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 black lung

benefit trust or private foundation) ► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 Open to Public

Inspection

A For the 2011 calendar year, or tax year beginning OCT 1 2011 and ending SEP 30 Check if C Name of organization D Employer identification number Address change St. Vincent's Health Services Corp Name change 22-2558134 Doing Business As Ilnitial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number return Termin-2800 Main Street (203) 576-6000 Amended return 0. G Gross receipts \$ City or town, state or country, and ZIP + 4 Applica-Bridgeport CT 06606 H(a) Is this a group return pendina F Name and address of principal officer: Susan L. Davis, RN, Ed.D. for affiliates? H(b) Are all affiliates included? Ves I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No." attach a list. (see instructions) J Website: ► N/A **H(c)** Group exemption number ▶ 0928 K Form of organization: X Corporation Trust Association Other Year of formation: 1984 M State of legal domicile: CT Part I Summary Briefly describe the organization's mission or most significant activities: To promote and further the Activities & Governance welfare , programs and activities of its related entities. Check this box ▶ oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 16 13 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 0 13 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7а 0. 0. **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 0 0. Contributions and grants (Part VIII, line 1h) Revenue Program service revenue (Part VIII, line 2g) 0 0. 0 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) n 0. 11 n 0. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0 0. 14 0 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) n 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 0 0. 0 0. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 0 0. Revenue less expenses. Subtract line 18 from line 12 Ssets or Balances **Beginning of Current Year End of Year** 3.762.581 3,762,581. 20 Total assets (Part X, line 16) 0. 21 Total liabilities (Part X. line 26) Net 3,762. 3,762,581 581. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign John C. Gleckler, CFO Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature 7/30/2013| Matthew Montgomery Paid P00492843 self-employed Deloitte Tax LLP Preparer Firm's name Firm's EIN ▶ 86-1065772 Firm's address 250 East Fifth Street, Suite 1900 Use Only Cincinnati OH 45202 Phone no. (513)784-7100 Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

Form	990 (2011) St. Vincent's Health Services Corp	22-2558134	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		Х
1	Briefly describe the organization's mission:		
	St. Vincent's Health Services Corporation exists for the purpose of		
	benefiting, carrying out the purpose of, and upholding, promoting and		
	furthering the welfare, programs and activities of the St. Vincent's		
	Medical Center, St. Vincent's Development, Inc., St. Vincent's Medical		
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 X 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 service	ne?	Yes X No
3	If "Yes," describe these changes on Schedule O.	· · · · · · · · · · · · · · · · · · ·	1163 🖳 110
4			
4	Describe the organization's program service accomplishments for each of its three largest program services,		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	of grants and allocati	ons to
_	others, the total expenses, and revenue, if any, for each program service reported.		
4a		venue \$)
	St. Vincent's Health Services Corporation exists for the purpose of		
	benefiting, carrying out the purpose of, and upholding, promoting and		
	furthering the welfare, programs and activities of the St. Vincent's		
	Medical Center, St. Vincent's Development, Inc., St. Vincent's Medical		
	Center Foundation, Inc., St. Vincent's Special Needs Center, Inc. and		
	Hall-Brooke Behavioral Health Services, Inc.		
			_
4b	(Code:) (Expenses \$	venue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Re	venue \$)
	Other program convices (Describe in Schedule O.)		
4d	Other program services (Describe in Schedule O.)	1	
_	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ▶		

Part IV Checklist of Required Schedules

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

22-2558134

Form 990 (2011) St. Vincent's Health Service

Part IV | Checklist of Required Schedules (continued)

	enconnector required contained (contained)	_		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	١		.,,
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			х
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		х	
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	Λ	
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Ostrod to W Wildell and to Page 05	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	- 10		
Lou	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?		х	
25-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Λ	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
30		36		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		
J,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
		_		

Part V Statements Regarding Other IRS Filings and Tax Compliance

Section Sect		Check if Schedule O contains a response to any question in this Part V					
b Enter the number of Forms W-2G included in line 1a. Enter o'. If not applicable 10 0 0 0 0 0 0 0 0						Yes	No
c Dit the organization comply with backup withholding rules for reportable gamments to vendors and reportable gaming (gammling) withings to prize withinsers? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 1b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unreated business gross income of \$1,000 or more during the year? 3a X The 1 "Yes, 1 has it filed a Form 990-T for this year? If "No, *provide an explanation in Schedule O 3b If "Yes, and the foreign country (such as a bank account, so-clining in equal country in a foreign country is clinic year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. P. 3a At any time the name of the foreign country. P. 3a a transmit with a fine foreign country. P. 3b If "Yes, and the the name of the foreign country. P. 3c Was the organization have the organization that it was to is a party to a prohibited tax of the organization solicit any contributions that file organization that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6d Des the organization have manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible? 6b If "Yes," in the Sa or 5b, did the organization in expense statement that such contributions or grits were not tax deductible? 6c Did the organization have manual gross receipts that are normally greater than \$100,000, and did the organization solicit in the promise of the organization in the solicity of the promise of the organization s	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, lifed for the calendar year ending with or within the year covered by this return If I a least on a 'reported on line 2a, did the organization line all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-fife (see instructions) Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-fife (see instructions) Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-fife (see instructions) Note. If the sum of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, seed or other financial account? 1 and 1 any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, seed curities, and account, or other financial account? 2 b If 'Yes," enter the name of the foreign country See instructions for filing requirements for Form 15 G9 221, Report of Foreign Bank and Financial Accounts. 3 b Use the organization and party to a prohibited tax sheller transaction at any time during the tax year? 3 c If 'Yes," did the organization have annual pross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 4 c If 'Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5 c If 'Yes," did the organization notify the donor of the value of the goods or services provided? 6 c If 'Yes," did the organization notify the donor of the value of the goods or services provided? 7 c Organizations that may receive deductible contributions under section 170(c). 8 d If 'Yes," did the organization notify the donor of the value of the goods or	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. Each of the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file (see instructions) 3a	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eporta	ble gaming			
fleef for the calendary year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 1 1 1 1 2		(gambling) winnings to prize winners?			1c		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unless to greater than 250, you may be required to e-fife (see instructions) 3b Did the organization have unless to greater than 250, you may be required to e-fife (see instructions) 3b Did the organization have unless to greater than 250, you may be required to e-fife (see instructions) 3b Did The Ves, "has it filed a Form 900-T for this year? If "No," provide an explanation in Schedule O 3c Did a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4c Did any taxobile party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Did any taxobile party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Did was the organization aparty to a prohibited tax shelter transaction? 5c Did was the organization and that it was or is a party to a prohibited tax shelter transaction? 5c Did was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization receive applient in excess of \$75 made party is as contribution of understoped to the party of the organization notify the donor of the value of the goods or services provided? 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization in a formation organization with the organization m	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a	0			
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b		
b If "Yes," than it filled a Form 99.0°T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial account in a foreign country. ▶ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Usid any traxelie party notify the organization file Form 88867? 5c If "Yes," to line 5a or 5b, did the organization file Form 88867? 5c So		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5a I/ 1 Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b I/ 1 Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b I/ Yes, "to line 5a or 5b, did the organization file Form 88861 T? 6c I/ 1 Yes," to line 5a or 5b, did the organization in E-form 88861 T? 6d Des the organization take annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6d I/ Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d I/ Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7d Organization state a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a X 7b I/ Yes," did the organization notity the donor of the value of the goods or services provided? 7b I/ Yes," did the organization notity the donor of the value of the goods or services provided? 7a I/ Yes," indicate the number of Forms 8282 filed during the year 7b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7c X 7f Did the organization service and contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Spensoring organizations maintaining donor advised funds and section 598(a)(3) suppo					3a		Х
financial account in a foreign country (such as a bank account, securities account, or other financial accountity? b if "Yes," enter the name of the foreign country; "See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that tween or tax deductible? 6a X b if "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a bid the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 If "Yes," indicate the number of Forms 8282 filed during the year 8 If If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 7 If X X If the organization make a contribution of qualified intellectual property, did the organization file a Form 1098-07 7 If X X If the organization make any taxable distributions under section 4968? 9 Sponsoring organization make any taxable distributions under section 4968? 9 Sponsoring organization make any taxable distributions under section 4968? 9 Section 501(c)(ZY) organizations. Enter: a initiation fees and capital contributions included on Part VIII, line 12 5 Section 501(c)(ZY) organiz	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	\longrightarrow	
b if Y'es,* enter the name of the foreign country. ► See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shetter transaction at any time during the tax year? 5b I/ Was the organization aperaty notify the organization that it was or is a party to a prohibited tax shetter transaction? 5c I/ Y'es,* foil he fos or 5b, lid the organization file Form 8886-7? 5c I/ Y'es,* foil the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible? 5c I/ Yes, I will the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible? 5c I/ Yes,* did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible? 6d I/ Yes,* did the organization shat may receive deductible contributions under section 170(c). a Did the organization shat may receive deductible contributions under section 170(c). a Did the organization shat may receive deductible contributions under section 170(c). a Did the organization shat may receive deductible contributions under section 170(c). a Did the organization shat may receive deductible contributions under section 170(c). a Did the organization shat may receive deductible contributions under section 170(c). a Did the organization shat may receive deductible contributions under section 170(c). a Did the organization shat may receive deductible contributions under section 170(c). a Did the organization shat may receive deductible contributions on a section 170(c). b If Y'es,* did the organization neceive a payment in excess of \$75 made partly for goods and services provided to the payor? 7a	4a			•			
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below describe the circumstances, processes, or changes in Schedule O. See instructions

to line 8a, 8b, or 10b below	, describe the circumstances,	, processes,	or changes in Schedule O.	See instructions.	

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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? /f 'Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? b /f 'Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 10c b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11a Has the organization have a written conflict of interest policy? If 'No," go to line 13 12a Did the organization have a written conflict of interest policy? If 'No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 Did the organization have a written whistleblower policy? 14 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? 15 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 15 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 If 'Yes,' did the organization follow a written policy or procedure requiring the organization	b	Each committee with authority to act on behalf of the governing body?	_	Х	_			
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2800 Main Street, Bridgeport, CT 06606								
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01-23-12

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

Check if Schedule O contains a response to any question in this Part VII

Х

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	Positio (do not check mor box, unless persor officer and a direc		sition k more than one person is both an			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other																	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Key employee Highest compensated employee Former		Key employee Highest compensated employee Former		Key em ployee Highest compensated employee Former		Key em ployee Highest compensated employee Former		key em ployee Highest compensated amployee Former		key employee Highest compensated amployee Former		key employee Highest compensated amployee Former		key employee lighest compensated imployee ormer		ey employee lighest compensated mployee ormer		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Ruben Rodriguez																										
Chairperson	1.00	Х				<u> </u>		0.	0.	0.																
(2) Dan Gottschall, M.D.																										
Vice Chairperson (Sch O)	1.00	Х						0.	68,645.	0.																
(3) Charles Strauss								_	_	_																
Board Secretary	1.00	Х				_		0.	0.	0.																
(4) Anthony Milano																										
Board Treasurer	1.00	Х	-			<u> </u>		0.	0.	0.																
(5) Sister Martha Beaudoin	1 00									0																
Director	1.00	Х						0.	0.	0.																
(6) Peter Boone, M.D.	1 00	,,							0.	0																
Oirector (7) George Goldfarb, M.D.	1.00	^				-		0.	0.	0.																
Director	1.00	х						0.	0.	0.																
(8) Edward Grossman, M.D.	1.00	^				<u> </u>		0.	0.	<u> </u>																
Director	1.00	x						0.	0.	0.																
(9) Sister Maura Hobart, D.C.	1.00																									
Director	1.00	x						0.	0.	0.																
(10) Jean LaVecchia																										
Director (start 7/12)	1.00	х						0.	0.	0.																
(11) Manuel Pun, M.D.																										
Director	1.00	х						0.	0.	0.																
(12) Mark Thompson																										
Director (start 7/12)	1.00	х						0.	0.	0.																
(13) Anthony Vallillo																										
Director	1.00	х						0.	0.	0.																
(14) Brian Worrell																										
Director	1.00	х						0.	0.	0.																
(15) Susan L. Davis, R.N., Ed.D.																										
Ex-officio/CEO SVMC (Sch J)	1.00	Х		Х				0.	1,437,521.	39,988.																
(16) Stuart Marcus, M.D., FACS																										
Ex-officio/Pres. SVMC (Sch J)	1.00	х		Х				0.	801,840.	36,434.																
(17) John C. Gleckler (Sch J)																										
CFO	40.00			Х				0.	517,082.	65,872.																

132007 01-23-12

Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)				
(A) Name and title	(B) Average hours per week	(do box offic	not c , unle	Pos heck ss pe id a d	c) ition more rson	l than is bot	one th an	(D) Reportable compensation from	(E) Reportable compensation from related	on d	am	(F) timate nount o other	of
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		frorga orga	pensa om the anizati d relate inizatio	e ion ed
		=	=	0	×	_ 0							
1b Sub-total								0.	2,825,	088.		142,	294
1b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A							0.	2,825,	0.	0 142,294		0
2 Total number of individuals (including but n compensation from the organization ▶							ho re	eceived more than \$100	0,000 of reportab	ole			
3 Did the organization list any former officer,												Yes	No x
 line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150 	um of reportab	le co	omp	ensa	atior	n and	d otl		the organization		4	х	A
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue comper	nsati	ion f	rom	any	unr/	relat		idual for services	3	5		Х
Section B. Independent Contractors 1 Complete this table for your five highest co	=	-								npens	ation f	rom	
the organization. Report compensation for (A) Name and business		ear e		ng v	vith	or w	<u>rithir</u>	n the organization's tax (B) Description of s		С	(C		—— n
								·			<u> </u>		
							-						
2 Total number of independent contractors (i		ot li	mite	d to			stec	d above) who received n	nore than				
\$100,000 of compensation from the organi	zation >					0					Form (200 "	2011

Pa	irt V	Ш	Statement of Rever	nue					
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts tts	1	а	Federated campaigns	1a					
ir our			Membership dues						
Ę,ċ			Fundraising events						
ij,			Related organizations						
aj.			Government grants (contribut						
Sign			All other contributions, gifts, gran	· -					
Contributions, Gifts, Grants and Other Similar Amounts		•	similar amounts not included abo						
ᅙ렱									
S D		_	Noncash contributions included in lines						
O B		n	Total. Add lines 1a-1f						
_					Business Code				
<u>ic</u>	2	а							
e c		b							
n S		С							
žą.		d							
Program Service Revenue		е							
Δ.		f	All other program service reve	enue					
		g	Total. Add lines 2a-2f)				
	3		Investment income (including	,	,				
			other similar amounts)		>				
	4		Income from investment of ta	x-exempt bond	proceeds				
	5		Royalties)				
				(i) Real	(ii) Personal				
	6	а	Gross rents						
		b	Less: rental expenses						
		С	Rental income or (loss)						
		d	Net rental income or (loss)		>				
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses						
		С	Gain or (loss)						
	ı		Net gain or (loss)						
ene	ı		Gross income from fundraisin	g events (not					
Other Revenue			including \$contributions reported on line						
æ			· · · · · · · · · · · · · · · · · · ·	-	_				
þer		L-	Part IV, line 18						
ŏ			Less: direct expenses						
			Net income or (loss) from fund		_				
	9	а	Gross income from gaming ac						
			Part IV, line 19						
	ı		Less: direct expenses						
			Net income or (loss) from gam		<u> </u>				
	10	а	Gross sales of inventory, less		_				
			and allowances						
			Less: cost of goods sold						
		С	Net income or (loss) from sale						
	44	_	Miscellaneous Revenu	е	Business Code				
	11								
		b							
		۲ C	All other revenue						
			All other revenue						
	12	e	Total. Add lines 11a-11d Total revenue . See instructions.			0.	0.	0.	0.
	12		. o.u. rovonuo. ooo manuuniilis.		<u></u>	٠.		٠.	٠.

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) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response to any question in this Part IX									
	not include amounts reported on lines 6b, 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 governments and									
	organizations in the United States. See Part IV, line 21									
2	Grants and other assistance to individuals in									
	the United States. See Part IV, line 22									
3	Grants and other assistance to governments,									
	organizations, and individuals outside the									
	United States. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees									
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages									
8	Pension plan accruals and contributions (include									
	section 401(k) and section 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees):									
а	Management									
b	Legal									
С	Accounting									
d	Lobbying									
e	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g 10	Other									
12 13	Advertising and promotion									
14	Office expenses Information technology									
15										
16	Royalties									
17	Occupancy Travel									
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
23	Insurance									
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.)									
а										
b										
С										
d										
	All other expenses			-						
25	Total functional expenses. Add lines 1 through 24e	0.	0.	0.	0.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									

Par	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	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)		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
-	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,762,581.	15	3,762,581.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	3,762,581.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Se	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employee	es,		
iabi		highest compensated employees, and disqualified persons. Complete Par	rt II		
		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	of		
		Schedule D		25	0.
	26	Total liabilities. Add lines 17 through 25		26	0.
		Organizations that follow SFAS 117, check here 🕨 🗓 and comple	ete		
es		lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	3,762,581.
Bal	28	Temporarily restricted net assets		28	0.
pu	29	Permanently restricted net assets		29	0.
Ē		Organizations that do not follow SFAS 117, check here and	d		
ē		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances		33	3,762,581.
	34	Total liabilities and net assets/fund balances		34	3,762,581.

Form	1990 (2011) St. Vincent's Health Services Corp	22-2558134		Pag	ge 12	
Pa	rt XI Reconciliation of Net Assets				\equiv	
	Check if Schedule O contains a response to any question in this Part XI	<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> </u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	0			
3	Revenue less expenses. Subtract line 2 from line 1	3			0.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	,762,	,581.	
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3	,762,	,581.	
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII				Ш	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X 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?		2a		Х	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit				
	Act and OMB Circular A-133?		3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b			

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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. ► See separate instructions.

Employer identification number

St. Vincent's Health Services Corp 22-2558134 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, 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.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 that describes the type of supporting organization and complete lines 11e through 11h. a X Type I **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Nο the governing body of the supported organization? Х 11g(i) (ii) A family member of a person described in (i) above? Х 11g(ii) Х (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section		organization sted in your document?	organizat	u notify the ion in col. support?	(vi) Is organizatio (i) organiz U.S.	the on in col. ed in the .?	(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
St. Vincent's									
Medical Center	06-0646886	3	х		Х		х		0.
St. Vincent's									
Medical Center For	122-2558132	7	Х		Х		Х		0.
Total ²									0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")	ļ					
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	or expended on its behalf	ļ					
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	ļ					
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.						
	ction B. Total Support				•	•	_
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	,	()	,		,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	ļ					
9	Net income from unrelated business						
_	activities, whether or not the	ļ					
	business is regularly carried on	ļ					
10	Other income. Do not include gain						
	or loss from the sale of capital	ļ					
	assets (Explain in Part IV.)	ļ					
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for	•	,				
	organization, check this box and stor	· ·		*	•	. , . ,	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				······································
	Public support percentage for 2011 (I			column (f))		14	%
	Public support percentage from 2010					15	%
	33 1/3% support test - 2011. If the o					nore, check this	box and
	stop here. The organization qualifies						
b	33 1/3% support test - 2010. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	•	-	. \square
h	10% -facts-and-circumstances tes	-	· ·				
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
12	Private foundation. If the organization						
10	riivate iounuation. II the organizatio	ir did flot Check a	DOX OIT III IE 13, 10	a, 100, 17a, 01 17	D, OHEON HIIS DOX 2	and see monucin	JIIO

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

(Complete only if you checked the box on line 9 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	now, piedee com	oloto i art II.j				
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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		#10000	() 0000	(0 0040	() 00//	(0
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
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 IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	zation,
check this box and stop here						<u></u> ▶□
Section C. Computation of Publi						
15 Public support percentage for 2011 (lin					15	%
16 Public support percentage from 2010					16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2	010 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2011. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	I7 is not
more than 33 1/3%, check this box an	id stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
b 33 1/3% support tests - 2010. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	▶∐
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	>

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

St. Vincent's Health Services Corp

Employer identification number

22-2558134

Par	tΙ	Organizations Maintaining Donor Advised	l Funds or Other Similar Fund	s or A	Accounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	6.		
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year			
2		gate contributions to (during year)			
3		gate grants from (during year)			
4		gate value at end of year			
5		e organization inform all donors and donor advisors in w	riting that the assets held in donor advi	sed fun	nds
	are th	e organization's property, subject to the organization's e	xclusive legal control?		Yes No
6		e organization inform all grantees, donors, and donor ad			
		aritable purposes and not for the benefit of the donor or			
	imper	missible private benefit?			Yes No
Par	t II	Conservation Easements. Complete if the orga			
1	Purpo	se(s) of conservation easements held by the organizatio	n (check all that apply).		
		Preservation of land for public use (e.g., recreation or ed	lucation) Preservation of an hi	storical	ly important land area
		Protection of natural habitat	Preservation of a cer	tified hi	istoric structure
		Preservation of open space			
2	Comp	lete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a co	onservation easement on the last
	day of	the tax year.			
					Held at the End of the Tax Year
а	Total	number of conservation easements			2a
b	Total a	acreage restricted by conservation easements			2b
С	Numb	er of conservation easements on a certified historic struc	cture included in (a)		2c
d	Numb	er of conservation easements included in (c) acquired af	ter 8/17/06, and not on a historic struc	ture	
	listed	in the National Register			2d
3	Numb	er of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	ne orgar	nization during the tax
	year 🕽				
4	Numb	er of states where property subject to conservation ease	ement is located >		
5		the organization have a written policy regarding the perio			
		ons, and enforcement of the conservation easements it I			
6		and volunteer hours devoted to monitoring, inspecting, a			
7		nt of expenses incurred in monitoring, inspecting, and er			
8		each conservation easement reported on line 2(d) above			
		ection 170(h)(4)(B)(ii)?			
9		t XIV, describe how the organization reports conservation			
		e, if applicable, the text of the footnote to the organization	on's financial statements that describes	s the or	ganization's accounting for
Da		rvation easements.	Ant Historical Transcript	Alban	Cimilar Assats
Par	t III	Organizations Maintaining Collections of		otner	Similar Assets.
		Complete if the organization answered "Yes" to Form 9			
1a		organization elected, as permitted under SFAS 116 (ASC	,,		•
		cal treasures, or other similar assets held for public exhil		ance of	public service, provide, in Part XIV,
		xt of the footnote to its financial statements that describ			
b		organization elected, as permitted under SFAS 116 (ASC			
		res, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pi	ublic se	rvice, provide the following amounts
		g to these items:			• •
		evenues included in Form 990, Part VIII, line 1			
_					
2		organization received or held works of art, historical treas		aı gaın,	provide
_		llowing amounts required to be reported under SFAS 11	· ·		•
		nues included in Form 990, Part VIII, line 1			
D	Asset	s included in Form 990, Part X			. • •

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

	t III Organizations Maintaining C	Collections of A			easures or	Othe		ar A sse		Page Z
3	Using the organization's acquisition, accessi									
3	(check all that apply):	ion, and other record	as, criec	k arry or trie	Tollowing that a	are a siç	grillicarit i	use or its	Collectio	II ILEIIIS
а	Public exhibition	d	. \square	Loop or eve	hanaa program	20				
					hange program	15				
b	Scholarly research	е	• —	Other						
C	Preservation for future generations	allastians and avalai	in how t	hav fuuthar t	ha araanization	,'o ovon	ant nurna	oo in Dor	+ VI\ /	
4	Provide a description of the organization's co							se in Par	L AIV.	
5	During the year, did the organization solicit of								Yes	☐ No
Par	to be sold to raise funds rather than to be m t IV Escrow and Custodial Arran									
ı uı	reported an amount on Form 990, Pa		ete ii tiii	e organizatio	ni answered i	es lor	-01111 990	, rait iv,	iiie 9, oi	
10	Is the organization an agent, trustee, custod		dian, for	oontribution	o or other see	oto not i	naludad			
ıa									Yes	□ No
L	on Form 990, Part X? If "Yes," explain the arrangement in Part XIV								」 res	□ NO
D	ii res, explain the arrangement in Part XIV	and complete the ic	ollowing	table.					A ma. un:	
_	Deginning belongs						10		Amoun	<u>. </u>
	Beginning balance									
	Additions during the year									
_	Distributions during the year									
f	Ending balance								Yes	□ No
	If "Yes," explain the arrangement in Part XIV		211						」 res	□□ NO
Par			nswered	l "Yes" to Fo	rm 990 Part IV	/ line 10	<u> </u>			
ı uı	Endownion: Fundo: Complete	(a) Current year			(c) Two years			ears hack	(a) Four	years back
10	Beginning of year balance	(a) Current year	(0)	Prior year	(C) TWO years	Dack (u) Tilloo y	cars back	(e) i oui	yours back
	Contributions									
٦	Net investment earnings, gains, and losses									
u	Grants or scholarships									
е	Other expenditures for facilities									
	and programs					-				
	Administrative expenses									
g	End of year balance Provide the estimated percentage of the cur		l line :	la column ()) hold oo:					
2	Board designated or quasi-endowment	•	% (III e	rg, coluiriir (a	a)) Helu as.					
a h	Permanent endowment									
	Temporarily restricted endowment	%								
·	The percentages in lines 2a, 2b, and 2c shou									
32	Are there endowment funds not in the posse		ation th	at are hold a	and administors	nd for th	o organiz	ration		
Ja	by:	sssion of the organiz	ation th	at are rielu a	ina administere	5G 101 til	e organiz	ation	1	Yes No
									3a(i)	165 110
	(n) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								3a(ii)	_
h	If "Yes" to 3a(ii), are the related organizations	e listed as required o							3b	_
4	Describe in Part XIV the intended uses of the								_ 3 D _	
	t VI Land, Buildings, and Equipm									
	Description of property	(a) Cost or o		í	or other	(c) Ac	cumulate	ed	(d) Boo	k value
	Becomplien of property	basis (investr			(other)		reciation	~	(4) 500	. vaido
	Land				` '	-				
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	Add lines 1a through 1e (Column (d) must e	<u> </u>	X colu	mn (R) line 1	10(c))					0.

22-2558134

(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valuates or end-of-year main	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.	See Form 990, Part X, line	e 13.	(a) Mathada of value	***
(a) Description of investment type	(b) Book value	Co	(c) Method of valua ost or end-of-year man	
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
(7)				
(8) (9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	 _ 15			
) Description			(b) Book value
(1) Investment Held By St. Vincent's Four				3,762,581.
(2)				, , .
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) lin	ne 15.)		>	3,762,581.
Part X Other Liabilities. See Form 990, Part X	, line 25.			
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)	2=1			
Total. (Column (b) must equal Form 990, Part X, col (B) lin FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote 2. FIN 48 (ASC 740).	to the organization's financial sta	tements that reports the organ	nization's liability for uncerta	in tax positions under
2. FIN 48 (ASC 740).		_		

	edule D (Form 990) 2011 St. Vincent's Health Services Corp			22-2558134	Page 4
Par	rt XI Reconciliation of Change in Net Assets from Form 9	990 to Audited Fin	ancial Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1				
4	Net unrealized gains (losses) on investments				
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments				
8	Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8				
10	Excess or (deficit) for the year per audited financial statements. Combine lin				
	t XII Reconciliation of Revenue per Audited Financial St				
1	Total revenue, gains, and other support per audited financial statements			. 1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
	Net unrealized gains on investments				
	Donated services and use of facilities				
	Recoveries of prior year grants				
d	Other (Describe in Part XIV.)	2d			
	Add lines 2a through 2d				
3	Subtract line 2e from line 1			. 3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIV.)	4b			
	Add lines 4a and 4b				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.)		. 5	
	rt XIII Reconciliation of Expenses per Audited Financial St				
	Total expenses and losses per audited financial statements			. 1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
	Donated services and use of facilities			_	
	Prior year adjustments			_	
	Other losses			_	
	Other (Describe in Part XIV.)				
	Add lines 2a through 2d				
	Subtract line 2e from line 1			. 3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
	Investment expenses not included on Form 990, Part VIII, line 7b			_	
	Other (Describe in Part XIV.)	4b		- 4-	
	Add lines 4a and 4b			. 4c 5	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIV Supplemental Information	0.)		. 3	
): Dort III lines 1s and 4:	· Dart IV lines	1h and 2h: Dort V	ling 1: Dort
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9		•		
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Als : X,Line 2: The following ASC 740 footnote is included in		provide arry a	additional informatio	11.
udi	ted Financial Statements of St. Vincent's Health Services	Corp.:			
št.	Vincent's Health Services Corp. is a tax-exempt organizat	ion under			
nte	ernal Revenue Code Section 501(c)(3) and its related incom	ne is exempt			
rom	n federal income tax under Section 501(a) except for unrel	ated business			
	We Health Complete Company and the first water to the company of t				
nco	ome. Health Services Corp. accounts for uncertainty in inc	оше тах			
osi	tions by applying a recognition threshold and measurement	attribute			
or	financial statement recognition and measurement of a tax	position			

Schedule D (Form 990) 2011

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

St. Vincent's Health Services Corp

Employer identification number 22-2558134

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 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. Explain in Part III. X Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee □ Form 990 of other organizations During the year, did any person listed in 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? Х **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? Х If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Х a The organization? Х **b** Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Х 6a a The organization? Х **b** Any related organization? If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Х Were any amounts reported in 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 Х If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

St. Vincent's Health Services Corp

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990	
Susan L. Davis, R.N.,	(i)	0.	0.	0.	0.	0.	0.	0.	
1 Ed.D.	(ii)	684,061.	705,042.	48,418.	14,184.	25,804.	1,477,509.	0.	
Stuart Marcus, M.D.,	(i)	0.	0.	0.	0.	0.	0.	0.	
2 FACS	(ii)	512,323.	288,309.	1,208.	9,800.	26,634.	838,274.	0.	
John C. Gleckler (Sch	(i)	0.	0.	0.	0.	0.	0.	0.	
3 J)	(ii)	355,295.	146,378.	15,409.	37,221.	28,651.	582,954.	0.	
	(i)								
4	(ii)								
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
7	(ii)								
	(i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
_10	(ii)								
	(i)								
	(ii)								
	(i)								
12	(ii)								
	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								

Part III | Supplemental Information

Complete this part to 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.

Part I, Line 4b: Susan L. Davis participates in a

457(f) plan. During calendar year 2011, Ms. Davis did not receive any

elective deferred compensation under the plan.

Part II: Compensation for Susan L. Davis is paid by

St. Vincent's Medical Center on behalf of St. Vincent's Health Services

Corporation and all of its related organizations. The compensation Dr.

Davis receives is for her role as the President/CEO of St. Vincent's Health

Services and as an Ascension Ministry Market Leader for the NY/CT market,

which includes four other health systems. In July 2012, Dr. Davis assumed

additional responsibilities as the Ministry Market Leader for the entire

Florida and Alabama market area. A portion of Dr. Davis' compensation and

benefits are allocated to that market. She receives no compensation for her

role as a Board member of St. Vincent's Health Services Corporation.

Compensation for Stuart Marcus is paid by St. Vincent's Medical Center, a

related organization of St. Vincent's Health Services Corp. The

compensation he receives is for his role as President of St. Vincent's

Part III Supplemental Information
Complete this part to 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.
Medical Center, of which 0% is allocated to St. Vincent's Health Services
Corp.
Compensation for John Gleckler is paid by St. Vincent's Medical Center, a
related organization of St. Vincent's Health Services Corp. The
compensation he receives is for his services as CFO of St. Vincent's Health
Services Corp. and for services he provides to other related organizations
of St. Vincent's Medical Center.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2011
Open to Public Inspection

Name of the organization St. Vincent's Health Services Corp	Employer identification number 22-2558134
Form 990, Part III, Line 1, Description of Organization Mission:	
Center Foundation, Inc., St. Vincent's Special Needs Center, Inc. and	
Hall-Brooke Behavioral Health Services, Inc.	
Form 990, Part VI, Section A, line 2: The Board of Directors consists of	
community volunteers, who may interact with each other in the normal course	
of business (i.e. banker, lawyer, accountant, etc.) unrelated to the	
activities of the Organization.	
Form 990, Part VI, Section A, line 6: St. Vincent's Health Services Corp.	
has a single corporate member, Ascension Health.	
Form 990, Part VI, Section A, line 7a: St. Vincent's Health Services Corp.	
has a single corporate member, Ascension Health, who has the ability to	
elect members to the governing body of the St. Vincent's Health Services	
Corp.	
Form 990, Part VI, Section A, line 7b: Ascension Health has designed a	
system authority matrix which assigns authority for key decisions that are	
necessary in the operation of the system. Specific areas that are	
identified in the authority matrix are: new organizations & major	
transactions; governing documents; appointments/removals; evaluation; debt	
limits; strategic & financial plans; assets; system policies & procedures.	
These areas are subject to certain levels of approval by Ascension per the	
system authority matrix.	

Name of the organization St. Vincent's Health Services Corp	Employer identification number 22-2558134
Form 990, Part VI, Section B, line 11: Management, including certain	
officers, works diligently to complete the Form 990 and attached schedules	
in a thorough manner. Management presents the Form to the Board, or a	
designated committee, to review and answer any questions. Prior to filing	
the return, all Board Members are provided the Form 990 and management team	
members are available to answer any Board Members' questions.	
Form 990, Part VI, Section B, Line 12c: The organization regularly and	
consistently monitors and enforces compliance with the conflict of interest	
policy in that any director, principal officer, or member of a committee	
with governing board delegated powers, who has a direct or indirect	
financial interest, must disclose the existence of the financial interest	
and be given the opportunity to disclose all material facts to the	
directors and members of the committee with governing board delegated	
powers considering the proposed transaction or arrangement. The remaining	
individuals on the governing board or committee will decide if conflicts of	
interest exist. Each director, principal officer and member of a committee	
with governing board delegated powers annually signs a statement which	
affirms such person has received a copy of the conflict of interest policy,	
and understands that the organization is charitable and in order to	
maintain its federal tax exemption it must engage primarily in activities	
which accomplish its tax-exempt purpose.	
Form 990, Part VI, Section C, Line 19: The organization will provide any	
documents open to public inspection upon request.	
Form 990, Part VII:	

 ${\tt Compensation \ received \ from \ a \ related \ organization: \ Dan \ Gottschall}$

SCHEDULE R (Form 990)

Part I

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990.

► See separate instructions.

OMB No. 1545-0047
2011
Open to Public Inspection

Name of the organization
St. Vincent's Health Services Corp

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Individuals

Real Estate Holdings

Behavioral Health Services Connecticut

Employer identification number 22-2558134

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	ome End-of-yea	ır assets Direct o	(f) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organizations during the tax year.)	ations (Complete if the organization a	answered "Yes" to Form 990), Part IV, line 34 b	ecause it had one	or more related tax-exer	npt	
(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	(f) Direct controlling entity	rect controlling Section 512(b)	
				501(c)(3))		Yes	No
Ascension Health - 31-1662309	4						
4600 Edmundson Road	4	l	Section	Schedule A,	Ascension Health		
St. Louis, MO 63134	National Health System	Missouri	501(c)(3)	Line 11a	Alliance	-	Х
St. Vincent's Special Needs Center -	-[L		St. Vincent's		
06-0702617, 95 Merritt Boulevard, Trumbull.	Programs for Special Needs		Section	Schedule A.	Health Services	1	I

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

St. Vincent's Development, Inc. - 22-2554128

Hall-Brooke Behavioral Health Services -

06-0813283, 47 Long Lots Road, Westport, CT

Schedule R (Form 990) 2011

Х

Х

Х

06880

06611

95 Merritt Boulevard

Trumbull, CT 06611

Connecticut

Connecticut

501(c)(3)

Section

Section

501(c)(3)

501(c)(25)

Line 9

N/A

Line 9

Schedule A,

Corp.

corp.

Corp.

St. Vincent's

St. Vincent's

Health Services

Health Services

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	<u> </u>	rolled zation?
St. Vincent's Medical Center - 06-0646886					St. Vincent's	Yes	No
2800 Main Street	1		Section		Health Services		
Bridgeport, CT 06606	Hospital	Connecticut	501(c)(3)	1	Corp.	x	
St. Vincent's Medical Center Foundation,	Hospital	connecticut	501(0)(3)		St. Vincent's	- 1	
Inc 22-2558132, 2800 Main Street,	1		Section	Schedule A,	Health Services		
Bridgeport, CT 06606	Fundraising	Connecticut	501(c)(3)	Line 7	Corp.	X	
St. Vincent's College - 06-1331677	i dididibing	Connecticut	501(0)(3)	Dine /	corp.	- A	
2800 Main Street	1		Section	Schedule A,	St. Vincent's		
Bridgeport, CT 06606	College of Health Sciences	Connecticut	501(c)(3)	Line 2	Medical Center	X	
St. Vincent's Multispecialty Group -	correge or neuten berenees	connecticut	501(0)(3)	DINC Z	nearcar center	- 1	
80-0458769, 2800 Main Street, Bridgeport, CT	1		Section	Schedule A,	St. Vincent's		
06606	Physcian Practices	Connecticut	501(c)(3)	Line 11a	Medical Center	x	
	Inyberan fractices	connecticut	501(0)(3)	DINC IIu	neureur center	21	
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	THE STATE OF THE BUILDING STATE OF THE STATE
	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related to the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related to the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related to the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related to the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related to the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related to the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related to the organization and the orga
	organizations treated as a partnership during the tax year.)
	organizations treated as a partnership during the tax year.)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign		Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	I	portion- cations?		Genera	I or Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes I	lo
										Ш	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
Vincentures, Inc 06-1211417			St. Vincent's				
95 Merritt Boulevard	1		Health				
Trumbull, CT 06611	Inactive	CT	Services	C CORP	0.	0.	00%

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

				· · ·			
Not	te. 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	h one or more re	elated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1	la		Х
b	Gift, grant, or capital contribution to related organization(s)			1	lb		Х
	Gift, grant, or capital contribution from related organization(s)				Ic		Х
	Loans or loan guarantees to or for related organization(s)				ld		Х
	Loans or loan guarantees by related organization(s)				le		Х
f	Sale of assets to related organization(s)			1	1f		х
'	Sale of assets to related organization(s)				ig		X
9 h	Purchase of assets from related organization(s)				lh		X
	Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s)				1i		X
•	Lease of facilities, equipment, of other assets to related organization(s)				_		
i	Lease of facilities, equipment, or other assets from related organization(s)			1	1j		х
, k	Performance of services or membership or fundraising solicitations for related organization	tion(s)		1	ı, Ik		Х
	Performance of services or membership or fundraising solicitations by related organization				11		Х
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				m		Х
	Sharing of paid employees with related organization(s)				In		Х
o	Reimbursement paid to related organization(s) for expenses			1	ю		Х
	Reimbursement paid by related organization(s) for expenses				lp		Х
•							
q	Other transfer of cash or property to related organization(s)			1	Iq		Х
	Other transfer of cash or property from related organization(s)				1r		Х
	If the answer to any of the above is "Yes," see the instructions for information on who m					•	
	j .	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining			

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
(3)			
<u>(4)</u>			
<u>(5)</u>			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(e)	(f) Share of total income	(g) Share of end-of-year assets	(h Dispro tiona allocati Yes	por- ite ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General manage partne	(k) Percentage ing ownership
	-									
	-									
	-									
	-									
	-									
	-									

Schedule F	R (Form 990) 2011 St. Vincent's Health Services Corp	22-2558134	Page 5
Part VII	St. Vincent's Health Services Corp Supplemental Information		
	Complete this part to available additional information for reappages to available on Cabadula D (see instru	untinna)	
	Complete this part to provide additional information for responses to questions on Schedule R (see instru	ictions).	

Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		>	. <u>X</u>	
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of t	this form).			
Electro	complete Part II unless you have already been granted a nic filing (e-file). You can electronically file Form 8868 if y to file Form 990-T), or an additional (not automatic) 3-mo	ou need a	a 3-month automatic extension of tin	ne to file (6 months for a corp		
	o file any of the forms listed in Part I or Part II with the ex						
	Benefit Contracts, which must be sent to the IRS in page	•	·				
	w.irs.gov/efile and click on e-file for Charities & Nonprofits		(ese inerreenene). For more details o)	or or in ig or and	O,	
Part I			submit original (no copies nee	eded)			
	ration required to file Form 990-T and requesting an autor						
Part I or				•	•		
All other	ny corporations (including 1120-C filers), partnerships, REM come tax returns.						
Type or print	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification numl	oer (EIN) or	
	St. Vincent's Health Services Corp			X	22-2558134		
File by the due date for filing your	2800 Main Street	ee instruc	tions.	Social se	curity number (SSN	l)	
return. See instruction:		oreign add	lress, see instructions.				
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
Applica	tion	Return	Application			Return	
Is For		Code	Is For			Code	
Form 99	0	01	Form 990-T (corporation)			07	
Form 99		02	Form 1041-A			08	
Form 99		01	Form 4720			09	
Form 99		04	Form 5227			10	
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	0-T (trust other than above)	06	Form 8870			12	
	John C. Gleckler						
• The b	oooks are in the care of > 2800 Main Street - Bri	idgeport	, СТ 06606				
	phone No. ► 203-576-6000		FAX No. ▶				
	organization does not have an office or place of business	s in the Ur	nited States, check this box				
	s is for a Group Return, enter the organization's four digit					check this	
box >		1	· · · · · · · · · · · · · · · · · · ·				
	equest an automatic 3-month (6 months for a corporation						
			tion return for the organization name		The extension		
is	for the organization's return for:	· ·	· ·				
•	calendar year or						
•	X tax year beginning OCT 1, 2011	, an	d ending SEP 30, 2012				
					_		
2 If	the tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: Initial return I	Final retur	'n		
	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			0.	
nonrefundable credits. See instructions. 3a \$ b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
		_					
_	timated tax payments made. Include any prior year overp			3b	\$	0.	
с Ва	alance due. Subtract line 3b from line 3a. Include your pa	yment wit	th this form, if required,				
	using EFTPS (Electronic Federal Tax Payment System).			Зс	\$	0.	
Caution	. If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and Fo	orm 8879-	EO for payment ins	tructions.	
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see Instr	uctions.		Form 8868 (R	ev. 1-2012)	

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Form 88	68 (Rev. 1-2012)					Page 2			
	are filing for an Additional (Not Automatic) 3-Month Ex	tension,	complete only Part II and check this	s box	>	X			
	nly complete Part II if you have already been granted an								
• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I (on page 1).						
Part I	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origir	nal (no d	copies needed).				
			Enter filer's	identifyi	ng number, see ins	tructions			
Type or	rpe or Name of exempt organization or other filer, see instructions Employer identification number (
print									
File by the	St. Vincent's Health Services Corp	Х							
due date for filing your	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social so	ecurity number (SSN	I)			
return. See									
instruction	City, town or post office, state, and ZIP code. For a f	oreign add	Iress, see instructions.						
	Bridgeport, CT 06606								
Enter th	e Return code for the return that this application is for (fil	e a separa	te application for each return)			0 1			
		1	•						
Applica	tion	Return	Application			Return			
Is For		Code	Is For			Code			
Form 99		01							
Form 99		02	Form 1041-A			08			
Form 99		01	Form 4720			09			
Form 99		04	Form 5227			10			
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
	0-T (trust other than above)	06	Form 8870		15 0000	12			
STOP! L	Oo not complete Part II if you were not already granted John C. Gleckler	d an autor	natic 3-month extension on a prev	ously fil	ed Form 8868.				
	-	daanant	Cm 06606						
	books are in the care of \triangleright 2800 Main Street - Br.	rageport							
	phone No. 203–576–6000	- 1- 41 11-	FAX No.						
	organization does not have an office or place of busines								
	s is for a Group Return, enter the organization's four digit	7							
box ►	. If it is for part of the group, check this box	ugust 1	ich a list with the names and EINs o	i ali memi	Ders the extension is	ior.			
		OCT 1, 2	<u> </u>	~ SEP	30, 2012				
	or calendar year , or other tax year beginning the tax year entered in line 5 is for less than 12 months, o			~ 	return	 :			
0 "	Change in accounting period	nieck reas	on. Initial return	— ГПа	return				
7 St	ate in detail why you need the extension								
	dditional time is requested to gather infor	mation i	necessary to file a						
_	emplete and accurate return.								
_									
8a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 e	nter the tentative tax less any						
	onrefundable credits. See instructions.	01 0000, 0	The time territative tax, less arry	8a	\$	0.			
	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated	Ju					
	x payments made. Include any prior year overpayment al								
	reviously with Form 8868.	iowed do t	a create and any amount paid	8b	\$	0.			
	alance due. Subtract line 8b from line 8a. Include your pa	avment wit	th this form if required by using						
	TPS (Electronic Federal Tax Payment System). See instr	,	ar and form, in required, by doing	8c	\$	0.			
			st be completed for Part II o		1 7				
	nalties of perjury, I declare that I have examined this form, incluc correct, and complete, and that I am authorized to prepare this fo	ling accomp	-	-	of my knowledge and b	elief,			
Signature				Dat	e >				
Jignatult	Tide P			Dat					

Form 8868 (Rev. 1-2012)