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Part III

Statement of Program Service Accomplishments

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

☐ ☒

1

Briefly describe the organization’s mission

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 Corp and its non-profit exempt affiliates Its goal is to create and perpetuate financial support of programs and services on behalf of St Vincent's Mission to serve the most vulnerable and medically underserved population

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

4a

(Code) (Expenses \$ 3,016,607 including grants of \$ 3,016,607) (Revenue \$)

During FY2013, the Foundation contributed \$2,815,979 to St Vincent's Health Services and St Vincent's College, in support of the College's new facility expansion project The College, a subsidiary 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 expansion of the College, to its facilities in 2660 Main Street, allowed for much needed additional classroom and laboratory space With the start of the Fall 2013 academic year, the Main Street building was opened at 2660 Main Street This building contains 4 classrooms and 3 labs as well as many student spaces The Laboratories provide simulated settings where students practice skills taught during the course of the programs, prior to implementation in a clinical setting Additional funds provided by the Foundation enabled the College to grant \$158,834 in scholarships/awards These scholarships are subject to academic as well as financial needs criteria The Foundation also provided funds, in collaboration with the CT Challenge, to implement a “cancer survivorship” curriculum across all degree programs at the St Vincent’s College

4b

(Code) (Expenses \$ 1,994,933 including grants of \$ 1,994,933) (Revenue \$)

During FY2013, the Foundation contributed \$1,415,366 in continued support of the Medical Center's capital projects, which included a Breast Tomosynthesis, an Ultrasound, SIM man, renovations to the ninth floor of the Medical Center, DaVinci Robot Sealer, Chemical Analyzer and new Birthing Center Suite The Foundation also released an additional \$579,567 to the Medical Center to subsidize the cost of various Medical Center programs for which there is no other available funding source One of these programs is the Imma D'Addario Wellness Booth at the Medical Center During 2013 the Wellness Booth provided free blood pressure checks, and blood sugar and cholesterol screenings The Foundation also helped subsidize the Integrative Oncology center, Diabetes and Pancreatic symposiums, our “Women at Heart” care club (for heart-related diagnosis, education and treatment specifically for women), and provided free public lectures on prostate cancer and free prostate screenings for men at risk The Foundation also subsidized the Hope Dispensary of Greater Bridgeport which provides short-term and long-term medication assistance to eligible patients (where a majority of patients are below the 200 per cent Federal Poverty Level)

4c

(Code) (Expenses \$ 841,368 including grants of \$ 841,368) (Revenue \$)

In 2013, The Foundation's "Swim Across the Sound" campaign celebrated its 26th anniversary Since 1987, the SWIM has raised funds to offer 48 different cancer education, screening and support services to cancer patients and their families "Swim Across the Sound" also offers a significant safety net to our region by providing one-on-one financial assistance to cancer patients in the community Among the many Swim services 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 cancer support groups, nutrition classes, yoga, music therapy 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, purchases of prosthesis and wigs for cancer patients, subsidized at-home hospice assistance, and subsidized nutritional counseling The Swim also underwrites our Teen Smoke Stoppers program, the only one of this type in Connecticut, which is primarily offered through the school systems During FY2013, approximately 22,274 students attended smoking prevention lectures geared toward teenagers, and 79 students enrolled in smoking cessation classes During this FY the program was presented in 127 regional middle schools, high schools and colleges

(Code) (Expenses \$ 1,020,872 including grants of \$ 1,020,872) (Revenue \$)

St Vincent’s is committed to reaffirming its outreach to the vulnerable and medically underserved This commitment is shared by employees who have generously contributed year after year to the Employee Giving Campaign During FY 2013, this campaign provided \$45,114 in assistance to families who were in dire need of food, bedding, and clothing This fund also assisted families who were at risk of becoming homeless or required emergency assistance with utility bills The Foundation also contributed \$391,932 to St Vincent's Special Needs Center toward the construction of their new therapeutic pool at the FEROLETO Children's Development Center in Trumbull The pool is 8-by-12 feet and is kept between 88-94 degrees, which is beneficial for children who require aquatic therapy The pool's floor has two unique qualities it can be raised to the pool's surface so a child in a wheelchair can be rolled onto the floor or a child can easily walk onto the floor, then, be lowered to a depth that is appropriate The other unique feature is the entire floor can act as a treadmill so children can learn how to walk or improve their walking skills Additional funds provided by the Foundation enabled much needed capital repairs to the Special Needs' residential-services group homes, and construction of a new Autism Suite at the school, which consists of four small group classrooms, including a community room and individual one-on-one learning areas that support daily living, communication, and functional skills Additionally, the Foundation donated \$91,570 to Hall-Brooke Behavioral Health Services These funds were chiefly used in a new collaborative program that provides 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 \$62,500 to the United Way of Coastal Fairfield County, in corporate sponsorship of their outreach programs

4d

Other program services (Describe in Schedule O)

(Expenses \$ 1,020,872 including grants of \$ 1,020,872) (Revenue \$)

4e

Total program service expenses

6,873,780

Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a		No
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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
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>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
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>	36		No
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>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	116	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
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	No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	Yes
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	Yes
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	0
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?		9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

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

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

[illegible]

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	4,326,501	1,157,316

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization: 0

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
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? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Executive Office Services 2085 Madison Avenue Bridgeport CT 06606	Printing and Graphics Services	128,203

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	17,070	2,960,955			
	b	Membership dues	1b					
	c	Fundraising events	1c	448,085				
	d	Related organizations	1d	62,069				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,433,731				
	g	Noncash contributions included in lines 1a-1f \$		190,533				
	h	Total. Add lines 1a-1f						
Program Service Revenue	2a		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)		844,053			844,053
4		Income from investment of tax-exempt bond proceeds . .						
5		Royalties						
6a		Gross rents	(i) Real (ii) Personal					
b		Less rental expenses						
c		Rental income or (loss)						
d		Net rental income or (loss)						
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	981,305			981,305	
b		Less cost or other basis and sales expenses						
c		Gain or (loss)						
d		Net gain or (loss)						
8a		Gross income from fundraising events (not including \$ 448,085 of contributions reported on line 1c) See Part IV, line 18	a	126,380	22,735			22,735
b		Less direct expenses	b	103,645				
c		Net income or (loss) from fundraising events . . .						
9a		Gross income from gaming activities See Part IV, line 19	a	62,150	37,491			37,491
b		Less direct expenses	b	24,659				
c		Net income or (loss) from gaming activities . . .						
10a		Gross sales of inventory, less returns and allowances	a	383,341	136,146			136,146
b		Less cost of goods sold	b	247,195				
c		Net income or (loss) from sales of inventory . . .						
Miscellaneous Revenue			Business Code					
11a		Other Rev - Dir of Dev		900099	94,500			94,500
b	Inc Value-Life Ins		900099	34,361			34,361	
c								
d	All other revenue							
e	Total. Add lines 11a-11d			128,861				
12	Total revenue. See Instructions			5,111,546	0	0	2,150,591	

Part IX

Statement of Functional Expenses

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

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

☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	6,873,780	6,873,780		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.				
10	Payroll taxes.				
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	399		399	
c	Accounting.	48,050		48,050	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	202,490		202,490	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	232,059			232,059
12	Advertising and promotion.	56,636			56,636
13	Office expenses.	91,180		41,095	50,085
14	Information technology.	20,858		20,858	
15	Royalties.				
16	Occupancy.	8,547		3,419	5,128
17	Travel.	11,854		6,228	5,626
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	562		562	
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	39,822		15,929	23,893
23	Insurance.	10,337		10,337	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	Allocated Salaries	1,022,785		480,147	542,638
b	Allocated Services	427,980		427,980	
c	Donations Procurement	250,861			250,861
d	Donor/Volunteer Recogni	22,930			22,930
e	All other expenses	60,866		17,485	43,381
25	Total functional expenses. Add lines 1 through 24e.	9,381,996	6,873,780	1,274,979	1,233,237
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			465	1	320,525
	2	Savings and temporary cash investments			2,613,260	2	492,826
	3	Pledges and grants receivable, net			2,659,891	3	1,935,164
	4	Accounts receivable, net			47,106	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			155,292	8	135,351
	9	Prepaid expenses and deferred charges			34,145	9	17,388
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	722,552			
	b	Less accumulated depreciation	10b	232,810	529,564	10c	489,742
	11	Investments—publicly traded securities			28,698,146	11	32,809,076
	12	Investments—other securities See Part IV, line 11			6,724,559	12	6,890,498
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			1,190,724	15	940,842
16	Total assets. Add lines 1 through 15 (must equal line 34)			42,653,152	16	44,031,412	
Liabilities	17	Accounts payable and accrued expenses			154,542	17	211,166
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			33,710,778	25	34,339,340
	26	Total liabilities. Add lines 17 through 25			33,865,320	26	34,550,506
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			8,817,239	27	9,465,596
	28	Temporarily restricted net assets			-29,407	28	15,310
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			8,787,832	33	9,480,906
	34	Total liabilities and net assets/fund balances			42,653,152	34	44,031,412

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,111,546
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,381,996
3	Revenue less expenses Subtract line 2 from line 1	3	-4,270,450
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,787,832
5	Net unrealized gains (losses) on investments	5	2,657,431
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,306,093
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,480,906

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization St Vincent's Medical Center Foundation Inc	Employer identification number 22-2558132
--	--

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(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?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)
- | | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |
- | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	11,650,715	11,990,258	5,364,177	7,110,328	2,960,955	39,076,433
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	11,650,715	11,990,258	5,364,177	7,110,328	2,960,955	39,076,433
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)						12,605,412
6 Public support. Subtract line 5 from line 4						26,471,021

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	11,650,715	11,990,258	5,364,177	7,110,328	2,960,955	39,076,433
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,044,381	1,321,356	822,439	937,074	844,053	5,969,303
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)	40,166	32,602	37,576	30,573	34,361	175,278
11	Total support (Add lines 7 through 10)						45,221,014
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))		1458 540 %
15	Public support percentage for 2011 Schedule A, Part II, line 14		1555 090 %
16a	33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☒
b	33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
17a	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		☐
b	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		☐
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		☐

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

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

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2011 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶			

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
Schedule A, Part IV, Supplemental Information Schedule A, Part II, Line 10, Explanantion for Other Income Net Increase/(Decrease) in Cash Surrender Value of Life Insurance Policies

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

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

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

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

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

3

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

4

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

5

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

☐ Yes☐ No

6

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

7

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

8

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

☐ Yes☐ No

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶\$ _____

(ii) Assets included in Form 990, Part X

▶\$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶\$ _____

b

Assets included in Form 990, Part X

▶\$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

Part III

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

- 3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

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

	Amount
1c	
1d	
1e	
1f	
- 2a

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

☐ Yes

☐ No
- b

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

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	11,911,644	10,776,232	10,726,206	10,145,105	10,067,440
b Contributions	244,349	1,135,412	50,026	581,101	77,665
c Net investment earnings, gains, and losses	1,473,287	1,526,944	6,115	1,015,613	-98,741
d Grants or scholarships					
e Other expenditures for facilities and programs	1,473,287	1,526,944	6,115	1,015,613	-98,741
f Administrative expenses					
g End of year balance	12,155,993	11,911,644	10,776,232	10,726,206	10,145,105

- 2

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

a

Board designated or quasi-endowment

b

Permanent endowment 100 000 %

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		105,000		105,000
b Buildings		546,584	175,873	370,711
c Leasehold improvements				
d Equipment		70,968	56,937	14,031
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				489,742

Schedule D (Form 990) 2012

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	6,738,569
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,454,015
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	1,454,015
3	Subtract line 2e from line 1	3	5,284,554
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	202,491
b	Other (Describe in Part XIII)	4b	-375,499
c	Add lines 4a and 4b	4c	-173,008
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	5,111,546

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	3,555,552
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	375,499
e	Add lines 2a through 2d	2e	375,499
3	Subtract line 2e from line 1	3	3,180,053
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	202,491
b	Other (Describe in Part XIII)	4b	5,999,452
c	Add lines 4a and 4b	4c	6,201,943
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	9,381,996

Part XIII

Supplemental Information

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

Identifier	Return Reference	Explanation
Description of Intended Use of Endowment Funds	Part V, Line 4	The income from the endowment funds is used to help meet certain unfunded needs of the St Vincent's Health Services Corp and its non-profit exempt affiliates. It supports programs and services on behalf of St Vincent's Mission to serve the most vulnerable and medically underserved population.
Description of Uncertain Tax Positions Under FIN 48	Part X, Line 2	The Foundation is a tax-exempt organization under Internal Revenue Code Section 501(c)(3) and its related income is exempt from federal income tax under Section 501(a). The Foundation accounts for uncertainty in income tax positions by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return.
Part XI, Line 4b - Other Adjustments		Direct Expenses related to Fundraising Events -103,645 Direct Expenses related to Gaming Event (Car Raffle) -24,659 Gift Shop- COGS -247,195
Part XII, Line 2d - Other Adjustments		Direct Expenses related to Fundraising Events 103,645 Direct Expenses related to Gaming Event (Car Raffle) 24,659 Gift Shop- COGS 247,195
Part XII, Line 4b - Other Adjustments		Funds transferred to Affiliates (Operating and Capital Grants) 5,999,452

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			<u>Breast Cancer Luncheon</u>	<u>Foundation Gala</u>	<u>6</u>	(add col (a) through col (c))	
			(event type)	(event type)	(total number)		
	1	Gross receipts	125,644	116,679	332,142	574,465	
	2	Less Contributions . . .	109,644	101,679	236,762	448,085	
3	Gross income (line 1 minus line 2)	16,000	15,000	95,380	126,380		
Direct Expenses	4	Cash prizes					
	5	Noncash prizes . . .					
	6	Rent/facility costs . . .					
	7	Food and beverages .	12,000	10,000	81,645	103,645	
	8	Entertainment					
	9	Other direct expenses .					
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					(103,645)
	11	Net income summary Combine line 3, column (d), and line 10 ▶					22,735

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		62,150	62,150
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes		23,333	23,333
	4	Rent/facility costs			
	5	Other direct expenses . . .		1,326	1,326
	6	Volunteer labor	☐ Yes ☐ No	☒ Yes 90 000 % ☐ No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			24,659
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			37,491

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?

☒ Yes ☐ No

b If "No," explain

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

☐ Yes ☒ No

b If "Yes," explain

Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ No

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? ☐ Yes ☒ No

13	Indicate the percentage of gaming activity operated in		
a	The organization's facility	13a	
b	An outside facility	13b	100 000 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ Adriana Ohegyi

Address ▶ 2800 Main Street
Bridgeport, CT 06606

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No

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 of the third party

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? ☐ Yes ☒ No

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 ▶ \$

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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DLN: 93493226000234

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(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
(1) St Vincent's Medical Center 2800 Main Street Bridgeport, CT 06606	06-0646886	501(c)(3)	1,415,366	0			Capital Grant
(2) St Vincent's Medical Center 2800 Main Street Bridgeport, CT 06606	06-0646886	501(c)(3)	579,567	0			Operating Grant
(3) St Vincent's College 2800 Main Street Bridgeport, CT 06606	06-1331677	501(c)(3)	615,979	0			Capital Grant
(4) St Vincent's College 2800 Main Street Bridgeport, CT 06606	06-1331677	501(c)(3)	200,628	0			Operating Grant
(5) St Vincent's Special Needs Center 95 Merritt Boulevard Trumbull, CT 06611	06-0702617	501(c)(3)	535,495	0			Capital Grant
(6) St Vincent's Special Needs Center 95 Merritt Boulevard Trumbull, CT 06611	06-0702617	501(c)(3)	190,749	0			Operating Grant
(7) Hall-Brooke Behavioral Health Services 47 Long Lots Road Westport, CT 06880	06-0813283	501(c)(3)	91,570	0			Operating Grant
(8) United Way of Coastal Fairfield County 75 Washington Avenue Bridgeport, CT 06604	06-0864341	501(c)(3)	62,500	0			United Way Corp Sponsor
(9) St Vincent's Medical Center 2800 Main Street Bridgeport, CT 06606	06-0646886	501(c)(3)	959,500	0			Expenses incurred in support of Medical Center Programs-compassionate care
(10) St Vincent's Special Needs Center 95 Merritt Boulevard Trumbull, CT 06611	06-0702617	501(c)(3)	22,426	0			Expenses incurred in support of Special Needs Programs
(11) St Vincent's Health Services 2800 Main Street Bridgeport, CT 06606	22-2558134	501(c)(3)	2,200,000	0			Support for College Expansion Project

2

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

6

3

Enter total number of other organizations listed in the line 1 table

0

Part III

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

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

Part IV Supplemental Information.		
Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information		
Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	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 grantees' eligibility for the grants/assistance are reviewed by various committees in charge of specific funds Special attention is given to the stewardship of all donor contributions, and all requests are reviewed by the Foundation's President and Vice President before payments are issued

Software ID:

Software Version:

EIN: 22-2558132

Name: St Vincent's Medical Center Foundation Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
St Vincent's Medical Center 2800 Main Street Bridgeport, CT 06606	06-0646886	501(c)(3)	1,415,366	0			Capital Grant
St Vincent's Medical Center 2800 Main Street Bridgeport, CT 06606	06-0646886	501(c)(3)	579,567	0			Operating Grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
St Vincent's College2800 Main Street Bridgeport, CT 06606	06-1331677	501(c)(3)	615,979	0			Capital Grant
St Vincent's College2800 Main Street Bridgeport, CT 06606	06-1331677	501(c)(3)	200,628	0			Operating Grant

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
St Vincent's Special Needs Center95 Merritt Boulevard Trumbull, CT 06611	06-0702617	501(c)(3)	535,495	0			Capital Grant
St Vincent's Special Needs Center95 Merritt Boulevard Trumbull, CT 06611	06-0702617	501(c)(3)	190,749	0			O perating Grant

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 Services47 Long Lots Road Westport, CT 06880	06-0813283	501(c)(3)	91,570	0			O perating Grant
United Way of Coastal Fairfield County75 Washington Avenue Bridgeport, CT 06604	06-0864341	501(c)(3)	62,500	0			United Way Corp Sponsor

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
St Vincent's Medical Center 2800 Main Street Bridgeport, CT 06606	06-0646886	501(c)(3)	959,500	0			Expenses incurred in support of Medical Center Programs-compassionate care
St Vincent's Special Needs Center 95 Merritt Boulevard Trumbull, CT 06611	06-0702617	501(c)(3)	22,426	0			Expenses incurred in support of Special Needs Programs

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
St Vincent's Health Services 2800 Main Street Bridgeport, CT 06606	22-2558134	501(c)(3)	2,200,000	0			Support for College Expansion Project

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
St Vincent's Medical Center Foundation Inc

Employer identification number
22-2558132

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
4a Receive a severance payment or change-of-control payment?		No
4b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
4c Participate in, or receive payment from, an equity-based compensation arrangement?		No
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 only must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
5a The organization?		No
5b Any related organization?		No
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		
6a The organization?		No
6b Any related organization?		No
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		No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Susan L Davis RN EdD Director- Pres/CEO- SVHS	(i)	0	0	0	0	0	0	0
	(ii)	807,402	599,993	46,054	921,992	33,595	2,409,036	104,681
(2) Stuart Marcus Director- Pres- SVMC	(i)	0	0	0	0	0	0	0
	(ii)	582,773	354,014	3,956	11,250	34,475	986,468	0
(3) Dianne J Auger President	(i)	0	0	0	0	0	0	0
	(ii)	150,733	0	210	3,022	4,636	158,601	0
(4) John C Gleckler SVP/CFO- SVHS	(i)	0	0	0	0	0	0	0
	(ii)	399,588	263,851	17,053	40,108	34,223	754,823	0
(5) Michael C Bisciglia VP (retired 05/13)	(i)	0	0	0	0	0	0	0
	(ii)	178,159	8,523	9,509	3,588	21,140	220,919	0
(6) Ronald J Bianchi President (retired 08/12)	(i)	0	0	0	0	0	0	0
	(ii)	209,951	460,869	127,591	5,000	18,002	821,413	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 3	The President's compensation, along with the compensation of all other executives of the Health System, is established annually by the St Vincent's Health Services Executive Compensation Committee (the Compensation Committee). The Compensation Committee uses an external national firm for an independent compensation comparison based on well recognized and established guidelines. Recommended compensation is discussed and approved by the Compensation Committee and is sent to the St Vincent's Medical Center Foundation Board for final approval.
	Part I, Line 4b	Susan L. Davis participates in a 457(f) plan. During calendar year 2012, Dr. Davis received \$900,188 in elective deferred compensation under the plan. She received payments from the plan of \$104,681.
Supplemental Information	Part III	Schedule J, Part II. Compensation for Susan L. Davis is paid by St Vincent's Medical Center on behalf of St Vincent's Health Services Corp, and all of its related organizations, including St Vincent's Medical Center Foundation, Inc. The compensation Dr. Davis receives is for her role as the President/CEO of St Vincent's Health Services and as an Ascension Ministry Market Leader for the NY/CT market, which includes four other health systems. In July 2012, Dr. Davis assumed additional responsibilities as the Ministry Market Leader for the entire Florida and Alabama market. A portion of Dr. Davis's compensation and benefits are allocated to that market. None of Dr. Davis's compensation is allocated to St Vincent's Medical Center Foundation, Inc., nor is there any compensation for her role as a Board member of St Vincent's Medical Center Foundation, Inc. Compensation for Stuart Marcus, M.D., is paid by St Vincent's Medical Center, a related organization of St Vincent's Medical Center Foundation, Inc. The compensation Dr. Marcus receives is for his role as President of St Vincent's Medical Center. None of Dr. Marcus's compensation is allocated to St Vincent's Medical Center Foundation, Inc. Compensation for John Gleckler is paid by St Vincent's Medical Center, on behalf of St Vincent's Health Services Corp, and all of its related organizations, including St Vincent's Medical Center Foundation, Inc. The compensation Mr. Gleckler receives is for his role as Senior Vice President and Chief Financial Officer of St Vincent's Health Services Corp. None of Mr. Gleckler's compensation is allocated to St Vincent's Medical Center Foundation, Inc. Compensation for Michael C. Bisciglia is paid by St Vincent's Medical Center, a related organization of St Vincent's Medical Center Foundation, Inc., of which 100% is allocated to St Vincent's Medical Center Foundation, Inc.

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	4	190,533	Market Price
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 Acknowledgement

29

0

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?	Yes	No
b	If "Yes," describe the arrangement in Part II		No
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Method for Determining Number of Contributions	Part I, Column (b)	The number in column (b) refers to both, number of contributors and number of contributions during the FY
Third Party Use	Part I, Line 32b	The Foundation uses an Investment House to sell all Donated Marketable Securities

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DLN: 93493226000234

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
St Vincent's Medical Center Foundation Inc

Employer identification number
22-2558132

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 2	
	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 Corp
	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 Corp, who has the ability to elect memebers to the governing body of St Vincent's Medical Center Foundation, Inc
	Form 990, Part VI, Section A, line 7b	All decisions that have material impact on St Vincent's Medical Center Foundation, Inc f inancial information or corporation as a w hole, are subject to approval by its sole corpor ate member, St Vincent's Health Services Corp
	Form 990, Part VI, Section B, line 11	Management, including certain officers, works diligently to complete the Form 990 and atta ched schedules in a thorough manner Management presents the Form to the Board, or a desig nated 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 conf lict of interest policy in that any director, principal officer, or member of a committee with governing board delegated pow ers, who has a direct or indirect financial interest, mu st disclose the existence of the financial interest and be given the opportunity to disclo se all material facts to the directors and members of the committee with governing board d elegated powers considering the proposed transaction or arrangement The remaining individ uals on the governing board or committee meeting will decide if conflicts of interest exis t Each director, principal officer and member of a committee with governing board delegat ed pow ers annually signs a statement which affirms such person has received a copy of the conflict of interest policy, has read and understands the policy, has agreed to comply wit h the policy, and understands that the organization is charitable and understands that the organization is charitable and in order to maintain its federal tax exemption it must eng age primarily in activities which accomplish its tax-exempt purpose
	Form 990, Part VI, Section B, line 15	In determining compensation of the organization's CEO, the process performed by St Vincen t's Health Services Corp, a related organization of St Vincent's Medical Center Foundatio n, Inc , included a review and approval by independent persons, comparability data, and co ntemporaneous substantiation of the deliberation and decision The compensation committee of St Vincent's Health Services Corp review ed and approved the compensation In the revie w of the compensation, the CEO was compared to individuals at other organizations in the a rea who hold the same title During the review and approval of the compensation, documenta tion of the decision was recorded in the board minutes The individual was not present whe n his compensation was decided In determining compensation of other officers or key emplo yees of the organization, the process performed by St Vincent's Health Services Corp, a r elated organization of St Vincent's Medical Center Foundation, Inc , included a review an d approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The Compensation committee of St Vincent's Health Servi ces Corp review ed and approved the compensation In the review of the compensation, the ot her officers or key employees of the organization were compared to individuals at other or ganizations in the area who hold the same title During the review and approval of the com pensation, documentation of the decision was recorded in the board minutes
	Form 990, Part VI, Section C, line 19	The organization will provide any documents open to public inspection upon request
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 9	FY2013 Net change in Affiliates Interest in Foundation Net Assets 2,306,093

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
St Vincent's Medical Center Foundation Inc

Employer identification number
22-2558132

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

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

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

Part IV

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

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

Part V

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

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

Yes

1q

No

1r

Yes

1s

No

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) St Vincent's Medical Center	B	1,994,932	Actual Amount Paid
(2) St Vincent's College	B	816,607	Actual Amount Paid
(3) St Vincent's Special Needs Center	B	748,670	Actual Amount Paid
(4) Hall-Brooke Behavioral Health Services	B	91,570	Actual Amount Paid
(5) Ascension Health	P	170,100	Actual Amount Paid

Schedule R (Form 990) 2012

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]

Software ID:
Software Version:
EIN: 22-2558132
Name: St Vincent's Medical Center Foundation Inc

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	
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Additional Data

Software ID:

Software Version:

EIN: 22-2558132

Name: St Vincent's Medical Center Foundation Inc

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
James Stapleton Chairperson	1 00 0 00	X						0	0	0
Mark A Fries Vice Chairperson	1 00 0 00	X						0	0	0
Anthony Milano Treasurer (end 6/13)	1 00 4 00	X						0	0	0
Bradford Orben Treasurer (start 7/13)	1 00 0 00	X						0	0	0
Patricia Willett Secretary	1 00 0 00	X						0	0	0
Carmine Adimando Director	1 00 1 00	X						0	0	0
Gertrud Bargas Director	1 00 0 00	X						0	0	0
John Barry Jr Director	1 00 0 00	X						0	0	0
Irene Brennan Director	1 00 0 00	X						0	0	0
Thomas Castelot Director (start 7/13)	1 00 0 00	X						0	0	0
Teresa Ceruzzi Director	1 00 0 00	X						0	0	0
James Flaherty Director	1 00 0 00	X						0	0	0
Virginia Fortin Director	1 00 1 00	X						0	0	0
Mark A Fries Director	1 00 0 00	X						0	0	0
Mark Kelly Director	1 00 0 00	X						0	0	0
Amit S Khandwala Director	1 00 0 00	X						0	0	0
Joseph Maloney Director	1 00 0 00	X						0	0	0
Raymond W Mattes Jr Director (end 6/13)	1 00 0 00	X						0	0	0
William Mitchell Director	1 00 0 00	X						0	0	0
Frank A Morse Director	1 00 0 00	X						0	0	0
Michael Niedermeier CPA Director	1 00 0 00	X						0	0	0
Alfred U Pavlis Director	1 00 0 00	X						0	0	0
Kevin Sjodin Director	1 00 0 00	X						0	0	0
Joan Trefz Director	1 00 0 00	X						0	0	0
Sr Margaret Tuley Director (start 7/13)	1 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kathleen Young Director (start 7/13)	1 00 0 00	X						0	0	0
Susan L Davis RN EdD Director- Pres/CEO- SVHS	5 00 35 00	X		X				0	1,453,449	955,587
Stuart Marcus Director- Pres- SVMC	5 00 35 00	X		X				0	940,743	45,725
Dianne J Auger President	35 00 5 00	X		X				0	150,943	7,658
John C Gleckler SVP/CFO- SVHS	5 00 35 00			X				0	680,492	74,331
Michael C Bisciglia VP (retired 05/13)	40 00 0 00				X			0	196,191	24,728
Lyla Steenberg Director of Major Gifts	40 00 0 00					X		0	106,272	26,285
Ronald J Bianchi President (retired 08/12)	35 00 5 00						X	0	798,411	23,002