

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2018
Open to Public Inspection

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

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

C Name of organization
St Vincent Hospital

% Kay Naranjo
Doing business as
SEE SCHEDULE O

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO Box 2107

City or town, state or province, country, and ZIP or foreign postal code
Santa Fe, NM 87504

D Employer identification number
85-0106941

E Telephone number
(505) 983-3361

G Gross receipts \$ 555,628,470

F Name and address of principal officer:
LILLIAN MONTOYA
PO Box 2107
Santa Fe, NM 87504

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www.stvin.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1967

M State of legal domicile:
NM

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO PROVIDE A HEALING MINISTRY TO IMPROVE LIVES THROUGH EXCELLENT, COMPASSIONATE HEALTH CARE TO THE CORPORATION'S COMMUNITY AND SUPPORT MEDICAL INSTRUCTION AND RESEARCH.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	2,732
6 Total number of volunteers (estimate if necessary)	6	126
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,970
7b Net unrelated business taxable income from Form 990-T, line 34	7b	2,609

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,651,188	1,000,000
9 Program service revenue (Part VIII, line 2g)	448,987,302	474,470,186
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,937,164	5,213,888
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,778,399	9,301,879
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	471,354,053	489,985,953
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,902,326	1,872,709
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	203,680,109	210,389,936
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,279,660		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	236,400,676	250,291,995
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	441,983,111	462,554,640
19 Revenue less expenses. Subtract line 18 from line 12	29,370,942	27,431,313

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	451,599,166	472,561,213
21 Total liabilities (Part X, line 26)	82,651,137	84,339,973
22 Net assets or fund balances. Subtract line 21 from line 20	368,948,029	388,221,240

Part II Signature Block

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

Sign Here Signature of officer _____ Date 2020-06-25
REUBEN MURRAY CFO Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date
Firm's name ▶ ERNST & YOUNG US LLP Check if self-employed PTIN P00900299
Firm's address ▶ 111 MONUMENT CIR STE 4000 Firm's EIN ▶
INDIANAPOLIS, IN 46204 Phone no. (317) 681-7000

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:

ST. VINCENT HOSPITAL IS ORGANIZED TO PROVIDE COMPREHENSIVE HEALTH SERVICES; PROVIDE MEDICAL, NURSING AND HEALTH EDUCATION PROGRAMS; ENCOURAGE RESEARCH AND WAYS TO SAVE HUMAN LIFE, MINIMIZE HUMAN SUFFERING AND IMPROVE HEALTH SERVICES; AND MOBILIZE ALL COMMUNITY SUPPORT AND RESOURCES TO SERVE THE COMPREHENSIVE NEEDS OF THE CORPORATION'S COMMUNITY AND THE STATE OF NEW MEXICO.

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 \$	168,202,879	including grants of \$	0)(Revenue \$	277,454,969)
	See Additional Data						

4b	(Code:)	(Expenses \$	163,507,724	including grants of \$	0)(Revenue \$	150,023,403)
	See Additional Data						

4c	(Code:)	(Expenses \$	47,122,819	including grants of \$	0)(Revenue \$	46,991,814)
	See Additional Data						

4d	Other program services (Describe in Schedule O.)	(Expenses \$	13,606,900	including grants of \$	1,872,709)(Revenue \$	0)
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4e	Total program service expenses ▶	392,440,322
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (13); 1b Enter the number of voting members included in line 1a, above, who are independent (11); 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? (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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (NM); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [x] Upon request [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: Kay Naranjo 455 St Michaels Dr Santa Fe, NM 87505 (505) 913-3072

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d	1,000,000		
	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		1,000,000		

Program Service Revenue			Business Code				
	2a NET PATIENT SERVICE REVENUE		621990	468,013,293	468,013,293	0	0
b RENT RELATED TO EXEMPT PURPOSE		531120	59,160	59,160	0	0	
c MANAGEMENT FEE		561110	566,359	566,359	0	0	
d SANTA FE MEDICAL PROPERTIES		900099	1,395,484	1,395,484	0	0	
e MONTE SOL TECH		900099	227,154	227,154		0	
f All other program service revenue.			4,208,736	4,208,736	0	0	
g Total. Add lines 2a-2f			474,470,186				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,403,413			4,403,413
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)	0	0			
		d Net rental income or (loss)			0		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses		66,452,992			
		c Gain or (loss)		65,642,517			
		d Net gain or (loss)		810,475			810,475
	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	0			
		c Net income or (loss) from fundraising events			0		
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b	0				
c Net income or (loss) from gaming activities				0			
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b	0				
	c Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue		Business Code					
11a FOOD SERVICE REVENUE		722513	1,033,829		0	1,033,829	
b MEDICAL RECORDS/MEANINGFUL USE REVENUE		900099	119,327		0	119,327	
c OTHER OPERATING REVENUE		900099	8,146,016		3,970	8,142,046	
d All other revenue			2,707			2,707	
e Total. Add lines 11a-11d			9,301,879				
12 Total revenue. See Instructions.			489,985,953	474,470,186	3,970	14,511,797	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,649,918	1,649,918		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	222,791	222,791		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	505,511	448,699	55,210	1,602
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	176,010,252	156,229,286	19,223,302	557,664
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,503,348	4,893,113	588,909	21,326
9 Other employee benefits	17,804,767	15,344,596	2,333,289	126,882
10 Payroll taxes	10,566,058	9,093,207	1,437,992	34,859
11 Fees for services (non-employees):				
a Management	6,190,810	5,425,999	764,811	0
b Legal	564,196	33,240	530,956	0
c Accounting	34,938	0	34,938	0
d Lobbying	13,171	0	13,171	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0		0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	82,066,325	53,595,867	28,289,872	180,585
12 Advertising and promotion	0	0	0	0
13 Office expenses	17,594,139	10,029,370	7,388,633	176,136
14 Information technology	0	0	0	0
15 Royalties	0			
16 Occupancy	4,066,661	3,011,955	1,048,995	5,711
17 Travel	1,012,757	556,055	441,015	15,687
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	364,020	226,022	108,832	29,166
20 Interest	537,840	48,310	489,530	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	18,553,249	15,174,427	3,350,955	27,867
23 Insurance	7,745,862	7,398,407	347,455	0
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	80,247,721	78,230,861	1,914,685	102,175
b PROV FOR UNCOLL ACCTS	30,176,667	30,176,667	0	0
c RECRUITMNT & PLCMENT FEES	426,316	342,715	83,601	0
d UBTI TAX	215,159	0	215,159	0
e All other expenses	482,164	308,817	173,347	
25 Total functional expenses. Add lines 1 through 24e	462,554,640	392,440,322	68,834,657	1,279,660
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	53,581,022	1	31,398,219
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	47,079,490	4	50,727,512
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	170	7	70,128
	8 Inventories for sale or use	6,925,707	8	7,244,687
	9 Prepaid expenses and deferred charges	2,619,571	9	2,551,153
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	396,358,814		
	b Less: accumulated depreciation	210,144,102		
	11 Investments—publicly traded securities	4,343,027	11	4,415,449
	12 Investments—other securities. See Part IV, line 11	135,699,608	12	163,513,701
	13 Investments—program-related. See Part IV, line 11	3,999,019	13	3,915,725
	14 Intangible assets	10,867,249	14	12,280,868
	15 Other assets. See Part IV, line 11	12,525,458	15	10,229,059
16 Total assets. Add lines 1 through 15 (must equal line 34)	451,599,166	16	472,561,213	
Liabilities	17 Accounts payable and accrued expenses	41,680,962	17	42,249,496
	18 Grants payable	0	18	0
	19 Deferred revenue	37,500	19	10,025
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	543,485	23	856,961
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	40,389,190	25	41,223,491
	26 Total liabilities. Add lines 17 through 25	82,651,137	26	84,339,973
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	350,559,056	27	368,844,284
	28 Temporarily restricted net assets	18,388,973	28	19,376,956
	29 Permanently restricted net assets	0	29	0
	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	368,948,029	33	388,221,240	
34 Total liabilities and net assets/fund balances	451,599,166	34	472,561,213	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	489,985,953
2	Total expenses (must equal Part IX, column (A), line 25)	2	462,554,640
3	Revenue less expenses. Subtract line 2 from line 1	3	27,431,313
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	368,948,029
5	Net unrealized gains (losses) on investments	5	-684,367
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	-6,342,230
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,131,505
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	388,221,240

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 85-0106941

Name: St Vincent Hospital

Form 990 (2018)

Form 990, Part III, Line 4a:

COMMITMENT TO BENEFITING OUR COMMUNITIES - PATIENT CARE SERVICES ST. VINCENT HOSPITAL, LOCATED IN SANTA FE, NEW MEXICO, IS A COMMUNITY-BASED, PRIVATE, NONPROFIT HOSPITAL SERVING MORE THAN 300,000 PEOPLE IN SEVEN COUNTIES IN A 19,000-SQUARE-MILE AREA, ENCOMPASSING NORTH CENTRAL AND NORTHEASTERN NEW MEXICO AND SOUTHERN COLORADO. ST. VINCENT WAS FOUNDED IN 1865 BY THE SISTERS OF CHARITY OF CINCINNATI AND IS NEW MEXICO'S FIRST HOSPITAL AND THE LARGEST PRIVATE EMPLOYER IN THE CITY OF SANTA FE. ST. VINCENT'S MISSION IS AS FOLLOWS: OUR HEALING MINISTRY IS TO IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITIES WE SERVE. WE CARE FOR ALL THE PEOPLE OF SANTA FE, NORTHERN NEW MEXICO AND SOUTHERN COLORADO, REGARDLESS OF THEIR ABILITY TO PAY. OUR VISION IS EXCEPTIONAL MEDICINE, EXTRAORDINARY CARE, EVERY PERSON, EVERY DAY. IN APRIL 2008, CHRISTUS HEALTH AND ST. VINCENT REGIONAL MEDICAL CENTER FINALIZED THE FORMATION OF A PARTNERSHIP THAT ALLOWED ST. VINCENT TO BENEFIT FROM THE RESOURCES OF CHRISTUS HEALTH'S INTERNATIONAL 60-HOSPITAL SYSTEM. ST. VINCENT IS DESIGNATED AS A "SOLE COMMUNITY PROVIDER" BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) AND IS ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO). ST. VINCENT HOSPITAL IS THE ONLY TRAUMA CENTER (LEVEL III) IN NORTH CENTRAL/NORTHEASTERN NEW MEXICO. AS THE LARGEST HOSPITAL FACILITY NORTH OF ALBUQUERQUE, NEW MEXICO AND SOUTH OF PUEBLO, COLORADO, ST. VINCENT HAS 200 LICENSED BEDS, 32 PHYSICIAN AND OUTPATIENT LOCATIONS, AND 398 MEDICAL STAFF REPRESENTING 34 MEDICAL SPECIALTIES (116 EMPLOYED PHYSICIANS). IN FISCAL YEAR 2019, ST. VINCENT HOSPITAL SERVED NEARLY HALF A MILLION INDIVIDUALS, INCLUDING 44,904 VISITS TO OUR EMERGENCY DEPARTMENT; 243,499 OUTPATIENT VISITS; 9,525 Total SURGERIES; AND 11,353 ADMISSIONS. ST. VINCENT HOSPITAL PROVIDES DIRECT CARE SERVICES, INCLUDING THOSE PROVIDED BY EMPLOYED PHYSICIAN PRACTICES, TO INPATIENTS AND OUTPATIENTS, INCLUDING INDIGENT, MEDICAID, OTHER PAYOR CLASSES AND UNINSURED PATIENTS. ST. VINCENT'S COMMUNITY BENEFIT INCLUDES THE COST OF PROVIDING UNCOMPENSATED CARE AND SERVICES FOR PATIENTS WITH LIMITED OR NO MEANS TO PAY, GOVERNMENT PROGRAMS WHERE EXPENSES EXCEED PAYMENTS, AND NON-BILLED SERVICES DIRECTED TO IMPROVING THE HEALTH AND WELL-BEING OF ALL MEMBERS OF THE COMMUNITY WE SERVE. ST. VINCENT HOSPITAL PROVIDES A FULL RANGE OF INPATIENT AND OUTPATIENT SERVICES TO THE PEOPLE FROM THE COMMUNITIES IT SERVES. IT CONDUCTS ITS ACTIVITIES AND SERVES ALL PATIENTS WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, GENDER, ORIENTATION, DISABILITY, AGE OR NATIONAL ORIGIN. BY COLLABORATING WITH COMMUNITIES, SCHOOLS, CHURCHES, BUSINESSES AND OTHER HEALTHCARE ORGANIZATIONS, ST. VINCENT HOSPITAL HAS STRENGTHENED ITS ROLE AS A MAJOR PROVIDER OF COMPREHENSIVE, ACCESSIBLE HEALTHCARE SERVICES. THESE PARTNERSHIPS WITHIN THE COMMUNITY HAVE BEEN A BLESSING BY HELPING ST. VINCENT BETTER SERVE THOSE IN NEED. THESE PARTNERSHIPS HELP TO INSURE THAT THE PEOPLE OF OUR COMMUNITY RECEIVE INTEGRATED HEALTH CARE AND HAVE ACCESS TO AN ARRAY OF SERVICES THAT ADDRESSES THE SOCIAL DETERMINANTS OF GOOD HEALTH. ADDITIONALLY, OUR DEDICATED ASSOCIATES AND VOLUNTEERS PLAY A SIGNIFICANT ROLE IN CONTRIBUTING TO IMPROVING THE HEALTH AND WELL-BEING OF THE COMMUNITY BY DEDICATING THEIR TIME TO SUPPORT COMMUNITY HEALTH ACTIVITY. THEY HELP TO BUILD STRONG RELATIONSHIPS BETWEEN ST. VINCENT AND OTHER HEALTHCARE ORGANIZATIONS AND THE COMMUNITY, NURTURING CHRISTUS' MISSION TO MEET HEALTHCARE NEEDS AND MAKE A DIFFERENCE IN THE LIVES OF OTHERS. OUR EMPLOYEES WORK BOTH INSIDE AND OUTSIDE THE WALLS OF OUR HEALTHCARE FACILITY AND ARE COMMITTED TO REACHING BEYOND THE TRADITIONAL HOSPITAL STRUCTURE TO HELP OUR COMMUNITIES MAINTAIN GOOD HEALTH. AMONG THE GENERAL MEDICAL/SURGERY SERVICES OFFERED AT ST. VINCENT HOSPITAL AND ITS EMPLOYED PHYSICIAN PRACTICES ARE: DAY SURGERY, ORTHOPAEDICS, NEUROSURGERY, INTERVENTIONAL CARDIOLOGY AND VASCULAR SURGERY, CANCER TREATMENT CENTER, CARDIOPULMONARY INPATIENT AND OUTPATIENT REHABILITATION, SPORTS MEDICINE, DIAGNOSTIC IMAGING SERVICES, WELLNESS PROGRAMS, OCCUPATIONAL AND SPEECH THERAPY, RESPIRATORY CARE, INPATIENT BEHAVIORAL HEALTH SERVICES, WOMEN'S SERVICES AND PEDIATRICS, INPATIENT AND OUTPATIENT LABORATORY SERVICES, DIABETES CARE, SLEEP CENTER, WOUND AND HYPERBARIC CARE, SPECIALIZED CARE TO VICTIMS OF DOMESTIC VIOLENCE, AND NUTRITION AND DIETARY SERVICES. ST. VINCENT HOSPITAL PROVIDES A 24-HOUR EMERGENCY ROOM THAT IS OPEN TO SERVE ALL THOSE IN NEED OF EMERGENT CARE, REGARDLESS OF THEIR ABILITY TO PAY. AS A NONPROFIT ORGANIZATION THE GOVERNING BOARD IS COMPRISED PRIMARILY OF COMMUNITY MEMBERS REPRESENTING THE AREA WE SERVE AND GUIDES ST. VINCENT HOSPITAL IN ACHIEVING ITS MISSION. ST. VINCENT HOSPITAL IS PRIVILEGED TO HAVE AN OPEN MEDICAL STAFF COMPRISED OF QUALIFIED PHYSICIANS WHO WORK WITH US TO PROVIDE CARE TO OUR COMMUNITIES. ALL QUALIFIED PHYSICIANS WHO ARE GRANTED PRIVILEGES TO SERVE WITH US IN OUR FACILITY AND OUTPATIENT LOCATIONS MUST UNDERGO A THOROUGH AND COMPREHENSIVE CREDENTIALING PROCESS.

Form 990, Part III, Line 4b:

OTHER GOVERNMENT SPONSORED SERVICES IN ADDITION TO THE PROVISION OF CHARITY CARE AND OTHER COMMUNITY SERVICES, ST. VINCENT HOSPITAL PROVIDES SERVICES TO PERSONS COVERED UNDER GOVERNMENT-SPONSORED PROGRAMS, INCLUDING MEDICARE AND TRICARE. THE UNREIMBURSED COSTS OF THESE SERVICES ARE REPORTED TO THE STATE OF NEW MEXICO BUT ARE NOT INCLUDED IN REPORTS PREPARED FOLLOWING CATHOLIC HEALTH ASSOCIATION GUIDELINES. CHRISTUS HEALTH, A MEMBER ORGANIZATION, PROVIDES SERVICES TO PERSONS COVERED UNDER THE FEDERAL MEDICARE PROGRAM, AND IN FACT, THIS IS THE LARGEST SINGLE PAYOR CLASSIFICATION OF PATIENTS SERVED BY THE HEALTH SYSTEM. THE PAYMENT RATE FOR INPATIENT SERVICES IS ON A PER-CASE RATE, CALCULATED BASED ON THE DIAGNOSTIC-RELATED GROUP (DRG) INTO WHICH THE PATIENT IS CATEGORIZED. MEDICARE REIMBURSES OUTPATIENT SERVICES BASED ON ITS FEE SCHEDULE.

Form 990, Part III, Line 4c:

COMMUNITY BENEFIT REPORTING - CHARITY CARE AND MEDICAID CHRISTUS HEALTH, A MEMBER ORGANIZATION, ADHERES TO THE CATHOLIC HEALTH ASSOCIATION'S A GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT (2015). COMMUNITY BENEFIT, REPORTED AS UNPAID COSTS, INCLUDES BOTH CHARITY CARE AND COMMUNITY SERVICES. TO THE LIMITS OF ITS RESOURCES, CHRISTUS HEALTH IS AN INSTITUTION OF PURELY PUBLIC CHARITY; THUS, THE MOST TANGIBLE EXPRESSION OF CHRISTUS HEALTH'S CHARITABLE PURPOSE IS THE PROVISION OF HEALTH CARE SERVICES TO THOSE PERSONS WHO ARE UNABLE TO PAY. THIS FALLS INTO TWO CATEGORIES: CHARITY CARE AND UNPAID GOVERNMENT INDIGENT CARE. IN KEEPING WITH THE MISSION, VALUES, AND VISION OF CHRISTUS HEALTH, ST. VINCENT HOSPITAL PROVIDES CHARITY CARE SERVICES IN A MANNER THAT RESPECTS THE DIGNITY OF THE PATIENTS AND THEIR FAMILIES. CHARITY CARE IS PROVIDED WITHOUT CHARGE OR AT A CHARGE THAT IS LESS THAN THE USUAL CHARGE FOR SUCH SERVICES. THE DETERMINATION AS TO THE AMOUNT TO BE CHARGED, IF ANY, IS MADE ACCORDING TO A PATIENT'S ABILITY TO PAY AS DETERMINED BY ESTABLISHED ELIGIBILITY CRITERIA. FOR UNINSURED PATIENTS WHOSE ECONOMIC CIRCUMSTANCES PLACE THEM AT OR UNDER 200 PERCENT OF THE FEDERAL POVERTY LEVEL (FPL), SERVICES ARE PROVIDED WITHOUT ANY EXPECTATION OF PAYMENT. NO PATIENT IS REFUSED NECESSARY MEDICAL CARE BASED ON HIS OR HER ABILITY TO PAY. ST. VINCENT HOSPITAL PROVIDES DIRECT CARE SERVICES, INCLUDING THOSE PROVIDED BY EMPLOYED PHYSICIAN PRACTICES, TO INPATIENTS AND OUTPATIENTS, INCLUDING INDIGENT, MEDICAID, OTHER PAYOR CLASSES AND UNINSURED PATIENTS, TOTALING APPROXIMATELY 243,499 ENCOUNTERS. ST. VINCENT HOSPITAL'S COMMUNITY BENEFIT INCLUDES THE COST OF PROVIDING UNCOMPENSATED CARE AND SERVICES FOR PATIENTS WITH LIMITED OR NO MEANS TO PAY, GOVERNMENT PROGRAMS WHERE EXPENSES EXCEED PAYMENTS, AND NON-BILLED SERVICES DIRECTED AT IMPROVING THE HEALTH AND WELL-BEING OF ALL MEMBERS OF THE COMMUNITY WE SERVE. ST. VINCENT HOSPITAL IS AN ACTIVE PARTICIPANT IN NEW MEXICO'S MEDICAID PROGRAMS. THOSE PROGRAMS SEEK TO PROVIDE PAYMENT FOR HEALTH CARE SERVICES TO INDIVIDUALS WHO MEET CERTAIN FINANCIAL AND OTHER REQUIREMENTS, WHICH INCLUDE EVALUATION OF BOTH ASSETS AND INCOME. NEW MEXICO HAS ACCEPTED THE OPPORTUNITY TO EXPAND MEDICAID ELIGIBILITY THROUGH THE HEALTH CARE REFORM ACT. THIS WILL HAVE A POSITIVE IMPACT IN PROMOTING THE ABILITY OF ST. VINCENT TO PROVIDE CARE TO THIS LARGER POPULATION.

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			
Wendy Trevisani Director	1.0 0.0	X						0	0	0
Debbi Vigil MD Director (THRU 12/2018)	1.0 0.0	X						0	0	0
Lillian Montoya DIR./PRES/CEO	40.0 0.0	X		X				0	693,458	116,944
David Gonzales MD Director	1.0 0.0	X						0	0	0
MARY MACUKAS DIRECTOR	1.0 0.0	X						0	0	0
Charles Goodman Director	1.0 0.0	X						0	0	0
Tarek Dammad MD DIRECTOR (THRU 08/2019)	40.0 0.0	X						449,905	0	55,606
Earl Potter Director (THRU 12/2018)	1.0 0.0	X						0	0	0
JESUS GARZA DIRECTOR (AS OF 1/1/2019)	1.0 0.0	X						0	0	0
MARK PUCSYNSKI MD DIRECTOR (AS OF 1/1/2019)	1.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PETER BASTONE DIRECTOR	1.0 0.0	X						0	0	0
KAREN WELLS RN DIRECTOR	1.0 0.0	X						0	0	0
MARK ANDERSON MD DIRECTOR	1.0 39.0	X						0	0	0
RANDY SAFADY DIRECTOR	1.0 39.0	X		X				0	0	0
SISTER Jeanne Connell DIRECTOR	1.0 0.0	X						0	0	0
HOPE WADE CFO	39.0 1.0			X				0	408,898	72,730
JOHN BEESON MD CMO	40.0 0.0				X			0	713,088	166,673
KATHY ARMIJO-ETRE VP COMMUNITY HEALTH	40.0 0.0				X			0	235,553	62,386
MARGARET DITTRICH VP - AUDIT & COMPLIANCE	40.0 0.0				X			0	273,731	49,726
MERRI MURPHY COO-PHYS. MED GRP	40.0 0.0				X			0	317,010	16,260

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			
EMELIA WANG ASSOCIATE CIO AND CMIO	40.0 0.0				X			0	417,433	74,835
MONICA LEYBA CHIEF NURSE EXECUTIVE	40.0 0.0				X			0	284,172	26,222
ARTHUR A CAIRE MD PHYSICIAN	40.0 0.0					X		885,619	0	66,390
MARSHALL T WATSON JR PHYSICIAN	40.0 0.0					X		834,462	0	44,334
PHILIP S SMUCKER PHYSICIAN	0.0 0.0					X		814,659	0	67,554
JOHN A GARCIA PHYSICIAN	40.0 0.0					X		896,946	0	75,334
Philip T Shields Physician	40.0 0.0					X		809,796	0	64,243
PATRICK CARRIER DIR./PRES./CEO (THRU 06/2018)	38.0 2.0						X	0	1,502,606	56,259
JASON ADAMS FORMER COO (THRU 02/2017)	40.0 0.0						X	0	624,187	112,862

SCHEDULE A
(Form 990 or 990-EZ)

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

Employer identification number
85-0106941

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**

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
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 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: 85-0106941

Name: St Vincent Hospital

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

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

Name of the organization St Vincent Hospital	Employer identification number 85-0106941
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 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	0
d Mailings to members, legislators, or the public?		No	0
e Publications, or published or broadcast statements?		No	0
f Grants to other organizations for lobbying purposes?		No	0
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		13,171
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i Other activities?		No	0
j Total. Add lines 1c through 1i			13,171
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
LOBBYING DESCRIPTION	FORM 990, SCHEDULE C, PART II-B, LINE 1G ST. VINCENT HOSPITAL Had direct contact with members and staff of the New Mexico State Legislature, Department of Health, New Mexico Governor and US Congressional delegation through emails, phone calls and meetings on issues such as potential taxation of nonprofit hospitals and potential impact to overall budget, safety net care pool funding and workforce. Worked closely with New Mexico Hospital Association to meet with key legislators throughout the legislative session. EXECUTIVES: 55 HOURS ST. VINCENT HOSPITAL DID NOT SUBSTANTIALLY LOBBY DURING THE FISCAL YEAR ENDING 6-30-19.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2018
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
St Vincent Hospital

Employer identification number
85-0106941

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	3,416,442		3,416,442
b Buildings	0	172,428,257	63,637,682	108,790,575
c Leasehold improvements	0	17,876,886	10,184,607	7,692,279
d Equipment	0	183,594,712	136,321,813	47,272,899
e Other	0	19,042,517		19,042,517
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				186,214,712

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) EQUITY INVESTMENTS	166,160,628	F
(B) VALUATION ALLOWANCE	-2,646,927	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	163,513,701	

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
LONG TERM NOTES PAYABLE	30,642,701
DUE TO RELATED ORGANIZATIONS	4,035,465
LONG TERM CAPITAL LEASE	6,150,000
DEFERRED LEASE INCENTIVE	395,325
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	41,223,491

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	

Additional Data

Software ID:

Software Version:

EIN: 85-0106941

Name: St Vincent Hospital

Supplemental Information

Return Reference	Explanation
UNCERTAIN TAX POSITIONS UNDER ASC 740	SCHEDULE D, PART X, LINE 2 PER FOOTNOTE 3 IN THE CONSOLIDATED FINANCIAL STATEMENTS, THERE ARE NO MATERIAL UNRECORDED TAX LIABILITIES AS OF JUNE 30, 2019 AND 2018.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ 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 Hospital

Employer identification number

85-0106941

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America and the Caribbean			Investments		16,837,516
3a Sub-total					16,837,516
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					16,837,516

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____
- 3 Enter total number of other organizations or entities ▶ _____

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3, COLUMN (F)	THE AMOUNTS LISTED IN THIS COLUMN ARE INVESTMENTS AT COST.

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 St Vincent Hospital

Hospitals

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

Employer identification number
 85-0106941

OMB No. 1545-0047
2018
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
1b If "Yes," was it a written policy?	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		No
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	Yes	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			6,530,429		6,530,429	1.510 %
b Medicaid (from Worksheet 3, column a)			47,122,819	46,991,814	131,005	0.030 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			53,653,248	46,991,814	6,661,434	1.540 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	7	13,269	2,526,404	1,659,445	866,959	0.200 %
f Health professions education (from Worksheet 5)	1		1,841,390	530,911	1,310,479	0.300 %
g Subsidized health services (from Worksheet 6)	15	6,333	18,411,007	8,713,664	9,697,343	2.240 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	27	174	1,700,257	0	1,700,257	0.390 %
j Total. Other Benefits	50	19,776	24,479,058	10,904,020	13,575,038	3.130 %
k Total. Add lines 7d and 7j	50	19,776	78,132,306	57,895,834	20,236,472	4.670 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	1		60,862		60,862	0.010 %
8 Workforce development						
9 Other						
10 Total	1		60,862		60,862	0.010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	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	30,176,667
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	289,696
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	94,401,928
6	Enter Medicare allowable costs of care relating to payments on line 5	6	102,081,232
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-7,679,304
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 SANTA FE IMAGING CTR	IMAGING SERVICES	51 %		49 %
2 MONTE SOL TECHNOLOGY	ONCOLOGY EQUIPMENT & OFFICES	33.33 %		33.33 %
3 SANTA FE MEDICAL PRP	BUILDING & PROPERTY	44 %		44 %
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)

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
	a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
	b <input checked="" type="checkbox"/> Demographics of the community		
	c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
	d <input checked="" type="checkbox"/> How data was obtained		
	e <input checked="" type="checkbox"/> The significant health needs of the community		
	f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
	g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
	h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
	i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
	j <input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input 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.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>SEE PART V, SECTION C</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

ST VINCENT HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input checked="" 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 type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SCH H, PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SCH H, PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SCH H, PART V, SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

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

ST VINCENT HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No	
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):			
a	<input 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 HOSPITAL

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 2

Name and address	Type of Facility (describe)
1 SANTA FE IMAGING LLC 1640 HOSPITAL DRIVE SANTA FE, NM 87505	RADIOLOGY IMAGING SERVICE ENTER
2 MONTE SOL TECHNOLOGY 490-A WEST ZIA ROAD SANTA FE, NM 87505	ONCOLOGY OFFICE SPACE & Equipment
3	
4	
5	
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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.

Form and Line Reference	Explanation
<p>SCHEDULE H, PART I, LINE 5</p>	<p>BUDGETED CHARITY CARE THE ORGANIZATION BUDGETS CHARITY CARE FOR INTERNAL FINANCIAL REVIEW PURPOSES ONLY. THE PROVISION OF CHARITY CARE IS NOT LIMITED TO AMOUNTS ESTABLISHED FOR BUDGETARY PURPOSES. SCHEDULE H, PART I, LINE 6A ANNUAL COMMUNITY BENEFIT REPORT A REPORT OF COMMUNITY BENEFIT IS INCLUDED IN A WRITTEN ANNUAL REPORT FOR CHRISTUS HEALTH, A MEMBER OF ST. VINCENT HOSPITAL. CHRISTUS HEALTH IS AN INTERNATIONAL, CATHOLIC, FAITH BASED, NONPROFIT HEALTH SYSTEM FORMED IN 1999 WITH A MISSION "TO EXTEND THE HEALING MINISTRY OF JESUS CHRIST." THE ANNUAL COMMUNITY BENEFIT REPORT SUMMARIZES ACTIVITIES AND PROGRAMS CONDUCTED DURING THE PAST YEAR TO IMPROVE HEALTH INCLUDING PROACTIVE COMMUNITY HEALTH SERVICES. HOWEVER, THE ANNUAL REPORT IS ONLY A SNAPSHOT OF HOW THE ORGANIZATION DISTINGUISHES ITSELF IN ITS VISION TO BE A LEADER, A PARTNER, AND AN ADVOCATE IN CREATING INNOVATIVE HEALTH AND WELLNESS SOLUTIONS THAT IMPROVE THE LIVES OF INDIVIDUALS AND COMMUNITIES. SCHEDULE H, PART I, LINE 7, COLUMN (F) PERCENT OF TOTAL EXPENSE TOTAL EXPENSE FROM FORM 990, PART IX, LINE 25, COLUMN (A) IS \$462,554,640. THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT IS \$30,176,667. THIS LEAVES A TOTAL EXPENSE OF \$432,377,973 FOR PURPOSES OF CALCULATING LINE 7, COLUMN (F). SCHEDULE H, PART I, LINE 7, COLUMN (F) FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFITS AS A PERCENTAGE OF TOTAL COST THE ORGANIZATION'S TOTAL COMMUNITY BENEFIT EXPENSE AS REPORTED ON PART I, LINE 7K, COLUMN (C) AS A PERCENTAGE OF TOTAL EXPENSE IS 18.07% WHICH EXCEEDS THE AMOUNT REPORTED ON PART I, LINE 7K COLUMN (F) WHICH IS COMPUTED USING NET COMMUNITY BENEFIT EXPENSE. SCHEDULE H, PART I, LINE 7I CASH AND IN-KIND CONTRIBUTIONS ST. VINCENT HOSPITAL MADE OVER \$1,700,257 IN CASH AND IN KIND CONTRIBUTIONS DURING FISCAL YEAR 2019. THE AMOUNTMENTIONED AMOUNT IS DETERMINED IN ACCORDANCE WITH REPORTING RULES FOR SCHEDULE H, WORKSHEET 8. AS SUCH THIS AMOUNT DIFFERS FROM GRANTS REPORTED ON FORM 990, SCHEDULE I, GRANTS AND OTHER ASSISTANCE TO ORGANIZATIONS, GOVERNMENTS, AND INDIVIDUALS AND PART IX, LINES 1 THROUGH 3 GRANTS AND OTHER ASSISTANCE. MEMBER ORGANIZATION, CHRISTUS HEALTH, ESTABLISHED THE CHRISTUS FUND, A GRANT FUND TO PROVIDE RESOURCES TO NONPROFIT AGENCIES AND GROUPS WHOSE VISION, MISSION, AND GOALS ARE CONSISTENT WITH CHRISTUS HEALTH'S MISSION, VALUES AND PHILOSOPHY OF A HEALTHY COMMUNITY. CHRISTUS FUND GRANTS TOTALING \$337,850 WERE DONATED BY CHRISTUS HEALTH TO NONPROFIT ORGANIZATIONS LOCATED IN THE COMMUNITY THAT ST. VINCENT HOSPITAL SERVES. THE GRANT DOLLARS ARE USED TO SUPPORT PROGRAMS THAT PROMOTE THE HEALTH OF THE COMMUNITIES THAT ST. VINCENT HOSPITAL SERVES, SUCH AS THE PROVISION OF PREVENTIVE ORAL HEALTH SERVICES, WELL-CHILD VISITS, AGE APPROPRIATE IMMUNIZATIONS, PROFESSIONAL PSYCHOTHERAPY AND EDUCATIONAL PROGRAMS FOR UNINSURED AND UNDERINSURED COMMUNITY MEMBERS. ST. VINCENT HOSPITAL USED CASH DONATIONS AS A VEHICLE TO IMPROVE THE HEALTH OF THE COMMUNITIES SERVED. CASH DONATIONS AND GRANTS ARE GIVEN TO SUPPORT OTHER NONPROFIT ORGANIZATIONS AND PROGRAMS INCLUDING THE FARMER'S MARKET HEALTHY NUTRITION, AMERICAN CANCER SOCIETY, BIG BROTHERS BIG SISTERS, AND UNITED WAY. ST. VINCENT HOSPITAL ALSO MADE CASH AND IN KIND DONATIONS TO FUND COMMUNITY INITIATIVES SUCH AS A HOLIDAY COAT DRIVE FOR CHILDREN AND PHYSICAL FITNESS PROGRAMS FOR CHILDREN AND ADULTS. ADDITIONALLY, COMMUNITY BASED PROGRAMS ADDRESSING THE NEEDS OF UNDERSERVED, VULNERABLE POPULATIONS WERE FUNDED. SERVICES ARE SPECIFICALLY TARGETED TO MEET HEALTH CARE NEEDS ALONG THE AGE SPAN RANGING FROM SERVICES TO CHILDREN BIRTH TO 3, ADOLESCENT BEHAVIORAL HEALTH, ADULT BEHAVIORAL HEALTH, DOMESTIC VIOLENCE AND SENIOR CARE. SCHEDULE H, PART I, LINE 7 LINE 7A: RATIO OF PATIENT CARE COST TO CHARGES BASED ON SCHEDULE H, WORKSHEET 2 LINE 7B: RATIO OF PATIENT CARE COST TO CHARGES BASED ON SCHEDULE H, WORKSHEET 2 LINE 7E: ACTUAL EXPENSES LESS ANY DIRECT OFFSETTING REVENUE LINE 7F: ACTUAL EXPENSES LESS ANY DIRECT OFFSETTING REVENUE LINE 7G: ACTUAL EXPENSES LESS ANY DIRECT OFFSETTING REVENUE LINE 7I: ACTUAL EXPENSE OF THE CONTRIBUTIONS SCHEDULE H, PART II COMMUNITY BENEFIT ACTIVITIES AMOUNTS REPORTED ON SCHEDULE H, PART II COMMUNITY BUILDING ACTIVITIES INCLUDE PHYSICAL IMPROVEMENTS AND HOUSING, AND COMMUNITY HEALTH IMPROVEMENT ADVOCACY. THE CHRISTUS HEALTH BOARD OF DIRECTORS APPROVED FUNDING OF A COMMUNITY DIRECT INVESTMENT (CDI) LOAN PROGRAM TO ENSURE THAT THE WORK OF SOCIAL ACCOUNTABILITY AND MORAL AND ETHICAL STEWARDSHIP CONTINUES IN SPITE OF CHALLENGING FISCAL CONDITIONS FACED BY LOCAL OPERATING ENTITIES. THE PURPOSE OF THE CDI PROGRAM IS TO SUPPORT COMMUNITY DRIVEN INITIATIVES, PRIMARILY AFFORDABLE HOUSING AND ECONOMIC DEVELOPMENT BY PROVIDING FINANCING AT BELOW-MARKET INTEREST RATES TO NOT FOR PROFIT ORGANIZATIONS AT TERMS NOT EXCEEDING MORE THAN FIVE YEARS. THOUGH OUTSTANDING LOAN BALANCES VARY THROUGHOUT THE YEAR, THE OUTSTANDING LOAN BALANCE AT THE END OF FISCAL YEAR 2019 WAS \$1,000,000. THE FOREGONE INTEREST FOR ST.</p>

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 5	<p>VINCENT HOSPITAL IN FISCAL YEAR ENDING JUNE 30, 2019 WAS \$25,764. IN ADDITION, ST. VINCEN T HOSPITAL HAS PARTNERED WITH LOCAL FINANCING AGENCIES AND BANKS TO PARTICIPATE IN LOW INC OME HOUSING PROJECTS, SCHOOL AGE CHILDREN WHO ARE HOMELESS, AT-RISK TEENS AND OTHER COMMUN ITY PROJECTS TO IMPROVE THE HEALTH OF THE COMMUNITIES SERVED. ST. VINCENT HOSPITAL ASSOCIA TES SERVE ON LOCAL NONPROFIT BOARDS AND PARTICIPATE IN VARIOUS COMMUNITY INITIATIVES THAT PROMOTE THE HEALTH AND WELLBEING THE COMMUNITIES SERVED. THE CHRISTUS HEALTH ADVOCACY DEPA RTMENT IS WORKING IN PARTNERSHIP WITH LOCAL, STATE AND FEDERAL POLICY MAKERS TO ENSURE ACT IVITIES AND PROGRAMS ARE IN PLACE THAT WILL ENHANCE PUBLIC HEALTH AND ADVANCE GENERAL KNOW LEDGE. THESE ARE SOME OF THE MAIN COMMUNITY BUILDING ACTIVITIES THAT PROMOTE THE HEALTH OF THE COMMUNITIES SERVED BY IMPROVING ACCESS TO HEALTH SERVICES, ENHANCING PUBLIC HEALTH, A ND ADVANCING KNOWLEDGE.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 1	BAD DEBT REPORTING IN ACCORDANCE WITH HFMA STATEMENT 15 CHRISTUS HEALTH FOLLOWS IN PRINCIPLE HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO. 15. THE SYSTEM HAS ADOPTED AN UNCOMPENSATED CARE POLICY WHERE REVENUE FROM SERVICES PROVIDED TO THE UNINSURED IS RECOGNIZED AT THE TIME OF PAYMENT, RATHER THAN AT THE TIME OF SERVICE. THIS POLICY IS THE RESULT OF A LACK OF REASONABLE ASSURANCE OF COLLECTION FOR SERVICES PROVIDED TO THE UNINSURED DUE TO THE SYSTEM'S HISTORICALLY LOW COLLECTION RATE. MANAGEMENT HAS ESTIMATED THAT THE DIFFERENCE BETWEEN RECORDING REVENUE FROM THE UNINSURED ON A CASH BASIS, RATHER THAN THE ACCRUAL BASIS, IS IMMATERIAL. ACCORDINGLY, ALL ACCOUNTS RECEIVABLE FROM THE UNINSURED HAVE BEEN FULLY RESERVED IN THE ALLOWANCE FOR UNCOMPENSATED CARE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 2	BAD DEBT EXPENSE THE ORGANIZATION'S TOTAL BAD DEBT EXPENSE (TOTAL OF ALL HOSPITAL FACILITIES) IS IN ACCORDANCE WITH THE ORGANIZATION'S FINANCIAL STATEMENTS, WHICH IS COMPUTED AS BAD DEBT NET OF CONTRACTUAL ALLOWANCE, PAYMENTS RECEIVED AND RECOVERIES OF BAD DEBT PREVIOUSLY WRITTEN OFF.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 3	<p>ESTIMATE OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER CHARITY CARE THE FILING ORGANIZATION RECOGNIZES THAT SOME PATIENTS ARE UNABLE OR UNWILLING TO SEEK FINANCIAL ASSISTANCE DUE TO BARRIERS SUCH AS EDUCATIONAL LEVEL, LITERACY, DOCUMENTATION REQUIREMENTS, OR BEING INTIMIDATED BY THE APPLICATION PROCESS. IN ORDER TO ESTIMATE THE AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS WHO MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE BUT HAVE NOT SUBMITTED AN APPLICATION, THE ORGANIZATION ENGAGED PARO DECISION SUPPORT, LLC. PARO CHARITY SCORE IS DESIGNED TO IDENTIFY PATIENTS THAT LIKELY QUALIFY FOR FINANCIAL ASSISTANCE BASED ON A PREDICTIVE MODEL AND OTHER FINANCIAL AND ASSET ESTIMATES FOR THE PATIENT DERIVED FROM PUBLIC RECORD SOURCES. IN ORDER TO ASSESS THE BAD DEBT ACCOUNTS THAT WOULD LIKELY QUALIFY FOR CHARITY CARE, THE FOLLOWING CRITERIA WERE ESTABLISHED BASED ON AN ANALYSIS OF HISTORICAL DATA OF CHRISTUS HEALTH AND ITS RELATED ORGANIZATIONS: 1. PARO SCORE OF LESS THAN OR EQUAL TO 586, WHICH IS A PREDICTOR DEFINING THE LIKELY SOCIOECONOMIC CONDITIONS FOR THE PATIENT; 2. ESTIMATED FEDERAL POVERTY LEVEL OF LESS THAN OR EQUAL TO 226%, WHICH IS BASED ON ESTIMATED HOUSEHOLD SIZE AND HOUSEHOLD ESTIMATED INCOME; AND 3. THIRD PARTY DATA AVAILABLE ON PATIENT ACCOUNTS WHICH INDICATE THAT THE PATIENT IS NOT A HOMEOWNER OR A PROBABLE HOMEOWNER. FOR THE FISCAL YEAR ENDING JUNE 30, 2011, THE ORGANIZATION REPORTED THAT 30% OF BAD DEBT EXPENSES WERE ATTRIBUTABLE TO PATIENTS WHO MAY HAVE BEEN ELIGIBLE FOR FINANCIAL ASSISTANCE BUT WERE NOT RESPONSIVE TO THE APPLICATION PROCESS EXISTING AT THAT TIME. THIS FIGURE WAS BASED ON THE PARO ANALYSIS AND ESTIMATES OF PATIENTS' FINANCIAL NEEDS THAT EXAMINED WHETHER PATIENTS WERE CHARACTERISTIC OF OTHERS WHO HISTORICALLY QUALIFIED FOR ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. THE PRESUMPTIVE CHARITY CARE ANALYSIS PERFORMED FOR THE PRIOR FISCAL YEAR DETERMINED A BENCHMARK OF BAD DEBT ACCOUNTS IN THE CHRISTUS HEALTH SYSTEM THAT LACKED THE INFORMATION TO QUALIFY FOR CHARITY CARE UNDER THE FILING ORGANIZATION'S CUSTOMARY PROCESS BUT WOULD HAVE LIKELY QUALIFIED FOR ASSISTANCE. DURING THE FISCAL YEAR ENDING JUNE 30, 2019, THE ORGANIZATION UTILIZED THE PARO SCORE TO IDENTIFY THE ACCOUNTS OF INDIVIDUAL PATIENTS THAT WERE LIKELY ELIGIBLE FOR FINANCIAL ASSISTANCE DESPITE HAVING NOT COMPLETED AN APPLICATION, AND SUCH ANALYSIS DETERMINED THAT 42.9% OF SUCH ACCOUNTS WERE LIKELY ELIGIBLE FOR FINANCIAL ASSISTANCE. THE ORGANIZATION GRANTED PRESUMPTIVE ELIGIBILITY FOR THESE ACCOUNTS AND THEY WERE RECLASSIFIED UNDER OUR FINANCIAL ASSISTANCE POLICY. THESE AMOUNTS WERE NOT REPORTED AS BAD DEBT. THE AMOUNT REPORTED ON SCHEDULE H, PART III, LINE 3 IS THE DIFFERENCE BETWEEN THE PRESUMPTIVE CHARITY CARE BENCHMARK ESTABLISHED IN THE FISCAL YEAR ENDING JUNE 30, 2011 AND THE AGGREGATE OF INDIVIDUAL ACCOUNTS FOR WHICH THE ORGANIZATION GRANTED PRESUMPTIVE ELIGIBILITY IN THE FISCAL YEAR ENDING JUNE 30, 2019. THUS, THE ORGANIZATION ESTIMATES THAT ONLY .96% OF THE BAD DEBT EXPENSES IN FISCAL YEAR ENDING JUNE 30, 2019 ARE ATTRIBUTABLE TO PATIENTS WHO WOULD LIKELY HAVE QUALIFIED FOR FINANCIAL ASSISTANCE. IT IS IMPORTANT TO NOTE THAT THE FIGURE CALCULATED FOR FISCAL YEAR ENDING JUNE 30, 2011 WAS ESTIMATED AND NOT EXACT, AND THEREFORE THE DIFFERENCE BETWEEN THE AMOUNTS QUALIFIED AS PRESUMPTIVE CHARITY CARE IN ANY FISCAL YEAR MAY VARY FROM THE BENCHMARK ESTABLISHED IN FISCAL YEAR ENDING JUNE 30, 2011.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 4	BAD DEBT EXPENSE FOOTNOTE THE FOOTNOTE TO THE CHRISTUS HEALTH CONSOLIDATED FINANCIAL STATEMENTS SAYS, "THE PREPARATION OF THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS IN CONFORMITY WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES ("US GAAP") REQUIRES MANAGEMENT OF THE SYSTEM TO MAKE ASSUMPTIONS, ESTIMATES, AND JUDGMENTS THAT AFFECT THE AMOUNTS REPORTED IN THE FINANCIAL STATEMENTS, INCLUDING THE NOTES THERETO, AND RELATED DISCLOSURES OF COMMITMENTS AND CONTINGENCIES, IF ANY. THE SYSTEM CONSIDERS CRITICAL ACCOUNTING POLICIES TO BE THOSE THAT REQUIRE MORE SIGNIFICANT JUDGMENTS AND ESTIMATES IN THE PREPARATION OF ITS FINANCIAL STATEMENTS, INCLUDING THE FOLLOWING: RECOGNITION OF NET PATIENT SERVICE REVENUES, WHICH INCLUDE CONTRACTUAL ALLOWANCES; AND THE PROVISION FOR BAD DEBT; ESTIMATES FOR REIMBURSEMENT UNDER THE UPPER PAYMENT LIMIT, DISPROPORTIONATE SHARE AND MEDICAID 1115 WAIVER PROGRAMS; RESERVES FOR LOSSES AND EXPENSES RELATED TO HEALTH CARE PROFESSIONAL AND GENERAL LIABILITIES; ACCRUALS FOR CLAIMS INCURRED BUT NOT YET REPORTED RELATED TO THE SYSTEM'S HEALTH PLANS; DETERMINATION OF FAIR VALUES OF CERTAIN FINANCIAL INSTRUMENTS; DETERMINATION OF FAIR VALUE OF CERTAIN GOODWILL AND LONG-LIVED ASSETS, including assets acquired; AND RISKS AND ASSUMPTIONS FOR MEASUREMENT OF PENSION AND RETIREE MEDICAL LIABILITIES. MANAGEMENT RELIES ON HISTORICAL EXPERIENCE AND ON OTHER ASSUMPTIONS BELIEVED TO BE REASONABLE UNDER THE CIRCUMSTANCES IN MAKING ITS JUDGMENT AND ESTIMATES. ACTUAL RESULTS COULD DIFFER MATERIALLY FROM THESE ESTIMATES."

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, LINE 8	COSTING METHODOLOGY THE AMOUNT ON SCHEDULE H, PART III, LINE 6 IS DETERMINED BY CALCULATING MEDICARE ALLOWABLE COSTS USING WORKSHEET A OF THE MEDICARE COST REPORT. WORKSHEET A OF THE MEDICARE COST REPORT REQUIRES THE ORGANIZATION TO REMOVE NON-ALLOWABLE EXPENSES FROM TOTAL EXPENSES VIA THE ADJUSTMENTS TO EXPENSES WORKSHEETS WITHIN THE MEDICARE COST REPORT. THE AMOUNT REPORTED ON SCHEDULE H, PART III, LINE 6 DOES NOT TAKE INTO ACCOUNT ALL COSTS INCURRED BY THE FILING ORGANIZATION ASSOCIATED WITH THE FILING ORGANIZATION'S PROVISIONS OF SERVICES TO MEDICARE PATIENTS. SCHEDULE H, PART III, LINE 7 WOULD EQUAL A SHORTFALL OF \$7,679,304 IF TOTAL EXPENSES ALLOCABLE TO MEDICARE SERVICES WERE SUBSTITUTED ON SCHEDULE H, PART III, LINE 6.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION C, LINE 9B	COLLECTION POLICY IT IS THE POLICY OF THE ORGANIZATION TO PURSUE COLLECTIONS OF PATIENT BALANCES FROM PATIENTS WHO HAVE THE ABILITY TO PAY FOR THESE SERVICES. CHRISTUS HEALTH APPLIES ITS COLLECTION EFFORTS CONSISTENTLY AND FAIRLY TO ALL PATIENTS REGARDLESS OF INSURANCE. IF A PATIENT DOES NOT HAVE THE FINANCIAL RESOURCES TO PAY THEIR OUTSTANDING BALANCES, THE GOAL OF THE ORGANIZATION IS TO QUALIFY THESE PATIENTS THROUGH THE ORGANIZATION'S CHARITY POLICY OR SCREEN THE PATIENTS THROUGH ORGANIZATION'S PRESUMPTIVE CHARITY TESTS. IF THE PATIENT QUALIFIES UNDER EITHER POLICY THE ACCOUNT WILL BE WRITTEN OFF BASED UPON LEVEL OF QUALIFICATION. THESE POLICIES SUPPORT THE MISSION AND VISION OF THE ORGANIZATION AND ARE APPROVED BY SENIOR LEADERSHIP.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	<p>NEEDS ASSESSMENT THE NEEDS ASSESSMENT MAY BE ACCESSED ON-LINE: https://www.christushealth.org/about/donate/community-health/community-health-needs-assessment-and-implementation-plan THE 2016-2019 ST. VINCENT HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT INCLUDES: (1) A COMMUNITY HEALTH PROFILE WITH KEY POPULATION HEALTH INDICATORS, (2) FOCUS GROUPS WITH A BROAD RANGE OF REPRESENTATIVES FROM ACROSS THE COMMUNITY INCLUDING CONSUMERS, PROVIDERS, LOCAL GOVERNMENT (COUNTY & CITY), HEALTH CARE PRACTITIONERS, AND OTHER STAKEHOLDERS, (3) COMMUNITY RESOURCES INCLUDING IDENTIFICATION OF LOCAL INITIATIVES INVOLVING PARTNERSHIPS ACROSS THE COMMUNITY TO ADDRESS KEY PRIORITY NEEDS. THE NEEDS ASSESSMENT INCLUDES A SPECIAL SECTION EXAMINING POPULATIONS FACING HEALTH DISPARITIES. ON AN ON-GOING BASIS ST. VINCENT PARTICIPATES IN HEALTH, EDUCATION AND SOCIAL SERVICE PLANNING WITH MULTIPLE GROUPS THROUGHOUT THE COMMUNITY INCLUDING THE PUBLIC SCHOOLS, COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, CITY HEALTH AND HUMAN SERVICES, THE FAITH COMMUNITY, AND OTHER COMMUNITY GROUPS. THROUGH OUR PARTICIPATION IN THESE EFFORTS, ST. VINCENT IS INVOLVED IN IDENTIFYING NEEDS AND ADDRESSING ISSUES FACING THE POPULATION.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE ST. VINCENT HOSPITAL MAKES EVERY EFFORT TO EDUCATE PATIENTS ON ITS CHARITY AND DISCOUNT POLICY AND ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE, OR LOCAL GOVERNMENT PROGRAMS DURING REGISTRATION, PRE-REGISTRATION (FOR SCHEDULED TESTS AND SURGERIES), POST REGISTRATION (DURING THEIR HOSPITALIZATION) AND FOLLOWING DISCHARGE (TELEPHONE OR WRITTEN INQUIRY) IN LANGUAGES APPROPRIATE FOR THE POPULATION BEING SERVED. PATIENTS ARE GIVEN INFORMATION AND FORMS BY A FINANCIAL COUNSELOR WHO HELPS THEM COMPLETE THE FORMS DURING THEIR INPATIENT AND OUTPATIENT VISITS. PATIENTS ARE ASKED TO BRING OR MAIL SUPPORTING DOCUMENTATION TO DETERMINE INCOME, ASSETS AND HOUSEHOLD EXPENSES. THE BUSINESS OFFICE REVIEWS THE APPLICATION BASED ON THE INFORMATION PROVIDED BY THE PATIENT. IF THE PATIENT QUALIFIES FOR CHARITY CARE OR A DISCOUNT, A NEW BILL IS GENERATED. PATIENTS WHO DO NOT PROVIDE THE REQUIRED DOCUMENTATION ARE CONSIDERED INELIGIBLE AND ARE BILLED ACCORDINGLY. IF THE DOCUMENTATION IS PROVIDED AT A LATER TIME, THE PATIENT MAY THEN BE DETERMINED TO BE ELIGIBLE FOR CHARITY CARE OR A DISCOUNT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION ST. VINCENT HOSPITAL IS LOCATED IN SANTA FE, NEW MEXICO AND SERVES MORE THAN 300,000 PEOPLE IN SEVEN COUNTIES COVERING A 19,000 SQUARE-MILE AREA ENCOMPASSING NORTH CENTRAL AND NORTHEASTERN NEW MEXICO AND SOUTHERN COLORADO. SANTA FE COUNTY'S POPULATION IS 50 PERCENT HISPANIC. THE FASTEST GROWING AGE GROUP IN THE ORGANIZATION'S SERVICE AREA IS 65 YEARS OF AGE AND OLDER WHICH IS PROJECTED TO GROW BY ALMOST THREEFOLD FROM 22,000 TO 61,000 BY 2040 AS COMPARED WITH 3 PERCENT GROWTH FOR THE POPULATION AS A WHOLE. TWENTY PERCENT OF SANTA FE COUNTY'S POPULATION IS UNINSURED. ST. VINCENT HOSPITAL IS THE ONLY LEVEL III TRAUMA CENTER IN NORTH CENTRAL/NORTHEASTERN NEW MEXICO. IT IS THE LARGEST HOSPITAL NORTH OF ALBUQUERQUE AND SOUTH OF PUEBLO, COLORADO. ST. VINCENT HOSPITAL IS CLASSIFIED AS A SOLE COMMUNITY PROVIDER BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS).

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>Promotion of Community Health TO RESPOND TO THE NEEDS OF THE COMMUNITY, ST. VINCENT PROVIDES THE FOLLOWING OUTPATIENT AND INPATIENT SERVICES AND SPECIALTIES: CANCER CENTER, HEART & VASCULAR CENTER - CARDIOVASCULAR SERVICES, BEHAVIORAL HEALTH SERVICES, DIABETES CENTER, G ASTROENTEROLOGY, EAR, NOSE, & THROAT, HOSPITALIST, LABORATORY SERVICES, EMERGENCY SERVICES INCLUDING A FREE STANDING EMERGENCY DEPARTMENT, NEUROSURGERY, ORTHOPAEDICS, OUTPATIENT TH ERAPIES SPORTS MEDICINE, PEDIATRIC SERVICES, PHYSICAL REHAB INCLUDING INPATIENT, SPORTS ME DICINE, HOLISTIC HEALTH CENTER, IN-PATIENT REHAB, PULMONARY DISEASE, SLEEP CENTER, SPINE C ENTER AND NEURO SCIENCE, SURGICAL SERVICES, UROLOGY, WOMEN'S SERVICES, AND WOUNDCARE & HYP ERBARIC OXYGEN THERAPY. IN ADDITION TO PRIMARY AND SPECIALTY CARE, CHRISTUS ST. VINCENT OP ERATES SEVERAL PROGRAMS THAT RESPOND DIRECTLY TO CRITICAL COMMUNITY NEEDS: A DIABETES CENT ER, OUTPATIENT BEHAVIORAL HEALTH PROGRAM, AND A HOSPITAL-BASED DOMESTIC VIOLENCE PROGRAM. THE DIABETES CENTER HAS BEEN CO-LOCATED WITH THE ST. VINCENT WOUND CENTER TO IMPROVE INTEG RATION OF PATIENT CARE. ST. VINCENT HOSPITAL COLLABORATES WITH COMMUNITIES, CHURCHES, BUSI NESSES, AND OTHER HEALTH CARE ORGANIZATIONS TO FACILITATE AND STRENGTHEN ACCESSIBILITY OF QUALITY COMPREHENSIVE HEALTH CARE SERVICES FOR ALL, PARTICULARLY THE VULNERABLE AND UNDERS ERVED POPULATIONS. ST. VINCENT HOSPITAL ALSO SUPPORTS MANY LOCAL COMMUNITY HEALTH SERVICES , OFFERING CONVENIENT LOCATIONS FOR PRIMARY CARE AND MOBILE OUTREACH PROGRAMS, IMMUNIZATIO NS FOR CHILDREN AND SENIORS, MEALS ON WHEELS, AND TRANSPORTATION SERVICES FOR THE COMMUNIT IES SERVED. IN ADDITION, ST. VINCENT HOSPITAL PROVIDES MEDICATION ASSISTANCE FOR COMMUNITY RESIDENTS WHO ARE UNABLE TO AFFORD MEDICATIONS. ST. VINCENT HOSPITAL IS DEDICATED TO IMPR OVING THE HEALTH STATUS OF THE COMMUNITY THROUGH PROGRAMS THAT PLACE NEEDED SERVICES WHERE THEY ARE MOST NEEDED, WITH SPECIAL ATTENTION AND PREFERENCE GIVEN TO PROGRAMS THAT SUPPOR T AND BENEFIT THE HEALTH AND WELFARE OF THE POOR AND UNDERSERVED. ST. VINCENT HOSPITAL IS ONE THE AREA'S LARGEST PRIVATE EMPLOYERS, 2ND ONLY TO GOVERNMENT. "COMMUNITY SERVICES FOR A BROADER COMMUNITY" IS ALSO A PART OF ST. VINCENT HOSPITAL'S OVERALL COMMUNITY BENEFIT. T HE GREATEST SHARE OF THESE EXPENSES IS FOR EDUCATING HEALTH PROFESSIONALS (GRADUATE MEDICA L EDUCATION, NURSING STUDENTS, ALLIED HEALTH PROFESSIONALS, PHARMACISTS, ETC). HELPING TO PREPARE FUTURE HEALTH CARE PROFESSIONALS IS A DISTINGUISHING CHARACTERISTIC OF NONPROFIT H EALTH CARE AND CONSTITUTES A SIGNIFICANT COMMUNITY BENEFIT. ST. VINCENT HOSPITAL FUNDS HEA LTH PROFESSIONS EDUCATION WHICH INCLUDES CLINICAL EXPERIENCE AND OTHER EDUCATION FOR PHYSI CIANS AND MEDICAL RESIDENTS. CHRISTUS HEALTH, MEMBER ORGANIZATION, ALSO USED CASH DONATION S THROUGH COMMUNITY BENEFIT AS A VEHICLE TO HELP THE COMMUNITIES SERVED. IT MADE CASH DONA TIONS AS WELL AS GRANTS TO SUPPORT NONPROFIT HEALTH CARE ORGANIZATIONS AND PROGRAMS INCLUD ING LA FAMILA MEDICAL CENTER, SOLACE CRISIS TREATMENT CENTER, YOUTH SHELTERS & FAMILY SERV ICES, PRESBYTERIAN MEDICAL SERVICES, SANTA FE RECOVERY CENTER, AND VARIOUS OTHER PROGRAMS AIMED AT IMPROVING THE HEALTH OF THE COMMUNITIES SERVED. AS A NONPROFIT ORGANIZATION AND A S A PART OF CHRISTUS HEALTH, A REGIONAL GOVERNING BOARD COMPRISED LARGELY OF INDEPENDENT C OMMUNITY MEMBERS REPRESENTING THE MAKEUP OF THE AREA WE SERVE GUIDES ST. VINCENT HOSPITAL. WE ARE PRIVILEGED TO HAVE AN OPEN MEDICAL STAFF COMPRISED OF QUALIFIED PHYSICIANS WHO WOR K WITH US TO PROVIDE CARE TO OUR COMMUNITIES. ALL QUALIFIED PHYSICIANS WHO ARE GRANTED PRI VILEGES TO SERVE WITH US IN OUR HOSPITALS MUST UNDERGO A THOROUGH AND COMPREHENSIVE CREDEN TIALING AND ORIENTATION PROCESS. SCHEDULE H, PART VI, LINE 6 AFFILIATED HEALTH CARE SYSTEM DESCRIPTION ST. VINCENT HOSPITAL IS PART OF CHRISTUS HEALTH, AN INTERNATIONAL, CATHOLIC, FAITH BASED, NONPROFIT HEALTH SYSTEM COMPRISED OF ALMOST 350 SERVICES AND FACILITIES INCLU DING MORE THAN 60 HOSPITALS AND LONG TERM CARE FACILITIES, 175 CLINICS AND OUTPATIENT CENT ERS, AND OTHER COMMUNITY HEALTH MINISTRIES AND COMMUNITY DEVELOPMENT VENTURES. CHRISTUS SE RVICES CAN BE FOUND IN: ARKANSAS, GEORGIA, IOWA, LOUISIANA, NEW MEXICO, TEXAS, AND INTERNA TIONALLY IN THE COUNTRIES OF MEXICO AND CHILE. A COMMON MISSION, CORE VALUES, AND VISION U NITE THE HEALTH SYSTEM. EACH REGION, INCLUDING ST. VINCENT HOSPITAL, DEVELOPS FIVE-YEAR AN D TEN-YEAR STRATEGIC PLANS THAT HELP SET THE YEARLY OPERATIONAL PLANS AND BUDGETS. REGIONA L STRATEGIC GOALS ARE SET IN COLLABORATION WITH CHRISTUS HEALTH AND INCLUDE METRICS THAT W ILL BE USED TO MEASURE COMMUNITY BENEFIT, CLINICAL OUTCOMES, PATIENT SATISFACTION, AND ASSOCIATE ENGAGEMENT. CHRISTUS HEALTH PROVIDES UPDATED MARKET, DEMOGRAPHICS, AND HEALTH INDIC ATOR DATA ON AN ANNUAL BASIS. THE DATA SUPPLIED FROM CHRISTUS HEALTH ALONG WITH THE SYSTEM WIDE STRATEGIC INITIATIVES ARE CONSISTENT WITH THE COMMUNITY NEEDS ASSESSMENT OF THE REGI ON. ST. VINCENT HOSPITAL, IN TURN, PARTNERS WITH O</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	OTHER NONPROFIT GROUPS (CHURCHES, HEALTH CARE PROVIDERS, AND GOVERNMENT AGENCIES) TO CREATE COLLABORATIONS WHERE HEALTH NEEDS CAN BE ADDRESSED AND THE GENERAL HEALTH OF INDIVIDUALS AND THE COMMUNITY IS IMPROVED.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT ALL CHRISTUS HEALTH ENTITIES INCLUDING FACILITIES LOCATED IN STATES THAT DO NOT REQUIRE ANNUAL COMMUNITY BENEFIT REPORTING (I.E., LOUISIANA, AND NEW MEXICO), FOLLOW THE SAME REPORTING RULES AS OUTLINED IN THE CATHOLIC HEALTH ASSOCIATION GUIDE TO PLANNING AND REPORTING COMMUNITY BENEFIT, COPYRIGHT 2008. TOTAL COMMUNITY BENEFIT FOR CHRISTUS HEALTH IS ALSO REPORTED IN THE ANNUAL REPORT PREPARED AND DISTRIBUTED BY THE SYSTEM OFFICE. CHRISTUS HEALTH'S NONPROFIT HOSPITALS LOCATED IN TEXAS FILE A COMMUNITY BENEFIT REPORT IN THE STATE OF TEXAS. THE ANNUAL STATEMENT OF COMMUNITY BENEFITS STANDARD (ASCBS) FORM AND ANNUAL REPORT OF THE COMMUNITY BENEFITS PLAN ARE FILED WITH THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES (DSHS) AS REQUIRED BY THE HEALTH AND SAFETY CODE, SECTIONS 311.045 AND 311.046. THE 2012 ASCBS FORM IS EXPANDED TO COLLECT THE INFORMATION ON CHARITY CARE POLICIES AND COMMUNITY BENEFITS IN A STANDARDIZED FORMAT. STATE FILINGS OF COMMUNITY BENEFIT REPORT: TX

Additional Data**Software ID:****Software Version:****EIN:** 85-0106941**Name:** St Vincent Hospital**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 HOSPITAL 455 ST MICHAELS DRIVE SANTA FE, NM 87505 WWW.STVIN.ORG 01505918009	X	X					X			

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 3E</p>	<p>ST. VINCENT HAS CHOSEN 3 SUPER PRIORITIES BASED UPON COMMUNITY NEEDS AND WILL MAINTAIN A L EVEL OF EFFORT WITH PRIORITIES FROM THE FORMER 2013 CHNA. SUPER PRIORITIES: BEHAVIORAL HEA LTH, SENIORS, SOCIAL DETERMINANTS OF HEALTH. THE SUPER PRIORITIES WERE CHOSEN BECAUSE OF T HEY ARE THE AREAS OF GREATEST CHALLENGE FACING OUR COMMUNITY TODAY. FOLLOWING ARE THE DATA DOCUMENTING THE NEEDS: A BEHAVIORAL HEALTH CONDITION. BETWEEN 30 AND 50 PATIENTS INPATIENT T A DAY HAVE AN UNDERLYING (SECONDARY TO THE MEDICAL CONDITION) BEHAVIORAL HEALTH CONDITIO N PRESENTING CHALLENGES TO INPATIENT CARE. MANY SERIOUS MEDICAL CONDITIONS ARE A RESULT OF LONG TERM ALCOHOL OR DRUG ABUSE. IN RESPONSE, ST. VINCENT HAS IMPLEMENTED: 1) AN 8 BED BE HAVIORAL OBSERVATION UNIT IN THE EMERGENCY DEPARTMENT, 2) PROCESSES TO IMPROVE BEHAVIORAL HEALTH PATIENT FLOW INPATIENT, 3) PROCESSES AND PHYSICAL BUILDING MODIFICATIONS TO BETTER RESPOND TO THE NEEDS OF PATIENTS WITH BH ISSUES, 4) PROVIDE SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT)IN OUTPATIENT CLINICS, 5) HIGH UTILIZER GROUP SERVICES (HUGS) FOR HIGH HOSPITAL UTILIZERS, 6) PROFESSIONAL DEVELOPMENT FOR STAFF - OVERDOSE PREVEN TION AND DISTRIBUTE NALOXONE TO PREVENT OPIOID OVERDOSE, 7) VIVITROL TREATMENT FOR ALCOHOL ADDICTION, 8) OPIOID STEWARDSHIP PILOT PROGRAM, 9) NEONATAL ABSTINENCE SYNDROME PILOT FOR BABIES BORN TO OPIOID ADDICTED MOTHERS. SENIOR CARE WAS CHOSEN AS A SUPER PRIORITY BECAUS E OF THE SIGNIFICANT GROWTH IN SANTA FE COUNTY'S AGING POPULATION. BASED UPON POPULATION P ROJECTIONS, SANTA FE COUNTY WILL HAVE CLOSE TO 40,000 PEOPLE OVER THE AGE OF 65 BY THE YEA R 2020. A PROBLEM IN AGING POPULATIONS IS FALLS. IN SANTA FE COUNTY, THE FALL RATE IS 90.3 , NEARLY DOUBLE THE U.S. RATE OF 57 (PER 100,000). FALLS ARE THE LEADING CAUSE OF DEATH IN UNINTENDED INJURIES FOR PEOPLE OVER THE AGE OF 65 IN SANTA FE COUNTY. PREVENTING FLU AND PNEUMONIA IS KEY TO HEALTHY AGING. IMMUNIZATION RATES FOR SENIORS IN SANTA FE COUNTY IS 56 .1 COMPARED TO 66.7 (PER 100,000) IN THE U.S. STRATEGIES TO ADDRESS SENIOR CARE ISSUES INC LUDE: 1) DOCUMENT IMMUNIZATION REFUSALS, 2) FACILITATE FAMILY/CAREGIVER EDUCATION FOR PROP ER CARE, 3) PROVIDE AND ADVERTISE ACCESSIBLE IMMUNIZATIONS, 4) PROVIDE PUBLIC EDUCATION ON IMMUNIZATIONS, 5) FUND MEMORY DAY CARE PROGRAM FOR SENIORS WITH DEMENTIA OR ALZHEIMER'S, 6) RECRUIT HOME HELP AND MODIFICATIONS SERVICES. VIOLENCE IS ANOTHER PRIORITY SELECTED BY ST. VINCENT IN RESPONSE TO THE KEY INDICATORS OF VIOLENCE ACROSS THE AGE SPAN IN SANTA FE COUNTY. FOR SENIORS, 1,686 SUBSTANTIATED REPORTS OF ABUSE OR NEGLECT WERE DOCUMENTED IN 20 14. RATES OF CHILD ABUSE AND NEGLECT FOR CHILDREN BETWEEN THE AGE OF BIRTH TO FIVE ARE 36. 6%, HIGHER THAN FOR ALL CHILDREN UNDER 18 AT 33.4%. VIOLENCE AGAINST WOMEN IS ANOTHER AREA OF GREAT CONCERN. RATES OF DOMESTIC VIOLENCE IN SANTA FE COUNTY ARE 10.7 VERSUS 9.5 FOR N EW MEXICO STATEWIDE. ST. VINCENT STRATEGIES INCLUDE: 1) ESTABLISH VIOLENCE INTERVENTION CO ORDINATOR FOR CONSULTS FOR SUR</p>

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 3E</p>	<p>VIVORS, COMMUNITY COORDINATION AND SAFETY PLANNING, 2) TRAIN STAFF IN TRAUMA INFORMED CARE . SCHEDULE H, PART V, SECTION B, LINE 5 THE 2017-2019 CHNA INVOLVED A THOROUGH PROCESS WITH SIGNIFICANT COMMUNITY INPUT TO IDENTIFY AND FOCUS ON THE MOST CRITICAL ISSUES FACING THE VARIOUS AGE GROUPS WITHIN OUR COMMUNITY. THE REPORT HAS ADDITIONAL POWER TO GUIDE POLICY MAKERS, FUNDERS, PROVIDERS, COMMUNITY LEADERS AND THE GENERAL PUBLIC TOWARD THE ISSUES THAT MATTER THE MOST IN THE COMMUNITY. WHILE THERE ARE OTHER ISSUES OUTSIDE OF THIS REPORT THAT DESERVE ATTENTION, THE HEALTH ISSUES INCLUDED IN THIS REPORT WERE IDENTIFIED AS MOST IMPORTANT BY A MULTITUDE OF COMMUNITY EXPERTS, FRONTLINE WORKERS, ADVOCATES, PUBLIC HEALTH DATA AND CONCERNED CITIZENS. QUANTITATIVE DATA ON THE PRIORITY INDICATORS WERE GATHERED FROM THE NEW MEXICO DEPARTMENT OF HEALTH, CENTERS FOR DISEASE CONTROL, CENSUS, SANTA FE PUBLIC SCHOOLS, HEALTHY PEOPLE 2020, KIDS COUNT, COUNTY COMPARISONS AND A RANGE OF STUDIES AND OTHER KEY DATA SOURCES. THE PUBLIC HEALTH EPIDEMIOLOGIST, WITH THE NEW MEXICO DEPARTMENT OF HEALTH, WAS INSTRUMENTAL IN WORKING WITH US TO OBTAIN AND REFINE DATA SPECIFIC TO SANTA FE COUNTY. IN ADDITION, HOSPITALIZATION, EMERGENCY ROOM AND OUTPATIENT UTILIZATION DATA WERE RETRIEVED INTERNALLY AND REVIEWED TO FURTHER UNDERSTAND THE PREVALENCE OF HEALTH CARE CONDITIONS ON UTILIZATION AT CSV AND THE LARGER HEALTHCARE DELIVERY SYSTEM. QUALITATIVE DATA, GATHERED FROM A NUMBER OF SOURCES MENTIONED BELOW, PROVIDED ADDITIONAL VERIFICATION OF WHY THE SELECTED HEALTH INDICATORS ARE PROBLEMATIC AND HOW THEY IMPACT REAL LIVES THROUGH ENRICHING AND BRINGING MEANING TO THE QUANTITATIVE DATA. THE "VOICE OF THE COMMUNITY" WAS GATHERED THROUGH KEY INFORMANT INTERVIEWS, FOCUS GROUPS AND COMMUNITY FORUMS. KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH MEDICAL PRACTITIONERS AND INDIVIDUALS WHO HAVE DIRECT EXPERIENCE EITHER PROFESSIONALLY OR PERSONALLY AND A HIGH LEVEL OF EXPERTISE IN A GIVEN HEALTH CONCERN. THROUGH THE FOCUS GROUPS A BROAD RANGE AND LARGE NUMBER OF INDIVIDUALS PROVIDED INPUT AND GAVE FEEDBACK ON THE DATA PERTAINING TO EACH INDICATOR. THERE WAS WIDE AGREEMENT THAT THE INDICATORS CHOSEN WERE OF HIGH PRIORITY AND HAVE A SIGNIFICANT IMPACT ON THE LIVES OF PEOPLE IN OUR COMMUNITY. THE FOLLOWING FIVE FOCUS GROUPS WERE HELD: SAN ISIDRO CATHOLIC PARISH, SANTA FE COUNTY COURT, A SENIOR CITIZEN CENTER IN NORTHERN PART OF THE COUNTY, SANTA FE INDIAN CENTER, AND CHRISTUS ST VINCENT CARE COORDINATORS. THE CITY OF SANTA FE HEALTH STUDY GROUP WAS APPOINTED BY MAYOR JAVIER GONZALES AND ONE OF ITS KEY RESPONSIBILITIES IS TO EXAMINE THE HEALTH NEEDS OF THE COMMUNITY. THE PARTICIPANTS FROM THIS FOCUS GROUP WERE MEMBERS OF THE COMMUNITY FROM A VARIETY OF BACKGROUNDS. THE SANTA FE COUNTY HEALTH POLICY AND PLANNING COMMISSION (HPPC) HAS STATUTORY RESPONSIBILITY FOR CONDUCTING COUNTY-WIDE HEALTH PLANNING. MEMBERS OF THE HEALTH POLICY AND PLANNING COMMISSION ARE APPOINTEES OF THE SANTA FE COUNTY COMMISSION.</p>

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3E	<p>THEY ARE KNOWLEDGEABLE OF THE HEALTH NEEDS OF THE COMMUNITY AND ARE ACTIVELY ENGAGED IN POLICY DEVELOPMENT, PROGRAM PLANNING AND IMPLEMENTATION. IN ADDITION TO THE MEMBERSHIP OF THE HPPC, THE FOCUS GROUP WAS WELL ATTENDED BY OTHER INTERESTED COMMUNITY MEMBERS WHO ADDED TO THE DISCUSSION. THE SANTA FE PREVENTION ALLIANCE IS A MULTI-DISCIPLINARY GROUP OF REPRESENTATIVES FROM LAW ENFORCEMENT, THE PUBLIC SCHOOLS, CITY, COUNTY AND STATE GOVERNMENT, HIGH SCHOOL STUDENTS, SERVICE PROVIDERS AND OTHER STAKEHOLDERS COMMITTED TO PREVENTING CHILDREN FROM USING ALCOHOL AND DRUGS. TO UNDERSTAND THE NEEDS OF OUR IMMIGRANT POPULATION, A FOCUS GROUP WAS HELD AT A CATHOLIC PARISH LOCATED ON THE SOUTHSIDE OF SANTA FE COUNTY. THIS FOCUS GROUP WAS FACILITATED IN SPANISH AND HELD IMMEDIATELY FOLLOWING SPANISH SPEAKING MASS. IT WAS RICH AND INFORMATIVE EXPERIENCE FOR ALL INVOLVED AND HELPED US LEARN FIRSTHAND, THE HEALTH CHALLENGES OF OUR IMMIGRANT POPULATION. ANOTHER FOCUS GROUP WAS HELD AT THE SANTA FE COMMUNITY COLLEGE WITH A GROUP OF SOCIOLOGY STUDENTS. THE STUDENTS WERE REPRESENTATIVE OF VETERANS, ADULTS RETURNING TO COLLEGE AND YOUNG ADULTS.</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
SCHEDULE H, PART V, SECTION B, LINE 7A	THE COMMUNITY HEALTH NEEDS ASSESSMENT CAN BE FOUND AT THE FOLLOWING WEBSITE URL: https://www.christushealth.org/-/media/files/homepage/giving-back/chna/2017-2019-chna-christus-st-vincent-approved.ashx?la=en SCHEDULE H, PART V, SECTION B, LINE 7D THE CHNA HAS BEEN DISSEMINATED TO NUMEROUS GROUPS IN THE COMMUNITY WHEN CONDUCTING PRESENTATIONS. MANY REQUESTS HAVE BEEN MADE TO SHARE THE CHNA FINDINGS BY GROUPS THROUGHOUT THE COMMUNITY. FORMAL PRESENTATIONS HAVE BEEN CONDUCTED AND COPIES OF THE REPORT MADE AVAILABLE. GROUPS INCLUDE THE SANTA FE COUNTY HEALTH POLICY AND PLANNING COMMISSION (THIS IS A PUBLIC MEETING ATTENDED BY NUMEROUS PEOPLE IN THE COMMUNITY), AND OTHER COMMUNITY GROUPS HELD IN THE COMMUNITY. SCHEDULE H, PART V, SECTION B, LINE 10A THE HOSPITAL FACILITIES' MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY CAN BE FOUND AT THE FOLLOWING WEBSITE URL: https://www.christushealth.org/about/donate/community-health/community-health-needs-assessment-and-implementation-plan

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11</p>	<p>ST. VINCENT HAS CHOSEN 3 SUPER PRIORITIES BASED UPON COMMUNITY NEEDS AND WILL MAINTAIN A L EVEL OF EFFORT WITH PRIORITIES FROM THE FORMER 2013 CHNA. SUPER PRIORITIES: BEHAVIORAL HEA LTH, SENIORS, SOCIAL DETERMINANTS OF HEALTH. THE SUPER PRIORITIES WERE CHOSEN BECAUSE OF T HEY ARE THE AREAS OF GREATEST CHALLENGE FACING OUR COMMUNITY TODAY. FOLLOWING ARE THE DATA DOCUMENTING THE NEEDS: BEHAVIORAL HEALTH: LIKE THE REST OF THE COUNTRY, NEW MEXICO IS CHA LLENGED BY THE OPIOID CRISIS. IN 2016, THE U.S. RATES OF DRUG OVERDOSE DEATHS WAS 19.8 (PE R 100,000), YET SANTA FE COUNTY WAS 27.2 DEATHS PER 100,000. BEHAVIORAL HEALTH ALSO INCLUD ES ALCOHOL ADDICTIONS. IN 2017, THE DEATH RATE FOR ALCOHOL RELATED DEATHS IN SANTA FE COUN TY WAS 57.8% VERSUS THE U.S. RATE OF 29.4%. ANOTHER KEY INDICATOR IS SUICIDE RATES. THE SA NTA FE COUNTY RATE IN 2017 WAS 26.9 VERSUS THE U.S. RATE OF 13.5 (PER 100,000). IN ADDITIO N, WE HAVE UP TO 10 PEOPLE AT ANY GIVEN TIME IN THE EMERGENCY DEPARTMENT DUE TO A BEHAVIOR AL HEALTH CONDITION. BETWEEN 30 AND 50 PATIENTS INPATIENT A DAY HAVE AN UNDERLYING (SECOND ARY TO THE MEDICAL CONDITION) BEHAVIORAL HEALTH CONDITION PRESENTING CHALLENGES TO INPATIE NT CARE. MANY SERIOUS MEDICAL CONDITIONS ARE A RESULT OF LONG TERM ALCOHOL OR DRUG ABUSE. IN RESPONSE, ST. VINCENT HAS IMPLEMENTED: 1) AN 8 BED BEHAVIORAL OBSERVATION UNIT IN THE E MERGENCY DEPARTMENT, 2) PROCESSES TO IMPROVE BEHAVIORAL HEALTH PATIENT FLOW INPATIENT, 3) PROCESSES AND PHYSICAL BUILDING MODIFICATIONS TO BETTER RESPOND TO THE NEEDS OF PATIENTS W ITH BH ISSUES, 4) PROVIDE SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT) IN OUTPATIENT CLINICS, 5) HIGH UTILIZER GROUP SERVICES (HUGS) FOR HIGH HOSPITAL UTILIZERS, 6) PROFESSIONAL DEVELOPMENT FOR STAFF - OVERDOSE PREVENTION AND DISTRIBUTE NALOXONE TO PR EVENT OPIOID OVERDOSE, 7) VIVITROL TREATMENT FOR ALCOHOL ADDICTION, 8) OPIOID STEWARDSHIP PILOT PROGRAM, 9) NEONATAL ABSTINENCE SYNDROME PILOT FOR BABIES BORN TO OPIOID ADDICTED MO THERS. SENIOR CARE WAS CHOSEN AS A SUPER PRIORITY BECAUSE OF THE SIGNIFICANT GROWTH IN SAN TA FE COUNTY'S AGING POPULATION. BASED UPON POPULATION PROJECTIONS, SANTA FE COUNTY WILL H AVE CLOSE TO 40,000 PEOPLE OVER THE AGE OF 65 BY THE YEAR 2020. A PROBLEM IN AGING POPULAT IONS IS FALLS. IN SANTA FE COUNTY, THE FALL RATE IS 78, COMPARED TO THE U.S. RATE OF 62 (P ER 100,000). FALLS ARE THE LEADING CAUSE OF DEATH IN UNINTENDED INJURIES FOR PEOPLE OVER T HE AGE OF 65 IN SANTA FE COUNTY. PREVENTING FLU AND PNEUMONIA IS KEY TO HEALTHY AGING. IMM UNIZATION RATES FOR SENIORS IN SANTA FE COUNTY IS 57.7 (PER 100,000). IN THE U.S. STRATEGI ES TO ADDRESS SENIOR CARE ISSUES INCLUDE: 1) DOCUMENT IMMUNIZATION REFUSALS, 2) FACILITATE FAMILY/CAREGIVER EDUCATION FOR PROPER CARE, 3) PROVIDE AND ADVERTISE ACCESSIBLE IMMUNIZAT IONS, 4) PROVIDE PUBLIC EDUCATION ON IMMUNIZATIONS, 5) FUND MEMORY DAY CARE PROGRAM FOR SE NIORS WITH DEMENTIA OR ALZHEIMER'S, 6) RECRUIT HOME HELP AND MODIFICATIONS SERVICES. VIOLE NCE IS ANOTHER PRIORITY SELECT</p>

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11</p>	<p>ED BY ST. VINCENT IN RESPONSE TO THE KEY INDICATORS OF VIOLENCE ACROSS THE AGE SPAN IN SANTA FE COUNTY. FOR SENIORS, 1,686 SUBSTANTIATED REPORTS OF ABUSE OR NEGLECT WERE DOCUMENTED IN 2014. RATES OF CHILD ABUSE AND NEGLECT FOR CHILDREN BETWEEN THE AGE OF BIRTH TO FIVE ARE 36.6%, HIGHER THAN FOR ALL CHILDREN UNDER 18 AT 33.4%. VIOLENCE AGAINST WOMEN IS ANOTHER AREA OF GREAT CONCERN. RATES OF DOMESTIC VIOLENCE IN SANTA FE COUNTY ARE 10.7 VERSUS 9.5 FOR NEW MEXICO STATEWIDE. ST. VINCENT STRATEGIES INCLUDE: 1) ESTABLISH VIOLENCE INTERVENTION COORDINATOR FOR CONSULTS FOR SURVIVORS, COMMUNITY COORDINATION AND SAFETY PLANNING, 2) TRAIN STAFF IN TRAUMA INFORMED CARE. HEALTH DISPARITIES ARE DEMONSTRATED IN A GEOGRAPHIC AREA OF THE COMMUNITIES WHERE A LARGE PERCENTAGE OF THE POPULATION ARE IMMIGRANTS. THE PERCENTAGE OF PEOPLE WITHOUT HEALTH INSURANCE IN THIS AREA IS 37% AND 29% OF THE POPULATION IN THE SAME AREA LIVES IN POVERTY. THE ST. VINCENT STRATEGY IS TO COLLABORATE WITH A LOCAL NON-PROFIT, CLINIC TO PROVIDE MEDICAL STAFFING TO CONDUCT FREE CLINICS IN GEOGRAPHIC AREAS OF THE COMMUNITY WHERE SERVICE ACCESS IS LIMITED. THE TARGET POPULATION IS ADULTS WITH HYPERTENSION IN GEOGRAPHICALLY UNDERSERVED AREAS AND CONNECTING THEM WITH PRIMARY CARE SERVICES. CONTINUED FOCUS AREAS: HEALTH SYSTEMS IMPROVEMENT, MATERNAL HEALTH AND EARLY CHILDHOOD, SCHOOL AGE CHILDREN AND ADOLESCENTS, ADULTS WITH CHRONIC DISEASES AND WOMEN'S HEALTH. FOR YOUNG CHILDREN, THE RATE OF LOW BIRTH BABIES IN SANTA FE COUNTY COMPARED TO THE U.S. RATE OF 8.1. DEPRESSION IS AN ISSUE AMONGST SCHOOL AGE CHILDREN. IN 2017, 32.5% OF SCHOOL AGE CHILDREN REPORT BEING SAD OR HOPELESS FOR 2 OR MORE WEEKS IN A ROW. IMPLEMENTATION STRATEGIES TO ADDRESS CONTINUING NEEDS INCLUDE: HEALTH CARE SYSTEM'S IMPROVEMENT - 1) PATIENT NAVIGATION, 2) HEALTH INSURANCE EXCHANGE ENROLLMENT, MATERNAL HEALTH & EARLY CHILDHOOD - 1) PRENATAL CARE, 2) HOME VISITATION, SCHOOL AGE CHILDREN & ADOLESCENTS - 1) ADOLESCENT HIGH UTILIZER GROUP SERVICES (HUGS), 2) ADULTS WITH CHRONIC DISEASES - 1) MANAGE YOUR CHRONIC DISEASE (MYCD). ACROSS THE BOARD, ST. VINCENT WILL FOCUS ON IMPROVING CARE TO THE SUPER PRIORITY PATIENTS, INPATIENT AND OUTPATIENT. THIS IS IN ADDITION TO COMMUNITY HEALTH PROGRAMS THAT TAKE PLACE OUTSIDE OF THE HOSPITAL. ACROSS THE BOARD STRATEGIES FOR EACH SUPER PRIORITY INCLUDE: 1) INTEGRATE SUPER PRIORITY WORK INTO CSV STRATEGIC PLAN, 2) SCREENING, CARE AND FOLLOW UP FOR PATIENTS, 3) LIST OF COMMUNITY RESOURCES, 4) TIGHTLY LINKED REFERRAL NETWORK BASED ON PATIENT NEEDS, 5) TRAINING FOR STAFF ON PATIENT ISSUES, 6) HARDWIRE CROSS-DEPARTMENT COORDINATION FOR PATIENTS WITH COMPLEX CARE ISSUES, 7) COMMUNITY BENEFIT COUNCIL, 8) DATA COLLECTION TO COLLECT BASELINE DATA AND TRACK PROGRESS, 9) IDENTIFY NECESSARY RESOURCES AND IDENTIFY LOW COST/NO COST STRATEGIES, 10) COMMUNITY BENEFIT FUNDING TO LOCAL NON-PROFITS TO ADDRESS SOCIAL DETERMINANTS OF HEALTH, 11) CONTINUE TO BUILD RESPONSIVE SYSTEM OF CARE, 12) IDENTIFY OTHER</p>

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	FUNDING SOURCES TO SUPPORT PRIORITIES. SCHEDULE H, PART V, SECTION B, LINE 13B INCOME LEVEL L USED FOR FAP ELIBIBILITY UNINSURED PATIENTS WHO APPLY FOR THE FINANCIAL ASSISTANCE PROGR AM MAY ALSO QUALIFY FOR ASSISTANCE UNDER THE POLICY, REGARDLESS OF INCOME LEVEL, IF THEY H AVE MEDICAL OR HOSPITAL BILLS THAT EXCEED 10% OF THEIR GROSS TO ENSURE ALL NEEDED FORMS AN D VERIFICATIONS NEEDED TO FILE AN APPLICATION FOR GOVERNMENTAL ASSISTANCE AND CHARITY CARE HAVE BEEN PROVIDED.

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 13H	<p>UNDER THE HOSPITAL'S POLICY, PATIENTS WERE GENERALLY ELIGIBLE FOR ASSISTANCE BASED ON INCOME LEVEL. PATIENTS WHO WERE BELOW 300% OF FEDERAL POVERTY GUIDELINES RECEIVED FREE CARE. PATIENTS BETWEEN 300% AND 400% OF FEDERAL POVERTY GUIDELINES RECEIVED A SLIDING SCALE DISCOUNT OFF GROSS CHARGES. UNINSURED UNDER 300% OF FPG = 100% DISCOUNT 301% - 400% OF FPG = 100% MEDICARE HARDSHIP UNDER 300% OF FPG = 100% DISCOUNT 301% - 400% OF FPG = CAP 10% INCOME THE POLICY ALSO ALLOWED FOR PRESUMPTIVE ELIGIBILITY. THE HOSPITAL IMPLEMENTED ELECTRONIC ELIGIBILITY TOOLS THAT USED PATIENT DEMOGRAPHIC DATA, CREDIT REPORTS, AND OTHER PUBLICLY AVAILABLE INFORMATION TO ESTIMATE A PATIENT'S INCOME, ASSETS, AND LIQUIDITY. PATIENTS WERE SCREENED AS PART OF THE COLLECTION ATTEMPT PROCESS. WHEN ELECTRONIC SCREENING WAS USED AS THE BASIS FOR PRESUMPTIVE ELIGIBILITY, THE HIGHEST DISCOUNT OF FULL FREE CARE WAS GRANTED FOR ELIGIBLE SERVICES FOR RETROSPECTIVE DATES OF SERVICE ONLY. IF A PATIENT DID NOT QUALIFY UNDER THE ELECTRONIC ENROLLMENT PROCESS, THE PATIENT COULD STILL BE CONSIDERED UNDER THE TRADITIONAL FINANCIAL ASSISTANCE APPLICATION PROCESS. SCHEDULE H, PART V, SECTION B, LINE 15E FAP APPLICATION FORM'S METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE IN ADDITION TO REGULAR APPLICATIONS, THE HOSPITAL ALSO ASSESSED PATIENTS FOR PRESUMPTIVE ELIGIBILITY TO FACILITATE GIVING ASSISTANCE TO NEEDY PATIENTS. THE HOSPITAL IMPLEMENTED ELECTRONIC ELIGIBILITY TOOLS THAT USED PATIENT DEMOGRAPHIC DATA, CREDIT REPORTS, AND OTHER PUBLICLY AVAILABLE INFORMATION TO ESTIMATE A PATIENT'S INCOME, ASSETS, AND LIQUIDITY. PATIENTS WERE SCREENED AS PART OF THE COLLECTION ATTEMPT PROCESS. WHEN ELECTRONIC SCREENING WAS USED AS THE BASIS FOR PRESUMPTIVE ELIGIBILITY, THE HIGHEST DISCOUNT OF FULL FREE CARE WAS GRANTED FOR ELIGIBLE SERVICES FOR RETROSPECTIVE DATES OF SERVICE ONLY. IF A PATIENT DID NOT QUALIFY UNDER THE ELECTRONIC ENROLLMENT PROCESS, THE PATIENT COULD STILL BE CONSIDERED UNDER THE TRADITIONAL FINANCIAL ASSISTANCE APPLICATION PROCESS. SCHEDULE H, PART V, SECTION B, LINE 16A THE FAP WAS WIDELY AVAILABLE ON THE WEBSITE: https://www.christushealth.org/childrens/patient-resources/financial-assistance SCHEDULE H, PART V, SECTION B, LINE 16B THE FAP APPLICATION WAS WIDELY AVAILABLE ON THE WEBSITE: https://www.christushealth.org/-/media/files/finance-files/application-st-vincent--english-pdf.ashx?la=en SCHEDULE H, PART V, SECTION B, LINE 16C THE PLAIN LANGUAGE SUMMARY OF THE FAP WAS WIDELY AVAILABLE ON THE WEBSITE: https://www.christushealth.org/-/media/files/finance-files/plain-language-summary--st-vincent-english-pdf.ashx?la=en</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
SCHEDULE H, PART V, SECTION B, LINE 16J	<p>ST. VINCENT TOOK A PROACTIVE, ONE-ON-ONE APPROACH TO MAKING CHARITY CARE AVAILABLE. BILINGUAL FINANCIAL COUNSELORS VISITED SELF-PAY PATIENTS DURING THEIR HOSPITAL VISIT TO DISCUSS THE AVAILABILITY OF FINANCIAL ASSISTANCE IN A CONFIDENTIAL AND CONVENIENT SETTING FOR THE PATIENT. MEDDATA, MEDICAL ELIGIBILITY VENDORS HELPED COMPLETE FINANCIAL ASSISTANCE APPLICATIONS AND EVALUATE PAYMENT PLANS FOR OUTSTANDING BALANCES. UNINSURED PATIENTS WERE SCREENED FOR MEDICAID ELIGIBILITY, AND COUNSELORS ALSO ASSISTED ELIGIBLE PATIENTS IN COMPLETING THOSE APPLICATIONS. EMERGENCY DEPARTMENT PATIENTS IDENTIFIED AS SELF-PAY WHO COULD NOT AFFORD SERVICES WERE GIVEN A FINANCIAL COUNSELORS BUSINESS CARD AND ENCOURAGED TO CALL THE COUNSELOR TO SCHEDULE TIME TO VISIT. HOSPITAL PATIENTS WERE ALSO NOTIFIED IN WRITING THROUGH THE PATIENT GUIDE THAT ST. VINCENT OFFERED PAYMENT PLANS, ASSISTANCE WITH MEDICAID APPLICATIONS, AND CHARITY CARE BASED ON INCOME. AFTER DISCHARGE, EACH BILLING STATEMENT INCLUDED INFORMATION THAT FINANCIAL ASSISTANCE WAS AVAILABLE: "YOU MAY QUALIFY FOR FINANCIAL ASSISTANCE BASED UPON YOUR INCOME LEVEL. IF YOU DO NOT QUALIFY AND CANNOT MAKE PAYMENT IN FULL, YOU MUST CONTACT US IMMEDIATELY TO SET UP ARRANGEMENTS." THE SUMMARY OF CHARGES INCLUDED A SIMILAR STATEMENT: -IF YOU WOULD LIKE TO MAKE FINANCIAL ARRANGEMENTS, PRESENT ADDITIONAL INSURANCE INFORMATION, APPLY FOR FINANCIAL ASSISTANCE, OR SIMPLY INQUIRE ABOUT ANY PART OF THIS STATEMENT, PLEASE CALL OUR CUSTOMER SERVICE REPRESENTATIVES AT (505)820-5220..." IN ADDITION, A SUMMARY OF THE POLICY AND DOCUMENTS NEEDED TO APPLY FOR ASSISTANCE WAS WIDELY AVAILABLE AT WWW.CHRISTUSHEALTH.ORG/CHARITYCARE. (THIS WEBSITE WAS THE FIRST RESULT IN GOOGLE WHEN PATIENTS SEARCHED FOR THE HOSPITAL NAME AND CHARITY CARE OR FINANCIAL ASSISTANCE). EFFECTIVE JULY 1, 2016, THE INDIVIDUAL HOSPITALS HOMEPAGE HAD A FINANCIAL ASSISTANCE LINK INCLUDING THE FAP, APPLICATION, AND PLAIN LANGUAGE SUMMARY.</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
SCHEDULE H, PART V, SECTION B, LINE 17	DID THE HOSPITAL FACILITY HAVE IN PLACE DURING THE TAX YEAR A SEPARATE BILLING AND COLLECTIONS POLICY, OR A WRITTEN FINANCIAL ASSISTANCE POLICY THAT EXPLAINED ACTION THE HOSPITAL FACILITY MAY TAKE UPON NON-PAYMENT? THE HOSPITAL DID NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIONS DURING THE TAX YEAR. THE POLICY STRICTLY PROHIBITED TAKING LEGAL ACTION AGAINST PATIENTS AND ALSO FORBADE PLACING A LIEN ON THE PATIENT'S HOME. IN THE EVENT OF NONPAYMENT, THE HOSPITAL AND ITS COLLECTIONS GROUPS WOULD SEND STATEMENTS AND MAKE PHONE CALLS.

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 20E	OTHER EFFORTS TO NOTIFY PATIENTS OF THE FAP BEFORE INITIATING ECA'S: AS STATED ABOVE IN SCHEDULE H, PART V, SECTION B, LINE 16(J), FINANCIAL COUNSELORS TRIED TO VISIT WITH EVERY SELF-PAY PATIENT DURING THE COLLECTIONS PROCESS.

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 22D	THE HOSPITAL CALCULATED THE TOTAL SUM OF ALL CHARGES FOR FISCAL YEAR ENDING 2013 AND THE SUM OF THE EXPECTED PAYMENT UNDER COMMERCIAL CONTRACTS. ON AVERAGE, COMMERCIAL INSURERS PAID 61.2% OF CHARGES FOR SERVICES RENDERED. UNDER THE 501(R) STATUTE, THE HOSPITAL NEEDED TO LIMIT AMOUNTS CHARGED TO PATIENTS ELIGIBLE FOR ASSISTANCE UNDER THE FAP TO MORE THAN THE AMOUNTS GENERALLY BILLED TO INDIVIDUALS WHO HAVE INSURANCE COVERING SUCH CARE." BASED ON THE AVERAGE COMMERCIAL INSURER PAYING APPROXIMATELY 60% OF GROSS CHARGES, ST. VINCENT DID NOT CHARGE FAP-ELIGIBLE PATIENTS MORE THAN 60% OF GROSS CHARGES. THE LOWEST DISCOUNT ST VINCENT PROVIDED TO FAP-ELIGIBLE PATIENTS WAS A 40% DISCOUNT, EQUIVALENT TO A BILL OF 60% OF CHARGES. FAP-ELIGIBLE PATIENTS WITH GREATER FINANCIAL NEED (AS DEMONSTRATED BY A LOWER ANNUAL INCOME) RECEIVED AN EVEN GREATER DISCOUNT (PAYING LESS THAN THE AVERAGE COMMERCIAL PAYER), INCLUDING MANY PATIENTS RECEIVING FREE CARE.

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization St Vincent Hospital

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.

Employer identification number 85-0106941

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

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) Nursing Scholarship GRANTS	47	95,130		COST	
(2) IMMUNIZATIONS	6650		127,661	FMV	FREE IMMUNIZATIONS
(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
Description of Organization's Procedures for Monitoring the Use of Grants	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION FOLLOWS MEMBER ORGANIZATION CHRISTUS HEALTH MANAGEMENT DIRECTIVE NO. 0006, "CONTRIBUTIONS/DONATIONS TO OTHER ORGANIZATIONS". BEFORE ANY DONATION IS MADE, TWO CRITERIA ARE ADDRESSED: (1) ORGANIZATION TEST AND (2) IRS TEST. THE ORGANIZATION TEST ENSURES THAT DONATIONS ARE EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, EDUCATIONAL, AND RELIGIOUS PURPOSES, AND IN FURTHERANCE OF OUR PURPOSE OF SUPPORTING THE HEALING MINISTRY OF JESUS CHRIST AND ADVANCING, PROMOTING, AND SUPPORTING THE HEALTHCARE MINISTRIES OF THE SPONSORING CONGREGATIONS. CONTRIBUTIONS CAN BE MADE TO SUPPORT CHRISTUS SYSTEM MEMBERS AND TO OTHER QUALIFYING TAX-EXEMPT ORGANIZATIONS, PARTICULARLY THOSE DESIGNED TO SUPPORT AND BENEFIT THE POOR AND UNDERSERVED. THE ORGANIZATION CONSIDERED FOR DONATIONS MUST FULLY SUPPORT THE TAX EXEMPT PURPOSE OF ST. VINCENT HOSPITAL. TO SATISFY THE IRS TEST CONTRIBUTIONS GIVEN MUST BE DEDICATED TO ACHIEVING CHARITABLE PURPOSES NOT FOR PERSONAL BENEFIT BUT FOR PUBLIC BENEFIT. CONTRIBUTIONS ARE PROHIBITED TO ORGANIZATIONS THAT CONTRIBUTE TO POLITICAL CAMPAIGNS, CANDIDATES FOR OFFICE, OR CONDUCT MORE THAN INCIDENTAL LOBBYING. DOCUMENTATION MUST SUPPORT HOW THE DONATION MEETS ORGANIZATIONAL PURPOSES AND FURTHERANCE OF MISSION. DONATIONS SHOULD BE MODEST IN SCOPE.

Additional Data

Software ID:
Software Version:
EIN: 85-0106941
Name: St Vincent Hospital

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
Las Cumbres Community Services 102 N CORONADO AVE ESPANOLA, NM 87532	23-7144268	501(c)(3)	29,000				CBISA - Violence Prevention
Presbyterian Medical Services 1422 PASEO DE PERALTA 3 SANTA FE, NM 87501	85-0206810	501(c)(3)	125,000				CBISA - Adolescent Health

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
NM Suicide Intervention Project PO Box 6004 SANTA FE, NM 87502	85-0427990	501(c)(3)	140,540				Deliver vital suicide prevention training skills, life skills, awareness & resource information to adolescents in SF county; Sky Center Adolescent HUGS - Wraparound, therapeutic, & non-traditional services for children & adolescents < 22 who are at high risk & are frequent utilizers of the CSV ED & the Juvenile Detention
Gerard's House PO Box 28693 SANTA FE, NM 87592	74-2834283	501(c)(3)	33,000				Donation to Local Charity on behalf of providers

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
Youth Shelters PO BOX 28279 SANTA FE, NM 87592	85-0324625	501(c)(3)	25,000				CBISA - Violence Prevention
Solace 6601 Valentine Way SANTA FE, NM 87507	85-0242274	501(c)(3)	112,000				CBISA - Violence Prevention

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
Santa Fe Recovery 4100 Lucia Lane SANTA FE, NM 87507	85-0216976	501(c)(3)	532,552				CBISA - Adult Behavioral Health
The Friendship Club 1414 Galisteo St SANTA FE, NM 87505	85-0324089	501(c)(3)	10,000				CBISA - Adult Behavioral Health

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
Esperanza Shelter 3130 RUFINA ST SANTA FE, NM 87502	85-0313174	501(c)(3)	48,114				CBISA - Violence Prevention
Kitchen Angels inc 1222 Siler Rd SANTA FE, NM 87507	85-0423492	501(c)(3)	14,000				CBISA - Senior Care

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
Coming Home 418 Cerrillos Rd STE 28 SANTA FE, NM 87501	74-2853467	501(c)(3)	30,000				CBISA - Senior Care
United Way of Santa Fe 440 CERRILLOS RD STE A SANTA FE, NM 87501	85-0163601	501(c)(3)	183,500				CBISA - Violence Prevention

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
Interfaith Shelter PO Box 22653 SANTA FE, NM 87503	27-0736366	501(c)(3)	31,262				CBISA - Adult Behavioral Health
La Familia Medical Center 1035 ALTO ST SANTA FE, NM 87501	85-0220875	501(c)(3)	73,366				CBISA - Adult Behavioral Health

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 ELIZABETH MEDICAL RESPITE 804 ALARID ST SANTA FE, NM 87505	85-0347650	501(c)(3)	78,000				ADULT HEALTH
CANCER FOUNDATION FOR NEW MEXICO 490-A W ZIA ROAD SANTA FE, NM 87505	41-2079799	501(C)3	54,000				Provide support services for cancer patients, their families and caregivers, and educational programs for the community.

Schedule J
(Form 990)

Compensation Information

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
St Vincent Hospital

Employer identification number
85-0106941

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

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
SUPPLEMENTAL COMPENSATION INFORMATION	<p>SCHEDULE J, PART I, LINE 1A, COMPANION TRAVEL TAXABLE COMPENSATION WAS REPORTED TO VARIOUS OFFICERS AND BOARD MEMBERS RELATED TO COMPANION TRAVEL TO CHRISTUS MEETINGS. SUPPLEMENTAL COMPENSATION INFORMATION FORM 990, PART VII, LINE 1A AND SCHEDULE J, PART II DIRECTORS AND EX-OFFICIO DIRECTORS PROVIDE THEIR SERVICES AS MEMBERS OF THE BOARD WITHOUT COMPENSATION OR BENEFITS. ANY COMPENSATION AND BENEFITS DISCLOSED FOR SUCH PERSONS IS EARNED IN THE RESPECTIVE INDIVIDUAL'S ROLE AS AN OFFICER OR EMPLOYEE OF THE ORGANIZATION, NOT FOR THE INDIVIDUAL'S ROLE AS A BOARD MEMBER OR DIRECTOR. OFFICERS, KEY EMPLOYEES AND HIGHEST PAID EMPLOYEES ARE FULL-TIME EMPLOYEES. BOARD MEMBERS SPEND TIME AS NEEDED FOR BOARD MEETINGS AND FUNCTIONS. CHRISTUS HEALTH, A MEMBER ORGANIZATION OF ST. VINCENT HOSPITAL, HAS A 50% OWNERSHIP AND THEREFORE DOES NOT MEET THE DEFINITION OF A RELATED ORGANIZATION SET FORTH BY THE FORM 990 INSTRUCTIONS. THE FOLLOWING PERSONS RECEIVED COMPENSATION FROM UNRELATED CHRISTUS HEALTH FOR SERVICES RENDERED TO ST. VINCENT DURING CALENDAR YEAR 2018. THE AMOUNTS BELOW ARE REFLECTED IN PART VII, SECTION A, COLUMN D AND SCHEDULE J, PART II, COLUMN (B)(II) ROW I AS FOLLOWS: LILLIAN MONTOYA BONUS AND INCENTIVE COMPENSATION = \$210,455 HOPE WADE BONUS AND INCENTIVE COMPENSATION = \$123,266 JOHN BEESON, MD BONUS AND INCENTIVE COMPENSATION = \$193,751 KATHY ARMIJO-ETRE BONUS AND INCENTIVE COMPENSATION = \$56,562 MARGARET DITTRICH BONUS AND INCENTIVE COMPENSATION = \$97,701 MERRI MURPHY BONUS AND INCENTIVE COMPENSATION = \$60,709 EMELIA WANG BONUS AND INCENTIVE COMPENSATION = \$123,656 JASON ADAMS BONUS AND INCENTIVE COMPENSATION = \$170,346 PATRICK CARRIER BONUS AND INCENTIVE COMPENSATION = \$361,063 MONICA LEYBA BONUS AND INCENTIVE COMPENSATION = \$60,237</p>

Return Reference	Explanation
EXPLANATION OF MEMBER ORG DETERMINING CEO/EXECUTIVE DIRECTOR'S COMP	SCHEDULE J, PART I, LINE 3 THE FILING ORGANIZATION'S CEO/EXECUTIVE DIRECTOR IS AN EMPLOYEE OF CHRISTUS HEALTH, A MEMBER ORGANIZATION. AS A RESULT, COMPENSATION IS ESTABLISHED AT THE CHRISTUS HEALTH LEVEL AND THE FILING ORGANIZATION DOES NOT HAVE A ROLE IN IMPLEMENTING THE METHODS USED TO ESTABLISH COMPENSATION OR IN DETERMINING CEO/EXECUTIVE DIRECTOR COMPENSATION. CHRISTUS HEALTH USES AN EXECUTIVE COMPENSATION COMMITTEE TO ESTABLISH AND APPROVE THE COMPENSATION OF THE FILING ORGANIZATION'S CEO/EXECUTIVE DIRECTOR. THIS COMMITTEE USES AN INDEPENDENT COMPENSATION CONSULTANT WHO PERFORMS BI-ANNUAL COMPENSATION SURVEY. SEVERANCE PAYMENTS SCHEDULE J, PART I, LINE 4A PATRICK CARRIER - \$89,854

Return Reference	Explanation
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	SCHEDULE J, PART I, LINE 4B DEFERRED COMPENSATION INCLUDES EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN, AND PENSION RESTORATION PLAN. ESTIMATED PENSION BENEFITS WERE CALCULATED BASED ON THE PROVISIONS OF THE CURRENT PENSION RESTORATION PLAN AT 6% OF PENSIONABLE EARNINGS WHICH ARE OVER THE IRS LEGISLATIVE COMPENSATION LIMIT. SOME ASSOCIATES ARE GRANDFATHERED UNDER AN EARLIER LEGACY PENSION PLAN. IF A PARTICIPANT HAS PROTECTED PENSION BENEFITS UNDER SUCH LEGACY PLANS, HIS/HER PERCENTAGE IS ZERO UNDER THE SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN, AS THE PROTECTED BENEFIT IS ALREADY EQUAL TO OR BETTER THAN CURRENT MARKET.

Return Reference	Explanation
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENTS	SUPPLEMENTAL COMPENSATION INFORMATION SCHEDULE J, PART II W-2 COMPENSATION MAY INCLUDE PAYMENTS RELATED TO COMPENSATION DEFERRED IN PRIOR YEARS. DEFERRED COMPENSATION MAY INCLUDE DEFERRALS OF CURRENT YEAR COMPENSATION UNDER EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN AND PENSION RESTORATION PLAN.

Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION	SCHEDULE J, PART II, COLUMN B(II) BONUS AND INCENTIVE COMPENSATION MAY INCLUDE AMOUNTS THAT WERE DEFERRED IN A PRIOR YEAR BUT PAID OUT IN CALENDAR YEAR 2018.

Return Reference	Explanation
DEFERRED COMPENSATION	SCHEDULE J, PART II, COLUMN C DEFERRED COMPENSATION MAY INCLUDE EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN, EMPLOYER CONTRIBUTION TO 403(B) MATCHED SAVINGS PLAN, PENSION RESTORATION PLAN AND ESTIMATED PENSION BENEFITS UNDER CHRISTUS HEALTH CASH BALANCE PLAN. ESTIMATED PENSION BENEFITS WERE CALCULATED BASED ON THE PROVISIONS OF THE CURRENT CASH BALANCE PLAN AT 6% OF PENSIONABLE EARNINGS. SOME ASSOCIATES ARE GRANDFATHERED UNDER AN EARLIER PENSION PLAN. THESE GRANDFATHERED PARTICIPANTS, BASED ON COMPUTATION AT THE TIME OF THEIR RETIREMENT, WILL RECEIVE THE LARGER OF THE RETIREMENT BENEFIT COMPUTED UNDER THE CASH BALANCE PLAN COMPARED TO THE PREVIOUS PENSION PLAN. DUE TO THE COMPLEXITY OF CALCULATING AN ACCURATE BENEFIT COST FOR GRANDFATHERED PARTICIPANTS, THE FORM 990 REPORTS AS PENSION BENEFITS THEIR ANNUAL ESTIMATED CASH BALANCE PLAN ACCRUAL.



SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 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 Hospital

Employer identification number

85-0106941

990 Schedule O, Supplemental Information

Return Reference	Explanation
DOING BUSINESS AS	<p>FORM 990, PAGE 1, ITEM C ST. VINCENT HOSPITAL IS DOING BUSINESS AS: CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER FORM 990, PART III, LINE 4D COMMUNITY SERVICES FOR THE BROADER COMMUNITY HELPING TO PREPARE FUTURE HEALTHCARE PROFESSIONALS IS A DISTINGUISHING CHARACTERISTIC OF NONPROFIT HOSPITALS AND CONSTITUTES A SIGNIFICANT COMMUNITY BENEFIT. ST. VINCENT HOSPITAL ASSISTS IN THE EDUCATION OF HEALTHCARE PROFESSIONALS BY PROVIDING CLINICAL SETTINGS, SCHOLARSHIPS, INTERNSHIPS AND RESIDENCIES FOR PHYSICIANS, NURSES AND OTHER HEALTH PROFESSIONALS. THE FOLLOWING ACTIVITIES WERE CONDUCTED IN THIS AREA: ST. VINCENT HOSPITAL FOUNDATION NURSE SCHOLARSHIPS (IN PARTNERSHIP WITH SANTA FE COMMUNITY COLLEGE AND NORTHERN NEW MEXICO COMMUNITY COLLEGE) AND THE ST. VINCENT HOSPITAL MEDICAL RESIDENCY PROGRAM (A THREE-YEAR PRIMARY CARE RESIDENCY PROGRAM FOR PHYSICIANS IN PARTNERSHIP WITH THE UNIVERSITY OF NEW MEXICO, ALBUQUERQUE). ADDITIONALLY, ST. VINCENT'S FUNDS THE "HEALTH CARE EXPLORERS" PROGRAM GEARED TO HIGH SCHOOL STUDENTS WITH AN INTEREST IN THE HEALTH CARE PROFESSION. ST. VINCENT HOSPITAL USED CASH DONATIONS AS A VEHICLE TO HELP OUR COMMUNITIES. WE MADE CASH DONATIONS, IN ADDITION TO GRANTS, TO SUPPORT NONPROFIT HEALTHCARE ORGANIZATIONS AND PROGRAMS, INCLUDING UNITED WAY. ST. VINCENT HOSPITAL ALSO MADE CASH AND IN-KIND DONATIONS TO FUND COMMUNITY INITIATIVES SUCH AS AN ANNUAL HOLIDAY COAT DRIVE FOR CHILDREN; PHYSICAL FITNESS PROGRAMS FOR CHILDREN AND ADULTS (NATIONAL DANCE INSTITUTE, ELEMENTARY SCHOOL FUN RUNS, SANTA FE CENTURY BIKE RIDE); SCHOOL HEALTH FAIRS AND WELLNESS PROGRAMS; ELDER/SENIOR SERVICES AND VETERANS' PROGRAMS; LOCAL AND NATIONAL SERVICE ORGANIZATION FUNDRAISERS (ROTARY, ELKS AND KIWANIS CLUBS); AND NATIVE AMERICAN PUEBLO HEALTH DAYS AND PHYSICAL FITNESS EVENTS. ST. VINCENT HOSPITAL ASSOCIATES SERVED ON LOCAL NONPROFIT BOARDS AND INITIATIVES. THE HOSPITAL ALSO PROVIDES NO-COST MEETING SPACE TO COMMUNITY NONPROFIT ORGANIZATIONS AND GROUPS. DURING FY 2019, ST. VINCENT HOSPITAL ADVOCATED FOR IMPROVING PUBLIC POLICIES, WORKING TO ESTABLISH, AND IN SOME INSTANCES AUGMENT, GRASSROOTS ADVOCACY FOR GREATER ACCESS TO HEALTH CARE SERVICES FOR THE CONSTITUENTS WE SERVE. FORM 990, PART III, LINE 4D COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED ST. VINCENT HOSPITAL HAS RECOGNIZED THE NEED FOR SIGNIFICANT COMMUNITY-WIDE HEALTH AND HUMAN SERVICES BEYOND THE DIRECT SERVICES OF THE HOSPITAL. AS SUCH, ST. VINCENT PROVIDES FUNDING TO THOSE WITH LIMITED OR NO MEANS TO PAY, UNDERSERVED POPULATIONS AND THE BROADER COMMUNITY. THESE PROGRAMS ARE FUNDED FROM THE HOSPITAL'S GENERAL FUNDS AND ARE PROVIDED EITHER DIRECTLY BY ST. VINCENT OR THROUGH OTHER NONPROFIT COMMUNITY HEALTHCARE ORGANIZATIONS. COLLABORATIVE EFFORTS WITH LA FAMILIA MEDICAL CENTER, PRESBYTERIAN MEDICAL SERVICES, WOMEN'S HEALTH SERVICES AND VILLA THERESE CATHOLIC CLINIC PROVIDE PRIMARY CARE TO MEET THE NEEDS OF THE POOR, UNDERSERVED AND HOMELESS. ONE EXAMPLE OF CHRISTUS HEALTH, MEMBER ORGANIZATION, CO</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
DOING BUSINESS AS	<p>COMMUNITY BENEFITS ACCOUNTED FOR UNDER COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED INCLUDE THE CHRISTUS COMMUNITY DIRECT INVESTMENT PROGRAM (CDI). THE PURPOSE OF THE CDI PROGRAM IS TO SUPPORT COMMUNITY-DRIVEN INITIATIVES PRIMARILY FOR AFFORDABLE HOUSING AND ECONOMIC DEVELOPMENT BY PROVIDING FINANCING AT BELOW-MARKET INTEREST RATES TO NOT-FOR-PROFIT ORGANIZATIONS AT TERMS NOT EXCEEDING MORE THAN FIVE YEARS. THE INCOME LOST FROM THE DIFFERENCE IN THE MARKET RATE LESS OUR LOAN RATE (FOREGONE INCOME) IS CONSIDERED A COMMUNITY BENEFIT FOR REPORTING PURPOSES. THE COST OF THESE INVESTMENTS IS NOT INCLUDED IN THE PROGRAM SERVICE EXPENSES OF ST. VINCENT HOSPITAL THOUGH OUTSTANDING LOAN BALANCES VARY THROUGHOUT THE YEAR, THE OUTSTANDING LOAN BALANCE AT THE END OF FISCAL YEAR 2019 WAS \$1,000,000. THE FOREGONE INTEREST FOR ST. VINCENT HOSPITAL IN FY 2019 WAS \$25,764. CHRISTUS HEALTH, MEMBER ORGANIZATION, HAS ESTABLISHED THE CHRISTUS FUND TO PROVIDE RESOURCES TO NOT-FOR-PROFIT AGENCIES AND GROUPS WHOSE MISSION, VISION AND GOALS ARE CONSISTENT WITH CHRISTUS HEALTH'S MISSION, VALUES AND PHILOSOPHY OF A HEALTHY COMMUNITY. WE BELIEVE THAT BY WORKING TOGETHER, WE CAN MAKE A PROFOUND DIFFERENCE IN THE QUALITY OF PEOPLES' LIVES AND CREATE SUSTAINABLE HEALTH IN OUR COMMUNITIES. DURING FY 2019, THE TOTAL GRANT MONEY DISTRIBUTED TO THE ST. VINCENT REGION WAS \$337,850. THE COST OF THESE GRANTS IS NOT INCLUDED IN THE PROGRAM SERVICE EXPENSE FOR ST. VINCENT. ST. VINCENT HOSPITAL SUPPORTS THE NEEDS OF SPECIAL POPULATIONS IN THE COMMUNITY BY PROVIDING COMMUNITY HEALTH EDUCATION, COMMUNITY-BASED CLINICAL SERVICES, AND HEALTHCARE SUPPORT SERVICES, INCLUDING: HEALTH AND SAFETY FAIRS, SCREENINGS AND EDUCATION FOR EARLY DETECTION OF DIABETES, CANCER AND HEART DISEASE, MATERNAL AND CHILD HEALTHCARE, VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT NURSE EXAMINERS, MEDICAL CARE FOR RESIDENTS IN CUSTODY, AND HEALTH EDUCATION PROGRAMS, SCREENINGS AND ADULT IMMUNIZATIONS TARGETED AT CERTAIN POPULATIONS SUCH AS PERSONS AGE 65 OR OLDER, INDIVIDUALS WITH DISABILITIES, THE UNDER INSURED AND UNINSURED, AND HISPANIC AND NATIVE AMERICAN POPULATIONS. SOME EXAMPLES OF ST. VINCENT HOSPITAL'S COMMUNITY BENEFITS ACCOUNTED FOR UNDER COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED INCLUDE DENTAL AND VISION SERVICES FOR UNINSURED CHILDREN AND TEENS. ST. VINCENT ALSO SUPPORTS COMMUNITY NONPROFIT AGENCIES AND PROGRAMS FOR THE POOR AND UNDERSERVED, INCLUDING LAS CUMBRES COMMUNITY SERVICES, THE ESPERANZA SHELTER FOR BATTERED FAMILIES, ST. ELIZABETH HOMELESS SHELTER, KITCHEN ANGELS FOOD DISTRIBUTION PROGRAMS, YOUTH SHELTERS AND FAMILY SERVICES, THE NEW MEXICO SUICIDE INTERVENTION PROJECT, CATHOLIC CHARITIES, AND PRESBYTERIAN MEDICAL SERVICES SCHOOL HEALTH CLINICS. ROOTED IN OUR MISSION AND TRADITION, THE FOUNDERS AND SPONSORS OF CHRISTUS HEALTH AND THOSE WHO CO-MINISTER WITH THEM SEEK NEW AND INNOVATIVE WAYS OF DELIVERING QUALITY HEALTH CARE THAT IS BOTH AFFORDABLE AND ACCESSIBLE TO ALL. TODAY, MORE THAN EVER</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
DOING BUSINESS AS	<p>R, WE MUST AIM TO IMPROVE THE TOTAL HEALTH STATUS OF THE COMMUNITY THROUGH PROGRAMS THAT PLACE OUR SERVICES WHERE THEY ARE NEEDED MOST, WITH SPECIAL ATTENTION AND PREFERENCE GIVEN TO PROGRAMS THAT SUPPORT AND BENEFIT THE HEALTH AND WELFARE OF THE POOR AND UNDERSERVED. COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED REPRESENT THE UNPAID COST OF SERVICES PROVIDED FOR WHICH A PATIENT IS NOT BILLED, OR FOR WHICH A FEE HAS BEEN ASSESSED THAT RECOVERS ONLY A PORTION OF THE COST OF THE RENDERED SERVICE. THIS CATEGORY INCLUDES INITIATIVES THAT REACH OUT TO THOSE IN NEED THROUGH COMMUNITY HEALTH AND SOCIAL PROGRAMS. THESE PROGRAMS SEEK JUSTICE FOR THE VULNERABLE AND WORK TO BRING ABOUT CHANGES IN OUR POLITICAL AND ECONOMIC SYSTEMS. THE PROGRAMS COVER A BROAD SPECTRUM OF SERVICES FROM CHARITY CLINICS TO IMMUNIZATIONS FOR CHILDREN AND SENIORS, AND A VARIETY OF OTHER SOCIAL SERVICES. ST. VINCENT HOSPITAL PROVIDES MEDICATION ASSISTANCE FOR COMMUNITY RESIDENTS WHO ARE UNABLE TO AFFORD THE MEDICATIONS THEY NEED. THE HOSPITAL MEDICAL ACTION FUND PROVIDES MEDICATION FOR PATIENTS WITHOUT THE ABILITY TO PAY. THE HOSPITAL WORKS WITH PHARMACEUTICAL COMPANIES WHEN MEDICATIONS ARE AVAILABLE FOR THIS PURPOSE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, SECTION A, LINE 6 THE MEMBERS OF ST. VINCENT HOSPITAL ARE SVH SUPPORT CO, A NEW MEXICO NONPROFIT CORPORATION, AND CHRISTUS HEALTH, A TEXAS NONPROFIT CORPORATION. DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS FORM 990, PART VI, SECTION A, LINE 7A THE MEMBERS ARE GRANTED THE RIGHT TO APPOINT THE PRESIDENT OF THE CORPORATION. THE BOARD OF DIRECTORS IS DIVIDED EQUALLY INTO TWO CLASSES: THE SVH SUPPORT CO CLASS AND THE CHRISTUS HEALTH CLASS. THE SVH SUPPORT CO CLASS SHALL APPOINT ITS SUCCESSORS. THE CHRISTUS HEALTH CLASS SHALL BE APPOINTED BY CHRISTUS HEALTH.

990 Schedule O, Supplemental Information

Return Reference	Explanation
DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS	FORM 990, PART VI, SECTION A, LINE 7B THE MEMBERS, SVH SUPPORT CO AND CHRISTUS HEALTH, HAVE THE FOLLOWING POWERS: APPOINT THE PRESIDENT OF THE CORPORATION; APPROVE AMENDMENTS TO, OR AMEND THE ARTICLES OF INCORPORATION OF THE CORPORATION; APPROVE AMENDMENTS TO, OR AMEND THE BYLAWS OF THE CORPORATION; APPROVE THE MERGER, CONSOLIDATION OR DISSOLUTION OF THE CORPORATION; APPROVE THE SALE, CONTRIBUTION, DONATION OR OTHER TRANSFER OF SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION; APPROVE THE TRANSFER IN ANY 12-MONTH PERIOD OF MORE THAN \$5,000,000 TO ANY OTHER PERSON; APPROVE THE CREATION OF OR CREATE A NEW AFFILIATE; APPROVE THE AFFILIATION OF THE CORPORATION WITH ANY OTHER PERSON; ESTABLISH, TERMINATE OR TRANSFER ANY SIGNIFICANT PROGRAM OR SERVICE LINE OF THE CORPORATION; APPROVE THE INCURRENCE IN ANY 12-MONTH PERIOD OF ANY DEBT OF THE CORPORATION IN EXCESS OF \$5,000,000; APPROVE ANY LOAN OF FUNDS BY A MEMBER TO THE CORPORATION; ACCEPT ON BEHALF OF THE CORPORATION ANY GIFT OR BEQUEST CONDITIONED ON A LONG-TERM OR OTHER SIGNIFICANT OBLIGATION; ADOPT, APPROVE AMENDMENTS TO, OR AMEND THE MISSION, STRATEGIC PLAN OR CHARITY CARE POLICY OF THE CORPORATION; AND APPROVE ANY REQUEST BY THE CORPORATION FOR ONE OR BOTH MEMBERS TO MAKE A CONTRIBUTION TO THE CORPORATION OTHER THAN CONTRIBUTIONS APPROVED BY THE MEMBERS ON OR BEFORE APRIL 8, 2008.

990 Schedule O, Supplemental Information

Return Reference	Explanation
DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990	FORM 990, PART VI, SECTION B, LINE 11B THE FORM 990 IS PREPARED AND REVIEWED BY THE ORGANIZATION'S EXTERNAL INDEPENDENT ACCOUNTANTS. THE CHRISTUS HEALTH ACCOUNTING DEPARTMENT WORKS WITH AN EXTERNAL ACCOUNTING FIRM IN PREPARATION AND REVIEW OF THE FORM 990. THE FILING ORGANIZATION'S CFO, OR OTHER DESIGNEE, REVIEWS THE FORM 990. THE FINAL FORM 990 THAT WILL BE FILED WITH THE IRS IS POSTED TO A SECURE INTERNET PORTAL FOR ALL MEMBERS OF THE BOARD OF DIRECTORS TO VIEW. REVIEW OF THE FINAL FORM 990 OCCURS PRIOR TO FILING WITH THE IRS IN THE SPRING 2020 VIA A WEB PORTAL POLLING TOOL BY THE RESPECTIVE ORGANIZATION'S BOARD, BASED ON A SET OF SUGGESTED REVIEW PROCESSES DEVELOPED BY CHRISTUS HEALTH.

990 Schedule O, Supplemental Information

Return Reference	Explanation
DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	FORM 990, PART VI, SECTION B, LINE 12C AT THE END OF EACH CALENDAR YEAR, THE CHRISTUS HEALTH CORPORATE SECRETARY DISTRIBUTES A CONFLICT OF INTEREST QUESTIONNAIRE TO ALL OF THE ORGANIZATION'S BOARD AND COMMITTEE MEMBERS FOR COMPLETION PRIOR TO THE 1ST OF JANUARY IN THE NEXT YEAR. THE CORPORATE SECRETARY THOROUGHLY REVIEWS ALL COMPLETED AND EXECUTED CONFLICT OF INTEREST QUESTIONNAIRE FORMS TO ENSURE ACCURACY AND THAT NO POTENTIAL OR IDENTIFIED CONFLICT IS DISCLOSED OR EXISTS. THE ORGANIZATION'S BOARD OF DIRECTORS IS RESPONSIBLE FOR ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY OF THE ORGANIZATION. AT THE BEGINNING OF EACH BOARD MEETING AN ANNOUNCEMENT IS MADE THAT IF ANY BOARD MEMBER DETERMINES THAT HE OR SHE HAS A CONFLICT OF INTEREST BASED ON ANY AGENDA ITEM, HE OR SHE MUST DECLARE SO AND EXCUSE HIM OR HERSELF FROM ANY DISCUSSIONS RELATED TO SUCH ITEM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMPENSATION DETERMINATION PROCESS	FORM 990, PART VI, SECTION B, LINES 15A & 15B THE EXECUTIVE COMPENSATION COMMITTEE OF CHRISTUS HEALTH DETERMINES THE COMPENSATION OF THE CEO (OR EXECUTIVE DIRECTOR, AS APPLICABLE), OFFICERS AND KEY EMPLOYEES OF CHRISTUS HEALTH, ITS RELATED ORGANIZATIONS AND ORGANIZATIONS FOR WHICH IT IS A MEMBER, INCLUDING ST. VINCENT HOSPITAL. THE EXECUTIVE COMPENSATION COMMITTEE IS COMPOSED OF INDIVIDUALS WHO HAVE NO CONFLICT OF INTEREST WITH THE COMPENSATION ARRANGEMENTS AT HAND. THE EXECUTIVE COMPENSATION COMMITTEE OF THE CHRISTUS HEALTH BOARD SELECTS AN INDEPENDENT EXTERNAL FIRM TO PERFORM AN INDEPENDENT COMPENSATION REVIEW, TO ENSURE THAT ALL COMPENSATION IS REASONABLE AND COMPARABLE TO OTHER SIMILARLY SITUATED ORGANIZATIONS, FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS, AND TO PROVIDE SUPPORTING INFORMATION OF COMPENSATION DECISIONS. ON AN ANNUAL BASIS THE EXTERNAL CONSULTANT: 1. DEVELOPS THE MERIT INCREASE RECOMMENDATIONS FOR ALL DESIGNATED SYSTEM EXECUTIVES BASED ON MARKET COMPARABILITY. 2. RECOMMENDS THE CHANGES IN THE COMPENSATION STRUCTURE (GRADES) BASED ON THE MARKET CHANGES. 3. COMPLETES A REVIEW AND EVALUATION OF NEWLY CREATED POSITIONS TO RECOMMEND A GRADE PLACEMENT TO THE COMMITTEE FOR ITS DISCUSSION AND APPROVAL. ON A BI-ANNUAL BASIS, THE EXTERNAL CONSULTANT COMPLETES A DETAILED REVIEW OF ALL OTHER DESIGNATED SYSTEM EXECUTIVES' COMPENSATION AND BENEFITS. THIS GROUP INCLUDES ALL TOP MANAGEMENT OFFICIALS, OTHER OFFICERS AND KEY LEADERS OF THE ORGANIZATION. THE REVIEW INCLUDES RECOMMENDATIONS TO THE COMMITTEE ON ANY CHANGES NECESSARY IN EITHER SPECIFIC COMPENSATION OR COMPENSATION STRUCTURE TO ENSURE MARKET COMPETITIVENESS, REASONABLENESS AND INTERNAL EQUITY. UPON RECOMMENDATIONS FROM THE INDEPENDENT EXTERNAL FIRM, THE EXECUTIVE COMPENSATION COMMITTEE MAKES FINAL COMPENSATION DECISIONS. ADDITIONALLY, THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS ALL COMPENSATION PAYMENTS FOR EXCESS BENEFIT TRANSACTIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC	FORM 990, PART VI, SECTION C, LINE 19 THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CHRISTUS HEALTH ARE MADE AVAILABLE TO THE PUBLIC VIA THE CHRISTUS HEALTH WEBSITE. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>SUPPLEMENTAL COMPENSATION INFORMATION</p>	<p>FORM 990, PART VII AND FORM 990, SCHEDULE J FORMER DIRECTOR ERNIE SADAU IS THE PRESIDENT/CEO OF CHRISTUS HEALTH, A MEMBER ORGANIZATION OF ST. VINCENT HOSPITAL. CHRISTUS HEALTH HAS 50% OWNERSHIP OF ST. VINCENT HOSPITAL, AND THEREFORE DOES NOT MEET THE DEFINITION OF A RELATED ORGANIZATION SET FORTH BY THE FORM 990 INSTRUCTIONS. THEREFORE, ERNIE'S COMPENSATION IS NOT REPORTED AS RELATED COMPENSATION ON FORM 990, PART VII, OR FORM 990, SCHEDULE J, PART II. FOR INFORMATIONAL PURPOSES, ERNIE SADAU RECEIVED THE FOLLOWING COMPENSATION PAID BY CHRISTUS HEALTH DURING CALENDAR YEAR 2018: BASE COMPENSATION = \$ 4,351,450 BONUS AND INCENTIVE COMPENSATION = \$ 2,666,867 OTHER REPORTABLE COMPENSATION = \$ 166,482 RETIREMENT AND OTHER DEFERRED COMPENSATION = \$ 1,140,874 NON-TAXABLE BENEFITS = \$ 18,799 COMPENSATION REPORTED IN PRIOR FORM 990 = \$ 0 FORMER DIRECTOR PAUL GENERALE IS THE VICE PRESIDENT/SENIOR FINANCIAL OFFICER OF CHRISTUS HEALTH, A MEMBER ORGANIZATION OF ST. VINCENT HOSPITAL. CHRISTUS HEALTH HAS 50% OWNERSHIP OF ST. VINCENT HOSPITAL, AND THEREFORE DOES NOT MEET THE DEFINITION OF A RELATED ORGANIZATION SET FORTH BY THE FORM 990 INSTRUCTIONS. THEREFORE, PAUL'S COMPENSATION IS NOT REPORTED AS RELATED COMPENSATION ON FORM 990, PART VII, OR FORM 990, SCHEDULE J, PART II. FOR INFORMATIONAL PURPOSES, PAUL GENERALE RECEIVED THE FOLLOWING COMPENSATION PAID BY CHRISTUS HEALTH DURING CALENDAR YEAR 2018: BASE COMPENSATION = \$ 1,864,660 BONUS AND INCENTIVE COMPENSATION = \$ 1,090,468 OTHER REPORTABLE COMPENSATION = \$ 52,288 RETIREMENT AND OTHER DEFERRED COMPENSATION = \$ 484,517 NON-TAXABLE BENEFITS = \$ 17,829 COMPENSATION REPORTED IN PRIOR FORM 990 = \$ 0 DIRECTOR RANDY SAFADY IS THE VICE PRESIDENT/SENIOR FINANCIAL OFFICER OF CHRISTUS HEALTH, A MEMBER ORGANIZATION OF ST. VINCENT HOSPITAL. CHRISTUS HEALTH HAS 50% OWNERSHIP OF ST. VINCENT HOSPITAL, AND THEREFORE DOES NOT MEET THE DEFINITION OF A RELATED ORGANIZATION SET FORTH BY THE FORM 990 INSTRUCTIONS. THEREFORE, RANDY'S COMPENSATION IS NOT REPORTED AS RELATED COMPENSATION ON FORM 990, PART VII, OR FORM 990, SCHEDULE J, PART II. FOR INFORMATIONAL PURPOSES, RANDY SAFADY RECEIVED THE FOLLOWING COMPENSATION PAID BY CHRISTUS HEALTH DURING CALENDAR YEAR 2018: BASE COMPENSATION = \$ 3,032,412 BONUS AND INCENTIVE COMPENSATION = \$ 1,282,199 OTHER REPORTABLE COMPENSATION = \$ 326,569 RETIREMENT AND OTHER DEFERRED COMPENSATION = \$ 147,590 NON-TAXABLE BENEFITS = \$ 29,335 COMPENSATION REPORTED IN PRIOR FORM 990 = \$ 0 FORMER PRESIDENT/CEO ALEX VALDEZ IS THE CEO -CLINICA SAN CARLOS DE APOQ OF CHRISTUS HEALTH, A MEMBER ORGANIZATION OF ST. VINCENT HOSPITAL. CHRISTUS HEALTH HAS 50% OWNERSHIP OF ST. VINCENT HOSPITAL, AND THEREFORE DOES NOT MEET THE DEFINITION OF A RELATED ORGANIZATION SET FORTH BY THE FORM 990 INSTRUCTIONS. THEREFORE, ALEX'S COMPENSATION IS NOT REPORTED AS RELATED COMPENSATION ON FORM 990, PART VII, OR FORM 990, SCHEDULE J, PART II. FOR INFORMATIONAL PURPOSES, ALEX VALDEZ RECEIVED THE FOLLOWING COMPENSATION PAID BY CHRIS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION	<p>TUS HEALTH DURING CALENDAR YEAR 2018: BASE COMPENSATION = \$ 0 BONUS AND INCENTIVE COMPENSATION = \$ 0 OTHER REPORTABLE COMPENSATION = \$ 100,517 RETIREMENT AND OTHER DEFERRED COMPENSATION = \$ 3,334 NON-TAXABLE BENEFITS = \$ 0 COMPENSATION REPORTED IN PRIOR FORM 990 = \$ 0 FORMER DIRECTOR J. LINDSEY BRADLEY, JR. IS THE SENIOR LEADERSHIP OFFICER OF CHRISTUS HEALTH , A MEMBER ORGANIZATION OF ST. VINCENT HOSPITAL. CHRISTUS HEALTH HAS 50% OWNERSHIP OF ST. VINCENT HOSPITAL, AND THEREFORE DOES NOT MEET THE DEFINITION OF A RELATED ORGANIZATION SET FORTH BY THE FORM 990 INSTRUCTIONS. THEREFORE, LINDSEY'S COMPENSATION IS NOT REPORTED AS RELATED COMPENSATION ON FORM 990, PART VII, OR FORM 990, SCHEDULE J, PART II. FOR INFORMATIONAL PURPOSES, J. LINDSEY BRADLEY, JR. RECEIVED THE FOLLOWING COMPENSATION PAID BY CHRISTUS HEALTH DURING CALENDAR YEAR 2018: BASE COMPENSATION = \$ 0 BONUS AND INCENTIVE COMPENSATION = \$ 0 OTHER REPORTABLE COMPENSATION = \$ 843,286 RETIREMENT AND OTHER DEFERRED COMPENSATION = \$ 0 NON-TAXABLE BENEFITS = \$ 0 COMPENSATION REPORTED IN PRIOR FORM 990 = \$ 0 DIRECTOR MARK ANDERSON IS THE VICE PRESIDENT/SENIOR FINANCIAL OFFICER OF CHRISTUS HEALTH, A MEMBER ORGANIZATION OF ST. VINCENT HOSPITAL. CHRISTUS HEALTH HAS 50% OWNERSHIP OF ST. VINCENT HOSPITAL, AND THEREFORE DOES NOT MEET THE DEFINITION OF A RELATED ORGANIZATION SET FORTH BY THE FORM 990 INSTRUCTIONS. THEREFORE, RANDY'S COMPENSATION IS NOT REPORTED AS RELATED COMPENSATION ON FORM 990, PART VII, OR FORM 990, SCHEDULE J, PART II. FOR INFORMATIONAL PURPOSES, MARK ANDERSON RECEIVED THE FOLLOWING COMPENSATION PAID BY CHRISTUS HEALTH DURING CALENDAR YEAR 2018: BASE COMPENSATION = \$ 561,219 BONUS AND INCENTIVE COMPENSATION = \$ 253,691 OTHER REPORTABLE COMPENSATION = \$ 15,817 RETIREMENT AND OTHER DEFERRED COMPENSATION = \$ 111,166 NON-TAXABLE BENEFITS = \$ 19,213 COMPENSATION REPORTED IN PRIOR FORM 990 = \$ 0</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9 TEMP RESTRICTED CONTRIBUTION TRANSFER \$ 1,164,980 DISTRIBUTIONS \$ (76,930) NET CHANGE IN BENEFICIAL INTEREST \$ (2,176,996) OTHER CHANGES \$ (42,559) ----- TOTAL \$ (1,131,505)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OUTSIDE PURCHASED SERVICES TOTAL FEES:28019811

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:REPAIRS & MAINTENANCE SERVICES TOTAL FEES:21500316

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PHYSICIAN SERVICES TOTAL FEES:22985431

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:BILLING SERVICES TOTAL FEES:1510167

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:COLLECTION SERVICES TOTAL FEES:3564134

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:STIPEND-RESIDENTS/STUDENTS TOTAL FEES:40000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER SERVICES TOTAL FEES:4446466

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
St Vincent Hospital

Employer identification number

85-0106941

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NORTHERN NEW MEXICO ACOLLC PO BOX 2107 SANTA FE, NM 87504 81-2778178	ACO	NM	0	290	SVH
(2) NEW MEXICO ANESTHESIA ASSOCIATESLLC PO BOX 2107 SANTA FE, NM 87504 47-2454355	MEDICAL SVCS	NM	75,480	942,062	SVH
(3) SANTA FE MEDICAL DENTAL BUILDINGLLC PO BOX 2107 SANTA FE, NM 87504 47-3871349	LEASING BLDG	NM	1,664,616	20,200,704	SVH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ST VINCENT HOSPITAL FOUNDATION 455 ST MICHAELS DRIVE SANTA FE, NM 87505 85-0282847	FUNDRSNG ACTV	NM	501(C)(3)	12 Type I	VH	Yes	
(2) ST VINCENT HOSPITAL AUXILIARY 455 ST MICHAELS DRIVE SANTA FE, NM 87505 85-6010108	Volunteer Act	NM	501(C)(3)	12 type I	VH	Yes	
(3) Christus St Vincent Medical Group PO BOX 2107 SANTA FE, NM 72205 81-4637279	INACTIVE	NM	501(c)(3)	10	SVH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SANTA FE IMAGING LLC 1640 HSP DR SANTA FE, NM 87505 85-0465936	IMAGING CENTER	NM	VH	RELATED	-776,370	3,425,605		No	0		No	51.000 %

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) ANESTHESIA SERVICES CORPORATION 440 ST MICHAELS DR SANTA FE, NM 87505 47-2453719	ANESTHETIC SVCS	NM		C CORP	846	942,062	100.000 %	Yes	

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		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 HEALTH FOUNDATION	C	1,000,000	ACCRUAL

Part VII **Supplemental Information**

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

Return Reference	Explanation