

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2012, or tax year beginning OCT 1, 2012, and ending SEP 30, 2013

2012

Department of the Treasury Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

St. Vincent's Medical Center

Employer identification number

06-0646886

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 438518753
2a Form 990-EZ check here [] b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here [] b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here [] b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here [] b Balance due (Form 8868, Part I, line 3c or Part II, line 8c) 5b

Part II Declaration of Officer

6 [] I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
[] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here [Signature] 8/13/14 CFO - SVHS
Signature of officer Date Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's signature [Signature] Date 8/11/14 Check if also paid preparer [X] Check if self-employed [] ERO's SSN or PTIN P00287234
Firm's name (or yours if self-employed), address, and ZIP code Deloitte Tax LLP
111 Monument Circle, Suite 2000 Indianapolis, IN 46204 EIN 86-1065772 Phone no. (317) 464-8600

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

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

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning **OCT 1, 2012** and ending **SEP 30, 2013**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization St. Vincent's Medical Center		D Employer identification number 06-0646886
	Doing Business As		E Telephone number (203) 576-5551
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	2800 Main Street		G Gross receipts \$ 438,616,295.
	City, town, or post office, state, and ZIP code Bridgeport, CT 06606-4201		
F Name and address of principal officer: Susan Davis, RN, Ed. D same as C above		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	

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

J Website: www.stvincents.org/community-wellness **H(c)** Group exemption number 0928

K Form of organization: Corporation Trust Association Other **L** Year of formation: 1905 **M** State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Provide healthcare regardless of race, creed, sex, age, national origin, or ability to pay.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	2997
	6 Total number of volunteers (estimate if necessary)	6	296
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	132,455.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 4,257,847.	Current Year 2,212,798.
	9 Program service revenue (Part VIII, line 2g)	405,954,299.	419,670,154.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,348,600.	12,278,849.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,546,286.	4,356,952.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	461,107,032.	438,518,753.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	652,292.	450,300.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	196,959,230.	201,052,494.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	177,039,996.	193,488,958.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	374,651,518.	394,991,752.
19 Revenue less expenses. Subtract line 18 from line 12	86,455,514.	43,527,001.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 638,641,324.	End of Year 668,336,942.
	21 Total liabilities (Part X, line 26)	143,357,133.	129,916,739.
	22 Net assets or fund balances. Subtract line 21 from line 20	495,284,191.	538,420,203.

Part II Signature Block

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

Sign Here	Signature of officer John C. Gleckler, CFO- SVHS	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Jeffrey D. Frank	Preparer's signature <i>Jeffrey D Frank</i>	Date 8/11/14	Check <input type="checkbox"/> if self-employed	PTIN P00287234
	Firm's name Deloitte Tax LLP	Firm's EIN 86-1065772	Phone no. (317) 464-8600		
Firm's address 111 Monument Circle, Suite 2000 Indianapolis, IN 46204					

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

COPY

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: St. Vincent's Medical Center (Medical Center) is a local Catholic health ministry, sponsored by Ascension Health, a National Catholic Healthcare System. The mission of the Medical Center is founded on the historic commitment of the Daughters of Charity to care for the sick

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 services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 358,282,152. including grants of \$ 450,300.) (Revenue \$ 419,537,699.) St. Vincent's Medical Center provides inpatient, outpatient and emergency care services to residents of the Greater Bridgeport area and its neighboring towns. In accomplishing this mission, St. Vincent's Medical Center provided approximately 120,700 patient days of service and had approximately 263,000 outpatient visits during the fiscal year ended September 30, 2013. St. Vincent's Medical Center also provided approximately \$40.8 million dollars in uncompensated care to patients and provided many other programs of benefit to its community which are better detailed in Schedule H of this filing.

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

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

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

4e Total program service expenses 358,282,152.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
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	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
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		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
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		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with Yes/No columns and input fields for numerical values.

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.

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

X

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: John C. Gleckler - (203) 576-6000, 2800 Main Street, Bridgeport, CT 06606-4201

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Daniel Gottschall, M.D. Chairperson	39.00 1.00	X					70,300.	0.	0.	
(2) Jean LaVecchia Vice Chairperson	1.00 1.00	X					0.	0.	0.	
(3) Anthony Milano Treasurer (end 6/13)	1.00 4.00	X					0.	0.	0.	
(4) Anthony Vallillo Treasurer	1.00 1.00	X					0.	0.	0.	
(5) Charles Strauss Secretary	1.00 1.00	X					0.	0.	0.	
(6) Sister Martha Beaudoin, D.C. Director	1.00 1.00	X					0.	0.	0.	
(7) Peter Boone, M.D. Director	1.00 1.00	X					0.	0.	0.	
(8) Sean Carroll Director (start 7/13)	1.00 1.00	X					0.	0.	0.	
(9) John Flaherty Director (start 7/13)	1.00 1.00	X					0.	0.	0.	
(10) George Goldfarb Director (end 6/13)	1.00 1.00	X					0.	0.	0.	
(11) Edward Grossman Director (end 6/13)	1.00 1.00	X					0.	0.	0.	
(12) Sr. Maura Hobart, D.C. Director	1.00 1.00	X					0.	0.	0.	
(13) Manuel Pun Director (end 6/13)	1.00 1.00	X					0.	0.	0.	
(14) Amit Rastogi, M.D. Director (start 7/13)	1.00 1.00	X					0.	0.	0.	
(15) Ruben Rodriguez Board Member	1.00 2.00	X					0.	0.	0.	
(16) Mark Thompson Director	1.00 1.00	X					0.	0.	0.	
(17) Brian Worrell Director	1.00 1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Susan L. Davis, RN, Ed.D Director- Pres/CEO- SVHS	5.00 35.00	X		X				1,453,449.	0.	955,587.
(19) Stuart Marcus Director- Pres- SVMC	5.00 35.00	X		X				940,743.	0.	45,725.
(20) John C. Gleckler SVP/CFO- SVHS	5.00 35.00			X				680,492.	0.	74,331.
(21) Dianne Auger SVP	1.00 39.00				X			150,943.	0.	7,658.
(22) Dale Danowski (promoted 11/12) SVP & COO	40.00 0.00				X			420,914.	0.	35,097.
(23) Lawrence Schek SVP/CMO, VP Cardio	40.00 0.00				X			733,688.	0.	47,694.
(24) Mitchell Fogel, M.D. Clinical Chair- VP Medicine	40.00 0.00					X		578,450.	0.	40,191.
(25) Frank Iluzzi, M.D. Clinical Chair- VP Emerg	39.00 1.00					X		549,176.	0.	56,523.
(26) Peter Struzzi SVP & Counsel	39.00 1.00					X		439,131.	0.	40,636.
1b Sub-total								6,017,286.	0.	1,303,442.
c Total from continuation sheets to Part VII, Section A								2,527,416.	0.	152,350.
d Total (add lines 1b and 1c)								8,544,702.	0.	1,455,792.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 288

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Mintz & Hoke Dept 5265, 40 Tower Lane, Avon, CT 06001	Media Advertising Services	1,664,686.
Fitness Financial, 2066 14th Avenue, Suite 200, Vero Beach, FL 32961	Collections Purchased Svcs	1,438,212.
Davita P.O. Box 403008, Atlanta, GA 30384-3838	Patient Acute Care Services	1,246,963.
Bain & Company 131 Dartmouth Street, Boston, MA 02116	Consulting Services	977,500.
Delta IT Consulting 1200 6th Avenue N. #8, Seattle, WA 98109	IT Consulting Services	900,947.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		56

See Part VII, Section A Continuation sheets

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	2,039,049.				
	e	Government grants (contributions)	1e	145,000.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	28,749.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f			2,212,798.			
Program Service Revenue	2 a	Patient Services	Business Code	621500	418,997,912.	418,865,457.	132,455.	
	b	Community Residential		623990	672,242.	672,242.		
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			419,670,154.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			12,376,391.		12,376,391.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	219,702.				
		b	Less: rental expenses	(ii) Personal	0.			
		c	Rental income or (loss)		219,702.			
		d	Net rental income or (loss)			219,702.		219,702.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
		b	Less: cost or other basis and sales expenses	(ii) Other	97,542.			
		c	Gain or (loss)		-97,542.			
		d	Net gain or (loss)			-97,542.		-97,542.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b	Less: direct expenses	b				
		c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b		Less: direct expenses	b					
c		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11 a	Cafeteria/Coffee Bar		624200	1,744,834.		1,744,834.		
b	Outpatient Pharmacy		900099	1,543,280.		1,543,280.		
c	Parking		900099	558,376.		558,376.		
d	All other revenue		900099	290,760.		290,760.		
e	Total. Add lines 11a-11d			4,137,250.				
12	Total revenue. See instructions.			438,518,753.	419,537,699.	132,455.	16,635,801.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	450,300.	450,300.		
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	5,995,275.		5,995,275.	
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	150,336,789.	140,986,583.	9,350,206.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	682,662.	615,652.	67,010.	
9 Other employee benefits	32,625,469.	29,422,968.	3,202,501.	
10 Payroll taxes	11,412,299.	10,292,073.	1,120,226.	
11 Fees for services (non-employees):				
a Management				
b Legal	1,229,654.		1,229,654.	
c Accounting	527,000.		527,000.	
d Lobbying	29,715.		29,715.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	56,043,972.	49,940,805.	6,103,167.	
12 Advertising and promotion	2,311,752.	11,376.	2,300,376.	
13 Office expenses	2,067,671.	1,688,740.	378,931.	
14 Information technology	17,166,446.	17,166,446.		
15 Royalties				
16 Occupancy	9,186,635.	8,943,274.	243,361.	
17 Travel	257,428.	113,555.	143,873.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,953,549.	1,953,549.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,944,898.	20,989,646.	1,955,252.	
23 Insurance	3,726,184.	3,726,184.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Supplies	54,250,840.	53,805,350.	445,490.	
b Equip. Rental & Maint.	4,708,161.	4,381,702.	326,459.	
c Intracompany Allocation	2,484,291.	606,983.	1,877,308.	
d Dues and Memberships	857,414.	217,499.	639,915.	
e All other expenses	13,743,348.	12,969,467.	773,881.	
25 Total functional expenses. Add lines 1 through 24e	394,991,752.	358,282,152.	36,709,600.	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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	7,600.	1	20,472.
	2 Savings and temporary cash investments	19,241,184.	2	3,869,411.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	51,574,904.	4	52,067,499.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	3,919,599.	8	4,742,057.
	9 Prepaid expenses and deferred charges	8,415,777.	9	12,307,393.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 429,389,380.		
	b Less: accumulated depreciation	10b 237,494,813.	10c 203,328,676.	191,894,567.
	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	12,286,886.	14	15,333,320.
	15 Other assets. See Part IV, line 11	339,866,698.	15	388,102,223.
16 Total assets. Add lines 1 through 15 (must equal line 34)	638,641,324.	16	668,336,942.	
Liabilities	17 Accounts payable and accrued expenses	49,903,942.	17	45,475,531.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	21,147,000.	20	29,285,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	72,306,191.	25	55,156,208.
	26 Total liabilities. Add lines 17 through 25	143,357,133.	26	129,916,739.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	475,180,378.	27	517,788,104.
	28 Temporarily restricted net assets	10,569,939.	28	10,854,414.
	29 Permanently restricted net assets	9,533,874.	29	9,777,685.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	495,284,191.	33	538,420,203.
	34 Total liabilities and net assets/fund balances	638,641,324.	34	668,336,942.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	438,518,753.
2	Total expenses (must equal Part IX, column (A), line 25)	2	394,991,752.
3	Revenue less expenses. Subtract line 2 from line 1	3	43,527,001.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	495,284,191.
5	Net unrealized gains (losses) on investments	5	11,787,992.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-12,178,981.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	538,420,203.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization St. Vincent's Medical Center Employer identification number 06-0646886

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

The organization is not a private foundation because it is: (For lines 1 through 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).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An 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).**
- 11 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 Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Non-functionally integrated
- e 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).
- f 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
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? <u>11g(i)</u>		
(ii) A family member of a person described in (i) above? <u>11g(ii)</u>		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? <u>11g(iii)</u>		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 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

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization

St. Vincent's Medical Center

Employer identification number

06-0646886

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization St. Vincent's Medical Center	Employer identification number 06-0646886
--	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,994,932.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 66,140.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 28,749.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization St. Vincent's Medical Center	Employer identification number 06-0646886
--	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization St. Vincent's Medical Center	Employer identification number 06-0646886
--	--

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2012

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **See separate instructions.**

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

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

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

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

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

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

Name of organization <p style="text-align:center;">St. Vincent's Medical Center</p>	Employer identification number <p style="text-align:center;">06-0646886</p>
--	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		29,715.
j Total. Add lines 1c through 1i			29,715.
2 Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

Part II-B, Line 1(i), Other Lobbying Activities:

Lobbying expenses represent payments to Kenneth L. Przybysz, LLC and the

portion of dues paid to National and State Hospital Associations that are

specifically allocable to lobbying.

St. Vincent's Medical Center does not participate in or intervene in

Part IV Supplemental Information *(continued)*

(including the publishing or distributing of statements) any political

campaign on behalf of (or in opposition to) any candidate for public

office.

Lined area for supplemental information.

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.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

St. Vincent's Medical Center

Employer identification number

06-0646886

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or 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 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,529,000.	8,417,000.	8,440,000.	7,136,000.	7,088,000.
b Contributions	84,000.	1,027,000.	18,000.	1,451,000.	28,000.
c Net investment earnings, gains, and losses	1,109,000.	1,610,000.	-43,000.	763,000.	-56,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	363,000.	105,000.	-26,000.	6,000.	15,000.
f Administrative expenses	253,000.	420,000.	24,000.	904,000.	-91,000.
g End of year balance	11,106,000.	10,529,000.	8,417,000.	8,440,000.	7,136,000.

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

- a Board designated or quasi-endowment .00 %
- b Permanent endowment 87.00 %
- c Temporarily restricted endowment 13.00 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations Yes No
- (ii) related organizations Yes No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,823,889.		4,823,889.
b Buildings		295,795,644.	141,334,680.	154,460,964.
c Leasehold improvements				
d Equipment		122,667,665.	92,506,145.	30,161,520.
e Other		6,102,182.	3,653,988.	2,448,194.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 191,894,567.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(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.

(a) Description	(b) Book value
(1) Due from Affiliates	18,039,807.
(2) Interest in Investments Held by Ascension Health Alliance	342,380,268.
(3) Investment Held by St. Vincent's Foundation	20,350,907.
(4) Due from Specific Purpose Funds	35,308.
(5) Deferred Comp	7,295,933.
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	388,102,223.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Due to Affiliates	32,584,645.
(3) Self-Insurance Liabilities	2,498,099.
(4) Estimated Third Party Payors Settlements	5,681,000.
(5) Accrued Pension	5,703,850.
(6) Other	80,429.
(7) Acc. Post Ret. Benefits other than Pensions	127,820.
(8) Deferred Compensation Liabilities	8,480,365.
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	55,156,208.

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

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

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

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

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

Part XIII Supplemental Information

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

Part V, line 4: The endowment funds were established to support the

mission of the organization by providing funding for various clinical areas and needs of the Medical Center and its patients, staff, and volunteers. Each fund is used for the specific purpose designated by the donor. Many funds are available for the running of clinical programs and the purchase of capital needs for those programs. Other funds are available for staff education and support. Some funds provide for patient education, screening, support, or to provide free or reduced care to very

Part XIII Supplemental information (continued)

specific groups identified by each fund. A few funds provide awards to
outstanding staff and volunteers.

Part X, Line 2: The Medical Center, the Multispecialty Group, and the
College are tax-exempt organizations under Internal Revenue Code Section
501(c)(3) and their related income is exempt from federal income tax under
Section 501(a). The Medical Center accounts for uncertainty in income tax
positions by applying a recognition threshold and measurement attribute
for financial statement recognition and measurement of a tax position
taken or expected to be taken in a tax return.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **St. Vincent's Medical Center** Employer identification number **06-0646886**

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)		5,815	4,849,307.		4,849,307.	1.23%
b Medicaid (from Worksheet 3, column a)		27,055	19,686,812.		19,686,812.	4.98%
c Costs of other means-tested government programs (from Worksheet 3, column b)		43,120	19,290,500.		19,290,500.	4.88%
d Total Financial Assistance and Means-Tested Government Programs		75,990	43,826,619.		43,826,619.	11.09%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	34	25,289	1,546,804.	1,080.	1,545,724.	.39%
f Health professions education (from Worksheet 5)	3	1,065	10,315,908.		10,315,908.	2.61%
g Subsidized health services (from Worksheet 6)	2	5,258	1,874,112.		1,874,112.	.47%
h Research (from Worksheet 7)						.00%
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	1,800	88,626.		88,626.	.02%
j Total. Other Benefits	41	33,412	13,825,450.	1,080.	13,824,370.	3.49%
k Total. Add lines 7d and 7j	41	109,402	57,652,069.	1,080.	57,650,989.	14.58%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group St. Vincent's Medical Center

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9. If "Yes," indicate what the CHNA report describes (check all that apply):	1	X
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	X
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	X
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	5	X
a <input checked="" type="checkbox"/> Hospital facility's website		
b <input checked="" type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	X
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued) St. Vincent's Medical Center

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care?	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %		
	If "No," explain in Part VI the criteria the hospital facility used.		
11	Used FPG to determine eligibility for providing <i>discounted</i> care?	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %		
	If "No," explain in Part VI the criteria the hospital facility used.		
12	Explained the basis for calculating amounts charged to patients?	X	
	If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?		X
14	Included measures to publicize the policy within the community served by the hospital facility?	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input type="checkbox"/> The policy was available on request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		

Part V Facility Information (continued) St. Vincent's Medical Center

- 18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
 - d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Part VI)

Policy Relating to Emergency Medical Care

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

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input type="checkbox"/> Other (describe in Part VI)		
21 During the tax year, did the hospital facility charge any of its FAP-eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?		X
If "Yes," explain in Part VI.		
22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?		X
If "Yes," explain in Part VI.		

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 12

Name and address	Type of Facility (describe)
1 St Vincent's Urgnt Care Ctr Bridgepor 4600 Main Street Bridgeport, CT 06606	Urgent Care Walk-in Center
2 The Behavioral Hlth Ctr at Bridgeport 2400 Main Street Bridgeport, CT 06606-5323	Outpatient Behavioral Health Services
3 St Vincent's Urgent Care Ctr Fairfiel 1055 Post Road Fairfield, CT 06824	Urgent Care Walk-in Center
4 St Vincent's Urgent Care Ctr Shelton 2 Trap Fall Road, Suite 105 Shelton, CT 06484	Urgent Care Walk-in Center
5 St Vincent's Urgent Care Ctr Monroe 401 Monroe Turnpike Monroe, CT 06468	Urgent Care Walk-in Center
6 The Behavioral Health Ctr at Norwalk 1 Lois Street Norwalk, CT 06851	Outpatient Behavioral Health Services
7 St Vincent's Center for Wound Healing 115 Technology Drive Trumbull, CT 06611	Wound Care Services
8 Family Health Center 762 Lindley Street Bridgeport, CT 06606	Family Health Clinic
9 Cardiology Phys. of Fairfield County 40 Cross Street Norwalk, CT 06851	Cardiology
10 Cardiology Phys. of Fairfield County 1177 Summer Street Stamford, CT 06905	Cardiology

Schedule H (Form 990) 2012

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

Part I, Line 7: The cost of providing charity care, means tested

government programs, and community benefit programs is estimated using

internal cost data, and is calculated in compliance with guidelines

established by both the Catholic Health Association (CHA) and the Internal

Revenue Service. The organization uses a cost accounting system that

addresses all patient segments. The best available data was used to

calculate the amounts reported in the table. For the information in the

table, a cost accounting system was used for all data.

Part I, Line 7g: The organization employs its physicians at physician

clinics, so the associated costs and charges relating to those physician

services are included in all relevant categories in Part I.

Part II: Saint Vincent's Medical Center provided community building

activities in FY 2013. Breast cancer screenings and mobile mammograms

were provided to underserved women. The Medical Center also provided

education about the importance of early detection of breast cancer.

Prostate cancer screenings were conducted for uninsured men in the

Part VI Supplemental Information

community, as well. St. Vincent's also operated a Family Health Center that provided healthcare to patients who were uninsured and who did not have a primary physician. This program also offered medical testing, financial counseling, and social services. Community education programs were offered on a wide array of topics including cardiology, oncology, nutrition, smoking, geriatrics, and diabetes.

Part III, Line 4: The provision for doubtful accounts is based upon management's assessment of expected net collections considering economic conditions, historical experience, trends in health care coverage, and other collection indicators. Periodically throughout the year, management assesses the adequacy of the allowance for doubtful accounts based upon historical write-off experience by payor category, including those amounts not covered by insurance. The results of this review are then used to make any modifications to the provision for doubtful accounts to establish an appropriate allowance for doubtful accounts. After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the Medical Center follows established guidelines for placing certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by Ascension Health. Accounts receivable are written off after collection efforts have been followed in accordance with the Medical Center's policies. The organization's bad debt expense for 2013 was \$25,816,577 based on charges.

The methodology for determining the allowance for doubtful accounts and related write-offs on uninsured patient accounts has remained consistent with the prior year. The Medical Center has not experienced material

Part VI Supplemental Information

changes in write-off trends and has not materially changed its charity

care policy since September 30, 2012.

Part III, Line 8: St. Vincent's Medical Center follows the Catholic

Health Association (CHA) guidelines for determining community benefit.

CHA community benefit reporting guidelines suggest that Medicare shortfall

is not treated as community benefit.

Part III, Line 9b: The St. Vincent's Medical Center Collection and Debt

Referral Policy states "All patients receiving services are given the

opportunity to take advantage of policies developed to assist them

financially. These policies include Charity Care, Free Bed Funds,

financial counseling as well as State and Federal programs."

St. Vincent's Medical Center:

Part V, Section B, Line 4: The CHNA was conducted with the following

other hospital facility:

- Bridgeport Hospital

St. Vincent's Medical Center:

Part V, Section B, Line 14g: A brochure is available to patients

explaining the financial assistance policy and is given to them upon

request. Also, financial counselors are available to meet with patients

who require financial assistance.

St. Vincent's Medical Center:

Part VI Supplemental information

Part V, Section B, Line 21: A small portion of patients may have been charged in error, however, corrections to these patient accounts were made when the errors were identified.

St. Vincent's Medical Center:

Part V, Section B, Line 22: A small portion of patients may have been charged in error, however, corrections to these patient accounts were made when the errors were identified.

Part VI, Line 2: St. Vincent's Medical Center (SVMC) is committed to serving the greater Bridgeport, Connecticut area by developing partnerships to provide support and services for the healthcare needs of its community. Through healthcare education, medical care, and support services, the organization reaches into the community to enhance local neighborhoods and their quality of life. We deliver a broad range of services with sensitivity to the individual needs of our patients and their families. The relationships developed with our community partners have provided much needed healthcare services to the citizens of our community.

Our tradition of improving the health of the community dates back over 110 years, when local Catholic physicians identified a need to meet the holistic needs of the large European immigrant population. They contacted the pastor of the Cathedral of St. Augustine, who in turn collaborated with The Daughters of Charity. Their vision was realized when the doors of SVMC opened in June 1903. Since that time, all associates of SVMC have

Part VI Supplemental Information

stood behind its mission to support underserved patients and their families. Our mission, vision, and values provide a strong foundation for the work we do - a framework that expresses our priorities for what we will achieve and how we will achieve it.

SVMC is committed to making a lasting impact on the community it serves.

To that end, SVMC has organized the Primary Care Providers in the City of Bridgeport into a Primary Care Action Group (PCAG). The expressed purpose of this group is to increase the access of the underserved and uninsured to Primary Care and Specialty Care. The group has developed guiding principles and a strategic action plan to achieve its objective. Through this effort, SVMC was a key partner in the development of a Regional Health Information Organization, creating the ability to identify overlap in services to each organization's respective clients. In the spring of 2011, under the leadership of SVMC staff, the PCAG launched the Bridgeport Dispensary of Hope, a pharmacy offering medication, free of charge, to the uninsured and underinsured. The Dispensary of Hope in FY14 served more than 2,900 patients and provided them with medication worth more than \$850,000.

Understanding the current health status of the community is important in order to identify priorities for future planning and funding, the existing strengths and assets upon which to build, and areas for further collaboration and coordination across organizations, institutions, and community groups. To this end, SVMC, through the PCAG, lead a comprehensive regional health planning effort comprised of two phases; (1) a Community Health Assessment to identify the health-related needs and community strengths in the Greater Bridgeport area and (2) a Community

Part VI Supplemental Information

Health Improvement Plan to determine the key health priorities, overarching goals, and specific strategies to implement across the service area.

The Community Health Assessment is a key tool for SVMC as it ensures it is fully meeting the needs of the community it serves. The Community Health Assessment identified the health-related needs and strengths of the Greater Bridgeport area through a social determinants of health framework, which defines health in the broadest sense and recognizes numerous factors at multiple levels- from lifestyle behaviors (e.g., healthy eating and active living) to clinical care (e.g., access to medical services) to social and economic factors (e.g., poverty) to the physical environment (e.g., air quality)- which have an impact on the community's health.

In addition to greater community surveillance, SVMC puts a priority on input from patients and their families. SVMC recognizes that input from patients and families is critical in the delivery of quality medical care to the community. In 2007, SVMC implemented a Patient Family Advisory Board (PFAB) as a vehicle to give a meaningful voice to patients and their families. The PFAB acts as an advisory committee to the SVMC Board of Directors, Administration, and staff. Residents are encouraged to interact with the PFAB on a regular basis. The objectives of the PFAB include the following: To provide a forum that enables patients and family members to have direct input and influence on policies, programs, practices, and the development and planning of new facilities that impact the care and services received at SVMC; To provide a method to channel information and ideas and concerns of patients and families to SVMC leadership and staff; To increase the patient-centeredness of the care delivered at SVMC; To

Part VI Supplemental Information

improve collaboration between caregivers, patients, and families such that their concerns regarding quality of care are addressed promptly and effectively; To serve as a diverse and representational link between SVMC and the community; To provide a mechanism for patients and families to participate in the selection of candidates for key positions; and, to reduce adverse events, errors, and sub-optimal outcomes related to inadequate communication between caregivers, patients, and families.

In an effort to further integrate the patient/family voice institution-wide, a number of patient care committees - Patient Safety, Quality Control, Infection Control, and Pharmacy and Therapeutics - are populated with membership from PFAB. In addition, SVMC has implemented a program to have PFAB presence at the unit level. These Patient/Family Advisors interact with staff, patients, and families at the front line of service delivery.

Part VI, Line 3: The St. Vincent's Medical Center Financial

Assistance Program screens patients for all programs that will assist in covering medical expenses, including federal and state programs, free bed funds, and income-based financial assistance.

At the time of pre-registration and registration, all patients who are underinsured or without insurance are referred to an on-site Financial Counselor for an initial screening. The Financial Counselor assesses the patient's needs and begins the appropriate Financial Assistance application.

Financial Assistance staff is trained on how to qualify patients for the

Part VI Supplemental Information

various Medicaid, Charity Care, and financial assistance programs. The

staff regularly attends community meetings and information update sessions

to remain updated on changes to state and federal assistance programs.

In addition, all billing and collections notices inform patients that they

may call the Financial Assistance staff. If a patient contacts the billing

or collection agencies and inquires about financial assistance, they will

be directed to the Financial Assistance staff. A patient can request

financial assistance at any point in the revenue cycle.

Information on financial assistance options is posted in the admitting and

registration areas, the Emergency Room, Case Management area, Customer

Service, and Patient Access departments. Contact information is clearly

visible and information is printed in both English and Spanish.

The Financial Assistance program is highlighted on the organization's

external website, with an application for assistance and contact

information linked directly. A link to the United Way 211 website is also

provided, allowing patients to access further information about available

assistance.

A financial assistance brochure has been developed and is available to

patients and families at the time of registration. This brochure is

displayed in the Emergency Department, Immediate Health Centers, Case

Management, Customer Service, and Patient Access departments. The

brochure is also mailed upon request.

By virtue of its location and mission, SVMC's uncompensated care costs

Part VI Supplemental Information

were \$40.8 million including charity care and bad debt.

Part VI, Line 4: The primary service area (PSA) of St. Vincent's

Medical Center (SVMC) consists of the city of Bridgeport and the

surrounding towns of Fairfield, Easton, Monroe, Trumbull, Stratford, and

Shelton. The PSA total population is nearly 342,000, which is projected to

grow by nearly 4% in the next ten years.

Bridgeport is located in Northeast Fairfield County along Long Island

Sound, partway between New York City and Boston. Comprised of 16 square

miles of land mass and with 144,229 residents (Census 2010), Bridgeport is

the largest City in Connecticut and the fourth largest City in New

England. Its 9,014 people per square mile make Bridgeport the most densely

populated city in Connecticut.

Bridgeport's surrounding towns are principally white collar, with only

pockets of poverty, reflecting, in large part, Fairfield County's

affluence. However, Bridgeport is the poorest city in the state and one of

the 10 poorest cities in the nation. Bridgeport represents an island of

poverty in an otherwise affluent Fairfield County, one of the wealthiest

counties in the country. Bridgeport's per capita income average of

\$19,802 is less than half (45.4%) of neighboring Trumbull (\$43,576) and

slightly more than one-third (35.6%) of the average per capita income of

neighboring Fairfield (\$55,579) (American Community Survey 2005-2009).

Bridgeport's average per capita income also falls short of both the

Connecticut average of \$36,468 and the national average of \$27,041

(American Community Survey 2005-2009). Although Fairfield County has a

reputation for affluence, it is clear that many of the area's residents

Part VI Supplemental Information

fall well outside this category, and look to St. Vincent's as a safety net.

The cost of living and real estate in the PSA make it difficult for families to settle in the area. As a result, SVMC's workforce shortages occur in professional and technical positions.

Bridgeport's population is 39.6% White, 34.6% Black or African American, 0.5% American Indian and Alaska Native, 3.4% Asian, 0.1% Native Hawaiian and Other Pacific Islander, 17.5% some other race, and 4.3% two or more races (U.S. Census 2010). Approximately 38.2% of Bridgeport's population is Hispanic or Latino (of any race) (U.S. Census 2010). As the U.S. Census 2010 data shows, Bridgeport has a significantly higher percentage of Black or African Americans and Hispanics or Latinos of any race than the State of Connecticut.

Bridgeport also has a high rate of unemployment. In February 2013, the Connecticut Department of Labor reported that the unemployment rate in Bridgeport is 13%, compared to 8.4% statewide or 6.6% in Fairfield and 7% in Trumbull, Bridgeport's closest neighboring communities (Connecticut Labor Market Information 2013). Bridgeport residents who are employed often earn only a minimum wage, which is not a living wage in this geographic area.

Connecticut has the second highest incidence of breast cancer in the country, second only to Rhode Island. According to the 2011 Community Profile of Breast Cancer by the Susan G. Komen organization, SVMC's primary service area, the greater Bridgeport area, has a higher incidence

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of breast cancer, higher late stage diagnosis, and a higher mortality rate than the State of Connecticut incidence rates.

According to the recently completed Community Health Needs Assessment 1 in 25 Fairfield County residents has had a heart attack and 1 in 20 has been diagnosed with diabetes. Additionally almost 6 in 10 adults are overweight or obese, 1 in 4 children and adolescents are overweight or obese, 1 in 4 people did not participate in any leisure time physical activity in the past month and only 1 in 3 people consumed the recommended five servings of fruits and vegetables daily. Our Assessment also revealed that the prevalence of mental illness in adults ranged from 17.7% to 26.5% in our primary service area. Our High School youth attempted suicide at twice the rate of the National average, 1 in 10 adults participated in binge drinking behavior in the last 30 days, and 1 in 4 people currently smoke in the City of Bridgeport. The Assessment also uncovered significant problems with access to Health Care: 1 in 20 people in the Greater Bridgeport community do not have health insurance and 6 in 10 people experience one or more barriers in accessing adequate health care.

Families, and particularly children, living in poverty are more likely to suffer from poor health, drop out of school, experience hunger, homelessness, and violence. Forty percent of children live in single parent homes compared to 20% Statewide and 32% nationally. The teenage pregnancy rate is 18.9% compared to 8.3% for Connecticut. The 2000 census shows 38%, or approximately 52,820 adult Residents, had no High School diploma. In 2009, Bridgeport area homeless shelters served 518 adults and 231 children, while a total of 3,136 requests were denied. The poor, homeless, and those with limited education are often less likely to seek

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preventative care and fill prescriptions and are more likely to delay treatment in an emergency. The uninsured are more likely to suffer from poor health and are up to three times more likely to die early than those with health insurance (Bridgeport Child Advocacy Coalition, 2008).

Bridgeport is crossed by Interstate 95, a main vehicular corridor from New York to Boston that is cited as the main source of air toxins and greenhouse gases in the City. The Industrial Revolution of the 1930's left Bridgeport with numerous Brownfield sites, which are linked to lead poisoning, and multiple cancers. A Johns-Hopkins study of Brownfields in the Baltimore, MD area, demonstrated a 20% increase in mortality, 27% increase in cancer mortality, 33% increase in lung cancer mortality, and 39% increase in respiratory mortality among Residents in higher Brownfield hazard zones. This strongly corroborates the theory that Brownfields are detrimental to human health (Litt & Tran 2002). The poor air quality in Bridgeport may be a major factor in the 25% incidence of asthma in households in the City (Bridgeport Health Information Program Survey, 2007).

Over the last five years, the service area has seen a sharp decrease in Primary Care Physicians due to retirements and the increased cost of living in the region. In the spring of 2010, SVMC's Medical Staff Development Plan projected a current need for 6 additional Primary Care Physicians in the greater Bridgeport community. This projection is only based on the current demographic profile of patients. However, 35% of SVMC physicians are over the age of 55, well over the national average of 28%. Due to the age of our medical staff, there is an anticipated need for an additional 28 Primary Care physicians over the next 10 years.

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Only 53% of the SVMC community-based Primary Care Physicians currently accept Medicare patients and only 15% accept new Medicaid patients. Many of these underinsured patients turn to the SVMC Family Health Center, an ambulatory primary care clinic.

Part VI, Line 5: St. Vincent's Medical Center's (SVMC) mission, vision, and values provide a strong foundation for the work we do to serve our community - a framework that expresses our priorities for what we will achieve and how we will achieve it. The mission statement of SVMC says that "Rooted in the healing ministry of Jesus, we commit to provide quality, holistic care to all faiths with special concern for those who are poor, vulnerable and underserved".

The organization is dedicated to promoting healthy living at every stage of life and enhancing life by addressing the unique needs of patients, families, and our community. Healthcare education, wellness, and disease prevention education is offered through a wealth of resources such as symposiums, classes, and support groups. Our outreach programs and partnerships are designed to enhance public health and quality of life in the greater Bridgeport area and improve access to health services for members of the community we serve. We seek to advance medical or healthcare knowledge through education and relieve or enhance any ongoing public healthcare efforts. Our programs reach adults and teenagers, men and women, infants and seniors, providing health education and care regardless of ability to pay. To that end, we are proud to have sponsored more than 56 programs in the last fiscal year, reaching more than 40,000 people our community.

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In 2010, SVMC broke ground on the Elizabeth M. Pfriem SWIM Center for Cancer Care and the renovated and expanded Michael J. Daly Emergency Department. The Elizabeth Pfriem SWIM Center for Cancer Care contains all oncology services under one roof. These services encompass the full spectrum of cancer care and include community outreach, screening and prevention, diagnostic services, surgical and medical oncology, radiation therapy, interventional oncology, clinical trials, dedicated inpatient and outpatient cancer units, palliative care, pain management, integrative oncology, support services, patient and provider education and survivorship. The Center offers integrative oncology services, including a boutique, spa services, nutrition counseling, social work, financial counseling, a meditation area, support services, and a survivorship program.

The Michael J. Daly Center for Emergency and Trauma Care was renamed in December of 2009 as the first section of the expanded and refurbished emergency department which opened in the fall 2010. The completely renovated emergency department, which tripled in size and holds 60 beds, includes specialized trauma and critical care suites, a "Fast Track" area for minor case needs, dedicated OB/GYN rooms, pediatric area, expanded Behavioral Health and Psychiatric area with focus on privacy and safety, improvements in diagnostic equipment, including its own CT scanner, ultrasound and X-ray equipment to expedite diagnosis and treatment of emergency room patients and a permanent decontamination facility for hazardous spills.

SVMC's commitment to the community can be seen in the work of our Family Health Center (FHC). The FHC is located one block from the main

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campus of the hospital. It provides quality care for the patient and their entire family in one convenient location. Specialty services are offered, as well as pediatric services, adult medical care, and geriatric care. Healthcare is provided to those in the Greater Bridgeport community who are uninsured, underinsured, low-income, handicapped, homeless, and/or frail elderly. The FHC provides a private practice model of care to those who lack continuity of care.

SVMC was among the first organizations in Connecticut to make the promise of mammography screening to women without insurance, not knowing what the response would be initially. Since those early times, SVMC has screened many thousands of women who would not have had access to screening. By providing breast screenings in this regional community, medically underserved populations have been able to access services that are imperative for promoting breast health and reducing breast cancer mortality. In the past two years, we have been able to provide nearly 550 screening mammograms, over 120 diagnostic mammograms, over 180 breast ultrasounds and 10 biopsies, of which we found two occurrences of cancer.

This breast screening program reaches out to at-risk asymptomatic women who have barriers that prevent them from accessing services and who are medically underserved, elderly, minority, uninsured, or underinsured.

SVMC removes barriers to care by improving access through its customized coach with digital mobile mammography and through a bilingual staff and materials.

Our screening facilities include our customized Digital Mobile

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Mammography Coach and the Women's Imaging Center located in the new Elizabeth M. Pfriem SWIM Center for Cancer Care. St. Vincent's Medical Center provides a full range of inpatient and outpatient services with regional centers of excellence. Its American College of Radiology recognized Breast Imaging Center of Excellence operates a comprehensive oncology service, which is indicative of SVMC's commitment to provide expert care. The American College of Radiology accredited our Breast Ultrasound and Image-Guided Biopsy services. The ACR Commission on Quality and Safety accredited our Mammography services and Mobile Mammography services. SVMC is committed to voluntary inspection and compliance with defined performance standards. SVMC received Full Accreditation with Commendation from the American College of Surgeon's National Commission on Cancer and the Cancer Center can be characterized as a facility with strong organizational capabilities and institutional commitment.

Unique to this program is our Breast Clinic, which employs a health care team approach and case management involving a radiologist, nurse, technologist, bilingual Hispanic technologist aide, bilingual schedulers, and a bilingual Hispanic coordinator. If breast problems are discovered, one of our two Breast Health Educator/Navigators along with our Hispanic case manager will go "above and beyond" the requirements for follow up with all of our patients to provide the necessary education and resources. All of the women will be closely followed and possibly referred to clinics/medical centers in the area in which they reside; assuring follow up is obtained and no one is left without resources.

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Integrative Oncology at St. Vincent's Elizabeth M. Pfriem SWIM Center for Cancer Care provides a wide range of unique services and therapies to both cancer patients and their family members. Programs focus on wellness of mind, body, and spirit from diagnosis, through treatment and beyond. Most integrative survivorship programs are free of charge and can be modified based on the needs of individual patients and family members. There are more than 18 programs to choose from, including Yoga, Music Therapy, Massage Therapy, Narrative Knowledge, Lay Navigation, Caregiver Support, and more. Integrative Oncology therapies can go a long way towards putting the patient back in control, providing symptomatic relief, and enhancing quality of life.

In response to the increase of heart disease in women, the St. Vincent's Regina L. Cozza Women at Heart program began in 2004 to educate women in the community about the risk factors for cardiac disease and the differences in women's symptoms. The program consists of community events offering the following:

- Blood pressure screenings
- Blood sugar screenings
- Educational literature - obtained from American Heart Association; Cardiovascular Nurses Association; U.S. Department of Health and Human Services Office of Women's Health; National Heart, Lung and Blood Institute and the Diabetes Association
- Counseling
- Body Fat testing
- BMI (Basal Metabolic Index)
- Cholesterol screenings

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- Women's Cardiac Assessments

- Framingham Risk Assessment

- Educational lectures by Nursing and Physicians

To date there have been two mass screening days, providing an average of 50 women each day the critical screenings free of charge.

The program is supported through an endowment established through SVMC Foundation, enabling the program to provide screenings free of charge to women age 50 and older. The program includes the entire list of items above plus height/weight screening, nutritional lecture and counseling, yoga demonstration, meditation, exercise assessment and a heart healthy lecture by a physician.

All programs are free to the public and numerous locations have been utilized in the greater Bridgeport area to reach women in the community. A SVMC Heart Fair is held annually in the lobby of SVMC. To promote awareness of heart disease in women, each participant received a purple Women at Heart mesh bag with educational materials. Bi-annually a Women at Heart newsletter called Heartbeats is published. It is currently mailed to the homes of over 2,000 women.

The Parish Nurse Program is a broad reaching partnership with 76 churches of all faiths in the greater Bridgeport area. Through the program, our nurses provide education, health screenings and support to the parishioners of the churches. Our Parish Nurses participated in a community wide health awareness program called "Know your Numbers".

This collaboration with our partners from the Primary Care Action Group

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held health screenings at soup kitchens, senior centers and other community locations. Our Communications Department actively supported the effort to ensure that the screenings were well publicized and attended.

SVMC is dedicated to providing healthy living at every stage of life and to enhancing life by addressing the unique needs of patients, families, and our community. Healthcare education, wellness, and disease prevention education is offered through a wealth of resources such as symposiums, classes, and support groups. Our outreach programs and partnerships are designed to enhance public health and quality of life in the greater Bridgeport area and improve access to health services for members of the community we serve. We seek to advance medical or healthcare knowledge through education and relieve or enhance any ongoing public healthcare efforts. Our programs reach adults and teenagers, men and women, infants and seniors, providing health education and care regardless of ability to pay.

To that end, we are proud to have sponsored more than 50 programs in 2013, reaching more than 40,000 people our community. Overall expenses to run these programs exceed \$15 million. Community Health Improvement Services account for the largest type of activity we provide for the community. Under this umbrella, we offered 35 different community health education and support groups, ran ongoing screening and health clinics, and provided medical care for those without access to a medical professional. The Family Health Center (FHC) offered healthcare to nearly 6,000 people in FY2013. Cardiology and Oncology seminars, wellness programs, screenings and support groups helped over 4,300

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people learn to live healthier lives. Each year, the SWIM serves over 20,000 individuals. Support groups helped more than 700 patients and family members deal with a diagnosis of cancer, offering hope, information, financial support, and psychosocial services. More than 1,000 healthcare professionals and medical students in the Bridgeport area attended our health education seminars and lectures to advance their knowledge and share ideas.

The Medical Center responds to the mental health needs of the community through a variety of behavioral health services for patients from pediatrics through geriatrics. St. Vincent's Behavioral Health Services (SVBH), a department of the Medical Center, operates the Bridgeport and Norwalk Behavioral Health Ambulatory sites, offers adult and adolescent mental health outpatient services, and specialized services for the Latino population. Our staff includes 301 full-time and part-time employees. SVBH serves a diverse population with a wide range of behavioral health needs that require a complete system of care to persons of all income levels and backgrounds. Among its varied services, St. Vincent's offers the following outpatient treatment services for adolescents: Adolescent Intensive Outpatient Programs (AIOP) at two locations and the Juvenile Justice program.

In the spring of 2011, under the leadership of SVMC staff, the Primary Care Action Group launched the Bridgeport Dispensary of Hope, a pharmacy offering medication to the uninsured and underinsured free of charge. The Dispensary was launched in direct response to the economic downturn. With more and more residents finding themselves unemployed or underemployed, the Dispensary becomes even more critical to ensuring a

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healthy community. The Dispensary runs on very few resources, providing essential services with very low overhead. This state licensed pharmacy is available for all patients of SVMC, and will prove to be an enormous asset for patients with chronic illness. The Primary Care Action Group and the Dispensary of Hope emphasize the values and institutional commitment to serving the poor and vulnerable throughout the Bridgeport community. In the last fiscal year, Hope Dispensary of Greater Bridgeport has documented 571 unduplicated patients served, 97% of which were below the 200% of the Federal Poverty Level.

Additionally, the Dispensary filled 4,519 prescriptions amounting to \$444,388 worth of medication.

Volunteers are an integral component to the fulfilling the mission of the organization. In the last FY, 296 volunteers provided the Medical Center with more than 49,000 hours of service. Volunteers work in every department of the Medical Center, providing nurturing support and expertise to patients and their families.

Part VI, Line 6: St. Vincent's Health Services Corp (SVHS) is a member of Ascension Health, a Catholic, national health system. St. Vincent's Health Services is a nonprofit integrated health delivery system, which consists of the following organizations - St. Vincent's Medical Center, St. Vincent's Medical Center Foundation, St. Vincent's College, St. Vincent's Multispecialty Group, Hall-Brooke Behavioral Health Services, which was merged into St. Vincent's Medical Center on June 30, 2013, St. Vincent's Special Needs Services, and St. Vincent's Development Corporation. Through the work of the Medical Center, in partnership with our affiliate network, we are able to meet the comprehensive needs

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of our home and surrounding community.

St. Vincent's Medical Center (SVMC) is a nonprofit hospital system, consisting of an acute care hospital located in Bridgeport, Connecticut and a behavioral health hospital located in Westport, Connecticut. Founded in 1903, St. Vincent's began as a 75 bed institution and quickly grew in scope and service. The Medical Center provides care for all of those in the City of Bridgeport and surrounding communities who come to it, regardless of their ability to pay. Today, the Medical Center is located in a modern 10 story building and has grown to a 473 bed institution. The Medical Center is Fairfield County's only faith-based general hospital and its commitment to the poor and underserved remain central to its mission.

As a philanthropic arm, St. Vincent's Medical Center Foundation's (the Foundation) primary purpose is to raise funds in order to help meet certain financial needs of the St. Vincent's Health Services Corp. The Foundation's goal is to create and perpetuate financial support for programs and services on behalf of St. Vincent's historic mission to serve the poor and medically underserved populations. The growing support for St. Vincent's throughout the region is a reflection of our mission-driven programs and the quality of our services. The Foundation works tirelessly to raise over \$2 million a year for the SWIM Across the Sound through over 40 events and to raise over \$3 million a year in support of the other entities.

The Foundation works extremely hard year-round, with over 40 SWIM fundraising events a year, to reach people who do not have access to

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critical screening services, and to provide free or subsidized services

to the community. SWIM Across the Sound has demonstrated commitment to

this cause each year for the last 25 years. Neighboring hospitals,

which do not conduct as extensive fundraising for patient care as St.

Vincent's, routinely send patients to St. Vincent's when their grant

money ends, or when they are not able to pay for free care. St.

Vincent's provides a substantial safety net to the region, as you do

not need to be a patient at St. Vincent's to be helped by the SWIM.

The SWIM offers 48 unique programs and services ranging from cancer

education, support, and screening - from prevention to survivorship. In

addition, what truly sets the SWIM apart from other charities is that

it also offers one-on-one financial assistance to cancer patients in

need. The SWIM helps people with cancer regardless of where they

receive their care, so we are an important safety net for the region

and a charity of last resort when there is no place left to turn. Often

a diagnosis of cancer can be financially devastating to the patient and

her/his family. We step in when a patient is undergoing treatment to

relieve financial hardships.

The SWIM is there to pay utility bills, car payments, and rent/mortgage

payments so a family member can take time off from work to be with

their loved one when it is so important to be at their side. The SWIM

is there for the patient who is undergoing local radiation and is

experiencing some skin reactions and requires a special prescription

that is not covered by their insurance. The SWIM is there for the woman

who needs a wig and prostheses. The SWIM is there for the family that

needs family counseling because there are small children left

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motherless and they need extra assistance in picking up the pieces and moving forward with their own lives. The SWIM is there is to pay transportation costs to get to appointments and to support a patient with nutritional and exercise counseling.

With ever growing needs because of the economic downturn and lack of health care access, there are more and more women in need of breast health care within our service area than ever. Frequently patients are referred from surrounding hospitals to St. Vincent's SWIM cancer services. Recently we have also received numerous requests for assistance beyond our traditional service area.

St. Vincent's mission to serve the community can most poignantly be observed in their one-on-one financial assistance program, funded and operated by the Foundation. For area residents with cancer, even those not undergoing treatment at St. Vincent's, financial assistance is provided to aid in the necessary life expenses not covered by insurance. With a \$2,000 cap per patient, the Foundation provides one of the largest financial assistance programs for cancer patients in the country. Once the \$2,000 cap is reached, the Foundation can use funds from their "Above and Beyond Fund" or will make every attempt possible to secure additional support for the patient. This assistance, critical to patients undergoing cancer treatment, pays for items including but not limited to: mortgage payments, utility bills, transportation costs, daycare costs, wigs, breast prostheses, lymph edema sleeves and mastectomy bras, wheelchair transportation for non-ambulatory patients, and prescription co-pays, or prescription costs for those without insurance.

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This financial assistance provides a safety net for those who have nowhere else to turn. St. Vincent's, through the work of the Foundation, provides assistance to over 300 people annually, providing over \$600,000 in financial assistance to those in need each year.

As part of St. Vincent's mission to reduce and prevent cancer, St. Vincent's Foundation established the St. Vincent's SWIM Smokestoppers program in March of 1996. Smokestoppers is a unique and interactive tobacco prevention and smoking cessation program designed for young people. The SWIM Smokestoppers offers a lively and inspiring program that educates Connecticut's young people about the dangers of smoking and the use of so-called "smokeless" tobacco. Smokestoppers currently combines two kinds of courses, offered free to the community: (1) prevention classes for students who do not yet smoke and (2) cessation classes to help teens who are already smoking take the difficult step of quitting. Program presenters are former smokers, who share their experiences in a relevant, accessible way.

The program has a proven record of helping thousands of young people, and is consistently invited back to schools year after year. In the 17 years since its inception, the program has reached over 200,000 young people in 200 schools throughout the State. Presenters research current trends in youth tobacco use, new products, and new marketing strategies used by the tobacco companies to target young people. This research is integrated into the presentation, creating an updated, relevant program for each and every session.

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St. Vincent's College (the College), a nonprofit subsidiary of St.

Vincent's Medical Center, is the only College in the State of

Connecticut committed solely to the preparation of nurses and allied

health professionals.

The College is rapidly expanding, with academic programs and degrees in

nursing, radiologic sciences, medical assisting, and a new nursing

baccalaureate completion program enrolling over 100 students in less

than a year. The College also offers a number of certificate programs,

some designed to provide entry level job skills and others that are

post degree certificate and continuing education programs designed to

prepare health professionals for additional roles.

The College has traditionally served students from Fairfield and New

Haven Counties. During the current academic year:

- 48% of the students come from the greater Bridgeport area.

- Ninety-nine percent (99%) of the current students (average age 28)

are Connecticut residents preparing to enter the workforce, in

healthcare fields that are seeing continued growth in our state.

- More than 80% of St. Vincent's students work full or part time while

also completing their education.

- More than 25% are eligible for Federal Pell Grants and more than 96%

received one or more forms of grants or aid.

- Thirty-three percent (33%) of the student population are ethnic

minorities.

The vast majority of the College's graduates have sought and found jobs

in the Fairfield and New Haven County areas of the state. Future

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graduates are expected to do the same.

St. Vincent's College Minority Outreach Camp Program is a community education program implemented in 2008 to increase the interest of urban minority students and males in healthcare careers. The Program is highlighted by an on-campus Summer Camp with supportive activities continuing through the academic year.

Participants include minority and male students in middle schools and high schools, in Bridgeport and the surrounding urban areas. Each year, the program's Summer Camp provides students with opportunities to learn about healthcare professions through a variety of experiences and learning activities. Students perform computerized dissections, participate in simulated scenarios, type simulated blood, examine simulated urine specimens, prepare and examine microbial cultures, learn medical terminology and words in other languages as well as examine the impact of weather, nutrition and geography on the cultures of the world. The program curriculum has been developed to expose middle and high school students to the diverse and exciting world that that they will encounter in healthcare.

The St. Vincent's College Outreach Program is designed to address the disparities that exist due to the under representation of minority health professionals in the healthcare system. Through this program the College seeks to increase the diversity of the student body which in turn will enhance the academic environment, challenge long-held biases and provide economic opportunities for those, who because of lack of finances and/or inability to see themselves as vital members of the

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healthcare workforce, may not enroll as students in a college

environment. The College community views this as a program that

supports social justice.

The implementation of an outreach and engagement strategy has served as

an innovative vehicle to introduce the underrepresented students in the

population to careers in healthcare. To date, over 650 students have

participated in the program. This hands-on educational opportunity has

led to the creation of a dynamic community partnership, and serves to

demonstrate the deep commitment of the College to the community it has

a mission to serve.

Since 2003, St. Vincent's has offered comprehensive educational

programs for the community designed to increase awareness and provide

resources on a full spectrum of behavioral health issues. St. Vincent's

serves the mental health needs of the PSA through both in-patient and

outpatient services, through St. Vincent's Behavioral Health, a

department of the Medical Center, and Hall-Brooke Behavioral Health

Services, an affiliate organization.

The mission of Hall-Brooke Behavioral Health Services is to offer an

integrated and complete continuum of mental health, addiction,

dual-diagnosis, and supportive services for children, adolescents, and

adults. Hall-Brooke strives to fulfill this mission by effectively

addressing the behavioral health needs of the community and also

strives to be a leader in prevention and education of mental health and

substance abuse issues. Hall-Brooke has provided mental health

services for more than 110 years. In 2001, a new 60-bed psychiatric

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hospital was completed, including 34 beds for children and adolescents.

This facility is now operated by the Medical Center.

Hall-Brooke's Community Residential Services program provides intensive

residential support and permanent supportive housing to persons age 18

and over who are homeless with significant behavioral health disorders.

Interventions and services are focused on recovery, relapse prevention,

development of independence, assistance with activities of daily

living, illness self-management, and access to health care benefits,

crisis intervention, 24 hour emergency on-call services, and community

mainstream services. The program operates 10 shared living residential

sites, 9 family units, and 61 scattered site apartments in the

communities of Norwalk, Bridgeport, and Fairfield, Connecticut. Based

upon 97% occupancy at these sites, Community Residential Services

provided approximately 46,025 days of residential support/housing

services. Grants from the U.S. Department of Housing and Urban

Development and the Connecticut Department of Mental Health and

Addiction Services provide funding for these programs.

Two years ago, Hall-Brooke started an outpatient advocacy and treatment

services program for children with autism spectrum disorders. St.

Vincent's Autism and Developmental Services is meeting the needs of

these families by taking health care insurance to pay for needed

services including diagnostic evaluations and individual and family

therapy. The program has served over 100 families in the greater

Fairfield County community through resource coordination, diagnostic

testing, parent support groups, individual and family therapy, family

workshops, sibling support groups and social skills groups.

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Effective July 1, 2013, Hall-Brooke Behavioral Health Services, Inc.

closed its special education school. The remaining programs are now

operated by St. Vincent's Medical Center.

St. Vincent's Multispecialty Group (MSG) is a subsidiary of the Medical

Center. With nearly 200 physicians, nurse practitioners, and physician

assistants board certified within their respective specialties, the

group is one of the largest provider networks within Fairfield County,

Connecticut. The size of the network enables us to offer the community

expanded access and coordination of care; however, the singular focus

of providing a comprehensive approach to health care is solely

dedicated to a patient's individual needs.

St. Vincent's Special Needs Services (SVSNS), is a human services

organization with a mission "to foster the physical, educational,

spiritual, emotional, and social development of persons with

disabilities so they may play, learn, work and live in the community".

SVSNS began in 1955 when the organization was founded as a United

Cerebral Palsy clinic to provide medical evaluation and therapeutic

intervention for young children with cerebral palsy and other

developmental disabilities. Several years later a comprehensive school

program was developed and licensed by the Connecticut State Board of

Education.

A private school program for children with special needs is the central

focus of programming provided at the SVSNS Feroletto Children's

Development Center in Trumbull, CT. The Center is located in the

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Trumbull Corporate Park and spans 43,000 square feet. This special
 needs school provides educational and health services to 68 students
 from several towns throughout the state, the majority being from the
 Bridgeport school district. Their diagnoses include cerebral palsy,
 acquired traumatic brain injury, and congenital or chromosomal
 abnormalities, among others. Most of the students have more than one
 diagnosis. Sixteen of the students reside in one of the three pediatric
 group homes, one of which is in the school building.

While the children are receiving an education at the Feroletto Center,
 this is not a traditional school as it also provides health services in
 conjunction with traditional-based school curricula. The staff includes
 special education teachers and assistants, physical therapists,
 occupational therapists, speech language pathologists, registered
 nurses, licensed practical nurses, and community recreation and family
 support facilitators. This is the only facility of its kind in the
 region.

St. Vincent's Development Corporation is a nonprofit corporation
 managing various real estate holdings within the greater Bridgeport
 area.

Part VI, Line 7

List of States Receiving Community Benefit Report:

CT

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2012

Open to Public
Inspection

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

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

Name of the organization **St. Vincent's Medical Center** Employer identification number **06-0646886**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St. Vincent's College 2800 Main Street Bridgeport, CT 06606-0000	06-1331677	501(c)(3)	450,300.	0.			Providing support to provide education in nursing and allied health and the liberal arts and

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

3 Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. See Part IV for Column (h) descriptions

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Schedule I, Part I, Line 2: Contributions are made to affiliated not-for-profit corporations organized and operated for charitable, religious, educational or scientific purposes, or other non-affiliated organizations that qualify as exempt organizations under Section 501(c)(3) of the IRS Code which are organized exclusively for the above mentioned purposes. The Foundation maintains records to substantiate all funds granted to its affiliates. The Foundation funds the majority of affiliate programs through contributions made by the general public. The grantees' eligibility for the grants/assistance are reviewed by various committees in

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charge of specific funds. Special attention is given to stewardship of all

donor contributions, and all requests are reviewed by the Foundation's

President and Vice President before payments are issued.

Part II, line 1, Column (h):

Name of Organization or Government: St. Vincent's College

(h) Purpose of Grant or Assistance: Providing support to provide

education in nursing and allied health and the liberal arts and sciences.

**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

2012

Open to Public Inspection

Name of the organization

St. Vincent's Medical Center

Employer identification number

06-0646886

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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</p>	1b									
<p>2 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?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 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:</p>										
<p>a Receive a severance payment or change-of-control payment?</p>	4a	X								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>										
<p>5 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:</p>										
<p>a The organization?</p>	5a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	X								
<p>6 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:</p>										
<p>a The organization?</p>	6a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	X								
<p>7 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</p>	7	X								
<p>8 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</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2012

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

For each individual whose compensation must be reported 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 and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Susan L. Davis, RN, Ed.D Director- Pres/CEO- SVHS	807,402.	599,993.	46,054.	921,992.	33,595.	2,409,036.	104,681.
(ii) Director- Pres/CEO- SVHS	0.	0.	0.	0.	0.	0.	0.
(2) Stuart Marcus Director- Pres- SVMC	582,773.	354,014.	3,956.	11,250.	34,475.	986,468.	0.
(i) Director- Pres- SVMC	0.	0.	0.	0.	0.	0.	0.
(3) John C. Gleckler SVP/CFO- SVHS	399,588.	263,851.	17,053.	40,108.	34,223.	754,823.	0.
(ii) SVP/CFO- SVHS	0.	0.	0.	0.	0.	0.	0.
(4) Dianne Auger SVP	150,733.	0.	210.	3,022.	4,636.	158,601.	0.
(i) SVP	0.	0.	0.	0.	0.	0.	0.
(5) Dale Danowski (promoted 11/12) SVP & COO	273,668.	137,295.	9,951.	5,000.	30,097.	456,011.	0.
(i) SVP & COO	0.	0.	0.	0.	0.	0.	0.
(6) Lawrence Schek SVP/CMO, VP Cardio	546,935.	182,880.	3,873.	10,000.	37,694.	781,382.	0.
(i) SVP/CMO, VP Cardio	0.	0.	0.	0.	0.	0.	0.
(7) Mitchell Fogel, M.D. Clinical Chair- VP Medicine	425,368.	136,696.	16,386.	7,824.	32,367.	618,641.	0.
(i) Clinical Chair- VP Medicine	0.	0.	0.	0.	0.	0.	0.
(8) Frank Iluzzi, M.D. Clinical Chair- VP Emerg	446,890.	87,660.	14,626.	19,290.	37,233.	605,699.	0.
(i) Clinical Chair- VP Emerg	0.	0.	0.	0.	0.	0.	0.
(9) Peter Struzzi SVP & Counsel	326,390.	101,018.	11,723.	10,000.	30,636.	479,767.	0.
(i) SVP & Counsel	0.	0.	0.	0.	0.	0.	0.
(10) Douglas Ross, M.D. Clinical Chair- VP Surg Svcs	493,051.	226,407.	18,066.	10,000.	34,616.	782,140.	0.
(i) Clinical Chair- VP Surg Svcs	0.	0.	0.	0.	0.	0.	0.
(11) Steven Younes SVP CHRO & Emp Counsel	318,652.	117,170.	6,891.	7,571.	31,121.	481,405.	0.
(i) SVP CHRO & Emp Counsel	0.	0.	0.	0.	0.	0.	0.
(12) Ronald J. Bianchi (end 8/12) Former SVP	209,951.	460,869.	127,591.	5,000.	18,002.	821,413.	0.
(i) Former SVP	0.	0.	0.	0.	0.	0.	0.
(13) Kerry Eaton (end 9/12) Former SVP & COO	251,733.	200,097.	96,938.	40,257.	5,763.	594,808.	0.
(i) Former SVP & COO	0.	0.	0.	0.	0.	0.	0.
(ii) Former SVP & COO							
(iii) Former SVP & COO							
(iv) Former SVP & COO							
(v) Former SVP & COO							
(vi) Former SVP & COO							
(vii) Former SVP & COO							
(viii) Former SVP & COO							
(ix) Former SVP & COO							
(x) Former SVP & COO							
(xi) Former SVP & COO							
(xii) Former SVP & COO							
(xiii) Former SVP & COO							
(xiv) Former SVP & COO							
(xv) Former SVP & COO							
(xvi) Former SVP & COO							
(xvii) Former SVP & COO							
(xviii) Former SVP & COO							
(xix) Former SVP & COO							
(xx) Former SVP & COO							

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 3: The President/CEO compensation, along with the compensation of all other executives of the Health System, is established annually by the St. Vincent's Health Services Executive Compensation Committee (the Compensation Committee). The Compensation Committee uses an external national firm for an independent compensation comparison based on well recognized and established guidelines. Recommended compensation is discussed and approved by the Compensation Committee and is sent to the St. Vincent's Medical Center Board for final approval.

Part I, Line 4b: Susan L. Davis participates in a 457(f) plan. During calendar year 2012, Ms. Davis received \$900,188 in elective deferred compensation under the plan. She received payments from the plan of \$104,681

Schedule J, Part II: Compensation for Susan L. Davis is paid by St. Vincent's Medical Center on behalf of St. Vincent's Health Services Corp, and all of its related organizations, including St.

Vincent's Medical Center. The compensation Dr. Davis receives is for her

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.

role as the 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. A portion of Dr. Davis' compensation and benefits are allocated to that market. None of Dr. Davis' compensation is for her role as a Board member of St. Vincent's Medical Center.

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
General Electric (Healthca	A board member is a	3,599,540.	Purchased a		X
Levett Rockwood, P.C.	A family member of	609,920.	Legal Servi		X
Physicians for Women's Hea	A board member is a	309,456.	Physicians		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Interested Person:

General Electric (Healthcare and Medical Systems)

(b) Relationship Between Interested Person and Organization:

A board member is an officer of General Electric

(d) Description of Transaction: Purchased and Leased Equipment

(a) Name of Person: Levett Rockwood, P.C.

(b) Relationship Between Interested Person and Organization:

A family member of a board member is a member of Levett Rockwood, P.C.

(d) Description of Transaction: Legal Services

(a) Name of Person: Physicians for Women's Health, LLC

(b) Relationship Between Interested Person and Organization:

A board member is a member of Physicians for Women's Health LLC

All transactions listed on Part IV are entered into as arms-length

transactions and for fair market value.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

St. Vincent's Medical Center

Employer identification number

06-0646886

Form 990, Part III, Line 1, Description of Organization Mission:

poor. The Medical Center is spiritually centered and committed to
quality, cost-effective healthcare that improves the health of the
community.

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 Medical Center has a

single corporate member, St. Vincent's Health Services Corp.

Form 990, Part VI, Section A, line 7a: St. Vincent's Medical Center has a

single corporate member, St. Vincent's Health Services Corp, who has the
ability to elect members to the governing body of St. Vincent's Medical
Center.

Form 990, Part VI, Section A, line 7b: All decisions that have a material

impact to St. Vincent's Medical Center financial information or corporation
as a whole are subject to approval by its sole corporate member, St.
Vincent's Health Services Corp.

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

Name of the organization St. Vincent's Medical Center	Employer identification number 06-0646886
--	--

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 meeting 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, has read and understands the policy, has agreed to comply

with the policy, and understands that the organization is charitable and in

order to maintain its federal tax exemption it must engage primarily in

activities which accomplish its tax-exempt purpose.

Form 990, Part VI, Section B, Line 15: In determining compensation of the

organization's CEO, the process, performed by St. Vincent's Health Services

Corp, a related organization of St. Vincent's Medical Center, included a

review and approval by independent persons, comparability data, and

contemporaneous substantiation of the deliberation and decision. The St.

Vincent's Health Services Executive Compensation Committee reviewed and

approved the compensation. In the review of the compensation, the CEO was

Name of the organization St. Vincent's Medical Center	Employer identification number 06-0646886
--	--

compared to individuals at other organizations in the area who hold the same title. During the review and approval of the compensation, documentation of the decision was recorded in the minutes. The individual was not present when her compensation was decided.

In determining compensation of other officers or key employees of the organization, the process, performed by St. Vincent's Health Services Corp, a related organization of St. Vincent's Medical Center, included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. St. Vincent's Health Services Executive Compensation Committee reviewed and approved the compensation. In the review of the compensation, the other officers or key employees of the organization were compared to individuals at other organizations in the area who hold the same title. During the review and approval of the compensation, documentation of the decision was recorded in the board minutes.

Form 990, Part VI, Section C, Line 19: The organization will provide any documents open to public inspection upon request.

Form 990, Part IX, Line 11g, Other Fees:

Consulting Fees:

Program service expenses	943,148.
Management and general expenses	2,678,932.
Fundraising expenses	0.
Total expenses	3,622,080.

Contracted Services:

232212
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization St. Vincent's Medical Center	Employer identification number 06-0646886
--	--

Program service expenses	48,903,418.
Management and general expenses	3,424,235.
Fundraising expenses	0.
Total expenses	52,327,653.

Other Professional Fees:

Program service expenses	94,239.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	94,239.
Total Other Fees on Form 990, Part IX, line 11g, Col A	56,043,972.

Form 990, Part XI, line 9, Changes in Net Assets:

Transfer to Affiliates	-13,569,927.
Pension and other post retirement liability adjustment	859,672.
Changes in Assets Held by St. Vincent's Foundation	528,340.
Investment Income - Specific Purpose Funds	-54.
Other	2,988.
Total to Form 990, Part XI, Line 9	-12,178,981.

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

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

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

	Yes	No
a Receipt of (i) interest (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Hall-Brooke Behavioral Health Services, Inc.	S	6,147,682	Book Value
(2) St. Vincent's College	B	450,300	Amounts Transferred
(3) Hall-Brooke Behavioral Health Services, Inc.	Q	1,627,895	Amounts Transferred
(4) St. Vincent's Development Corporation	R	2,000,000	Amounts Transferred
(5) St. Vincent's Development Corporation	P	462,924	Amounts Transferred
(6) St. Vincent's Medical Center Foundation, Inc.	C	1,994,932	Amounts Transferred

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) St. Vincent's Multispecialty Group, Inc.	R	29,350,000	Actual Amount Paid
(8) St. Vincent's Special Needs Center, Inc.	Q	4,375,116	Amounts Transferred
(9) Ascension Health	B	66,140	Amounts Transferred
(10) Ascension Health	R	17,519,293	Actual Amount Paid
(11) St. Vincent's Development Corporation	Q	148,131	Amounts Transferred
(12) St. Vincent's College	P	918,301	Actual Amount Paid
(13) St. Vincent's College	Q	453,929	Net Amount Paid
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. St. Vincent's Medical Center	Employer identification number (EIN) or 06-0646886
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2800 Main Street	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Bridgeport, CT 06606-4201	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

John C. Gleckler

- The books are in the care of ▶ 2800 Main Street - Bridgeport, CT 06606
 Telephone No. ▶ (203) 576-6000 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until May 15, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning OCT 1, 2012, and ending SEP 30, 2013.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2013)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

		Enter filer's identifying number, see instructions
Type or print	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
File by the due date for filing your return. See instructions.	St. Vincent's Medical Center	06-0646886
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	2800 Main Street	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Bridgeport, CT 06606-4201	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

John C. Gleckler

- The books are in the care of 2800 Main Street - Bridgeport, CT 06606
Telephone No. (203) 576-6000 FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until August 15, 2014.

5 For calendar year _____, or other tax year beginning OCT 1, 2012, and ending SEP 30, 2013.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
Additional time is required to gather information to file a complete and accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Senior VP/CFO Date