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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

2008

Open to Public Inspection

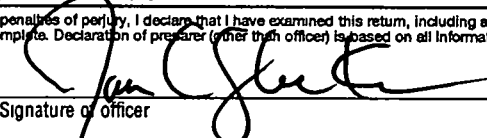
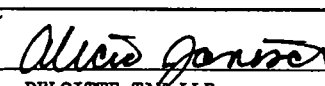
A For the 2008 calendar year, or tax year beginning **OCT 1, 2008** and ending **SEP 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ST. VINCENT'S MEDICAL CENTER FOUNDATION, INC. Doing Business As		D Employer identification number 22-2558132
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2800 MAIN STREET		E Telephone number (203) 576-5451
		City or town, state or country, and ZIP + 4 BRIDGEPORT, CT 06606		G Gross receipts \$ 39,250,183.
		F Name and address of principal officer: RONALD J. BIANCHI SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ 0928
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.SWIMACROSSTHESOUND.ORG				
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1984 M State of legal domicile: CT				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: RAISE FUNDS TO HELP MEET CERTAIN FINANCIAL NEEDS OF THE ST. VINCENT'S HEALTH SERVICES CORPORATION.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	31	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	27	
	5 Total number of employees (Part V, line 2a)	0	
	6 Total number of volunteers (estimate if necessary)	300	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	0.	
7b Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	10,689,563.	11,650,715.
	9 Program service revenue (Part VIII, line 2g)	3,429,023.	-1,360,192.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	122,852.	69,836.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,241,438.	10,360,359.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,716,863.	18,613,441.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	268,147.	90,000.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,773,981.	1,832,318.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,758,991.	20,535,759.
	16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,175,030.	5,482,447.	-10,175,400.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	68,036,083.	62,487,090.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	59,041,409.	54,303,293.
	20 Total assets (Part X, line 16)	8,994,674.	8,183,797.
	21 Total liabilities (Part X, line 26)		
	22 Net assets or fund balances. Subtract line 21 from line 20		

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer  JOHN C. GLECKLER, CFO Type or print name and title	Date 8/23/10		
Paid Preparer's Use Only	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 DELOITTE TAX LLP 250 EAST FIFTH STREET, SUITE 1900 CINCINNATI, OHIO 45202	Date 8/6/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) EIN ▶ Phone no ▶ (513) 784-7100

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

832001 12-18-08

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

Form 990 (2008)

SCANNED SEP 16 2010

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
 THE ST. VINCENT'S MEDICAL CENTER FOUNDATION'S PRIMARY EXEMPT PURPOSE
 IS TO PROVIDE FUNDRAISING SERVICES TO HELP MEET CERTAIN UNFUNDED NEEDS
 OF THE ST. VINCENT'S HEALTH SERVICES CORPORATION AND ITS NON-PROFIT
 EXEMPT AFFILIATES. ITS GOAL IS TO CREATE AND PERPETUATE FINANCIAL

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

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services 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.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 17,325,446. including grants of \$ 17,325,446.) (Revenue \$)
 DURING FY2009, THE FOUNDATION'S EFFORTS WERE DIRECTED TOWARD RAISING
 THE REQUIRED CAPITAL FOR ST. VINCENT'S MEDICAL CENTER'S MASTER FACILITY
 PROJECT. DURING FY2009 THE FOUNDATION CONTRIBUTED \$16,555,828 IN
 SUPPORT OF THE ST. VINCENT'S MEDICAL CENTER MASTER FACILITY PROJECT,
 WHICH INCLUDED THE NEW MICHAEL J DALY CENTER FOR EMERGENCY AND TRAUMA
 CARE, AND THE NEW ELIZABETH PFRIEM SWIM CENTER FOR CANCER CARE, A
 STATE-OF-THE-ART INTEGRATIVE ONCOLOGY CENTER. AN ADDITIONAL \$769,618
 DONATION TO THE MEDICAL CENTER HELPED TO SUBSIDIZE THE COST OF VARIOUS
 MEDICAL CENTER PROGRAMS FOR WHICH THERE IS NO OTHER AVAILABLE FUNDING
 SOURCE. ONE OF THESE PROGRAMS IS THE IRMA D'ADDARIO WELLNESS BOOTH AT
 THE TRUMBULL SHOPPING MALL. DURING 2009 WE PROVIDED FREE BLOOD PRESSURE
 CHECKS, BLOOD SUGAR AND CHOLESTEROL SCREENINGS. THE FOUNDATION ALSO

4b (Code:) (Expenses \$ 625,403. including grants of \$ 625,403.) (Revenue \$)
 THE FOUNDATION'S "SWIM ACROSS THE SOUND" CAMPAIGN PROVIDES A SOURCE OF
 FUNDS RESTRICTED FOR OVER 34 CANCER PREVENTION AND CANCER SUPPORT
 PROGRAMS. AMONG THESE IS OUR MOBILE MAMMOGRAPHY PROGRAM, OFFERING
 LOW-COST AND FREE MAMMOGRAPHY SCREENINGS AT COMMUNITY BASED SENIOR
 CENTERS, CHURCHES, SYNAGOGUES AND OTHER LOCAL FACILITIES FOR THE
 MEDICALLY UNDERSERVED, AT RISK WOMEN OF SOUTHERN CONNECTICUT. THE
 FOUNDATION ALSO HELPED CANCER PATIENTS AND THEIR FAMILIES THROUGH FIVE
 CANCER SUPPORT GROUPS, YOGA AND MASSAGE FOR CANCER PATIENTS, SUNDAY
 BRUNCHES FOR ONCOLOGY PATIENTS AND THEIR FAMILIES, TRANSPORTATION NEEDS
 FOR NON-AMBULATORY CANCER PATIENTS UNDERGOING TREATMENT, SUBSIDIZED
 NAUSEA MEDICATION FOR PATIENTS RECEIVING CHEMOTHERAPY, SUBSIDIZED
 PURCHASES OF PROSTHESIS AND WIGS FOR CANCER PATIENTS, SUBSIDIZED AT

4c (Code:) (Expenses \$ 289,636. including grants of \$ 289,636.) (Revenue \$)
 DURING FY2009, THE FOUNDATION CONTRIBUTED \$289,636 TO THE ST. VINCENT'S
 COLLEGE. THE COLLEGE, A SUSIDIARY OF THE ST. VINCENT'S MEDICAL CENTER,
 IS COMMITTED TO REACHING OUT TO A BROAD RANGE OF STUDENTS, ESPECIALLY
 THE POOR, WORKING MOTHERS AND INDIVIDUALS PURSUING CAREER CHANGES. THE
 FUNDS PROVIDED BY THE FOUNDATION ENABLED THE COLLEGE TO GRANT \$198,645
 IN SCHOLARSHIPS/AWARDS. THESE SCHOLARSHIPS ARE SUBJECT TO ACADEMIC, AS
 WELL AS FINANCIAL NEEDS CRITERIA. THE FOUNDATION ALSO PROVIDED FUNDS
 FOR AN OUTREACH PROGRAM DESIGNED TO REACH OUT TO MIDDLE SCHOOLS AND
 HIGH SCHOOLS TO PREPARE INTERESTED STUDENTS, SPECIALLY MINORITIES, FOR
 THE HEALTHCARE CURRICULUM IN COLLEGE. THIS OUTREACH PROGRAM IS DESIGNED
 TO GIVE MINORITY STUDENTS THE TOOLS TO BE MORE SUCCESSFUL AND TO
 INCREASE DIVERSITY IN THE HEALTHCARE WORKFORCE.

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

(Expenses \$ 372,956. including grants of \$ 372,956.) (Revenue \$)

4e Total program service expenses \$ 18,613,441. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	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? <i>If "Yes," complete Schedule C, Part I.</i>	3	x
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II.</i>	4	x
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III.</i>	5	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>	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? <i>If "Yes," complete Schedule D, Part II.</i>	7	x
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	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? <i>If "Yes," complete Schedule D, Part IV.</i>	9	x
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	10 x	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	11 x	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	12	x
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	x
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	x
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I.</i>	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? <i>If "Yes," complete Schedule F, Part II.</i>	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? <i>If "Yes," complete Schedule F, Part III.</i>	16	x
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I.</i>	17 x	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18 x	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19 x	
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20	x
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21 x	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	x
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.</i>	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? <i>If "Yes," complete Schedule L, Part I.</i>	25a	x
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part II.</i>	26	x
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>	27	x

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		x
28a		
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		x
28b		
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		x
28c		
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	x	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		x
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		x
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		x
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	x	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	x	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		x

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 100		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 1		
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 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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 the instructions for exceptions and 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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a 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	X	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization, during the year, 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 For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X	
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Section 501(c)(3) and other 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: N/A			
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: N/A			
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 N/A	12b		

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	31	
b Enter the number of voting members that are independent	27	
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?		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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or 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		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	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?	X	
b Other officers or key employees of the organization?	X	
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?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
 MATT KELLOGG - (203) 576-5390
 2979 MAIN STREET, BRIDGPORT, CT 06606

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES STAPLETON CHAIRMAN	0.50	X						0.	0.	0.
LAWRENCE G. FOLEY VICE CHAIRMAN	0.50	X						0.	0.	0.
ANTHONY MILANO TREASURER	0.50	X						0.	0.	0.
DAVID H. LOBDELL, M.D. SECRETARY	0.50	X						0.	0.	0.
JOHN BARRY, JR. DIRECTOR	0.50	X						0.	0.	0.
WILLIAM J. CARROLL DIRECTOR	0.50	X						0.	0.	0.
MILTON COOPER, M.D. DIRECTOR	0.50	X						0.	0.	0.
CARM ADIMANDO DIRECTOR	0.50	X						0.	0.	0.
GERTRUD BARGAS DIRECTOR	0.50	X						0.	0.	0.
GEORGE DUNBAR, PH.D. DIRECTOR	0.50	X						0.	0.	0.
VIRGINIA FORTIN DIRECTOR	0.50	X						0.	0.	0.
MARK A. FRIES DIRECTOR	0.50	X						0.	0.	0.
GEORGE E. GERCKEN, PH.D. DIRECTOR	0.50	X						0.	0.	0.
BRONSON K. HAWLEY DIRECTOR	0.50	X						0.	0.	0.
ALBERT J. KLEBAN, ESQ. DIRECTOR	0.50	X						0.	0.	0.
DENISE LARSON-FENTON DIRECTOR	0.50	X						0.	0.	0.
ARTHUR C. LASKE, JR. DIRECTOR	0.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH H. MALONEY DIRECTOR	0.50	X						0.	0.	0.
RAYMOND W. MATTES, JR. DIRECTOR	0.50	X						0.	0.	0.
WILLIAM MITCHELL DIRECTOR	0.50	X						0.	0.	0.
FRANK A. MORSE DIRECTOR	0.50	X						0.	0.	0.
MICHAEL E. NIEDERMEIER CPA, MBA - DIRECTOR	0.50	X						0.	0.	0.
DONALD SALTZMAN DIRECTOR	0.50	X						0.	0.	0.
FRANK SCIFO, M.D. DIRECTOR	0.50	X						0.	206,754.	37,145.
KEVIN SJODIN DIRECTOR	0.50	X						0.	0.	0.
RAFAEL P. SQUITIERI, M.D DIRECTOR	0.50	X						0.	653,391.	52,570.
WILLIAM R. TOMMINS DIRECTOR	0.50	X						0.	0.	0.
1b Total								0.	1,881,805.	778,570.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

0

- 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
- 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
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
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.

(A) Name and business address	(B) Description of services	(C) Compensation
GHIORSI & SORRENTI 50 TICE BOULEVARD, WOODCLIFF LAKE, NJ 07677	CONSULTING/PROFESSIONAL FUNDRAISING SVCS	264,000.
EXECUTIVE OFFICE SERVICES 2085 MADISON AVENUE, BRIDGEPORT, CT 06606	PRINTING AND GRAPHIC SERVICES	128,395.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

2

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2008)

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	4,553.				
	b	Membership dues	1b					
	c	Fundraising events	1c	381,917.				
	d	Related organizations	1d	116,622.				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,147,623.				
	g	Noncash contributions included in lines 1a-1f \$		98,356.				
	h	Total. Add lines 1a-1f		11,650,715.				
	Program Service Revenue	2 a	Business Code					
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,044,381.			2,044,381.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ 381,917. of contributions reported on line 1c). See Part IV, line 18						
		b	Less: direct expenses					
		c	Net income or (loss) from fundraising events					
		9 a	Gross income from gaming activities. See Part IV, line 19					
	10 a	Gross sales of inventory, less returns and allowances						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue			Business Code			
	11 a	INC. VALUE-LIFE INS.	900099	32,728.			32,728.	
b	LEGAL SETTLEMENT	900099	7,438.			7,438.		
c								
d	All other revenue							
e	Total. Add lines 11a-11d		40,166.					
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		10,360,359.	5,275.	0.	-1,295,631.		

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).

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 U.S. See Part IV, line 21	18,613,441.	18,613,441.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	3,186.		3,186.	
d Lobbying				
e Professional fundraising services See Part IV, line 17	90,000.			90,000.
f Investment management fees	63,250.		63,250.	
g Other	3,740.		2,025.	1,715.
12 Advertising and promotion	55,931.			55,931.
13 Office expenses	58,694.		28,243.	30,451.
14 Information technology	43,251.		43,251.	
15 Royalties				
16 Occupancy	25,780.		10,312.	15,468.
17 Travel	3,896.			3,896.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,598.		17,598.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	49,923.		19,969.	29,954.
23 Insurance	16,897.		16,897.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a ALLOCATED SALARIES	783,512.		373,267.	410,245.
b PURCHASED SERVICES	176,586.			176,586.
c BAD DEBT EXPENSES	162,990.			162,990.
d DONATIONS PROCUREMENT	144,223.			144,223.
e ALLOCATED SERVICES	132,600.		132,600.	
f All other expenses	90,261.		36,690.	53,571.
25 Total functional expenses. Add lines 1 through 24f	20,535,759.	18,613,441.	747,288.	1,175,030.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	100.	1	
	2	Savings and temporary cash investments	7,890,649.	2	20,993,126.
	3	Pledges and grants receivable, net	4,889,450.	3	8,422,488.
	4	Accounts receivable, net	203,917.	4	710.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	13,910.	9	31,192.
	10a	Land, buildings, and equipment: cost basis	967,943.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	212,302.	10c	755,641.
	11	Investments - publicly traded securities	45,802,376.	11	27,047,367.
	12	Investments - other securities. See Part IV, line 11	6,382,424.	12	3,027,340.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,223,906.	15	2,209,226.
16	Total assets. Add lines 1 through 15 (must equal line 34)	68,036,083.	16	62,487,090.	
Liabilities	17	Accounts payable and accrued expenses	275,345.	17	179,443.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow 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		24	
	25	Other liabilities. Complete Part X of Schedule D	58,766,064.	25	54,123,850.
	26	Total liabilities. Add lines 17 through 25	59,041,409.	26	54,303,293.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	8,875,883.	27	8,066,812.
	28	Temporarily restricted net assets	118,791.	28	116,985.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	8,994,674.	33	8,183,797.
34	Total liabilities and net assets/fund balances	68,036,083.	34	62,487,090.	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
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 lines 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	
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?	3b	

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number
22-2558132

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

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)(vii).** (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 the Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

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 organizations the organization supports.

[illegible]

Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,865,055.	6,284,130.	9,066,060.	10,689,563.	11,650,715.	41,555,523.
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 - 3	3,865,055.	6,284,130.	9,066,060.	10,689,563.	11,650,715.	41,555,523.
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)						10,156,891.
6 Public support. Subtract line 5 from line 4						31,398,632.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	3,865,055.	6,284,130.	9,066,060.	10,689,563.	11,650,715.	41,555,523.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,560,512.	2,109,410.	2,656,756.	3,028,786.	2,044,381.	11,399,845.
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.)	31,781.	33,329.	32,064.	82,861.	40,166.	220,201.
11 Total support. Add lines 7 through 10						53,175,569.
12 Gross receipts from related activities, etc. (see instructions)					12	626,429.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	59.05 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	55.14 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2008

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)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33 1/3% support tests - 2008. 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 <input type="checkbox"/>		
b 33 1/3% support tests - 2007. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2008

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization **ST. VINCENT'S MEDICAL CENTER
FOUNDATION, INC.**

Employer identification number
22-2558132

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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, 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, 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 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 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

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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 Trust, Escrow and Custodial Arrangements. Complete if 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,067,440.				
b Contributions	77,665.				
c Investment earnings or losses	-98,741.				
d Grants or scholarships					
e Other expenditures for facilities and programs	-98,741.				
f Administrative expenses					
g End of year balance	10,145,105.				

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ 100.00 %

c Term endowment ☐ %

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		x
3a(ii)		x
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		137,715.		137,715.
b Buildings		727,854.	158,732.	569,122.
c Leasehold improvements				
d Equipment		102,374.	53,570.	48,804.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c))				755,641.

Schedule D (Form 990) 2008

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,360,359.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	20,535,759.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-10,175,400.
4	Net unrealized gains (losses) on investments	4	2,030,525.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	7,333,998.
9	Total adjustments (net). Add lines 4-8	9	9,364,523.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-810,877.

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 should 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	Losses reported on Form 990, Part IX, line 25	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 should 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART X: FROM THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF

ST. VINCENT'S HEALTH SERVICES CORPORATION WHICH INCLUDE THE ACTIVITY OF

ST. VINCENT'S MEDICAL CENTER FOUNDATION, INC.: EFFECTIVE OCTOBER 1, 2007

THE CORPORATION ADOPTED THE PROVISIONS OF ASC 740-10, ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES (ASC 740-10), WHICH CLARIFIES THE ACCOUNTING

FOR UNCERTAINTY IN INCOME TAX POSITIONS RECOGNIZED IN FINANCIAL STATEMENTS

IN ACCORDANCE WITH ASC 740, INCOME TAXES. ASC 740-10 PRESCRIBES A

RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL

Part XIV Supplemental Information (continued)

STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED

TO BE TAKEN IN A TAX RETURN. THE ADOPTION OF ASC 740-10 DID NOT HAVE A

MATERIAL IMPACT ON THE CORPORATION'S FINANCIAL POSITION OR RESULTS OF

OPERATIONS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

NET DECREASE IN TRUSTS: -7301.

TRANSFERS TO AFFILIATED ORGANIZATIONS: -56837.

FY2009 NET CHANGE IN AFFILIATES INTEREST IN FOUNDATION NET

ASSETS: 7398136.

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

2008

Open To Public Inspection

Employer identification number
22-2558132

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☒ In-person solicitations
- e ☒ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☒ Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
GHIORSI & SORRENTI	CONSULTING ON CAPITAL CAMPAIGN		X	0.	90,000.	0
Total					90,000.	

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2008

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		LUNCHEON (event type)	DINNER (event type)	(total number)	
Revenue	1 Gross receipts	114,743.	94,355.	297,715.	506,813.
	2 Less: Charitable contributions	103,343.	80,355.	198,219.	381,917.
	3 Gross revenue (line 1 minus line 2)	11,400.	14,000.	99,496.	124,896.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	11,400.	13,800.	94,421.	119,621.
	8 Direct expense summary. Add lines 4 through 7 in column (d)				(119,621.)
	9 Net income summary. Combine lines 3 and 8 in column (d)				5,275.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue			48,326.	48,326.
	2 Cash prizes				
Direct Expenses	3 Non-cash prizes			17,341.	17,341.
	4 Rent/facility costs				
	5 Other direct expenses			805.	805.
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 94.00% <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				(18,146.)
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				30,180.

9 Enter the state(s) in which the organization operates gaming activities: CT

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain:

	Yes	No
9a	X	
10a		X
11		X
12		X

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

13 Indicate the percentage of gaming activity operated in:

13a	The organization's facility	100.00 %
13b	An outside facility	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:Name ► ADRIANA OHEGYIAddress ► 2800 MAIN STREET - BRIDGEPORT, CT 06606**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a	Yes	No
		X

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.**c** If "Yes," enter name and address:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a	Yes	No
		X

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
► Attach to Form 990.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization **ST. VINCENT'S MEDICAL CENTER
FOUNDATION, INC.** Employer identification number **22-2558132**

Part I General Information on Grants and Assistance

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

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" on 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. Use Part IV and Schedule I-1 (Form 990) 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 MEDICAL CENTER 2800 MAIN STREET BRIDGEPORT, CT 06606	06-0646886	501(C)(3)	16,917,946.	0.			CAPITAL GRANT
ST. VINCENT'S MEDICAL CENTER 2800 MAIN STREET BRIDGEPORT, CT 06606	06-0646886	501(C)(3)	407,500.	0.			OPERATING GRANT
ST. VINCENT'S COLLEGE 2800 MAIN STREET BRIDGEPORT, CT 06606	06-1331677	501(C)(3)	260,136.	0.			OPERATING GRANT
ST. VINCENT'S COLLEGE 2800 MAIN STREET BRIDGEPORT, CT 06606	06-1331677	501(C)(3)	29,500.	0.			CAPITAL GRANT
ST. VINCENT'S SPECIAL NEEDS CENTER, INC. - 95 MERRITT BOULEVARD - TRUMBULL, CT 06611	06-0702617	501(C)(3)	101,725.	0.			CAPITAL GRANT
ST. VINCENT'S SPECIAL NEEDS CENTER, INC. - 95 MERRITT BOULEVARD - TRUMBULL, CT 06611	06-0702617	501(C)(3)	40,434.	0.			OPERATING GRANT

2 Enter total number of section 501(c)(3) and government organizations **5.**
3 Enter total number of other organizations **0.**

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

Schedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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 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 GRANTEEES

ELIGIBILITY FOR THE GRANTS/ASSISTANCE ARE REVIEWED BY VARIOUS COMMITTEES IN

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

ST. VINCENT'S MEDICAL CENTER
FOUNDATION, INC.

Employer identification number

22-2558132

Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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		
HALL-BROOKE BEHAVIORAL HEALTH SERVICES - 47 LONG LOTS ROAD - WESTPORT, CT 06880	06-0813283	501(C)(3)	26,113.	0.			OPERATING GRANT		
HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC. - 47 LONG LOTS ROAD - WESTPORT, CT 06880	06-0813283	501(C)(3)	9,500.	0.			CAPITAL GRANT		
UNITED WAY OF COASTAL FAIRFIELD COUNTY - 75 WASHINGTON AVENUE - BRIDGEPORT, CT 06604	06-0864341	501(C)(3)	50,000.	0.			UNITED WAY FEED THE CHILDREN PROGRAM SPONSOR		
ST. VINCENT'S MEDICAL CENTER 2800 MAIN STREET BRIDGEPORT, CT 06606	06-0646886	501(C)(3)	741,325.	0.			EXPENSES INCURRED IN SUPPORT OF MC PROGRAMS		
ST. VINCENT'S SPECIAL NEEDS CENTER, INC. - 95 MERRITT BOULEVARD - TRUMBULL, CT 06611	06-0702617	501(C)(3)	29,262.	0.			EXPENSES INCURRED IN SUPPORT OF SNC PROGRAMS		

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

CHARGE OF SPECIFIC FUNDS. SPECIAL ATTENTION IS GIVEN TO STEWARDSHIP OF ALL

DONOR CONTRIBUTIONS, AND ALL REQUESTS ARE REVIEWED BY 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

▶ Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization **ST. VINCENT'S MEDICAL CENTER
FOUNDATION, INC.**

Employer identification number
22-2558132

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is 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

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?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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?

b Any related organization?

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?

b Any related organization?

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

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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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

Schedule J (Form 990) 2008

Part III Supplemental Information

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

PART I, LINE 4B: SUSAN L. DAVIS PARTICIPATES IN A 457F PLAN, DURING CALENDAR

YEAR 2008, MS. DAVIS RECEIVED ELECTIVE DEFERRED COMPENSATION UNDER THE PLAN

IN THE AMOUNT OF \$559,195.

PART I, LINE 3: ST. VINCENT'S MEDICAL CENTER, A RELATED

ORGANIZATION OF ST. VINCENT'S MEDICAL CENTER FOUNDATION, INC., USES THE

FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE

DIRECTOR:

-COMPENSATION COMMITTEE

-INDEPENDENT COMPENSATION CONSULTANT

-COMPENSATION SURVEY OR STUDY, AND

-APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

PART II: COMPENSATION FOR SUSAN L. DAVIS IS PAID BY ST. VINCENT'S MEDICAL

CENTER, A RELATED ORGANIZATION OF ST. VINCENT'S MEDICAL CENTER FOUNDATION.

THE COMPENSATION SHE RECEIVES IS FOR HER ROLE AS PRESIDENT/CEO OF ST.

VINCENT'S MEDICAL CENTER, OF WHICH 0% IS ALLOCATED TO ST. VINCENT'S MEDICAL

CENTER FOUNDATION.

Part III Supplemental Information

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

COMPENSATION FOR RONALD J. BIANCHI IS PAID BY ST. VINCENT'S MEDICAL CENTER,

A RELATED ORGANIZATION OF ST. VINCENT'S MEDICAL CENTER FOUNDATION, OF WHICH

22% IS ALLOCATED TO ST. VINCENT'S MEDICAL CENTER FOUNDATION.

COMPENSATION FOR MICHAEL C. BISCIGLIA IS PAID BY ST. VINCENT'S MEDICAL

CENTER, A RELATED ORGANIZATION OF ST. VINCENT'S MEDICAL CENTER FOUNDATION,

OF WHICH 100% IS ALLOCATED TO ST. VINCENT'S MEDICAL CENTER FOUNDATION.

RAPHAEL P. SQUITIERI, M.D. AND FRANK SCIPO, M.D. RECEIVES COMPENSATION FROM

ST. VINCENT'S MEDICAL CENTER, A RELATED ORGANIZATION OF ST. VINCENT'S

MEDICAL CENTER FOUNDATION, INC. THE COMPENSATION THEY RECEIVE IS FOR THEIR

ROLE AT ST. VINCENT'S MEDICAL CENTER AND NOT FOR THEIR ROLE AS A DIRECTOR

OF ST. VINCENT'S MEDICAL CENTER FOUNDATION, INC.

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization ST. VINCENT'S MEDICAL CENTER
FOUNDATION, INC.

Employer Identification number
22-2558132

[illegible]

Schedule J-2 (Form 990) 2008

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

NonCash Contributions

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization **ST. VINCENT'S MEDICAL CENTER
FOUNDATION, INC.**

Employer identification number
22-2558132

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	10	98,356	OTHER
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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Schedule M (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization **ST. VINCENT'S MEDICAL CENTER
FOUNDATION, INC.**

Employer identification number
22-2558132

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUPPORT OF PROGRAMS AND SERVICES ON BEHALF OF ST. VINCENT'S MISSION TO

SERVE THE MOST VULNERABLE AND MEDICALLY UNDERSERVED POPULATION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HELPED SUBSIDIZE FREE PUBLIC LECTURES ON PROSTATE CANCER AND FREE

PROSTATE SCREENINGS FOR MEN AT RISK. THE PROSTATE CANCER INSTITUTE

SPONSORS BUDDY NETWORK, A PEER PROGRAM, WHERE MEN WHO HAVE SURVIVED

PROSTATE CANCER, VOLUNTEER TO HELP THOSE NEWLY DIAGNOSED, THROUGH

SHARING THEIR OWN PERSONAL EXPERIENCES. THE FOUNDATION ALSO HELPED

SUBSIDIZE A HEALTH CLINIC IN THE "HOLLOW" SECTION OF BRIDGEPORT. THE

CLINIC PROVIDES HEALTHCARE SERVICES FOR THE CITY'S WORKING POOR, SINGLE

MOTHERS, AND HOMELESS POPULATION, WHO RELY ON THESE HEALTHCARE

SERVICES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

HOME HOSPICE ASSISTANCE, AND SUBSIDIZED NUTRITIONAL COUNSELING. THE

SWIM ALSO UNDERWRITES OUR TEEN SMOKE STOPPERS PROGRAM, THE ONLY ONE OF

ITS TYPE IN CONNECTICUT, IS PRIMARILY OFFERED THROUGH THE SCHOOL

SYSTEMS. DURING FY2009, APPROXIMATELY 19,300 STUDENTS ATTENDED SMOKING

PREVENTION LECTURES GEARED TOWARD TEENAGERS. THIS PROGRAM IS OFFERED

FOR TEENS IN THE REGIONAL MIDDLE SCHOOLS, HIGH SCHOOLS AND COLLEGES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE ORGANIZATION IS COMMITTED TO REAFFIRMING ITS OUTREACH TO THE

VULNERABLE AND MEDICALLY UNDERSERVED. THIS COMMITMENT IS SHARED BY

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Schedule O (Form 990) 2008

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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EMPLOYERS WHO HAVE GENEROUSLY CONTRIBUTED EACH YEAR TO THE EMPLOYEE

GIVING CAMPAIGN. DURING FY2009, THIS CAMPAIGN PROVIDED \$44,982 IN

ASSISTANCE TO FAMILIES WHO WERE IN DIRE NEED OF FOOD, BEDDING,

CLOTHING. THIS FUND ALSO ASSISTED FAMILIES WHO WERE AT RISK OF BECOMING

HOMELESS OR REQUIRED EMERGENCY ASSISTANCE WITH UTILITY BILLS. THE

FOUNDATION ALSO CONTRIBUTED \$142,159 TO THE ST. VINCENT'S SPECIAL NEEDS

CENTER PRIMARILY FOR CAPITAL EXPENDITURES FOR RENOVATION OF THEIR

CHILDREN'S RESIDENTIAL FACILITY. ADDITIONALLY, THE FOUNDATION DONATED

\$35,613 TO HALL-BROOKE BEHAVIORAL HEALTH SERVICES. THESE FUNDS WERE

CHIEFLY USED TO DEVELOP A NEW COLLABORATIVE PROGRAM THAT WOULD PROVIDE

DIAGNOSTIC AND TREATMENT SERVICES, AS WELL AS, CONTINUED OPPORTUNITIES

FOR SOCIAL AND COGNITIVE DEVELOPMENT FOR CHILDREN, ADOLESCENTS AND

ADULTS WITH AUTISM SPECTRUM DISORDERS AND OTHER RELATED DEVELOPMENTAL

DISORDERS. THE FOUNDATION ALSO PROVIDED \$50,000 TO THE UNITED WAY OF

COASTAL FAIRFIELD COUNTY, FOR SPONSORSHIP OF THEIR FEED THE CHILDREN

PROGRAM.

EXPENSES \$ 372956. INCLUDING GRANTS OF \$ 372956. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6: ST. VINCENT'S MEDICAL CENTER

FOUNDATION, INC. HAS A SINGLE CORPORATE MEMBER, ST. VINCENT'S HEALTH

SERVICES CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A: ST. VINCENT'S MEDICAL CENTER

FOUNDATION, INC. HAS A SINGLE CORPORATE MEMBER, ST. VINCENT'S HEALTH

SERVICES CORPORATION, WHO HAS THE ABILITY TO ELECT MEMEBERS TO THE

GOVERNING BODY OF ST. VINCENT'S MEDICAL CENTER FOUNDATION, INC.

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Schedule O (Form 990) 2008

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Name of the organization **ST. VINCENT'S MEDICAL CENTER
FOUNDATION, INC.**

Employer identification number
22-2558132

FORM 990, PART VI, SECTION A, LINE 7B: ALL DECISIONS THAT HAVE MATERIAL

IMPACT ON ST. VINCENT'S MEDICAL CENTER FOUNDATION, INC. 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 A, LINE 10: MANAGEMENT, INCLUDING CERTAIN

OFFICERS, WORKS DILIGENTLY TO COMPLETE THE FORM 990 AND ATTACHED SCHEDULES

IN A THOROUGH MANNER. MANAGEMENT PRESENTS THE FORM TO THE BOARD, OR A

DESIGNATED COMMITTEE, TO REVIEW AND ANSWER ANY QUESTIONS. PRIOR TO FILING

THE RETURN, ALL BOARD MEMBERS ARE PROVIDED THE FORM 990 AND MANAGEMENT TEAM

MEMBERS ARE AVAILABLE TO ANSWER ANY BOARD MEMBERS QUESTIONS.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REGULARLY AND

CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST

POLICY IN THAT ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE

WITH GOVERNING BOARD DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT

FINANCIAL INTEREST, MUST DISCLOSE THE EXISTENCE OF 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 PROPOSED TRANSACTION OR ARRANGEMENT. THE REMAINING INDIVIDUALS

ON THE GOVERNING BOARD OR COMMITTEE MEETING WILL DECIDE IF CONFLICTS OF

INTEREST EXIST. EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE

WITH GOVERNING BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT WHICH

AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST

POLICY, HAS READ AND UNDERSTAND THE POLICY, HAS AGREED TO COMPLY WITH THE

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

Schedule O (Form 990) 2008

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Department of the Treasury
Internal Revenue Service

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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 AND VP, 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 (ON BEHALF OF THE FOUNDATION) REVIEWED AND

APPROVED THE COMPENSATION. IN THE REVIEW OF THE COMPENSATION, THE CEO AND

VP WERE COMPARED TO OTHER ORGANIZATIONS IN THE AREA THAT HOLD THE SAME

TITLE. DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF

THE DECISION WAS RECORDED IN THE MINUTES. INDIVIDUALS WERE NOT PRESENT WHEN

THEIR COMPENSATION WAS DECIDED.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION WILL PROVIDE ANY

DOCUMENTS OPEN TO PUBLIC INSPECTION UPON REQUEST.

SCHEDULE G, PART I, LINE 2B, COLUMN (V): IN FY 2007, ST. VINCENT'S

MEDICAL CENTER FOUNDATION, INC. BEGAN A MASTER FACILITY PLAN CAPITAL

CAMPAIGN. THE FOUNDATION PAID GHIORSI & SORRENTI \$90,000 IN FY2009 FOR

GENERAL FUNDRAISING CONSULTING SERVICES IN CONNECTION WITH THIS CAMPAIGN.

FORM 990, PART IV, LINE 12:

ST. VINCENT'S MEDICAL CENTER FOUNDATION RECEIVES A CONSOLIDATED AUDITED

FINANCIAL STATEMENT.

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Schedule O (Form 990) 2008

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

ST. VINCENT'S MEDICAL CENTER
FOUNDATION, INC.

Employer identification number

22-2558132

FORM 990, PART XI, LINE 2:

THE FINANCIAL STATEMENTS OF ST. VINCENT'S MEDICAL CENTER FOUNDATION,

INC. WERE AUDITED ON A CONSOLIDATED BASIS. AN AUDIT COMMITTEE HAS BEEN

DELEGATED THE RESPONSIBILITY TO OVERSEE THE AUDITED FINANCIAL

STATEMENTS AND THE SELECTION OF THE INDEPENDENT ACCOUNTANTS THAT

AUDITED THE FINANCIAL STATEMENTS.

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**▶ **See separate instructions.**

OMB No. 1545-0047

2008

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Name of the organization

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Part I Identification of Disregarded Entities

(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

(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
ASCENSION HEALTH - 31-1662309					
P.O. BOX 45998					
ST. LOUIS, MO 63145	NATIONAL HEALTH SYSTEM	MISSOURI	SECTION 501(C)(3)	SCHEDULE A, LINE 11A N/A	
ST. VINCENT'S HEALTH SERVICES CORPORATION - 22-2558134, 2800 MAIN STREET, BRIDGEPORT, CT 06606	PARENT CORPORATION	CONNECTICUT	SECTION 501(C)(3)	SCHEDULE A, LINE 11A	ASCENSION HEALTH
ST. VINCENT'S MEDICAL CENTER - 06-0646886					
2800 MAIN STREET					
BRIDGEPORT, CT 06606	HOSPITAL	CONNECTICUT	SECTION 501(C)(3)	SCHEDULE A, LINE 3	ST. VINCENT'S HEALTH SERVICES CORPORATION
ST. VINCENT'S SPECIAL NEEDS CENTER, INC. - 06-0702617, 95 MERRITT BOULEVARD, TRUMBULL, CT 06611	PROGRAM FOR SPECIAL NEEDS INDIVIDUALS	CONNECTICUT	SECTION 501(C)(3)	SCHEDULE A, LINE 9	ST. VINCENT'S HEALTH SERVICES CORPORATION

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Schedule R (Form 990) 2008

Part V Transactions With Related Organizations

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

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

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

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

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) ST. VINCENT'S MEDICAL CENTER	B	17,325,446.
(2) ST. VINCENT'S COLLEGE	B	289,636.
(3) ST. VINCENT'S SPECIAL NEEDS CENTER, INC.	B	142,159.
(4) ST. VINCENT'S MEDICAL CENTER	O	693,932.
(5)		
(6)		

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.

[illegible]

