESTED RATHER THAN WHEN THEY ARE RECEIVED AS A RESULT, THE TOTAL NONQUALIFIED RETIREMENT PLAN BENEFITS, WHICH WERE VESTED IN THE CURRENT YEAR, ARE CONSIDERED TAXABLE AND THUS WERE TAXED TO THE PARTICIPANTS FOR SOME OF THE PARTICIPANTS, AN AMOUNT EQUAL TO THE PARTICIPANT'S EXPECTED INCOME TAX LIABILITY WAS WITHDRAWN FROM THE PARTICIPANT'S ACCOUNT AND REMITTED TO THE FEDERAL AND STATE GOVERNMENTS AS WITHHOLDING ON THE TAXABLE BENEFIT NO CASH PAYMENT IS MADE DIRECTLY TO THE PARTICIPANT AND THE REMAINING BENFIT AMOUNT STAYS IN THE RETIREMENT PLAN THE AMOUNTS WITHDRAWN FROM THE PLAN FOR TAXES IN 2018 WERE JEFFREY ZAVALA - \$11,929 FOR AMOUNTS CONTRIBUTED TO THE NQDC SERP PLAN PRIOR TO 2014, VESTED AMOUNTS ARE PAYABLE UPON THE END OF EMPLOYMENT THE VESTED AMOUNTS WITHDRAWN INCLUDE AMOUNTS PREVIOUSLY TAXED TO THE RECIPIENT AND AMOUNTS TAXABLE TO THE RECIPIENT IN THE CURRENT YEAR THE TAXABLE AMOUNTS ARE INCLUDED ON THE RECIPIENT'S W-2 ANY DISTRIBUTIONS FROM THIS PLAN ARE REPORTED BELOW NQDC SERP PLANS STARTING IN 2014 STARTING IN 2014, THE RELATED ORGANIZATION'S NQDC SERP PLAN PROVIDED A BENEFIT TO ELIGIBLE PARTICIPANTS BASED ON A PERCENTAGE OF THEIR BASE COMPENSATION THE VESTING PERIOD IS ROLLING 3 YEARS OR WHEN THE PARTICIPANT IS AGE 65 OR OLDER THERE WERE NO CONTRIBUTIONS TO THIS PLAN BEFORE JANUARY 1, 2014 ANY DISTRIBUTIONS FROM THIS PLAN ARE REPORTED BELOW STARTING IN 2014, FOR CONTRIBUTIONS TO THE NQDC SERP PLAN, CERTAIN PARTICIPANTS ARE VESTED OR BECAME VESTED IN THE PLAN DURING 2018 VESTED AMOUNTS ARE PAYABLE TO THE RECIPIENT THE VESTED AMOUNTS ARE TAXABLE TO THE RECIPIENT IN THE CURRENT YEAR THE TAXABLE AMOUNTS ARE INCLUDED ON THE RECIPIENT'S W-2 THE AMOUNTS WITHDRAWN FROM THE NQDC SERP PLANS IN 2018 WERE STEVE LOVELESS - \$60,822, MICHAEL BUSH - \$42,371, BLANCHE GILMORE - \$22,208, MICHAEL SKEHAN - 35,809, JEFFREY ZAVALA - \$40,261 IN ACCORDANCE WITH THE REQUIREMENTS OF SCHEDULE J, DEFERRED COMPENSATION EARNED OVER THE VESTING PERIOD IS REPORTED IN COLUMN C AND ANY AMOUNTS VESTED/PAID FROM A DEFERRED COMPENSATION PLAN ARE REPORTED IN COLUMN B(III) THUS, THE SAME AMOUNT WOULD BE REPORTED TWICE (FIRST WHEN IT ACCRUED DURING THE VESTING PERIOD AND AGAIN WHEN IT IS VESTED/PAID) THIS RESULTS IN THE APPEARANCE OF CERTAIN EXECUTIVES RECEIVING MORE THAN THEY ARE ACTUALLY PAID FROM THE DEFERRED COMPENSATION PLANS COLUMN F IS INTENDED TO RECONCILE THIS DUPLICATION (BY REPORTING AMOUNTS INCLUDED IN COLUMN B(III) THAT HAD BEEN REPORTED AS DEFERRED COMPENSATION ON A SCHEDULE J FOR A PREVIOUS YEAR) HOWEVER, THE SIGNIFICANCE OF THE AMOUNTS LISTED IN COLUMN F IS OFTEN OVERLOOKED AND GIVEN THE COMPLEXITY OF THE SCHEDULE J REPORTING REQUIREMENTS, THE AMOUNTS SHOWN ARE EASILY MISUNDERSTOOD TO DETERMINE TOTAL AMOUNT EARNED (RATHER THAN THE AMOUNT VESTED/PAID OUT) DURING THE YEAR, SUBTRACT THE AMOUNT IN COLUMN F FROM COLUMN E</p>

Return Reference	Explanation
PART 1, LINE 7	THE AT RISK COMPENSATION PLAN WAS ESTABLISHED TO ENABLE THE HEALTH CARE SYSTEM AND ITS CARE SITES TO ATTRACT AND ENGAGE QUALIFIED LEADERS AND TO PROVIDE SUCH LEADERS WITH AN ADDITIONAL PERFORMANCE COMPENSATION OPPORTUNITY TO PROMOTE AND FURTHER ITS CHARITABLE MISSION, VISION, STRATEGIC PRIORITIES AND KEY INITIATIVES THE PLAN OPERATES ON A CALENDAR-YEAR BASIS AND IS FUNDED EACH YEAR BY MEETING THRESHOLD LEVELS OF OPERATING INCOME TARGET AWARD AMOUNTS ARE A PERCENTAGE OF LEADERS' BASE PAY AS DETERMINED BY THEIR SPECIFIC ROLE AT THE HEALTH CARE SYSTEM ACTUAL AWARDS ARE PAID OUT BASED ON ATTAINMENT OF BOARD APPROVED GOALS, INCLUDING OPERATING INCOME, STEWARDSHIP, PATIENT AND EMPLOYEE SAFETY, PATIENT EXPERIENCE AND COMMUNITY BENEFIT/MISSION TARGETS AWARDS ARE BASED ON THE BOARD'S DETERMINATION ON HOW WELL THE HEALTH CARE SYSTEM PERFORMS RELATIVE TO THE PLAN'S STATED PERFORMANCE STANDARDS AND THE WEIGHT GIVEN TO EACH OF THE PERFORMANCE MEASURES AS DEFINED FOR THAT PLAN YEAR THE AT RISK COMPENSATION PLAN SHALL BE INTERPRETED, APPLIED AND ADMINISTERED AT ALL TIMES IN ACCORDANCE WITH CODE SECTION 409A AND GUIDANCE ISSUED THEREUNDER THE HEALTH CARE SYSTEM RESERVES THE RIGHT TO AMEND OR TERMINATE THIS PLAN AT ANY TIME FOR ANY REASON

Return Reference	Explanation
ADDITIONAL OFFICER AND BOARD DISCLOSURES	<p>THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC (SCL HEALTH) AND RELATED TAX EXEMPT ORGANIZATIONS CONSISTS OF EIGHT HOSPITALS, NINE FOUNDATIONS, TWO SAFETY-NET CLINICS, ONE CHILDREN'S MENTAL HEALTH CENTER, HOME HEALTH AND MORE THAN 100 PHYSICIAN CLINICS IN THREE STATES - COLORADO, KANSAS AND MONTANA THE HEALTH SYSTEM INCLUDES MORE THAN 16,000 FULL-TIME ASSOCIATES AND MORE THAN 600 EMPLOYED PROVIDERS SCL HEALTH AND RELATED TAX EXEMPT ORGANIZATIONS ADHERE TO GOVERNANCE EXCELLENCE STANDARDS INCLUDING TRANSPARENCY AND ACCOUNTABILITY IN KEEPING WITH SCL HEALTH'S CORE VALUE OF STEWARDSHIP, SCL HEALTH'S BOARD COMPENSATION COMMITTEE (COMMITTEE) HAS RETAINED THE SERVICES OF AN INDEPENDENT COMPENSATION ADVISOR THE COMPENSATION ADVISOR IS RESPONSIBLE FOR ADVISING THE COMMITTEE ON ALL MATTERS RELATING TO EXECUTIVE COMPENSATION INCLUDING SUPPORTING THE COMMITTEE'S EFFORTS TO ENSURE THAT THE LEVEL OF COMPENSATION PROVIDED OFFICERS AND SENIOR MANAGEMENT IS REASONABLE, APPROPRIATE AND CONSISTENT WITH THE PAY PHILOSOPHY SET BY THE BOARD THE SISTERS WHO SERVE AS OFFICERS AND/OR BOARD MEMBERS ARE MEMBERS OF THE SISTERS OF CHARITY OF LEAVENWORTH (A RELIGIOUS ORDER OF WOMEN) THE SISTERS HAVE TAKEN VOWS OF POVERTY AND RECEIVE NO COMPENSATION, EXPENSE ACCOUNT ALLOWANCE, OR CONTRIBUTIONS TO BENEFIT PLANS FOR THEIR SERVICES TO THE HEALTH CARE SYSTEM HOWEVER, A PAYMENT IS MADE DIRECTLY TO THE SISTERS OF CHARITY OF LEAVENWORTH FOR THE SERVICES OF THOSE WHO PERFORM PROFESSIONAL, ADMINISTRATIVE, AND OTHER SUCH SERVICES</p>



Additional Data

Software ID:
Software Version:
EIN: 81-0232124
Name: ST VINCENT HEALTHCARE

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				
KEVIN BRUEN MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	523,220	29,000	2,311	21,700	28,983	605,214	0
STEVE LOVELESS PRESIDENT AND CEO	(i)	0	0	0	0	0	0	0
	(ii)	497,703	205,060	75,454	91,300	25,317	894,834	60,822
PAMELA PALAGI VP FINANCE MT REGION	(i)	0	0	0	0	0	0	0
	(ii)	251,596	58,021	2,168	39,502	9,149	360,436	0
MICHAEL BUSH MD VP-CHIEF MEDICAL OFFICER-SVH	(i)	0	0	0	0	0	0	0
	(ii)	334,214	112,423	53,964	62,839	29,678	593,118	42,371
BLANCHE GILMORE VP PATIENT CARE SERVICES - SVB	(i)	0	0	0	0	0	0	0
	(ii)	217,717	60,668	30,715	17,571	15,509	342,180	0
MICHAEL HAMILTON VP STRATEGY-BUSINESS DEV SVB	(i)	0	0	0	0	0	0	0
	(ii)	152,455	0	69,586	0	17,622	239,663	0
JESSE LASLOVICH VP NETWORK DEVELOPMENT MT REGION	(i)	0	0	0	0	0	0	0
	(ii)	196,169	49,064	1,865	47,031	26,806	320,935	0
MICHAEL SKEHAN VP COO MONTANA REGION	(i)	0	0	0	0	0	0	0
	(ii)	342,530	93,670	39,144	57,550	11,773	544,667	35,809
JAMES RITCHEY VP-HUMAN RESOURCES MT REGION	(i)	0	0	0	0	0	0	0
	(ii)	109,890	0	106,851	0	12,137	228,878	0
RONALD SNYDER MD PHYSICIAN	(i)	474,401	17,500	5,099	22,000	29,205	548,205	0
	(ii)	0	0	0	0	0	0	0
MARJORIE TEVLIN MD PHYSICIAN	(i)	421,844	17,500	21,819	21,210	3,159	485,532	0
	(ii)	0	0	0	0	0	0	0
RICHARD LAMMERS MD PHYSICIAN	(i)	257,444	166,301	23,344	20,865	25,974	493,928	0
	(ii)	0	0	0	0	0	0	0
SHELDON NELSON MD PHYSICIAN	(i)	314,174	128,384	4,817	22,000	28,220	497,595	0
	(ii)	0	0	0	0	0	0	0
DANIEL LEWIS MD PHYSICIAN	(i)	428,031	7,709	6,780	22,000	29,127	493,647	0
	(ii)	0	0	0	0	0	0	0
JEFFREY ZAVALA FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	357,662	94,341	78,271	63,360	27,167	620,801	69,733
STUART GOODMAN MD FORMER HIGHEST PAID	(i)	0	0	0	0	0	0	0
	(ii)	763,877	0	11,961	19,632	19,548	815,018	0
WILLIAM SPIRE MD FORMER HIGHEST PAID	(i)	0	0	0	0	0	0	0
	(ii)	668,589	0	2,477	21,707	26,880	719,653	0

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

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

Employer identification number
81-0232124

Part I

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

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

2

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

3

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

Part II

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

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

Part III

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) GREGORY BUSH	SEE PART V	19,263	EMPLOYMENT		No
(2) LYNN ZAVALA	SEE PART V	21,521	EMPLOYMENT		No

Part V Supplemental Information

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

Return Reference	Explanation
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	MICHAEL BUSH (KEY EMPLOYEE), IS THE FATHER OF GREGORY BUSH, AN EMPLOYEE OF ST VINCENT HEALTHCARE
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	JEFFREY ZAVALA (KEY EMPLOYEE) IS THE SPOUSE OF AN EMPLOYEE OF ST VINCENT HEALTHCARE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
ST VINCENT HEALTHCARE

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

81-0232124

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, LINE J WEBSITE	HTTPS //WWW SCLHEALTH ORG/LOCATIONS/ST-VINCENT-HEALTHCARE/

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC (SCLHS) IS THE SOLE MEMBER OF ST VINCENT HEALTHCARE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC , THE SOLE MEMBER OF ST VINCENT HEALTHCARE, APPROVES MEMBERS OF ST VINCENT HEALTHCARE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC (SCLHS) HAS CERTAIN RESERVE POWERS TO APPROVE CHANGES TO THE ARTICLES OF INCORPORATION AND THE BYLAWS INCLUDING THE APPOINTMENT OR REMOVAL OF BOARD MEMBERS AND THE PRESIDENT/CEO SCLHS ALSO HAS CERTAIN RESERVE POWERS OVER ANY CHANGE IN OWNERSHIP OF THE CORPORATION, CHANGE IN MISSION, ACQUISITION OF ASSETS, DISPOSAL OF ASSETS, LEASING OF ASSETS, INCURRENCE OF DEBT, MERGER OR DISSOLUTION, APPROVAL OF STRATEGIC PLANS AND BUDGETS, APPOINTMENT OF AUDITORS AND OVERSIGHT AND APPROVAL OF COMPENSATION AND BENEFITS FOR DIRECTORS, OFFICERS, KEY EMPLOYEES AND PHYSICIANS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY THE TAX DEPARTMENT OF THE PARENT ORGANIZATION, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC (SCLHS) THE FORM 990 IS REVIEWED BY CERTAIN MEMBERS OF SENIOR MANAGEMENT A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO THE FILING OF THE FORM 990 WITH THE INTERNAL REVENUE SERVICE ANY QUESTIONS ARE ADDRESSED TO THE TAX DIRECTOR OF SCLHS PRIOR TO FILING THE FORM 990 WITH THE INTERNAL REVENUE SERVICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY ST VINCENT HEALTHCARE AND THE PARENT ORGANIZATION, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC (COLLECTIVELY REFERRED TO AS SCL HEALTH), REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES ITS CONFLICT OF INTEREST POLICY BY PROVIDING EDUCATION AND TRAINING FOR ITS EMPLOYEES, STAFF, OFFICERS AND DIRECTORS PERSONS CONSIDERED TO BE IN AN INFLUENTIAL POSITION, SUCH AS BOARD MEMBERS, OFFICERS, PHYSICIANS, EXECUTIVES AND MANAGERS ARE ALL REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT ON AN ANNUAL BASIS TO DISCLOSE ANY POTENTIAL CONFLICT ISSUES THESE STATEMENTS ARE CAREFULLY REVIEWED BY THE SCL HEALTH INTEGRITY AND COMPLIANCE DEPARTMENT AND APPROPRIATE LEADERSHIP A REPORT IS PROVIDED TO SCL HEALTH'S PRESIDENT/CEO AND THE BOARD OF DIRECTORS THE BUSINESS AND AFFAIRS OF SCL HEALTH WILL AT ALL TIMES BE CONDUCTED IN A MANNER THAT IS SOLELY IN THE BEST INTERESTS OF SCL HEALTH AND NOT BE INFLUENCED BY CONFLICTING INTERESTS OF PERSONS RESPONSIBLE FOR ADMINISTERING THOSE AFFAIRS THE EXISTENCE OF ANY CONFLICTS OF INTEREST WILL BE DISCLOSED AND THE PROCEDURES SET FORTH HEREIN WILL BE FOLLOWED CERTAIN TRANSACTIONS DETERMINED TO CONSTITUTE A CONFLICT OF INTEREST ARE PROHIBITED ANY PERSON IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER SCL HEALTH IS CONSIDERED AN INTERESTED PERSON THIS TERM INCLUDES, BUT IS NOT LIMITED TO THE FOLLOWING - BOARD MEMBERS, BOARD COMMITTEE MEMBERS, OFFICERS AND DIRECTORS, - SENIOR LEADERS AND EXECUTIVES (CEO, PRESIDENT, SVP, VP, EXECUTIVE DIRECTORS), - EMPLOYED PHYSICIANS AND PHYSICIANS IN MEDICAL STAFF LEADERSHIP ROLES (E.G., DEPARTMENT CHAIRS, MEMBERS OF MEDICAL STAFF COMMITTEES), - MEDICAL DIRECTORS OF CLINICAL PROGRAMS THAT ASSESS, REVIEW, RECOMMEND OR REQUEST PURCHASE OF ANY SPECIFIC PHARMACEUTICAL PRODUCTS, MEDICAL DEVICES, SUPPLIES AND/OR EQUIPMENT, - DEPARTMENT DIRECTORS, AND - OTHER SELECT INDIVIDUALS IDENTIFIED BY LEADERSHIP WHICH MAY INCLUDE, BUT IS NOT LIMITED TO, SUPPLY CHAIN AND FINANCE UPON BECOMING AN INTERESTED PERSON AND ON AN ANNUAL BASIS, INTERESTED PERSONS ARE REQUIRED TO DISCLOSE ANY RELATIONSHIPS THAT CONSTITUTE OR MIGHT LEAD TO A CONFLICT OF INTEREST BY COMPLETING THE CURRENT CONFLICT OF INTEREST AND GIFT DISCLOSURE STATEMENT ("STATEMENT") AS APPROVED BY THE CHIEF INTEGRITY AND COMPLIANCE OFFICER THE CHIEF INTEGRITY AND COMPLIANCE OFFICER WILL OVERSEE THE REVIEW OF THE STATEMENTS AND THE RESOLUTION OF ANY IDENTIFIED CONFLICTS OF INTEREST AND ALERT THE SCL HEALTH CEO AND/OR THE CHAIR OF THE SCL HEALTH BOARD OF DIRECTORS TO ANY ITEMS OF CONCERN WHEN AN INTERESTED PERSON BECOMES AWARE OF A CONFLICT OF INTEREST WHICH HAS NOT BEEN DISCLOSED ON A STATEMENT, HE OR SHE SHALL CONTACT THE LOCAL COMPLIANCE AND PRIVACY OFFICER OR THE CHIEF INTEGRITY AND COMPLIANCE OFFICER, OBTAIN A STATEMENT FORM, COMPLETE AND RETURN IT TO THE SCL HEALTH INTEGRITY AND COMPLIANCE DEPARTMENT WHENEVER AN INTERESTED PERSON BECOMES AWARE THAT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>AN ARRANGEMENT WITH RESPECT TO WHICH HE OR SHE HAS A CONFLICT OF INTEREST IS BEING CONSIDERED, THE INTERESTED PERSON MUST DISCLOSE ALL MATERIAL FACTS CONCERNING THE EXISTENCE AND NATURE OF THE CONFLICT OF INTEREST TO HIS OR HER SUPERVISOR (IF AN EMPLOYEE OTHER THAN THE ORGANIZATION'S SCL HEALTH CEO) OR TO THE APPLICABLE BOARD OR COMMITTEE CHAIR (IF THE SCL HEALTH CEO OR A BOARD OR COMMITTEE MEMBER), EVEN IF THE CONFLICT OF INTEREST HAS BEEN PREVIOUSLY DISCLOSED WITH REGARD TO EMPLOYEES OTHER THAN THE SCL HEALTH CEO, THE INTERESTED PERSON'S SUPERVISOR WILL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS WITH REGARD TO THE SCL HEALTH CEO AND BOARD OR COMMITTEE MEMBERS, THE REMAINING MEMBERS OF THE BOARD OR COMMITTEE WILL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS PERSON(S) RESPONSIBLE FOR THE DETERMINATION SHOULD OBTAIN FURTHER GUIDANCE FROM THE SCL HEALTH INTEGRITY AND COMPLIANCE OR LEGAL DEPARTMENTS UPON MAKING HIS OR HER DISCLOSURE, THE INTERESTED PERSON WILL LEAVE THE MEETING OR OTHERWISE REMOVE HIM OR HERSELF FROM THE DELIBERATIONS OR OTHER DECISION-MAKING PROCESS UNTIL SUCH TIME AS A DETERMINATION IS REACHED IF A DETERMINATION HAS BEEN MADE THAT NO CONFLICT OF INTEREST EXISTS, THE INTERESTED PERSON MAY BE PRESENT AND PARTICIPATE IN THE DELIBERATION REGARDING THE TRANSACTION OR ARRANGEMENT HOWEVER, IF AN INTERESTED PERSON HAS BEEN DETERMINED TO HAVE A CONFLICT OF INTEREST, HE OR SHE MAY NOT PARTICIPATE IN THE DELIBERATION OR DECISION REGARDING THE TRANSACTION OR ARRANGEMENT, BE PRESENT DURING THE DELIBERATION OR DECISION-MAKING, OR BE ALLOWED TO MAKE A PRESENTATION PRIOR TO THE DELIBERATION AND DECISION-MAKING ACTIVITIES WHEN AN INTERESTED PERSON HAS A CONFLICT OF INTEREST, THE DECISION-MAKER/DECISION-MAKING BODY CONSIDERING THE TRANSACTION OR ARRANGEMENT WILL TAKE REASONABLE MEASURES, PRIOR TO APPROVING OR ENTERING INTO THE TRANSACTION OR ARRANGEMENT, TO ENSURE THAT THE PROPOSAL IS IN SCL HEALTH'S BEST INTERESTS THE PROPOSED TRANSACTION OR ARRANGEMENT MAY PROCEED IF THE DECISION-MAKER/DECISION-MAKING BODY, AFTER HAVING BEEN FULLY INFORMED OF THE MATERIAL FACTS ESTABLISHING THE CONFLICT OF INTEREST, DETERMINES THAT THE TRANSACTION OR ARRANGEMENT IS IN SCL HEALTH'S BEST INTERESTS AND IS FAIR AND REASONABLE A MAJORITY VOTE OF THE DISINTERESTED DECISION-MAKERS IS REQUIRED WHEN A DETERMINATION IS MADE BY A BOARD, COMMITTEE OR OTHER DECISION-MAKING BODY MANAGEMENT OF POTENTIAL CONFLICTS IS DONE BY THE CHIEF INTEGRITY AND COMPLIANCE OFFICER AND/OR CARE SITE COMPLIANCE AND PRIVACY OFFICERS AND REPORTED ANNUALLY TO THE CARE SITE LEADERSHIP COMMITTEES AND/ OR SYSTEM INTEGRITY AND COMPLIANCE COMMITTEE, THE AUDIT, ORGANIZATIONAL INTEGRITY AND COMPLIANCE COMMITTEE OF THE SCL HEALTH BOARD OF DIRECTORS ANY REPORTED CONFLICTS OR POTENTIAL CONFLICTS WILL ALSO BE REPORTED TO AND REVIEWED BY THE SCL HEALTH TAX DIRECTOR FOR COMPLIANCE WITH THE FORM 990 TAX RETURN</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE ORGANIZATION'S OFFICERS AND SENIOR MANAGEMENT ARE PAID BY A RELATED ORGANIZATION, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC (SCL HEALTH) COMPENSATION FOR THE OFFICERS AND SENIOR MANAGEMENT IS MANAGED BY THE SCL HEALTH BOARD COMPENSATION COMMITTEE (COMMITTEE) ON BEHALF OF SCL HEALTH AND ALL OF ITS AFFILIATES THE COMMITTEE REVIEWS AND APPROVES COMPENSATION ARRANGEMENTS OF THE OFFICERS AND SENIOR MANAGEMENT AND MAKES RECOMMENDATIONS TO SCL HEALTH'S BOARD FOR APPROVAL OF ANY CHANGES TO COMPENSATION FOR THE OFFICERS AND SENIOR MANAGEMENT THE COMMITTEE'S REVIEW IS CONDUCTED IN A MANNER THAT IS INTENDED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERMEDIATE SANCTIONS RULES OF INTERNAL REVENUE CODE SECTION 4958 THE COMMITTEE CONDUCTS THE REVIEW WITH THE ASSISTANCE OF AN EXPERIENCED AND INDEPENDENT COMPENSATION CONSULTING FIRM THAT HAS DEEP NATIONAL EXPERTISE IN HEALTH SYSTEMS' EXECUTIVE COMPENSATION PROGRAMS AND LEVELS THE COMMITTEE OBTAINS AND RELIES UPON CURRENT, COMPARABLE MARKET DATA FOR PEER ORGANIZATIONS PRIOR TO MAKING COMPENSATION RELATED DECISIONS THE INFORMATION REVIEWED INCLUDES COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS, THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA SERVED BY SCL HEALTH AND CURRENT COMPENSATION SURVEYS COMPILED BY AN INDEPENDENT FIRM CONSISTENT WITH THE PAY PHILOSOPHY SET BY SCL HEALTH'S BOARD, THE COMMITTEE EMPHASIZES THE IMPORTANCE OF ENSURING TOTAL REMUNERATION IS REASONABLE AND APPROPRIATE WHEN REVIEWING AND MAKING RECOMMENDATIONS WITH RESPECT TO COMPENSATION PACKAGES FOR THE OFFICERS AND SENIOR MANAGEMENT AS PART OF THE REVIEW PROCESS, SCL HEALTH USES THE FOLLOWING IN ESTABLISHING THE COMPENSATION OF OFFICERS AND SENIOR MANAGEMENT 1) COMPENSATION COMMITTEE 2) INDEPENDENT COMPENSATION CONSULTANT 3) FORM 990 OF OTHER ORGANIZATIONS 4) WRITTEN EMPLOYMENT CONTRACTS 5) COMPENSATION SURVEYS AND STUDIES 6) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE THE ITEMS LISTED ABOVE SUPPORT THE COMPENSATION COMMITTEE'S EFFORTS TO ENSURE THAT THE LEVEL OF COMPENSATION PROVIDED TO ITS OFFICERS AND SENIOR MANAGEMENT IS REASONABLE, APPROPRIATE AND CONSISTENT WITH THE PAY PHILOSOPHY SET BY THE BOARD</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND GOVERNING DOCUMENTS AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PROFESSIONAL MEDICAL SERVICES PROGRAM SERVICE EXPENSES 25,780,933 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 25,780,933 PHYSICIAN MANAGEMENT SERVICES PROGRAM SERVICE EXPENSES 26,774,215 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 26,774,215 OUTSIDE LABORATORY FEES PROGRAM SERVICE EXPENSES 2,744,015 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,744,015 PROFESSIONAL CONSULTING SERVICES PROGRAM SERVICE EXPENSES 795,098 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 795,098

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EQUITY TRANSFER-FUND PHYSICIAN CLINIC LOSSES-INCLUDING PRIOR PERIOD LOSSES -3,360,954

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ST VINCENT HEALTHCARE

Employer identification number
81-0232124

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II Identification of Related Tax-Exempt Organizations

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

See Additional Data Table

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

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) CARITAS INC AND SUBSIDIARIES 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 48-0941069	HEALTHCARE	KS	N/A	C					No
(2) ST FRANCIS ACCOUNTABLE HEALTH NETWORK INC 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 46-2874128	HEALTHCARE	KS	N/A	C					No
(3) LEAVEN INSURANCE COMPANY LTD 23 LIME TREE BAY AVENUE WEST BAY R GRAND CAYMAN KY CJ 98-0370522	INSURANCE	CJ	N/A	C					No

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

No

Yes

Yes

No

No

No

No

No

Yes

No

No

No

No

No

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)ST VINCENT HEALTHCARE FOUNDATION	B	1,937,397	
(2)ST VINCENT HEALTHCARE FOUNDATION	C	7,057,953	

Schedule R (Form 990) 2018

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 81-0232124
Name: ST VINCENT HEALTHCARE

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 23-7379161	MANAGEMENT OF RELATED TAX EXEMPT HOSPITALS AND HEALTHCARE SERVICES	KS	501(C)(3)	LINE 12C, III-FI	N/A		No
500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 82-3290526	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	CO	501(C)(3)	LINE 7	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM INC		No
500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 47-4520350	SUPPORTING ORGANIZATION	CO	501(C)(3)	LINE 12C, III-FI	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM INC		No
1600 PRAIRIE CENTER PARKWAY BRIGHTON, CO 80601 84-0482695	HOSPITAL SERVICES	CO	501(C)(3)	LINE 3	INTEGRITY HEALTH		No
1600 PRAIRIE CENTER PARKWAY BRIGHTON, CO 80601 74-2255936	SUPPORTING ORGANIZATION	CO	501(C)(3)	LINE 12A, I	BRIGHTON COMMUNITY HOSPITAL ASSOCIATION		No
4159 LOWELL BOULEVARD DENVER, CO 80211 84-0405260	RESIDENT CARE	CO	501(C)(3)	LINE 10	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM INC		No
500 ELDORADO BLVD SUITE 4300 DENVER, CO 80211 47-1194849	MANAGEMENT OF RELATED TAX EXEMPT HOSPITALS AND HEALTHCARE SERVICES	CO	501(C)(3)	LINE 12A, I	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM INC		No
1375 EAST 19TH AVENUE DENVER, CO 80218 84-0417134	HOSPITAL SERVICES	CO	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM INC		No
1375 EAST 19TH AVENUE DENVER, CO 80218 84-0735096	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	CO	501(C)(3)	LINE 7	SAINT JOSEPH HOSPITAL INC		No
500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 84-1103606	HOSPITAL SERVICES	CO	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM INC		No
200 EXEMPLA CIRCLE LAFAYETTE, CO 80026 84-1649162	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	CO	501(C)(3)	LINE 7	SCL HEALTH-FRONT RANGE INC		No
8300 WEST 38TH AVENUE WHEAT RIDGE, CO 80033 20-8846152	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	CO	501(C)(3)	LINE 7	SCL HEALTH-FRONT RANGE INC		No
2635 NORTH 7TH STREET GRAND JUNCTION, CO 81501 84-0425720	HOSPITAL SERVICES	CO	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM INC		No
2635 NORTH 7TH STREET GRAND JUNCTION, CO 81501 23-7001007	SUPPORTING ORGANIZATION	CO	501(C)(3)	LINE 12A, I	ST MARYS HOSPITAL & MEDICAL CENTER INC		No
818 NORTH 7TH STREET LEAVENWORTH, KS 66048 48-1009910	CLINIC SERVICES	KS	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM INC		No
3164 SE 6TH AVENUE TOPEKA, KS 66607 48-1046905	CLINIC SERVICES	KS	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM INC		No
500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 48-0547719	HOSPITAL SERVICES	KS	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM INC		No
500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 48-1092520	SUPPORTING ORGANIZATION	KS	501(C)(3)	LINE 12A, I	ST FRANCIS HEALTH CENTER INC		No
2600 WILSON STREET MILES CITY, MT 59301 81-0231792	HOSPITAL SERVICES	MT	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM INC		No
2600 WILSON STREET MILES CITY, MT 59301 20-2270238	SUPPORTING ORGANIZATION	MT	501(C)(3)	LINE 12A, I	HOLY ROSARY HEALTHCARE		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
400 SOUTH CLARK STREET BUTTE, MT 59701 81-0231785	HOSPITAL SERVICES	MT	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM INC		No
400 SOUTH CLARK STREET BUTTE, MT 59701 65-1202190	SUPPORTING ORGANIZATION	MT	501(C)(3)	LINE 12A, I	ST JAMES HEALTHCARE		No
1106 NORTH 30TH STREET BILLINGS, MT 59101 81-0468034	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	MT	501(C)(3)	LINE 7	ST VINCENT HEALTHCARE	Yes	

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