TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

September 30, 2014

Prepared for	St. Vincent's Medical Center 2800 Main Street Bridgeport, CT 06606-4201
Prepared by	Deloitte Tax LLP 250 East Fifth Street, Suite 1900 Cincinnati, OH 45202
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning OCT 1, 2013 and ending SEP 30, 2014

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization: St. Vincent's Medical Center

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 2800 Main Street | Room/suite

City or town, state or province, country, and ZIP or foreign postal code: Bridgeport, CT 06606-4201

D Employer identification number: 06-0646886

E Telephone number: (203) 576-5551

G Gross receipts $ 437,174,357.

F Name and address of principal officer: Stuart Marcus, M.D. same as C above

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

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

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 ▶ ☐ 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 2013 (Part V, line 2a)	5	3174
6	Total number of volunteers (estimate if necessary)	6	520
7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	70,007.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	2,212,798.	671,068.
9	Program service revenue (Part VIII, line 2g)	419,670,154.	413,864,334.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,278,849.	15,330,439.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,356,952.	7,216,641.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	438,518,753.	437,082,482.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	450,300.	249,900.
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)	201,052,494.	193,737,547.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	193,488,958.	209,385,404.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	394,991,752.	403,372,851.
19	Revenue less expenses. Subtract line 18 from line 12	43,527,001.	33,709,631.

Net Assets or Fund Balances		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	668,336,942.	673,894,614.
21	Total liabilities (Part X, line 26)	129,916,739.	128,922,059.
22	Net assets or fund balances. Subtract line 21 from line 20	538,420,203.	544,972,555.

Part II Signature Block

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

Sign Here

▶ Signature of officer | Date

▶ Stephen Franko, Interim CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
James W. Sowar	James W. Sowar	8-13-2015		P00529407

Firm's name ▶ Deloitte Tax LLP | Firm's EIN ▶ 86-1065772

Firm's address ▶ 250 East Fifth Street, Suite 1900 Cincinnati, OH 45202 | Phone no. 513-784-7100

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III .... [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 $ 362,397,283. including grants of $ 249,900.) (Revenue $ 413,794,327.)

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 113,000 patient days of service during the fiscal year ended September 30, 2014. St. Vincent's Medical Center also provided approximately $48.2 million 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 ▶ 362,397,283.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		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? *If "Yes," complete Schedule C, Part II*	4	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? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	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? *If "Yes," complete Schedule D, Part VI*	11a	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? *If "Yes," complete Schedule D, Part VII*	11b		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? *If "Yes," complete Schedule D, Part VIII*	11c		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? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I*	17		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? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		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*	23	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 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) 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*	25a		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*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		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*	27		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*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		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*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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*	35b	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*	36		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*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3174		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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 or note to any line in this Part VI .... [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ None

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 [X] Upon request [ ] Other *(explain in Schedule O)*

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

20 State the name, 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 or note to any line in this Part VII X

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: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) Daniel Gottschall, M.D.	39.00									
Chairperson	1.00	X						64,653.	0.	0.
(2) Jean LaVecchia	1.00									
Vice Chairperson	1.00	X						0.	0.	0.
(3) Anthony Vallillo	1.00									
Treasurer	1.00	X						0.	0.	0.
(4) Charles Strauss	1.00									
Secretary	1.00	X						0.	0.	0.
(5) Sister Martha Beaudoin, D.C.	1.00									
Director	1.00	X						0.	0.	0.
(6) Peter Boone, M.D.	1.00									
Director	1.00	X						0.	0.	0.
(7) Sean Carroll	1.00									
Director	1.00	X						0.	0.	0.
(8) John Flaherty	1.00									
Director	1.00	X						0.	0.	0.
(9) James Gavin, M.D.	1.00									
Director (Start 7/14)	1.00	X						0.	0.	0.
(10) Sister Maura Hobart, D.C.	1.00									
Director	1.00	X						0.	0.	0.
(11) John Petillo, Ph.D.	1.00									
Director (Start 7/14)	1.00	X						0.	0.	0.
(12) Amit Rastogi, M.D.	1.00									
Director (End 1/14)	1.00	X						0.	0.	0.
(13) Ruben Rodriguez	1.00									
Director	2.00	X						0.	0.	0.
(14) Mark Thompson, Ph.D.	1.00									
Director	1.00	X						0.	0.	0.
(15) Douglas Waite	1.00									
Director (Start 7/14)	39.00	X						0.	714,844.	20,889.
(16) Brian Worrell	1.00									
Director (End 6/14)	1.00	X						0.	0.	0.
(17) Stuart Marcus, M.D. - FACS	5.70									
Pres./CEO - SVHS (Start 1/14)	34.30	X		X				939,677.	0.	37,278.

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: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) Susan L. Davis, R.N., Ed.D.	5.70									
Pres./CEO - SVHS (End 12/13)	34.30	X		X				2,106,083.	0.	619,955.
(19) John C. Gleckler	5.70									
SVP/CFO - SVHS	34.30			X				625,178.	0.	37,718.
(20) Dianne Auger	20.00									
SVP	20.00				X			340,672.	0.	7,926.
(21) Dale Danowski	40.00									
SVP & COO	0.00				X			446,355.	0.	25,985.
(22) Lawrence Schek, M.D.	20.00									
SVP/CMO, VP Cardio	20.00				X			863,979.	0.	40,175.
(23) William Cusick	40.00									
Chair - Obstetrics & Gynecology	0.00					X		366,493.	0.	36,638.
(24) Mitchell Fogel, M.D.	40.00									
Clinical Chair - VP Medicine	0.00					X		605,476.	0.	32,216.
(25) Doodnauth Hiraman	40.00									
Vice Chair Emergency Care	0.00					X		375,100.	0.	20,197.
(26) Frank Illuzzi, M.D.	40.00									
Clinical Chair - VP Emergency	0.00					X		459,470.	0.	34,209.
1b Sub-total ▶								7,193,136.	714,844.	913,186.
c Total from continuation sheets to Part VII, Section A ▶								471,950.	0.	34,755.
d Total (add lines 1b and 1c) ▶								7,665,086.	714,844.	947,941.

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 ▶ 273

		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*	3		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*	4	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*	5		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
NONE		

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 ▶ 0

See Part VII, Section A Continuation sheets

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)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(27) Peter Struzzi SVP & Counsel	39.00 1.00					X		471,950.	0.	34,755.
Total to Part VII, Section A, line 1c								471,950.		34,755.

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts						
1 a	Federated campaigns	1a				
b	Membership dues	1b				
c	Fundraising events	1c				
d	Related organizations	1d 649,818.				
e	Government grants (contributions)	1e 15,000.				
f	All other contributions, gifts, grants, and similar amounts not included above	1f 6,250.				
g	Noncash contributions included in lines 1a-1f: $					
h	**Total.** Add lines 1a-1f ▶		671,068.			
Program Service Revenue		**Business Code**				
2 a	Patient Services	621500	410,986,556.	410,916,549.	70,007.	
b	Community Residential	623990	2,877,778.	2,877,778.		
c						
d						
e						
f	All other program service revenue					
g	**Total.** Add lines 2a-2f ▶		413,864,334.			
Other Revenue						
3	Investment income (including dividends, interest, and other similar amounts) ▶		15,369,439.			15,369,439.
4	Income from investment of tax-exempt bond proceeds ▶					
5	Royalties ▶					
		(i) Real / (ii) Personal				
6 a	Gross rents	(i) 298,050.				
b	Less: rental expenses	(i) 0.				
c	Rental income or (loss)	(i) 298,050.				
d	Net rental income or (loss) ▶		298,050.			298,050.
		(i) Securities / (ii) Other				
7 a	Gross amount from sales of assets other than inventory	(ii) 52,875.				
b	Less: cost or other basis and sales expenses	(ii) 91,875.				
c	Gain or (loss)	(ii) -39,000.				
d	Net gain or (loss) ▶		-39,000.			-39,000.
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	Outpatient Pharmacy	900099	4,360,503.			4,360,503.
b	Cafeteria/Coffee Bar	624200	1,598,040.			1,598,040.
c	Parking	900099	483,352.			483,352.
d	All other revenue	900099	476,696.			476,696.
e	**Total.** Add lines 11a-11d ▶		6,918,591.			
12	**Total revenue.** See instructions. ▶		437,082,482.	413,794,327.	70,007.	22,547,080.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX .... [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	249,900.	249,900.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,155,634.		6,155,634.	
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	144,962,664.	138,591,040.	6,371,624.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	450,816.	412,910.	37,906.	
9 Other employee benefits	30,867,077.	28,271,665.	2,595,412.	
10 Payroll taxes	11,301,356.	10,351,099.	950,257.	
11 Fees for services (non-employees):				
a Management				
b Legal	1,138,353.		1,138,353.	
c Accounting	583,833.		583,833.	
d Lobbying	16,833.	411.	16,422.	
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.)	57,901,072.	50,620,094.	7,280,978.	
12 Advertising and promotion	2,771,399.	53,831.	2,717,568.	
13 Office expenses	1,922,695.	1,050,024.	872,671.	
14 Information technology	20,383,916.	20,383,916.		
15 Royalties				
16 Occupancy	11,427,192.	10,793,636.	633,556.	
17 Travel	469,774.	271,967.	197,807.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,817,913.	1,817,913.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,965,759.	19,781,816.	1,183,943.	
23 Insurance	4,737,512.	4,737,512.		
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	55,252,994.	54,686,146.	566,848.	
b Equip. Rental & Maint.	5,127,918.	4,787,753.	340,165.	
c Service Fees	4,731,221.		4,731,221.	
d Intracompany Allocation	2,147,163.	447,300.	1,699,863.	
e All other expenses	17,989,857.	15,088,350.	2,901,507.	
25 **Total functional expenses.** Add lines 1 through 24e	403,372,851.	362,397,283.	40,975,568.	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 or note to any line in this Part X ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		20,472.	1	12,832.
	2	Savings and temporary cash investments		3,869,411.	2	641,286.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		52,067,499.	4	61,867,276.
	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		4,742,057.	8	4,080,513.
	9	Prepaid expenses and deferred charges		12,307,393.	9	1,202,364.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 435,835,436.			
	b	Less: accumulated depreciation	10b 258,287,052.	191,894,567.	10c	177,548,384.
	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		15,333,320.	14	27,250,588.
	15	Other assets. See Part IV, line 11		388,102,223.	15	401,291,371.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		668,336,942.	16	673,894,614.
Liabilities	17	Accounts payable and accrued expenses		45,475,531.	17	40,662,766.
	18	Grants payable			18	
	19	Deferred revenue			19	198,093.
	20	Tax-exempt bond liabilities		29,285,000.	20	28,540,000.
	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		55,156,208.	25	59,521,200.
	26	**Total liabilities.** Add lines 17 through 25		129,916,739.	26	128,922,059.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		517,788,104.	27	522,871,956.
	28	Temporarily restricted net assets		10,854,414.	28	12,247,864.
	29	Permanently restricted net assets		9,777,685.	29	9,852,735.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		538,420,203.	33	544,972,555.
	34	Total liabilities and net assets/fund balances		668,336,942.	34	673,894,614.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	437,082,482.
2	Total expenses (must equal Part IX, column (A), line 25)	2	403,372,851.
3	Revenue less expenses. Subtract line 2 from line 1	3	33,709,631.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	538,420,203.
5	Net unrealized gains (losses) on investments	5	6,549,455.
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	-33,706,734.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	544,972,555.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other ________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	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	3b	X	

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2013
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?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

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? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of monetary support
Total									

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

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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** .... ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .... 14 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 .... 15 %

16a **33 1/3% support test - 2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .... ▶ ☐

b **33 1/3% support test - 2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .... ▶ ☐

17a **10% -facts-and-circumstances test - 2013.** 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 .... ▶ ☐

b **10% -facts-and-circumstances test - 2012.** 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 .... ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .... ▶ ☐

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

(Complete only if you checked the box on line 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** 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 - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (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.**
▶ **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at** *www.irs.gov/form990* .

OMB No. 1545-0047
2013

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

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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

[X] 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
St. Vincent's Medical Center	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		$ 252,475.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 397,343.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 6,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
St. Vincent's Medical Center	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
		$	

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

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

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

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

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

Name of organization	Employer identification number
St. Vincent's Medical Center	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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2013
Open to Public Inspection

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

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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2013**
LHA

332041
11-08-13

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

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

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2010	**(b)** 2011	**(c)** 2012	**(d)** 2013	**(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) Yes	(a) No	(b) 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		16,833.
j Total. Add lines 1c through 1i			16,833.
2a 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**

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, 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.

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.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

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? ☐ Yes ☐ No

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

Part II **Conservation Easements.** Complete if the organization answered "Yes" 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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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	11,106,000.	10,529,000.	8,417,000.	8,440,000.	7,136,000.
b Contributions	74,000.	84,000.	1,027,000.	18,000.	1,451,000.
c Net investment earnings, gains, and losses	1,001,000.	1,109,000.	1,610,000.	-43,000.	763,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	134,000.	363,000.	105,000.	-26,000.	6,000.
f Administrative expenses	-19,000.	253,000.	420,000.	24,000.	904,000.
g End of year balance	12,066,000.	11,106,000.	10,529,000.	8,417,000.	8,440,000.

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 ▶ 81.00 %

c Temporarily restricted endowment ▶ 19.00 %

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:

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,783,889.		4,783,889.
b Buildings		298,010,537.	154,000,205.	144,010,332.
c Leasehold improvements				
d Equipment		125,694,956.	99,892,883.	25,802,073.
e Other		7,346,054.	4,393,964.	2,952,090.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				177,548,384.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Due from Affiliates	5,578,594.
(2) Interest in Investments held by Ascension Health Alliance	351,018,169.
(3) Investments Held by St. Vincent's Foundation	22,100,597.
(4) Due from Specific Purpose Funds	35,308.
(5) Other Receivables	5,920,239.
(6) Security Deposits	1,575,552.
(7) Deferred Compensation	15,062,912.
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	401,291,371.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Due to Affiliates	28,848,002.
(3) Self-Insurance Liabilities	2,558,319.
(4) Estimated Third Party Payors Settlements	8,641,765.
(5) Accrued Pension	4,121,835.
(6) Other Liabilities	2,127,819.
(7) Acc. Post Ret. Benefits other than Pensions	4,977,621.
(8) Deferred Compensation Liabilities	8,245,839.
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	59,521,200.

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information.

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

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

Part XIII Supplemental Information *(continued)*

Part X, Line 2:

From the consolidated audited financial statements of St. Vincent's Medical Center:

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.

Management has analyzed the tax positions taken and has concluded that as of September 30, 2014, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Medical Center is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Management believes the Medical Center is no longer subject to income tax examinations prior to 2011.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

2013

Open to Public Inspection

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	1a	X	
b	If "Yes," was it a written policy?	1b	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. [X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities [ ] Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: [ ] 100% [ ] 150% [X] 200% [ ] Other ____ %	3a	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: [ ] 200% [ ] 250% [ ] 300% [ ] 350% [X] 400% [ ] Other ____ %	3b	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"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	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?	5c		X
6a	Did the organization prepare a community benefit report during the tax year?	6a	X	
b	If "Yes," did the organization make it available to the public?	6b	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

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		3,390	5,572,399.		5,572,399.	1.40%
b Medicaid (from Worksheet 3, column a)		24,831	24,821,684.		24,821,684.	6.23%
c Costs of other means-tested government programs (from Worksheet 3, column b)		37,670	15,402,907.		15,402,907.	3.86%
d **Total** Financial Assistance and Means-Tested Government Programs		65,891	45,796,990.		45,796,990.	11.49%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	16	13,193	1,571,807.	136,061.	1,435,746.	.36%
f Health professions education (from Worksheet 5)	2	887	7,641,157.		7,641,157.	1.92%
g Subsidized health services (from Worksheet 6)	2	4,935	1,301,271.		1,301,271.	.33%
h Research (from Worksheet 7)						.00%
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	1,800	214,636.	24,050.	190,586.	.05%
j **Total.** Other Benefits	22	20,815	10,728,871.	160,111.	10,568,760.	2.66%
k **Total.** Add lines 7d and 7j	22	86,706	56,525,861.	160,111.	56,365,750.	14.15%

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						.00%
2	Economic development						.00%
3	Community support	4	327	13,398.		13,398.	.00%
4	Environmental improvements						.00%
5	Leadership development and training for community members						.00%
6	Coalition building						.00%
7	Community health improvement advocacy	1	165				.00%
8	Workforce development						.00%
9	Other						.00%
10	**Total**	5	492	13,398.		13,398.	

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1		X
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	9,905,050.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	180,133,162.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	185,631,020.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-5,497,858.

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

			Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a	X	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 St. Vincent's Medical Center 2800 Main Street Bridgeport, CT 06606 www.stvincents.org/community-wellness 0057	X	X		X			X			

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

If reporting on Part V, Section B for a single hospital facility 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	1	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	[ ] Other (describe in Section C)			
2	Indicate the tax year the hospital facility last conducted a CHNA: 20 12			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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 Section C	4	X	
5	Did the hospital facility make its CHNA report widely available to the public?	5	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website (list url): See Narrative			
b	[ ] Other website (list url):			
c	[X] Available upon request from the hospital facility			
d	[ ] Other (describe in Section C)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):			
a	[X] Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	[X] Execution of the implementation strategy			
c	[X] Participation in the development of a community-wide plan			
d	[X] Participation in the execution of a community-wide plan			
e	[ ] Inclusion of a community benefit section in operational plans			
f	[ ] Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	[X] Prioritization of health needs in its community			
h	[X] Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	[ ] Other (describe in Section C)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C 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?	9	X	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	10	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: 200 %			
If "No," explain in Section C the criteria the hospital facility used.			
11 Used FPG to determine eligibility for providing *discounted* care?	11	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: 400 %			
If "No," explain in Section C the criteria the hospital facility used.			
12 Explained the basis for calculating amounts charged to patients?	12	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a [X] Income level			
b [ ] Asset level			
c [ ] Medical indigency			
d [X] Insurance status			
e [X] Uninsured discount			
f [X] Medicaid/Medicare			
g [ ] State regulation			
h [ ] Residency			
i [ ] Other (describe in Section C)			
13 Explained the method for applying for financial assistance?	13		X
14 Included measures to publicize the policy within the community served by the hospital facility?	14	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a [X] The policy was posted on the hospital facility's website			
b [ ] The policy was attached to billing invoices			
c [X] The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d [X] The policy was posted in the hospital facility's admissions offices			
e [ ] The policy was provided, in writing, to patients on admission to the hospital facility			
f [X] The policy was available on request			
g [X] Other (describe in Section C)			
Billing and Collections			
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?	15	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 the individual's eligibility under the facility's FAP:			
a [ ] Reporting to credit agency			
b [ ] Lawsuits			
c [ ] Liens on residences			
d [ ] Body attachments			
e [ ] Other similar actions (describe in Section C)			
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 individual's eligibility under the facility's FAP?	17		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a [ ] Reporting to credit agency			
b [ ] Lawsuits			
c [ ] Liens on residences			
d [ ] Body attachments			
e [ ] Other similar actions (describe in Section C)			

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** [X] Notified individuals of the financial assistance policy on admission
- **b** [X] Notified individuals of the financial assistance policy prior to discharge
- **c** [X] Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** [X] Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** [ ] Other (describe in Section C)

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?	19	X	

If "No," indicate why:

- **a** [ ] The hospital facility did not provide care for any emergency medical conditions
- **b** [ ] The hospital facility's policy was not in writing
- **c** [ ] The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- **d** [ ] Other (describe in Section C)

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** [ ] The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- **b** [ ] The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- **c** [ ] The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- **d** [ ] Other (describe in Section C)

		Yes	No
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	21		X
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	22		X

Part V Facility Information *(continued)*

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

St. Vincent's Medical Center:

Part V, Section B, Line 3: The Primary Care Action Group (PCAG), which initiated the Community Health Needs Assessment for the Greater Bridgeport, Connecticut area, was comprised of many members. These members were St. Vincent's Medical Center, Bridgeport Hospital, Optimus Healthcare, Southwest Community Health Center, the City of Bridgeport Department of Health and Social Services, the Stratford Health Department, the Fairfield Health Department, the Trumbull/Monroe Health District, the Easton Health Department, AmeriCares Free Clinic of Bridgeport, LLC, the Connecticut Department of Social Services, the Connecticut Department of Mental Health and Addiction Services, the Greater Bridgeport Medical Association, the Southwestern Area Health Education Center, and the Bridgeport Child Advocacy Coalition. In September of 2012, the PCAG engaged a non-profit public health consulting organization called Health Resources in Action (HRiA) which was responsible for conducting research and collecting data for the Assessment. HRiA developed a quantitative survey which was administered to 1,302 individuals in the six towns covered by the Assessment. HRiA also surveyed 200 key stakeholders through either one-on-one interviews or focus groups.

St. Vincent's Medical Center:

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

- Bridgeport Hospital

Part V Facility Information *(continued)*

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

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 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 V, Section B, Line 5a:

The Hospital facility's CHNA is listed on the following website:

http://www.stvincents.org/community-wellness/=/media/Images/community-wellness/Programs%20-%20Support%20-%20Wellness%20-%20Education%20-%20

Part V Facility Information *(continued)*

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

Prevention/All_PDFs/GreaterBridgeportCHA_FINALApril%204.ashx

Part V, Section B, Line 7:

The Hospital facility's Implementation Plan is listed on

the following website:

http://www.stvincents.org/community-wellness/=/media/Images/community-

wellness/Programs%20-%20Support%20-%20Wellness%20-%20Education%20-%20

Prevention/All_PDFs/Greater%20Bridgeport%20Region%20CHIP%202013%20Final

%2006-27-2013%20_V2_.ashx

Part V Facility Information *(continued)*

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

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

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

Name and address	Type of Facility (describe)
1 The Behavioral Hlth Ctr at Bridgeport 2400 Main Street Bridgeport, CT 06606-5323	Outpatient Behavioral Health Services
2 The Behavioral Health Ctr at Norwalk 1 Lois Street Norwalk, CT 06851	Outpatient Behavioral Health Services
3 St. Vincent's Ctr for Wound Healing 115 Technology Drive Trumbull, CT 06611	Wound Care Services
4 Family Health Center 762 Lindley Street Bridgeport, CT 06606	Family Health Clinic
5 St. Vincent's Urgent Care Ctr Bridgep 4600 Main Street Bridgeport, CT 06606	Urgent Care Walk-In Center
6 St. Vincent's Urgent Care Ctr Fairfie 1055 Post Road Fairfield, CT 06824	Urgent Care Walk-In Center
7 St. Vincent's Urgent Care Ctr Monroe 401 Monroe Turnpike Monroe, CT 06468	Urgent Care Walk-In Center
8 St. Vincent's Urgent Care Ctr Shelton 2 Trap Falls Road, Suite 105 Shelton, CT 06484	Urgent Care Walk-In Center
9 Cardiology Phys. of Fairfield County 4675 Main Street Bridgeport, CT 06606	Cardiology
10 Cardiology Phys. of Fairfield County 40 Cross Street Norwalk, CT 06851	Cardiology

Part V Facility Information *(continued)*

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

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

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

Name and address	Type of Facility (describe)
11 Cardiology Phys. of Fairfield County 1177 Summer Street Stamford, CT 06905	Cardiology
12 Cardiology Phys. of Fairfield County 115 Technology Drive Trumbull, CT 06611	Cardiology

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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, Community Building Activities:

St. Vincent's Medical Center (The Medical Center) provided community building activities in FY 2014. Breast cancer screenings and

Part VI Supplemental Information *(Continuation)*

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 community, as well. The Medical Center 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 2:

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.

Part VI Supplemental Information *(Continuation)*

Part III, Line 3:

St. Vincent's Medical Center has a very robust financial assistance program; therefore, no estimate is made for bad debt attributed to financial assistance eligible patients.

Part III, Line 4:

Per the consolidated audited financial statements of St. Vincent's Medical Center:

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 methodology for determining the allowance for doubtful accounts and related write-offs on uninsured patient accounts has remained consistent

Part VI Supplemental Information *(Continuation)*

with the prior year. The Medical Center has not experienced material changes in write-off trends and has not materially changed its charity care policy in the current fiscal year.

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."

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.

Part VI Supplemental Information *(Continuation)*

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 nearby St. Patrick's Church, who in turn collaborated with The Daughters of Charity. Their vision was realized when the doors of SVMC opened in June 1905. Since that time, all associates of SVMC have 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.

Primary Care Action Group (PCAG)

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.

The PCAG collaboration, in which St. Vincent's plays a leading role, has created four task forces, through its Community Health Improvement Plan, to address the most urgent health care issues in the Greater Bridgeport Region, as identified by the Community Health Needs Assessment. The goals of the individual task forces are to: reduce the incidence, progression and burden of cardiovascular disease and diabetes through a strategy of

Part VI Supplemental Information *(Continuation)*

preventive screenings and education for area residents; reduce and prevent obesity by creating environments that promote healthy eating and active living in the region; improve access to quality health care for all individuals living in the region; and increase the understanding of mental health and substance abuse as public health issues in order to achieve equal access to prevention and treatment for area residents.

Action plans have been developed for each of the task forces and implementation has begun.

Hope Dispensary

In the spring of 2011, under the leadership of SVMC staff, the PCAG launched the Bridgeport Hope Dispensary, a pharmacy offering medication, free of charge, to the low income uninsured and underinsured, a much needed service in the area to keep individuals with chronic illness healthy. (See more background and results under Promotion of Community Health, Part VI, Line 5).

"Know Your Numbers" Heart Disease & Diabetes Awareness Campaign

In February 2014, in collaboration with the PCAG Cardiovascular/Diabetes Task Force, St. Vincent's Medical Center played a significant role in organizing and coordinating the area's first "Know Your Numbers" Heart Disease and Diabetes Awareness Campaign. Know Your Numbers succeeded in reaching out to the public and, in particular, the underserved at soup kitchens, pantries, churches and schools, and helped them understand the importance of prevention and monitoring of their chronic conditions in order to stay healthy. More than half received health education on how to prevent or better manage their existing disease, while 50% received a doctor referral based on screening results. (See results/more information under Promotion of Community Health, Part VI, Line 5).

Community Health Needs Assessment/Community Health Improvement Plan

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, led a comprehensive regional health planning effort comprised of two phases: (1) a Community Health Needs Assessment to identify the health-related needs and community strengths in the Greater Bridgeport Area and (2) a Community Health Improvement Plan to determine the key health priorities, overarching goals, and specific strategies to implement across the service area.

The Community Health Needs Assessment is a key tool for SVMC as it ensures it is fully meeting the needs of the community it serves. The Community Health Needs 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.

Patient Family Advisory Board

In addition to greater community surveillance, SVMC puts a priority on

Part VI Supplemental Information *(Continuation)*

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.

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 improve collaboration between caregivers, patients, and families such that concerns regarding quality of care are addressed promptly and effectively; and to serve as a diverse and representational link between SVMC and the community.

In an effort to further integrate the patient/family voice institution-wide, a number of patient care committees - Infection Prevention, Bright Ideas, Re-Igniting the Spirit of Caring, Public Space, Values Recognition - are populated with membership from PFAB. In addition, SVMC will be piloting a program to have a 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:

Part VI Supplemental Information *(Continuation)*

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 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 members are trained on how to qualify patients for the 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 Charity Counselor. If a patient contacts the billing or collection agencies and inquires about financial assistance, they will be directed to the Charity Counselor. A patient can request financial assistance at any point in the revenue cycle.

St. Vincent's has two full time Charity Care Counselors. One is at St. Vincent's Medical Center and one is at its clinic, St. Vincent's Family Health Center.

Information on financial assistance options is posted in the admitting and registration areas, the emergency room, case management area, customer

Part VI Supplemental Information *(Continuation)*

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 direct links to contact information and the application for assistance. 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, urgent care 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 were $48.2 million, based on charges, 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. According to U.S. Census Bureau estimates, the total estimated population of the PSA at July 1, 2013 is over 365,000. This is an increase of approximately 2% compared to the April 2010 population estimates.

Bridgeport is located in Northeast Fairfield County along Long Island Sound, partway between New York City and Boston. Composed of 16 square

Part VI Supplemental Information *(Continuation)*

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 makes 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).

Bridgeport is an area that is socially and economically challenged with many patients who are unemployed, uninsured or underinsured, and without resources. Although Fairfield County has a reputation for affluence, it is clear that many of the area's residents fall well outside this category, and look to St. Vincent's as a safety net.

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

Part VI Supplemental Information *(Continuation)*

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, the third worst in the state as of September 2014. The Connecticut Department of Labor reported that the unemployment rate in Bridgeport is 9.6%, compared to 6.2% statewide or 5.1% in Fairfield, 5.1% in Trumbull, and 7.2% in Stratford, Bridgeport's closest neighboring communities (Connecticut Labor Market Information 2014). Bridgeport residents who are employed often earn only a minimum wage, which is not a living wage in this geographic area. Bridgeport youth are twice as likely to be unemployed as youth in Fairfield County and statewide. (www/ctdol.state.ct.us/lmi/laus/ lmi123.asp)

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

Families, and particularly children, living in poverty are more likely to suffer from poor health, drop out of school, and experience hunger, homelessness, and violence. During the 2012-2013 school year, nearly 100% of Bridgeport Public School students were eligible for free or reduced-price lunch because they lived in families earning less than 185% of the federal poverty level compared to 36.7% of students nationwide. (Bridgeport Child Advocacy Coalition, State of the Child Report, 2014). Many Bridgeport residents also face transportation issues as 21.1% did not own a car compared to 8.2% in Fairfield County and 9.5% statewide.

In 2013, 49.9% of Bridgeport children under the age of 18 lived in single-parent homes compared to 32.0% of children statewide. In 2013, 44.3% of families in Bridgeport headed by single females with children under the age of 18 lived in poverty. This included 12,200 children. In 2009, Bridgeport area homeless shelters served 518 adults and 231 children, while a total of 3,136 requests were denied. In the year prior to September 30, 2014, 285 children spent time in a Bridgeport area homeless shelter. The number of children who attend early childhood education programs also falls short of statewide rates.

The teenage birth rate for Bridgeport teens aged 15-17 was more than 4 times the statewide rate. From 2012-2013, incidences of child abuse or neglect rose in Bridgeport by more than 13.5% versus a 3.4% statewide increase. In 2012-13, only 40.8% of Bridgeport Public School students met the health standards on all four state physical fitness tests compared to 51.1% statewide. According to the Connecticut Department of Public Health, analysis of data from the 2009-10 and 2011-12 school years found that 15.3% of Bridgeport students had asthma.

The 2000 Census shows 38%, or approximately 52,820 adult residents, had no high school diploma. The poor, homeless, and those with limited education are often less likely to seek 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). All these factors present tremendous challenges to

Part VI Supplemental Information *(Continuation)*

healthcare providers in their efforts to keep the community healthy. SVMC has implemented strategies to improve healthcare access and quality of care for area residents. (For more on St. Vincent's strategies, See Part VI, Line 5, Promotion of Community Health).

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 Susan G. Komen, SVMC's primary service area, the Greater Bridgeport Area, has a higher incidence 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.

Part VI Supplemental Information *(Continuation)*

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).

Physician Shortage

In our primary and secondary service areas, we continue to see a significant decrease in the number of primary care physicians and in access points for patients. This is based on multiple factors, including the increased cost of living in the region, an aging population of current primary care physicians and the retirement of others, as well as a shift to other institutions through acquisitions of practices.

In the spring of 2013, SVMC's Medical Staff Development Plan projected a current need for six additional primary care physicians in the Greater Bridgeport Community. This projection is only based on the current demographic profile of patients. However, 36% 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 48 primary care physicians over the next 10 years.

In a 2013 telephone survey of 230 primary care physicians in our community, only 39% could be confirmed as accepting new Medicare patients and only 38% could be confirmed as accepting new Medicaid patients. Many of these underinsured patients turn to the SVMC Family Health Center, an ambulatory primary care clinic.

Overall, the primary and secondary service areas remain underserved. (Please see Promotion of Community Health Part VI, Line 5 for information on how St. Vincent's MultiSpecialty Group (MSG), a subsidiary of St. Vincent's Medical Center, has developed a plan to increase access to primary care and specialty services to the community. See also Part VI, Line 6 Affiliated Health Care System, for more on MSG).

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

Part VI Supplemental Information *(Continuation)*

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.

Cardiology and Oncology seminars, wellness programs, screenings and support groups helped people learn to live healthier lives. St. Vincent's Medical Center is proud to have sponsored more than 27 programs in the last fiscal year, reaching more than 21,000 people in our community. Almost 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.

Each year, St. Vincent's SWIM Across the Sound cancer charity serves more than 20,000 individuals (see Part VI, Line 6, Affiliated Health Care System) through the Teen Smoke Stopper program and through support groups reaching almost 1,000 people that help patients and family members deal with a diagnosis of cancer, offering hope, information, financial support, and psychosocial services. During Fiscal 2014, the SWIM provided support of approximately $773,000 to SWIM sponsored programs.

Part VI Supplemental Information *(Continuation)*

St. Vincent's Multispecialty Group (MSG)

St. Vincent's MultiSpecialty Group, Inc. (MSG), a subsidiary of St. Vincent's Medical Center (for more, see Affiliated Health Care System, Part VI, Line 6), has responded to the shortage of primary care physicians and lack of access to care for patients in the community by enlarging its network of providers. Since 2012, we have added approximately 102 physicians including nine primary care doctors that are aligned or employed through MSG, and currently have more than 175 physician members. This includes primary care physicians, intensivists, hospitalists, surgical, oncological and cardiac specialists, urgent care and emergency medicine physicians, as well as pediatricians. MSG also employs almost 80 physician assistants and advanced practice registered nurses, and is constantly growing.

MSG continues to work with community physicians who may be close to retirement or looking to create a secession plan for their practices. Understanding the needs of the community, it is the goal of MSG to increase the number of employed physicians by 45 over the next three years, in order to close the gaps where there are issues with access and the ability for the community patients to receive care. A vital part of our mission is our goal to practice population health management and provide more healthcare access points for patients and enhance their quality of care, regardless of their ability to pay or their insurance status. We are committed to delivering care to any patient in need.

Over the past year we have been planning the opening of another urgent

Part VI Supplemental Information *(Continuation)*

care walk-in facility in Stratford which, when opened in early 2015, will bring the total to five with another scheduled to open in Milford in late spring 2015. Our current facilities are located in Bridgeport, Shelton, Monroe, and Fairfield. The Milford opening is a demonstration of the fact that we are beginning to penetrate our secondary service area to fill the need for both primary and urgent care.

The Stratford Urgent Care Center will become part of St. Vincent's Stratford Health & Wellness Center, a new, state-of-the-art medical building scheduled to open in early 2015 in Stratford, and which will offer preventative, primary and urgent care. It will grow to include more services including cardiology testing, wound care, and a patient education center which will offer lectures, presentations and is complete with kitchen facilities for healthy nutrition and cooking demonstrations.

In January of 2015, Stratford will also become the home of the first St. Vincent's Health Check Clinic, located inside the Oronoque Pharmacy not far from the Oronoque Village Seniors Community and Sikorsky Aircraft. Patients will be able to visit the Health Check Clinic for illnesses such as seasonal allergies, flu-like symptoms, minor eye and ear infections, sprains and strains, low back pain, insect bites, minor skin wounds, fatigue, poison ivy and other non-emergency medical conditions. The service will also offer camp physicals, flu shots, TB testing and reading, blood pressure screening and consultation, and some vaccinations. No appointments will be necessary.

Cancer Center

Part VI Supplemental Information *(Continuation)*

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.

Emergency Department

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 to accommodate the more than 80,000 emergency room visits annually, 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 a 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.

Part VI Supplemental Information *(Continuation)*

In 2014, St. Vincent's Medical Center launched "planMYcare.com," Fairfield County's first self-scheduled urgent care service that enables patients to check-in for a projected treatment time. Patients will be able to access St. Vincent's Emergency Department and all urgent care centers online, view the next open appointments, and book the most convenient location and time frame available. St. Vincent's planMYcare.com offers patients the convenience of staying at home or missing less work rather than sit in a waiting room. Likewise, this service gives patients the ability to choose which St. Vincent's Urgent Care Center can best accommodate the patient's schedule, which is crucial for the majority of working mothers and caregivers.

At the same time, staff knows approximately when a patient will arrive and what injury, illness, or treatment they may require, saving even more time.

Family Health Center

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 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.

Part VI Supplemental Information *(Continuation)*

Family Health Center visits for last year, excluding no-charge patients such as nurse only visits and blood draws, were 19,514. Total individual patients numbered 6,488. Of these patients, 50% were Medicaid, 20% were Medicare and 30% were charity care, which includes undocumented patients. St. Vincent's Family Health Center also provided charity care for discharge dialysis patients in the amount of $500,000.

Hope Dispensary

In the spring of 2011, under the leadership of SVMC staff, the Primary Care Action Group launched the Hope Dispensary in Bridgeport, a pharmacy offering medication, free of charge, to low income, uninsured, and underinsured persons. The Dispensary was launched in direct response to the economic downturn. With more and more residents unemployed or underemployed, the Dispensary becomes even more critical to ensuring a 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 is proving to be an enormous asset for patients with chronic illness. The Primary Care Action Group and the Hope Dispensary emphasize the values and institutional commitment to serving the poor and vulnerable throughout the Bridgeport community.

The Hope Dispensary in FY 2014 served approximately 2,900 patients and provided them with medication worth more than $940,000, both from the national Dispensary of Hope stock and from manufacturer patient assistance programs. Of that total, the Dispensary itself filled 4,652 prescriptions amounting to $536,500 worth of medication. They have documented 526 new, unduplicated patients served, 100% of which were below the 200% of the Federal Poverty Level.

Mammography

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 year, we have been able to provide nearly 673 screening mammograms, over 215 diagnostic mammograms, and over 368 breast ultrasounds.

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 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

Part VI Supplemental Information *(Continuation)*

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.

Breast Clinic

Unique to this program is our Breast Clinic, which employs a health care team approach and case management involving a radiologist, nurse, technologist, bilingual schedulers and staff. If breast problems are discovered, a Breast Health Educator/Navigator 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.

Integrative Oncology Support for Community

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

Part VI Supplemental Information *(Continuation)*

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 and acupuncture, exercise and aquatic programs for cancer patients, narrative knowledge, lay navigation, patient and caregiver support groups for specific cancers, nutrition programs for cancer patients and survivors, Look Good, Feel Better Program, and oncology rehabilitation services. Integrative Oncology therapies can go a long way towards putting the patient back in control, providing symptomatic relief, and enhancing quality of life. These are available to cancer patients regardless of whether they were treated at St. Vincent's or not.

Women's Health Expo

Approximately 4,100 area residents attended a two day Women's Health Expo at Harbor Yard in Bridgeport in September 2014 which was sponsored by St. Vincent's and offered free health screenings and an ask the doctor and ask the pharmacist component.

Cardiac Community Services

In response to the increase of heart disease in women, the St. Vincent's Regina L. Cozza Women at Heart (WAH) 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 free screenings and assessments:

- Blood Pressure Screenings
- Blood Sugar Screenings

Part VI Supplemental Information *(Continuation)*

- 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 (Body Mass Index)
- Cholesterol Screenings (free and reduced fees)
- Women's Cardiac Assessments
- Framingham Risk Assessment
- Educational Lectures by Nurses and Physicians

The program is supported through an endowment established through SVMC Foundation, enabling the program to provide screenings free of charge to women. The program includes the entire list of items above plus height/weight screening and nutritional lectures and counseling.

All programs are free to the public and numerous locations including soup kitchens have been utilized on an ongoing basis in the Greater Bridgeport Area to reach women in the community.

Heart Fair

A St. Vincent's Heart Fair is held annually. In February of 2014, the Heart Fair was held at Harbor Yard Arena in Bridgeport to reach more underserved individuals and families. Approximately 50 free cholesterol screenings were performed, along with free blood pressure checks. Informational videos on cardiac topics and printed material to help people stay healthy were also available.

Part VI Supplemental Information *(Continuation)*

Know Your Numbers

In February 2014, in collaboration with the Primary Care Action Group's (PCAG) Cardiovascular/Diabetes Task Force, St. Vincent's Medical Center played a significant role in organizing and coordinating the area's first "Know Your Numbers" heart disease and diabetes awareness campaign. Know Your Numbers succeeded in reaching out to the public and, in particular, the underserved at soup kitchens, food pantries, churches and schools, senior centers, and other community locations, to help them understand the importance of prevention and monitoring of their chronic conditions in order to stay healthy. Our Communications Department actively supported the effort to ensure that the screenings were well publicized and attended.

A grass-roots public education campaign, Know Your Numbers drew from the best ideas of population health and brought information on risk factors for heart disease and diabetes and how to get screened to the people in the community rather than making them seek it out. Free screenings included Body Mass Index (BMI), blood pressure, blood sugar, and cholesterol. For those whose numbers warranted it, St. Vincent's Family Health Center and several area clinics were on hand to facilitate convenient follow-up to primary care physicians or clinics.

While Know Your Numbers reached more than 200 people across 10 sites, 49% of those served came from Bridgeport, with the highest concentration at Bridgeport soup kitchens and an inner city church. Staff and volunteers from St. Vincent's led the campaign which also included volunteers from other healthcare organizations and the Boards

Part VI Supplemental Information *(Continuation)*

of Health of Bridgeport and surrounding towns. The campaign did reach its goal of identifying unknown cases of cardiovascular disease and diabetes, with 50% of people screened receiving a doctor referral based on their results.

Although various socioeconomic groups were included, the campaign's main focus was in educating an important target audience in the community at risk for cardiovascular disease: the low-income and minority populations. Almost 50 black participants were screened through the program and results bore out local and national studies showing significant risk factor averages at each site for obesity, blood pressure, and diabetes.

Staff and volunteers from both St. Vincent's Medical Center and Bridgeport Hospital, other service organizations, and the Boards of Health of Bridgeport and the surrounding towns of Stratford, Fairfield, Trumbull, and Monroe came together to teach individuals the link between these screening numbers and their overall health. More than half received health education on how to prevent or better manage their existing disease while 50% received a doctor referral based on screening results.

Armed with results from the last campaign, we are ready to double the locations and increase the numbers of volunteers to conduct the screenings and broaden the safety net for the underserved.

Parish Nurse Program

The Parish Nurse Program is a broad-reaching partnership with 76 churches of all faiths in the Greater Bridgeport Area and all of Fairfield County supporting nurses in their faith communities through collaboration and networking. Through the program, our nurses provide educational programs, health screenings, referrals, resources and support to the parishioners of the churches. Our Parish Nurses participated in a community wide health awareness program called "Know Your Numbers."

Farmers Market

Since 2009, St. Vincent's has operated a farm stand in collaboration with the Wholesome Wave Foundation, making healthful locally grown food available to those in Bridgeport who need it most and to its own employees. Through the collaboration, the doubling of incentive coupons such as SNAP and WIC for people living below the income threshold has been made possible.

During the 2014 Farmers Market season, in addition to providing a healthy option for its own employees, volunteers and visitors, the St. Vincent's Farm Stand served 1,716 incentive-based customers. It had a high volume of incentive-based customers because of this doubling feature and due to its location in front of the Hospital, which meant it was easily accessible by public transportation, a big plus for underserved area residents. Transportation normally poses a barrier for such residents to buy healthy fresh food.

The St. Vincent's stand is open to the general public and operates one day a week. The Farm Stand is another way in which St. Vincent's responded to the Community Health Needs Assessment that identified obesity and the high incidence of diabetes and cardiac disease as major challenges in the Greater Bridgeport Area. The Farm Stand extends the services the Hospital provides beyond medical treatment and medications into providing access to healthy food and nutrition education which can help fight obesity and chronic illnesses such as diabetes and heart disease and promote overall wellness. It ties in with the national healthcare shift to an emphasis on prevention versus mere treatment of disease, which translates into both improved quality of life for residents and cost savings.

The Farm Stand is another way in which St. Vincent's demonstrates its mission of caring for the community.

Food Drive

Starting in 2011, St. Vincent's Mission Services Committee and Aquarion Water Company, have annually collaborated on a project called the House of Hope Food Drive, which assists area food banks and shelters who were experiencing severe shortages. With a shed decorated to look like a house located outside St. Vincent's Medical Center, the House of Hope most recently passed its goal and collected almost five tons or 10,000 pounds of food, which was distributed to area food banks and shelters. The initiative received heavy support from the staff and visitors to St. Vincent's Medical Center and its affiliates. Monetary donations were translated into double the food purchased through an agreement with an area supermarket chain. The drive originated as a response to the needs of the underserved in the community by helping to stock area food banks and shelters with healthy and readily accessible foodstuffs. The Port 5 Veterans Group became a recipient for the first time in

Part VI Supplemental Information *(Continuation)*

2014.

Educational/Career Programs Offered to Area Students

St. Vincent's Medical Center conducts student tours and educational programs for elementary, middle, high school, and sometimes college students in an effort to provide information about health and technology, lessen anxiety about hospital visits and give an overview of medical careers. Through the experience of seeing medical professionals at work in the Hospital, students can envision themselves in these roles. They also learn about necessary educational requirements, qualifications, and professional opportunities through a close-up, hands-on approach. The personal stories of how individuals followed different paths and discovered rewarding careers in healthcare are inspirational and motivational for many students as well. These programs vary in length running from 2-6 hours with staff from many departments taking time out from their busy work day to participate.

The number of groups visiting the Medical Center for the healthcare career tour averages about 25-30 annually. St. Vincent's focuses on inner city students from Bridgeport and Stratford, and also has a well-developed program with Trumbull High School. Students from throughout Fairfield County are also accommodated. Students come from public, private, and religious schools, and also include the handicapped and mentally disabled. St. Vincent's has formed collaborations with a number of organizations that are working with Bridgeport youth, such as Project GearUp out of Yale University and BASE CAMP for Bridgeport high school girls interested in STEM. SVMC

Part VI Supplemental Information *(Continuation)*

often hosts groups of students from these programs.

Volunteers

Volunteers are an integral component to fulfilling the mission of the Organization. In FY 2014, 520 volunteers provided the Medical Center with more than 46,000 hours of service. Volunteers work in every department of the Medical Center, providing nurturing support and expertise to patients and their families. In fiscal year 2015, Volunteer Services will focus strategy on the patient experience and volunteer programs to build a job pipeline for the community.

Behavioral Health

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 inpatient and outpatient services, through St. Vincent's Behavioral Health, a department of the Medical Center.

The mission of St. Vincent's 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. St. Vincent's 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. These programs were formerly operated by Hall-Brooke Behavioral Health Services, which was an affiliate of St.

Part VI Supplemental Information *(Continuation)*

Vincent's Medical Center. Hall-Brooke provided mental health services for more than 110 years and, in 2001, completed building a 76-bed psychiatric hospital which includes 60 adult beds and 16 child/adolescents beds. This facility is now operated by the Medical Center.

Residential Behavioral Health Services

St. Vincent's Behavioral Health Services also operates the Community Residential Services program which provides 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, access to community mainstream services and 24 hour emergency on-call services. The program operates 10 shared living residential sites, 7 family units, and 59 scattered site apartments in the communities of Norwalk, Bridgeport, and Fairfield, Connecticut. Based upon 97% occupancy at these sites, Community Residential Services provided approximately 44,318 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.

Autism and Developmental Services

St. Vincent's Autism and Developmental Services program provides outpatient advocacy and treatment services for children with autism spectrum disorders. The program provided 195 patient/family visits for

Part VI Supplemental Information *(Continuation)*

resource coordination, diagnostic testing, parent support groups, individual and family therapy, family workshops, sibling support groups, and social skills groups.

Part VI, Line 6:

The St. Vincent's Medical Center (Medical Center), a subsidiary of its parent, St. Vincent's Health Services Corporation (SVHS), is a member of Ascension Health. In December 2011, Ascension Health Alliance, doing business as Ascension, became the sole corporate member and parent organization of Ascension Health, a Catholic, national health system, consisting primarily of nonprofit corporations that own and operate local health care facilities, or Health Ministries, located in 23 of the United States and the District of Columbia. In addition to serving as the sole corporate member of Ascension Health, Ascension serves as the member or shareholder of various other subsidiaries. Ascension, its subsidiaries, and the Health Ministries are referred to collectively, from time to time hereafter as the System.

Ascension is sponsored by Ascension Sponsor, a Public Juridic Person. The Participating Entities of Ascension Sponsor are: the Daughters of Charity of St. Vincent de Paul, St. Louise Province, the Congregation of St. Joseph, the Congregation of the Sisters of St. Joseph of Carondelet, the Congregation of Alexian Brothers of the Immaculate Conception Province-American Province and the Sisters of the Sorrowful Mother of the Third Order of St. Francis of Assisi - US/Caribbean Province.

Part VI Supplemental Information *(Continuation)*

The Medical Center is a nonprofit hospital system, consisting of an acute care hospital located in Bridgeport, Connecticut and a behavioral health hospital located in Westport, Connecticut. The Medical Center provides inpatient, outpatient, and emergency care services for residents of the Greater Bridgeport Area and its neighboring towns. Admitting physicians are primarily practitioners in the local area. Subsidiaries of the Medical Center include the St. Vincent's Multispecialty Group, Inc. (Multispecialty Group) and the St. Vincent's College, Inc. (College). The Multispecialty Group, a nonprofit subsidiary of the Medical Center, is a consolidated group of primary care and specialty physicians and allied health professionals providing services to the Medical Center and the community. The College, a nonprofit subsidiary of the Medical Center, is an institution of higher learning that offers bachelor degrees in nursing and radiologic sciences, associate degrees in nursing, radiography, medical assisting, and general studies, as well as certificate programs in multiple health care fields. The Medical Center is related to Ascension Health's other sponsored organizations through common control. Substantially all expenses of Ascension Health are related to providing health care services.

The accompanying consolidated financial statements include the accounts of the Medical Center, the Multispecialty Group, and the College. All significant intercompany transactions have been eliminated in consolidation.

On July 1, 2013, Hall-Brooke Behavioral Health Services, Inc. (Hall-Brooke) closed its special education school and merged its

Part VI Supplemental Information *(Continuation)*

remaining operations and all of its assets with the Medical Center. In consideration, the Medical Center assumed all of the outstanding liabilities and future operations of Hall-Brooke and the responsibility to continue to engage in the operations of the remaining services.

Mission

The System directs its governance and management activities toward strong, vibrant, Catholic Health Ministries united in service and healing and dedicates its resources to spiritually centered care, which sustains and improves the health of the individuals and communities it serves. In accordance with the System's mission of service to those persons living in poverty and other vulnerable persons, each Health Ministry accepts patients regardless of their ability to pay. The System uses four categories to identify the resources utilized for the care of persons living in poverty and community benefit programs:

- Traditional charity care includes the cost of services provided to persons who cannot afford health care because of inadequate resources and/or who are uninsured or underinsured.
- Unpaid cost of public programs, excluding Medicare, represents the unpaid cost of services provided to persons covered by public programs for persons living in poverty and other vulnerable persons.
- Cost of other programs for persons living in poverty and other vulnerable persons includes unreimbursed costs of programs intentionally designed to serve the persons living in poverty and other vulnerable persons of the community, including substance abusers, the homeless, victims of child abuse, and persons with acquired immune deficiency syndrome.

Part VI Supplemental Information *(Continuation)*

- Community benefit consists of the unreimbursed costs of community benefit programs and services for the general community, not solely for the persons living in poverty, including health promotion and education, health clinics and screenings, and medical research.

Discounts are provided to all uninsured patients, including those with the means to pay. Discounts provided to those patients who did not qualify for assistance under charity care guidelines are not included in the cost of providing care to persons living in poverty and other community benefit programs. The cost of providing care to persons living in poverty and other community benefit programs is estimated using internal cost data and is estimated by reducing charges forgone by a factor derived from the ratio of total operating expenses to billed charges for patient care.

The amount of traditional charity care provided, determined on the basis of cost, was approximately $5,600,000 and $4,444,000 for the years ended September 30, 2014 and 2013, respectively. The amount of unpaid cost of public programs, cost of other programs for persons living in poverty and other vulnerable persons, and community benefit cost are reported in the accompanying supplementary information.

St. Vincent's Health Services (Health Services)

St. Vincent's Health Services (Health Services), the parent company of St. Vincents Medical Center, is a nonprofit integrated health delivery system. Health Services consists of the following organizations - St. Vincent's Medical Center, St. Vincent's Foundation, St. Vincent's College, Inc., St. Vincent's Multispecialty Group, St. Vincent's

Part VI Supplemental Information *(Continuation)*

Special Needs Services, and St. Vincent's Development, Inc. Through the work of the Medical Center, in partnership with our affiliate network, Health Services is able to meet the comprehensive needs of its home community and the surrounding community.

St. Vincent's Multispecialty Group (MSG)

St. Vincent's Multispecialty Group, Inc. (MSG) is a subsidiary of the Medical Center. With more than 175 physicians, more than 75 nurse practitioners, and physician assistants board certified within their respective specialties, MSG 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 Medical Center Foundation, Inc.

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 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 nearly $2 million a year for its SWIM Across the Sound cancer charity through almost 30 fundraising events annually to reach people who do not have access to critical screening services, and to provide free or subsidized services to the community. It also

Part VI Supplemental Information *(Continuation)*

raises more than $1 million a year in support of the other entities.

SWIM Across the Sound Cancer Charity

The Foundation works extremely hard year-round and the SWIM Across the Sound has demonstrated commitment to the cause of supporting people with cancer since 1987. Neighboring hospitals, which do not conduct as extensive a fundraising effort 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 45 unique programs and services ranging from cancer education, support, and screening - from prevention to survivorship. 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. 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.

Assistance is there as a safety net for those who have nowhere else to turn. In the past few years, St. Vincent's Foundation has provided direct financial assistance in the amount of more than $600,000 annually to the community.

The SWIM's one-on-one financial assistance helps 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. With a $2,500 cap per patient, which reflects an increase of $500 over the last few years, the Foundation provides one of the largest financial assistance programs for cancer patients in the country. Once the $2,500 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.

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 motherless and they need extra assistance in picking up the pieces and moving forward with their own lives. The SWIM is there to pay transportation costs to get to appointments and to support a patient with nutritional and exercise counseling. The SWIM also funds support groups that help patients and family members deal with a diagnosis of cancer, offering hope, information, financial support and psychosocial services.

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.

Part VI Supplemental Information *(Continuation)*

Smokestoppers

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 18 years since its inception, our Smokestoppers Program has reached over 250,000 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.

St. Vincent's College

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. As a single purpose institution, the College

Part VI Supplemental Information *(Continuation)*

focuses solely on educating students for the healthcare ministry at the certificate, associate and bachelor levels.

St. Vincent's College offers associate degrees in nursing, radiologic sciences, medical assisting, and general studies. In addition, two online baccalaureate completion programs in Nursing (RN-BSN) and Radiologic Sciences (BSRS) are the College's newest and fastest growing programs. 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. Many who enroll at St. Vincent's College are returning to college to seek second careers or have had a life changing experience which has led them to pursue a healthcare career.

For more than 100 years, St. Vincent's College has played a significant role in serving the healthcare needs of the Greater Bridgeport Area and surrounding communities. The College is focused on educating healthcare professionals for current and emerging roles in response to the changing healthcare landscape. An immediate need is being addressed through the online RN-BSN completion program. This program provides a pathway for registered nurses to earn a baccalaureate degree. The knowledge and skills gained in this program prepare nurses to render an even higher level of care and gives them greater role flexibility within their chosen profession of nursing. Increasing numbers of BSN prepared nurses also support hospitals in the attainment and maintenance of Nursing Magnet Recognition, the highest national honor for nursing excellence. St. Vincent's Medical Center is a designated

Part VI Supplemental Information *(Continuation)*

Magnet Hospital.

Another bachelor degree completion program offered by St. Vincent's College is the Bachelor of Science in Radiologic Sciences (BSRS). This program is also designed to support the need of the healthcare community for radiographers with specialized certifications in a number of imaging modalities, i.e. Sonography, MRI Imaging, CT Scanning, Mammography and Bone Densitometry and in Healthcare Management.

The College has traditionally served students from Fairfield and New Haven Counties and attracts students from 81 cities and towns across Connecticut, representing seven of the eight counties in Connecticut:

- 44% of the students come from the Greater Bridgeport Area
- 92% from Fairfield and New Haven Counties
- 99% of the current students (average age 30) are Connecticut residents preparing to enter the workforce or advance their careers 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 70% of St. Vincent's students apply for aid
- 60% of students who complete the aid application have a family income of less than $50K per year - many are also supporting families
- Thirty-seven percent (37%) 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

Part VI Supplemental Information *(Continuation)*

graduates are expected to do the same.

St. Vincent's Special Needs Services

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 Feroleto Children's Development Center in Trumbull, Connecticut. The Center is located in the Trumbull Corporate Park and spans 43,000 square feet. During their 2014 fiscal year, this special needs school provided educational and health services to approximately 75 students from several towns throughout the state. 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. Eleven 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 Feroleto Center, this is not a traditional school as it also provides health services in

Part VI Supplemental Information *(Continuation)*

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

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

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.

▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*

OMB No. 1545-0047

2013

Open to Public Inspection

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? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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	06-1331677	501(c)(3)	249,900.	0.			Provide education in nursing and allied health and the liberal arts and sciences.

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

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

Part III **Grants and Other Assistance to 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part I, Line 2:

Contributions are made to affiliated not-for-profit

corporations organized and operated for charitable, religious, educational,

or scientific purposes.

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" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

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
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
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. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
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:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
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:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
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:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
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	7		X
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	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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) Douglas Waite	(i)	0.	0.	0.	0.	0.	0.	0.
Director (Start 7/14)	(ii)	367,129.	89,202.	258,513.	6,048.	14,841.	735,733.	0.
(2) Stuart Marcus, M.D. - FACS	(i)	604,108.	309,005.	26,564.	7,650.	29,628.	976,955.	0.
Pres./CEO - SVHS (Start 1/14)	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Susan L. Davis, R.N., Ed.D.	(i)	837,640.	1,182,201.	86,242.	592,480.	27,475.	2,726,038.	427,500.
Pres./CEO - SVHS (End 12/13)	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) John C. Gleckler	(i)	414,757.	195,564.	14,857.	7,650.	30,068.	662,896.	0.
SVP/CFO - SVHS	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Dianne Auger	(i)	269,385.	64,382.	6,905.	5,098.	2,828.	348,598.	0.
SVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Dale Danowski	(i)	305,042.	132,819.	8,494.	7,650.	18,335.	472,340.	0.
SVP & COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Lawrence Schek, M.D.	(i)	574,729.	255,413.	33,837.	7,650.	32,525.	904,154.	0.
SVP/CMO, VP Cardio	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) William Cusick	(i)	331,642.	31,483.	3,368.	7,650.	28,988.	403,131.	0.
Chair - Obstetrics & Gynecology	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Mitchell Fogel, M.D.	(i)	428,032.	161,154.	16,290.	4,473.	27,743.	637,692.	0.
Clinical Chair - VP Medicine	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Doodnauth Hiraman	(i)	250,720.	71,035.	53,345.	7,650.	12,547.	395,297.	0.
Vice Chair Emergency Care	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) Frank Illuzzi, M.D.	(i)	231,509.	38,735.	189,226.	4,735.	29,474.	493,679.	0.
Clinical Chair - VP Emergency	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) Peter Struzzi	(i)	340,317.	124,288.	7,345.	7,650.	27,105.	506,705.	0.
SVP & Counsel	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Part I, Line 3:

Ascension Health, a related organization of St. Vincent's Medical Center, uses the following methods to establish the compensation of the Organization's CEO through December 31, 2013:

- Compensation Committee,
- Independent Compensation Consultant,
- Compensation Survey or Study, and
- Approval by the Board or Compensation Committee.

Part I, Line 4b:

Susan L. Davis participates in a 457(f) plan. During calendar year 2013, Dr. Davis received payments from the plan of $427,500.

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 role as the President

Part III Supplemental Information

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

and CEO of St. Vincent's Health Services Corp 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. On December 31, 2013, Dr. Davis resigned her role with St. Vincent's Health Services Corp.

Compensation for Stuart Marcus, M.D. 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. Marcus receives is for his role as President and CEO of St. Vincent's Health Services Corp. None of Dr. Marcus' compensation is for his role as a Board Member of St. Vincent's Medical Center.

Compensation for John C. Gleckler is paid by St. Vincent's Medical Center, on behalf of St. Vincent's Health Services Corp, and all of its

Part III Supplemental Information

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

related organizations, including St. Vincent's Medical Center. The
compensation Mr. Gleckler receives is for his role as the Senior Vice
President and Chief Financial Officer of St. Vincent's Health Services
Corp and for services he provides to other related organizations of St.
Vincent's Medical Center.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2013
Open To Public Inspection

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

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

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

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
General Electric	A board member is a	799,835.	Purchased a		X
DaVita	A board member is c	846,374.	Medical Sup		X
Physicians for Women's Hea	A board member is a	457,545.	Physicians		X
The Hartford	A board member is a	50,616.	Professiona		X

Part V Supplemental Information

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

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

(a) Name of Person: General Electric

(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: DaVita

(b) Relationship Between Interested Person and Organization:

A board member is co-medical director for DaVita Dialysis

(d) Description of Transaction: Medical Supplies

(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

(a) Name of Person: The Hartford

(b) Relationship Between Interested Person and Organization:

A board member is a director at the Hartford Financial Services Group

(d) Description of Transaction: Professional Services

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:

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization	Employer identification number
St. Vincent's Medical Center	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:

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

Management, including certain officers, works diligently to complete the Form 990 and attached schedules in a thorough manner. Management presents the Form to the Board, or a designated committee, to review and answer any questions. Prior to filing the return, all Board Members are provided the Form 990 and management team members are available to answer any Board Members' questions.

Form 990, Part VI, Section B, Line 12c:

The Organization regularly and consistently monitors and enforces compliance with the Conflict of Interest Policy in that any director, officer, key employee, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committee with governing board delegated powers considering the proposed transaction or arrangement. The remaining individuals on the governing board or committee will decide if conflicts of interest exist. Each director, principal officer, key employee, or 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 the compensation of the Organization's CEO through December 31, 2013, the process, performed by Ascension Health, a

Name of the organization: St. Vincent's Medical Center

Employer identification number: 06-0646886

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 Compensation Committee reviewed and approved the compensation. In the review of the compensation, the CEO was 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 committee minutes. The individual was not present when her compensation was decided.

In determining the compensation of the Organization's CEO as of December 31, 2013, 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 Executive Compensation Committee reviewed and approved the compensation. In the review of the compensation, the CEO was 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 committee minutes. The individual was not present when his 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. The Executive Compensation Committee reviewed and approved the compensation. In the review of compensation, other officers or key employees of the Organization were compared to individuals at other organizations in the

Name of the organization: St. Vincent's Medical Center

Employer identification number: 06-0646886

area who hold the same title. During the review and approval of the compensation, documentation of the decision was recorded in the committee minutes.

Form 990, Part VI, Section C, Line 19:

The Organization will provide any documents open to public inspection upon request.

Form 990, Part VII, Section B:

Independent Contractor Reporting:

Compensation of independent contractors is paid by and reported on the Form 1096, Annual Summary and Transmittal of U.S. Information Returns, of Ascension Health EIN: 31-1662309. Expenses are allocated to and reimbursed by the filing organization to Ascension Health. As such, the organization has not reported independent contractors paid on Form 990, Part VII, Section B.

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

Contract Labor Physicians and Other:

Program service expenses	13,506,105.
Management and general expenses	1,784,364.
Fundraising expenses	0.
Total expenses	15,290,469.

Other Purchased Services:

Program service expenses	36,391,795.
Management and general expenses	3,645,661.
Fundraising expenses	0.

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

Total expenses	40,037,456.
Consulting and Recruiting:	
Program service expenses	722,194.
Management and general expenses	1,850,953.
Fundraising expenses	0.
Total expenses	2,573,147.
Total Other Fees on Form 990, Part IX, line 11g, Col A	57,901,072.
Form 990, Part XI, line 9, Changes in Net Assets:	
Change in Interest in St. Vincent's Foundation	1,459,647.
Pension and Other Post Retirement Liability Adjustment	160,897.
Transfers to Affiliates	-27,815,578.
Transfers to Ascension Health	-7,236,700.
Reimbursement of Net Assets Released from Restriction	-275,000.
Total to Form 990, Part XI, Line 9	-33,706,734.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization: St. Vincent's Medical Center

Employer identification number 06-0646886

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
Ascension Health Alliance - 45-3358926 P.O. Box 45998 St. Louis, MO 63145	National Health System	Missouri	501(c)(3)	Schedule A, Line 11a	N/A		X
Ascension Health - 31-1662309 P.O. Box 45998 St. Louis, MO 63145	National Health System	Missouri	501(c)(3)	Schedule A, Line 11a	Ascension Health Alliance		X
St. Vincent's Health Services Corp - 22-2558134, 2800 Main Street, Bridgeport, CT 06606	System Parent	Connecticut	501(c)(3)	Schedule A, Line 11a	Ascension Health		X
St. Vincent's College, Inc. - 06-1331677 2800 Main Street Bridgeport, CT 06606	College of Health Sciences	Connecticut	501(c)(3)	Schedule A, Line 2	St. Vincent's Medical Center	X	

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	No
St. Vincent's Medical Center Foundation, Inc. - 22-2558132, 2800 Main Street, Bridgeport, CT 06606	Fundraising	Connecticut	501(c)(3)	Schedule A, Line 7	St. Vincent's Health Services Corp	X	
St. Vincent's Special Needs Center, Inc. - 06-0702617, 95 Merritt Boulevard, Trumbull, CT 06611	Programs for Special Needs Individuals	Connecticut	501(c)(3)	Schedule A, Line 9	St. Vincent's Health Services Corp	X	
St. Vincent's Development, Inc. - 22-2554128 95 Merritt Boulevard Trumbull, CT 06611	Real Estate Holdings	Connecticut	501(c)(25)	N/A	St. Vincent's Health Services Corp	X	
St. Vincent's Multispecialty Group, Inc. - 80-0458769, 2800 Main Street, Bridgeport, CT 06606	Physician Practices	Connecticut	501(c)(3)	Schedule A, Line 11a	St. Vincent's Medical Center	X	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
Vincentures, Inc. - 06-1211417 95 Merritt Boulevard Trumbull, CT 06611	Inactive	CT	N/A	C CORP	N/A	N/A	N/A	X	

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p	X	
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r	X	
s Other transfer of cash or property from related organization(s)	1s		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) St. Vincent's College, Inc.	B	249,900.	Amounts Transferred
(2) St. Vincent's College, Inc.	P	787,421.	Actual Amount Paid
(3) St. Vincent's College, Inc.	Q	580,000.	Actual Amount Paid
(4) St. Vincent's Development, Inc.	P	501,113.	Amounts Transferred
(5) St. Vincent's Development, Inc.	R	209,473.	Book Value
(6) St. Vincent's Development, Inc.	Q	260,000.	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 Medical Center Foundation, Inc.	B	275,000.	Amounts Transferred
(8) St. Vincent's Medical Center Foundation, Inc.	C	252,475.	Amounts Transferred
(9) St. Vincent's Medical Center Foundation, Inc.	Q	500,000.	Actual Amount Paid
(10) St. Vincent's Multispecialty Group, Inc.	R	26,077,000.	Amounts Transferred
(11) St. Vincent's Multispecialty Group, Inc.	R	10,715,000.	Amounts Transferred
(12) St. Vincent's Special Needs Center, Inc.	Q	2,191,573.	Amounts Transferred
(13) Ascension Health	C	397,343.	Amounts Transferred
(14) Ascension Health	R	7,236,989.	Amounts Transferred
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

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

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

Schedule R (Form 990) 2013

Part VII **Supplemental Information**

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

THE ST. VINCENT'S MEDICAL CENTER

MEMBER OF ASCENSION HEALTH, A SUBSIDIARY OF ASCENSION HEALTH ALLIANCE, D/B/A ASCENSION

CONSOLIDATED FINANCIAL STATEMENTS

SEPTEMBER 30, 2014 AND 2013

THE ST. VINCENT'S MEDICAL CENTER

CONTENTS

MARCUM
ACCOUNTANTS ▲ ADVISORS

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
The St. Vincent's Medical Center

We have audited the accompanying consolidated financial statements of The St. Vincent's Medical Center (the Medical Center), which comprise the consolidated balance sheet as of September 30, 2014, and the related consolidated statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting polices used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of the Medical Center as of September 30, 2014, and the consolidated results of their operations and changes in net assets and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

The consolidated financial statements of The St. Vincent's Medical Center for the year ended September 30, 2013, were audited by other auditors whose report dated February 21, 2014 included an emphasis-of-matter paragraph that described the change in the Medical Center's presentation of the provision for bad debts, and expressed an unmodified opinion on those consolidated financial statements.

Marcum LLP

Hartford, CT
February 19, 2015

THE ST. VINCENT'S MEDICAL CENTER

CONSOLIDATED BALANCE SHEETS
(Dollars in Thousands)

SEPTEMBER 30, 2014 AND 2013

	2014	2013
Assets		
Current Assets		
Cash and cash equivalents	$ 2,477	$ 3,775
Accounts receivable, less allowances for uncollectible accounts ($26,400 in 2014 and $26,326 in 2013)	67,589	56,043
Due from System, parent and affiliated entities, net	1,127	1,545
Inventories and other current assets	14,802	19,298
Total Current Assets	85,995	80,661
Interest in Investments Held by Ascension	363,112	353,820
Assets Limited as to Use		
Temporarily restricted	261	295
Temporarily restricted interest in The St. Vincent's Medical Center Foundation, Inc.	13,924	12,483
Permanently restricted	68	68
Permanently restricted interest in The St. Vincent's Medical Center Foundation, Inc.	11,985	11,446
Total Assets Limited as to Use	26,238	24,292
Unrestricted Interest in The St. Vincent's Medical Center Foundation, Inc.	312	312
Property and Equipment		
Land and improvements	8,883	8,923
Buildings and equipment	431,816	423,481
Construction in progress	2,275	2,567
	442,974	434,971
Less accumulated depreciation	(260,440)	(238,875)
Total Property and Equipment, net	182,534	196,096
Capitalized Software Costs, net	26,298	14,395
Other Assets	11,959	9,991
Pension Asset	5,722	--
Total Assets	$ 702,170	$ 679,567

The accompanying notes are an integral part of these consolidated financial statements.

THE ST. VINCENT'S MEDICAL CENTER

CONSOLIDATED BALANCE SHEETS (CONTINUED)
(Dollars in Thousands)

SEPTEMBER 30, 2014 AND 2013

	2014	2013
Liabilities and Net Assets		
Current Liabilities		
Accounts payable and accrued liabilities	$ 53,113	$ 57,554
Current portion of long-term debt	885	988
Current portion of note payable, other	--	1,075
Estimated third-party payor settlements	10,642	5,681
Total Current Liabilities	64,640	65,298
Noncurrent Liabilities		
Long-term debt	56,503	57,238
Pension and other postretirement liabilities	5,194	7,062
Self-insurance liabilities	3,701	3,499
Other	9,631	8,702
Total Noncurrent Liabilities	75,029	76,501
Total Liabilities	139,669	141,799
Net Assets		
Unrestricted	536,263	513,476
Temporarily restricted	14,185	12,778
Permanently restricted	12,053	11,514
Total Net Assets	562,501	537,768
Total Liabilities and Net Assets	$ 702,170	$ 679,567

The accompanying notes are an integral part of these consolidated financial statements.

THE ST. VINCENT'S MEDICAL CENTER

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS
(Dollars in Thousands)

FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013

	2014	2013
Operating Revenues		
Net patient service revenue	$ 465,800	$ 461,036
Less provision for doubtful accounts	34,098	27,679
Net patient service revenue, less provision for doubtful accounts	431,702	433,357
Other revenues	24,175	15,292
Net assets released from restrictions for operations	1,481	1,419
Total Operating Revenues	457,358	450,068
Operating Expenses		
Salaries and wages	197,629	199,026
Employee benefits	49,928	50,785
Purchased services	47,757	37,389
Professional fees	22,437	19,054
Supplies	56,765	56,503
Insurance	5,760	4,873
Interest	1,818	1,954
Depreciation and amortization	27,483	25,145
Other	32,356	28,859
Total Operating Expenses Before Non-Recurring Losses	441,933	423,588
Income from Operations Before Non-Recurring Losses	15,425	26,480
Non-Recurring Losses	(946)	(8,727)
Income from Operations	14,479	17,753
Nonoperating Gains (Losses)		
Investment returns, net	22,642	24,905
Other	--	(51)
Total Nonoperating Gains, net	22,642	24,854
Excess of Revenues and Gains Over Expenses and Losses	37,121	42,607

The accompanying notes are an integral part of these consolidated financial statements.

THE ST. VINCENT'S MEDICAL CENTER

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS (CONTINUED)

(Dollars in Thousands)

FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013

	2014	2013
Unrestricted Net Assets		
Excess of revenues and gains over expenses and losses	$ 37,121	$ 42,607
Transfers to System, parent, and affiliated entities, net	(14,257)	(13,880)
Net assets released from restrictions for property acquisitions	(275)	3,831
Pension and other postretirement liability adjustments	198	989
Increase in Unrestricted Net Assets	22,787	33,547
Temporarily Restricted Net Assets		
Contributions	1,215	5,237
Net assets released from restrictions	(1,206)	(5,250)
Other	(43)	--
Change in temporarily restricted interest in The St. Vincent's Medical Center Foundation, Inc.	1,441	22
Increase in Temporarily Restricted Net Assets	1,407	9
Permanently Restricted Net Assets		
Change in permanently restricted interest in The St. Vincent's Medical Center Foundation, Inc.	539	245
Increase in Net Assets	24,733	33,801
Net Assets - Beginning	537,768	503,967
Net Assets - Ending	$ 562,501	$ 537,768

The accompanying notes are an integral part of these consolidated financial statements.

THE ST. VINCENT'S MEDICAL CENTER

CONSOLIDATED STATEMENTS OF CASH FLOWS

(Dollars in Thousands)

FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013

	2014	2013
Cash Flows from Operating Activities		
Increase in net assets	$ 24,733	$ 33,801
Adjustments to reconcile net income to net cash provided by operating activities:		
Depreciation and amortization	27,483	25,145
Loss on sale of property and equipment	--	234
Pension and other postretirement liability adjustments	(198)	(989)
Restricted contributions and net investment return	(1,215)	(5,237)
Net change in unrealized gains on investments	(5,755)	(13,107)
Increase in interest in The St. Vincent's Medical Center Foundation, Inc.	(1,980)	(267)
Transfers to System, parent, and affiliated entities, net	14,257	13,880
Changes in operating assets and liabilities:		
Interest in investments held by Ascension	(3,537)	(1,791)
Accounts receivable, net	(11,546)	(1,597)
Advances to parent and affiliated entities, net	418	3,259
Inventories and other current assets	4,496	(11,520)
Accounts payable and accrued liabilities	(4,441)	(3,938)
Estimated third-party payor settlements	4,961	(6,319)
Pension and other postretirement liabilities	(7,590)	(2,443)
Other noncurrent liabilities	1,131	1,612
Net Cash Provided by Operating Activities	41,217	30,723
Cash Flows from Investing Activities		
Property and equipment additions	(8,178)	(11,907)
Software in development	(17,646)	(4,056)
Decrease in assets limited as to use - temporarily restricted	34	13
Increase in other assets	(1,968)	(5,080)
Net Cash Used in Investing Activities	(27,758)	(21,030)

The accompanying notes are an integral part of these consolidated financial statements.

THE ST. VINCENT'S MEDICAL CENTER

CONSOLIDATED STATEMENTS OF CASH FLOWS

(Dollars in Thousands)

FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013

	2014	2013
Cash Flows from Financing Activities		
Transfers to System, parent and affiliated entities, net	$ (14,059)	$ (14,640)
Restricted contributions and net investment return	1,215	5,237
Repayments of long-term debt and notes payable, affiliate	(1,913)	(1,510)
Net Cash Used in Financing Activities	(14,757)	(10,913)
Net Change in Cash and Cash Equivalents	(1,298)	(1,220)
Cash and Cash Equivalents - Beginning	3,775	4,995
Cash and Cash Equivalents - Ending	$ 2,477	$ 3,775

The accompanying notes are an integral part of these consolidated financial statements.

NOTE 1 – ORGANIZATION AND MISSION

ORGANIZATIONAL STRUCTURE

The St. Vincent's Medical Center (Medical Center), a subsidiary of its parent St. Vincent's Health Services Corporation (SVHS), is a member of Ascension Health. In December 2011, Ascension Health Alliance, doing business as Ascension, became the sole corporate member and parent organization of Ascension Health, a Catholic, national health system, consisting primarily of nonprofit corporations that own and operate local health care facilities, or Health Ministries, located in 23 of the United States and the District of Columbia. In addition to serving as the sole corporate member of Ascension Health, Ascension serves as the member or shareholder of various other subsidiaries. Ascension, its subsidiaries, and the Health Ministries are referred to collectively, from time to time hereafter as the System.

Ascension is sponsored by Ascension Sponsor, a Public Juridic Person. The Participating Entities of Ascension Sponsor are the Daughters of Charity of St. Vincent de Paul, St. Louise Province, the Congregation of St. Joseph, the Congregation of the Sisters of St. Joseph of Carondelet, the Congregation of Alexian Brothers of the Immaculate Conception Province-American Province and the Sisters of the Sorrowful Mother of the Third Order of St. Francis of Assisi - US/Caribbean Province.

The Medical Center is a nonprofit hospital system, consisting of an acute care hospital located in Bridgeport, Connecticut and a behavioral health hospital located in Westport, Connecticut. The Medical Center provides inpatient, outpatient, and emergency care services for residents of the Greater Bridgeport area and its neighboring towns. Admitting physicians are primarily practitioners in the local area. Subsidiaries of the Medical Center include the St. Vincent's Multispecialty Group, Inc. (Multispecialty Group) and the St. Vincent's College, Inc. (College). The Multispecialty Group, a nonprofit subsidiary of the Medical Center, is a consolidated group of primary care and specialty physicians and allied health professionals providing services to the Medical Center and the community. The College, a nonprofit subsidiary of the Medical Center, is an institution of higher learning that offers bachelor degrees in nursing and radiologic sciences, associate degrees in nursing, radiography, medical assisting, and general studies, as well as certificate programs in multiple health care fields. The Medical Center is related to Ascension Health's other sponsored organizations through common control. Substantially all expenses of Ascension Health are related to providing health care services.

The accompanying consolidated financial statements include the accounts of the Medical Center, the Multispecialty Group, and the College. All significant intercompany transactions have been eliminated in consolidation.

NOTE 1 – ORGANIZATION AND MISSION (CONTINUED)

ORGANIZATIONAL CHANGES

On July 1, 2013, Hall-Brooke Behavioral Health Services, Inc. (Hall-Brooke) closed its special education school and merged its remaining operations and all of its assets with the Medical Center. In consideration, the Medical Center assumed all of the outstanding liabilities and future operations of Hall-Brooke and the responsibility to continue to engage in the operations of the remaining services.

MISSION

The System directs its governance and management activities toward strong, vibrant, Catholic Health Ministries united in service and healing and dedicates its resources to spiritually centered care which sustains and improves the health of the individuals and communities it serves. In accordance with the System's mission of service to those persons living in poverty and other vulnerable persons, each Health Ministry accepts patients regardless of their ability to pay. The System uses four categories to identify the resources utilized for the care of persons living in poverty and community benefit programs:

- Traditional charity care includes the cost of services provided to persons who cannot afford health care because of inadequate resources and/or who are uninsured or underinsured.

- Unpaid cost of public programs, excluding Medicare, represents the unpaid cost of services provided to persons covered by public programs for persons living in poverty and other vulnerable persons.

- Cost of other programs for persons living in poverty and other vulnerable persons includes unreimbursed costs of programs intentionally designed to serve the persons living in poverty and other vulnerable persons of the community, including substance abusers, the homeless, victims of child abuse, and persons with acquired immune deficiency syndrome.

- Community benefit consists of the unreimbursed costs of community benefit programs and services for the general community, not solely for the persons living in poverty, including health promotion and education, health clinics and screenings, and medical research.

NOTE 1 – ORGANIZATION AND MISSION (CONTINUED)

Discounts are provided to all uninsured patients, including those with the means to pay. Discounts provided to those patients who did not qualify for assistance under charity care guidelines are not included in the cost of providing care to persons living in poverty and other community benefit programs. The cost of providing care to persons living in poverty and other community benefit programs is estimated using internal cost data and is estimated by reducing charges forgone by a factor derived from the ratio of total operating expenses to billed charges for patient care.

The amount of traditional charity care provided, determined on the basis of cost, was approximately $5,600 and $4,444 for the years ended September 30, 2014 and 2013, respectively. The amount of unpaid cost of public programs, cost of other programs for persons living in poverty and other vulnerable persons, and community benefit cost are reported in the accompanying supplementary information.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

PRINCIPLES OF CONSOLIDATION

All corporations and other entities for which operating control is exercised by the Medical Center are consolidated and all significant inter-entity transactions have been eliminated in consolidation.

USE OF ESTIMATES

Management has made estimates and assumptions that affect the reported amounts of certain assets, liabilities, revenues, and expenses. Actual results could differ from those estimates.

FAIR VALUE OF FINANCIAL INSTRUMENTS

Carrying values of financial instruments classified as current assets and current liabilities approximate fair value. The fair values of other financial instruments are disclosed in the Fair Value Measurements note and the Long-Term Debt note.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

CASH AND CASH EQUIVALENTS

Cash and cash equivalents consist of cash and interest-bearing deposits with original maturities of three months or less. Cash and cash equivalents are held at a limited number of financial institutions and at times, the amounts on deposit exceed insured limits.

The Medical Center has cash in various financial institutions that insure deposits up to $250 per depositor through the Federal Deposit Insurance Corporation (FDIC). Deposits in excess of FDIC coverage are not insured and thereby represent a credit risk to the Medical Center. At September 30, 2014, there were approximately $1,013 of uninsured deposits.

INTEREST IN INVESTMENTS HELD BY ASCENSION, INVESTMENTS, AND INVESTMENT RETURN

As of September 30, 2014 and 2013, the Medical Center has an interest in investments held by Ascension, which is reflected in the accompanying Consolidated Balance Sheets, and represents the Medical Center's pro rata share of Ascension's investment interest in the Ascension Alpha Fund, LLC (Alpha Fund). Ascension has an investment interest in the Alpha Fund, as a member of the Alpha Fund, and invests funds in the Alpha Fund on behalf of the Medical Center. Ascension Investment Management, LLC (AIM), formerly known as Catholic Healthcare Investment Management Company, LLC, a wholly owned subsidiary of Ascension, acts as manager and serves as the principal investment advisor for the Alpha Fund, overseeing the investment strategies offered to the Alpha Fund's members. AIM provides expertise in the areas of asset allocation, selection and monitoring of outside investment managers, and risk management. Certain Medical Center assets continue to be held through the Ascension Legacy Portfolio.

The Medical Center also invests in cash and cash equivalents, U.S. government obligations, corporate and foreign fixed income investments; asset backed securities; equity investments; and alternative investments which are locally managed. Substantially all of these funds are held by The St. Vincent's Medical Center Foundation, Inc. (Foundation), where the Medical Center has a beneficial interest in the Foundation's net assets.

The Medical Center reports its interest in investments held by Ascension in the accompanying Consolidated Balance Sheets as long-term based on liquidity. The Medical Center reports its other investments, including Foundation investments, in the accompanying Consolidated Balance Sheets based upon the long or short term nature of the investments and whether such investments are restricted by law or donors or designated for specific purposes by a governing body of the Medical Center.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

The Medical Center's investments are measured at fair value and are classified as trading securities. The Alpha Fund's and the Ascension Legacy Portfolio's investments include pooled short term investment funds; U.S. government, state, municipal and agency obligations; corporate and foreign fixed income securities; asset backed securities; and equity securities. The Alpha Fund's and Ascension Legacy Portfolio's investments also include alternative investments and other investments, which are valued based on the net asset value of the investments. In addition, the Alpha Fund participates, and the Ascension Legacy Portfolio participated, in securities lending transactions whereby a portion of its investments is loaned to selected established brokerage firms in return for cash and securities from the brokers as collateral for the investments loaned.

Purchases and sales of investments are accounted for on a trade-date basis. Investment returns consist of interest on the Medical Center's cash and cash equivalents, as well as the Medical Center's return on its interest in investments held by Ascension, and are reported as nonoperating gains in the accompanying Consolidated Statements of Operations and Changes in Net Assets, unless the return is restricted by donor or law, which are reported as changes to restricted net assets.

INVENTORIES

Inventories, consisting primarily of medical supplies and pharmaceuticals, are stated at the lower of cost or market value utilizing first-in, first-out (FIFO), or a methodology that closely approximates FIFO.

INTEREST IN THE ST. VINCENT'S MEDICAL CENTER FOUNDATION, INC.

The interest in the Foundation represents the Medical Center's interest in the net assets of the Foundation and the Medical Center records changes in its share of the Foundation's net assets as a component of the change in net assets. This interest is accounted for in accordance with Accounting Standards Codification (ASC) 958-20, *Beneficiary's Recognition of Interest in a Financially Interrelated Recipient Entity*.

(Dollars in Thousands)

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

INTANGIBLE ASSETS

Intangible assets primarily consist of goodwill and capitalized computer software costs, including software internally developed. Costs incurred in the development and installation of internal use software are expensed or capitalized depending on whether they are incurred in the preliminary project stage, application development stage, or post-implementation stage. Goodwill is included in other assets on the accompanying Consolidated Balance Sheets. Intangible assets are comprised of the following:

	2014	2013
Capitalized computer software costs	$ 42,598	$ 16,807
Less: accumulated amortization	19,051	12,956
Capitalized computer software costs, net	23,547	3,851
Software under development	2,751	10,544
Goodwill	1,709	1,695
Total intangible assets, net	$ 28,007	$ 16,090

Intangible assets whose lives are indefinite, primarily goodwill, are not amortized and are evaluated for impairment at least annually, while intangible assets with definite lives, primarily capitalized computer software costs, are amortized over their expected useful lives. Amortization expense for these intangible assets for the years ended September 30, 2014 and 2013 was $5,743 and $3,796, respectively.

In January 2013, the Medical Center abandoned its implementation of several software upgrades to its current electronic medical record and patient revenue systems and decided to implement replacement systems. Accordingly, software under development of $4,371 was abandoned and recorded in 2013 as a non-recurring loss on the accompanying Consolidated Statements of Operations and Changes in Net Assets. In addition as of January 2013, the expected useful lives for the remaining capitalized computer software costs related to the current systems were shortened to expected lives of 16 to 28 months to reflect the expected remaining period the current systems would remain in use. Accelerated amortization expense for the years ended September 30, 2014 and 2013 was $1,250 and $2,436, respectively.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

In May 2014, the Medical Center completed its implementation of a new electronic medical record and patient revenue system at a total cost of approximately $27,871. The project has remaining contractual commitments of approximately $3,200 as of September 30, 2014 for various system alterations and the development of a reporting package.

PROPERTY AND EQUIPMENT

Property and equipment are stated at cost or, if donated, at fair value at the date of the gift.

Depreciation is determined on a straight-line basis over the estimated useful lives of the related assets. Depreciation expense in 2014 and 2013 was $21,740 and $21,349, respectively.

Estimated useful lives by asset category are as follows: land improvements - 10 to 15 years; buildings 15 to 40 years; and equipment 5 to 20 years. Interest costs incurred as part of related construction are capitalized during the period of construction. No interest was capitalized during 2014 or 2013.

Several capital projects have remaining construction and related equipment purchase commitments of approximately $4,570 as of September 30, 2014.

The Medical Center recognizes the fair value of asset retirement obligations, including conditional asset retirement obligations, if the fair value can be reasonably estimated, in the period in which the liability is incurred. Asset retirement obligations include, but are not limited to, certain types of environmental issues which are legally required to be remediated upon an asset's retirement, as well as contractually required asset retirement obligations. Conditional asset retirement obligations are obligations whose settlement may be conditional on a future event and/or where the timing or method of such settlement may be uncertain. Subsequent to initial recognition, accretion expense is recognized until the asset retirement liability is estimated to be settled.

The Medical Center's most significant asset retirement obligation relates to required future asbestos remediation of physical plant and buildings constructed prior to 1975. Asset retirement obligations of $128 as of September 30, 2014 and 2013, respectively, are recorded in other noncurrent liabilities in the accompanying Consolidated Balance Sheets. There are no assets that are legally restricted for purposes of settling asset retirement obligations.

During 2014 and 2013, $0 and $36, respectively, of retirement obligations were incurred and settled.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS

Temporarily restricted net assets are those assets whose use by the Medical Center has been limited by donors to a specific time period or purpose. Permanently restricted net assets consist of gifts with corpus values that have been restricted by donors to be maintained in perpetuity, which include endowment funds. Temporarily restricted net assets and earnings on permanently restricted net assets, including earnings on endowments funds, are used in accordance with the donor's wishes, primarily to purchase equipment and to provide charity care and other health and educational services. Contributions with donor-imposed restrictions that are met in the same reporting period are reported as unrestricted.

CONTRIBUTIONS, BEQUESTS, AND GRANTS

Unrestricted contributions, bequests, and grants are included in operating revenues when pledged or received and donor restricted items are reflected as additions to net asset balances. Restricted expenditures are transferred to the unrestricted net asset balance if used for capital additions, reported as net assets released from restrictions for operations if used for operating purposes, or reported as an offset to revenue deductions if used for charity care.

PERFORMANCE INDICATOR

The performance indicator is the excess of revenues and gains over expenses and losses. Changes in unrestricted net assets that are excluded from the performance indicator primarily include transfers to or from System, parent, and affiliated entities, net assets released from restrictions for property acquisitions, and pension and other postretirement liability adjustments.

OPERATING AND NONOPERATING ACTIVITIES

The Medical Center's primary mission is to meet the health care needs in its market area through a broad range of general and specialized health care services, including inpatient acute care, outpatient services, and other health care and educational services. Activities directly associated with the furtherance of this purpose are considered to be operating activities. Other activities that result in gains or losses peripheral to the Medical Center's primary mission are considered to be nonoperating, consisting primarily of gains on invested funds, and gains or losses on other investments.

(Dollars in Thousands)

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

NET PATIENT SERVICE REVENUE, ACCOUNTS RECEIVABLE, AND ALLOWANCE FOR DOUBTFUL ACCOUNTS

The following table summarizes net revenue from services to patients:

	2014	2013
Gross patient service revenue	$ 1,285,467	$ 1,280,211
Deductions		
Allowances	802,402	804,103
Charity care	17,265	15,072
Net patient service revenue	$ 465,800	$ 461,036

Net patient service revenue is reported at the estimated realizable amounts from patients, third-party payors, and others for services provided and includes estimated retroactive adjustments under reimbursement agreements with third-party payors. The Medical Center recognizes patient service revenue at the time services are rendered, even though the patient's ability to pay may not be completely assessed at that time. Revenue under certain third-party payor agreements is subject to audit, retroactive adjustments, and significant regulatory actions. Provisions for third-party payor settlements and adjustments are estimated in the period the related services are provided and adjusted in future periods as additional information becomes available and as final settlements are determined. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a possibility that recorded estimates will change by a material amount in the near term. Adjustments to revenue related to prior periods increased net patient service revenue by approximately $13,309 and $7,252 for the years ended September 30, 2014 and 2013, respectively.

The current Connecticut Medicaid inpatient hospital reimbursement model of interim per diem rates and case rate settlements will transition to an All Patient Refined Diagnosis Related Group System (APR-DRG) where payments will be established prospectively. Connecticut Medicaid outpatient hospital reimbursement will move from the current system of reimbursement based on Revenue Center Codes to a prospective payment system based on the complexity of services performed. The new inpatient reimbursement methodology will be effective for admissions on or after January 1, 2015; while the new outpatient reimbursement methodology will not be implemented until at least January 1, 2016. The Medical Center has not determined the estimated impact of these proposed changes on net patient service revenue in future years.

(Dollars in Thousands)

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

The percentage of net patient service revenue earned by payor for the years ended September 30 is as follows:

	2014	2013
Medicare	43 %	43 %
Medicaid	13 %	14 %
HMOs	29 %	31 %
Commercial	14 %	9 %
Self-pay and other	1 %	3 %
	100 %	100 %

The Medical Center grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor arrangements. Significant concentrations of accounts receivable, less allowance for doubtful accounts, at September 30, 2014 and 2013 are as follows:

	2014	2013
Medicare	37 %	38 %
Medicaid	12 %	10 %
HMOs	22 %	25 %
Commercial	20 %	16 %
Self-pay and other	9 %	11 %
	100 %	100 %

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.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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 changes in write-off trends and has not materially changed its charity care policy in the current fiscal year.

ELECTRONIC HEALTH RECORD INCENTIVE PAYMENTS

The American Recovery and Reinvestment Act of 2009 (ARRA) included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act (HITECH). The provisions were designed to increase the use of electronic health record (EHR) technology and establish the requirements for a Medicare and Medicaid incentive payment program beginning in 2011 for eligible providers that adopt and meaningfully use certified EHR technology. Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period. Initial Medicaid incentive payments were available to providers that adopted, implemented, or upgraded certified EHR technology. Providers must demonstrate meaningful use of such technology in subsequent years to qualify for additional Medicaid incentive payments.

The Medical Center accounts for HITECH incentive payments as a gain contingency. Income from Medicare incentive payments is recognized as revenue after the Medical Center has demonstrated that it complied with the meaningful use criteria over the entire applicable compliance period and the cost report period that will be used to determine the final incentive payment has ended. The Medical Center recognizes incentive payments as revenues when qualifying patient volume thresholds and meaningful use objectives have been met for the applicable reporting period. Incentive payments totaling $2,250 and $2,830 for the years ended September 30, 2014 and 2013, respectively, are included in total operating revenues in the accompanying Consolidated Statements of Operations and Changes in Net Assets. Income from incentive payments is subject to retrospective adjustment as the incentive payments are calculated using Medicare cost report data that is subject to audit. Additionally, the Medical Center's compliance with the meaningful use criteria is subject to audit by the federal government.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

IMPAIRMENT, RESTRUCTURING, AND NONRECURRING GAINS (LOSSES), NET

Long-lived assets are reviewed for impairment whenever events or business conditions indicate the carrying amount of such assets may not be fully recoverable. Initial assessments of recoverability are based on estimates of undiscounted future net cash flows associated with an asset or group of assets. Where impairment is indicated, the carrying amount of these long-lived assets is reduced to fair value based on discounted net cash flows or other estimates of fair value.

During the years ended September 30, 2014 and 2013, the Medical Center recorded costs associated with a workforce reduction of $946 and $1,626, respectively. The amount was comprised primarily of severance compensation, outplacement costs and estimated future unemployment compensation. In addition, during the year ended September 30, 2013 the Medical Center recorded costs associated with the implementation of a System-wide information technology and process standardization project as described in the Related-Party Transactions footnote. Cost of $2,730 related to the implementation was comprised primarily of additional temporary resources and consultants for the year ended September 30, 2013.

HEALTH MINISTRY INCOME TAXES

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.

Management has analyzed the tax positions taken and has concluded that as of September 30, 2014, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Medical Center is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Management believes the Medical Center is no longer subject to income tax examinations prior to 2011.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

REGULATORY COMPLIANCE

The Medical Center is required to file annual operating information with the State of Connecticut Office of Health Care Access (OHCA).

Various federal and state agencies have initiated investigations regarding reimbursements claimed by the Medical Center. The investigations are in various stages of discovery, and the ultimate resolution of these matters, including the liabilities, if any, cannot be readily determined; however, in the opinion of management, the results of these investigations will not have a material adverse impact on the consolidated financial statements of the Medical Center.

RECLASSIFICATIONS

Certain reclassifications were made to the 2013 consolidated financial statements to conform to the 2014 presentation.

SUBSEQUENT EVENTS

The Medical Center evaluates the impact of subsequent events, which are events that occur after the balance sheet date but before the financial statements are issued, for potential recognition in the financial statements as of the balance sheet date. For the year ended September 30, 2014, the Medical Center evaluated subsequent events through February 19, 2015, representing the date on which the financial statements were available to be issued. During this period, there were no material subsequent events that required recognition or disclosure in the consolidated financial statements.

ADOPTION OF NEW ACCOUNTING STANDARDS

In December 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2011-11, *Disclosures about Offsetting Assets and Liabilities*, an amendment to the accounting guidance for disclosures of offsetting assets and liabilities. In January 2013, the FASB issued ASU No. 2013-01, *Clarifying the Scope of Disclosures about Offsetting Assets and Liabilities*. These ASUs expand the disclosure requirements in that entities will be required to disclose both gross and net information about instruments and transactions eligible for offset in the balance sheet. This new guidance is effective for fiscal years and interim periods within those fiscal years beginning after January 1, 2013. The adoption of this guidance did not have a material impact on the Medical Center's consolidated financial statements for the year ended September 30, 2014.

(Dollars in Thousands)

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

In April 2013, the FASB issued ASU 2013-06, *Services Received from Personnel of an Affiliate (for which the affiliate does not seek compensation).* This ASU addresses how the receiving nonprofit organization should recognize and measure the receipt of services from personnel of an affiliate when the affiliate does not charge for reimbursement of its costs for these services. A recipient nonprofit organization will be required to measure services received from personnel of an affiliate at the cost recognized by the affiliate for the personnel providing those services and if the cost amount for the services received significantly differs from the value received, the recipient nonprofit organization can elect to measure those personnel services received at fair value.

This new guidance is effective prospectively for fiscal years and interim periods within those fiscal years beginning after June 15, 2014. The Medical Center will adopt the provisions of ASU 2013-06 during the year ending September 30, 2015 and management has not determined the impact, if any, that the adoption of this standard will have on the Medical Center's consolidated financial statements in 2015.

NOTE 3 – CASH AND CASH EQUIVALENTS, INTEREST IN INVESTMENTS HELD BY ASCENSION, ASSETS LIMITED AS TO USE, AND OTHER LONG-TERM INVESTMENTS

At September 30, 2014 and 2013, the Medical Center's investments are comprised of its interest in investments held by Ascension and certain other investments, including investments held and managed by the Foundation. Assets limited as to use primarily include investments restricted by donors. The Medical Center's cash and cash equivalents, interest in investments held by Ascension, and assets limited as to use (primarily Foundation) and other long-term investments are reported in the accompanying Consolidated Balance Sheets as presented in the following table as of September 30:

	2014	2013
Cash and cash equivalents	$ 2,477	$ 3,775
Interest in investments held by Ascension	363,112	353,820
Assets limited as to use temporarily and permanently restricted	26,238	24,292
Other long-term investments	312	312
	$ 392,139	$ 382,199

(Dollars in Thousands)

NOTE 3 – CASH AND CASH EQUIVALENTS, INTEREST IN INVESTMENTS HELD BY ASCENSION, ASSETS LIMITED AS TO USE, AND OTHER LONG-TERM INVESTMENTS (CONTINUED)

As of September 30, 2014 and 2013, the composition of cash and cash equivalents, interest in investments held by Ascension and assets limited as to use and other long-term investments is summarized as follows:

	2014	2013
Cash and cash equivalents	$ 2,477	$ 3,775
Interest in investments held by Ascension	363,112	353,820
Other assets limited as to use	26,238	24,292
Unrestricted interest in the Foundation	312	312
	$ 392,139	$ 382,199

As of September 30, 2014 and 2013, the composition of interest in investments held by Ascension is as follows:

	2014	2013
Cash, cash equivalents and short-term investments	2.3%	2.3%
U.S. government obligations	22.9%	21.6%
Asset-backed securities	6.4%	8.0%
Corporate and foreign fixed income investments	10.5%	12.6%
Equity securities	19.0%	18.3%
Alternative investments and other investments		
Private equity and real estate funds	7.8%	6.1%
Hedge funds	23.3%	23.7%
Commodities funds and other investments	7.8%	7.4%
	100.0%	100.0%

(Dollars in Thousands)

NOTE 3 – CASH AND CASH EQUIVALENTS, INTEREST IN INVESTMENTS HELD BY ASCENSION, ASSETS LIMITED AS TO USE, AND OTHER LONG-TERM INVESTMENTS (CONTINUED)

As of September 30, 2014 and 2013, the composition of total Foundation investments is as follows:

	2014	2013
Cash, cash equivalents and short-term investments	11.1%	5.1%
U.S. government obligations	1.5%	4.2%
Asset-backed securities	2.1%	3.3%
Corporate and foreign fixed income investments	14.9%	16.6%
Equity, private equity and other investments	70.4%	70.8%
	100.0%	100.0%

Investment returns for the years ended September 30, 2014 and 2013 recognized by the Medical Center are summarized as follows:

	2014	2013
Return on interest in investments held by Ascension and Ascension Legacy Portfolio	$ 22,642	$ 24,905
Total investment returns, net	$ 22,642	$ 24,905
Investment return included in nonoperating gains	$ 22,642	$ 24,905
Total investment returns, net	$ 22,642	$ 24,905

NOTE 4 – FAIR VALUE MEASUREMENTS

The Medical Center categorizes, for disclosure purposes, assets and liabilities measured at fair value in the consolidated financial statements based upon whether the inputs used to determine their fair values are observable or unobservable. Observable inputs are inputs which are based on market data obtained from sources independent of the reporting entity. Unobservable inputs are inputs that reflect the reporting entity's own assumptions about pricing the asset or liability, based on the best information available in the circumstances.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, an asset's or liability's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement of the asset or liability. The Medical Center's assessment of the significance of a particular input value to the fair value measurement in its entirety requires judgment and considers factors specific to the asset or liability.

Ascension, the Medical Center, the College and the Foundation follow the three-level fair value hierarchy to categorize these assets and liabilities recognized at fair value at each reporting period, which prioritizes the inputs used to measure such fair values. Level inputs are defined as follows:

Level 1: Quoted prices (unadjusted) that are readily available in active markets or exchanges for identical assets or liabilities on the reporting date.

Level 2: Inputs other than quoted market prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. Level 2 pricing inputs include prices quoted for similar investments in active markets or exchanges or prices quoted for identical or similar investments in markets that are not active. If the asset or liability has a specified (contractual) term, a Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Significant pricing inputs that are unobservable for the asset or liability, including assets or liabilities for which there is little, if any, market activity for such asset or liability. Inputs to the determination of fair value for Level 3 assets and liabilities require management judgment and estimation.

NOTE 4 – FAIR VALUE MEASUREMENTS (CONTINUED)

As of September 30, 2014 and 2013, the Level 2 and Level 3 assets and liabilities utilize the following valuations techniques and inputs:

Cash and cash equivalents and short-term investments

Cash and cash equivalents and additional short-term investments include certificates of deposit, whose fair value is based on cost plus accrued interest. Significant observable inputs include security cost, maturity, and relevant short-term interest rates. Short-term investments designated as Level 2 investments are primarily comprised of commercial paper, whose fair value is based on amortized cost. Significant observable inputs include security cost, maturity, and credit rating, interest rate and par value.

Pooled short-term investment funds

The fair value of pooled short-term investment funds is based on cost plus guaranteed, annuity contract-based interest rates. Significant unobservable inputs to the guaranteed rate include the fair value and average duration of the portfolio of investments underlying the annuity contract, the contract value, and the annualized weighted-average yield to maturity of the underlying investment portfolio.

U.S. government, state, municipal and agency obligations

The fair value of investments in U.S. government, state, municipal and agency obligations is primarily determined using techniques consistent with the income approach. Significant observable inputs to the income approach include data points for benchmark constant maturity curves and spreads.

Corporate and foreign fixed income securities

The fair value of investments in U.S. and international corporate bonds, including commingled funds that invest primarily in such bonds, and foreign government bonds is primarily determined using techniques that are consistent with the market approach. Significant observable inputs include benchmark yields, reported trades, observable broker/dealer quotes, issuer spreads, and security specific characteristics, such as early redemption options.

NOTE 4 – FAIR VALUE MEASUREMENTS (CONTINUED)

Asset-backed securities

The fair value of U.S. agency and corporate asset-backed securities is primarily determined using techniques consistent with the income approach. Significant observable inputs include prepayment speeds and spreads, benchmark yield curves, volatility measures, and quotes.

Equity securities

The fair value of investments in U.S. and international equity securities is primarily determined using techniques consistent with the income approach. The values for underlying investments are fair value estimates determined by external fund managers based on quoted market prices, operating results, balance sheet stability, growth, dividend, dividend yield, and other business and market sector fundamentals.

Alternative investments and other investments

Alternative investments consist of private equity, hedge funds, private equity funds, commodity funds, and real estate partnerships. The fair value of private equity is primarily determined using techniques consistent with both the market and income approaches, based on Ascension's, the Medical Center's, and the Foundation's estimates and assumptions in the absence of observable market data. The market approach considers comparable company, comparable transaction, and company-specific information, including but not limited to restrictions on disposition, subsequent purchases of the same or similar securities by other investors, pending mergers or acquisitions, and current financial position and operating results. The income approach considers the projected operating performance of the portfolio company.

The fair value of hedge funds, private equity funds, commodity funds, and real estate partnerships is primarily determined using net asset values, which approximate fair value, as determined by an external fund manager based on quoted market prices, operating results, balance sheet stability, growth and other business and market sector fundamentals.

Derivative assets and liabilities

The fair value of derivative contracts is primarily determined using techniques consistent with the market approach. Derivative contracts include interest rate, credit default, and total return swaps. Significant observable inputs to valuation models include interest rates, Treasury yields, volatilities, credit spreads, maturity, and recovery rates.

NOTE 4 – FAIR VALUE MEASUREMENTS (CONTINUED)

As discussed in the Significant Accounting Policies and the Cash and Cash Equivalents, Interest in Investments Held by Ascension, Assets Limited as to Use and Other Long-Term Investments notes, the Medical Center and College have an interest in investments held by Ascension and certain other investments such as those investments held and managed by the Foundation.

As of September 30, 2014, 20%, 38%, and 42% of the total Alpha Fund assets that are measured at fair value on a recurring basis were measured based on Level 1, Level 2 and Level 3 inputs, respectively, while 100% of total Alpha Fund liabilities that are measured at fair value on a recurring basis were measured at such fair values based on Level 2 inputs. As of September 30, 2013, 20%, 41%, and 39% of the total Alpha Fund assets that were measured at fair value on a recurring basis were measured based on Level 1, Level 2 and Level 3 inputs, respectively, while 100% of total Alpha Fund liabilities that were measured at fair value on a recurring basis were measured at such fair values based on Level 2 inputs.

As of September 30, 2014, 77%, 7% and 16% of the total assets held by the Foundation on behalf of the Medical Center and College that are measured at fair value on a recurring basis were measured based on Level 1, Level 2 and Level 3 inputs, respectively. As of September 30, 2013, 69%, 14% and 17% of the total assets held by the Foundation on behalf of the Medical Center and College that are measured at fair value on a recurring basis were measured based on Level 1, Level 2 and Level 3 inputs, respectively. There were no liabilities of the Foundation that were measured at fair value on a recurring basis in 2014 and 2013.

(Dollars in Thousands)

NOTE 5 – LONG-TERM DEBT

Long-term debt consists of the following:

	September 30, 2014	September 30, 2013
State of Connecticut Health and Educational Facilities Authority (CHEFA), Variable Rate Demand Revenue Bonds (Ascension Health Credit Group), Series 1999B payable through November 2029; subject to a fixed rate of interest through February 1, 2017; interest (1.55% at September 30, 2014) set at prevailing market rates	$ 28,540	$ 29,285
Intercompany debt with Ascension, payable in installments through November 2053; interest (3.195% and 3.4% at September 30, 2014 and 2013, respectively) adjusted based on prevailing blended market interest rate of underlying debt obligations	28,848	28,941
	57,388	58,226
Less current portion of long-term debt	885	988
	$ 56,503	$ 57,238

(Dollars in Thousands)

NOTE 5 – LONG-TERM DEBT (CONTINUED)

Scheduled principal repayments of long-term debt are as follows:

Year ending September 30,		
2015	$	885
2016		1,610
2017		1,754
2018		1,756
2019		1,895
Thereafter		49,488
	$	57,388

Certain members of Ascension formed the Ascension Health Credit Group (Senior Credit Group). Each Senior Credit Group member is identified as either a senior obligated group member, senior designated affiliate, or senior limited designated affiliate. Senior obligated group members are jointly and severally liable under a Senior Master Trust Indenture (Senior MTI) to make all payments required with respect to obligations under the Senior MTI and may be entities not controlled directly or indirectly by Ascension. Though senior designated affiliates and senior limited designated affiliates are not obligated to make debt service payments on the obligations under the Senior MTI, Ascension may cause each senior designated affiliate to transfer such amounts as are necessary to enable the obligated group to comply with the terms of the Senior MTI, including repayment of the outstanding obligations. Additionally, each senior limited designated affiliate has an independent limited designated affiliate agreement and promissory note with Ascension with stipulated repayment terms and conditions, each subject to the governing law of the senior limited designated affiliate's state of incorporation. The Medical Center is a senior obligated group member under the terms of the Senior MTI.

In November 1999, the Credit Group issued $2,365,725 of Hospital Revenue Bonds Series 1999 Bonds (1999 Bonds) through eleven different issuing authorities in nine states. The Bonds of each series were issued pursuant to separate Bond Indentures, each dated as of November 1, 1999, between the related issuer of such series and the Bond Trustee for each series. The proceeds of each series of bonds were loaned by the related issuer to Ascension (or, solely with respect to the Connecticut Bonds, the Connecticut Borrowers, (the Medical Center and Hall-Brooke) pursuant to separate Loan Agreements, each dated as of November 1, 1999, between the related issuer of such series and Ascension (or, solely with

NOTE 5 – LONG-TERM DEBT (CONTINUED)

respect to the Connecticut Bonds, a Connecticut Borrower). The proceeds of the Connecticut bonds were loaned to the Medical Center and Hall-Brooke and were used to refund the CHEFA Variable Rate Demand Revenue Bonds (Charity Obligated Group) St. Vincent's Medical Center/Hall-Brooke Issue, Series 1999B.

Ascension, in its capacity of managing the System's debt program, has committed to making loans to the Medical Center through November 15, 2029 in amounts ranging from $187 to $626 annually, with repayment to occur in annual installments ranging from $110 to $1,278, from November 2030 through November 2047.

Pursuant to a Supplemental Master Indenture dated February 1, 2005, senior obligated group members, which are operating entities, have pledged and assigned to the Master Trustee a security interest in all of their rights, title, and interest in their pledged revenues and proceeds thereof.

A Subordinate Credit Group, which is comprised of subordinate obligated group members, subordinate designated affiliates and subordinate limited designated affiliates, was created under the Subordinate Master Trust Indenture (Subordinate MTI). The subordinate obligated group members are jointly and severally liable under the Subordinate MTI to make all payments required with respect to obligations under the Subordinate MTI and may be entities not controlled directly or indirectly by Ascension. Though subordinate designated affiliates and subordinate limited designated affiliates are not obligated to make debt service payments on the obligations under the Subordinate MTI, Ascension may cause each subordinate designated affiliate to transfer such amounts as are necessary to enable the obligated group members to comply with the terms of the Subordinate MTI, including payment of the outstanding obligations. Additionally, each subordinate limited designated affiliate has an independent subordinate limited designated affiliate agreement and promissory note with Ascension, with stipulated repayment terms and conditions, each subject to the governing law of the subordinate limited designated affiliate's state of incorporation. The Medical Center is a subordinate obligated group member under the terms of the Subordinate MTI.

The borrowing portfolio of the Senior and Subordinate Credit Group includes a combination of fixed and variable rate hospital revenue bonds, commercial paper, and other obligations, the proceeds of which are in turn loaned to the Senior and Subordinate Credit Group members subject to a long-term amortization schedule of 1 to 39 years.

NOTE 5 – LONG-TERM DEBT (CONTINUED)

Certain portions of Senior and Subordinate Credit Group borrowings may be periodically subject to interest rate swap arrangements to effectively convert borrowing rates on such obligations from a floating to a fixed interest rate or vice versa based on market conditions. Additionally, Senior and Subordinate Credit Group borrowings may, from time to time, be refinanced or restructured in order to take advantage of favorable market interest rates or other financial opportunities. Any gain or loss on refinancing, as well as any bond premiums or discounts, are allocated to the Senior and Subordinate Credit Group members based on their pro rata share of the Senior and Subordinate Credit Group's obligations. Senior and Subordinate Credit Group refinancing transactions rarely have a significant impact on the outstanding borrowings or intercompany debt amortization schedule of any individual Senior and Subordinate Credit Group member.

The carrying amounts of intercompany debt with Ascension and other debt approximate fair value based on a portfolio market valuation provided by a third party.

The Senior and Subordinate Credit Group financing documents contain certain restrictive covenants, including a debt service coverage ratio.

As of September 30, 2014, the Senior Credit Group has a line of credit of $1 billion which may be used as a source of funding for unremarketed variable rate debt (including commercial paper) or for general corporate purposes, toward which bank commitments totaling $1 billion extended to November 9, 2014. At expiration, the $1 billion line of credit was converted into a $500 million general purpose line of credit and a $500 million hybrid line of credit terminating on November 3, 2017. As of September 30, 2014 and 2013, there were no borrowings under the line of credit.

As of September 30, 2014, the Subordinate Credit Group has a $75,000 revolving line of credit related to its letters of credit program toward which a bank commitment of $75,000 extends to November 25, 2015. As of September 30, 2014, $59,620 of letters of credit had been extended under the revolving line of credit, although there were no borrowings under any of the letters of credit.

The outstanding principal amount of all hospital revenue bonds is $5.12 billion, which represents 36% of the combined unrestricted net assets of the Senior and Subordinate Credit Group members at September 30, 2014.

NOTE 5 – LONG-TERM DEBT (CONTINUED)

Guarantees are contingent commitments issued by the Senior and Subordinate Credit Groups, generally to guarantee the performance of a sponsored organization or an affiliate to a third party in borrowing arrangements such as commercial paper issuances, bond financing, and similar transactions. The term of the guarantee is equal to the term of the related debt which can be as short as 30 days or as long as 25 years. The maximum potential amount of future payments the Senior and Subordinate Credit Groups could be required to make under its guarantees and other commitments at September 30, 2014 is approximately $351,300.

On July 1, 2013, Hall-Brooke legally transferred its obligation under the Bonds directly to the Medical Center.

During the years ended September 30, 2014 and 2013, interest paid was approximately $1,818 and $1,954, respectively. There was no capitalized interest in 2014 or 2013.

NOTE 6 – ENDOWMENTS

The Medical Center's endowments consist of approximately 93 funds established for a variety of purposes. These endowments consist of donor-restricted endowment funds. Net assets associated with endowment funds are classified and reported based on donor-imposed restrictions. The endowment funds are held by the Foundation and investment decisions are made by the Foundation, with the Medical Center determining the amount of endowment assets investment returns to be appropriated for spending.

The Medical Center's Board of Directors has interpreted the Connecticut Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds, absent explicit donor stipulations to the contrary. As a result of this interpretation, the Medical Center classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and, if applicable, (c) accumulations to the permanent endowment made in accordance with the related gift's donor instructions. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Medical Center in a manner consistent with the standard for expenditure as prescribed by Connecticut UPMIFA.

NOTE 6 – ENDOWMENTS (CONTINUED)

In accordance with Connecticut UPMIFA, the Medical Center considers the following factors in making determinations to appropriate or accumulate donor-restricted endowment funds:

(1) The duration and preservation of the fund.
(2) The purposes of the Medical Center and the donor-restricted endowment fund.
(3) General economic conditions.
(4) The possible effect of inflation and deflation.
(5) The expected total return from income and the appreciation of investments.
(6) Other resources of the Medical Center.
(7) The investment policies of the Foundation.

ENDOWMENT FUNDS WITH DEFICIENCIES

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or Connecticut UPMIFA requires the Medical Center to retain as a fund of perpetual duration. There were no deficiencies of this nature that are reported in unrestricted net assets as of September 30, 2014 and 2013.

RETURN OBJECTIVES AND RISK PARAMETERS

The Foundation, in consultation with the Medical Center's Board of Trustees, has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowments while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Medical Center must hold in perpetuity or for a donor-specified period. Under these policies, endowment assets are invested in a manner that is intended to produce a real return, net of inflation and investment management costs. The Medical Center expects its endowment funds, over time, to provide an average annual rate of return up to approximately 5% annually. Actual returns in any given year may vary from this amount.

STRATEGIES EMPLOYED FOR ACHIEVING OBJECTIVES

To satisfy its long-term rate-of-return objectives, the Medical Center relies on the Foundation's total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Foundation targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints.

(Dollars in Thousands)

NOTE 6 – ENDOWMENTS (CONTINUED)

SPENDING POLICY AND HOW THE INVESTMENT OBJECTIVES RELATE TO SPENDING POLICY

The Medical Center has a policy of evaluating the spending decisions for each endowment fund based upon the intentions of the donors and specific contractual agreements. In determining the annual amount to be spent, the Medical Center considers the long-term expected return on its endowment. Accordingly, over the long-term, the Medical Center expects the current spending policy to allow its endowment to grow at the average rate of inflation and investment fees annually. This is consistent with the Medical Center's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term as well as to provide additional real growth through new gifts and investment return.

CHANGES IN ENDOWMENT NET ASSETS FOR THE YEAR ENDED SEPTEMBER 30, 2014

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning	$ --	$ 2,238	$ 11,514	$ 13,752
Investment returns:				
Investment income	--	215	--	215
Net appreciation (realized and unrealized)	--	994	--	994
Total investment returns, net	--	1,209	--	1,209
Contributions	--	--	539	539
Transfers	--	18	--	18
Appropriation of endowment assets for expenditures	--	(275)	--	(275)
Endowment net assets, ending	$ --	$ 3,190	$ 12,053	$ 15,243

(Dollars in Thousands)

NOTE 6 – ENDOWMENTS (CONTINUED)

CHANGES IN ENDOWMENT NET ASSETS FOR THE YEAR ENDED SEPTEMBER 30, 2013

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets (deficit) - beginning	$ (11)	$ 1,490	$ 11,269	$ 12,748
Investment returns:				
Investment income	--	217	--	217
Net appreciation (realized and unrealized)	11	1,126	--	1,137
Total investment returns, net	11	1,343	--	1,354
Contributions	--	--	86	86
Transfers	--	(131)	159	28
Appropriation of endowment assets for expenditures	--	(464)	--	(464)
Endowment net assets, ending	$ --	$ 2,238	$ 11,514	$ 13,752

NOTE 7 – PENSION PLANS

The Medical Center participates in the Ascension Health Pension Plan, the Ascension Health Defined Contribution Plan, and the Supplemental Executive Retirement Plan. Details of these plans are as follows.

ASCENSION HEALTH PENSION PLAN

The Medical Center participates in the Ascension Health Pension Plan (the Ascension Plan), a noncontributory defined benefit pension plan which covers substantially all eligible employees of certain System entities. Benefits cover all eligible employees hired prior to January 1, 2006 and are based on each participant's years of service and compensation. The Ascension Plan's assets are invested in the Ascension Health Master Pension Trust (the Trust), a master trust primarily consisting of cash and cash equivalents, equity, fixed income funds and alternative investments, consisting of various private equity, hedge funds, real estate funds, private equity funds, commodity funds, private credit funds, and certain other private funds. The Trust also invests in derivative instruments, the purpose of which is to economically hedge the change in the net funded status of the Ascension Plan for a

NOTE 7 – PENSION PLANS (CONTINUED)

significant portion of the total pension liability that can occur due to changes in interest rates. Contributions to the Ascension Plan are based on actuarially determined amounts sufficient to meet the benefits to be paid to plan participants. Net periodic pension income of $8,633 in 2014 and $5,614 in 2013 was recognized by the Medical Center. The service cost component of net periodic pension cost charged to the Medical Center is actuarially determined while all other components are allocated based on the Medical Center's pro rata share of Ascension Health's overall projected benefit obligation.

The assets of the Ascension Plan are available to pay the benefits of eligible employees of all participating entities. In the event participating entities are unable to fulfill their financial obligations under the Ascension Plan, the other participating entities are obligated to do so. As of September 30, 2014 and 2013, the Ascension Plan had a net unfunded liability of $33.9 million and $153 million. The Medical Center's allocated share of the Ascension Plan's net unfunded liability reflected in the accompanying Consolidated Balance Sheets at September 30, 2014 was a pension asset of $5,722. As a result of updating the funded status of the Ascension Plan, the Medical Center's allocated share of the Ascension Plan's net funded liability was increased by $1,941 during the year ended September 30, 2014. The Medical Center's allocated share of the Ascension Plan's net unfunded liability reflected in the accompanying Consolidated Balance Sheets at September 30, 2013 was a pension liability of $1,573. As a result of updating the funded status of the Plan, the Medical Center's allocated share of the Plan's net funded liability was reduced by $760 during the year ended September 30, 2013. These transfers are included in pension and other postretirement liability adjustments in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

As of September 30, 2014 and 2013, the fair value of the Ascension Plan's assets available for benefits was $4.18 billion and $3.88 billion, respectively. As discussed in the Fair Value Measurements note, the Medical Center, as well as the System, follows a three-level hierarchy to categorize assets and liabilities measured at fair value. In accordance with this hierarchy, as of September 30, 2014, 24%, 36% and 40% of the Ascension Plan's assets which are measured at fair value on a recurring basis were categorized as Level 1, Level 2 and Level 3, respectively. With respect to the Ascension Plan's liabilities measured at fair value on a recurring basis, 0%, 85% and 15% were categorized as Level 1, Level 2 and Level 3, respectively, as of September 30, 2014. Additionally, as of September 30, 2013, 22%, 35% and 43% of the Ascension Plan's assets which are measured at fair value on a recurring basis were categorized as Level 1, Level 2 and Level 3, respectively. With respect to the Ascension Plan's liabilities measured at fair value on a recurring basis, 0%, 97% and 3% were categorized as Level 1, Level 2 and Level 3, respectively, as of September 30, 2013.

NOTE 7 – PENSION PLANS (CONTINUED)

As of September 30, 2014 and 2013, deferred pension costs of $14,684 and $13,012, respectively, were included as reductions of the Medical Center's unrestricted net assets, but were not yet recorded as expenditures in the Statements of Operations and Changes in Net Assets. During the years ended September 30, 2014 and 2013, $269 and $1,138, respectively, of these deferred costs were amortized into expense in the Statements of Operations and Changes in Net Assets. The amortization of these costs was also reflected as a reduction of the Medical Center's net transfer to the System.

ASCENSION HEALTH DEFINED CONTRIBUTION PLAN

The Medical Center participates in the Ascension Health Defined Contribution Plan (the Defined Contribution Plan), a contributory and noncontributory, defined contribution plan sponsored by Ascension Health which covers all eligible associates. There are three primary types of contributions to the Defined Contribution Plan: employer automatic contributions, employee contributions, and employer matching contributions. Benefits for employer automatic contributions are determined as a percentage of a participant's salary and increase over specified periods of employee service. These benefits are funded annually and participants become fully vested over a period of time. Benefits for employer matching contributions are determined as a percentage of an eligible participant's contributions each payroll period. These benefits are funded each payroll period and participants become fully vested in all employer contributions immediately. Defined contribution expense, representing both employer automatic contributions and employer matching contributions, was $8,843 and $7,363 for the years ended September 30, 2014 and 2013, respectively.

SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN

The Medical Center has a Supplemental Executive Retirement Plan (SERP) for certain executive and professional employees. The amount recorded in other liabilities as of September 30, 2014 and 2013 was $1,200 and $1,184, respectively. In 2014 and 2013, the discount rate used was 3.77% and 4.45%, respectively. The SERP is not funded.

(Dollars in Thousands)

NOTE 8 – OTHER POSTRETIREMENT BENEFITS

In addition to participation in the Ascension Plan, Defined Contribution Plan, and SERP the Medical Center sponsors a defined benefit health care plan (Health Plan) for certain employees that provides postretirement medical benefits to those employees who reach the age of 65 and satisfy certain service requirements. The Health Plan limits benefits to only current beneficiaries and current active employees who were at least age 62, with at least 7 years of service as of September 30, 2009. The Health Plan limits the Medical Center's contribution per employee to twelve hundred dollars per annum. The Health Plan is not funded.

Significant disclosures relating to the Health Plan as of the measurement date (September 30) are as follows:

	2014	2013
Change in benefit obligation		
Benefit obligation, beginning	$ (2,424)	$ (2,612)
Service cost	--	(4)
Interest cost	(112)	(99)
Actuarial (losses) gains	(71)	48
Benefits paid	261	243
Benefit obligation, ending	$ (2,346)	$ (2,424)
Change in plan assets		
Fair value of plan assets, beginning	$ --	$ --
Employer contributions	261	243
Benefits paid	(261)	(243)
Fair value of plan assets, ending	$ --	$ --
Funded status		
Unrecognized gain	$ (2,346)	$ (2,424)
Unrecognized prior service cost	--	--
Accrued benefit cost	$ (2,346)	$ (2,424)

(Dollars in Thousands)

NOTE 8 – OTHER POSTRETIREMENT BENEFITS (CONTINUED)

	2014	2013
Components of net periodic cost (benefit)		
Service cost	$ --	$ 4
Interest cost	112	99
Net amortization and deferral	(1)	197
Net periodic cost	$ 111	$ 300
Assumption		
Discount rate	4.34%	4.89%

Included in unrestricted net assets are the following amounts that have not yet been recognized in net periodic other postretirement benefit cost:

	2014	2013
Unrecognized actuarial gains	$ 184	$ 254

Changes in benefit obligations recognized in unrestricted net assets include:

	2014	2013
Current year actuarial (losses) gains	$ (71)	$ 48
Amortization of actuarial gains	1	(197)
	$ (70)	$ (149)

The actuarial gains included in unrestricted net assets that are expected to be recognized as a reduction of net periodic cost during the year ending September 30, 2015 are $0.

(Dollars in Thousands)

NOTE 8 – OTHER POSTRETIREMENT BENEFITS (CONTINUED)

The following benefit payments, which reflect expected future service, are expected to be paid as follows:

Year ending September 30,		
2015	$	263
2016		252
2017		240
2018		227
2019		213
2020-2024		870

In 2014, the discount rate was decreased from 4.89% to 4.34% and did not have a material effect on net periodic benefit cost for the year ended September 30, 2014.

NOTE 9 – SELF-INSURANCE PROGRAMS

The Medical Center participates in pooled risk programs to insure professional and general liability risks and workers' compensation risks to the extent of certain self-insured limits. In addition, various umbrella insurance policies have been purchased to provide coverage in excess of the self-insured limits. Actuarially determined amounts, discounted at 6%, are contributed to the trusts and the captive insurance company to provide for the estimated cost of claims. The loss reserves recorded for estimated self-insured professional, general liability, and workers' compensation claims include estimates of the ultimate costs for both reported claims and claims incurred but not reported and are discounted at 6% in 2014 and 2013. In the event that sufficient funds are not available from the self-insurance programs, each participating entity may be assessed its pro rata share of the deficiency. If contributions exceed the losses paid, the excess may be returned to participating entities.

PROFESSIONAL AND GENERAL LIABILITY PROGRAMS

The Medical Center participates in Ascension's professional and general liability self-insured program which provides claims-made coverage through a wholly owned on-shore trust and offshore captive insurance company, Ascension Health Insurance, Ltd. (AHIL), with a self-insured retention of $10,000 per occurrence with no aggregate. The Medical Center has a deductible of $100 per claim. Excess coverage is provided through AHIL, with limits up to $205,000 for 2014 and $185,000 for 2013. AHIL retains $5,000 per occurrence and $5,000 annual aggregate for professional liability. AHIL also retains a 20% quota share of the first $25,000 of umbrella excess. The remaining excess coverage is reinsured by commercial carriers.

NOTE 9 – SELF-INSURANCE PROGRAMS (CONTINUED)

Included in operating expenses in the accompanying Consolidated Statements of Operations and Changes in Net Assets is professional and general liability expense of $3,115 and $4,290 for the years ended September 30, 2014 and 2013, respectively. For the years ended September 30, 2014 and 2013, the expense has been reduced by $932 and $4,275, respectively of excess premiums previously retained by Ascension's professional and general liability self-insured program which have been returned to the Health Ministry. Included in current liabilities and long-term self-insurance liabilities on the accompanying Consolidated Balance Sheets are liabilities for deductibles and reserves for claims incurred but not yet reported of approximately $5,724 and $5,374 at September 30, 2014 and 2013, respectively.

WORKERS' COMPENSATION

The Medical Center participates in Ascension's workers' compensation program which provides occurrence coverage through a grantor trust. The trust provides coverage up to $1,000 per occurrence with no aggregate. On July 1, 2011, the Medical Center implemented a $100 deductible per claim, with no aggregate, thereby assuming responsibility for indemnity and expenses for each and every claim occurring and reported after that date, up to the deductible amount. The trust provides a mechanism for funding the workers' compensation obligations of its members. Excess insurance against catastrophic loss is obtained through commercial insurers. Premium payments made to the trust are expensed and reflect both claims reported and claims incurred but not reported.

Included in operating expenses in the accompanying Consolidated Statements of Operations and Changes in Net Assets is workers' compensation expense of $1,104 and $1,347 for the years ended September 30, 2014 and 2013, respectively. Included in current liabilities on the accompanying Consolidated Balance Sheets are workers' compensation loss reserves of $1,176 and $976 at September 30, 2014 and 2013, respectively.

(Dollars in Thousands)

NOTE 10 – LEASE COMMITMENTS

Future minimum payments under noncancellable operating leases with terms of one year or more are as follows:

Year ending September 30,		
2015	$	4,576
2016		4,256
2017		3,705
2018		2,696
2019		2,448
Thereafter		4,938
	$	22,619

Rental expense under operating leases amounted to $7,462 and $5,989 in 2014 and 2013, respectively.

NOTE 11 – RELATED-PARTY TRANSACTIONS

The Medical Center utilized various centralized programs and overhead services of the System or its other sponsored organizations including risk management, retirement services, treasury, debt management, executive management support, and administrative services. The charges allocated to the Medical Center for these services represent both allocations of common costs and specifically identified expenses that are incurred by the System on behalf of the Medical Center. Allocations are based on relevant metrics such as the Medical Center's pro rata share of revenues, certain costs, debt, or investments to the consolidated totals of the System. The amounts charged to the Medical Center for these services may not necessarily result in the net costs that would be incurred by the Medical Center on a stand-alone basis. The Medical Center then allocates a portion of such costs to all the affiliated entities based on a pro-rata share of operating expenses. The charges allocated to the Medical Center, net of $164 and $193 allocated to affiliated entities, were approximately $7,261 and $3,973 for the years ended September 30, 2014 and 2013, respectively.

Prior to July 1, 2013, the allocated charges were reported as purchased services on the accompanying Consolidated Statements of Operations and Changes in Net Assets. Effective July 1, 2013, a portion of the allocated charges were reported as transfers to System, parent, and affiliated entities, net, in·the accompanying Consolidated Statements of Operations and Changes in Net Assets. Charges of $5,445 and $1,229 were recorded as transfers for the years ended September 30, 2014 and 2013, respectively.

NOTE 11 – RELATED-PARTY TRANSACTIONS (CONTINUED)

In addition, the System is in the process of implementing a System-wide information technology process standardization project that is expected to be fully implemented by June 30, 2016. SVHS' implementation was completed in September 2013. The Medical Center has been and will continue to be allocated its share of the costs to fund this project. The Medical Center then allocates such funding to all affiliated entities based on a pro-rata share of operating expenses. The Medical Center made payments to the System, net of funding allocated to affiliated entities, of $5,373 and $5,863 for the years ended September 30, 2014 and 2013, respectively. These payments are included in transfers to System, parent, and affiliated entities, net, in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

With the implementation of the project, the System has established a shared Ministry Service Center (MSC) to manage a portion of the routine accounting, payroll and human resource services. For the years ended September 30, 2014 and 2013, the Medical Center paid $2,099 and $181, respectively, to the MSC as a pro-rated share of the allocated costs.

During 2014 and 2013, the Medical Center transferred $0 and $513, respectively, to the System to fund the Medical Center's allocated portion of an unmet debt obligation of a former member of the obligated group. The transfers are included in transfers to System, parent, and affiliated entities, net, on the accompanying Consolidated Statements of Operations and Changes in Net Assets.

During 2014 and 2013, the Medical Center transferred $1,008 and $10,494, respectively, to the System to fund its allocated portion of the System obligations of both the System and several of its members. The transfers are included in transfers to System, parent, and affiliated entities, net, in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

During 2014 and 2013, the Medical Center transferred $281 and $572, respectively, to the System to fund the Medical Center's allocated portion of cost associated with ministry services provided by the Daughters of Charity. The transfers are included in transfers to System, parent, and affiliated entities, net in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

NOTE 11 – RELATED-PARTY TRANSACTIONS (CONTINUED)

During 2013, the Medical Center transferred $2,000 to SVHS which was then simultaneously transferred to St. Vincent's Development Corporation (Development Corp.), also an affiliate of SVHS, to be used to support operating losses on properties held by Development Corp. for the future needs of the Medical Center and SVHS.

During the year ended September 30, 2014, the Medical Center transferred a residential property to Development Corp. at the property's net book value of $210, which approximated the fair value of the property on the date of transfer. The transfer is included in transfers to System, parent and affiliated entities, net in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

The Medical Center operates consolidated supportive functions, including information services, accounting, payroll, purchasing, human resources, security, automotive fleet and other miscellaneous services. For the years ended September 30, 2014 and 2013, the Medical Center charged affiliated entities $1,660 and $1,632 for these services, respectively, which have been reported as other operating revenues in the Consolidated Statements of Operations and Changes in Net Assets.

In addition, the Medical Center and its affiliated entities provide all its employees medical insurance coverage through a consolidated self-insured administered program. The Medical Center incurs the entire costs, including actual claims experience, incurred but not reported liabilities and administrative costs. The Medical Center charges affiliated entities based on an estimated per contract premium based on level of participation. For the years ended September 30, 2014 and 2013, the Medical Center charged affiliated entities $2,773 and $2,801, respectively. The amount charged to affiliated entities may not result in the net costs that would be incurred if each affiliated entity were on a stand-alone basis.

The Medical Center leases several properties from affiliated entities for various programs and additional classroom space for the College. For the years ended September 30, 2014 and 2013, the Medical Center paid rent to affiliated entities of $501 and $452, respectively.

The Medical Center purchases facility management services from Development Corp. for management of properties other than its two main and several outpatient facilities. The Medical Center paid fees to Development Corp. of $422 and $260 for the years ended September 30, 2014 and 2013, respectively.

(Dollars in Thousands)

NOTE 11 – RELATED-PARTY TRANSACTIONS (CONTINUED)

As described in the Organization and Mission footnote, on July 1, 2013 Hall-Brooke merged its remaining operations and all of its assets with the Medical Center and the Medical Center assumed all of the outstanding liabilities and future operations of Hall-Brooke and the responsibility to continue to engage in the operations of the remaining services. In connection with the merger, net assets of $6,031 were transferred to the Medical Center.

As partial consideration associated with the transfer of inpatient operations on October 1, 2008, the Medical Center entered into a long-term note agreement with Hall-Brooke, whereby the Medical center agreed to assume the principal and interest payments of Hall-Brooke's outstanding CHEFA Variable Rate Demand Revenue Bonds, Series 1999B (Bonds) as of the date of the transfer. The terms of the note were consistent with the terms of the Bonds. Hall-Brooke legally transferred its obligation under the Bonds directly to the Medical Center on July 1, 2013.

As of September 30, 2014 and 2013, the Medical Center's amounts (due to) from System, parent and affiliated entities, net, are as follows:

	2014	2013
Special Needs - shared services	$ (410)	$ (818)
St. Vincent's Medical Center Foundation, Inc. - shared services	3,942	2,866
St. Vincent's Development Corporation - shared services	1,215	1,698
System - shared services	(3,620)	(2,201)
	$ 1,127	$ 1,545

(Dollars in Thousands)

NOTE 12 – TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS

Temporarily restricted net assets are available for the following purposes:

	2014	2013
Health care services	$ 4,902	$ 3,741
Education and training	2,378	2,375
Capital	3,653	3,595
Other	3,252	3,067
	$ 14,185	$ 12,778

Permanently restricted net assets are to be held in perpetuity, the income from which is used for temporarily restricted Medical Center activities and expendable for the following purposes:

	2014	2013
Health care services	$ 6,258	$ 6,249
Education and training	2,400	1,935
Capital	1,393	1,393
Other	2,002	1,937
	$ 12,053	$ 11,514

NOTE 13 – CONTINGENCIES AND COMMITMENTS

In addition to professional liability claims, the Medical Center is involved in litigation and regulatory investigations arising in the ordinary course of business. In the opinion of management, after consultation with legal counsel, these matters are expected to be resolved without a material adverse effect on the Medical Center's consolidated financial position.

In January 2006, the Medical Center, AHIL, and an insurance provider entered into an agreement to provide professional liability insurance for community physicians. The agreement stipulates that future actuarial gains and losses will be solely the responsibility of the Medical Center. As of September 30, 2014 and 2013, such gains and losses cannot be determined. Management expects any related adjustment will not have a material adverse effect on the Medical Center's consolidated financial position.

NOTE 13 – CONTINGENCIES AND COMMITMENTS (CONTINUED)

In March 2013, Ascension and some of its subsidiaries were named as defendants to litigation surrounding the Church Plan status of the Ascension Plan. On May 9, 2014, the United States District Court, Eastern District of Michigan, Southern Division, issued its Decision and Order Granting Defendants' Motion to Dismiss, which effectively dismissed the case against the System. While the plaintiff in the case could appeal the decision, in such event, the Medical Center does not believe that this matter would have a material adverse effect on the Medical Center's consolidated financial position or results of operations.

In September 2010, Ascension Health received a letter from the U.S. Department of Justice (the DOJ) in connection with its nationwide review to determine whether, in certain cases, implantable cardioverter defibrillators (ICDs) were provided to certain Medicare beneficiaries in accordance with national coverage criteria. In connection with this nationwide review, the Medical Center will be reviewing applicable medical records for response to the DOJ. The DOJ's investigation spans a time frame beginning in 2003 and extending through the present time. To date, the System has entered into settlement discussions with the DOJ regarding three System hospitals subject to the ICD investigation.

MARCUM
ACCOUNTANTS ▲ ADVISORS

INDEPENDENT AUDITORS' REPORT
ON SUPPLEMENTARY INFORMATION

To the Board of Directors
The St. Vincent's Medical Center

We have audited the 2014 consolidated financial statements of The St. Vincent's Medical Center as of and for the year ended September 30, 2014, and have issued our report dated thereon February 19, 2015, which contains an unmodified opinion on those consolidated financial statements and which appears on page 1. Our audit was performed for the purpose of forming an opinion on the 2014 consolidated financial statements as a whole. The 2014 consolidating balance sheet, the 2014 consolidating statement of operations and changes in unrestricted net assets, and the 2014 schedule of net cost of providing care of persons living in poverty and community benefit programs are presented for the purpose of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2014 consolidated financial statements. The 2014 information has been subjected to the auditing procedures applied in the audit of the 2014 consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2014 consolidated financial statements or to the 2014 consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the 2014 information is fairly stated in all material respects in relation to the 2014 consolidated financial statements taken as a whole.

Marcum LLP

Hartford, CT
February 19, 2015

THE ST. VINCENT'S MEDICAL CENTER

SCHEDULE I – CONSOLIDATING BALANCE SHEET

(Dollars in Thousands)

SEPTEMBER 30, 2014

	The St. Vincent's Medical Center	The St. Vincent's Multispecialty Group, Inc.	The St. Vincent's College, Inc.	Consolidated The St. Vincent's Medical Center
Assets				
Current Assets				
Cash and cash equivalents	$ 654	$ 971	$ 852	$ 2,477
Accounts receivable, less allowances for ucollectible accounts of $26,400	61,867	5,722	--	67,589
Due from System, parent and affiliated entities, net	5,579	(3,840)	(612)	1,127
Inventories and other current assets	10,814	766	3,222	14,802
Total Current Assets	78,914	3,619	3,462	85,995
Interest in Investments Held by Ascension	351,018	666	11,428	363,112
Assets Limited as to Use				
Temporarily restricted	222	--	39	261
Temporarily restricted interest in The St. Vincent's Medical Center Foundation, Inc.	12,026	--	1,898	13,924
Permanently restricted	68	--	--	68
Permanently restricted interest in The St. Vincent's Medical Center Foundation, Inc.	9,785	--	2,200	11,985
Total Assets Limited as to Use	22,101	--	4,137	26,238
Unrestricted Interest in The St. Vincent's Medical Center Foundation, Inc.	--	--	312	312
Property and Equipment				
Land and improvements	8,883	--	--	8,883
Buildings and equipment	425,306	3,104	3,406	431,816
Construction in progress	1,646	608	21	2,275
	435,835	3,712	3,427	442,974
Less accumulated depreciation	(258,287)	(1,173)	(980)	(260,440)
Total Property and Equipment, net	177,548	2,539	2,447	182,534
Capitalized Software Costs, net	26,298	--	--	26,298
Other Assets	11,199	760	--	11,959
Pension Asset	6,817	(416)	(679)	5,722
Total Assets	$ 673,895	$ 7,168	$ 21,107	$ 702,170

See independent auditors' report on supplementary information.

THE ST. VINCENT'S MEDICAL CENTER

SCHEDULE I – CONSOLIDATING BALANCE SHEET (CONTINUED)
(Dollars in Thousands)

SEPTEMBER 30, 2014

	The St. Vincent's Medical Center	The St. Vincent's Multispecialty Group, Inc.	The St. Vincent's College, Inc.	Consolidated The St. Vincent's Medical Center
Liabilities and Net Assets				
Current Liabilities				
Accounts payable and accrued liabilities	$ 43,738	$ 5,894	$ 3,481	$ 53,113
Current portion of long-term debt	885	--	--	885
Estimated third-party payor settlements	10,642	--	--	10,642
Total Current Liabilities	55,265	5,894	3,481	64,640
Noncurrent Liabilities				
Long-term debt	56,503	--	--	56,503
Other postretirement liabilities	4,978	--	216	5,194
Self-insurance liabilities	2,558	1,143	--	3,701
Other	9,618	13	--	9,631
Total Noncurrent Liabilities	73,657	1,156	216	75,029
Total Liabilities	128,922	7,050	3,697	139,669
Net Assets				
Unrestricted	522,872	118	13,273	536,263
Temporarily restricted	12,248	--	1,937	14,185
Permanently restricted	9,853	--	2,200	12,053
Total Net Assets	544,973	118	17,410	562,501
Total Liabilities and Net Assets	$ 673,895	$ 7,168	$ 21,107	$ 702,170

See independent auditors' report on supplementary information.

THE ST. VINCENT'S MEDICAL CENTER

SCHEDULE II – CONSOLIDATING STATEMENT OF OPERATIONS AND CHANGES IN UNRESTRICTED NET ASSETS

(Dollars in Thousands)

FOR THE YEAR ENDED SEPTEMBER 30, 2014

	The St. Vincent's Medical Center	The St. Vincent's Multispecialty Group, Inc.	The St. Vincent's College, Inc.	Eliminations	Consolidated The St. Vincent's Medical Center
Operating Revenues					
Net patient service revenue	$ 432,003	$ 33,797	$ --	$ --	$ 465,800
Less provision for doubtful accounts	30,938	3,160	--	--	34,098
Net patient service revenue, less provision for doubtful accounts	401,065	30,637	--	--	431,702
Other revenues	20,396	31,004	7,060	(34,285)	24,175
Net assets released from restrictions for operations	252	--	1,229	--	1,481
Total Operating Revenues	421,713	61,641	8,289	(34,285)	457,358
Operating Expenses					
Salaries and wages	154,634	38,151	4,844	--	197,629
Employee benefits	42,619	6,024	1,285	--	49,928
Purchased services	68,296	5,276	514	(26,329)	47,757
Professional fees	16,070	13,835	207	(7,675)	22,437
Supplies	55,784	818	163	--	56,765
Insurance	4,738	1,016	6	--	5,760
Interest	1,818	--	--	--	1,818
Depreciation and amortization	26,699	613	171	--	27,483
Other	26,781	4,577	1,279	(281)	32,356
Total Operating Expenses Before Non-Recurring Losses, net	397,439	70,310	8,469	(34,285)	441,933
Income (Loss) from Operations Before Non-Recurring Losses, net	24,274	(8,669)	(180)	--	15,425
Non-Recurring Losses, net	(953)	7	--	--	(946)
Income (Loss) from Operations	23,321	(8,662)	(180)	--	14,479

See independent auditors' report on supplementary information.

THE ST. VINCENT'S MEDICAL CENTER

SCHEDULE II – CONSOLIDATING STATEMENT OF OPERATIONS AND CHANGES IN UNRESTRICTED NET ASSETS (CONTINUED)

(Dollars in Thousands)

FOR THE YEAR ENDED SEPTEMBER 30, 2014

	The St. Vincent's Medical Center	The St. Vincent's Multispecialty Group, Inc.	The St. Vincent's College, Inc.	Eliminations	Consolidated The St. Vincent's Medical Center
Nonoperating Gains (Losses)					
Investment returns, net	$ 21,911	$ 32	$ 699	$ --	$ 22,642
Other	(250)	--	250	--	--
Total Nonoperating Gains, net	21,661	32	949	--	22,642
Excess (Deficiency) of Revenues and Gains Over Expenses and Losses	44,982	(8,630)	769	--	37,121
Unrestricted Net Assets					
Transfers to System, parent, and affiliated entities, net	(39,784)	25,825	(298)	--	(14,257)
Net assets released from restrictions for property acquisitions	(275)	--	--	--	(275)
Pension and other postretirement liability adjustments	161	20	17	--	198
Increase in Unrestricted Net Assets	5,084	17,215	488	--	22,787
Unrestricted Net Assets - Beginning	517,788	(17,097)	12,785	--	513,476
Unrestricted Net Assets - Ending	$ 522,872	$ 118	$ 13,273	$ --	$ 536,263

See independent auditors' report on supplementary information.

THE ST. VINCENT'S MEDICAL CENTER

SCHEDULE III – NET COST OF PROVIDING CARE OF PERSONS LIVING IN POVERTY AND COMMUNITY BENEFIT PROGRAMS

(Dollars in Thousands)

FOR THE YEAR ENDED SEPTEMBER 30, 2014

The net cost to the Medical Center, excluding the provision for bad debt expense, of providing care of persons living in poverty and other community benefit programs is as follows:

Traditional charity care provided	$	5,600
Unpaid cost of public programs for persons living in poverty		23,850
Other programs for persons living in poverty and other vulnerable persons		4,443
Community benefit programs		6,484
Care of persons living in poverty and community benefit programs	$	40,377

See independent auditors' report on supplementary information.

Form **8868**
(Rev. January 2014)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at** *www.irs.gov/form8868* .

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- 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.

		Enter filer's identifying number
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 (other than individual)	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

- The books are in the care of ▶ John C. Gleckler
  2800 Main Street - Bridgeport, CT 06606-4201
  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, 2015 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year ______ or
▶ [X] tax year beginning OCT 1, 2013 , and ending SEP 30, 2014 .

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 Forms 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 Forms 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 funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- 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 File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. St. Vincent's Medical Center	Employer identification number (EIN) or 06-0646886
	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-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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.

- The books are in the care of ▶ John C. Gleckler
  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, 2015.

5 For calendar year ______, or other tax year beginning OCT 1, 2013, and ending SEP 30, 2014.

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 Forms 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 Forms 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 ▶ Date ▶