** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning OCT 1, 2011 **and ending** SEP 30, 2012

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 country, and ZIP + 4 Bridgeport, CT 06606-4201

D Employer identification number 06-0646886

E Telephone number (203) 576-5551

G Gross receipts $ 461,107,922.

F Name and address of principal officer: Susan Davis, RN, Ed. D
same as C above

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ www.stvincents.org

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	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	2976
6	Total number of volunteers (estimate if necessary)	6	282
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	113,236.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-3,040.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	8,778,741.	4,257,847.
	9	Program service revenue (Part VIII, line 2g)	360,977,775.	405,954,299.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,999,121.	19,348,600.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,643,598.	31,546,286.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	389,399,235.	461,107,032.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	776,679.	652,292.
	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)	182,481,989.	196,959,230.
	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)	167,207,946.	177,039,996.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	350,466,614.	374,651,518.
	19	Revenue less expenses. Subtract line 18 from line 12	38,932,621.	86,455,514.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	583,471,385.	638,641,324.
	21	Total liabilities (Part X, line 26)	137,545,199.	143,357,133.
	22	Net assets or fund balances. Subtract line 21 from line 20	445,926,186.	495,284,191.

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

▶ John C. Gleckler, Senior VP/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
Matthew A. Montgomery	Matthew A. Montgomery	7/31/2013		P00492843

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 to any question in this Part III [X]

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 336,771,961. including grants of $ 652,292.) (Revenue $ 405,841,063.)

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 122,800 patient days of service and had approximately 271,900 outpatient visits during the fiscal year ended September 30, 2012. St. Vincent's Medical Center also provided approximately $42.7 million dollars in uncompensated care to patients and provided many other programs of benefit to its community which are better detailed in Schedule H of this filing.

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

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

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 336,771,961.

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; 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, XII, and XIII*	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, XII, and XIII 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 assistance to any organization or entity located outside the United States? *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 assistance to individuals located outside the United States? *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 and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, 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 25*	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		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, Parts II, III, IV, and V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	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 11 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 to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	428		
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	X	
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	2976		
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," 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?		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	0		
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 to any question 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	16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶
John C. Gleckler - (203) 576-6000
2800 Main Street, Bridgeport, CT 06606-4201

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): 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) Ruben Rodriguez Chairperson	1.00	X						0.	0.	0.
(2) Daniel Gottschall, M.D. Vice Chairperson	40.00	X						68,645.	0.	0.
(3) Charles Strauss Secretary	1.00	X						0.	0.	0.
(4) Anthony Milano Treasurer	1.00	X						0.	0.	0.
(5) Sister Martha Beaudoin, D.C. Director	1.00	X						0.	0.	0.
(6) Peter Boone, M.D. Director	1.00	X						0.	0.	0.
(7) George Goldfarb, M.D. Director	1.00	X						0.	0.	0.
(8) Edward Grossman, M.D. Director	1.00	X						0.	0.	0.
(9) Sr. Maura Hobart, D.C. Director	1.00	X						0.	0.	0.
(10) Jean LaVecchia Director (start 7/12)	1.00	X						0.	0.	0.
(11) Manuel Pun, M.D. Director	1.00	X						0.	0.	0.
(12) Mark Thompson Director (start 7/12)	1.00	X						0.	0.	0.
(13) Anthony Vallillo Director	1.00	X						0.	0.	0.
(14) Brian Worrell Director	1.00	X						0.	0.	0.
(15) Susan L. Davis, RN, Ed.D President/CEO - SVHS	40.00	X		X				1,437,521.	0.	39,988.
(16) Stuart Marcus, M.D. President - SVMC	40.00	X		X				801,840.	0.	36,434.
(17) John C. Gleckler Senior VP/CFO	40.00			X				517,082.	0.	65,872.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) Ronald J. Bianchi Senior VP (end 8/12)	40.00				X			415,106.	0.	136,532.
(19) Kerry Eaton Sr VP/Admin (end 9/12)	40.00				X			407,497.	0.	59,123.
(21) Lawrence Schek, M.D. Senior VP/CMO	40.00				X			595,791.	0.	30,465.
(22) Douglas Ross, M.D. Clinical VP Surg Svcs	40.00					X		594,133.	0.	37,330.
(23) Mitchell Fogel, M.D. Clinical VP Medicine	40.00					X		519,003.	0.	35,578.
(24) Jody Gerard, M.D. Chairperson ED	40.00					X		486,107.	0.	29,635.
(25) Frank Illuzzi, M.D. Chairperson ED	40.00					X		437,367.	0.	48,608.
(26) Steven Younes Chief HR Officer	40.00					X		420,214.	0.	27,304.

	(D)	(E)	(F)
1b Sub-total ▶	6,700,306.	0.	546,869.
c Total from continuation sheets to Part VII, Section A ▶	0.	0.	0.
d Total (add lines 1b and 1c) ▶	6,700,306.	0.	546,869.

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 ▶ 253

		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
Mintz & Hoke Dept 5265, 40 Tower Lane, Avon, CT 06001	Media Advertising Services	1,520,881.
Davita P.O. Box 403008, Atlanta, GA 30384-3838	Patient Acute Care Services	1,060,186.
Fitness Financial, 2066 14th Avenue, Suite 200, Vero Beach, FL 32961	Collection Services	951,983.
Levett Rockwood, P.C., 33 Riverside Avenue, P.O. Box 5116, Westport, CT 06880	Legal Services	919,848.
Delta IT Consulting 1200 6th Avenue N. #8, Seattle, WA 98109	IT Consulting Services	783,583.

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 ▶ 58

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d 4,199,099.				
	e Government grants (contributions)	1e 18,750.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 39,998.				
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a-1f ▶		4,257,847.			
Program Service Revenue		Business Code				
	2 a Patient Services	621500	405,954,299.	405,841,063.	113,236.	
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ▶		405,954,299.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		19,341,465.			19,341,465.
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6 a Gross rents	234,413. /				
	b Less: rental expenses	0. /				
	c Rental income or (loss)	234,413. /				
	d Net rental income or (loss) ▶		234,413.			234,413.
	7 a Gross amount from sales of assets other than inventory	(i) Securities / (ii) Other: 8,025.				
	b Less: cost or other basis and sales expenses	(ii) 890.				
	c Gain or (loss)	(ii) 7,135.				
	d Net gain or (loss) ▶		7,135.			7,135.
	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 Pension Curtlmnt Gain	900099	23,761,911.			23,761,911.
	b Pension Overfunding	900099	4,046,831.			4,046,831.
	c Cafeteria/Coffee Bar	624200	1,711,866.			1,711,866.
	d All other revenue	900099	1,791,265.			1,791,265.
	e **Total.** Add lines 11a-11d ▶		31,311,873.			
	12 **Total revenue.** See instructions. ▶		461,107,032.	405,841,063.	113,236.	50,894,886.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

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	652,292.	652,292.		
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	4,345,142.		4,345,142.	
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	148,161,009.	135,726,546.	12,434,463.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	626,533.	557,599.	68,934.	
9 Other employee benefits	32,473,579.	28,900,649.	3,572,930.	
10 Payroll taxes	11,352,967.	10,103,848.	1,249,119.	
11 Fees for services (non-employees):				
a Management				
b Legal	1,378,129.		1,378,129.	
c Accounting	460,388.		460,388.	
d Lobbying	44,086.		44,086.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	52,116,291.	46,659,237.	5,457,054.	
12 Advertising and promotion	2,411,612.	1,540.	2,410,072.	
13 Office expenses	2,067,769.	1,597,689.	470,080.	
14 Information technology	15,023,366.	14,957,600.	65,766.	
15 Royalties				
16 Occupancy	9,236,551.	8,717,266.	519,285.	
17 Travel	72,394.	31,141.	41,253.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	992,750.	789,378.	203,372.	
20 Interest	2,149,177.	2,149,177.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,795,128.	22,230,310.	564,818.	
23 Insurance	3,645,688.	3,645,688.		
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	55,632,413.	55,273,020.	359,393.	
b Equip. Rental & Maint.	3,262,692.	3,162,887.	99,805.	
c Intracompany Allocation	2,669,887.	496,033.	2,173,854.	
d Dues and Memberships	1,094,768.	338,150.	756,618.	
e All other expenses	1,986,907.	781,911.	1,204,996.	
25 **Total functional expenses.** Add lines 1 through 24e	374,651,518.	336,771,961.	37,879,557.	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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		10,039.	1	7,600.
	2	Savings and temporary cash investments		6,828,291.	2	19,241,184.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		48,930,341.	4	51,574,904.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net		343,228.	7	0.
	8	Inventories for sale or use		2,851,454.	8	3,919,599.
	9	Prepaid expenses and deferred charges		7,498,999.	9	8,415,777.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 421,468,266.			
	b	Less: accumulated depreciation	10b 218,139,590.	217,703,222.	10c	203,328,676.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	12,286,886.
	15	Other assets. See Part IV, line 11		299,305,811.	15	339,866,698.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		583,471,385.	16	638,641,324.
Liabilities	17	Accounts payable and accrued expenses		41,629,714.	17	49,903,942.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		22,009,000.	20	21,147,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	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		73,906,485.	25	72,306,191.
	26	**Total liabilities.** Add lines 17 through 25		137,545,199.	26	143,357,133.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		427,406,637.	27	475,180,378.
	28	Temporarily restricted net assets		10,120,154.	28	10,569,939.
	29	Permanently restricted net assets		8,399,395.	29	9,533,874.
		Organizations that do not follow SFAS 117, 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		445,926,186.	33	495,284,191.
	34	Total liabilities and net assets/fund balances		583,471,385.	34	638,641,324.

Form **990** (2011)

132011 01-23-12

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	461,107,032.
2	Total expenses (must equal Part IX, column (A), line 25)	2	374,651,518.
3	Revenue less expenses. Subtract line 2 from line 1	3	86,455,514.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	445,926,186.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-37,097,509.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	495,284,191.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] 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
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: [ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis			
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		

Form **990** (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047
2011
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 [X] 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 - Other

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

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

Schedule A (Form 990 or 990-EZ) 2011

132021
01-24-12

09530731 099907 SVMC6886CIN0 2011.05090 St. Vincent's Medical Cente SVMC6881

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6, column (f) divided by line 11, column (f)) .... 14 %

15 Public support percentage from 2010 Schedule A, Part II, line 14 .... 15 %

16a **33 1/3% support test - 2011.** 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 - 2010.** 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 - 2011.** 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 - 2010.** 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2011.** 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 - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

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

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		$ 4,127,900.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2		$ 71,199.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3		$ 39,998.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

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.**

OMB No. 1545-0047

2011

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-.

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)** 2008	**(b)** 2009	**(c)** 2010	**(d)** 2011	**(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		44,086.
j Total. Add lines 1c through 1i			44,086.
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**

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

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

Lobbying expenses represent payments to Kenneth L. Przybysz, LLC and the portion of dues paid to National and State Hospital Associations that are specifically allocable to lobbying.

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

Part IV **Supplemental Information** *(continued)*

(including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number
St. Vincent's Medical Center	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)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

9 In Part XIV, 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 XIV, 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 XIV.

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 XIV 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 XIV.

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	8,417,000.	8,440,000.	7,136,000.	7,088,000.	
b Contributions	1,027,000.	18,000.	1,451,000.	28,000.	
c Net investment earnings, gains, and losses	1,610,000.	-43,000.	763,000.	-56,000.	
d Grants or scholarships					
e Other expenditures for facilities and programs	105,000.	-26,000.	6,000.	15,000.	
f Administrative expenses	420,000.	24,000.	904,000.	-91,000.	
g End of year balance	10,529,000.	8,417,000.	8,440,000.	7,136,000.	

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

a Board designated or quasi-endowment ▶ ______ %

b Permanent endowment ▶ 91.00 %

c Temporarily restricted endowment ▶ 9.00 %

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 XIV the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,021,139.		4,021,139.
b Buildings		288,920,542.	127,170,979.	161,749,563.
c Leasehold improvements				
d Equipment		124,597,921.	87,633,985.	36,963,936.
e Other		3,928,664.	3,334,626.	594,038.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				203,328,676.

Schedule D (Form 990) 2011

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Due from Affiliates	7,798,699.
(2) Interest in Investments Held by Ascension Health Alliance	312,210,123.
(3) Interest in St. Vincent's Foundation	19,822,568.
(4) Due from Specific Purpose Funds	35,308.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	339,866,698.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Due to Affiliates	37,514,278.
(3) Self-Insurance Liabilities	2,466,330.
(4) Estimated Third Party Payors Settlements	12,000,412.
(5) Accrued Pension	8,311,112.
(6) Other	644,784.
(7) Accrued Post Retirmnt Benefits other than Pensions	2,474,143.
(8) Accrued Professional Liability Deduct	1,706,683.
(9) Deferred Compensation Liabilities	7,188,449.
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	72,306,191.

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	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 XIV.)	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 XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	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 XIV.)	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 XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4: The endowment funds were established to support the mission of the organization by providing funding for various clinical areas and needs of the Medical Center and its patients, staff, and volunteers. Each fund is used for the specific purpose designated by the donor. Many funds are available for the running of clinical programs and the purchase of capital needs for those programs. Other funds are available for staff education and support. Some funds provide for patient education, screening, support, or to provide free or reduced care to very

Part XIV Supplemental Information *(continued)*

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

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

SCHEDULE H (Form 990)

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.

OMB No. 1545-0047

2011

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. ☐ 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) to determine eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☒ 200% ☐ Other ____ %	3a	X	
b	Did the organization use FPG to determine eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other ____ %	3b	X	
c	If the organization did not use FPG to determine 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, to determine 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		
b	If "Yes," did the organization make it available to the public?	6b		

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)		3,108	5,058,729.		5,058,729.	1.35%
b Medicaid (from Worksheet 3, column a)		26,205	16,216,869.		16,216,869.	4.33%
c Costs of other means-tested government programs (from Worksheet 3, column b)		43,633	9,132,883.		9,132,883.	2.44%
d **Total** Financial Assistance and Means-Tested Government Programs		72,946	30,408,481.		30,408,481.	8.12%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	37	28,166	1,519,397.		1,519,397.	.41%
f Health professions education (from Worksheet 5)	5	1,100	9,252,600.		9,252,600.	2.47%
g Subsidized health services (from Worksheet 6)	2	3,645	1,365,824.		1,365,824.	.36%
h Research (from Worksheet 7)	1	8				
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2		88,577.		88,577.	.02%
j **Total.** Other Benefits	47	32,919	12,226,398.		12,226,398.	3.26%
k **Total.** Add lines 7d and 7j	47	105,865	42,634,879.		42,634,879.	11.38%

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	1	6	14,659.		14,659.	.00%
2 Economic development						
3 Community support	6	956	75,034.		75,034.	.02%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	2	433	4,735.		4,735.	.00%
8 Workforce development						
9 Other						
10 Total	9	1,395	94,428.		94,428.	.02%

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	2	9,132,885.		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy	3			

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	171,573,456.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	171,257,422.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	316,034.

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 (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 and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
1 St. Vincent's Medical Center 2800 Main Street Bridgeport, CT 06606	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 listed in Part V, Section A)

Name of Hospital Facility: St. Vincents Medical Center

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply):			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20____			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit 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 Needs Assessment			
g ☐ Prioritization of health needs in its community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	9	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: 200 %			
If "No," explain in Part VI the criteria the hospital facility used.			

Part V Facility Information *(continued)* St. Vincents Medical Center

			Yes	No
10	Used FPG to determine eligibility for providing *discounted* care?	**10**	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: 400 %			
	If "No," explain in Part VI the criteria the hospital facility used.			
11	Explained the basis for calculating amounts charged to patients?	**11**	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	[ ] Uninsured discount			
f	[X] Medicaid/Medicare			
g	[ ] State regulation			
h	[ ] Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	**12**	X	
13	Included measures to publicize the policy within the community served by the hospital facility?	**13**	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	[ ] The policy was available on request			
g	[X] Other (describe in Part VI)			
	Billing and Collections			
14	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?	**14**	X	
15	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:			
a	[ ] Reporting to credit agency			
b	[ ] Lawsuits			
c	[ ] Liens on residences			
d	[ ] Body attachments			
e	[ ] Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	**16**		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 Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):			
a	[ ] Notified patients of the financial assistance policy on admission			
b	[ ] Notified patients of the financial assistance policy prior to discharge			
c	[ ] Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d	[ ] Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
e	[ ] Other (describe in Part VI)			

Part V Facility Information *(continued)* St. Vincents Medical Center

Policy Relating to Emergency Medical Care

		Yes	No
18 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?	**18**	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 Part VI)
- **d** ☐ Other (describe in Part VI)

Individuals Eligible for Financial Assistance

19 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 Part VI)

		Yes	No
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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 Part VI.	**20**		X
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? If "Yes," explain in Part VI.	**21**		X

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 8

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

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

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

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

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

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

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

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

Part I, Line 7: The cost of providing charity care, means tested government programs and community benefit programs is estimated using internal cost data, and is calculated in compliance with guidelines established by both the Catholic Health Association (CHA) and the Internal Revenue Service. The organization uses a cost accounting system that addresses all patient segments. The best available data was used to calculate the amounts reported in the table. For the information in the table, a cost accounting system was used for all data.

Part I, Line 7g: The organization employs its physicians at physician clinics, so the associated costs and charges relating to those physician services are included in all relevant categories in Part I.

Part II: Saint Vincent's Medical Center provided community building activities in FY 2012. Breast cancer screenings and mobile mammograms were provided to underserved women. The Medical Center also provided education about the importance of early detection of breast cancer. Prostate cancer screenings were conducted for uninsured men in the community, as well. St. Vincent's also operated a Family Health

Part VI Supplemental Information

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

Part III, Line 4: The provision for bad debt expense 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 uncollectible 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 bad debt expense to establish an appropriate allowance for uncollectible accounts. After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the Medical Center follows established guidelines for placing certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by Ascension Health. Accounts receivable are written off after collection efforts have been followed in accordance with the Medical Center's policies. The organization's bad debt expense for 2012 was $27,410,512 at charges.

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 VI Supplemental Information

Part III, Line 9b: The St. Vincent's Medical Center Collection and Debt Referral Policy states "All patients receiving services are given the opportunity to take advantage of policies developed to assist them financially. These policies include Charity Care, Free Bed Funds, financial counseling as well as State and Federal programs."

St. Vincents Medical Center:

Part V, Section B, Line 13g: 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.

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

Our tradition of improving the health of the community dates back over 110 years, when local Catholic physicians identified a need to meet the holistic needs of the large European immigrant population. They

Part VI Supplemental Information

contacted the pastor of the Cathedral of St. Augustine, who in turn collaborated with The Daughters of Charity. Their vision was realized when the doors of SVMC opened in June 1903. Since that time, all associates of SVMC have stood behind its mission to support underserved patients and their families. Our mission, vision, and values provide a strong foundation for the work we do - a framework that expresses our priorities for what we will achieve and how we will achieve it.

SVMC is committed to making a lasting impact on the community it serves. To that end, SVMC has organized the Primary Care Providers in the City of Bridgeport into a Primary Care Action Group (PCAG). The expressed purpose of this group is to increase the access of the underserved and uninsured to Primary Care and Specialty Care. The group has developed guiding principles and a strategic action plan to achieve its objective. Through this effort, SVMC was a key partner in the development of a Regional Health Information Organization, creating the ability to identify overlap in services to each organization's respective clients. In the spring of 2011, under the leadership of SVMC staff, the PCAG launched the Bridgeport Dispensary of Hope, a pharmacy offering medication, free of charge, to the uninsured and underinsured.

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, is leading a comprehensive regional health planning effort comprised of two phases; (1) a Community Health Assessment to identify

Part VI Supplemental Information

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

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

Part VI Supplemental Information

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

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

Part VI, Line 3: The St. Vincent's Medical Center Financial Assistance Program screens patients for all programs that will assist in covering medical expenses, including federal and state programs, free bed funds, and income-based financial assistance.

At the time of pre-registration and registration, all patients who are underinsured or without insurance are referred to an on-site Financial Counselor for an initial screening. The Financial Counselor assesses

Part VI Supplemental Information

the patient's needs and begins the appropriate Financial Assistance application.

Financial Assistance staff is 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 Financial Assistance staff. If a patient contacts the billing or collection agencies and inquires about financial assistance, they will be directed to the Financial Assistance staff. A patient can request financial assistance at any point in the revenue cycle.

Information on financial assistance options is posted in the admitting and registration areas, the Emergency Room, Case Management area, Customer Service, and Patient Access departments. Contact information is clearly visible and information is printed in both English and Spanish.

The Financial Assistance program is highlighted on the organization's external website, with an application for assistance and contact information linked directly. A link to the United Way 211 website is also provided, allowing patients to access further information about available assistance.

A financial assistance brochure has been developed and is available to

Part VI Supplemental Information

patients and families at the time of registration. This brochure is displayed in the Emergency Department, Immediate Health Centers, Case Management, Customer Service, and Patient Access departments. The brochure is also mailed upon request.

By virtue of its location and mission, SVMC's uncompensated care costs were $42.7 million, including charity care and bad debt.

Part VI, Line 4: The primary service area (PSA) of St. Vincent's Medical Center (SVMC) consists of the city of Bridgeport and the surrounding towns of Fairfield, Easton, Monroe, Trumbull, Stratford, and Shelton. The PSA total population is nearly 342,000, which is projected to grow by nearly 4% in the next ten years.

Bridgeport is located in Northeast Fairfield County along Long Island Sound, partway between New York City and Boston. Comprised of 16 square miles of land mass and with 144,229 residents (Census 2010), Bridgeport is the largest City in Connecticut and the fourth largest City in New England. Its 9,014 people per square mile make Bridgeport the most densely populated city in Connecticut.

Bridgeport's surrounding towns are principally white collar, with only pockets of poverty, reflecting, in large part, Fairfield County's affluence. However, Bridgeport is the poorest city in the state and one of the 10 poorest cities in the nation. Bridgeport represents an island of poverty in an otherwise affluent Fairfield County, one of the wealthiest counties in the country. Bridgeport's per capita income average of $19,802 is less than half (45.4%) of neighboring Trumbull

Part VI Supplemental Information

($43,576) and slightly more than one-third (35.6%) of the average per capita income of neighboring Fairfield ($55,579) (American Community Survey 2005-2009). Bridgeport's average per capita income also falls short of both the Connecticut average of $36,468 and the national average of $27,041 (American Community Survey 2005-2009). Although Fairfield County has a reputation for affluence, it is clear that many of the area's residents fall well outside this category, and look to St. Vincent's as a safety net.

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

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

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

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in this geographic area.

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

According to a recent health survey conducted by the Bridgeport Community Allied to Reach Health Equity (Bridgeport CARES 2011), the top 10 health concerns of survey respondents were diabetes (33%); asthma (30%); cancer (26%); homicide (26%); teen pregnancy (19%), domestic violence (18%); child abuse (16%), high blood pressure (15%), HIV/AIDS (15%), and firearm injuries (13%). The top 10 risk factors affecting people's health in Bridgeport are drug abuse, alcohol abuse, dropping out of school, being overweight, unsafe sex, tobacco use, racism, lack of exercise, poor eating habits, and betting or gambling (Bridgeport CARES 2011). Obesity rates in Bridgeport are the highest in the state (Bridgeport CARES 2011) Bridgeport has considerably more people in the morbidly obese category (36.8%) than Connecticut (21%) or the United States (27.2%) as a whole (Bridgeport CARES 2011).

Families, and particularly children, living in poverty are more likely to suffer from poor health, drop out of school, experience hunger, homelessness, and violence. Forty percent of children live in single parent homes compared to 20% Statewide and 32% nationally. The teenage pregnancy rate is 18.9% compared to 8.3% for Connecticut. The 2000

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census shows 38%, or approximately 52,820 adult Residents, had no High School diploma. In 2009, Bridgeport area homeless shelters served 518 adults and 231 children, while a total of 3,136 requests were denied. The poor, homeless, and those with limited education are often less likely to seek preventative care and fill prescriptions and are more likely to delay treatment in an emergency. The uninsured are more likely to suffer from poor health and are up to three times more likely to die early than those with health insurance (Bridgeport Child Advocacy Coalition, 2008).

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

Over the last five years, the service area has seen a sharp decrease in Primary Care Physicians due to retirements and the increased cost of living in the region. In the spring of 2010, SVMC's Medical Staff Development Plan projected a current need for 6 additional Primary Care

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Physicians in the greater Bridgeport community. This projection is only based on the current demographic profile of patients. However, 35% of SVMC physicians are over the age of 55, well over the national average of 28%. Due to the age of our medical staff, there is an anticipated need for an additional 28 Primary Care physicians over the next 10 years.

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

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

The organization is dedicated to promoting healthy living at every stage of life and enhancing life by addressing the unique needs of patients, families, and our community. Healthcare education, wellness, and disease prevention education is offered through a wealth of resources such as symposiums, classes, and support groups. Our outreach programs and partnerships are designed to enhance public health and quality of life in the greater Bridgeport area and improve access to health services for members of the community we serve. We seek to

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advance medical or healthcare knowledge through education and relieve or enhance any ongoing public healthcare efforts. Our programs reach adults and teenagers, men and women, infants and seniors, providing health education and care regardless of ability to pay. To that end, we are proud to have sponsored more than 56 programs in the last fiscal year, reaching more than 40,000 people our community.

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

The Michael J. Daly Center for Emergency and Trauma Care was renamed in December of 2009 as the first section of the expanded and refurbished emergency department which opened in the fall 2010. The completely renovated emergency department, which tripled in size and holds 60 beds, includes specialized trauma and critical care suites, a "Fast Track" area for minor case needs, dedicated OB/GYN rooms, pediatric area, expanded Behavioral Health and Psychiatric area with focus on

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privacy and safety, improvements in diagnostic equipment, including its own CT scanner, ultrasound and X-ray equipment to expedite diagnosis and treatment of emergency room patients and a permanent decontamination facility for hazardous spills.

SVMC's commitment to the community can be seen in the work of our Family Health Center (FHC). The FHC is located one block from the main campus of the hospital. It provides quality care for the patient and their entire family in one convenient location. Specialty services are offered, as well as pediatric services, adult medical care, and geriatric care. Healthcare is provided to those in the Greater Bridgeport community who are uninsured, underinsured, low-income, handicapped, homeless, and/or frail elderly. The FHC provides a private practice model of care to those who lack continuity of care.

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

This breast screening program reaches out to at-risk asymptomatic women

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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 oncology service, which is indicative of SVMC's commitment to provide expert care. The American College of Radiology accredited our Breast Ultrasound and Image-Guided Biopsy services. The ACR Commission on Quality and Safety accredited our Mammography services and Mobile Mammography services. SVMC is committed to voluntary inspection and compliance with defined performance standards. SVMC received Full Accreditation with Commendation from the American College of Surgeon's National Commission on Cancer and the Cancer Center can be characterized as a facility with strong organizational capabilities and institutional commitment.

Unique to this program is our Breast Clinic, which employs a health care team approach and case management involving a radiologist, nurse, technologist, bilingual Hispanic technologist aide, bilingual schedulers, and a bilingual Hispanic coordinator. If breast problems are discovered, one of our two Breast Health Educator/Navigators along

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

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

- Blood pressure screenings
- Blood sugar screenings
- Educational literature - obtained from American Heart Association;

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Cardiovascular Nurses Association; U.S. Department of Health and Human Services Office of Women's Health; National Heart, Lung and Blood Institute and the Diabetes Association

- Counseling
- Body Fat testing
- BMI (Basal Metabolic Index)
- Cholesterol screenings
- Women's Cardiac Assessments
- Framingham Risk Assessment
- Educational lectures by Nursing and Physicians

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

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

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

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The Parish Nurse Program is a broad reaching partnership with 76 churches of all faiths in the greater Bridgeport area. Through the program, our nurses provide education, health screenings and support to the parishioners of the churches.

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

To that end, we are proud to have sponsored more than 56 programs in 2012, reaching more than 40,000 people our community. Overall expenses to run these programs exceed $15 million. Community Health Improvement Services account for the largest type of activity we provide for the community. Under this umbrella, we offered 35 different community health education and support groups, ran ongoing screening and health clinics, and provided medical care for those without access to a medical professional. The Family Health Center (FHC) offered healthcare to nearly 3,000 people in FY2011. Cardiology and Oncology seminars,

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wellness programs, screenings and support groups helped over 4,300 people learn to live healthier lives. Each year, the SWIM serves over 20,000 individuals. Support groups helped more than 700 patients and family members deal with a diagnosis of cancer, offering hope, information, financial support, and psychosocial services. More than 1,000 healthcare professionals and medical students in the Bridgeport area attended our health education seminars and lectures to advance their knowledge and share ideas.

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

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

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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 will prove to be an enormous asset for patients with chronic illness. The Primary Care Action Group and the Dispensary of Hope emphasize the values and institutional commitment to serving the poor and vulnerable throughout the Bridgeport community. In the last FY, Hope Dispensary of Greater Bridgeport has documented 367 unduplicated patients served, 87% of which were below the 200% of the Federal Poverty Level. Additionally, the Dispensary filled 1,722 prescriptions amounting to $284,621 worth of medication.

Volunteers are an integral component to the fulfilling the mission of the organization. In the last FY, 282 volunteers provided the Medical Center with countless hours of service. Volunteers work in every department of the Medical Center, providing nurturing support and expertise to patients and their families.

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

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

As a philanthropic arm, St. Vincent's Medical Center Foundation's (the Foundation) primary purpose is to raise funds in order to help meet certain financial needs of the St. Vincent's Health Services Corporation. 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 $2.65 million a year for the SWIM Across the Sound through over 40 events and to raise over $3 million a year in support of the other entities.

The Foundation works extremely hard year-round, with over 40 SWIM fundraising events a year, to reach people who do not have access to critical screening services, and to provide free or subsidized services

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to the community. SWIM Across the Sound has demonstrated commitment to this cause each year for the last 25 years. Neighboring hospitals, which do not conduct as extensive fundraising for patient care as St. Vincent's, routinely send patients to St. Vincent's when their grant money ends, or when they are not able to pay for free care. St. Vincent's provides a substantial safety net to the region, as you do not need to be a patient at St. Vincent's to be helped by the SWIM.

The SWIM offers 45 unique programs and services ranging from cancer education, support, and screening - from prevention to survivorship. In addition, what truly sets the SWIM apart from other charities is that it also offers one-on-one financial assistance to cancer patients in need. The SWIM helps people with cancer regardless of where they receive their care, so we are an important safety net for the region and a charity of last resort when there is no place left to turn. Often a diagnosis of cancer can be financially devastating to the patient and her/his family. We step in when a patient is undergoing treatment to relieve financial hardships.

The SWIM is there to pay utility bills, car payments, and rent/mortgage payments so a family member can take time off from work to be with their loved one when it is so important to be at their side. The SWIM is there for the patient who is undergoing local radiation and is experiencing some skin reactions and requires a special prescription that is not covered by their insurance. The SWIM is there for the woman who needs a wig and prostheses. The SWIM is there for the family that needs family counseling because there are small children left motherless and they need extra assistance in picking up the pieces and

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moving forward with their own lives. The SWIM is there is to pay transportation costs to get to appointments and to support a patient with nutritional and exercise counseling.

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

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

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

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

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

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

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Vincent's Medical Center, is the only College in the State of Connecticut committed solely to the preparation of nurses and allied health professionals.

The College is rapidly expanding, with academic programs and degrees in nursing, radiologic sciences, medical assisting, and a new nursing baccalaureate completion program enrolling over 100 students in less than a year. The College also offers a number of certificate programs, some designed to provide entry level job skills and others that are post degree certificate and continuing education programs designed to prepare health professionals for additional roles.

The College has traditionally served students from Fairfield and New Haven Counties. During the current academic year:

- 48% of the students come from the greater Bridgeport area.
- Ninety-nine percent (99%) of the current students (average age 28) are Connecticut residents preparing to enter the workforce, in healthcare fields that are seeing continued growth in our state.
- More than 80% of St. Vincent's students work full or part time while also completing their education.
- More than 25% are eligible for Federal Pell Grants and more than 96% received one or more forms of grants or aid.
- Thirty-three percent (33%) of the student population are ethnic minorities.

The vast majority of the College's graduates have sought and found jobs in the Fairfield and New Haven County areas of the state. Future graduates are expected to do the same.

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

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

The St. Vincent's College Outreach Program is designed to address the disparities that exist due to the under representation of minority health professionals in the healthcare system. Through this program the College seeks to increase the diversity of the student body which in turn will enhance the academic environment, challenge long-held biases and provide economic opportunities for those, who because of lack of finances and/or inability to see themselves as vital members of the healthcare workforce, may not enroll as students in a college

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environment. The College community views this as a program that supports social justice.

The implementation of an outreach and engagement strategy has served as an innovative vehicle to introduce the underrepresented students in the population to careers in healthcare. To date, over 650 students have participated in the program. This hands-on educational opportunity has led to the creation of a dynamic community partnership, and serves to demonstrate the deep commitment of the College to the community it has a mission to serve.

Since 2003, St. Vincent's has offered comprehensive educational programs for the community designed to increase awareness and provide resources on a full spectrum of behavioral health issues. St. Vincent's serves the mental health needs of the PSA through both in-patient and outpatient services, through St. Vincent's Behavioral Health, a department of the Medical Center, and Hall-Brooke Behavioral Health Services, an affiliate organization.

The mission of Hall-Brooke Behavioral Health Services is to offer an integrated and complete continuum of mental health, addiction, dual-diagnosis, and supportive services for children, adolescents, and adults. Hall-Brooke strives to fulfill this mission by effectively addressing the behavioral health needs of the community and also strives to be a leader in prevention and education of mental health and substance abuse issues. Hall-Brooke has provided mental health services for more than 110 years. In 2001, a new 60-bed psychiatric hospital was completed, including 34 beds for children and adolescents. This

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facility is now operated by the Medical Center.

Hall-Brooke's Community Residential Services program provides intensive residential support and permanent supportive housing to persons age 18 and over who are homeless with significant behavioral health disorders. Interventions and services are focused on recovery, relapse prevention, development of independence, assistance with activities of daily living, illness self-management, and access to health care benefits, crisis intervention, 24 hour emergency on-call services, and community mainstream services. The program operates 10 shared living residential sites, 9 family units, and 49 scattered site apartments in the communities of Norwalk, Bridgeport, and Fairfield, Connecticut. Based upon 97% occupancy at these sites, Community Residential Services provided approximately 42,400 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.

Seton Academy, located on the Hall-Brooke campus in Westport, CT, is a Connecticut state approved non-public special educational program with group and individual therapy, serving the needs of adolescents who have been unsuccessful in their home school settings.

Two years ago, Hall-Brooke started an outpatient advocacy and treatment services program for children with autism spectrum disorders. St. Vincent's Autism and Developmental Services is meeting the needs of these families by taking health care insurance to pay for needed services including diagnostic evaluations and individual and family

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therapy. The program has served over 100 families in the greater Fairfield County community through resource coordination, diagnostic testing, parent support groups, individual and family therapy, family workshops, sibling support groups and social skills groups.

St. Vincent's Multispecialty Group (MSG) is a subsidiary of the Medical Center. With nearly 200 physicians, nurse practitioners, and physician assistants board certified within their respective specialties, the group is one of the largest provider networks within Fairfield County, Connecticut. The size of the network enables us to offer the community expanded access and coordination of care; however, the singular focus of providing a comprehensive approach to health care is solely dedicated to a patient's individual needs.

St. Vincent's Special Needs Services (SVSNS), is a human services organization with a mission "to foster the physical, educational, spiritual, emotional, and social development of persons with disabilities so they may play, learn, work and live in the community." SVSNS began in 1955 when the organization was founded as a United Cerebral Palsy clinic to provide medical evaluation and therapeutic intervention for young children with cerebral palsy and other developmental disabilities. Several years later a comprehensive school program was developed and licensed by the Connecticut State Board of Education.

A private school program for children with special needs is the central focus of programming provided at the SVSNS Feroleto Children's Development Center in Trumbull, CT. The Center is located in the

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Trumbull Corporate Park and spans 43,000 square feet. This special needs school provides educational and health services to 71 students from several towns throughout the state, the majority being from the Bridgeport school district. Their diagnoses include cerebral palsy, acquired traumatic brain injury, and congenital or chromosomal abnormalities, among others. Most of the students have more than one diagnosis. Twenty-six of the students reside in one of the four pediatric group homes, two of which are 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 conjunction with traditional-based school curricula. The staff includes special education teachers and assistants, physical therapists, occupational therapists, speech language pathologists, registered nurses, licensed practical nurses, and community recreation and family support facilitators. This is the only facility of its kind in the region.

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

Part VI, Line 7, List of States Receiving Community Benefit Report:

CT

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047
2011
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. Check this box if no one recipient 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)	652,292.	0.			Support the exempt function

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.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

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

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charge of specific funds. Special attention is given to stewardship of all donor contributions, and all requests are reviewed by the Foundation's President and Vice President before payments are issued.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2011
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 officers, directors, trustees, and 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. 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		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Susan L. Davis, RN, Ed.D	(i)	684,061.	705,042.	48,418.	14,184.	25,804.	1,477,509.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 Stuart Marcus, M.D.	(i)	512,323.	288,309.	1,208.	9,800.	26,634.	838,274.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 John C. Gleckler	(i)	355,295.	146,378.	15,409.	37,221.	28,651.	582,954.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 Ronald J. Bianchi	(i)	326,120.	84,376.	4,610.	117,228.	19,304.	551,638.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 Kerry Eaton	(i)	281,090.	124,289.	2,118.	40,129.	18,994.	466,620.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 Lawrence Schek, M.D.	(i)	487,899.	104,027.	3,865.	6,423.	24,042.	626,256.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 Douglas Ross, M.D.	(i)	457,705.	117,675.	18,753.	9,800.	27,530.	631,463.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 Mitchell Fogel, M.D.	(i)	408,358.	95,079.	15,566.	9,800.	25,778.	554,581.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 Jody Gerard, M.D.	(i)	365,452.	93,246.	27,409.	5,950.	23,685.	515,742.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 Frank Illuzzi, M.D.	(i)	394,134.	28,692.	14,541.	17,696.	30,912.	485,975.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 Steven Younes	(i)	297,172.	117,170.	5,872.	0.	27,304.	447,518.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

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

Part I, Line 4b: Susan L. Davis participates in a 457(f) plan. During calendar year 2011, Dr. Davis did not receive any elective deferred compensation under the plan.

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, Inc., and all of its related organizations, including St. Vincent's Medical Center. The compensation Dr. Davis receives is for her role as the President/CEO of St. Vincent's Health Services and as an

Part III Supplemental Information

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

Ascension Ministry Market Leader for the NY/CT market, which includes four other health systems. In July 2012, Dr. Davis assumed additional responsibilities as the Ministry Market Leader for the entire Florida and Alabama market area. A portion of Dr. Davis' compensation and benefits are allocated to that market. She receives no compensation for her role as a Board member of St. Vincent's 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.

OMB No. 1545-0047
2011
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) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

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

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type 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 (Healthca	A board member is a	2,854,051.	Purchased a		X
United Illuminating	A board member is t	1,101,893.	Electricity		X
Goldfarb, Ranno, & Associa	A board member is a	80,000.	Medical Ser		X
Levett Rockwood, P.C.	A family member of	919,848.	Legal Servi		X
Physicians for Women's Hea	A board member is a	310,656.	Physicians		X
Northeast Utilities	A board member is r	86,955.	Electricity		X

Part V **Supplemental Information**

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

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

(a) Name of Interested Person:

General Electric (Healthcare and Medical Systems)

(b) Relationship Between Interested Person and Organization:

A board member is an officer of General Electric

(d) Description of Transaction: Purchased and Leased Equipment

(a) Name of Person: United Illuminating

(b) Relationship Between Interested Person and Organization:

A board member is the President/COO of United Illuminating.*

(a) Name of Person: Goldfarb, Ranno, & Associates

(b) Relationship Between Interested Person and Organization:

A board member is a Partner at Goldfarb, Ranno & Associates

(d) Description of Transaction: Medical Services

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

(b) Relationship Between Interested Person and Organization:

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

(d) Description of Transaction: Legal Services

Part V Supplemental Information

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

(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: Northeast Utilities

(b) Relationship Between Interested Person and Organization:

A board member is retired from Northeast Utilities

All transactions listed on Part IV are entered into as arms-length transactions and for fair market value.

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

Relationship Between Interested Person and Organization, Continued:

*This board member retired from United Illuminating on December 31, 2012.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047
2011
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 Corporation.

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

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

Form 990, Part VI, Section B, line 11: Management, including certain

officers, works diligently to complete the Form 990 and attached schedules

in a thorough manner. Management presents the Form to the Board, or a

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

designated committee, to review and answer any questions. Prior to filing the return, all Board Members are provided the Form 990 and management team members are available to answer any Board Members questions.

Form 990, Part VI, Section B, Line 12c: The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy in that any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committee with governing board delegated powers considering the proposed transaction or arrangement. The remaning individuals on the governing board or committee meeting will decide if conflicts of interest exist. Each director, principal officer and member of a committee with governing board delegated powers annually signs a statement which affirms such person has received a copy of the conflict of interest policy, and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its tax-exempt purpose.

Form 990, Part VI, Section B, Line 15: In determining compensation of the organization's CEO, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The St. Vincent's Health Services Executive Compensation Committee reviewed and approved the compensation. In the review of the compensation, the CEO was compared to individuals at other organizations in the area that hold the same title. During the review and approval of the compensation, documentation of the decision was

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

recorded in the minutes. The individual was not present when her compensation was decided.

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

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

Form 990, Part XI, line 5, Changes in Net Assets:

Net unrealized gains on investments:	4,501,540.
Transfer to Affiliates:	-21,759,445.
Pension and other post retirement liability adjustment:	-21,423,868.
Change in interest in the Foundation:	1,564,572.
Other:	19,692.
Total to Form 990, Part XI, Line 5	-37,097,509.

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2011
Open to Public Inspection

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

Employer identification number: 06-0646886

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

(a) Name, address, and EIN 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" to 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 - 31-1662309 4600 Edmundson Road St. Louis, MO 63134	National Health System	Missouri	Section 501(c)(3)	Schedule A, Line 11a	Ascension Health Alliance		X
St. Vincent's Health Services Corporation - 22-2558134, 2800 Main Street, Bridgeport, CT 06606	System Parent	Connecticut	Section 501(c)(3)	Schedule A, Line 11a	Ascension Health		X
St. Vincent's College - 06-1331677 2800 Main Street Bridgeport, CT 06606	College of Health Sciences	Connecticut	Section 501(c)(3)	Schedule A, Line 2	St. Vincent's Medical Center	X	
St. Vincent's Medical Center Foundation, Inc. - 22-2558132, 2800 Main Street, Bridgeport, CT 06606	Fundraising	Connecticut	Section 501(c)(3)	Schedule A, Line 7	St. Vincent's Health Services Corporation	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 Special Needs Center, Inc. - 06-0702617, 95 Merritt Boulevard, Trumbull, CT 06611	Programs for Special Needs Individuals	Connecticut	Section 501(c)(3)	Schedule A, Line 9	St. Vincent's Health Services Corporation	X	
St. Vincent's Development, Inc. - 22-2554128 95 Merritt Boulevard Trumbull, CT 06611	Real Estate Holdings	Connecticut	Section 501(c)(25)	N/A	St. Vincent's Health Services Corporation	X	
Hall-Brooke Behavioral Health Services, Inc. - 06-0813283, 47 Long Lots Road, Westport, CT 06880	Behavioral Health Services	Connecticut	Section 501(c)(3)	Schedule A, Line 9	St. Vincent's Health Services Corporation	X	
St. Vincent's Multispecialty Group, Inc. - 80-0458769, 2800 Main Street, Bridgeport, CT 06606	Physician Practices	Connecticut	Section 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" to 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) Disproportion-ate 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" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) 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
Vincentures, Inc. - 06-1211417 95 Merritt Boulevard Trumbull, CT 06611	Inactive	CT	N/A	C CORP	N/A	N/A	N/A

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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 Sale of assets to related organization(s)	1f		X
g Purchase of assets from related organization(s)	1g		X
h Exchange of assets with related organization(s)	1h		X
i Lease of facilities, equipment, or other assets to related organization(s)	1i		X
j Lease of facilities, equipment, or other assets from related organization(s)	1j	X	
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		X
n Sharing of paid employees with related organization(s)	1n		X
o Reimbursement paid to related organization(s) for expenses	1o	X	
p Reimbursement paid by related organization(s) for expenses	1p	X	
q Other transfer of cash or property to related organization(s)	1q	X	
r Other transfer of cash or property from related organization(s)	1r		X

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) Hall-Brooke Behavioral Health Services, Inc.	P	419,188.	Actual Amount Paid
(2) St. Vincent's College	B	652,292.	Amounts Transferred
(3) St. Vincent's College	O	699,721.	Amounts Transferred
(4) St. Vincent's College	P	169,005.	Actual Amount Paid
(5) St. Vincent's Development Corporation	J	434,897.	Amounts Transferred
(6) St. Vincent's Development Corporation	P	857,000.	Actual Amount Paid

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	C	4,127,900.	Amounts Transferred
(8) St. Vincent's Multispecialty Group, Inc.	Q	24,850,000.	Amounts Transferred
(9) St. Vincent's Multispecialty Group, Inc.	Q	9,000,000.	Amounts Transferred
(10) St. Vincent's Special Needs Center, Inc.	P	4,859,765.	Actual Amount Paid
(11) Ascension Health	C	71,199.	Amounts Transferred
(12) Ascension Health	O	3,090,937.	Amounts Transferred
(13) Ascension Health	Q	10,464,241.	Amounts Transferred
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) 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

Part VII Supplemental Information

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

Form **8868** (Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

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

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

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 [X] 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	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ John C. Gleckler 2979 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, 2013 , 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, 2011 , and ending SEP 30, 2012 .

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

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

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

- 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 [X] 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	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- The books are in the care of ▶ John C. Gleckler 2979 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.

4 I request an additional 3-month extension of time until August 15, 2013 .

5 For calendar year ______ , or other tax year beginning OCT 1, 2011 , and ending SEP 30, 2012 .

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 requested to gather information necessary to file a complete and accurate return.

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

Signature and Verification must be completed for Part II only.

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

Signature ▶ Title ▶ Senior VP/CFO Date ▶

Consolidated Financial Statements and Supplementary Information

The St. Vincent's Medical Center
Member of Ascension Health, a Subsidiary
of Ascension Health Alliance
Years Ended September 30, 2012 and 2011
With Report of Independent Auditors

Ernst & Young LLP

The St. Vincent's Medical Center

Consolidated Financial Statements
and Supplementary Information

Years Ended September 30, 2012 and 2011

Contents

Ernst & Young LLP
Goodwin Square
225 Asylum Street
Hartford, Connecticut 06103

Tel: 860 247 3100
www.ey.com

Report of Independent Auditors

The Board of Directors
The St. Vincent's Medical Center
Bridgeport, Connecticut

We have audited the accompanying consolidated balance sheets of The St. Vincent's Medical Center and Subsidiaries (the "Medical Center") as of September 30, 2012 and 2011, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the Medical Center's management. Our responsibility is to express an opinion on these financial statements based on our audits. We did not audit the financial statements of The St. Vincent's College, Inc. (the "College"), a wholly-owned subsidiary, which statements reflect total assets of 3% and 2% as of September 30, 2012 and 2011, respectively, and revenues of 2% and 1%, respectively, for the years then ended. Those statements were audited by other auditors whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for the College, is based solely on the report of the other auditors.

We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. We were not engaged to perform an audit of the Medical Center's internal control over financial reporting. Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Medical Center's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits and the report of other auditors provide a reasonable basis for our opinion.

In our opinion, based on our audits and the report of other auditors, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of the Medical Center at September 30, 2012 and 2011, and the consolidated results of its operations and changes in net assets and its cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Ernst + Young LLP

January 28, 2013

A member firm of Ernst & Young Global Limited

The St. Vincent's Medical Center

Consolidated Balance Sheets

(Dollars in Thousands)

	September 30 2012	September 30 2011
Assets		
Current assets:		
Cash and cash equivalents	**$ 4,995**	$ 6,932
Interest in investments held by Ascension Health Alliance	**18,023**	1,463
Accounts receivable, less allowances for uncollectible accounts ($26,426 in 2012 and $28,642 in 2011)	**54,446**	47,626
Advances to parent and affiliated entities, net	**4,804**	8,469
Inventories and other	**8,778**	8,850
Total current assets	**91,046**	73,340
Interest in investments held by Ascension Health Alliance	**320,899**	89,464
Board-designated investments and assets limited as to use:		
Interest in investments held by Ascension Health Alliance	**–**	184,050
Temporarily restricted	**308**	277
Temporarily restricted interest in The St. Vincent's Medical Center Foundation, Inc.	**12,461**	11,259
Permanently restricted	**68**	68
Permanently restricted interest in The St. Vincent's Medical Center Foundation, Inc.	**11,201**	10,066
Total board-designated investments and assets limited as to use	**24,038**	205,720
Unrestricted interest in The St. Vincent's Medical Center Foundation, Inc.	**312**	312
Property and equipment:		
Land and improvements	**7,832**	7,808
Buildings and equipment	**415,923**	393,394
Construction in progress	**193**	7,870
Less accumulated depreciation	**(219,030)**	(198,169)
Total property and equipment, net	**204,918**	210,903
Other assets	**18,903**	12,899
Total assets	**$ 660,116**	$ 592,638

	September 30 2012	2011
Liabilities and net assets		
Current liabilities:		
Accounts payable and accrued liabilities	**$ 61,492**	$ 50,154
Current portion of long-term debt	**998**	989
Current portion of note payable, other	**1,075**	–
Current portion of note payable, affiliate	**438**	438
Estimated third-party payor settlements	**12,000**	10,883
Total current liabilities	**76,003**	62,464
Noncurrent liabilities:		
Long-term debt	**46,911**	46,906
Pension and other postretirement liabilities	**11,256**	11,907
Self-insurance liabilities	**3,237**	2,963
Note payable, other	**1,075**	–
Note payable, affiliate	**10,315**	10,753
Other	**7,352**	10,140
Total noncurrent liabilities	**80,146**	82,669
Total liabilities	**156,149**	145,133
Net assets:		
Unrestricted	**479,929**	425,835
Temporarily restricted	**12,769**	11,536
Permanently restricted	**11,269**	10,134
Total net assets	**503,967**	447,505
Total liabilities and net assets	**$ 660,116**	$ 592,638

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

The St. Vincent's Medical Center

Consolidated Statements of Operations and Changes in Net Assets
(Dollars in Thousands)

	Year Ended September 30	
	2012	**2011**
Operating revenues:		
Net patient service revenue	**$ 442,092**	$ 400,189
Other revenue	**17,580**	11,968
Net assets released from restrictions for operations	**1,281**	1,200
Total operating revenues	**460,953**	413,357
Operating expenses:		
Salaries and wages	**189,479**	170,718
Employee benefits	**45,369**	43,075
Purchased services	**36,738**	32,005
Professional fees	**11,045**	8,082
Supplies	**55,529**	59,384
Insurance	**5,639**	5,166
Bad debts	**29,349**	33,855
Interest	**2,149**	2,562
Depreciation and amortization	**22,972**	22,954
Other	**26,133**	23,271
Total operating expenses before curtailment gain and impairment loss, net	**424,402**	401,072
Income from operations before curtailment gain and impairment loss, net	**36,551**	12,285
Curtailment gain and impairment loss, net	**24,163**	–
Income from operations	**60,714**	12,285
Non-operating gains:		
Investment returns, net	**24,513**	7,962
Other	**31**	81
Total non-operating gains, net	**24,544**	8,043
Excess of revenues and gains over expenses and losses	**85,258**	20,328

Continued on next page.

The St. Vincent's Medical Center

Consolidated Statements of Operations and Changes in Net Assets (continued)
(Dollars in Thousands)

	Year Ended September 30	
	2012	2011
Unrestricted net assets:		
Excess of revenues and gains over expenses and losses	**$ 85,258**	$ 20,328
Transfers (to) from System, parent, and affiliated entities, net	**(12,848)**	20,098
Net assets released from restrictions for property acquisitions	**3,869**	8,092
Pension and other post-retirement liability adjustments	**(22,185)**	4,533
Increase in unrestricted net assets	**54,094**	53,051
Temporarily restricted net assets:		
Contributions	**5,127**	9,304
Investment returns	**21**	18
Net assets released from restrictions	**(5,150)**	(9,292)
Change in temporarily restricted interest in The St. Vincent's Medical Center Foundation, Inc.	**1,202**	(5,025)
Other	**33**	–
Increase (decrease) in temporarily restricted net assets	**1,233**	(4,995)
Permanently restricted net assets:		
Change in permanently restricted interest in The St. Vincent's Medical Center Foundation, Inc.	**1,135**	46
Increase in net assets	**56,462**	48,102
Net assets, beginning	**447,505**	399,403
Net assets, ending	**$ 503,967**	$ 447,505

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

The St. Vincent's Medical Center

Consolidated Statements of Cash Flows

(Dollars in Thousands)

	Year Ended September 30	
	2012	**2011**
Cash flows from operating activities		
Increase in net assets	**$ 56,462**	$ 48,102
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	**22,972**	22,954
Loss on sale of property and equipment	**136**	669
Pension and other post-retirement liability adjustments	**22,185**	(4,533)
Restricted contributions and net investment returns	**(5,148)**	(9,322)
Net change in unrealized (gains) losses on investments	**(4,585)**	9,237
Increase in interest in The St. Vincent's Medical Center Foundation, Inc.	**(2,337)**	4,979
Transfers to (from) System, parent, and affiliated entities, net	**12,848**	(20,098)
(Increase) decrease in:		
Investments, including interest in investments held by Ascension Health Alliance	**(59,391)**	(19,351)
Accounts receivable, net	**(6,820)**	(1,900)
Advances to parent and affiliated entities, net	**3,665**	(3,121)
Inventories and other assets	**72**	(75)
Increase (decrease) in:		
Accounts payable and accrued liabilities	**11,338**	7,858
Estimated third-party payor settlements	**1,117**	(1,336)
Pension and other postretirement liabilities	**(24,971)**	5,291
Other noncurrent liabilities	**(2,514)**	2,195
Net cash provided by operating activities	**25,029**	41,549
Cash flows from investing activities		
Property and equipment additions, net	**(15,825)**	(28,363)
Proceeds from sale of property and equipment	**–**	6
Increase in assets limited as to use – temporarily restricted	**(31)**	(30)
Increase in other assets	**(7,447)**	(1,364)
Net cash used in investing activities	**(23,303)**	(29,751)

The St. Vincent's Medical Center

Consolidated Statements of Cash Flows (continued)

(Dollars in Thousands)

	Year Ended September 30 2012	2011
Cash flows from financing activities		
Transfers to System, parent, and affiliated entities, net	**$ (10,537)**	$ (7,677)
Restricted contributions and net investment income	**5,148**	9,322
Issuance of note payable	**2,150**	–
Repayments of long-term debt and notes payable, affiliate	**(424)**	(12,839)
Net cash used in financing activities	**(3,663)**	(11,194)
Net (decrease) increase in cash and cash equivalents	**(1,937)**	604
Cash and cash equivalents, beginning	**6,932**	6,328
Cash and cash equivalents, ending	**$ 4,995**	$ 6,932

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

1. Organization and Mission

Organizational Structure

The St. Vincent's Medical Center (Medical Center), a subsidiary of St. Vincent's Health Services Corporation (SVHS), is a member of Ascension Health. In December 2011, Ascension Health Alliance 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 21 of the United States and the District of Columbia. In addition to serving as the sole corporate member of Ascension Health, Ascension Health Alliance serves as the member or shareholder of various other subsidiaries. Ascension Health Alliance, its subsidiaries, and the Health Ministries are referred to collectively, from time to time hereafter, as the System.

Ascension Health Alliance is sponsored by Ascension Health Ministries, a Public Juridic Person. The Participating Entities of Ascension Health Ministries are the Daughters of Charity of St. Vincent de Paul in the United States, St. Louise Province, the Congregation of St. Joseph, the Congregation of the Sisters of St. Joseph of Carondelet, and the Congregation of Alexian Brothers of the Immaculate Conception Province – American 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 associate degrees in nursing, radiography, medical assisting, and health care management, as well as certificate programs in multi-skilled assisting, health care management, and health promotion. 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.

1. Organization and Mission (continued)

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.

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 of persons living in poverty and community benefit programs. The cost of providing care of persons living in poverty 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 (IRS).

1. Organization and Mission (continued)

The amount of traditional charity care provided, determined on the basis of cost, excluding the provision for bad debt expense, was approximately $5,060 and $3,553 for the years ended September 30, 2012 and 2011, 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.

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

Cash and Cash Equivalents

Cash and cash equivalents consist of cash and interest-bearing deposits with maturities of three months or less.

2. Significant Accounting Policies (continued)

Interest in Investments Held by Ascension Health Alliance, Investments, and Investment Return

At September 30, 2011, and prior to April 2012, the Medical Center held a significant portion of its investments through the Health System Depository (HSD), an investment pool of funds in which the System and a limited number of nonprofit health care providers participated. The HSD investments were managed primarily by external investment managers within established investment guidelines. The value of the Medical Center's investment in the HSD represented the Medical Center's pro rata share of the HSD's funds held for participants. At September 30, 2011, the Medical Center's investment in the HSD was $274,977, reflected in assets limited as to use and other current and long term investments in the accompanying consolidated balance sheet.

During the year ended September 30, 2012, the CHIMCO Alpha Fund, LLC (Alpha Fund) was created to hold primarily all investments previously held through the HSD. Catholic Healthcare Investment Management Company (CHIMCO), a wholly owned subsidiary of Ascension Health Alliance, acts as manager and serves as the principal investment advisor for the Alpha Fund within established investment guidelines, including socially responsible investment guidelines. In April 2012, a significant portion of the HSD's funds held for participants was transferred to the Alpha Fund, in which Ascension Health Alliance has an investment interest, as a member of the Alpha Fund. Ascension Health Alliance invests funds in the Alpha Fund on behalf of the Medical Center. As of September 30, 2012, the Medical Center has an interest in investments held by Ascension Health Alliance, which is reflected in the accompanying consolidated balance sheet, and represents the Medical Center's pro rata share of Ascension Health Alliance's investment interest in the Alpha Fund.

The Medical Center also invests in equities and fixed income securities which are locally managed. 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 assets.

The Medical Center reports its interest in investments held by Ascension Health Alliance in the accompanying September 30, 2012 consolidated balance sheet as a current or long term asset, based on liquidity needs as directed by the Medical Center. 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.

2. Significant Accounting Policies (continued)

The Alpha Fund's and the HSD's investments which are required to be recorded at fair value are classified as trading securities, and include pooled short term investment funds; U.S. government, state, municipal, and agency obligations; asset backed securities; corporate and foreign fixed income maturities; and equity securities, including private equity securities. The Alpha Fund's and HSD's investments also include alternative investments, including investments in real assets, hedge funds, private equity funds, commodity funds, and private credit funds, which are valued based on the net asset value of the investments. In addition, the Alpha Fund participates, and the HSD 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 are comprised of dividends, interest, and gains and losses on the Medical Center's investments, as well as the Medical Center's return on its interest in investments held by Ascension Health Alliance, and are reported as nonoperating gains (losses) in the consolidated statements of operations and changes in net assets, unless the return is restricted by donor or law.

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. This investment 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)

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. Intangible assets are included in other noncurrent assets on the accompanying consolidated balance sheets and are comprised of the following:

	September 30	
	2012	**2011**
Capitalized computer software costs, net	**$ 11,363**	$ 7,095
Goodwill	**1,554**	375
Total intangible assets, net	**$ 12,917**	$ 7,470

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, 2012 and 2011 was $1,443 and $1,329, respectively.

Property and Equipment

Property and equipment are stated at cost or, if donated, at fair market 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 years ended September 30, 2012 and 2011 was $21,529 and $21,625, 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 2012 or 2011.

2. Significant Accounting Policies (continued)

Several capital projects have remaining construction and related equipment purchase commitments of approximately $2,801 as of September 30, 2012.

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 $164 and $392 as of September 30, 2012 and 2011, 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 2012 and 2011, $228 and $17, respectively, of retirement obligations were incurred and settled.

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.

2. Significant Accounting Policies (continued)

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 other operating revenue 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 post-retirement liability adjustments.

Operating and Non-operating 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 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 non-operating, consisting primarily of gains on invested funds, losses on disposal of property and equipment, unrestricted gifts and bequests, and gains or losses on other investments.

(Dollars in Thousands)

2. Significant Accounting Policies (continued)

Net Patient Service Revenue, Accounts Receivable, and Allowance for Uncollectible Accounts

The following table summarizes net revenue from services to patients:

	Year Ended September 30 2012	2011
Gross patient service revenue	**$1,178,334**	$1,025,622
Deductions:		
Allowances	**720,912**	616,408
Charity care	**15,330**	9,025
Net patient service revenue	**$ 442,092**	$ 400,189

Patient accounts receivable and revenue are recorded when patient services are performed. Amounts received from most payors are different from established billing rates of the Medical Center and these differences are accounted for as allowances.

Net patient service revenue is reported at the estimated realizable amounts from patients, third-party payors, and others for services provided excluding the provision for bad debt expense, and includes estimated retroactive adjustments under reimbursement agreements with third-party payors. 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 revenues related to prior periods increased net patient service revenue by approximately $8,194 and $1,638 for the years ended September 30, 2012 and 2011, respectively.

During 2012, approximately 39% of net patient service revenue was received under the Medicare program and 12% under various state Medicaid programs, 30% from contracts with HMOs and PPOs, 9% from contracts with commercial carriers, and 10% from other payors. During 2011,

2. Significant Accounting Policies (continued)

approximately 39% of net patient service revenue was received under the Medicare program and 13% under the various state Medicaid programs, 31% from contracts with HMOs and PPOs, 9% from contracts with commercial carriers, and 8% from other payors.

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 net accounts receivable at September 30, 2012 include Medicare (42%) and various states' Medicaid programs (14%), HMOs and PPOs (17%), commercial carriers (10%), and self-pay and other (17%). Significant concentrations of net accounts receivable at September 30, 2011 include Medicare (39%) and various states' Medicaid programs (17%), HMOs and PPOs (13%), commercial carriers (11%), and self-pay and other (20%).

The provision for bad debt expense 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 uncollectible 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 bad debt expense to establish an appropriate allowance for uncollectible 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.

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

2. Significant Accounting Policies (continued)

a four-year period. Initial Medicaid incentive payments are available to providers that adopt, implement, or upgrade 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 recognized revenue from Medicaid incentive payments after it adopted certified EHR technology. Incentive payments totaling $4,057 for the year ended September 30, 3012, are included in total operating revenue 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.

Curtailment Gain and Impairment Loss

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 year ended September 30, 2012, the Medical Center recorded total curtailment gain and impairment loss, net, of $24,163. This amount was comprised primarily of pension curtailment gains of $24,506, as discussed in the pension plans note, partially offset by long-lived asset impairments of $343.

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.

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 reimbursement 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 2011 consolidated financial statements to conform to the 2012 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, 2012, the Medical Center evaluated subsequent events through January 28, 2013, representing the date on which the financial statements were available to be issued. There were no subsequent events that required recognition or disclosure in the financial statements.

Adoption of New Accounting Standards

In January 2010, the Financial Accounting Standards Board (FASB) issued its accounting standards update (ASU) entitled *Improving Disclosures about Fair Value Measurements* in ASU No. 2010-06. This standards update clarified certain fair value measurement guidance and required that additional fair value measurement disclosures be made. The Medical Center adopted a portion of this guidance during the fiscal year ended September 30, 2010, and the remaining requirements as of October 1, 2011, as required. The disclosure updates adopted as of October 1, 2011, result in the provision of additional detail within the reconciliation of beginning and ending balances for assets and liabilities measured at fair value, whose fair value inputs are based on significant unobservable inputs (i.e., Level 3 assets and liabilities). These additional

2. Significant Accounting Policies (continued)

disclosure requirements are provided in the Fair Value Measurements note. The adoption of this guidance did not have a material impact on the Medical Center's financial statements for the year ended September 30, 2012.

In August 2010, the FASB issued its accounting standards update entitled *Measuring Charity Care for Disclosure* in ASU No. 2010-23. The provisions of this update require health care entities to disclose charity care based on cost measurements, defined as the direct and indirect costs of providing the charity care. The Medical Center adopted this guidance on October 1, 2011; however, as the Medical Center has historically used cost-based measures for the calculation and disclosure of its charity care, 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, 2012.

In May 2011, the FASB issued ASU No. 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. Generally Accepted Accounting Principles (GAAP) and International Financial Reporting Standards (IFRS)*. This accounting standards update provides clarifications to certain existing fair value measurement guidance, and includes updated guidance for certain fair value measurement principles and disclosures. The Medical Center will adopt this guidance as of October 1, 2013. The adoption of this guidance is not expected to have a material impact on the Medical Center's consolidated financial statements.

In July 2011, the FASB issued ASU No. 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debt and the Allowance for Doubtful Accounts for Certain Health Care Entities*. This accounting standards update requires healthcare entities that recognize significant amounts of patient service revenue at the time services are rendered to present the provision for bad debts related to patient service revenue as a deduction from patient service revenue in the statement of operations rather than as operating expense. Additional disclosures relating to sources of patient service revenue and the allowance for uncollectible accounts are also required. This new guidance is effective for fiscal years and interim periods within those fiscal years beginning after December 15, 2011, with early adoption permitted. The Medical Center plans to adopt the provisions of this accounting standards update as of and for the year ended September 30, 2013, and retrospectively apply the presentation requirements to all periods presented.

(Dollars in Thousands)

3. Cash and Cash Equivalents, Interest in Investments Held by Ascension Health Alliance, Assets Limited as to Use, and Other Long-term Investments

At September 30, 2012, the Medical Center's investments are comprised of its interest in investments held by Ascension Health Alliance and certain other investments, such as those investments held and managed by the Foundation. At September 30, 2011, the Medical Center's investments were comprised of the Medical Center's pro rata share of the HSD's funds held for participants and certain other investments, such as those investments held and managed by the Foundation. Assets limited as to use primarily include investments restricted by donors. The Medical Center's cash, cash equivalents, interest in investments held by Ascension Health Alliance, and assets limited as to use and other long-term investments are reported in the accompanying consolidated balance sheets as presented in the following table:

	September 30	
	2012	**2011**
Cash and cash equivalents	**$ 4,995**	$ 6,932
Interest in investments held by Ascension Health Alliance, current	**18,023**	1,463
Interest in investments held by Ascension Health Alliance	**320,899**	89,464
Interest in investments held by Ascension Health Alliance - Board-designated	**–**	184,050
Assets limited as to use:		
Temporarily and permanently restricted	**376**	345
Total	**$ 344,293**	$ 282,254

In 2012, the Medical Center undesignated interest in investments held by Ascension Health Alliance, which were designated to be use for future capital expenditures and debt repayments.

(Dollars in Thousands)

3. Cash and Cash Equivalents, Interest in Investments Held by Ascension Health Alliance, Assets Limited as to Use, and Other Long-term Investments (continued)

The composition of cash and investments classified as cash and cash equivalents, interest in investments held by Ascension Health Alliance, and pro rata share of HSD funds held for participants is summarized as follows:

	September 30	
	2012	**2011**
Cash and cash equivalents	**$ 5,371**	$ 7,277
Interest in investments held by Ascension Health Alliance	**338,922**	–
Pro rata share of HSD funds held for participants	**–**	274,977
	$ 344,293	$ 282,254

As of September 30, 2012 and 2011, the composition of total Alpha Fund and HSD investments is as follows:

	2012	**2011**
Cash, cash equivalents and short-term investments	**5.7%**	2.6%
U.S. government obligations	**28.1**	35.4
Asset backed securities	**9.2**	15.6
Corporate and foreign fixed income maturities	**9.1**	9.3
Private equity and other investments	**47.9**	37.1
	100.0%	100.0%

(Dollars in Thousands)

3. Cash and Cash Equivalents, Interest in Investments Held by Ascension Health Alliance, Assets Limited as to Use, and Other Long-term Investments (continued)

As of September 30, 2012 and 2011, the composition of total Foundation investments is as follows:

	2012	2011
Cash, cash equivalents, and short-term investments	**6.5%**	20.1%
U.S. government obligations	**5.0**	5.9
Asset backed securities	**4.0**	2.9
Corporate and foreign fixed income maturities	**6.1**	5.3
Private equity and other investments	**78.4**	65.8
	100.0%	100.0%

In order to evaluate the realizable value of its investments, the Medical Center's management evaluates the available facts and circumstances. This evaluation requires significant judgment, including determinations involving the estimation of the outcome of future events, and also consists of an accumulation of factors about general market conditions which reflect prospects for the economy as a whole, the specific industries, and/or the specific securities under consideration. These factors are considered by management in determining whether the security still has earnings potential in the near future, and whether the security has an anticipated recovery in market value.

Investment return recognized by the Medical Center is summarized as follows:

	Year Ended September 30	
	2012	**2011**
Return on interest in investments held by Ascension Health Alliance and investment return in HSD	**$ 24,513**	$ 7,962
Interest and dividends	**21**	18
Total investment returns	**$ 24,534**	$ 7,980
Investment return included in non-operating gains	**$ 24,513**	$ 7,962
Increase in restricted net assets	**21**	18
Total investment returns	**$ 24,534**	$ 7,980

4. Fair Value Measurements

The Medical Center categorizes for disclosure purposes, assets and liabilities measured at fair value in the 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 to the fair value measurement in its entirety requires judgment and considers factors specific to the asset or liability.

The Medical Center follows 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 specific (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.

4. Fair Value Measurements (continued)

As of September 30, 2012 and 2011, the Level 2 and Level 3 assets and liabilities utilize the following valuation techniques and inputs:

Cash and cash equivalents and short-term investments

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. 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.

Guaranteed pooled fund

The fair value of guaranteed pooled fund investments 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 maturities

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.

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, such as a discounted cash flow model. 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 the calculated net asset value. The values for underlying investments are fair value estimates determined by external fund managers based on operating results, balance sheet stability, growth, and other business and market sector fundamentals.

Private equity and other investments

The fair value of private equity investments is primarily determined using techniques consistent with both the market and income approaches, based on the Medical Center's estimates and assumptions in 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.

Alternative investments consist of hedge funds, private equity funds, and real estate partnerships. Alternative investments are valued using net asset values as determined by external investment managers.

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.

4. Fair Value Measurements (continued)

As discussed in the Significant Accounting Policies and the Cash and Cash Equivalents, Interest in Investments Held by Ascension Health Alliance, and Assets Limited as to Use and Other Long-Term Investments notes, the Medical Center has an investment in the Alpha Fund, HSD, and certain other investments such as those investments held and managed by the Foundation. As of September 30, 2012, 20%, 47%, and 33% of the total Alpha Fund and HSD 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 0%, 100%, and 0% of total Alpha Fund and HSD liabilities 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, 2011, 21%, 77% and 2% of total HSD 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, 2%, 59% and 39% of total HSD liabilities that were 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, 2012, 64%, 18% and 18% of the total assets held by the Foundation on behalf of the Medical Center 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, 2011, 67%, 18% and 15% of the total assets held by the Foundation on behalf of the Medical Center that are measured at fair value on a recurring basis were measured based on Level 1, Level 2 and Level 3 inputs, respectively.

(Dollars in Thousands)

5. Long-Term Debt

Long-term debt consists of the following:

	September 30 2012	2011
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, 2012) set at prevailing market rates	**$ 21,147**	$ 22,009
Intercompany debt with Ascension Health Alliance, payable in installments through November 2051; interest (3.6% and 3.7% at September 30, 2012 and 2011, respectively) adjusted based on prevailing blended market interest rate of underlying debt obligations	**15,592**	15,719
Intercompany debt with Ascension Health Alliance, payable in installments from November 2030 through November 2047; interest (3.6% and 3.7% at September 30, 2012 and 2011, respectively) adjusted based on prevailing blended market interest rate of underlying debt obligations	**11,170**	10,167
	47,909	47,895
Less current portion of long-term debt	**998**	989
	$ 46,911	$ 46,906

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

Year ending September 30:	
2013	$ 998
2014	1,112
2015	1,186
2016	1,153
2017	1,263
Thereafter	42,197
Total	$ 47,909

5. Long-Term Debt (continued)

Certain members of Ascension Health Alliance 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 Health Alliance. 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 Health Alliance 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 Health Alliance 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 Health (or, solely with respect to the Connecticut Bonds, the Connecticut Borrowers, (the Medical Center and Hall-Brooke Behavioral Health Services, Inc. (Hall-Brooke)) pursuant to separate Loan Agreements, each dated as of November 1, 1999, between the related issuer of such series and Ascension Health (or, solely with 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 Health, 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.

5. Long-Term Debt (continued)

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 Health Alliance. 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 Health Alliance 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 Health Alliance, 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.

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

5. Long-Term Debt (continued)

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 Health Alliance 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, 2012, the Senior Credit Group has a line of credit of $1,000,000 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 $1,000,000 extended to November 9, 2014. As of September 30, 2012 and 2011, there were no borrowings under the line of credit.

As of September 30, 2012, the Subordinate Credit Group has a $50,000 revolving line of credit related to its letters of credit program toward which a bank commitment of $50,000 extends to December 27, 2012. As of September 30, 2012, $26,607 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 of Senior and Subordinate Credit Group members is $4,451,285, which represents 39% of the combined unrestricted net assets of the Senior and Subordinate Credit Group members at September 30, 2012.

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 27 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, 2012 is approximately $203,000.

Associated with the transfer of inpatient operations on October 1, 2008, the Medical Center assumed the principal and interest obligations of Hall-Brooke's outstanding debt with CHEFA (Note 12).

5. Long-Term Debt (continued)

On April 1, 2011, the Medical Center participated with several other subsidiaries of SVHS in redeeming its intercompany debt with Ascension as part of a $20,000 debt redemption. The Medical Center's portion of the debt redemption was $12,258.

During the years ended September 30, 2012 and 2011, interest paid was approximately $2,149 and $2,562, respectively. There was no capitalized interest in 2012 or 2011.

6. Notes Payable, Other

In 2012, the Medical Center purchased a physician practice. The purchase included a promissory note for a portion of the purchase price. The note is payable in two equal installment payments of $1,075, due January 1, 2013 and 2014.

7. Permanently Restricted Endowments

The Medical Center's endowments consist of 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 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

7. Permanently Restricted Endowments (continued)

consistent with the standard for expenditure as proscribed by Connecticut UPMIFA. 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. In accordance with generally accepted accounting principles, deficiencies of this nature that are reported in unrestricted net assets were $11 and $490 as of September 30, 2012 and 2011, respectively.

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. Actual results in any given year may vary from this amount. The Medical Center expects its endowment funds, over time, to provide an average rate of return to exceed inflation and investment fees, by at least 2% to 5%, dependent on investment mix. Actual returns in any given year may vary from this amount.

(Dollars in Thousands)

7. Permanently Restricted Endowments (continued)

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.

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 Fiscal Year Ended September 30, 2012

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets (deficit), beginning	$ (490)	$ 903	$ 10,134	$ 10,547
Investment return:				
Investment income	–	257	–	257
Net appreciation (realized and unrealized), net	479	1,134	–	1,613
Total investment return	479	1,391	–	1,870
Contributions	–	(11)	1,039	1,028
Transfers	–	(565)	96	(469)
Appropriation of endowment assets for expenditure	–	(228)	–	(228)
Endowment net assets (deficit), ending	$ (11)	$ 1,490	$ 11,269	$ 12,748

(Dollars in Thousands)

7. Permanently Restricted Endowments (continued)

Changes in Endowment Net Assets for the Fiscal Year Ended September 30, 2011

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets (deficit), beginning	$ (436)	$ 1,149	$ 10,088	$ 10,801
Investment return:				
Investment income	–	223	–	223
Net depreciation (realized and unrealized), net	(54)	(204)	–	(258)
Total investment return	(54)	19	–	(35)
Contributions	–	–	20	20
Transfers	–	(56)	–	(56)
Appropriation of endowment assets for expenditure	–	(209)	26	(183)
Endowment net assets (deficit), ending	$ (490)	$ 903	$ 10,134	$ 10,547

8. Pension Plans

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

Ascension Health Pension Plan

The Medical Center participates in 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 (Trust), a master trust consisting of cash and cash equivalents, equity, fixed income funds, and alternative investments. 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 significant portion of the total pension liability that can occur due to changes in interest rates.

8. Pension Plans (continued)

Contributions to the Ascension Plan are based on actuarially determined amounts sufficient to meet the benefits to be paid to Ascension Plan participants. Net periodic pension (benefit) cost of ($3,941) and $8,740 in the years ended September 30, 2012 and 2011, respectively, was charged to 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.

During the year ended September 30, 2012, the System approved and communicated to employees a redesign of associate retirement benefits, which affects the Ascension Plan, as well as provides an enhanced comprehensive defined contribution plan. These changes will become effective January 1, 2013. These changes resulted in the Medical Center's recognition of a nonrecurring curtailment gain of $23,626 during the year ended September 30, 2012. These changes also resulted in one-time decreases to the projected benefit obligation of $13,765. The projected benefit obligation is included in pension and other postretirement liabilities in the accompanying consolidated balance sheets and transfer (to) from System, parent and affiliated entities, net.

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, 2012, the Ascension Plan had a net unfunded liability of $246,280. The Medical Center's allocated share of the Ascension Plan's net unfunded liability reflected in the accompanying consolidated balance sheets at September 30, 2012 and 2011 was $8,644 and $9,182, respectively. 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 reduced by $15,898 and $27,699 during the years ended September 30, 2012 and 2011, respectively. These transfers are included in transfers (to) from System, parent, and affiliated entities, net, in the accompanying consolidated statements of operations and changes in net assets.

As of September 30, 2012 and 2011, the fair value of the Ascension Plan's assets available for benefits was $5,984,511 and $3,794,392, 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, 2012, 19%, 44% and 37% 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, 1%,

8. Pension Plans (continued)

88% and 11% were categorized as Level 1, Level 2 and Level 3, respectively, as of September 30, 2012. Additionally, as of September 30, 2011, 17%, 48%, and 35% 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, 5%, 19% and 76% were categorized as Level 1, Level 2 and Level 3, respectively as of September 30, 2011.

Ascension Health Defined Contribution Plan

The Medical Center participates in the Defined Contribution Plan, a contributory and noncontributory, defined contribution plan sponsored by Ascension Health which covers all eligible associates hired after January 1, 2006. 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 increases 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 $3,601 and $2,929 for the years ended September 30, 2012 and 2011, respectively.

Supplemental Defined Benefit Retirement Plan (SERP)

The Medical Center has a SERP for certain executive and professional employees. The amount recorded in other liabilities as of September 30, 2012 and 2011 was $1,203 and $4,663, respectively. In 2012 and 2011, the discount rate used was 4% and 5%, respectively. The SERP is not funded.

Consistent with the redesign of the associate retirement benefits, the SERP was amended to reflect consistency. These changes resulted in the Medical Center's recognition of a non-recurring curtailment gain of $880 during the year ended September 30, 2012.

(Dollars in Thousands)

9. Other Postretirement Benefits

In addition to participation in Ascension Health's defined benefit and defined contribution pension plans, 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 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) follow:

	2012	2011
Change in benefit obligation		
Benefit obligation, beginning	**$ (2,698)**	$ (3,173)
Service cost	**(3)**	(19)
Interest cost	**(119)**	(151)
Actuarial (losses) gains	**(59)**	374
Benefits paid	**267**	271
Benefit obligation, ending	**$ (2,612)**	$ (2,698)
Change in plan assets		
Fair value of plan assets, beginning	**$ –**	$ –
Employer contributions	**267**	271
Benefits paid	**(267)**	(271)
Fair value of plan assets, ending	**$ –**	$ –
Funded status	**$ (2,612)**	$ (2,698)
Unrecognized gain	**–**	–
Unrecognized prior service cost	**–**	–
Accrued benefit cost	**$ (2,612)**	$ (2,698)

(Dollars in Thousands)

9. Other Postretirement Benefits (continued)

	2012	2011
Components of net periodic benefit		
Service cost	**$ 3**	$ 19
Interest cost	**119**	151
Net amortization and deferral	**275**	(37)
Net periodic cost	**$ 397**	$ 133
Assumption		
Discount rate	**3.98%**	4.64%

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

	2012	2011
Unrecognized prior service credit	**$ –**	$ 8
Unrecognized actuarial gains	**403**	728
	$ 403	$ 736

Changes in benefit obligations recognized in unrestricted net assets during 2012 include:

	September 30	
	2012	**2011**
Current year actuarial gains	**$ 59**	$ (374)
Amortization of actuarial gains	**267**	27
Amortization of prior service cost	**8**	10
	$ 334	$ (337)

The actuarial gains included in unrestricted net assets and expected to be recognized as a reduction of net periodic cost during the year ending September 30, 2013 are $197.

(Dollars in Thousands)

9. Other Postretirement Benefits (continued)

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

2013	$ 275
2014	268
2015	255
2016	241
2017	229
2018-2022	954

10. 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 2012 and 2011. 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 Health'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 $185,000. 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.

10. 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 $4,949 and $4,596 for the years ended September 30, 2012 and 2011, respectively. Included in current liabilities and long-term self-insurance liabilities on the accompanying consolidated balance sheets are professional and general liability loss reserves of approximately $5,183 and $4,426 at September 30, 2012 and 2011, respectively.

Workers' Compensation

The Medical Center participates in Ascension Health'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 System implemented a $100 deductible, thereby assuming responsibility for indemnity and expense 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 $1,582 and $1,360 for the years ended September 30, 2012 and 2011, respectively. Included in current liabilities on the accompanying consolidated balance sheets are workers' compensation loss reserves of $852 and $293 at September 30, 2012 and 2011, respectively.

(Dollars in Thousands)

11. Lease Commitments

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

Year ending September 30:	
2013	$ 2,887
2014	2,959
2015	2,244
2016	1,766
2017	1,104
Thereafter	3,841
Total	$ 14,801

Rental expense under operating leases amounted to $4,389 and $2,948 for the years ended September 30, 2012 and 2011, respectively.

12. 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, administrative services, and information technology 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 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 charges allocated to the Medical Center were approximately $2,870 and $2,524 for the years ended September 30, 2012 and 2011, respectively.

In addition to the charges discussed above, the Medical Center made payments to the System of $6,067 and $6,243 for the years ended September 30, 2012 and 2011, respectively, representing the Medical Center's share of costs to fund a System-wide information technology and process standardization project that is expected to continue through December 2014. 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.

12. Related-Party Transactions (continued)

The Medical Center operates consolidated supportive functions, including information management, patient financial services, accounting, payroll, purchasing, dietary, human resources, security, and medical record coding services. For the years ended September 30, 2012 and 2011, the Medical Center charged affiliated entities $5,124 and $5,180 for these services, respectively, which have been reported as other operating revenues in the consolidated statements of operations and changes in net assets.

During 2012 and 2011, the Medical Center transferred $505 and $511 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 System's current intentions are to allocate one additional amount to the Medical Center during 2013. The transfers are included in transfer (to) from System, parent, and affiliated entities, net, on the accompanying consolidated statements of operations and changes in net assets.

In addition, during 2012 the Medical Center transferred $3,541 to the System to fund its allocated portion of the System for obligations of both the System and several of its members. The transfers are included in transfer (to) from System, parent, and affiliated entities, net, on the accompanying consolidated statements of operations and changes in net assets.

During 2012 and 2011, the Medical Center transferred $601 and $923 to the System to fund the Medical Center's allocated portion of cost associated with ministry services provided by Daughters of Charity.

On January 1, 2010, Hall-Brooke transferred both of its behavioral health clinics to the Medical Center. The Medical Center retained Hall-Brooke to manage the clinics during the period from January 1, 2010 through June 30, 2011, when the employees became employees of the Medical Center and Hall-Brooke no longer provided these management services. Management fees paid to Hall-Brooke were approximately $2,175 for the year ended September 30, 2011.

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 are consistent with the terms of the Bonds and bear no interest or administrative fees, other than the interest costs of the Bonds. The Bonds are subject to a seven-day put provision payable in installments through November 2029 and interest is

(Dollars in Thousands)

12. Related-Party Transactions (continued)

set at the prevailing market rate (1.55% at September 30, 2012). Hall-Brooke is in the process of legally transferring its obligation under the Bonds directly to the Medical Center, however, Hall-Brooke remains the obligated party at September 30, 2012. The note will be considered fully satisfied when Hall-Brooke's legal obligation under the Bonds is successfully transferred to the Medical Center.

Scheduled principal payments on the note are as follows:

Year ending September 30:	
2013	$ 438
2014	438
2015	472
2016	472
2017	506
Thereafter	8,427
Total	$ 10,753

Interest paid on the note payable was $389 and $426 for the years ended September 30, 2012 and 2011, respectively.

13. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes:

	September 30	
	2012	**2011**
Health care services	**$ 2,998**	$ 2,325
Education and training	**2,545**	1,725
Capital	**4,587**	4,937
Other	**2,639**	2,549
	$ 12,769	$ 11,536

(Dollars in Thousands)

13. Temporarily and Permanently Restricted Net Assets (continued)

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:

	September 30	
	2012	**2011**
Health care services	**$ 7,104**	$ 5,977
Education	**1,930**	1,928
Capital	**1,393**	1,393
Other	**842**	836
	$ 11,269	$ 10,134

14. 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 balance sheets.

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, 2012 and 2011, 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.

In September 2010, Ascension Health received a letter from the U.S. Department of Justice (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 2004 and extending through the present time. Through January 28, 2013, the DOJ has not asserted any claims against the Medical Center. Ascension Health and the Medical Center continue to fully cooperate with the DOJ in its investigation.

Supplementary Information

Ernst & Young LLP
Goodwin Square
225 Asylum Street
Hartford, Connecticut 06103

Tel: 860 247 3100
www.ey.com

Report of Independent Auditors on Supplementary Information

Board of Directors
The St. Vincent's Medical Center
Bridgeport, Connecticut

We have audited the consolidated financial statements of The St. Vincent's Medical Center (the Medical Center) as of and for the year ended September 30, 2012, and have issued our report thereon dated January 28, 2013 which contained an unqualified opinion on those financial statements. The financial statements of The St. Vincent's College, Inc. (the College), a wholly-owned subsidiary, were audited by other auditors. Our audit was performed for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating balance sheet, consolidating statement of operations and changes in unrestricted net assets, and the schedule of net cost of providing care of persons living in poverty and community benefit programs are presented for the purposes 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 consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the 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 financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, based on our audit and the report of other auditors, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Ernst + Young LLP

January 28, 2013

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The St. Vincent's Medical Center

Schedule of Net Cost of Providing Care of Persons Living in Poverty and Community Benefit Programs

Year Ended September 30, 2012
(Dollars in Thousands)

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

Traditional charity care provided	$ 5,060
Unpaid cost of public programs for persons living in poverty	13,923
Other programs for persons living in poverty and other vulnerable persons	3,537
Community benefit programs	7,212
Care of persons living in poverty and community benefit programs	$ 29,732

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