

PUBLIC DISCLOSURE COPY

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

For calendar year 2014, or tax year beginning 10/01, 2014, and ending 09/30, 20 15

2014

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

Employer identification number

ST. VINCENT'S MEDICAL CENTER

06-0646886

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

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

1a	Form 990 check here <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12) . . .	1b	427,066,726
2a	Form 990-EZ check here <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22).	3b	
4a	Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, Part I, line 3c or Part II, line 8c) . . .	5b	

Part II Declaration of Officer

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

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here		8/11/2016	SVP/CFO	
	Signature of officer	Date	Title	

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

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

ERO's Use Only	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN
					Phone no.

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

Paid Preparer Use Only	Print/Type preparer's name JEFFREY D. FRANK	Preparer's signature 	Date 8/11/16	Check <input type="checkbox"/> if self-employed	PTIN P00287234
	Firm's name ▶ DELOITTE TAX LLP				Firm's EIN ▶ 86-1065772
	Firm's address ▶ 111 MONUMENT CIRCLE, SUITE 4200, INDIANAPOLIS, IN 46204				Phone no. (317) 464-8600

Return of Organization Exempt From Income Tax

2014

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning 10/01, 2014, and ending 09/30, 20 15	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ST. VINCENT'S MEDICAL CENTER
	D Employer identification number 06-0646886
	E Telephone number (203) 576-5551
	G Gross receipts \$ 427,192,063
	F Name and address of principal officer: STUART MARCUS, MD SAME AS C ABOVE
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ 0928
J Website: ▶ WWW.STVINCENTS.ORG/COMMUNITY-WELLNESS	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1905 M State of legal domicile: CT

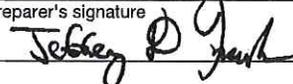
Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>PROVIDE HEALTHCARE REGARDLESS OF RACE, CREED, SEX, AGE, NATIONAL ORIGIN, OR ABILITY TO PAY.</u>
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 13
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 10
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 3,257
	6 Total number of volunteers (estimate if necessary) 6 312
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 114,687
b Net unrelated business taxable income from Form 990-T, line 34 7b 0	
Revenue	8 Contributions and grants (Part VIII, line 1h) 8 671,068
	9 Program service revenue (Part VIII, line 2g) 9 413,864,334
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 15,330,439
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 7,216,641
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 437,082,482
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 249,900
	14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 193,737,547
	16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 17 209,385,404
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 403,372,851
19 Revenue less expenses. Subtract line 18 from line 12 19 33,709,631	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 20 673,894,614
	21 Total liabilities (Part X, line 26) 21 128,922,059
	22 Net assets or fund balances. Subtract line 21 from line 20 22 544,972,555

Part II Signature Block

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

Sign Here		Date <u>August 11, 2016</u>
	Signature of officer	
	STEPHEN H. FRANKO, SVP/CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JEFFREY D. FRANK	Preparer's signature 	Date 8/11/16	Check <input type="checkbox"/> if self-employed	PTIN P00287234
	Firm's name ▶ DELOITTE TAX LLP	Firm's EIN ▶ 86-1065772		Phone no. (317) 464-8600	
	Firm's address ▶ 111 MONUMENT CIRCLE, SUITE 4200, INDIANAPOLIS, IN 46204				

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

ST. VINCENT'S MEDICAL CENTER (MEDICAL CENTER) IS A LOCAL CATHOLIC HEALTH MINISTRY, SPONSORED BY ASCENSION HEALTH, A NATIONAL CATHOLIC HEALTHCARE SYSTEM. THE MISSION OF THE MEDICAL CENTER IS FOUNDED ON THE HISTORIC COMMITMENT OF THE DAUGHTERS OF CHARITY TO CARE FOR THE SICK POOR. THE (CONTINUED ON SCHEDULE O)

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 \$ 384,701,742 including grants of \$ 74,700) (Revenue \$ 406,199,188)

ST. VINCENT'S MEDICAL CENTER PROVIDES INPATIENT, OUTPATIENT, AND EMERGENCY CARE SERVICES TO RESIDENTS OF THE GREATER BRIDGEPORT AREA AND ITS NEIGHBORING TOWNS. IN ACCOMPLISHING THIS MISSION, ST. VINCENT'S MEDICAL CENTER PROVIDED APPROXIMATELY 111,000 PATIENT DAYS OF SERVICE DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2015. ST. VINCENT'S MEDICAL CENTER ALSO PROVIDED APPROXIMATELY \$42.3 MILLION IN UNCOMPENSATED CARE TO PATIENTS AND PROVIDED MANY OTHER PROGRAMS OF BENEFIT TO ITS COMMUNITY WHICH ARE BETTER DETAILED IN SCHEDULE H OF THIS FILING.

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

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

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

4e Total program service expenses ▶ 384,701,742

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	✓	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
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>	✓	
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 25a</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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>		✓
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>		✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
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>		✓
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>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
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>	✓	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
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>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
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>		✓
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>		✓
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>	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	✓	
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>	✓	
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>		✓
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>		✓
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	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sub-questions for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 720.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	<input checked="" type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input checked="" type="checkbox"/>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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, address, and telephone number of the person who possesses the organization's books and records: ►
STEPHEN H. FRANKO, 2800 MAIN STREET, BRIDGEPORT, CT 06606-4201, (203)576-6000

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) STUART G MARCUS, MD PRESIDENT & CEO-SVHS	20.0 20.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				1,197,518	0	49,053
(2) SISTER MARTHA BEAUDOIN, DC DIRECTOR - (END 9/2015)	1.0 1.0	<input checked="" type="checkbox"/>						0	0	0
(3) PETER BOONE, MD DIRECTOR	1.0 1.0	<input checked="" type="checkbox"/>						0	0	0
(4) SEAN CARROLL DIRECTOR	1.0 1.0	<input checked="" type="checkbox"/>						0	0	0
(5) JOHN FLAHERTY DIRECTOR	1.0 1.0	<input checked="" type="checkbox"/>						0	0	0
(6) JAMES GAVIN, MD DIRECTOR	1.0 1.0	<input checked="" type="checkbox"/>						0	0	0
(7) DANIEL GOTTSCHALL, MD CHAIRPERSON	39.0 1.0	<input checked="" type="checkbox"/>						29,260	0	0
(8) SISTER MAURA HOBART, DC DIRECTOR - (END 6/2015)	1.0 1.0	<input checked="" type="checkbox"/>						0	0	0
(9) JEAN LAVECCHIA VICE CHAIRPERSON	1.0 1.0	<input checked="" type="checkbox"/>						0	0	0
(10) WILLIAM MITCHELL DIRECTOR - (START 1/2015)	1.0 1.0	<input checked="" type="checkbox"/>						0	0	0
(11) JOHN PETILLO, PHD DIRECTOR	1.0 1.0	<input checked="" type="checkbox"/>						0	0	0
(12) RUBEN RODRIGUEZ DIRECTOR - (END 6/2015)	1.0 2.0	<input checked="" type="checkbox"/>						0	0	0
(13) CHARLES STRAUSS SECRETARY	1.0 1.0	<input checked="" type="checkbox"/>						0	0	0
(14) MARK THOMPSON, PHD DIRECTOR	1.0 1.0	<input checked="" type="checkbox"/>						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(15) ANTHONY VALLILLO TREASURER	1.0 1.0	<input checked="" type="checkbox"/>						0	0	0
(16) DOUGLAS D WAITE DIRECTOR	1.0 1.0	<input checked="" type="checkbox"/>						0	576,713	12,826
(17) LAWRENCE C SCHEK, MD SVP/CMO	39.0 1.0			<input checked="" type="checkbox"/>				915,868	0	56,642
(18) STEPHEN FRANKO INTERIM CFO-SVHS (START 7/2015)	20.0 20.0			<input checked="" type="checkbox"/>				0	0	0
(19) JOHN C GLECKLER SVP/CFO-SVHS - (END 6/2015)	20.0 20.0			<input checked="" type="checkbox"/>				663,197	0	50,270
(20) DALE DANOWSKI SVP & COO	40.0 0.0			<input checked="" type="checkbox"/>				476,179	0	38,971
(21) DIANNE J AUGER SVP	20.0 20.0				<input checked="" type="checkbox"/>			427,265	0	34,793
(22) FRANCIS R SCIFO, MD MED DIRECTOR PHYSICIAN OP	39.0 1.0					<input checked="" type="checkbox"/>		309,083	0	38,737
(23) DOODNAUTH HIRAMAN, MD CHAIRPERSON - EMERGENCY CARE	39.0 1.0					<input checked="" type="checkbox"/>		429,032	0	19,846
(24) WILLIAM CUSICK CHAIR - OBSTETRICS & GYNECOLOGY	40.0 0.0					<input checked="" type="checkbox"/>		346,736	0	48,232
(25) (SEE STATEMENT)										
1b Sub-total								4,794,138	576,713	349,370
c Total from continuation sheets to Part VII, Section A								1,004,775	0	90,953
d Total (add lines 1b and 1c)								5,798,913	576,713	440,323

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 ▶ **263**

	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>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	267,719				
	e Government grants (contributions)	1e	6,652				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		274,371				
Program Service Revenue	Business Code						
	2a PATIENT SERVICES	621500	403,363,614	403,248,927	114,687		
	b COMMUNITY RESIDENTIAL	623990	2,950,261	2,950,261			
	c _____						
	d _____						
	e _____						
	f All other program service revenue .		0	0	0	0	
g Total. Add lines 2a-2f		406,313,875					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,717,725			5,717,725	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	207,970				
		(ii) Personal					
		b Less: rental expenses	0				
		c Rental income or (loss)	207,970	0			
	d Net rental income or (loss)		207,970			207,970	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other		603,737			
		b Less: cost or other basis and sales expenses			125,337		
		c Gain or (loss)	0	478,400			
	d Net gain or (loss)		478,400			478,400	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a OUTPATIENT PHARMACY	900099	4,856,142			4,856,142		
b CAFETERIA/COFFEE BAR	624200	1,560,644			1,560,644		
c INTERCOMPANY SHARED SERVICES	900099	6,947,658			6,947,658		
d All other revenue	900099	709,941	0	0	709,941		
e Total. Add lines 11a-11d		14,074,385					
12 Total revenue. See instructions.		427,066,726	406,199,188	114,687	20,478,480		

Part IX Statement of Functional Expenses

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

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

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 domestic organizations and domestic governments. See Part IV, line 21	74,700	74,700		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,835,733	2,050,898	2,784,835	
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	149,243,438	139,226,441	10,016,997	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	770,118	706,132	63,986	
9 Other employee benefits	27,907,235	27,841,976	65,259	
10 Payroll taxes	11,255,177	10,591,108	664,069	
11 Fees for services (non-employees):				
a Management				
b Legal	958,579	16,036	942,543	
c Accounting	471,026	24,991	446,035	
d Lobbying	90,752		90,752	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	59,525,374	53,151,937	6,373,437	0
12 Advertising and promotion	2,789,000	68,858	2,720,142	
13 Office expenses	2,338,194	1,308,333	1,029,861	
14 Information technology	25,224,558	25,224,558		
15 Royalties				
16 Occupancy	11,122,871	10,870,035	252,836	
17 Travel	420,123	251,723	168,400	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,791,032	1,791,032		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,073,427	10,277,605	8,795,822	
23 Insurance	7,821,769	7,821,769		
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 <u>SUPPLIES</u>	54,491,510	54,274,917	216,593	
b <u>EQUIP. RENTAL & MAINTENANCE</u>	5,177,500	5,071,017	106,483	
c <u>DUES AND MEMBERSHIPS</u>	1,112,795	411,474	701,321	
d <u>INTRACOMPANY ALLOCATION</u>	4,147,994	650,046	3,497,948	
e All other expenses	34,263,566	32,996,156	1,267,410	0
25 Total functional expenses. Add lines 1 through 24e	424,906,471	384,701,742	40,204,729	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	12,832	1	14,204
	2 Savings and temporary cash investments	641,286	2	514,682
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	61,867,276	4	60,163,677
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	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	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	4,080,513	8	4,340,733
	9 Prepaid expenses and deferred charges	1,202,364	9	1,448,089
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	448,213,591		
	b Less: accumulated depreciation	276,770,094	10c	171,443,497
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	27,250,588	14	23,878,594
	15 Other assets. See Part IV, line 11	401,291,371	15	358,537,997
16 Total assets. Add lines 1 through 15 (must equal line 34)	673,894,614	16	620,341,473	
Liabilities	17 Accounts payable and accrued expenses	40,662,766	17	30,513,389
	18 Grants payable		18	
	19 Deferred revenue	198,093	19	1,585,044
	20 Tax-exempt bond liabilities	28,540,000	20	27,900,000
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	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	59,521,200	25	57,902,551
	26 Total liabilities. Add lines 17 through 25	128,922,059	26	117,900,984
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	522,871,956	27	480,366,583
	28 Temporarily restricted net assets	12,247,864	28	12,151,453
	29 Permanently restricted net assets	9,852,735	29	9,922,453
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	544,972,555	33	502,440,489
34 Total liabilities and net assets/fund balances	673,894,614	34	620,341,473	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	427,066,726
2	Total expenses (must equal Part IX, column (A), line 25)	2	424,906,471
3	Revenue less expenses. Subtract line 2 from line 1	3	2,160,255
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	544,972,555
5	Net unrealized gains (losses) on investments	5	(17,258,155)
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	(27,434,166)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	502,440,489

Part XII Financial Statements and Reporting

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

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

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) MITCHELL A FOGEL ----- CLINICAL VP MEDICINE	40.0 ----- 0.0					✓		661,217	0	46,297
(26) BENJAMIN H TSANG ----- CHAIR - NEONATOLOGY	40.0 ----- 0.0					✓		343,558	0	44,656

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2014

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization ST. VINCENT'S MEDICAL CENTER	Employer identification number 06-0646886
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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)(vii)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2013. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2014

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2014

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

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

Name of the organization

ST. VINCENT'S MEDICAL CENTER

Employer identification number

06-0646886

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization ST. VINCENT'S MEDICAL CENTER	Employer identification number 06-0646886
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 267,719	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ST. VINCENT'S MEDICAL CENTER	Employer identification number 06-0646886
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization ST. VINCENT'S MEDICAL CENTER	Employer identification number 06-0646886
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Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2014

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

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

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

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

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

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

Name of organization ST. VINCENT'S MEDICAL CENTER	Employer identification number 06-0646886
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		✓	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?		✓	
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?	✓		90,752
j Total. Add lines 1c through 1i			90,752
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SEE NEXT PAGE

Part IV

Supplemental Information. Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1	DETAILED DESCRIPTION OF LOBBYING ACTIVITIES	<p>LOBBYING EXPENSES REPRESENT PAYMENTS TO KENNETH L. PRZYBYSZ, LLC AND THE PORTION OF DUES PAID TO THE BRIDGEPORT REGIONAL BUSINESS COUNCIL (BRBC), THE CONNECTICUT HOSPITAL ASSOCIATION (CHA), AND THE CONNECTICUT CATHOLIC HOSPITAL COUNCIL (CCHC) THAT ARE SPECIFICALLY ALLOCABLE TO LOBBYING. KENNETH L. PRZYBYSZ, LLC IS ENGAGED BY ST. VINCENT'S MEDICAL CENTER AS A PUBLIC POLICY AND GOVERNMENT AFFAIRS CONSULTANT TO ASSIST IN MAINTAINING REIMBURSEMENT FOR THE BEHAVIORAL HEALTH SERVICES LINES OF BUSINESS.</p> <p>ST. VINCENT'S MEDICAL CENTER DOES NOT PARTICIPATE IN OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTION OF STATEMENTS) ANY POLITICAL CAMPAIGN ON BEHALF OF (OR IN OPPOSITION TO) ANY CANDIDATE FOR PUBLIC OFFICE.</p>

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization ST. VINCENT'S MEDICAL CENTER	Employer identification number 06-0646886
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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 value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> 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.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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) Revenue 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 Revenue included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	12,066,000	11,106,000	10,529,000	8,417,000	8,440,000
b Contributions	69,000	74,000	84,000	1,027,000	18,000
c Net investment earnings, gains, and losses	(50,000)	1,001,000	1,109,000	1,610,000	(43,000)
d Grants or scholarships					
e Other expenditures for facilities and programs	169,000	134,000	363,000	105,000	(26,000)
f Administrative expenses	73,000	(19,000)	253,000	420,000	24,000
g End of year balance	11,843,000	12,066,000	11,106,000	10,529,000	8,417,000

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

- a** Board designated or quasi-endowment ▶ 0.00 %
- b** Permanent endowment ▶ 83.00 %
- c** Temporarily restricted endowment ▶ 17.00 %

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

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		✓
3a(ii)	✓	
3b	✓	

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,662,239		4,662,239
b Buildings		302,436,204	166,163,608	136,272,596
c Leasehold improvements		947,738	70,098	877,640
d Equipment		129,847,723	106,718,568	23,129,155
e Other		10,319,687	3,817,820	6,501,867
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				171,443,497

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	36,604,012
(2) INTEREST IN INVESTMENTS HELD BY ASCENSION HEALTH ALLIANCE	283,139,882
(3) INVESTMENTS HELD BY ST. VINCENT'S FOUNDATION	22,073,906
(4) DUE FROM SPECIFIC PURPOSE FUNDS	35,308
(5) OTHER RECEIVABLES	6,453,425
(6) SECURITY DEPOSITS	1,578,327
(7) DEFERRED COMPENSATION	8,653,137
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	358,537,997

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO AFFILIATES	28,648,786	
(3) SELF-INSURANCE LIABILITIES	2,515,483	
(4) ESTIMATED THIRD PARTY PAYORS SETTLEMENTS	8,976,338	
(5) ACCRUED PENSION	6,170,680	
(6) OTHER LIABILITIES	627,820	
(7) ACC. POST RETIREMENT BENEFITS OTHER THAN PENSIONS	2,310,307	
(8) DEFERRED COMPENSATION LIABILITIES	8,653,137	
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	57,902,551	

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

Part XIII

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

Return Reference	Identifier	Explanation
SCHEDULE D, PART V, LINE 4	INTENDED USES OF ENDOWMENT FUNDS	THE ENDOWMENT FUNDS WERE ESTABLISHED TO SUPPORT THE MISSION OF THE ORGANIZATION BY PROVIDING FUNDING FOR VARIOUS CLINICAL AREAS AND NEEDS OF THE MEDICAL CENTER AND ITS PATIENTS, STAFF, AND VOLUNTEERS. EACH FUND IS USED FOR THE SPECIFIC PURPOSE DESIGNATED BY THE DONOR. MANY FUNDS ARE AVAILABLE FOR THE RUNNING OF CLINICAL PROGRAMS AND THE PURCHASE OF CAPITAL NEEDS FOR THOSE PROGRAMS. OTHER FUNDS ARE AVAILABLE FOR STAFF EDUCATION AND SUPPORT. SOME FUNDS PROVIDE FOR PATIENT EDUCATION, SCREENING, SUPPORT, OR TO PROVIDE FREE OR REDUCED CARE TO VERY SPECIFIC GROUPS IDENTIFIED BY EACH FUND. A FEW FUNDS PROVIDE AWARDS TO OUTSTANDING STAFF AND VOLUNTEERS.
SCHEDULE D, PART X, LINE 2	FIN 48 (ASC 740) FOOTNOTE	<p>FROM THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF ST. VINCENT'S MEDICAL CENTER:</p> <p>THE MEDICAL CENTER, MULTISPECIALTY GROUP, AND THE COLLEGE ARE TAX-EXEMPT ORGANIZATIONS UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND THEIR RELATED INCOME IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A). THE MEDICAL CENTER ACCOUNTS FOR UNCERTAINTY IN INCOME TAX POSITIONS BY APPLYING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN.</p> <p>MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN AND HAS CONCLUDED THAT AS OF SEPTEMBER 30, 2015, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE MEDICAL CENTER IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES THE MEDICAL CENTER IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS PRIOR TO 2012.</p>

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization ST. VINCENT'S MEDICAL CENTER	Employer identification number 06 0646886
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Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)		3,020	7,390,856	0	7,390,856	1.74
b Medicaid (from Worksheet 3, column a)		25,468	32,981,339	0	32,981,339	7.76
c Costs of other means-tested government programs (from Worksheet 3, column b)		24,436	41,640,993	0	41,640,993	9.80
d Total Financial Assistance and Means-Tested Government Programs	0	52,924	82,013,188	0	82,013,188	19.30
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	41	26,770	1,691,369	171,580	1,519,789	0.36
f Health professions education (from Worksheet 5)	4	1,036	7,397,884	0	7,397,884	1.74
g Subsidized health services (from Worksheet 6)	2	4,764	1,868,266	0	1,868,266	0.44
h Research (from Worksheet 7)			0	0	0	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	1,800	34,274	2,256	32,018	0.01
j Total Other Benefits	49	34,370	10,991,793	173,836	10,817,957	2.55
k Total Add lines 7d and 7j	49	87,294	93,004,981	173,836	92,831,145	21.85

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0.00
2 Economic development					0	0.00
3 Community support	5	718	28,529		28,529	0.01
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building					0	0.00
7 Community health improvement advocacy	1	107			0	0.00
8 Workforce development					0	0.00
9 Other					0	0.00
10 Total	6	825	28,529	0	28,529	0.01

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	✓
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	7,618,756
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	137,298,667
6	Enter Medicare allowable costs of care relating to payments on line 5	6	171,320,903
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	(34,022,236)
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	✓
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	✓

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
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10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 ST. VINCENT'S MEDICAL CENTER
2800 MAIN STREET, BRIDGEPORT, CT 06606
WWW.STVINCENTS.ORG/COMMUNITY-WELLNESS STATE
LICENSE NO. : 0057

2

3

4

5

6

7

8

9

10

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
✓	✓		✓			✓			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group ST. VINCENT'S MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		✓
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		✓
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	✓	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	✓	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	✓	
6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	✓	
7 Did the hospital facility make its CHNA report widely available to the public?	✓	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	✓	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	✓	
a If "Yes," (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		✓
12b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group ST. VINCENT'S MEDICAL CENTER

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	✓	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2</u> <u>0</u> <u>0</u> % and FPG family income limit for eligibility for discounted care of <u>4</u> <u>0</u> <u>0</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	✓	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	✓	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	✓	
a	<input type="checkbox"/> The FAP was widely available on a website (list url): _____		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	✓	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group ST. VINCENT'S MEDICAL CENTER

		Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		✓
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	✓	
If "No," indicate why:				
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			

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

22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a	<input checked="" type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input type="checkbox"/> Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23		✓
If "Yes," explain in Section C.				
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24		✓
If "Yes," explain in Section C.				

Part V, Section C

Supplemental Information. Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ('A, 1,' 'A, 4,' 'B, 2,' 'B, 3,' etc.) and name of hospital facility.

Return Reference	Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED	<p>FACILITY NAME: ST. VINCENT'S MEDICAL CENTER</p> <p>DESCRIPTION: THE PRIMARY CARE ACTION GROUP (PCAG), WHICH INITIATED THE COMMUNITY HEALTH NEEDS ASSESSMENT FOR THE GREATER BRIDGEPORT, CONNECTICUT AREA, WAS COMPRISED OF MANY MEMBERS. THESE MEMBERS WERE ST. VINCENT'S MEDICAL CENTER, BRIDGEPORT HOSPITAL, OPTIMUS HEALTHCARE, SOUTHWEST COMMUNITY HEALTH CENTER, THE CITY OF BRIDGEPORT DEPARTMENT OF HEALTH AND SOCIAL SERVICES, THE STRATFORD HEALTH DEPARTMENT, THE FAIRFIELD HEALTH DEPARTMENT, THE TRUMBULL/MONROE HEALTH DISTRICT, THE EASTON HEALTH DEPARTMENT, AMERICARES FREE CLINIC OF BRIDGEPORT, LLC, THE CONNECTICUT DEPARTMENT OF SOCIAL SERVICES, THE CONNECTICUT DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES, THE GREATER BRIDGEPORT MEDICAL ASSOCIATION, THE SOUTHWESTERN AREA HEALTH EDUCATION CENTER, AND THE BRIDGEPORT CHILD ADVOCACY COALITION. IN SEPTEMBER OF 2012, THE PCAG ENGAGED A NON-PROFIT PUBLIC HEALTH CONSULTING ORGANIZATION CALLED HEALTH RESOURCES IN ACTION (HRIA) WHICH WAS RESPONSIBLE FOR CONDUCTING RESEARCH AND COLLECTING DATA FOR THE ASSESSMENT. HRIA DEVELOPED A QUANTITATIVE SURVEY WHICH WAS ADMINISTERED TO 1,302 INDIVIDUALS IN THE SIX TOWNS COVERED BY THE ASSESSMENT. HRIA ALSO SURVEYED 200 KEY STAKEHOLDERS THROUGH EITHER ONE-ON-ONE INTERVIEWS OR FOCUS GROUPS.</p>
SCHEDULE H, PART V, SECTION B, LINE 6A	CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	<p>FACILITY NAME: ST. VINCENT'S MEDICAL CENTER</p> <p>DESCRIPTION: THE CHNA WAS CONDUCTED WITH THE FOLLOWING OTHER HOSPITAL FACILITY: - BRIDGEPORT HOSPITAL</p>
SCHEDULE H, PART V, SECTION B, LINE 6B	CHNA CONDUCTED WITH ONE OR MORE ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES	<p>FACILITY NAME: ST. VINCENT'S MEDICAL CENTER</p> <p>DESCRIPTION: THE CHNA WAS CONDUCTED WITH THE FOLLOWING OTHER ORGANIZATIONS: - OPTIMUS HEALTHCARE, - SOUTHWEST COMMUNITY HEALTH CENTER, - THE CITY OF BRIDGEPORT DEPARTMENT OF HEALTH AND SOCIAL SERVICES, - THE STRATFORD HEALTH DEPARTMENT, - THE FAIRFIELD HEALTH DEPARTMENT, - THE TRUMBULL/MONROE HEALTH DISTRICT, - THE EASTON HEALTH DEPARTMENT, - AMERICARES FREE CLINIC OF BRIDGEPORT, LLC, - THE CONNECTICUT DEPARTMENT OF SOCIAL SERVICES, - THE CONNECTICUT DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES, - THE GREATER BRIDGEPORT MEDICAL ASSOCIATION, - THE SOUTHWESTERN AREA HEALTH EDUCATION CENTER, AND - THE BRIDGEPORT CHILD ADVOCACY COALITION.</p>
SCHEDULE H, PART V, SECTION B, LINE 7	HOSPITAL FACILITY'S WEBSITE (LIST URL)	HTTP://WWW.STVINCENTS.ORG/~MEDIA/FILES/CTBRI/PDF_DOWNLOADS/GREATERBRIDGEPORTCHA_FINALAPRIL4.PDF?LA=EN
SCHEDULE H, PART V, SECTION B, LINE 10	IF "YES", (LIST URL)	HTTP://WWW.STVINCENTS.ORG/~MEDIA/FILES/CTBRI/PDF_DOWNLOADS/COMMHEALTHIMPROVLAN2013SVMC.PDF?LA=EN
SCHEDULE H, PART V, SECTION B, LINE 11	HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	<p>FACILITY NAME: ST. VINCENT'S MEDICAL CENTER</p> <p>DESCRIPTION: THE PRIMARY CARE ACTION GROUP (PCAG) COLLABORATION, IN WHICH ST. VINCENT'S PLAYS A LEADING ROLE, HAS CREATED FOUR TASK FORCES THROUGH ITS COMMUNITY HEALTH IMPROVEMENT PLAN TO ADDRESS THE MOST URGENT HEALTH CARE ISSUES IN THE GREATER BRIDGEPORT REGION AS IDENTIFIED BY THE COMMUNITY HEALTH NEEDS ASSESSMENT. ACTION PLANS HAVE BEEN DEVELOPED FOR EACH OF THE TASK FORCES AND PROJECT IMPLEMENTATION HAS BEGUN. THE FOUR TASK FORCES AND THEIR ACTION PLANS ARE AS FOLLOWS:</p> <ol style="list-style-type: none"> 1. THE GOAL OF THE CARDIAC & DIABETES TASK FORCE IS TO REDUCE THE INCIDENCE, PROGRESSION, AND BURDEN OF CARDIOVASCULAR DISEASE AND DIABETES THROUGH A STRATEGY OF PREVENTIVE SCREENINGS AND EDUCATION FOR AREA RESIDENTS. THE CARDIAC & DIABETES TASK FORCE HAS DEVELOPED THE "KNOW YOUR NUMBERS" HEART DISEASE AND DIABETES AWARENESS CAMPAIGN AND A CARDIAC & DIABETES PROVIDER DIRECTORY. 2. THE GOAL OF THE OBESITY TASK FORCE IS TO REDUCE AND PREVENT

Return Reference	Identifier	Explanation
		<p>OBESITY BY CREATING ENVIRONMENTS THAT PROMOTE HEALTHY EATING AND ACTIVE LIVING IN THE REGION. THE OBESITY TASK FORCE HAS LED TO THE DEVELOPMENT OF GET HEALTHY CT (GHCT), A BROAD REACHING COALITION WITH OVER 70 MEMBER ORGANIZATIONS FROM THE COMMUNITY THAT IS DEDICATED TO ELIMINATING OBESITY BY REMOVING BARRIERS TO HEALTHY EATING AND PHYSICAL ACTIVITY THROUGH THE INCLUSIVE COLLABORATION OF KEY STAKEHOLDERS IN THE COMMUNITY. GET HEALTHY CT WAS FORMED IN GREATER BRIDGEPORT IN 2010 AND HAS EXPANDED TO INCLUDE A CHAPTER IN NEW HAVEN AND COORDINATED EFFORTS IN GREENWICH. OUR APPROACH IS TO IDENTIFY EXISTING RESOURCES AND PROGRAMS AND USE OUR WEBSITE AS THE CENTRAL CONNECTING POINT FOR INFORMATION AND COLLABORATION. OUR COMMUNITY-WIDE COALITION AIMS TO "MAKE THE HEALTHY CHOICE THE EASY CHOICE". THIS PROGRAM INCLUDES A GET HEALTHY CT DEDICATED WEBSITE, PHYSICAL ACTIVITY PLEDGES, A NEWSLETTER WITH MONTHLY HEALTH FEATURES, INFORMATIONAL PACKETS DISTRIBUTED THROUGHOUT THE COMMUNITY, LOCAL RESOURCE DIRECTORIES, WORKPLACE WELLNESS IDEAS FOR EMPLOYERS, AND DAYCARE CENTERS' HEALTH SURVEY AND BEST PRACTICES.</p> <p>3. THE GOAL OF THE MENTAL HEALTH/SUBSTANCE ABUSE TASK FORCE IS TO INCREASE THE UNDERSTANDING OF MENTAL HEALTH AND SUBSTANCE ABUSE AS PUBLIC HEALTH ISSUES IN ORDER TO ACHIEVE EQUAL ACCESS TO PREVENTION AND TREATMENT FOR AREA RESIDENTS. THE MENTAL HEALTH/SUBSTANCE ABUSE TASK FORCE HAS WORKED ON MAY MENTAL HEALTH AWARENESS MONTH RECOGNITION, NOVEMBER DEPRESSION AWARENESS MONTH RECOGNITION, AND A HIGH UTILIZER MENTAL HEALTH PATIENT COMMUNITY CARE TEAM.</p> <p>4. THE GOAL OF THE ACCESS TO CARE TASK FORCE IS TO IMPROVE ACCESS TO QUALITY HEALTH CARE FOR ALL INDIVIDUALS LIVING IN THE REGION. THE ACCESS TO CARE TASK FORCE HAS INCREASED THE NUMBER OF PRIMARY CARE AND SPECIALTY CLINIC VISITS, REDUCED WAIT TIME TO APPOINTMENTS, AND DEVELOPED A PRIMARY CARE BROCHURE TO EDUCATE PATIENTS ABOUT THE NEED FOR A PRIMARY CARE PROVIDER. ALL CLINICS AND EMERGENCY DEPARTMENTS IN BRIDGEPORT ARE USING IT. THEY HAVE ALSO ADVOCATED FOR USE OF COMMUNITY HEALTH WORKERS AND MANAGED A STATEWIDE ASTHMA REDUCTION INITIATIVE.</p> <p>THE COMMUNITY HEALTH NEEDS ASSESMENT IDENTIFIED 10 OTHER POTENTIAL HEALTH PRIORITY AREAS, WHICH INCLUDED ABILITY TO CARE FOR THE ELDERLY, VIOLENCE, CANCER, TRANSPORTATION, TOBACCO, DENTAL/ORAL HEALTH, ASTHMA, SEXUAL HEALTH, ENVIRONMENTAL ISSUES/CONTAMINATED LANDS, AND PRENATAL CARE. ALTHOUGH ALL OF THE AREAS IDENTIFIED IN THE CHNA WERE CONSIDERED TO BE IMPORTANT, THE PCAG FELT THAT IDENTIFYING 3-5 PRIORITY AREAS WITH A TARGETED FOCUS WOULD LEAD TO THE GREATEST COMMUNITY IMPACT. IN ADDITION, SOME OF THESE OTHER 10 PRIORITY AREAS ARE ADDRESSED IN SOME SMALLER MEASURE IN THE 4 EXISTING TASK FORCES, ALTHOUGH NOT TO THE SAME EXTENT AS THE 4 HIGHEST PRIORITY AREAS.</p>
SCHEDULE H, PART V, SECTION B, LINE 16B	FAP APPLICATION FORM WEBSITE	HTTP://WWW.STVINCENTS.ORG/~MEDIA/FILES/CTBRI/PDF_DOWNLOADS/FINANCIAL_AID_FORM.PDF

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
 (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 15

Name and address	Type of Facility (describe)
1 THE BEHAVIORAL HEALTH CENTER AT BRIDGEPORT 2400 MAIN STREET BRIDGEPORT, CT 06606-5323	OUTPATIENT BEHAVIORAL HEALTH SERVICES
2 THE BEHAVIORAL HEALTH CENTER AT NORWALK 1 LOIS STREET NORWALK, CT 06851	OUTPATIENT BEHAVIORAL HEALTH SERVICES
3 ST. VINCENT'S CENTER FOR WOUND HEALING 115 TECHNOLOGY DRIVE TRUMBULL, CT 06611	WOUND CARE SERVICES
4 FAMILY HEALTH CENTER 762 LINDLEY STREET BRIDGEPORT, CT 06606	FAMILY HEALTH CLINIC
5 ST. VINCENT'S URGENT CARE CENTER BRIDGEPORT 4600 MAIN STREET BRIDGEPORT, CT 06606	URGENT CARE WALK-IN CENTER
6 ST. VINCENT'S URGENT CARE CTR STRATFORD 3272 MAIN STREET STRATFORD, CT 06614	URGENT CARE WALK-IN CENTER
7 ST. VINCENT'S URGENT CARE CENTER FAIRFIELD 1055 POST ROAD FAIRFIELD, CT 06824	URGENT CARE WALK-IN CENTER
8 ST. VINCENT'S URGENT CARE CENTER MONROE 401 MONROE TURNPIKE MONROE, CT 06468	URGENT CARE WALK-IN CENTER
9 ST. VINCENT'S URGENT CARE CENTER SHELTON 2 TRAP FALLS ROAD, SUITE 105 SHELTON, CT 06484	URGENT CARE WALK-IN CENTER
10 ST. VINCENT'S URGENT CARE CTR MILFORD 199 CHERRY STREET MILFORD, CT 06460	URGENT CARE WALK-IN CENTER

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
 (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 15

Name and address	Type of Facility (describe)
1 CARDIOLOGY PHYSICIANS OF FAIRFIELD COUNTY 4675 MAIN STREET BRIDGEPORT, CT 06606	CARDIOLOGY
2 CARDIOLOGY PHYSICIANS OF FAIRFIELD COUNTY 40 CROSS STREET NORWALK, CT 06851	CARDIOLOGY
3 CARDIOLOGY PHYSICIANS OF FAIRFIELD COUNTY 1177 SUMMER STREET STAMFORD, CT 06905	CARDIOLOGY
4 CARDIOLOGY PHYSICIANS OF FAIRFIELD COUNTY 115 TECHNOLOGY DRIVE TRUMBULL, CT 06611	CARDIOLOGY
5 ST. VINCENT'S HEALTH CHECK CLINIC AT ORONOQUE 7365 MAIN STREET STRATFORD, CT 06614	WELLNESS CLINIC
6	
7	
8	
9	
10	

Provide the following information.

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

Return Reference	Identifier	Explanation
SCHEDULE H, PART I, LINE 7	DESCRIBE SUBSIDIZED HEALTH SERVICE COSTS FROM PHYSICIAN CLINIC ON LINE 7G	THE ORGANIZATION EMPLOYS ITS PHYSICIANS AT PHYSICIAN CLINICS, SO THE ASSOCIATED COSTS AND CHARGES RELATING TO THOSE PHYSICIAN SERVICES ARE INCLUDED IN ALL RELEVANT CATEGORIES IN PART I.
SCHEDULE H, PART I, LINE 7	EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	THE COST OF PROVIDING CHARITY CARE, MEANS TESTED GOVERNMENT PROGRAMS, AND COMMUNITY BENEFIT PROGRAMS IS ESTIMATED USING INTERNAL COST DATA AND IS CALCULATED IN COMPLIANCE WITH GUIDELINES ESTABLISHED BY BOTH THE CATHOLIC HEALTH ASSOCIATION (CHA) AND THE INTERNAL REVENUE SERVICE. THE ORGANIZATION USES A COST ACCOUNTING SYSTEM THAT ADDRESSES ALL PATIENT SEGMENTS. THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE. FOR THE INFORMATION IN THE TABLE, A COST ACCOUNTING SYSTEM WAS USED FOR ALL DATA.
SCHEDULE H, PART II	DESCRIBE HOW BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY	<p>THE COMMUNITY BUILDING ACTIVITIES LISTED ON FORM 990, SCHEDULE H, PART II INCLUDE THE SWIM MEMORIAL SERVICE, AREA SCHOOL TOURS AND JOB SHADOWING, THE SURGERY DEPARTMENT'S PROJECT LONGEVITY, MEETINGS FOR THE PARISH NURSE PROGRAM, AND VARIOUS OTHER ACTIVITIES WHERE ST. VINCENT'S EMPLOYEES SERVE IN THE NAME OF ST. VINCENT'S HEALTH SERVICES.</p> <p>ST. VINCENT'S MEDICAL CENTER CONDUCTS STUDENT TOURS AND EDUCATIONAL PROGRAMS FOR ELEMENTARY, MIDDLE, HIGH SCHOOL, AND SOMETIMES COLLEGE STUDENTS IN AN EFFORT TO PROVIDE INFORMATION ABOUT HEALTH AND TECHNOLOGY, LESSEN ANXIETY ABOUT HOSPITAL VISITS, AND GIVE AN OVERVIEW OF MEDICAL CAREERS. THROUGH THE EXPERIENCE OF SEEING MEDICAL PROFESSIONALS AT WORK IN THE HOSPITAL, STUDENTS CAN ENVISION THEMSELVES IN THESE ROLES. THEY ALSO LEARN ABOUT NECESSARY EDUCATIONAL REQUIREMENTS, QUALIFICATIONS, AND PROFESSIONAL OPPORTUNITIES THROUGH A CLOSE-UP, HANDS-ON APPROACH.</p> <p>THE PARISH NURSE PROGRAM IS A BROAD- REACHING PARTNERSHIP WITH 76 CHURCHES OF ALL FAITHS IN THE GREATER BRIDGEPORT AREA AND ALL OF FAIRFIELD COUNTY SUPPORTING NURSES IN THEIR FAITH COMMUNITIES THROUGH COLLABORATION AND NETWORKING. THROUGH THE PROGRAM, OUR NURSES PROVIDE EDUCATIONAL PROGRAMS, HEALTH SCREENINGS, REFERRALS, RESOURCES AND SUPPORT TO THE PARISHIONERS OF THE CHURCHES.</p> <p>ST. VINCENT'S MEDICAL CENTER ALSO HAS VERY DEDICATED EMPLOYEES WHO PROVIDE A GREAT DEAL OF SERVICE TO THE LOCAL COMMUNITY IN THE NAME OF ST. VINCENT'S HEALTH SERVICES. THEY SERVE THE COMMUNITY BY BEING ON THE BOARDS OR ON THE COMMITTEES OF OTHER COMMUNITY ORGANIZATION. THIS HELPS IN THE DEVELOPMENT OF RELATIONSHIPS WITH OTHER INSTITUTIONS, BUSINESSES, AND CLUBS IN THE LOCAL COMMUNITY.</p> <p>IN ALL OF THESE WAYS, ST. VINCENT'S MEDICAL CENTER HELPS TO BUILD OUR LOCAL COMMUNITY.</p>
SCHEDULE H, PART III, LINE 2	METHODOLOGY USED TO ESTIMATE BAD DEBT	THE PROVISION FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF EXPECTED NET COLLECTIONS CONSIDERING ECONOMIC CONDITIONS, HISTORICAL EXPERIENCE, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYER CATEGORY, INCLUDING THOSE AMOUNTS NOT COVERED BY INSURANCE. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR DOUBTFUL ACCOUNTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS. AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, THE MEDICAL CENTER FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITH COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY ASCENSION

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		HEALTH. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE MEDICAL CENTER'S POLICIES.
SCHEDULE H, PART III, LINE 3	FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	ST. VINCENT'S MEDICAL CENTER HAS A VERY ROBUST FINANCIAL ASSISTANCE PROGRAM; THEREFORE, NO ESTIMATE IS MADE FOR BAD DEBT ATTRIBUTED TO FINANCIAL ASSISTANCE ELIGIBLE PATIENTS.
SCHEDULE H, PART III, LINE 4	FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	<p>PER THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF ST. VINCENT'S MEDICAL CENTER:</p> <p>THE PROVISION FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL EXPERIENCE, ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYER CATEGORY, INCLUDING THOSE AMOUNTS NOT COVERED BY INSURANCE. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR DOUBTFUL ACCOUNTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS. AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, THE MEDICAL CENTER FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITH COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY ASCENSION HEALTH. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE MEDICAL CENTER'S POLICIES.</p> <p>THE METHODOLOGY FOR DETERMINING THE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND RELATED WRITE-OFFS ON UNINSURED PATIENT ACCOUNTS HAS REMAINED CONSISTENT WITH THE PRIOR YEAR.</p>
SCHEDULE H, PART III, LINE 8	DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	ST. VINCENT'S MEDICAL CENTER FOLLOWS THE CATHOLIC HEALTH ASSOCIATION (CHA) GUIDELINES FOR DETERMINING COMMUNITY BENEFIT. CHA COMMUNITY BENEFIT REPORTING GUIDELINES SUGGEST THAT MEDICARE SHORTFALL IS NOT TREATED AS COMMUNITY BENEFIT.
SCHEDULE H, PART III, LINE 9B	DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE	THE ST. VINCENT'S MEDICAL CENTER COLLECTION AND DEBT REFERRAL POLICY STATES, "ALL PATIENTS RECEIVING SERVICES ARE GIVEN THE OPPORTUNITY TO TAKE ADVANTAGE OF POLICIES DEVELOPED TO ASSIST THEM FINANCIALLY. THESE POLICIES INCLUDE CHARITY CARE, FREE BED FUNDS, FINANCIAL COUNSELING AS WELL AS STATE AND FEDERAL PROGRAMS."
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT	<p>ST. VINCENT'S MEDICAL CENTER (SVMC) IS COMMITTED TO SERVING THE GREATER BRIDGEPORT, CONNECTICUT AREA BY DEVELOPING PARTNERSHIPS TO PROVIDE SUPPORT AND SERVICES FOR THE HEALTHCARE NEEDS OF ITS COMMUNITY. THROUGH HEALTHCARE EDUCATION, MEDICAL CARE, AND SUPPORT SERVICES, THE ORGANIZATION REACHES INTO THE COMMUNITY TO ENHANCE LOCAL NEIGHBORHOODS AND THEIR QUALITY OF LIFE. WE DELIVER A BROAD RANGE OF SERVICES WITH SENSITIVITY TO THE INDIVIDUAL NEEDS OF OUR PATIENTS AND THEIR FAMILIES. THE RELATIONSHIPS DEVELOPED WITH OUR COMMUNITY PARTNERS HAVE PROVIDED MUCH NEEDED HEALTHCARE SERVICES TO THE CITIZENS OF OUR COMMUNITY.</p> <p>OUR TRADITION OF IMPROVING THE HEALTH OF THE COMMUNITY DATES BACK OVER 110 YEARS, WHEN LOCAL CATHOLIC PHYSICIANS IDENTIFIED A NEED TO MEET THE HOLISTIC NEEDS OF THE LARGE EUROPEAN IMMIGRANT POPULATION. THEY CONTACTED THE PASTOR OF THE NEARBY ST. PATRICK'S CHURCH, WHO IN TURN COLLABORATED WITH THE DAUGHTERS OF CHARITY. THEIR VISION WAS REALIZED WHEN THE DOORS OF SVMC OPENED IN JUNE 1905. SINCE THAT TIME, ALL ASSOCIATES OF SVMC HAVE STOOD BEHIND ITS MISSION TO SUPPORT UNDERSERVED PATIENTS AND THEIR FAMILIES. OUR MISSION, VISION, AND VALUES PROVIDE A STRONG FOUNDATION FOR THE WORK WE DO – A FRAMEWORK THAT EXPRESSES OUR PRIORITIES FOR WHAT WE WILL ACHIEVE AND HOW WE WILL ACHIEVE IT.</p> <p>PRIMARY CARE ACTION GROUP (PCAG): SVMC IS COMMITTED TO MAKING A LASTING IMPACT ON THE COMMUNITY IT SERVES. TO THAT END, SVMC HAS ORGANIZED THE PRIMARY CARE PROVIDERS IN THE CITY OF BRIDGEPORT INTO A PRIMARY CARE ACTION GROUP (PCAG). THE EXPRESSED PURPOSE OF THIS GROUP IS TO INCREASE THE ACCESS OF THE UNDERSERVED AND UNINSURED TO PRIMARY CARE AND SPECIALTY CARE. THE GROUP HAS DEVELOPED GUIDING PRINCIPLES AND A STRATEGIC ACTION PLAN TO ACHIEVE ITS OBJECTIVE. THROUGH THIS EFFORT, SVMC WAS A KEY PARTNER IN THE DEVELOPMENT OF A REGIONAL HEALTH INFORMATION ORGANIZATION, CREATING THE ABILITY TO IDENTIFY OVERLAP IN SERVICES TO EACH ORGANIZATION'S RESPECTIVE CLIENTS.</p> <p>HOPE DISPENSARY: IN THE SPRING OF 2011, UNDER THE LEADERSHIP OF SVMC STAFF, THE PCAG LAUNCHED ONE OF ITS MOST VITAL AND SUCCESSFUL PROJECTS, THE BRIDGEPORT HOPE DISPENSARY, A PHARMACY OFFERING MEDICATION FREE OF CHARGE, TO LOW INCOME UNINSURED AND THE UNDERINSURED. THIS IS A MUCH NEEDED SERVICE IN THE AREA WHICH HELPS TO KEEP INDIVIDUALS WITH CHRONIC ILLNESS HEALTHY. (SEE MORE BACKGROUND AND RESULTS UNDER PROMOTION OF COMMUNITY HEALTH, PART VI, LINE 5).</p>

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		<p>PCAG TASK FORCES: THE PCAG COLLABORATION, IN WHICH ST. VINCENT'S PLAYS A LEADING ROLE, HAS ALSO CREATED FOUR TASK FORCES THROUGH ITS COMMUNITY HEALTH IMPROVEMENT PLAN TO ADDRESS THE MOST URGENT HEALTH CARE ISSUES IN THE GREATER BRIDGEPORT REGION, AS IDENTIFIED BY THE COMMUNITY HEALTH NEEDS ASSESSMENT. ACTION PLANS HAVE BEEN DEVELOPED FOR EACH OF THE TASK FORCES AND PROJECT IMPLEMENTATION HAS BEGUN. THE FOUR TASK FORCES ARE AS FOLLOWS:</p> <ol style="list-style-type: none"> 1.THE GOAL OF THE CARDIAC & DIABETES TASK FORCE IS TO REDUCE THE INCIDENCE, PROGRESSION AND BURDEN OF CARDIOVASCULAR DISEASE AND DIABETES THROUGH A STRATEGY OF PREVENTIVE SCREENINGS AND EDUCATION FOR AREA RESIDENTS. 2.THE GOAL OF THE OBESITY TASK FORCE IS TO REDUCE AND PREVENT OBESITY BY CREATING ENVIRONMENTS THAT PROMOTE HEALTHY EATING AND ACTIVE LIVING IN THE REGION. 3.THE GOAL OF THE MENTAL HEALTH/SUBSTANCE ABUSE TASK FORCE IS TO INCREASE THE UNDERSTANDING OF MENTAL HEALTH AND SUBSTANCE ABUSE AS PUBLIC HEALTH ISSUES IN ORDER TO ACHIEVE EQUAL ACCESS TO PREVENTION AND TREATMENT FOR AREA RESIDENTS. 4.THE GOAL OF THE ACCESS TO CARE TASK FORCE IS TO IMPROVE ACCESS TO QUALITY HEALTH CARE FOR ALL INDIVIDUALS LIVING IN THE REGION. (SEE PART VI LINE 5 FOR MORE INFORMATION/RESULTS OF PCAG TASK FORCES) <p>"KNOW YOUR NUMBERS" HEART DISEASE & DIABETES AWARENESS CAMPAIGN: IN FEBRUARY 2014, IN COLLABORATION WITH THE PCAG CARDIOVASCULAR/DIABETES TASK FORCE, ST. VINCENT'S MEDICAL CENTER PLAYED A SIGNIFICANT ROLE IN ORGANIZING AND COORDINATING THE AREA'S FIRST "KNOW YOUR NUMBERS" HEART DISEASE AND DIABETES AWARENESS CAMPAIGN. "KNOW YOUR NUMBERS" SUCCEEDED IN REACHING OUT TO THE PUBLIC AND, IN PARTICULAR, THE UNDERSERVED AT SOUP KITCHENS, PANTRIES, CHURCHES AND SCHOOLS, AND HELPED THEM UNDERSTAND THE IMPORTANCE OF PREVENTION AND MONITORING OF THEIR CHRONIC CONDITIONS IN ORDER TO STAY HEALTHY. FOR FY 15, 736 INDIVIDUALS WERE SCREENED. THEY RECEIVED HEALTH EDUCATION ON HOW TO PREVENT OR BETTER MANAGE THEIR EXISTING DISEASE AND SOME RECEIVED A DOCTOR REFERRAL BASED ON SCREENING RESULTS. (SEE RESULTS/MORE INFORMATION UNDER PROMOTION OF COMMUNITY HEALTH, PART VI, LINE 5).</p> <p>COMMUNITY HEALTH NEEDS ASSESSMENT/COMMUNITY HEALTH IMPROVEMENT PLAN: UNDERSTANDING THE CURRENT HEALTH STATUS OF THE COMMUNITY IS IMPORTANT IN ORDER TO IDENTIFY PRIORITIES FOR FUTURE PLANNING AND FUNDING, THE EXISTING STRENGTHS AND ASSETS UPON WHICH TO BUILD, AND AREAS FOR FURTHER COLLABORATION AND COORDINATION ACROSS ORGANIZATIONS, INSTITUTIONS, AND COMMUNITY GROUPS. TO THIS END, SVMC, THROUGH THE PCAG, LED A COMPREHENSIVE REGIONAL HEALTH PLANNING EFFORT COMPRISED OF TWO PHASES: (1) A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO IDENTIFY THE HEALTH-RELATED NEEDS AND COMMUNITY STRENGTHS IN THE GREATER BRIDGEPORT AREA IN 2013 AND (2) A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) TO DETERMINE THE KEY HEALTH PRIORITIES, OVERARCHING GOALS, AND SPECIFIC STRATEGIES TO IMPLEMENT ACROSS THE SERVICE AREA.</p> <p>THE COMMUNITY HEALTH NEEDS ASSESSMENT IS A KEY TOOL FOR SVMC AS IT ENSURES IT IS FULLY MEETING THE NEEDS OF THE COMMUNITY IT SERVES. THE COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED THE HEALTH-RELATED NEEDS AND STRENGTHS OF THE GREATER BRIDGEPORT AREA THROUGH A SOCIAL DETERMINANTS OF HEALTH FRAMEWORK, WHICH DEFINES HEALTH IN THE BROADEST SENSE AND RECOGNIZES NUMEROUS FACTORS AT MULTIPLE LEVELS— FROM LIFESTYLE BEHAVIORS (E.G., HEALTHY EATING AND ACTIVE LIVING) TO CLINICAL CARE (E.G., ACCESS TO MEDICAL SERVICES) TO SOCIAL AND ECONOMIC FACTORS (E.G., POVERTY) TO THE PHYSICAL ENVIRONMENT (E.G., AIR QUALITY)—WHICH HAVE AN IMPACT ON THE COMMUNITY'S HEALTH. THE CHNA AND CHIP WILL BE UPDATED IN 2016.</p> <p>PATIENT/FAMILY ADVISORY BOARD: ST. VINCENT'S PUTS A PRIORITY ON INPUT FROM PATIENTS AND THEIR FAMILIES. IT NOT ONLY BELIEVES THIS INPUT TO BE CRITICAL IN THE DELIVERY OF QUALITY MEDICAL CARE TO THE COMMUNITY, BUT THIS INPUT ALSO ASSISTS IN GUIDING THE MEDICAL CENTER'S PRIORITIES AND PLANNING. IN 2007, SVMC IMPLEMENTED A PATIENT FAMILY ADVISORY BOARD (PFAB) AS A VEHICLE TO GIVE A MEANINGFUL VOICE TO PATIENTS AND THEIR FAMILIES. THE PFAB ACTS AS AN ADVISORY COMMITTEE TO THE SVMC BOARD OF DIRECTORS, ADMINISTRATION, AND STAFF. PFAB'S MAIN PURPOSE IS TO BE THE "VOICE OF THE PATIENT" TO ALL SVMC. IT DETERMINES THE NEEDS OF PATIENTS, IMPROVES THE PATIENT EXPERIENCE (WHICH MAY OR MAY NOT CORRELATE WITH HCAHPS), AND IMPROVES PATIENT AND FAMILY SATISFACTION. (SEE PART VI LINE 5 FOR MORE INFORMATION/RESULTS OF PFAB).</p>
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION	THE ST. VINCENT'S MEDICAL CENTER FINANCIAL ASSISTANCE PROGRAM SCREENS PATIENTS FOR ALL PROGRAMS THAT WILL ASSIST IN COVERING MEDICAL EXPENSES, INCLUDING FEDERAL AND STATE PROGRAMS, FREE BED

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		<p>FUNDS, AND INCOME-BASED FINANCIAL ASSISTANCE.</p> <p>AT THE TIME OF PRE-REGISTRATION AND REGISTRATION, ALL PATIENTS WITHOUT INSURANCE ARE REFERRED TO AN ON-SITE FINANCIAL COUNSELOR FOR AN INITIAL SCREENING. THE FINANCIAL COUNSELOR ASSESSES THE PATIENT'S NEEDS AND BEGINS THE APPROPRIATE FINANCIAL ASSISTANCE APPLICATION.</p> <p>FINANCIAL ASSISTANCE STAFF MEMBERS ARE TRAINED ON HOW TO QUALIFY PATIENTS FOR THE VARIOUS MEDICAID, CHARITY CARE, AND FINANCIAL ASSISTANCE PROGRAMS. THE STAFF REGULARLY ATTENDS COMMUNITY MEETINGS AND INFORMATION UPDATE SESSIONS TO REMAIN UPDATED ON CHANGES TO STATE AND FEDERAL ASSISTANCE PROGRAMS.</p> <p>IN ADDITION, ALL BILLING AND COLLECTIONS NOTICES INFORM PATIENTS THAT THEY MAY CALL THE CHARITY COUNSELOR. IF A PATIENT CONTACTS THE BILLING OR COLLECTION AGENCIES AND INQUIRES ABOUT FINANCIAL ASSISTANCE, THEY WILL BE DIRECTED TO THE CHARITY COUNSELOR. A PATIENT CAN REQUEST FINANCIAL ASSISTANCE AT ANY POINT IN THE REVENUE CYCLE.</p> <p>ST. VINCENT'S HAS TWO FULL TIME CHARITY CARE COUNSELORS. ONE IS AT ST. VINCENT'S MEDICAL CENTER AND ONE IS AT ITS CLINIC, ST. VINCENT'S FAMILY HEALTH CENTER.</p> <p>INFORMATION ON FINANCIAL ASSISTANCE OPTIONS IS POSTED IN THE ADMITTING AND REGISTRATION AREAS, THE EMERGENCY ROOM, CASE MANAGEMENT AREA, CUSTOMER SERVICE, AND PATIENT ACCESS DEPARTMENTS. CONTACT INFORMATION IS CLEARLY VISIBLE AND INFORMATION IS PRINTED IN BOTH ENGLISH AND SPANISH.</p> <p>THE FINANCIAL ASSISTANCE PROGRAM IS HIGHLIGHTED ON THE ORGANIZATION'S EXTERNAL WEBSITE WITH DIRECT LINKS TO CONTACT INFORMATION AND THE APPLICATION FOR ASSISTANCE. A LINK TO THE UNITED WAY 211 WEBSITE IS ALSO PROVIDED, ALLOWING PATIENTS TO ACCESS FURTHER INFORMATION ABOUT AVAILABLE ASSISTANCE.</p> <p>A FINANCIAL ASSISTANCE BROCHURE HAS BEEN DEVELOPED AND IS AVAILABLE TO PATIENTS AND FAMILIES AT THE TIME OF REGISTRATION. THIS BROCHURE IS DISPLAYED IN THE EMERGENCY DEPARTMENT, URGENT CARE CENTERS, CASE MANAGEMENT, CUSTOMER SERVICE, AND PATIENT ACCESS DEPARTMENTS. THE BROCHURE IS ALSO MAILED UPON REQUEST.</p> <p>BY VIRTUE OF ITS LOCATION AND MISSION, SVMC'S UNCOMPENSATED CARE COSTS WERE \$42.3 MILLION, BASED ON CHARGES, INCLUDING CHARITY CARE AND BAD DEBT.</p>
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION	<p>THE PRIMARY SERVICE AREA (PSA) OF ST. VINCENT'S MEDICAL CENTER (SVMC) CONSISTS OF THE CITY OF BRIDGEPORT AND THE SURROUNDING TOWNS OF FAIRFIELD, EASTON, MONROE, TRUMBULL, STRATFORD, AND SHELTON. ACCORDING TO US CENSUS BUREAU ESTIMATES, THE TOTAL ESTIMATED POPULATION OF THE PSA AT JULY 1, 2014 IS OVER 367,000. THIS IS AN INCREASE OF APPROXIMATELY 2.6% COMPARED TO APRIL 2010 POPULATION ESTIMATES.</p> <p>BRIDGEPORT IS LOCATED IN NORTHEAST FAIRFIELD COUNTY ALONG LONG ISLAND SOUND, PARTWAY BETWEEN NEW YORK CITY AND BOSTON. COMPOSED OF 16 SQUARE MILES OF LAND MASS AND WITH 144,229 RESIDENTS (CENSUS 2010), BRIDGEPORT IS THE LARGEST CITY IN CONNECTICUT AND THE FOURTH LARGEST CITY IN NEW ENGLAND. ITS 9,014 PEOPLE PER SQUARE MILE MAKE BRIDGEPORT THE MOST DENSELY POPULATED CITY IN CONNECTICUT.</p> <p>BRIDGEPORT'S SURROUNDING TOWNS ARE PRINCIPALLY WHITE COLLAR, WITH ONLY POCKETS OF POVERTY, REFLECTING, IN LARGE PART, FAIRFIELD COUNTY'S AFFLUENCE. HOWEVER, BRIDGEPORT REPRESENTS AN ISLAND OF POVERTY IN AN OTHERWISE AFFLUENT FAIRFIELD COUNTY, ONE OF THE WEALTHIEST COUNTIES IN THE COUNTRY. BRIDGEPORT'S PER CAPITA INCOME AVERAGE OF \$20,442 IS LESS THAN HALF (44.9%) OF NEIGHBORING TRUMBULL (\$45,535) AND SLIGHTLY MORE THAN ONE-THIRD (34.6%) OF THE AVERAGE PER CAPITA INCOME OF NEIGHBORING FAIRFIELD (\$59,156) (US CENSUS BUREAU QUICKFACTS TABLE 2010-2014). BRIDGEPORT'S AVERAGE PER CAPITA INCOME ALSO FALLS SHORT OF BOTH THE CONNECTICUT AVERAGE OF \$38,480 AND THE NATIONAL AVERAGE OF \$28,555 (US CENSUS BUREAU QUICKFACTS TABLE 2010-2014).</p> <p>BRIDGEPORT IS AN AREA THAT IS SOCIALLY AND ECONOMICALLY CHALLENGED WITH MANY PATIENTS WHO ARE UNEMPLOYED, UNINSURED, OR UNDERINSURED AND WITHOUT RESOURCES. ALTHOUGH FAIRFIELD COUNTY HAS A REPUTATION FOR AFFLUENCE, IT IS CLEAR THAT MANY OF THE AREA'S RESIDENTS FALL WELL OUTSIDE THIS CATEGORY, AND LOOK TO ST. VINCENT'S AS A SAFETY NET.</p> <p>BRIDGEPORT'S POPULATION IS 39.6% WHITE, 34.6% BLACK OR AFRICAN AMERICAN, 0.5% AMERICAN INDIAN AND ALASKA NATIVE, 3.4% ASIAN, 0.1% NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER, 17.5% SOME OTHER RACE, AND 4.3% TWO OR MORE RACES (U.S. CENSUS 2010). APPROXIMATELY 38.2% OF BRIDGEPORT'S POPULATION IS HISPANIC OR LATINO (OF ANY RACE) (U.S. CENSUS 2010). AS THE U.S. CENSUS 2010 DATA SHOWS, BRIDGEPORT HAS A SIGNIFICANTLY HIGHER PERCENTAGE OF BLACK OR AFRICAN AMERICANS AND</p>

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		<p>HISPANICS OR LATINOS OF ANY RACE THAN THE STATE OF CONNECTICUT.</p> <p>BRIDGEPORT ALSO HAS A HIGH RATE OF UNEMPLOYMENT, THE THIRD WORST IN THE STATE AS OF SEPTEMBER 2015. THE CONNECTICUT DEPARTMENT OF LABOR REPORTED THAT THE UNEMPLOYMENT RATE IN BRIDGEPORT IS 8.1%, COMPARED TO 5.1% STATEWIDE OR 4.3% IN FAIRFIELD, 4.2% IN TRUMBULL, AND 5.9% IN STRATFORD, BRIDGEPORT'S CLOSEST NEIGHBORING COMMUNITIES (CONNECTICUT LABOR FORCE DATA BY PLACE OF RESIDENCE 2015).</p> <p>ADDITIONALLY, THE COST OF LIVING AND REAL ESTATE MAKE IT DIFFICULT FOR MIDDLE CLASS FAMILIES TO SETTLE IN THE AREA. AS A RESULT, SVMC'S WORKFORCE SHORTAGES OCCUR IN PROFESSIONAL AND TECHNICAL POSITIONS.</p> <p>FAMILIES, AND PARTICULARLY CHILDREN, LIVING IN POVERTY ARE MORE LIKELY TO SUFFER FROM POOR HEALTH, DROP OUT OF SCHOOL, AND EXPERIENCE HUNGER, HOMELESSNESS, AND VIOLENCE. IN 2014, 32.4% OF BRIDGEPORT CHILDREN (12,000 PERSONS) LIVED UNDER THE FEDERAL POVERTY LEVEL (FPL). THIS PERCENTAGE IS MORE THAN DOUBLE CONNECTICUT'S OVERALL RATE OF 14.9% OF CHILDREN WHO LIVE UNDER THE FPL. ONE OUT OF EVERY SEVEN CHILDREN IN CONNECTICUT LIVES IN POVERTY. THE AVERAGE RATE OF CHILD POVERTY IN 2012-2014 IN BRIDGEPORT WAS 34.7% OF AFRICAN AMERICAN CHILDREN, 38.3% OF LATINO CHILDREN, AND 14.9% OF WHITE CHILDREN. (BRIDGEPORT CHILD ADVOCACY COALITION, STATE OF THE CHILD REPORT, 2015)</p> <p>DURING THE 2014-2015 SCHOOL YEAR, 100% OF BRIDGEPORT PUBLIC SCHOOL STUDENTS WERE ELIGIBLE FOR FREE OR REDUCED-PRICE LUNCH BECAUSE THEY LIVED IN FAMILIES EARNING LESS THAN 185% OF THE FEDERAL POVERTY LEVEL COMPARED TO 37.7% OF STUDENTS NATIONWIDE). MANY BRIDGEPORT RESIDENTS ALSO FACE TRANSPORTATION ISSUES AS 19.2% OF OCCUPIED HOUSING UNITS DID NOT OWN A CAR COMPARED TO 7.7% IN FAIRFIELD COUNTY AND 9.1% STATEWIDE. (BRIDGEPORT CHILD ADVOCACY COALITION, STATE OF THE CHILD REPORT, 2015)</p> <p>IN 2014, 54.1% OF BRIDGEPORT CHILDREN UNDER THE AGE OF 18 LIVED IN SINGLE-PARENT HOMES COMPARED TO 32.7% OF CHILDREN STATEWIDE. IN 2014, 40.2% OF FAMILIES IN BRIDGEPORT HEADED BY SINGLE FEMALES WITH CHILDREN UNDER THE AGE OF 18 LIVED IN POVERTY. IN FISCAL YEAR 2015, 167 CHILDREN SPENT TIME IN A BRIDGEPORT AREA HOMELESS SHELTER. (BRIDGEPORT CHILD ADVOCACY COALITION, STATE OF THE CHILD REPORT, 2015)</p> <p>THE 2008-2012 BIRTH RATE FOR BRIDGEPORT TEENS AGED 15-17 WAS 45.2 BIRTHS PER 1000 TEENAGE GIRLS, COMPARED TO THE STATEWIDE RATE OF 18.8 BIRTHS. IN 2014-15 IN BRIDGEPORT, THERE WERE 14.4 CHILDREN SUBSTANTIATED AS ABUSED OR NEGLECTED PER 1,000 CHILDREN, COMPARED TO 7.9 STATEWIDE. (BRIDGEPORT CHILD ADVOCACY COALITION, STATE OF THE CHILD REPORT, 2015)</p> <p>IN 2014-15, LESS THAN HALF OF BRIDGEPORT PUBLIC SCHOOL STUDENTS MET THE HEALTH STANDARDS ON ALL FOUR STATE PHYSICAL FITNESS TESTS. STATEWIDE THE RATE OF CHILDREN WHO EXPERIENCED HOSPITALIZATION AND/OR EMERGENCY ROOM VISITS DUE TO ASTHMA WAS 131.6 VISITS PER 10,000 CHILDREN. BRIDGEPORT'S RATE OF ASTHMA-RELATED HOSPITAL VISITS IS 252.2 INCIDENTS PER 10,000 CHILDREN, ALMOST DOUBLE. (BRIDGEPORT CHILD ADVOCACY COALITION, STATE OF THE CHILD REPORT, 2015)</p> <p>BRIDGEPORT IS ONE OF FOUR CITIES IN THE STATE THAT HAVE THE HIGHEST NUMBER OF HOUSEHOLDS WITH INCOMES BELOW THE POVERTY LEVEL AND THE HIGHEST RATES OF CHILDHOOD LEAD POISONING.</p> <p>BRIDGEPORT ADULTS LAG BEHIND ADULTS IN FAIRFIELD COUNTY AND THE STATE IN EDUCATIONAL ATTAINMENT. THE 2000 CENSUS SHOWS 38%, OR APPROXIMATELY 52,820 ADULT RESIDENTS, HAD NO HIGH SCHOOL DIPLOMA. THE POOR, HOMELESS, AND THOSE WITH LIMITED EDUCATION ARE OFTEN LESS LIKELY TO SEEK PREVENTATIVE CARE AND FILL PRESCRIPTIONS AND ARE MORE LIKELY TO DELAY TREATMENT IN AN EMERGENCY. THE UNINSURED ARE MORE LIKELY TO SUFFER FROM POOR HEALTH AND ARE UP TO THREE TIMES MORE LIKELY TO DIE EARLY THAN THOSE WITH HEALTH INSURANCE (BRIDGEPORT CHILD ADVOCACY COALITION, 2008). ALL THESE FACTORS PRESENT TREMENDOUS CHALLENGES TO HEALTHCARE PROVIDERS IN THEIR EFFORTS TO KEEP THE COMMUNITY HEALTHY. ST. VINCENT'S HAS IMPLEMENTED STRATEGIES TO IMPROVE HEALTHCARE ACCESS AND QUALITY OF CARE FOR AREA RESIDENTS. (FOR MORE ON ST. VINCENT'S STRATEGIES, SEE PART VI, LINE 5, PROMOTION OF COMMUNITY HEALTH).</p> <p>CONNECTICUT HAS THE SECOND HIGHEST INCIDENCE OF BREAST CANCER IN THE COUNTRY, SECOND ONLY TO RHODE ISLAND. ACCORDING TO THE 2011 COMMUNITY PROFILE OF BREAST CANCER BY THE SUSAN G. KOMEN ORGANIZATION, SVMC'S PRIMARY SERVICE AREA, THE GREATER BRIDGEPORT AREA, HAS A HIGHER INCIDENCE OF BREAST CANCER, HIGHER LATE STAGE DIAGNOSIS, AND A HIGHER MORTALITY RATE THAN THE STATE OF CONNECTICUT INCIDENCE RATES. (SUSAN G. KOMEN FOUNDATION WEBSITE) ACCORDING TO THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT ACCESSIBLE AT THE TIME OF THIS REPORT (2013), 1 IN 25 FAIRFIELD COUNTY RESIDENTS HAS HAD A HEART ATTACK AND 1 IN 20 HAS BEEN DIAGNOSED WITH DIABETES. ADDITIONALLY ALMOST 6 IN 10 ADULTS ARE OVERWEIGHT OR</p>

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		<p>OBESE, 1 IN 4 CHILDREN AND ADOLESCENTS ARE OVERWEIGHT OR OBESE, 1 IN 4 PEOPLE DID NOT PARTICIPATE IN ANY LEISURE TIME PHYSICAL ACTIVITY IN THE PAST MONTH AND, ONLY 1 IN 3 PEOPLE CONSUMED THE RECOMMENDED FIVE SERVINGS OF FRUITS AND VEGETABLES DAILY. OUR ASSESSMENT ALSO REVEALED THAT THE PREVALENCE OF MENTAL ILLNESS IN ADULTS RANGED FROM 17.7% TO 26.5% IN OUR PRIMARY SERVICE AREA. OUR HIGH SCHOOL YOUTH ATTEMPTED SUICIDE AT TWICE THE RATE OF THE NATIONAL AVERAGE, 1 IN 10 ADULTS PARTICIPATED IN BINGE DRINKING BEHAVIOR IN THE LAST 30 DAYS, AND 1 IN 4 PEOPLE CURRENTLY SMOKE IN THE CITY OF BRIDGEPORT. THE ASSESSMENT ALSO UNCOVERED SIGNIFICANT PROBLEMS WITH ACCESS TO HEALTH CARE: 1 IN 20 PEOPLE IN THE GREATER BRIDGEPORT COMMUNITY DO NOT HAVE HEALTH INSURANCE AND 6 IN 10 PEOPLE EXPERIENCE ONE OR MORE BARRIERS IN ACCESSING ADEQUATE HEALTH CARE.</p> <p>BRIDGEPORT IS CROSSED BY INTERSTATE 95, A MAIN VEHICULAR CORRIDOR FROM NEW YORK TO BOSTON THAT IS CITED AS THE MAIN SOURCE OF AIR TOXINS AND GREENHOUSE GASES IN THE CITY. THE INDUSTRIAL REVOLUTION OF THE 1930'S LEFT BRIDGEPORT WITH NUMEROUS BROWNFIELD SITES, WHICH ARE LINKED TO LEAD POISONING, AND MULTIPLE CANCERS. A JOHNS-HOPKINS STUDY OF BROWNFIELDS IN THE BALTIMORE, MD AREA, DEMONSTRATED A 20% INCREASE IN MORTALITY, 27% INCREASE IN CANCER MORTALITY, 33% INCREASE IN LUNG CANCER MORTALITY, AND 39% INCREASE IN RESPIRATORY MORTALITY AMONG RESIDENTS IN HIGHER BROWNFIELD HAZARD ZONES. THIS STRONGLY CORROBORATES THE THEORY THAT BROWNFIELDS ARE DETRIMENTAL TO HUMAN HEALTH. (LITT & TRAN 2002) THE POOR AIR QUALITY IN BRIDGEPORT MAY BE A MAJOR FACTOR IN THE 25% INCIDENCE OF ASTHMA IN HOUSEHOLDS IN THE CITY (BRIDGEPORT HEALTH INFORMATION PROGRAM SURVEY, 2007).</p> <p>PHYSICIAN SHORTAGE: IN OUR PRIMARY AND SECONDARY SERVICE AREAS, WE CONTINUE TO SEE A SIGNIFICANT DECREASE IN THE NUMBER OF PRIMARY CARE PHYSICIANS AND IN ACCESS POINTS FOR PATIENTS. THIS IS BASED ON MULTIPLE FACTORS INCLUDING THE INCREASED COST OF LIVING IN THE REGION, AN AGING POPULATION OF CURRENT PRIMARY CARE PHYSICIANS AND THE RETIREMENT OF OTHERS, AS WELL AS A SHIFT TO OTHER INSTITUTIONS THROUGH ACQUISITIONS OF PRACTICES.</p> <p>IN THE SPRING OF 2013, SVMC'S MEDICAL STAFF DEVELOPMENT PLAN PROJECTED A CURRENT NEED FOR SIX ADDITIONAL PRIMARY CARE PHYSICIANS IN THE GREATER BRIDGEPORT COMMUNITY. THIS PROJECTION IS ONLY BASED ON THE CURRENT DEMOGRAPHIC PROFILE OF PATIENTS. HOWEVER, 36% OF SVMC PHYSICIANS ARE OVER THE AGE OF 55, WELL OVER THE NATIONAL AVERAGE OF 28%. DUE TO THE AGE OF OUR MEDICAL STAFF, THERE IS AN ANTICIPATED NEED FOR AN ADDITIONAL 48 PRIMARY CARE PHYSICIANS OVER THE NEXT 10 YEARS.</p> <p>IN A 2013 TELEPHONE SURVEY OF 230 PRIMARY CARE PHYSICIANS IN OUR COMMUNITY, ONLY 39% COULD BE CONFIRMED AS ACCEPTING NEW MEDICARE PATIENTS AND ONLY 38% COULD BE CONFIRMED AS ACCEPTING NEW MEDICAID PATIENTS. MANY OF THESE UNDERINSURED PATIENTS TURN TO THE SVMC FAMILY HEALTH CENTER, AN AMBULATORY PRIMARY CARE CLINIC.</p> <p>OVERALL THE PRIMARY AND SECONDARY SERVICE AREAS REMAIN UNDERSERVED. (PLEASE SEE PROMOTION OF COMMUNITY HEALTH PART VI, LINE 5 FOR INFORMATION ON HOW ST. VINCENT'S MULTISPECIALTY GROUP (MSG), A SUBSIDIARY OF ST. VINCENT'S MEDICAL CENTER, HAS DEVELOPED A PLAN TO INCREASE ACCESS TO PRIMARY CARE AND SPECIALTY SERVICES TO THE COMMUNITY. SEE ALSO PART VI, LINE 6 AFFILIATED HEALTH CARE SYSTEM, FOR MORE ON MSG).</p>
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH	<p>ST. VINCENT'S MEDICAL CENTER'S (SVMC) MISSION, VISION, AND VALUES PROVIDE A STRONG FOUNDATION FOR THE WORK WE DO TO SERVE OUR COMMUNITY – A FRAMEWORK THAT EXPRESSES OUR PRIORITIES FOR WHAT WE WILL ACHIEVE AND HOW WE WILL ACHIEVE IT. THE MISSION STATEMENT OF SVMC SAYS THAT “ROOTED IN THE HEALING MINISTRY OF JESUS, WE COMMIT TO PROVIDE QUALITY, HOLISTIC CARE TO ALL FAITHS WITH SPECIAL CONCERN FOR THOSE WHO ARE POOR, VULNERABLE AND UNDERSERVED.”</p> <p>THE ORGANIZATION IS DEDICATED TO PROMOTING HEALTHY LIVING AT EVERY STAGE OF LIFE AND ENHANCING LIFE BY ADDRESSING THE UNIQUE NEEDS OF PATIENTS, FAMILIES, AND OUR COMMUNITY. HEALTHCARE EDUCATION, WELLNESS, AND DISEASE PREVENTION EDUCATION IS OFFERED THROUGH A WEALTH OF RESOURCES SUCH AS SYMPOSIUMS, CLASSES, AND SUPPORT GROUPS. OUR OUTREACH PROGRAMS AND PARTNERSHIPS ARE DESIGNED TO ENHANCE PUBLIC HEALTH AND QUALITY OF LIFE IN THE GREATER BRIDGEPORT AREA AND IMPROVE ACCESS TO HEALTH SERVICES FOR MEMBERS OF THE COMMUNITY WE SERVE. WE SEEK TO ADVANCE MEDICAL OR HEALTHCARE KNOWLEDGE THROUGH EDUCATION AND RELIEVE OR ENHANCE ANY ONGOING PUBLIC HEALTHCARE EFFORTS. OUR PROGRAMS REACH ADULTS AND TEENAGERS, MEN AND WOMEN, INFANTS AND SENIORS, PROVIDING HEALTH EDUCATION AND CARE REGARDLESS OF ABILITY TO PAY. TAXI VOUCHERS ARE ALSO DISTRIBUTED TO PATIENTS IN NEED.</p> <p>CARDIOLOGY AND ONCOLOGY SEMINARS, WELLNESS PROGRAMS, SCREENINGS AND SUPPORT GROUPS HELPED PEOPLE LEARN TO LIVE HEALTHIER LIVES. ST. VINCENT'S MEDICAL CENTER IS PROUD TO HAVE SPONSORED MORE THAN 41 PROGRAMS IN THE LAST FISCAL YEAR, REACHING MORE THAN 27,000 PEOPLE IN</p>

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		<p>OUR COMMUNITY. MORE THAN 1,000 HEALTHCARE PROFESSIONALS AND MEDICAL STUDENTS IN THE BRIDGEPORT AREA ATTENDED OUR HEALTH EDUCATION SEMINARS AND LECTURES TO ADVANCE THEIR KNOWLEDGE AND SHARE IDEAS.</p> <p>EACH YEAR, ST. VINCENT'S SWIM ACROSS THE SOUND CANCER CHARITY SERVES MORE THAN 20,000 INDIVIDUALS (SEE PART VI, LINE 6, AFFILIATED HEALTH CARE SYSTEM) THROUGH THE TEEN SMOKE STOPPER PROGRAM AND THROUGH SUPPORT GROUPS AND SUPPORT PROGRAMS THAT HELP PATIENTS AND FAMILY MEMBERS DEAL WITH A DIAGNOSIS OF CANCER, OFFERING HOPE, INFORMATION, FINANCIAL SUPPORT, AND PSYCHOSOCIAL SERVICES. DURING FISCAL 2015, THROUGH ITS COMPASSIONATE CARE PROGRAM, THE SWIM MET SOME OF THE FINANCIAL NEEDS OF CANCER PATIENTS AT A COST OF APPROXIMATELY \$640,000. THIS FIGURE DOES NOT INCLUDE THE VALUE OF ALL THE SURVIVORSHIP SUPPORT PROGRAMS THAT THE SWIM PROVIDES.</p> <p>ST. VINCENT'S MULTISPECIALTY GROUP (MSG): ST. VINCENT'S MULTISPECIALTY GROUP (MSG), A SUBSIDIARY OF ST. VINCENT'S MEDICAL CENTER (FOR MORE, SEE AFFILIATED HEALTH CARE SYSTEM, PART VI, LINE 6), HAS RESPONDED TO THE SHORTAGE OF PRIMARY CARE PHYSICIANS AND LACK OF ACCESS TO CARE FOR PATIENTS IN THE COMMUNITY BY ENLARGING ITS NETWORK OF PROVIDERS. SINCE 2012, WE HAVE ADDED MORE THAN 100 PHYSICIANS INCLUDING FIFTEEN PRIMARY CARE DOCTORS THAT ARE ALIGNED OR EMPLOYED THROUGH THE MSG, AND CURRENTLY HAVE MORE THAN 184 PHYSICIAN MEMBERS. THIS INCLUDES PRIMARY CARE PHYSICIANS, INTENSIVISTS, HOSPITALISTS, SURGICAL, ONCOLOGICAL AND CARDIAC SPECIALISTS, URGENT CARE AND EMERGENCY MEDICINE PHYSICIANS AND PEDIATRICIANS. THE MSG EMPLOYS 311 CLINICAL PROVIDERS (MDS, PHYSICIAN ASSISTANTS, AND ADVANCED PRACTICE REGISTERED NURSES) AND IS GROWING.</p> <p>THE MSG CONTINUES TO WORK WITH COMMUNITY PHYSICIANS WHO MAY BE CLOSE TO RETIREMENT OR LOOKING TO CREATE A SECESSION PLAN FOR THEIR PRACTICES. UNDERSTANDING THE NEEDS OF THE COMMUNITY, IT IS THE GOAL OF THE MSG TO INCREASE THE NUMBER OF EMPLOYED PHYSICIANS BY 35 OVER THE NEXT THREE YEARS IN ORDER TO CLOSE THE GAPS WHERE THERE ARE ISSUES WITH ACCESS AND THE ABILITY FOR THE COMMUNITY PATIENTS TO RECEIVE CARE. A VITAL PART OF OUR MISSION IS OUR GOAL TO PRACTICE POPULATION HEALTH MANAGEMENT AND PROVIDE MORE HEALTHCARE ACCESS POINTS FOR PATIENTS AND ENHANCE THEIR QUALITY OF CARE REGARDLESS OF THEIR ABILITY TO PAY OR THEIR INSURANCE STATUS. WE ARE COMMITTED TO DELIVERING CARE TO ANY PATIENT IN NEED.</p> <p>IN FY 15, ST. VINCENT'S OPENED ANOTHER URGENT CARE WALK-IN FACILITY IN STRATFORD AND ONE IN MILFORD, BRINGING THE NUMBER OF SUCH FACILITIES IT OPERATES TO SIX. OUR CURRENT FACILITIES ARE LOCATED IN BRIDGEPORT, SHELTON, MONROE, FAIRFIELD, STRATFORD AND MILFORD. THE MILFORD OPENING IS A DEMONSTRATION OF THE FACT THAT WE ARE BEGINNING TO PENETRATE OUR SECONDARY SERVICE AREA TO FILL THE NEED FOR BOTH PRIMARY AND URGENT CARE.</p> <p>THE STRATFORD URGENT CARE CENTER IS PART OF ST. VINCENT'S STRATFORD HEALTH & WELLNESS CENTER, A NEW, STATE-OF- THE- ART MEDICAL BUILDING WHICH OFFERS PREVENTATIVE, PRIMARY, URGENT AND CARDIOLOGY CARE, ALONG WITH A WOUND CARE CENTER. STRATFORD ALSO PROVIDES A PATIENT EDUCATION CENTER, THE FRANK R. SCIFO, MD, COMMUNITY EDUCATION ROOM, WHICH OFFERS LECTURES, PRESENTATIONS AND IS COMPLETE WITH KITCHEN FACILITIES FOR HEALTHY NUTRITION AND COOKING DEMONSTRATIONS.</p> <p>ALSO OPENED IN STRATFORD IN 2015, WAS THE FIRST ST. VINCENT'S HEALTH CHECK CLINIC, LOCATED INSIDE THE ORONOQUE PHARMACY NOT FAR FROM THE ORONOQUE VILLAGE SENIORS COMMUNITY AND SIKORSKY AIRCRAFT. PATIENTS VISIT THE HEALTH CHECK CLINIC FOR ILLNESSES SUCH AS SEASONAL ALLERGIES, FLU-LIKE SYMPTOMS, MINOR EYE AND EAR INFECTIONS, SPRAINS AND STRAINS, LOW BACK PAIN, INSECT BITES, MINOR SKIN WOUNDS, FATIGUE, POISON IVY AND OTHER NON-EMERGENCY MEDICAL CONDITIONS. THE SERVICE ALSO OFFERS CAMP PHYSICALS, FLU SHOTS, TB TESTING AND READING, BLOOD PRESSURE SCREENING AND CONSULTATION, AND SOME VACCINATIONS. NO APPOINTMENTS ARE NECESSARY.</p> <p>CANCER CENTER: IN 2010, SVMC BROKE GROUND ON THE ELIZABETH M. PFRIEM SWIM CENTER FOR CANCER CARE AND THE RENOVATED AND EXPANDED MICHAEL J. DALY EMERGENCY DEPARTMENT. THE ELIZABETH PFRIEM SWIM CENTER FOR CANCER CARE CONTAINS ALL ONCOLOGY SERVICES UNDER ONE ROOF. THESE SERVICES ENCOMPASS THE FULL SPECTRUM OF CANCER CARE AND INCLUDE COMMUNITY OUTREACH, SCREENING AND PREVENTION, DIAGNOSTIC SERVICES, SURGICAL AND MEDICAL ONCOLOGY, RADIATION THERAPY, INTERVENTIONAL ONCOLOGY, CLINICAL TRIALS, DEDICATED INPATIENT AND OUTPATIENT CANCER UNITS, PALLIATIVE CARE, GENETIC COUNSELING AND PAIN MANAGEMENT. ALSO AT THE CENTER WE OFFER FREE ONCOLOGY SURVIVORSHIP SERVICES, WHICH INCLUDE ACUPUNCTURE AND MASSAGE THERAPY IN OUR SPA AND MEDITATION AREA; A CANCER BOUTIQUE WITH FITTINGS FOR WIG, BRAS AND PROSTHESIS, AND LYMPHEDEMA SLEEVES; AND A LIBRARY DEDICATED TO ONCOLOGY PATIENTS WITH FREE COMPUTER ACCESS FOR PATIENTS. OUR PATIENTS HAVE ACCESS TO SOCIAL WORKERS FOR INDIVIDUAL AND/OR FAMILY COUNSELING AND COMPASSIONATE CARE, INDIVIDUAL NUTRITIONAL COUNSELING AND GROUP CLASSES, SUPPORT</p>

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		<p>GROUPS, AND EDUCATIONAL LECTURES. MOST SURVIVORSHIP SERVICES ARE OFFERED FREE WITH FUNDING SUPPLIED BY ST. VINCENT'S SWIM ACROSS THE SOUND CANCER CHARITY. (FOR MORE INFORMATION SEE BOTH ONCOLOGY SUPPORT SERVICES FOR THE COMMUNITY UNDER PART VI, LINE 5, AND ST. VINCENT'S FOUNDATION AND SWIM ACROSS THE SOUND CANCER CHARITY FOUND UNDER PART VI, LINE 6, AFFILIATED HEALTH CARE SYSTEM.</p> <p>EMERGENCY DEPARTMENT: THE MICHAEL J. DALY CENTER FOR EMERGENCY AND TRAUMA CARE WAS RENAMED IN DECEMBER OF 2009 AS THE FIRST SECTION OF THE EXPANDED AND REFURBISHED EMERGENCY DEPARTMENT, WHICH OPENED IN FALL 2010. THE COMPLETELY RENOVATED EMERGENCY DEPARTMENT, WHICH TRIPLED IN SIZE AND HOLDS 60 BEDS TO ACCOMMODATE THE MORE THAN 80,000 EMERGENCY ROOM VISITS ANNUALLY, INCLUDES SPECIALIZED TRAUMA AND CRITICAL CARE SUITES, A "FAST TRACK" AREA FOR MINOR CASE NEEDS, DEDICATED OB/GYN ROOMS, PEDIATRIC AREA, EXPANDED BEHAVIORAL HEALTH AND PSYCHIATRIC AREA WITH A FOCUS ON PRIVACY AND SAFETY, IMPROVEMENTS IN DIAGNOSTIC EQUIPMENT, INCLUDING ITS OWN CT SCANNER, ULTRASOUND AND X-RAY EQUIPMENT TO EXPEDITE DIAGNOSIS AND TREATMENT OF EMERGENCY ROOM PATIENTS, AND A PERMANENT DECONTAMINATION FACILITY FOR HAZARDOUS SPILLS.</p> <p>IN 2014, ST. VINCENT'S MEDICAL CENTER LAUNCHED "PLANMYCARE.COM," FAIRFIELD COUNTY'S FIRST SELF-SCHEDULED URGENT CARE SERVICE THAT ENABLES PATIENTS TO CHECK-IN FOR A PROJECTED TREATMENT TIME. SINCE JANUARY, 2015, THE SERVICE HAS REGISTERED 300 PATIENTS IN THE EMERGENCY DEPARTMENT, BUT HAS BECOME VERY HIGHLY USED IN THE URGENT CARE SETTING. PATIENTS CAN ACCESS ST. VINCENT'S EMERGENCY DEPARTMENT AND ALL URGENT CARE CENTERS ONLINE, VIEW THE NEXT OPEN APPOINTMENTS, AND BOOK THE MOST CONVENIENT LOCATION AND TIME FRAME AVAILABLE. ST. VINCENT'S PLANMYCARE.COM OFFERS PATIENTS THE CONVENIENCE OF STAYING AT HOME OR MISSING LESS WORK RATHER THAN SITTING IN A WAITING ROOM. LIKEWISE, THIS SERVICE GIVES PATIENTS THE ABILITY TO CHOOSE WHICH ST. VINCENT'S URGENT CARE CENTER CAN BEST ACCOMMODATE THE PATIENT'S SCHEDULE, WHICH IS CRUCIAL FOR THE MAJORITY OF WORKING MOTHERS AND CAREGIVERS.</p> <p>AT THE SAME TIME, STAFF KNOWS APPROXIMATELY WHEN A PATIENT WILL ARRIVE AND WHAT INJURY, ILLNESS, OR TREATMENT THEY MAY REQUIRE, SAVING EVEN MORE TIME.</p> <p>FAMILY HEALTH CENTER: SVMC'S COMMITMENT TO THE COMMUNITY CAN BE SEEN IN THE WORK OF OUR FAMILY HEALTH CENTER (FHC). THE FHC IS LOCATED ONE BLOCK FROM THE MAIN CAMPUS OF THE HOSPITAL. IT PROVIDES QUALITY CARE FOR THE PATIENT AND THE ENTIRE FAMILY IN ONE CONVENIENT LOCATION. SPECIALTY SERVICES ARE OFFERED, AS WELL AS PEDIATRIC SERVICES, ADULT MEDICAL CARE, AND GERIATRIC CARE. HEALTHCARE IS PROVIDED TO THOSE IN THE GREATER BRIDGEPORT COMMUNITY WHO ARE UNINSURED, UNDERINSURED, LOW-INCOME, HANDICAPPED, HOMELESS, AND/OR FRAIL ELDERLY. THE FHC PROVIDES A PRIVATE PRACTICE MODEL OF CARE TO THOSE WHO LACK CONTINUITY OF CARE.</p> <p>FAMILY HEALTH CENTER VISITS FOR LAST YEAR, EXCLUDING NO-CHARGE PATIENTS SUCH AS NURSE ONLY VISITS AND BLOOD DRAWS, WERE 20,301. TOTAL INDIVIDUAL PATIENTS NUMBERED 6,360. OF THESE PATIENTS, 59% WERE ON MEDICAID, 8% WERE ON MEDICARE AND 30% WERE PROVIDED CHARITY CARE, WHICH INCLUDES UNDOCUMENTED PATIENTS. ST. VINCENT'S FAMILY HEALTH CENTER ALSO PROVIDED CHARITY CARE FOR DISCHARGE DIALYSIS PATIENTS IN THE AMOUNT OF APPROXIMATELY \$393,000.</p> <p>HOPE DISPENSARY: IN THE SPRING OF 2011, UNDER THE LEADERSHIP OF SVMC STAFF, THE PRIMARY CARE ACTION GROUP LAUNCHED THE HOPE DISPENSARY IN BRIDGEPORT, A PHARMACY OFFERING MEDICATION, FREE OF CHARGE, TO LOW INCOME, UNINSURED, AND UNDERINSURED PERSONS. THE DISPENSARY WAS LAUNCHED IN DIRECT RESPONSE TO THE ECONOMIC DOWNTURN. WITH MORE AND MORE RESIDENTS UNEMPLOYED OR UNDEREMPLOYED, THE DISPENSARY BECOMES EVEN MORE CRITICAL TO ENSURING A HEALTHY COMMUNITY. THE DISPENSARY RUNS ON VERY FEW RESOURCES, PROVIDING ESSENTIAL SERVICES WITH VERY LOW OVERHEAD. THIS STATE LICENSED PHARMACY IS AVAILABLE FOR ALL PATIENTS OF SVMC, AND IS PROVING TO BE AN ENORMOUS ASSET FOR PATIENTS WITH CHRONIC ILLNESS. THE PRIMARY CARE ACTION GROUP AND THE HOPE DISPENSARY EMPHASIZE THE VALUES AND INSTITUTIONAL COMMITMENT TO SERVING THE POOR AND VULNERABLE THROUGHOUT THE BRIDGEPORT COMMUNITY.</p> <p>THE HOPE DISPENSARY IN FY 2015 PROVIDED PATIENTS WITH MEDICATION WORTH MORE THAN ONE MILLION DOLLARS BOTH FROM THE NATIONAL DISPENSARY OF HOPE STOCK AND FROM MANUFACTURER PATIENT ASSISTANT PROGRAMS. OF THAT TOTAL, THE DISPENSARY ITSELF FILLED MORE 5,770 PRESCRIPTIONS FOR THOSE BELOW THE FEDERAL POVERTY LEVEL OR WITHOUT RESOURCES TO MANAGE THEIR ILLNESSES.</p> <p>THE HOPE DISPENSARY PROVIDES PRESCRIPTION LABELS IN FIVE LANGUAGES AS WELL AS PICTOGRAMS DEVELOPED BY THE PHARMACIST, WHO IS ALSO VERY PROACTIVE IN MAKING REFERRALS FOR PATIENTS TO FOOD SOURCES, SOCIAL SERVICES, AND PRIMARY CARE PROVIDERS. MANY PATIENTS ARE ABLE</p>

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		<p>TO MANAGE THEIR CHRONIC CONDITIONS WITH THE HELP OF THE HOPE DISPENSARY KEEPING THEM OUT OF THE EMERGENCY ROOM AND AVOIDING INPATIENT HOSPITAL STAYS.</p> <p>MAMMOGRAPHY: SVMC WAS AMONG THE FIRST ORGANIZATIONS IN CONNECTICUT TO MAKE THE PROMISE OF MAMMOGRAPHY SCREENING TO WOMEN WITHOUT INSURANCE, NOT KNOWING WHAT THE RESPONSE WOULD BE INITIALLY. SINCE THOSE EARLY TIMES, SVMC HAS SCREENED MANY THOUSANDS OF WOMEN WHO WOULD NOT HAVE HAD ACCESS TO SCREENING. BY PROVIDING BREAST SCREENINGS IN THIS REGIONAL COMMUNITY, MEDICALLY UNDERSERVED POPULATIONS HAVE BEEN ABLE TO ACCESS SERVICES THAT ARE IMPERATIVE FOR PROMOTING BREAST HEALTH AND REDUCING BREAST CANCER MORTALITY. IN THE PAST YEAR, WE HAVE BEEN ABLE TO PROVIDE TO UNDERINSURED OR UNINSURED WOMEN, 478 SCREENING MAMMOGRAMS, 312 DIAGNOSTIC MAMMOGRAMS AND 101 BREAST ULTRASOUNDS. ALL HAVE BEEN PAID FOR BY ST. VINCENT'S SWIM ACROSS THE SOUND CANCER CHARITY AND VARIOUS GRANTS.</p> <p>THIS BREAST SCREENING PROGRAM REACHES OUT TO AT-RISK ASYMPTOMATIC WOMEN WHO HAVE BARRIERS THAT PREVENT THEM FROM ACCESSING SERVICES AND WHO ARE MEDICALLY UNDERSERVED, ELDERLY, MINORITY, UNINSURED, OR UNDERINSURED. SVMC REMOVES BARRIERS TO CARE BY IMPROVING ACCESS THROUGH ITS CUSTOMIZED COACH WITH DIGITAL MOBILE MAMMOGRAPHY AND THROUGH A BILINGUAL STAFF AND MATERIALS.</p> <p>OUR SCREENING FACILITIES INCLUDE OUR CUSTOMIZED DIGITAL MOBILE MAMMOGRAPHY COACH AND THE WOMEN'S IMAGING CENTER LOCATED IN THE NEW ELIZABETH M. PFRIEM SWIM CENTER FOR CANCER CARE. ST. VINCENT'S MEDICAL CENTER PROVIDES A FULL RANGE OF INPATIENT AND OUTPATIENT SERVICES WITH REGIONAL CENTERS OF EXCELLENCE. ITS AMERICAN COLLEGE OF RADIOLOGY RECOGNIZED BREAST IMAGING CENTER OF EXCELLENCE OPERATES A COMPREHENSIVE ONCOLOGY SERVICE, WHICH IS INDICATIVE OF SVMC'S COMMITMENT TO PROVIDE EXPERT CARE. THE AMERICAN COLLEGE OF RADIOLOGY ACCREDITED OUR BREAST ULTRASOUND AND IMAGE-GUIDED BIOPSY SERVICES. THE ACR COMMISSION ON QUALITY AND SAFETY ACCREDITED OUR MAMMOGRAPHY SERVICES AND MOBILE MAMMOGRAPHY SERVICES. SVMC IS COMMITTED TO VOLUNTARY INSPECTION AND COMPLIANCE WITH DEFINED PERFORMANCE STANDARDS. SVMC RECEIVED FULL ACCREDITATION WITH COMMENDATION FROM THE AMERICAN COLLEGE OF SURGEON'S NATIONAL COMMISSION ON CANCER AND THE CANCER CENTER CAN BE CHARACTERIZED AS A FACILITY WITH STRONG ORGANIZATIONAL CAPABILITIES AND INSTITUTIONAL COMMITMENT.</p> <p>ONCOLOGY SURVIVORSHIP PROGRAMS: ONCOLOGY SURVIVORSHIP PROGRAMS AT ST. VINCENT'S ELIZABETH M. PFRIEM SWIM CENTER FOR CANCER CARE INCLUDE A WIDE RANGE OF UNIQUE SERVICES AND THERAPIES TO BOTH CANCER PATIENTS AND THEIR CAREGIVERS. PROGRAMS FOCUS ON WELLNESS OF MIND, BODY, AND SPIRIT FROM DIAGNOSIS, THROUGH TREATMENT AND BEYOND. MOST SURVIVORSHIP PROGRAMS ARE FREE OF CHARGE AND CAN BE MODIFIED BASED ON THE NEEDS OF INDIVIDUAL PATIENTS AND CAREGIVERS. THERE ARE MANY PROGRAMS TO CHOOSE FROM, INCLUDING YOGA, QIGONG, MUSIC THERAPY, MASSAGE THERAPY, ACUPUNCTURE, EXERCISE CLASSES, AQUATICS CLASSES, PATIENT AND CAREGIVER SUPPORT GROUPS AND INDIVIDUAL COUNSELING, GROUP AND INDIVIDUAL NUTRITION PROGRAMS FOR CANCER PATIENTS AND SURVIVORS, THE LOOK GOOD FEEL BETTER PROGRAM, ONCOLOGY REHABILITATION SERVICES, LAY NAVIGATION, AND A COMPASSIONATE CARE PROGRAM. THE SERVICES COMPLEMENT TRADITIONAL MEDICINE PRACTICES BY INCORPORATING MULTIPLE SYSTEMS TO SUPPORT PATIENT HEALTH AND VITALITY. PATIENT OUTCOMES INCLUDE INCREASED PATIENT INVOLVEMENT IN CARE AND ENHANCED QUALITY OF LIFE.</p> <p>THESE PROGRAMS ARE AVAILABLE TO CANCER PATIENTS TREATED AT ST. VINCENT'S AND OTHERS LIVING IN SELECT TOWNS, WHETHER OR NOT THEY WERE TREATED AT ST. VINCENT'S, ALL MADE POSSIBLE THROUGH ST. VINCENT'S SWIM ACROSS THE SOUND CANCER CHARITY. IN FY 2015, THERE WERE MORE THAN 3,250 UTILIZATIONS OF SURVIVORSHIP PROGRAMS BY CANCER PATIENTS. (THIS FIGURE INCLUDES MULTIPLE UTILIZATIONS BY THE SAME PATIENTS.)</p> <p>CARDIAC PROGRAMS FOR COMMUNITY:</p> <p>ST. VINCENT'S HEART FAIR: ST. VINCENT'S HOSTED A HEART FAIR IN FEBRUARY OF 2015 AT THE WESTFIELD TRUMBULL MALL IN TRUMBULL, CONNECTICUT. THE FAIR OFFERED FREE CHOLESTEROL SCREENINGS, BODY/MASS INDEX AND BODY/FAT MEASUREMENTS, BLOOD PRESSURE SCREENINGS, CPR LESSONS, "ASK THE MD", ALONG WITH NUMEROUS EDUCATIONAL DISPLAYS, INFORMATIONAL VIDEOS, AND PRINTED MATERIAL ON A VARIETY OF CARDIAC TOPICS. STAFF FROM ST. VINCENT'S CARDIAC REHABILITATION DEPARTMENT, CONGESTIVE HEART FAILURE CLINIC, NUTRITION SERVICES AND AMERICAN HEART ASSOCIATION FIELDED QUESTIONS FROM THE PUBLIC.</p> <p>WOMEN'S HEALTH EXPO: A TWO-DAY WOMEN'S HEALTH EXPO WAS HELD AT HARBOR YARD IN BRIDGEPORT, CONNECTICUT IN SEPTEMBER 2015 WHERE 352 PEOPLE RECEIVED CARDIAC SCREENINGS: 205 PEOPLE HAD THEIR BLOOD PRESSURE</p>

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		<p>CHECKED AND 147 HAD THEIR CHOLESTEROL CHECKED. THESE FREE SCREENINGS ALONG WITH THE ASK THE DOCTOR AND ASK THE PHARMACIST FEATURES WERE PROVIDED IN AN AREA WHERE MANY UNDERSERVED WOMEN LIVE.</p> <p>CARDIAC SCREENINGS AT OTHER SITES: AN ADDITIONAL 1,627 CARDIAC SCREENINGS WERE PERFORMED DURING THE YEAR AT SITES INCLUDING SENIOR CENTERS IN BRIDGEPORT AND THROUGHOUT THE AREA, AND WEEKLY VISITS TO THE MERTON CENTER, A SOUP KITCHEN SERVING THE POOR AND HOMELESS IN BRIDGEPORT, WHICH ALLOWED THE CARDIAC NURSE TO FOLLOW THE PROGRESS OF GUESTS, SOME WITH CHRONIC CONDITIONS.</p> <p>LECTURES: MONTHLY LECTURES ON CARDIAC TOPICS WERE PRESENTED FROM JANUARY THROUGH JUNE 2015 WITH ONE ADDITIONAL LECTURE IN SEPTEMBER 2015 AS A JOINT PROGRAM OF ST. VINCENT'S WOMEN AT HEART PROGRAM AND ITS HEALTHY HEARTS CLUB. PHYSICIANS AND OTHER MEDICAL PROFESSIONALS DELIVERED THE PRESENTATIONS HELD AT ST. VINCENT'S. CARDIAC SCREENINGS WERE ALSO PERFORMED AT ALL EVENTS.</p> <p>WOMEN AT HEART: IN RESPONSE TO THE INCREASE OF HEART DISEASE IN WOMEN, THE ST. VINCENT'S REGINA L. COZZA WOMEN AT HEART (WAH) PROGRAM BEGAN IN 2004 TO EDUCATE WOMEN IN THE COMMUNITY ABOUT THE RISK FACTORS FOR CARDIAC DISEASE AND THE DIFFERENCES IN WOMEN'S SYMPTOMS. THE PROGRAM CONSISTS OF COMMUNITY EVENTS OFFERING THE FOLLOWING FREE SCREENINGS AND ASSESSMENTS:</p> <ul style="list-style-type: none"> • BLOOD PRESSURE SCREENINGS • BLOOD SUGAR SCREENINGS • EDUCATIONAL LITERATURE • COUNSELING • BODY FAT TESTING • BMI (BODY MASS INDEX) • CHOLESTEROL SCREENINGS (FREE AND REDUCED FEES) • WOMEN'S CARDIAC ASSESSMENTS • EDUCATIONAL LECTURES BY NURSES AND PHYSICIANS <p>THE PROGRAM IS SUPPORTED THROUGH AN ENDOWMENT ESTABLISHED THROUGH SVMC FOUNDATION, ENABLING THE PROGRAM TO PROVIDE SCREENINGS FREE OF CHARGE TO WOMEN.</p> <p>ALL PROGRAMS ARE FREE TO THE PUBLIC AND NUMEROUS LOCATIONS INCLUDING SOUP KITCHENS HAVE BEEN UTILIZED ON AN ONGOING BASIS IN THE GREATER BRIDGEPORT AREA TO REACH WOMEN IN THE COMMUNITY.</p> <p>PRIMARY CARE ACTION GROUP (PCAG): TASK FORCES: THE PCAG COLLABORATION, IN WHICH ST. VINCENT'S PLAYS A LEADING ROLE, HAS ALSO CREATED FOUR TASK FORCES THROUGH ITS COMMUNITY HEALTH IMPROVEMENT PLAN TO ADDRESS THE MOST URGENT HEALTH CARE ISSUES IN THE GREATER BRIDGEPORT REGION AS IDENTIFIED BY THE COMMUNITY HEALTH NEEDS ASSESSMENT. ACTION PLANS HAVE BEEN DEVELOPED FOR EACH OF THE TASK FORCES AND PROJECT IMPLEMENTATION HAS BEGUN. THE TASK FORCES ARE AS FOLLOWS:</p> <p>1.THE GOAL OF THE CARDIAC & DIABETES TASK FORCE IS TO REDUCE THE INCIDENCE, PROGRESSION, AND BURDEN OF CARDIOVASCULAR DISEASE AND DIABETES THROUGH A STRATEGY OF PREVENTIVE SCREENINGS AND EDUCATION FOR AREA RESIDENTS. THE CARDIAC & DIABETES TASK FORCE HAS DEVELOPED:</p> <ul style="list-style-type: none"> •"KNOW YOUR NUMBERS" HEART DISEASE AND DIABETES AWARENESS CAMPAIGN (SEE BELOW) •CARDIAC & DIABETES PROVIDER DIRECTORY <p>2.THE GOAL OF THE OBESITY TASK FORCE IS TO REDUCE AND PREVENT OBESITY BY CREATING ENVIRONMENTS THAT PROMOTE HEALTHY EATING AND ACTIVE LIVING IN THE REGION. THE ACTION PLAN FOR THE OBESITY ISSUE HAS LED TO THE DEVELOPMENT OF GET HEALTHY CT (GHCT), A BROAD REACHING COALITION WITH OVER 70 MEMBER ORGANIZATIONS FROM THE COMMUNITY THAT IS DEDICATED TO ELIMINATING OBESITY BY REMOVING BARRIERS TO HEALTHY EATING AND PHYSICAL ACTIVITY THROUGH THE INCLUSIVE COLLABORATION OF KEY STAKEHOLDERS IN THE COMMUNITY. GET HEALTHY CT WAS FORMED IN GREATER BRIDGEPORT IN 2010 AND HAS EXPANDED TO INCLUDE A CHAPTER IN NEW HAVEN AND COORDINATED EFFORTS IN GREENWICH. OUR APPROACH IS TO IDENTIFY EXISTING RESOURCES AND PROGRAMS AND USE OUR WEBSITE AS THE CENTRAL CONNECTING POINT FOR INFORMATION AND COLLABORATION. OUR COMMUNITY-WIDE COALITION AIMS TO "MAKE THE HEALTHY CHOICE THE EASY CHOICE".</p> <ul style="list-style-type: none"> •GET HEALTHY CT DEDICATED WEBSITE •PHYSICAL ACTIVITY PLEDGES •NEWSLETTER WITH MONTHLY HEALTH FEATURES •INFORMATIONAL PACKETS DISTRIBUTED THROUGHOUT COMMUNITY •LOCAL RESOURCE DIRECTORIES •WORKPLACE WELLNESS IDEAS FOR EMPLOYERS •DAYCARE CENTERS' HEALTH SURVEY AND BEST PRACTICES

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		<p>3.THE GOAL OF THE MENTAL HEALTH/SUBSTANCE ABUSE TASK FORCE IS TO INCREASE THE UNDERSTANDING OF MENTAL HEALTH AND SUBSTANCE ABUSE AS PUBLIC HEALTH ISSUES IN ORDER TO ACHIEVE EQUAL ACCESS TO PREVENTION AND TREATMENT FOR AREA RESIDENTS.</p> <ul style="list-style-type: none"> •MAY MENTAL HEALTH AWARENESS MONTH RECOGNITION •NOVEMBER DEPRESSION AWARENESS MONTH RECOGNITION •HIGH UTILIZER MENTAL HEALTH PATIENT COMMUNITY CARE TEAM <p>4.THE GOAL OF THE ACCESS TO CARE TASK FORCE IS TO IMPROVE ACCESS TO QUALITY HEALTH CARE FOR ALL INDIVIDUALS LIVING IN THE REGION.</p> <ul style="list-style-type: none"> •INCREASED NUMBER OF PRIMARY CARE AND SPECIALTY CLINIC VISITS •REDUCED WAIT TIME TO APPOINTMENTS •DEVELOPED A PRIMARY CARE BROCHURE TO EDUCATE PATIENTS ABOUT THE NEED FOR A PRIMARY CARE PROVIDER. ALL CLINICS AND EMERGENCY DEPARTMENTS IN BRIDGEPORT ARE USING IT. •ADVOCACY FOR USE OF COMMUNITY HEALTH WORKERS •MANAGING STATEWIDE ASTHMA REDUCTION INITIATIVE <p>"KNOW YOUR NUMBERS": IN FEBRUARY 2014, IN COLLABORATION WITH THE PRIMARY CARE ACTION GROUP (PCAG) CARDIOVASCULAR/DIABETES TASK FORCE, ST. VINCENT'S MEDICAL CENTER PLAYED A SIGNIFICANT ROLE IN ORGANIZING AND COORDINATING THE AREA'S FIRST "KNOW YOUR NUMBERS" HEART DISEASE AND DIABETES AWARENESS CAMPAIGN. "KNOW YOUR NUMBERS" SUCCEEDED IN REACHING OUT TO THE PUBLIC AND, IN PARTICULAR, THE UNDERSERVED AT SOUP KITCHENS, FOOD PANTRIES, CHURCHES AND SCHOOLS, SENIOR CENTERS, AND OTHER COMMUNITY LOCATIONS, TO HELP THEM UNDERSTAND THE IMPORTANCE OF PREVENTION AND MONITORING OF THEIR CHRONIC CONDITIONS IN ORDER TO STAY HEALTHY. OUR COMMUNICATIONS DEPARTMENT ACTIVELY SUPPORTED THE EFFORT TO ENSURE THAT THE SCREENINGS WERE WELL PUBLICIZED AND ATTENDED.</p> <p>A GRASS-ROOTS PUBLIC EDUCATION CAMPAIGN, "KNOW YOUR NUMBERS" DREW FROM THE BEST IDEAS OF POPULATION HEALTH AND BROUGHT INFORMATION ON RISK FACTORS FOR HEART DISEASE AND DIABETES AND HOW TO GET SCREENED TO THE PEOPLE IN THE COMMUNITY RATHER THAN MAKING THEM SEEK IT OUT. FREE SCREENINGS INCLUDED BODY MASS INDEX (BMI), WAIST CIRCUMFERENCE, BLOOD PRESSURE, BLOOD SUGAR, AND CHOLESTEROL.</p> <p>"KNOW YOUR NUMBERS" REACHED 736 PEOPLE ACROSS 18 DIFFERENT SITES IN 2015. SOME SITES WERE VISITED 2-3 TIMES TOTALING 34 SITE VISITS THROUGHOUT THE YEAR, WITH MOST SERVED COMING FROM BRIDGEPORT. STAFF AND VOLUNTEERS FROM ST. VINCENT'S LED THE CAMPAIGN WHICH ALSO INCLUDED VOLUNTEERS FROM OTHER HEALTHCARE ORGANIZATIONS AND THE BOARDS OF HEALTH OF BRIDGEPORT AND SURROUNDING TOWNS. THE CAMPAIGN DID REACH ITS GOAL OF IDENTIFYING UNKNOWN CASES OF CARDIOVASCULAR DISEASE AND DIABETES, WITH 100 OF THE PEOPLE SCREENED RECEIVING A DOCTOR REFERRAL DUE TO LACK OF A PRIMARY PHYSICIAN OR BASED ON THEIR SCREENING RESULTS.</p> <p>ALTHOUGH VARIOUS SOCIOECONOMIC GROUPS WERE INCLUDED, THE CAMPAIGN'S MAIN FOCUS WAS IN EDUCATING AN IMPORTANT TARGET AUDIENCE IN THE COMMUNITY AT RISK FOR CARDIOVASCULAR DISEASE: THE LOW-INCOME AND MINORITY POPULATIONS. OVER 133 BLACK PARTICIPANTS, 130 HISPANIC PARTICIPANTS AND 13 ASIAN PARTICIPANTS WERE SCREENED THROUGH THE PROGRAM AND RESULTS BORE OUT LOCAL AND NATIONAL STUDIES SHOWING SIGNIFICANT RISK FACTOR AVERAGES AT EACH SITE FOR OBESITY, BLOOD PRESSURE, AND DIABETES.</p> <p>STAFF AND VOLUNTEERS FROM BOTH ST. VINCENT'S MEDICAL CENTER AND BRIDGEPORT HOSPITAL, OTHER SERVICE ORGANIZATIONS, AND THE BOARDS OF HEALTH OF BRIDGEPORT AND THE SURROUNDING TOWNS OF STRATFORD, FAIRFIELD, TRUMBULL, AND MONROE CAME TOGETHER TO TEACH INDIVIDUALS THE LINK BETWEEN THESE SCREENING NUMBERS AND THEIR OVERALL HEALTH. MORE THAN 75% RECEIVED HEALTH EDUCATION ON HOW TO PREVENT OR BETTER MANAGE THEIR EXISTING DISEASE WHILE 14% RECEIVED A DOCTOR REFERRAL BASED ON SCREENING RESULTS.</p> <p>THIS YEAR THE SCOPE OF THE SCREENINGS GREW AS INDIVIDUALS WHO FREQUENTED HOMELESS SHELTERS AND FOOD PANTRIES WERE FOLLOWED PERIODICALLY THROUGHOUT THE YEAR. THIS WAS MADE POSSIBLE BY NURSING STUDENTS RECRUITED FROM FAIRFIELD UNIVERSITY, SACRED HEART UNIVERSITY, AND ST. VINCENT'S COLLEGE WHO ASSISTED AT THE SCREENINGS. MORE THAN 134 STUDENTS DONATED THEIR TIME WHICH BECAME PART OF A NEW COLLABORATION BETWEEN THE "KNOW YOUR NUMBERS" TEAM AND THE AREA SCHOOLS.</p> <p>FOOD & FAITH SUMMIT: ST. VINCENT'S, AS A MEMBER OF THE GET HEALTHY CT GROUP, WAS INSTRUMENTAL IN PLANNING THE FIRST FOOD & FAITH SUMMIT, WHICH IS SCHEDULED TO TAKE PLACE ON OCT. 22, 2015 – PART OF ST. VINCENT'S 2016 FISCAL YEAR. ITS OBJECTIVE IS TO ASSIST THOSE OPERATING CHURCH FOOD PANTRIES AND SOUP KITCHENS IN PROVIDING HEALTHY FOODS WITHIN EXISTING BUDGETS AND LIMITATIONS THROUGH COLLABORATION, EDUCATION, AND COMMUNITY ENGAGEMENT. THE MORNING PROGRAM INVOLVING THE BRIDGEPORT HEALTH DEPARTMENT, THE COUNCIL OF CHURCHES, AND EXPERTS IN THE FIELD OF FOOD ACCESS AND NUTRITION, WILL BE HELD AT THE UNITED CONGREGATIONAL CHURCH IN BRIDGEPORT.</p>

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		<p>ST. VINCENT'S RESOURCE FAIR: ST. VINCENT'S MISSION SERVICES BEGAN PLANNING FOR ITS FIRST COMMUNITY RESOURCE FAIR TO BE HELD ON NOV. 3, 2015 – PART OF ST. VINCENT'S 2016 FISCAL YEAR. THE GOAL IS TO INFORM STAFF ABOUT SUPPORT SERVICES AVAILABLE TO PATIENTS AND AREA RESIDENTS TO KEEP THEM HEALTHY. THE EVENT WILL INVOLVE ALMOST 50 OUTSIDE ORGANIZATIONS THAT OFFER SOCIAL SERVICES TO AREA RESIDENTS.</p> <p>PARISH NURSE PROGRAM: THE PARISH NURSE PROGRAM IS A BROAD- REACHING PARTNERSHIP WITH 76 CHURCHES OF ALL FAITHS IN THE GREATER BRIDGEPORT AREA AND ALL OF FAIRFIELD COUNTY SUPPORTING NURSES IN THEIR FAITH COMMUNITIES THROUGH COLLABORATION AND NETWORKING. THROUGH THE PROGRAM, OUR NURSES PROVIDE EDUCATIONAL PROGRAMS, HEALTH SCREENINGS, REFERRALS, RESOURCES AND SUPPORT TO THE PARISHIONERS OF THE CHURCHES. OUR PARISH NURSES PARTICIPATED IN A COMMUNITY WIDE HEALTH AWARENESS PROGRAM CALLED "KNOW YOUR NUMBERS."</p> <p>IN FY 2015, ST. VINCENT'S PARISH NURSES SCREENED 1,320 INDIVIDUALS IN THEIR FAITH COMMUNITIES. ST. VINCENT'S PARISH NURSE OFFICE PROVIDED EDUCATION AND RESOURCES FOR MEETINGS ATTENDED BY MORE THAN 100 PARISH NURSES THROUGHOUT THE YEAR.</p> <p>PARISH NURSE/PASTORAL CARE COLLABORATION: IN 2015, A NEW PROGRAM WAS PILOTTED TO ALLOW CHAPLAINS AND ST. VINCENT'S MINISTERS (SEE BELOW) TO WORK IN COLLABORATION WITH THE PARISH NURSE PROGRAM FOR FOLLOW UP PHONE CALLS TO PATIENTS DISCHARGED FROM THE HOSPITAL. A HOSPITAL CHAPLAIN WOULD PROVIDE PATIENTS WITH THE NAME AND PHONE NUMBER OF THEIR PARISH NURSE AND/OR A ST. VINCENT'S MINISTER FROM THEIR OWN FAITH COMMUNITY. THE INTENT IS TO OFFER A MORE HOLISTIC APPROACH AND PROVIDE PATIENTS WITH A CONNECTION THROUGH THEIR CHURCH IN CASE THEY WANT TO CONSULT WITH SOMEONE ABOUT ANY CONCERNS OR QUESTIONS FOLLOWING DISCHARGE.</p> <p>THE PATIENT WOULD CALL THE PARISH NURSE OR ST. VINCENT'S MINISTER, WHO WOULD HELP ENSURE THAT PATIENTS ARE ABLE TO PURCHASE THEIR MEDICATIONS, UNDERSTAND THE DOSAGE REQUIREMENTS, HAVE ACCESS TO NECESSARY EQUIPMENT, ARE ABLE TO MAKE FOLLOW UP APPOINTMENTS WITH THEIR PRIMARY CARE PHYSICIAN OR SPECIALIST, AND ARE ADEQUATELY MONITORED TO BETTER MANAGE THEIR CONDITION AND KEEP THEM OUT OF THE HOSPITAL. THIS FALLS IN LINE WITH THE STRATEGIC DIRECTION OF POPULATION CARE AND SUPPORTS THE MISSION OF ST. VINCENT'S.</p> <p>PASTORAL CARE OUTREACH TO EMS PARTNERS: ST. VINCENT'S EMERGENCY DEPARTMENT, PASTORAL CARE AND EMS COORDINATOR COLLABORATED IN FY 15 TO DEVELOP AN OUTREACH PROGRAM FOR ALL EMS WORKERS THAT INCLUDES: AN INVITATION TO FORMAL DEBRIEFINGS AND LESS FORMAL FOLLOW-UP CONVERSATIONS FOLLOWING EMOTIONALLY IMPACTFUL EVENTS, A CHAPLAIN SUPPORT E-MAIL THAT EMS PERSONNEL CAN USE TO CONTACT PASTORAL CARE, AND A 24-HOUR PHONE LINE ANSWERED BY A MEMBER OF THE HOSPITAL'S PASTORAL CARE DEPARTMENT. THE IDEA IS TO PROVIDE SPIRITUAL AND EMOTIONAL SUPPORT FOR OUR EMS PARTNERS, AS, UNLIKE POLICE AND FIRE PERSONNEL, THEY HAVE NO DESIGNATED CHAPLAIN TO ASSIST THEM AFTER DIFFICULT SITUATIONS. BUILDING AWARENESS SLOWLY, THE PROGRAM HAS ASSISTED ABOUT A HALF DOZEN EMS WORKERS IN FY 15.</p> <p>MEDICAL MISSION AT HOME: DURING FISCAL YEAR 2015, ST. VINCENT'S BEGAN PLANNING ITS FIRST EVER MEDICAL MISSION AT HOME DAY. THE EVENT IS SCHEDULED TO TAKE PLACE ON OCT. 17, 2015, PART OF ST. VINCENT'S 2016 FISCAL YEAR, AT CESAR BATALLA SCHOOL IN AN UNDERSERVED NEIGHBORHOOD IN BRIDGEPORT. THIS COMMUNITY EVENT WILL OFFER MULTI-DISCIPLINARY HEALTH SERVICES TO PERSONS WHO ARE UNINSURED AND UNDERINSURED, INCLUDING THOSE WHO ARE HOMELESS. SERVICES TO BE INCLUDED, WHICH ARE ALL FREE, ARE: MEDICAL EXAMS; POINT OF CARE TESTING; BEHAVIORAL HEALTH CARE; SHOE, COAT, AND READER EYEGLOSS DISTRIBUTION; FOOT WASHING AND PODIATRY; PHYSICAL THERAPY; FLU SHOTS AND VACCINATIONS; NUTRITION AND SMOKING CESSATION COUNSELING; MEDICATION DISPENSING; AND CHILD CARE. A FREE BAGGED LUNCH WILL BE MADE AVAILABLE TO EVERY PERSON WHO ATTENDS. A MAIN GOAL OF THE EVENT IS TO IMPROVE ACCESS TO CARE, TO ARRANGE FOLLOW UP WITH A MEDICAL PROVIDER FOR THOSE WITHOUT A MEDICAL HOME, AND TO IMPROVE THE NECESSARY CONNECTION TO NEEDED CONSISTENT SERVICES. LOCAL PRIMARY CARE PROVIDERS WILL BE ON SITE TO MAKE APPOINTMENTS. THOSE WITHOUT INSURANCE WILL BE REFERRED TO ACCESS HEALTH CT ALSO ON SITE FOR POSSIBLE SIGNUP. SOCIAL SERVICES WILL BE ON SITE TO CONNECT INDIVIDUALS WITH RESOURCES TO ADDRESS ADDITIONAL BASIC NEEDS.</p> <p>THE EVENT WILL ALSO HELP ST. VINCENT'S INCREASE COMMUNITY AWARENESS OF GAPS IN THE CURRENT HEALTHCARE SYSTEM, ADVOCATE FOR CHANGE, AND INCREASE INVOLVEMENT BY PROVIDERS AND COMMUNITY LEADERS. AS A MEMBER OF ASCENSION HEALTH, THE MEDICAL MISSION AT HOME EVENT IS ONE WAY ST. VINCENT'S IS WORKING TO ACHIEVE 100% ACCESS TO CARE AND COVERAGE FOR CARE.</p>

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		<p>SEVERAL COMMUNITY PARTNERS ARE SCHEDULED TO ATTEND, INCLUDING PROJECT HOMELESS CONNECT, ACCESS HEALTH CT, SOUTHWEST COMMUNITY HEALTH DEPARTMENT, HOPE DISPENSARY OF GREATER BRIDGEPORT, BRIDGEPORT HEALTH DEPARTMENT, ST. VINCENT'S FAMILY HEALTH CENTER, THE GREATER BRIDGEPORT TRANSIT AUTHORITY, AND THE 2-1-1 INFORMATION LINE.</p> <p>MANY CLINICAL AND NON-CLINICAL STAFF ARE WORKING TO COORDINATE THE HUGE EVENT AND THE GOAL IS TO HAVE MANY STAFF MEMBERS AND AREA STUDENTS VOLUNTEERING TO SET UP THE NIGHT BEFORE AND ASSISTING IN A NUMBER OF CAPACITIES ON THE DAY OF THE EVENT.</p> <p>THE ST. VINCENT'S MARKETING/COMMUNICATIONS DEPARTMENT HAS COMMITTED RESOURCES TO PRINTING, PUBLICIZING, AND DELIVERING MATERIALS TO RAISE AWARENESS OF THE EVENT. ST. VINCENT'S HAS COMMITTED \$50,000 FROM ITS FOUNDATION TO SPONSOR THIS EVENT TO BENEFIT THE NEEDIEST IN THE COMMUNITY.</p> <p>PATIENT/FAMILY ADVISORY BOARD (PFAB): THE OBJECTIVES OF THE PFAB INCLUDE THE FOLLOWING: TO PROVIDE A FORUM THAT ENABLES PATIENTS AND FAMILY MEMBERS TO HAVE DIRECT INPUT AND INFLUENCE ON POLICIES, PROGRAMS, PRACTICES, AND THE DEVELOPMENT AND PLANNING OF NEW FACILITIES THAT IMPACT THE CARE AND SERVICES RECEIVED AT SVMC; TO PROVIDE A METHOD TO CHANNEL INFORMATION AND IDEAS AND CONCERNS OF PATIENTS AND FAMILIES TO SVMC LEADERSHIP AND STAFF; TO INCREASE THE PATIENT-CENTEREDNESS OF THE CARE DELIVERED AT SVMC; TO IMPROVE COLLABORATION BETWEEN CAREGIVERS, PATIENTS, AND FAMILIES, SUCH THAT, CONCERNS REGARDING QUALITY OF CARE ARE ADDRESSED PROMPTLY AND EFFECTIVELY; TO ENSURE THAT ST. VINCENT'S PROVIDES AN ENVIRONMENT THAT PROMOTES TRUST, RESPECT, EQUITY, AND FAIRNESS; AND TO FURTHER BUILD A POSITIVE RELATIONSHIP BETWEEN ST. VINCENT'S MEDICAL CENTER AND THE COMMUNITY.</p> <p>IN AN EFFORT TO FURTHER INTEGRATE THE PATIENT/FAMILY VOICE INSTITUTION-WIDE, A NUMBER OF PATIENT CARE COMMITTEES – INFECTION PREVENTION, BRIGHT IDEAS, RE-IGNITING THE SPIRIT OF CARING, PUBLIC SPACE, VALUES RECOGNITION– ARE POPULATED WITH MEMBERSHIP FROM PFAB. IN ADDITION, SVMC WILL BE PILOTING A PROGRAM TO HAVE PFAB PRESENCE AT THE UNIT LEVEL. THESE PATIENT/FAMILY ADVISORS INTERACT WITH STAFF, PATIENTS, AND FAMILIES AT THE FRONT LINE OF SERVICE DELIVERY.</p> <p>ACCOMPLISHMENTS OR NEW PROGRAMS WHERE PFAB PLAYED A ROLE:</p> <ul style="list-style-type: none"> •RETAIL PHARMACY-OPENED AT RECOMMENDATION OF PFAB •HAND HYGIENE STATIONS •HANDICAP ACCESS ALONG MAIN ST. ENTRANCE •RELATIONSHIP-BASED CARE PARTICIPATION •INPUT ON FOOD & NUTRITION MEAL PLANNING/MENU •CARE PARTNERS •FAMILY ACTIVATED MET CALLS •WHITE BOARD IN PATIENT ROOM ENHANCEMENT •ROOM SECURITY SAFES •STAFF ID BADGE ENHANCEMENT <p>THE FOCUS OF PFAB IN 2015 WAS TO BETTER UNDERSTAND THE ISSUES RELATING TO THE PATIENT EXPERIENCE AND WHERE PFAB COULD INJECT THE VOICE OF THE PATIENT AND BE THEIR ADVOCATE FOR POSITIVE CHANGE. OVER THE COURSE OF THE YEAR, PFAB EXPERIENCED A TRANSITION OF ABOUT 50% OF THE MEMBERSHIP WHICH PROVIDED THE PERFECT OPPORTUNITY FOR REVISITING THE FOUNDATION FROM WHICH PFAB OPERATES.</p> <p>IN 2015, PFAB GATHERED DATA TO HELP ACHIEVE THEIR FOCUS. ONE PFAB TEAM DID A THOROUGH ANALYSIS OF PATIENT POSTINGS ON FACEBOOK, GOOGLE AND OTHER SOCIAL MEDIA POSTS. ANOTHER PFAB TEAM RAN TWO VERY SUCCESSFUL PATIENT FOCUS SESSIONS TO SOLICIT REAL TIME INTERACTIVE FEEDBACK FROM RECENT PATIENTS. A COMPLETE ANALYSIS WAS PERFORMED ON THE LAST THREE YEARS OF HCAHPS SCORES, LOOKING FOR THEMES AND OPPORTUNITIES FOR IMPROVEMENT. ALL EMPLOYEES OF SVMC WERE SENT AN INTERNAL EMPLOYEE SURVEY BY PFAB TO SOLICIT THEIR INPUT ON WHERE THE ISSUES MIGHT BE AND HOW TO EFFECT CHANGE. OVER 300 RESPONSES WERE RECEIVED AN ANALYZED. ALL OF THIS DATA (SOCIAL MEDIA, FOCUS GROUPS, INTERNAL EMPLOYEE SURVEYS, HCAHPS) WAS ANALYZED AND THE RESULTS WERE PRESENTED DIRECTLY TO THE SENIOR MANAGEMENT AT SVMC. A DETAILED REPORT WAS ALSO GENERATED AND ALL DATA WAS MADE AVAILABLE TO THE SENIOR STAFF.</p> <p>A COMMUNITY SERVICES EVENT AND A MEDICAL CENTER LOBBY EVENT WERE HELD TO RAISE AWARENESS OF PFAB. AT THE LOBBY EVENT, A RAFFLE WAS HELD TO RAISE FUNDS FOR THE SVMC FOUNDATION. BUT, PERHAPS THE MOST IMPORTANT RESULT OF THESE EVENTS WAS THE ADDITION OF THREE ENTHUSIASTIC NEW MEMBERS TO THE TEAM. PFAB ALSO BROUGHT ON TWO UNIVERSITY "INTERNS" WHO BRING A NEW PERSPECTIVE TO THE TEAM.</p> <p>FISCAL YEAR 2015 WAS A YEAR OF "ANALYSIS" FOR PFAB, MAKING SURE THAT PFAB FULLY UNDERSTOOD THE NATURE OF THE PATIENT EXPERIENCE ISSUES AND COULD SUPPORT THOSE WITH DATA. USING THIS DATA IN FISCAL YEAR 2016, PFAB PLANS TO DEFINE THREE TO FIVE STRATEGIC ISSUES TO BE EXECUTED IN 2016.</p>

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		<p>FARMERS MARKET: SINCE 2009, ST. VINCENT'S HAS OPERATED A FARM STAND IN COLLABORATION WITH THE WHOLESOME WAVE FOUNDATION, MAKING HEALTHFUL LOCALLY GROWN FOOD AVAILABLE TO THOSE IN BRIDGEPORT WHO NEED IT MOST AND TO ST. VINCENT'S EMPLOYEES. THE COLLABORATION HAS MADE IT POSSIBLE TO DOUBLE INCENTIVE COUPONS SUCH AS SNAP AND WIC FOR PEOPLE LIVING BELOW THE INCOME THRESHOLD.</p> <p>DURING THE 2015 FARMERS MARKET SEASON, IN ADDITION TO PROVIDING A HEALTHY OPTION FOR ITS OWN EMPLOYEES, VOLUNTEERS AND VISITORS, THE ST. VINCENT'S FARM STAND HANDLED 3,369 INCENTIVE TRANSACTIONS. IT HAD A HIGH VOLUME OF INCENTIVE-BASED CUSTOMERS BECAUSE OF THIS DOUBLING FEATURE AND DUE TO ITS LOCATION IN FRONT OF THE HOSPITAL, WHICH MEANT IT WAS EASILY ACCESSIBLE BY PUBLIC TRANSPORTATION, A BIG PLUS FOR UNDERSERVED AREA RESIDENTS. TRANSPORTATION NORMALLY POSES A BARRIER FOR SUCH RESIDENTS TO BUY HEALTHY FRESH FOOD. TOTAL INCENTIVES COLLECTED, INCLUDING SNAP, WIC, AND SENIOR VOUCHERS, TOTALED MORE THAN \$12,000, WITH ALMOST \$700 IN SNAP INCENTIVES MATCHED.</p> <p>THE ST. VINCENT'S STAND IS OPEN TO THE GENERAL PUBLIC AND OPERATES ONE DAY A WEEK. THE FARM STAND IS ANOTHER WAY IN WHICH ST. VINCENT'S RESPONDED TO THE COMMUNITY HEALTH NEEDS ASSESSMENT THAT IDENTIFIED OBESITY AND THE HIGH INCIDENCE OF DIABETES AND CARDIAC DISEASE AS MAJOR CHALLENGES IN THE GREATER BRIDGEPORT AREA. THE FARM STAND EXTENDS THE SERVICES THE HOSPITAL PROVIDES BEYOND MEDICAL TREATMENT AND MEDICATIONS TO PROVIDING ACCESS TO HEALTHY FOOD AND NUTRITION EDUCATION. THIS CAN HELP FIGHT OBESITY AND CHRONIC ILLNESSES SUCH AS DIABETES AND HEART DISEASE AND PROMOTE OVERALL WELLNESS. IT TIES IN WITH THE NATIONAL HEALTHCARE SHIFT TO AN EMPHASIS ON PREVENTION VERSUS MERE TREATMENT OF DISEASE, WHICH TRANSLATES INTO BOTH IMPROVED QUALITY OF LIFE FOR RESIDENTS AND COST SAVINGS.</p> <p>THE FARM STAND IS ANOTHER WAY IN WHICH ST. VINCENT'S DEMONSTRATES ITS MISSION OF CARING FOR THE COMMUNITY.</p> <p>ST. VINCENT'S MINISTERS: THIS NEW PROGRAM WAS PILOTTED IN FALL OF 2014 WITH TEN PARTICIPANTS FROM THE COMMUNITY INVOLVED IN A 10-WEEK CURRICULUM TO HELP THEM DISCERN WHERE THEY MIGHT WANT TO MINISTER. THE GOAL WAS TO HELP DEVELOP LAY PEOPLE WHO CAN ENGAGE WITH THE ST. VINCENT'S COMMUNITY OR THEIR OWN FAITH COMMUNITIES. THE CREATION OF THE PROGRAM REQUIRED MANY HOURS OF COORDINATION ON THE PART OF PASTORAL CARE STAFF AND INVOLVEMENT FROM STAFF MEMBERS WITHIN NUMEROUS DEPARTMENTS OF THE MEDICAL CENTER TO DO PRESENTATIONS.</p> <p>COMFORT SHAWL PROGRAM: COMFORT SHAWLS, LAP BLANKETS, AND POCKET SHAWLS ARE GIVEN TO PATIENTS AND FAMILY MEMBERS IN THE MEDICAL CENTER, EMPLOYEES, AND MEMBERS OF THE COMMUNITY WHO ARE EXPERIENCING A DIFFICULT TIME AND ARE IN NEED OF COMFORT AND HEALING. THEY MAY ALSO BE GIVEN IN CELEBRATION. THE MANTLES ARE MADE BY VOLUNTEERS FROM AREA CHURCHES AND THE COMMUNITY AS WELL AS BY ST. VINCENT'S STAFF MEMBERS. THE COLLECTION AND DISTRIBUTION OF THE SHAWLS AND THE PUBLICITY AND EDUCATION NECESSARY TO ENSURE THE SUCCESS OF THE PROGRAM REQUIRE COORDINATION ON THE PART OF THE HOSPITAL'S MISSION SERVICES AND COMMUNICATIONS DEPARTMENTS. AN ANNUAL BLESSING CEREMONY FOR ALL SHAWL MAKERS IS HELD ONCE A YEAR WITH REFRESHMENTS PROVIDED BY THE MEDICAL CENTER. IN 2015, HUNDREDS OF SHAWLS WERE DISTRIBUTED MAINLY TO PATIENTS AND FAMILIES WHILE MORE THAN 50 SHAWL MAKERS ATTENDED THE BLESSING CEREMONY.</p> <p>DONATION DRIVES: HOUSE OF HOPE: STARTING IN 2011, ST. VINCENT'S MISSION SERVICES COMMITTEE AND AQUARION WATER COMPANY, BEGAN ANNUALLY COLLABORATING ON A PROJECT CALLED THE HOUSE OF HOPE FOOD DRIVE, TO ASSIST AREA FOOD BANKS AND SHELTERS EXPERIENCING SEVERE SHORTAGES. A SHED DECORATED TO LOOK LIKE A HOUSE IS LOCATED OUTSIDE ST. VINCENT'S MEDICAL CENTER WHERE THE FOOD IS COLLECTED. IN FISCAL 2015, THE HOUSE OF HOPE PASSED ITS GOAL AND COLLECTED ALMOST SIX TONS OR 12,000 POUNDS OF FOOD, WHICH WAS DISTRIBUTED TO AREA FOOD BANKS AND SHELTERS. THE HOUSE OF HOPE ALSO DISTRIBUTED TO HOMELESS SHELTERS 125 TURKEYS FROM AN AREA SUPERMARKET CHAIN AND 125 BINS OF FOOD FROM A PHILANTHROPIC ORGANIZATION CALLED AL'S ANGELS.</p> <p>THE INITIATIVE RECEIVED HEAVY SUPPORT FROM THE STAFF AND VISITORS TO ST. VINCENT'S MEDICAL CENTER AND ITS AFFILIATES. MONETARY DONATIONS WERE TRANSLATED INTO DOUBLE THE FOOD PURCHASED THROUGH AN AGREEMENT WITH BIG Y, AN AREA SUPERMARKET CHAIN. THE DRIVE ORIGINATED AS A RESPONSE TO THE NEEDS OF THE UNDERSERVED IN THE COMMUNITY BY HELPING TO STOCK AREA FOOD BANKS AND SHELTERS WITH HEALTHY AND READILY ACCESSIBLE FOODSTUFFS.</p> <p>MARCH FOOD DRIVE:</p>

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		<p>FOR AT LEAST 15 YEARS, AN ANNUAL FOOD DRIVE HAS BEEN HELD AT ST. VINCENT'S SPONSORED BY ITS MISSION COMMITTEE IN HONOR OF ST. LOUISE DE MARILLAC, CO-FOUNDER OF THE DAUGHTERS OF CHARITY. THIS DRIVE BENEFITS NEEDY AREA RESIDENTS THROUGH THE CONNECTICUT FOOD BANK AND ST. VINCENT'S FAMILY HEALTH CENTER. IN 2015, APPROXIMATELY 800 POUNDS OF FOOD WAS DONATED.</p> <p>AS A PARTNER IN THIS PROJECT, THE CONNECTICUT FOOD BANK SERVES 650 COMMUNITY-BASED PROGRAMS IN SIX COUNTIES, INCLUDING SOUP KITCHENS, FOOD PANTRIES, SHELTERS AND ADULT AND CHILDREN'S DAY CARE CENTERS. CFB PROVIDES FOOD ANNUALLY FOR AN ESTIMATED 250,000 PEOPLE IN NEED.</p> <p>HOLIDAY GIVING: AT CHRISTMAS TIME, A NUMBER OF DEPARTMENTS ALSO ADOPTED FAMILIES AT ST. VINCENT'S FAMILY HEALTH CENTER AND MET THEIR NEEDS FOR HOLIDAY MEALS AND GIFTS. IN ADDITION, FOR MANY YEARS, THE HOSPITAL HAS RUN A GIVING TREE WHICH PURCHASES GIFTS OF TOYS AND CLOTHING FOR PATIENTS IN NEED AND CLIENTS AT ITS FAMILY HEALTH CENTER, BEHAVIORAL HEALTH SERVICES AND ST. VINCENT'S SPECIAL NEEDS CENTER.</p> <p>TOILETRIES: IN SPRING 2015, ST. VINCENT'S UNDERTOOK A TOILETRIES DRIVE WHICH CONTINUES TO RUN ALL YEAR LONG. MORE THAN 8 BOXES OF NEW TOILETRIES WERE COLLECTED FROM STAFF MEMBERS AND DELIVERED TO THE MERTON CENTER SOUP KITCHEN, THE BRIDGEPORT RESCUE MISSION HOMELESS SHELTER, AND THE CENTER FOR FAMILY JUSTICE WHICH OFFERS SERVICES TO SURVIVORS OF DOMESTIC VIOLENCE AND ABUSE.</p> <p>THESE DONATION DRIVES ALL REQUIRE MANY RESOURCES AND HOURS OF TIME TO COORDINATE AND PUBLICIZE ON THE PART OF ST. VINCENT'S STAFF IN ORDER TO MAKE THEM SUCCESSFUL AND OF BENEFIT TO PATIENTS AND VULNERABLE MEMBERS OF THE COMMUNITY.</p> <p>EDUCATIONAL/CAREER PROGRAMS OFFERED TO AREA STUDENTS: ST. VINCENT'S MEDICAL CENTER CONDUCTS STUDENT TOURS AND EDUCATIONAL PROGRAMS FOR ELEMENTARY, MIDDLE, HIGH SCHOOL, AND SOMETIMES COLLEGE STUDENTS IN AN EFFORT TO PROVIDE INFORMATION ABOUT HEALTH AND TECHNOLOGY, LESSEN ANXIETY ABOUT HOSPITAL VISITS, AND GIVE AN OVERVIEW OF MEDICAL CAREERS. THROUGH THE EXPERIENCE OF SEEING MEDICAL PROFESSIONALS AT WORK IN THE HOSPITAL, STUDENTS CAN ENVISION THEMSELVES IN THESE ROLES. THEY ALSO LEARN ABOUT NECESSARY EDUCATIONAL REQUIREMENTS, QUALIFICATIONS, AND PROFESSIONAL OPPORTUNITIES THROUGH A CLOSE-UP, HANDS-ON APPROACH. THE PERSONAL STORIES OF HOW INDIVIDUALS FOLLOWED DIFFERENT PATHS AND DISCOVERED REWARDING CAREERS IN HEALTHCARE ARE INSPIRATIONAL AND MOTIVATIONAL FOR MANY STUDENTS AS WELL. THESE PROGRAMS VARY IN LENGTH RUNNING FROM 2-6 HOURS WITH STAFF FROM MANY DEPARTMENTS TAKING TIME OUT FROM THEIR BUSY WORK DAY TO PARTICIPATE.</p> <p>THE NUMBER OF GROUPS VISITING THE MEDICAL CENTER FOR THE HEALTHCARE CAREER TOUR AVERAGES ABOUT 25-30 ANNUALLY. ST. VINCENT'S FOCUSES ON INNER CITY STUDENTS FROM BRIDGEPORT AND STUDENTS FROM STRATFORD AND ALSO HAS A WELL-DEVELOPED PROGRAM WITH TRUMBULL HIGH SCHOOL. STUDENTS FROM THROUGHOUT FAIRFIELD COUNTY ARE ALSO ACCOMMODATED. STUDENTS COME FROM PUBLIC, PRIVATE, AND RELIGIOUS SCHOOLS, AND ALSO INCLUDE THE HANDICAPPED AND MENTALLY DISABLED. ST. VINCENT'S HAS FORMED COLLABORATIONS WITH A NUMBER OF ORGANIZATIONS THAT ARE WORKING WITH BRIDGEPORT YOUTH, SUCH AS PROJECT GEARUP, OUT OF YALE UNIVERSITY, AND BASE CAMP, A PROGRAM OF THE SOUTHWESTERN AHEC (AREA HEALTH EDUCATION CENTER) FOR BRIDGEPORT HIGH SCHOOL GIRLS INTERESTED IN STEM (SCIENCE, TECHNOLOGY, ENGINEERING AND MATH). SVMC OFTEN HOSTS GROUPS OF STUDENTS FROM THESE PROGRAMS.</p> <p>DURING FY 15, MORE THAN 250 STUDENTS PARTICIPATED IN THESE PROGRAMS. STAFF MEMBERS GAVE ALMOST 75 HOURS OF THEIR TIME TO EDUCATE STUDENTS ABOUT THE WORK THEY DO, WITH APPROXIMATELY 20 HOURS OF STAFF TIME CONTRIBUTED FOR THE COORDINATION OF THE PROGRAMS.</p> <p>VOLUNTEERS: VOLUNTEERS ARE AN INTEGRAL COMPONENT TO FULFILLING THE MISSION OF THE ORGANIZATION. IN FY2015, 300 VOLUNTEERS PROVIDED THE MEDICAL CENTER WITH MORE THAN 44,000 HOURS OF SERVICE. VOLUNTEERS WORK IN EVERY DEPARTMENT OF THE MEDICAL CENTER, PROVIDING NURTURING SUPPORT AND EXPERTISE TO PATIENTS AND THEIR FAMILIES. IN FISCAL YEAR 2016, VOLUNTEER SERVICES WILL FOCUS STRATEGY ON THE PATIENT EXPERIENCE AND VOLUNTEER PROGRAMS TO BUILD A JOBS PIPELINE FOR THE COMMUNITY.</p> <p>HEALTH INSURANCE COUNSELING: ST. VINCENT'S MEDICAL CENTER OFFERS A FREE PROGRAM OF HEALTH INSURANCE AND MEDICARE INFORMATION COUNSELING TO THE PUBLIC, USING A VOLUNTEER EXPERT IN THE FIELD. THE VOLUNTEER ANSWERS QUESTIONS REGARDING MEDICARE BENEFITS, MEDICARE SUPPLEMENTAL BENEFITS, MANAGED CARE AND PRESCRIPTION PLANS, APPEALS, CLAIMS, MEDICAL BILLS, COVERED VERSUS NON-COVERED EXPENSES, ADVANCED DIRECTIVES, AND ASSISTED LIVING AND LONG-TERM CARE FACILITIES. THE VOLUNTEER ALSO ASSISTS INDIVIDUALS IN FILING MEDICARE AND INSURANCE FORMS.</p>

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		<p>THE PROGRAM IS A COMMUNITY OUTREACH EFFORT BY ST. VINCENT'S TO HELP SENIORS OBTAIN THE MEDICAL BENEFITS THEY NEED AND TO MAKE THE BEST DECISIONS ABOUT HEALTH INSURANCE COVERAGE.</p> <p>BEHAVIORAL HEALTH: ST. VINCENT'S SERVES THE MENTAL HEALTH NEEDS OF THE PSA THROUGH BOTH IN-PATIENT AND OUTPATIENT SERVICES. THROUGH ST. VINCENT'S BEHAVIORAL HEALTH SERVICES, A DEPARTMENT OF THE MEDICAL CENTER. ST. VINCENT'S BEHAVIORAL HEALTH SERVICES OFFERS THE COMMUNITY'S LARGEST CONTINUUM OF MENTAL HEALTH SERVICES. THE MISSION OF ST. VINCENT'S BEHAVIORAL HEALTH SERVICES IS TO PROVIDE EXCEPTIONAL CARE FOR THE MIND, BODY AND SPIRIT THROUGH AN INTEGRATED CONTINUUM OF MENTAL HEALTH, ADDICTION, DUAL-DIAGNOSIS, AND SUPPORTIVE SERVICES FOR CHILDREN, ADOLESCENTS, AND ADULTS OF ALL INCOME LEVELS AND ETHNICITIES, REGARDLESS OF THEIR ABILITY TO PAY. ST. VINCENT'S STRIVES TO FULFILL THIS MISSION BY EFFECTIVELY ADDRESSING THE MENTAL HEALTH NEEDS OF THE COMMUNITY AND ALSO STRIVES TO BE A LEADER IN PREVENTION AND EDUCATION OF MENTAL HEALTH AND SUBSTANCE ABUSE ISSUES. ST. VINCENT'S CONTINUUM OF MENTAL HEALTH SERVICES INCLUDE A DEDICATED BEHAVIORAL HEALTH EMERGENCY ROOM, 92 INPATIENT PSYCHIATRIC BEDS LOCATED IN TWO CAMPUSES (16 BEDS - MAIN CAMPUS IN BRIDGEPORT AND 76 BEDS-WESTPORT, CT CAMPUS) WHICH OPERATED AT APPROXIMATELY 92% OCCUPANCY; TWO OUTPATIENT MENTAL HEALTH CLINICS THAT PROVIDE PARTIAL HOSPITALIZATION, AN INTENSIVE OUTPATIENT PROGRAM, AND INDIVIDUAL AND GROUP THERAPIES; INCLUDING A DEDICATED PARTIAL HOSPITAL SERVICE FOR PERSONS OF LATINO DESCENT. OUTPATIENT SERVICES PROVIDED APPROXIMATELY 27,000 VISITS WITH 90% OF THOSE SERVED BEING THE UNDERSERVED AND INDIGENT.</p> <p>THESE PROGRAMS WERE FORMERLY OPERATED BY HALL-BROOKE BEHAVIORAL HEALTH SERVICES, WHICH WAS AN AFFILIATE OF ST. VINCENT'S MEDICAL CENTER. SINCE 2003, ST. VINCENT'S HAS OFFERED COMPREHENSIVE EDUCATIONAL PROGRAMS FOR THE COMMUNITY DESIGNED TO INCREASE AWARENESS AND PROVIDE RESOURCES ON A FULL SPECTRUM OF BEHAVIORAL HEALTH ISSUES.</p> <p>IN FY 15, ST. VINCENT'S MEDICAL CENTER COLLABORATED WITH CATHOLIC CHARITIES OF THE DIOCESE OF BRIDGEPORT TO EXPAND OUTPATIENT MENTAL HEALTH SERVICES IN THE GREATER BRIDGEPORT AREA, PRESERVING A DESPERATELY NEEDED LEVEL OF CARE IN THE COMMUNITY.</p> <p>RESIDENTIAL BEHAVIORAL HEALTH SERVICES: ST. VINCENT'S BEHAVIORAL HEALTH SERVICES ALSO OPERATES THE COMMUNITY RESIDENTIAL SERVICES PROGRAM, WHICH PROVIDES RESIDENTIAL SUPPORT AND PERMANENT SUPPORTIVE HOUSING TO PERSONS AGE 18 AND OVER WHO ARE HOMELESS WITH SIGNIFICANT MENTAL HEALTH DISORDERS AND HAVE INCOMES AT OR BELOW THE POVERTY LEVEL. INTERVENTIONS AND SERVICES ARE FOCUSED ON RECOVERY, RELAPSE PREVENTION, DEVELOPMENT OF INDEPENDENCE, ASSISTANCE WITH ACTIVITIES OF DAILY LIVING, ILLNESS SELF-MANAGEMENT, AND ACCESS TO HEALTH CARE BENEFITS, CRISIS INTERVENTION, ACCESS TO COMMUNITY MAINSTREAM SERVICES, AND 24 HOUR EMERGENCY ON-CALL SERVICES. THE PROGRAM OPERATES 10 SHARED LIVING RESIDENTIAL SITES, 8 FAMILY UNITS, AND 55 SCATTERED SITE APARTMENTS IN THE COMMUNITIES OF NORWALK, BRIDGEPORT, AND FAIRFIELD, CONNECTICUT. BASED UPON 97% OCCUPANCY AT THESE SITES, COMMUNITY RESIDENTIAL SERVICES PROVIDED APPROXIMATELY 44,500 DAYS OF RESIDENTIAL SUPPORT/HOUSING SERVICES. GRANTS FROM THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT AND THE CONNECTICUT DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES PROVIDE FUNDING FOR THESE PROGRAMS.</p> <p>AUTISM & DEVELOPMENTAL SERVICES: ST. VINCENT'S AUTISM AND DEVELOPMENTAL SERVICES PROVIDES OUTPATIENT ADVOCACY AND TREATMENT SERVICES FOR CHILDREN WITH AUTISM SPECTRUM DISORDERS AND THEIR FAMILIES. THE PROGRAM PROVIDED 359 PATIENT/FAMILY VISITS FOR RESOURCE COORDINATION, DIAGNOSTIC TESTING, PARENT SUPPORT GROUPS, INDIVIDUAL AND FAMILY THERAPY, FAMILY WORKSHOPS, SIBLING SUPPORT GROUPS, AND SOCIAL SKILLS GROUPS.</p>
SCHEDULE H, PART VI, LINE 6	DESCRIPTION OF AFFILIATED GROUP	<p>ST. VINCENT'S MEDICAL CENTER (SVMC) IS A NONPROFIT HOSPITAL SYSTEM. THE SOLE MEMBER OF ST. VINCENT'S MEDICAL CENTER IS ASCENSION HEALTH, A CATHOLIC, NATIONAL HEALTH SYSTEM. ST. VINCENT'S MEDICAL CENTER CONSISTS OF AN ACUTE CARE HOSPITAL LOCATED IN BRIDGEPORT, CONNECTICUT AND A BEHAVIORAL HEALTH HOSPITAL LOCATED IN WESTPORT, CONNECTICUT.</p> <p>FOUNDED IN 1903, ST. VINCENT'S STARTED AS A 75 BED INSTITUTION AND QUICKLY GREW IN SCOPE AND SERVICE. THE MEDICAL CENTER PROVIDES CARE FOR ALL OF THOSE IN THE CITY OF BRIDGEPORT AND SURROUNDING COMMUNITIES WHO COME TO IT, REGARDLESS OF THEIR ABILITY TO PAY. TODAY, THE MEDICAL CENTER IS LOCATED IN A MODERN 10 STORY BUILDING AND HAS GROWN TO A 473 BED INSTITUTION. THE MEDICAL CENTER IS FAIRFIELD COUNTY'S ONLY FAITH-BASED HOSPITAL AND ITS COMMITMENT TO THE POOR AND UNDERSERVED REMAIN CENTRAL TO ITS MISSION. ST. VINCENT'S MEDICAL CENTER AND ITS AFFILIATED ENTITIES -- ST. VINCENT'S MEDICAL CENTER FOUNDATION, INC., ST. VINCENT'S COLLEGE, INC., ST. VINCENT'S MULTISPECIALTY GROUP, INC., ST. VINCENT'S SPECIAL NEEDS</p>

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		<p>CENTER, INC. AND ST. VINCENT'S DEVELOPMENT, INC. – FORM AN INTEGRATED HEALTH DELIVERY SYSTEM MEETING THE COMPREHENSIVE NEEDS OF BRIDGEPORT AND ITS SURROUNDING COMMUNITIES.</p> <p>ST. VINCENT'S HEALTH SERVICES (HEALTH SERVICES): ST. VINCENT'S HEALTH SERVICES (HEALTH SERVICES), THE PARENT COMPANY OF ST. VINCENT'S MEDICAL CENTER, IS A NONPROFIT INTEGRATED HEALTH DELIVERY SYSTEM. HEALTH SERVICES CONSISTS OF THE FOLLOWING ORGANIZATIONS –ST. VINCENT'S FOUNDATION, ST. VINCENT'S SPECIAL NEEDS SERVICES, ST. VINCENT'S DEVELOPMENT, AND ST. VINCENT'S MEDICAL CENTER, WHICH IS A CONSOLIDATION OF AND ST. VINCENT'S MEDICAL CENTER, ST. VINCENT'S COLLEGE, AND ST. VINCENT'S MULTISPECIALTY GROUP. THROUGH THE WORK OF THE MEDICAL CENTER, IN PARTNERSHIP WITH OUR AFFILIATE NETWORK, HEALTH SERVICES IS ABLE TO MEET THE COMPREHENSIVE NEEDS OF ITS HOME COMMUNITY AND THE SURROUNDING COMMUNITY.</p> <p>ST. VINCENT'S MULTISPECIALTY GROUP (MSG): ST. VINCENT'S MULTISPECIALTY GROUP (MSG) IS A SUBSIDIARY OF THE MEDICAL CENTER. WITH MORE THAN 184 PHYSICIANS, MORE THAN 127 NURSE PRACTITIONERS, AND MANY PHYSICIAN ASSISTANTS, BOARD CERTIFIED WITHIN THEIR RESPECTIVE SPECIALTIES, THE GROUP IS ONE OF THE LARGEST PROVIDER NETWORKS WITHIN FAIRFIELD COUNTY, CONNECTICUT. THE SIZE OF THE NETWORK ENABLES US TO OFFER THE COMMUNITY EXPANDED ACCESS AND COORDINATION OF CARE. HOWEVER, THE SINGULAR FOCUS OF PROVIDING A COMPREHENSIVE APPROACH TO HEALTH CARE IS SOLELY DEDICATED TO A PATIENT'S INDIVIDUAL NEEDS.</p> <p>ST. VINCENT'S FOUNDATION: AS A PHILANTHROPIC ARM, ST. VINCENT'S MEDICAL CENTER FOUNDATION'S (THE FOUNDATION) PRIMARY PURPOSE IS TO RAISE FUNDS IN ORDER TO HELP MEET CERTAIN FINANCIAL NEEDS OF THE ST. VINCENT'S HEALTH SERVICES CORPORATION. THE FOUNDATION'S GOAL IS TO CREATE AND PERPETUATE FINANCIAL SUPPORT FOR PROGRAMS AND SERVICES ON BEHALF OF ST. VINCENT'S HISTORIC MISSION TO SERVE THE POOR AND MEDICALLY UNDERSERVED POPULATIONS. THE GROWING SUPPORT FOR ST. VINCENT'S THROUGHOUT THE REGION IS A REFLECTION OF OUR MISSION-DRIVEN PROGRAMS AND THE QUALITY OF OUR SERVICES. THE FOUNDATION WORKS TIRELESSLY TO RAISE NEARLY \$2 MILLION A YEAR FOR ITS SWIM ACROSS THE SOUND CANCER CHARITY THROUGH ALMOST 30 FUNDRAISING EVENTS ANNUALLY TO REACH PEOPLE WHO DO NOT HAVE ACCESS TO CRITICAL SCREENING SERVICES, AND TO PROVIDE FREE OR SUBSIDIZED SERVICES TO THE COMMUNITY. IT ALSO RAISES MORE THAN \$500,000 A YEAR IN SUPPORT OF THE OTHER ENTITIES.</p> <p>THE FOUNDATION WORKS EXTREMELY HARD YEAR-ROUND AND THE SWIM ACROSS THE SOUND HAS DEMONSTRATED COMMITMENT TO THE CAUSE OF SUPPORTING PEOPLE WITH CANCER SINCE 1987. NEIGHBORING HOSPITALS, WHICH DO NOT CONDUCT AS EXTENSIVE A FUNDRAISING EFFORT FOR PATIENT CARE AS ST. VINCENT'S, ROUTINELY SEND PATIENTS TO ST. VINCENT'S WHEN THEIR GRANT MONEY ENDS OR WHEN THEY ARE NOT ABLE TO PAY FOR FREE CARE. ST. VINCENT'S PROVIDES A SUBSTANTIAL SAFETY NET TO THE REGION, AS YOU DO NOT NEED TO BE A PATIENT AT ST. VINCENT'S TO BE HELPED BY THE SWIM.</p> <p>THE SWIM OFFERS 45 UNIQUE PROGRAMS AND SERVICES RANGING FROM CANCER EDUCATION, SUPPORT, AND SCREENING – FROM PREVENTION TO SURVIVORSHIP. ST. VINCENT'S MISSION TO SERVE THE COMMUNITY CAN MOST POIGNANTLY BE OBSERVED IN THEIR ONE-ON-ONE FINANCIAL ASSISTANCE PROGRAM, FUNDED AND OPERATED BY THE FOUNDATION. OFTEN A DIAGNOSIS OF CANCER CAN BE FINANCIALLY DEVASTATING TO THE PATIENT AND HER/HIS FAMILY. WE STEP IN TO RELIEVE FINANCIAL HARDSHIPS WHEN A PATIENT IS UNDERGOING TREATMENT.</p> <p>ASSISTANCE IS THERE AS A SAFETY NET FOR THOSE WHO HAVE NOWHERE ELSE TO TURN. THE SWIM'S ONE-ON-ONE FINANCIAL ASSISTANCE HELPS TO PAY UTILITY BILLS, CAR PAYMENTS, AND RENT/MORTGAGE PAYMENTS SO A FAMILY MEMBER CAN TAKE TIME OFF FROM WORK TO BE WITH THEIR LOVED ONE WHEN IT IS SO IMPORTANT TO BE AT THEIR SIDE. THE ST. VINCENT'S MEDICAL CENTER FOUNDATION PROVIDES ONE OF THE LARGEST FINANCIAL ASSISTANCE PROGRAMS FOR CANCER PATIENTS IN THE COUNTRY.</p> <p>FINANCIAL SITUATIONS OF APPLICANTS ARE REVIEWED ON A CASE BY CASE BASIS TO PROVIDE AN EQUITABLE AMOUNT OF ASSISTANCE. IN FY 15, ALMOST 1,500 PEOPLE RECEIVED FINANCIAL ASSISTANCE THROUGH ST. VINCENT'S SWIM ACROSS THE SOUND CANCER CHARITY, THROUGH A COMMITMENT OF MORE THAN \$640,000 FROM THE FOUNDATION. AS STATED ELSEWHERE, THIS AMOUNT DOES NOT INCLUDE THE VALUE OF THE SURVIVORSHIP PROGRAMS OFFERED THROUGH THE SWIM.</p> <p>THE SWIM IS THERE FOR THE PATIENT WHO IS UNDERGOING LOCAL RADIATION AND IS EXPERIENCING SOME SKIN REACTIONS AND REQUIRES A SPECIAL PRESCRIPTION THAT IS NOT COVERED BY THEIR INSURANCE. THE SWIM IS THERE FOR THE WOMAN WHO NEEDS A WIG AND PROSTHESES. THE SWIM IS THERE FOR THE FAMILY THAT NEEDS FAMILY COUNSELING BECAUSE THERE ARE SMALL CHILDREN LEFT MOTHERLESS AND THEY NEED EXTRA ASSISTANCE IN PICKING UP THE PIECES AND MOVING FORWARD WITH THEIR OWN LIVES. THE SWIM IS THERE TO PAY TRANSPORTATION COSTS TO GET TO APPOINTMENTS AND TO SUPPORT A PATIENT WITH NUTRITIONAL AND EXERCISE COUNSELING.</p>

Return Reference	Identifier	Explanation
		<p>THE SWIM ALSO FUNDS SUPPORT GROUPS AND SURVIVORSHIP PROGRAMS THAT HELP PATIENTS AND FAMILY MEMBERS DEAL WITH A DIAGNOSIS OF CANCER, OFFERING HOPE, INFORMATION, FINANCIAL SUPPORT, AND PSYCHOSOCIAL SERVICES. AS NOTED ELSEWHERE, THERE WERE 3,250 UTILIZATIONS OF ONCOLOGY SURVIVORSHIP PROGRAMS BY CANCER PATIENTS THROUGH THE SWIM LAST YEAR.</p> <p>WITH EVER GROWING NEEDS BECAUSE OF THE ECONOMIC DOWNTURN AND LACK OF HEALTH CARE ACCESS, THERE ARE MORE AND MORE WOMEN IN NEED OF BREAST HEALTH CARE WITHIN OUR SERVICE AREA THAN EVER. FREQUENTLY PATIENTS ARE REFERRED FROM SURROUNDING HOSPITALS TO ST. VINCENT'S SWIM CANCER SERVICES. RECENTLY WE HAVE ALSO RECEIVED NUMEROUS REQUESTS FOR ASSISTANCE BEYOND OUR TRADITIONAL SERVICE AREA.</p> <p>AS PART OF ST. VINCENT'S MISSION TO REDUCE AND PREVENT CANCER, ST. VINCENT'S FOUNDATION ESTABLISHED THE ST. VINCENT'S SWIM SMOKESTOPPERS PROGRAM IN MARCH OF 1996. SMOKESTOPPERS IS A UNIQUE AND INTERACTIVE TOBACCO PREVENTION AND SMOKING CESSATION PROGRAM DESIGNED FOR YOUNG PEOPLE. THE SWIM SMOKESTOPPERS OFFERS A LIVELY AND INSPIRING PROGRAM THAT EDUCATES CONNECTICUT'S YOUNG PEOPLE ABOUT THE DANGERS OF SMOKING AND THE USE OF SO-CALLED "SMOKELESS" TOBACCO. SMOKESTOPPERS CURRENTLY COMBINES TWO KINDS OF COURSES, OFFERED FREE TO THE COMMUNITY: (1) PREVENTION CLASSES FOR STUDENTS WHO DO NOT YET SMOKE AND (2) CESSATION CLASSES TO HELP TEENS WHO ARE ALREADY SMOKING TAKE THE DIFFICULT STEP OF QUITTING. PROGRAM PRESENTERS ARE FORMER SMOKERS, WHO SHARE THEIR EXPERIENCES IN A RELEVANT, ACCESSIBLE WAY.</p> <p>THE PROGRAM HAS A PROVEN RECORD OF HELPING THOUSANDS OF YOUNG PEOPLE, AND IS CONSISTENTLY INVITED BACK TO SCHOOLS YEAR AFTER YEAR. IN THE 19 YEARS SINCE ITS INCEPTION, OUR SMOKESTOPPERS PROGRAM HAS REACHED OVER 250,000 YOUNG PEOPLE IN 200 SCHOOLS THROUGHOUT THE STATE. PRESENTERS RESEARCH CURRENT TRENDS IN YOUTH TOBACCO USE, NEW PRODUCTS, AND NEW MARKETING STRATEGIES USED BY THE TOBACCO COMPANIES TO TARGET YOUNG PEOPLE. THIS RESEARCH IS INTEGRATED INTO THE PRESENTATION, CREATING AN UPDATED, RELEVANT PROGRAM FOR EACH AND EVERY SESSION. LAST YEAR, MORE THAN 16,000 STUDENTS RECEIVED THIS PREVENTION EDUCATION THROUGH THE SMOKESTOPPERS PROGRAM.</p> <p>ST. VINCENT'S COLLEGE: ST. VINCENT'S COLLEGE (THE COLLEGE), A NONPROFIT SUBSIDIARY OF ST. VINCENT'S MEDICAL CENTER, IS THE ONLY COLLEGE IN THE STATE OF CONNECTICUT COMMITTED SOLELY TO THE PREPARATION OF NURSES AND ALLIED HEALTH PROFESSIONALS. AS A SINGLE PURPOSE INSTITUTION, THE COLLEGE FOCUSES SOLELY ON EDUCATING STUDENTS FOR THE HEALTHCARE MINISTRY AT THE CERTIFICATE, ASSOCIATE, AND BACHELOR DEGREE LEVELS.</p> <p>ST. VINCENT'S COLLEGE OFFERS ASSOCIATE DEGREES IN NURSING, RADIOGRAPHY SCIENCES, MEDICAL ASSISTING, AND GENERAL STUDIES. IN ADDITION, TWO ONLINE BACCALAUREATE COMPLETION PROGRAMS IN NURSING (RN-BSN) AND RADIOLOGIC SCIENCES (BSRS) ARE THE COLLEGE'S NEWEST AND FASTEST GROWING PROGRAMS. THE COLLEGE ALSO OFFERS A NUMBER OF CERTIFICATE PROGRAMS, SOME DESIGNED TO PROVIDE ENTRY LEVEL JOB SKILLS AND OTHERS THAT ARE POST DEGREE CERTIFICATE AND CONTINUING EDUCATION PROGRAMS DESIGNED TO PREPARE HEALTH PROFESSIONALS FOR ADDITIONAL ROLES. MANY WHO ENROLL AT ST. VINCENT'S COLLEGE ARE RETURNING TO COLLEGE TO SEEK SECOND CAREERS OR HAVE HAD A LIFE CHANGING EXPERIENCE WHICH HAS LED THEM TO PURSUE A HEALTHCARE CAREER.</p> <p>FOR MORE THAN 100 YEARS, ST. VINCENT'S COLLEGE HAS PLAYED A SIGNIFICANT ROLE IN SERVING THE HEALTHCARE NEEDS OF THE GREATER BRIDGEPORT AREA AND SURROUNDING COMMUNITIES. THE COLLEGE IS FOCUSED ON EDUCATING HEALTHCARE PROFESSIONALS FOR CURRENT AND EMERGING ROLES IN RESPONSE TO THE CHANGING HEALTHCARE LANDSCAPE. AN IMMEDIATE NEED IS BEING ADDRESSED THROUGH THE ONLINE RN-BSN COMPLETION PROGRAM. THIS PROGRAM PROVIDES A PATHWAY FOR REGISTERED NURSES TO EARN A BACCALAUREATE DEGREE. THE KNOWLEDGE AND SKILLS GAINED IN THIS PROGRAM PREPARE NURSES TO RENDER AN EVEN HIGHER LEVEL OF CARE AND GIVES THEM GREATER ROLE FLEXIBILITY WITHIN THEIR CHOSEN PROFESSION OF NURSING. INCREASING NUMBERS OF BSN PREPARED NURSES ALSO SUPPORT HOSPITALS IN THE ATTAINMENT AND MAINTENANCE OF NURSING MAGNET® RECOGNITION, THE HIGHEST NATIONAL HONOR FOR NURSING EXCELLENCE. ST. VINCENT'S MEDICAL CENTER IS A DESIGNATED MAGNET HOSPITAL.</p> <p>ANOTHER BACHELOR DEGREE COMPLETION PROGRAM OFFERED BY ST. VINCENT'S COLLEGE IS THE BACHELOR OF SCIENCE IN RADIOLOGIC SCIENCES (BSRS). THIS PROGRAM IS ALSO DESIGNED TO SUPPORT THE NEEDS OF THE HEALTHCARE COMMUNITY FOR RADIOGRAPHERS WITH SPECIALIZED CERTIFICATIONS IN A NUMBER OF IMAGING MODALITIES I.E. DIAGNOSTIC MEDICAL SONOGRAPHY, MRI IMAGING, CT SCANNING, WOMEN'S IMAGING (MAMMOGRAPHY AND BONE DENSITOMETRY) AND MANAGEMENT.</p> <p>THE COLLEGE HAS TRADITIONALLY SERVED STUDENTS FROM FAIRFIELD AND NEW HAVEN COUNTIES AND ATTRACTS STUDENTS FROM 81 CITIES AND TOWNS ACROSS CONNECTICUT, REPRESENTING SEVEN OF THE EIGHT COUNTIES IN</p>

Return Reference	Identifier	Explanation
		<p>CONNECTICUT. OTHER STATISTICS ARE AS FOLLOWS:</p> <ul style="list-style-type: none"> • 44% OF THE STUDENTS COME FROM THE GREATER BRIDGEPORT AREA • 92% FROM FAIRFIELD AND NEW HAVEN COUNTIES • 99% OF THE CURRENT STUDENTS (AVERAGE AGE 30) ARE CONNECTICUT RESIDENTS PREPARING TO ENTER THE WORKFORCE OR ADVANCE THEIR CAREERS IN HEALTHCARE FIELDS THAT ARE SEEING CONTINUED GROWTH IN OUR STATE. • MORE THAN 80% OF ST. VINCENT'S STUDENTS WORK FULL OR PART TIME WHILE ALSO COMPLETING THEIR EDUCATION. • MORE THAN 70% OF ST. VINCENT'S STUDENTS APPLY FOR AID • 60% OF STUDENTS WHO COMPLETE THE AID APPLICATION HAVE A FAMILY INCOME OF LESS THAN \$50K PER YEAR – MANY ARE ALSO SUPPORTING FAMILIES • THIRTY-SEVEN PERCENT (37%) OF THE STUDENT POPULATION ARE ETHNIC MINORITIES <p>THE VAST MAJORITY OF THE COLLEGE'S GRADUATES HAVE SOUGHT AND FOUND JOBS IN THE FAIRFIELD AND NEW HAVEN COUNTY AREAS OF THE STATE. FUTURE GRADUATES ARE EXPECTED TO DO THE SAME.</p> <p>ST. VINCENT'S SPECIAL NEEDS: ST. VINCENT'S SPECIAL NEEDS SERVICES (SVSNS), IS A HUMAN SERVICES ORGANIZATION WITH A MISSION "TO FOSTER THE PHYSICAL, EDUCATIONAL, SPIRITUAL, EMOTIONAL, AND SOCIAL DEVELOPMENT OF PERSONS WITH DISABILITIES SO THEY MAY PLAY, LEARN, WORK AND LIVE IN THE COMMUNITY." SVSNS BEGAN IN 1955 WHEN THE ORGANIZATION WAS FOUNDED AS A UNITED CEREBRAL PALSY CLINIC TO PROVIDE MEDICAL EVALUATION AND THERAPEUTIC INTERVENTION FOR YOUNG CHILDREN WITH CEREBRAL PALSY AND OTHER DEVELOPMENTAL DISABILITIES.</p> <p>SEVERAL YEARS LATER, A COMPREHENSIVE SCHOOL PROGRAM WAS DEVELOPED AND LICENSED BY THE CONNECTICUT STATE BOARD OF EDUCATION. A PRIVATE SPECIAL EDUCATION SCHOOL, THE FEROLETO CHILDREN'S DEVELOPMENT CENTER BASED IN TRUMBULL, CT, IS AN ALTERNATIVE PLACEMENT OPTION FOR CHILDREN, AGES 3-21, WITH MULTIPLE DEVELOPMENTAL DISABILITIES, SPECIAL HEALTH CARE NEEDS AND STUDENTS WITH AUTISM SPECTRUM DISORDERS. PHYSICAL, OCCUPATIONAL, SPEECH/LANGUAGE AND AQUATIC THERAPY ARE ALL OFFERED AS PART OF EACH STUDENT'S INDIVIDUALIZED EDUCATION PLAN. DURING THEIR FISCAL YEAR 2015, WHICH COVERED THE PERIOD JULY 1, 2014 THROUGH JUNE 30, 2015, THIS SPECIAL NEEDS SCHOOL PROVIDED EDUCATIONAL AND HEALTH SERVICES TO APPROXIMATELY 84 STUDENTS FROM 33 TOWNS THROUGHOUT THE STATE.</p> <p>DAYTIME RECREATIONAL PROGRAMS, SUPPORTED EMPLOYMENT, AND WORK SERVICES PROGRAMS FOR ADULTS WITH DISABILITIES AND COMPLEX MEDICAL NEEDS ARE OFFERED FROM TWO LOCATIONS IN STRATFORD AND NORWALK. IN 2015, THE ORGANIZATION PROVIDED DAYTIME PROGRAMS FOR 140 ADULTS FROM BOTH LOCATIONS. IN ADDITION, SVSNS OPERATES 11 GROUP HOMES FOR CHILDREN AND ADULTS IN TRUMBULL, STRATFORD, MONROE, BRIDGEPORT, NEWTOWN, SHELTON AND STAMFORD. PARENT EDUCATION AND TRANSITION SUPPORT SERVICES ARE ALSO AVAILABLE.</p> <p>THE STAFF INCLUDES SPECIAL EDUCATION TEACHERS AND ASSISTANTS, PHYSICAL THERAPISTS, OCCUPATIONAL THERAPISTS, SPEECH LANGUAGE PATHOLOGISTS, REGISTERED NURSES, LICENSED PRACTICAL NURSES, DIRECT CARE COUNSELORS, JOB COACHES, AND COMMUNITY RECREATION AND FAMILY SUPPORT FACILITATORS.</p> <p>ST. VINCENT'S DEVELOPMENT CORPORATION: ST. VINCENT'S DEVELOPMENT CORPORATION IS A NONPROFIT CORPORATION MANAGING VARIOUS REAL ESTATE HOLDINGS WITHIN THE GREATER BRIDGEPORT AREA.</p>
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT	CT

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

06-0646886

ST. VINCENT'S MEDICAL CENTER

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ST. VINCENT'S COLLEGE 2800 MAIN STREET, BRIDGEPORT, CT 06806	06-1331677	501(C)(3)	74,700				(SEE STATEMENT)
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Cat. No. 50055P

Schedule I (Form 990) (2014)

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Identifier	Explanation
SCHEDULE I, PART II , COLUMN H	PURPOSE OF GRANT OR ASSISTANCE	ST. VINCENT'S COLLEGE: PROVIDE EDUCATION IN NURSING AND ALLIED HEALTH AND THE LIBERAL ARTS AND SCIENCES.
SCHEDULE I, PART I, LINE 2	PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	CONTRIBUTIONS ARE MADE TO AFFILIATED NOT-FOR-PROFIT CORPORATIONS ORGANIZED AND OPERATED FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, OR SCIENTIFIC PURPOSES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. VINCENT'S MEDICAL CENTER

Compensation Information

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

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

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

OMB No. 1545-0047

2014

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Employer identification number

06-0646886

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </p>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	✓
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	✓
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p>a The organization?</p>	5a	✓
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	✓
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p>a The organization?</p>	6a	✓
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	✓
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	✓
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	✓
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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 in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 STUART G MARCUS, MD PRESIDENT & CEO-SVHS	(i)	674,012	413,784	109,722	15,500	33,553	1,246,571	0
	(ii)	0	0	0	0	0	0	0
2 DOUGLAS D WAITE DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	0	68,453	508,260	0	12,826	589,539	0
3 LAWRENCE C SCHEK, MD SVP/CMO	(i)	574,552	241,684	99,632	14,200	42,442	972,510	0
	(ii)	0	0	0	0	0	0	0
4 JOHN C GLECKLER SVP/CFO-SVHS - (END 6/2015)	(i)	415,856	197,944	49,397	18,100	32,170	713,467	0
	(ii)	0	0	0	0	0	0	0
5 DALE DANOWSKI SVP & COO	(i)	305,032	141,081	30,066	18,100	20,871	515,150	0
	(ii)	0	0	0	0	0	0	0
6 DIANNE J AUGER SVP	(i)	295,539	103,656	28,070	14,200	20,593	462,058	0
	(ii)	0	0	0	0	0	0	0
7 FRANCIS R SCIFO, MD MED DIRECTOR PHYSICIAN OP	(i)	262,553	31,158	15,372	15,500	23,237	347,820	0
	(ii)	0	0	0	0	0	0	0
8 DOODNAUTH HIRAMAN, MD CHAIRPERSON - EMERGENCY CARE	(i)	407,889	8,000	13,143	14,200	5,646	448,878	0
	(ii)	0	0	0	0	0	0	0
9 WILLIAM CUSICK CHAIR - OBSTETRICS & GYNECOLOGY	(i)	331,022	11,933	3,781	15,500	32,732	394,968	0
	(ii)	0	0	0	0	0	0	0
10 MITCHELL A FOGEL CLINICAL VP MEDICINE	(i)	445,249	171,514	44,454	14,200	32,097	707,514	0
	(ii)	0	0	0	0	0	0	0
11 BENJAMIN H TSANG CHAIR - NEONATOLOGY	(i)	308,877	29,627	5,054	18,100	26,556	388,214	0
	(ii)	0	0	0	0	0	0	0
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III

Supplemental Information. 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.

Return Reference	Identifier	Explanation
SCHEDULE J, PART I, LINE 3	ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION	ST. VINCENT'S HEALTH SERVICES CORP, A RELATED ORGANIZATION OF ST. VINCENT'S MEDICAL CENTER, USES THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S CEO: - COMPENSATION COMMITTEE, - INDEPENDENT COMPENSATION CONSULTANT, - COMPENSATION SURVEY OR STUDY, AND - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

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

Open To Public Inspection

Name of the organization

ST. VINCENT'S MEDICAL CENTER

Employer identification number

06-0646886

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

Part II

Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Total ▶ \$ _____

Part III

Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV**Business Transactions Involving Interested Persons** (continued)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DAVITA	A BOARD MEMBER IS CO-MEDICAL DIRECTOR FOR DAVITA DIALYSIS	\$985,863	MEDICAL SUPPLIES		✓
(2) PHYSICIANS FOR WOMEN'S HEALTH, LLC	A BOARD MEMBER IS A MEDICAL DIRECTOR OF PHYSICIANS FOR WOMEN'S HEALTH LLC	\$278,645	PHYSICIAN SERVICES		✓

Part V**Supplemental Information.** Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Identifier	Explanation
SCHEDULE L, PART IV	BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	ALL TRANSACTIONS LISTED ON PART IV ARE ENTERED INTO AS ARMS-LENGTH TRANSACTIONS AND FOR FAIR MARKET VALUE.

Supplemental Information to Form 990 or 990-EZ

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

2014

Open to Public Inspection

Name of the Organization
ST. VINCENT'S MEDICAL CENTER

Employer Identification Number
06-0646886

Return Reference	Identifier	Explanation
FORM 990, PART III, LINE 1	ORGANIZATION'S MISSION	MEDICAL CENTER IS SPIRITUALLY CENTERED AND COMMITTED TO QUALITY, COST-EFFECTIVE HEALTHCARE THAT IMPROVES THE HEALTH OF THE COMMUNITY.
FORM 990, PART VI, LINE 2	RELATED PARTIES	THE BOARD OF DIRECTORS CONSISTS OF COMMUNITY VOLUNTEERS WHO MAY INTERACT WITH EACH OTHER IN THE NORMAL COURSE OF BUSINESS (I.E., BANKER, LAWYER, ACCOUNTANT ETC.) UNRELATED TO THE ACTIVITIES OF THE ORGANIZATION.
FORM 990, PART VI, LINE 6	CLASSES OF MEMBERS OR STOCKHOLDERS	ST. VINCENT'S MEDICAL CENTER HAS A SINGLE CORPORATE MEMBER, ST. VINCENT'S HEALTH SERVICES CORP (SVHS).
FORM 990, PART VI, LINE 7A	MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	ST. VINCENT'S MEDICAL CENTER HAS A SINGLE CORPORATE MEMBER, ST. VINCENT'S HEALTH SERVICES CORP, WHO HAS THE ABILITY TO ELECT MEMBERS TO THE GOVERNING BODY OF ST. VINCENT'S MEDICAL CENTER.
FORM 990, PART VI, LINE 7B	DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	ALL DECISIONS THAT HAVE A MATERIAL IMPACT TO ST. VINCENT'S MEDICAL CENTER FINANCIAL INFORMATION OR CORPORATION AS A WHOLE ARE SUBJECT TO APPROVAL BY ITS SOLE CORPORATE MEMBER, ST. VINCENT'S HEALTH SERVICES CORP.
FORM 990, PART VI, LINE 11B	REVIEW OF FORM 990 BY GOVERNING BODY	MANAGEMENT, INCLUDING CERTAIN OFFICERS, WORKS DILIGENTLY TO COMPLETE THE FORM 990 AND ATTACHED SCHEDULES IN A THOROUGH MANNER. MANAGEMENT PRESENTS THE FORM TO THE BOARD, OR A DESIGNATED COMMITTEE, TO REVIEW AND ANSWER ANY QUESTIONS. PRIOR TO FILING THE RETURN, ALL BOARD MEMBERS ARE PROVIDED THE FORM 990 AND MANAGEMENT TEAM MEMBERS ARE AVAILABLE TO ANSWER ANY BOARD MEMBERS' QUESTIONS.
FORM 990, PART VI, LINE 12C	CONFLICT OF INTEREST POLICY	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IN THAT ANY DIRECTOR, OFFICER, KEY EMPLOYEE, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST, MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF THE COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. THE REMAINING INDIVIDUALS ON THE GOVERNING BOARD OR COMMITTEE WILL DECIDE IF CONFLICTS OF INTEREST EXIST. EACH DIRECTOR, PRINCIPAL OFFICER, KEY EMPLOYEE, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ITS TAX-EXEMPT PURPOSE.
FORM 990, PART VI, LINE 15	COMPENSATION	<p>IN DETERMINING THE COMPENSATION OF THE ORGANIZATION'S CEO, THE PROCESS, PERFORMED BY ST. VINCENT'S HEALTH SERVICES CORP, A RELATED ORGANIZATION OF ST. VINCENT'S MEDICAL CENTER, INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION. THE EXECUTIVE COMPENSATION COMMITTEE REVIEWED AND APPROVED THE COMPENSATION. IN THE REVIEW OF THE COMPENSATION, THE CEO WAS COMPARED TO INDIVIDUALS AT OTHER ORGANIZATIONS IN THE AREA WHO HOLD THE SAME TITLE. DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE COMMITTEE MINUTES. THE INDIVIDUAL WAS NOT PRESENT WHEN HIS COMPENSATION WAS DECIDED.</p> <p>IN DETERMINING COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION, THE PROCESS, PERFORMED BY ST. VINCENT'S HEALTH SERVICES CORP, A RELATED ORGANIZATION OF ST. VINCENT'S MEDICAL CENTER, INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION. THE EXECUTIVE COMPENSATION COMMITTEE REVIEWED AND APPROVED THE COMPENSATION. IN THE REVIEW OF COMPENSATION, OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION WERE COMPARED TO INDIVIDUALS AT OTHER ORGANIZATIONS IN THE AREA WHO HOLD THE SAME TITLE. DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE COMMITTEE MINUTES.</p>
FORM 990, PART VI, LINE 19	REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION WILL PROVIDE ANY DOCUMENTS OPEN TO PUBLIC INSPECTION UPON REQUEST.

Return Reference	Identifier	Explanation				
FORM 990, PART VII, SECTION A	INTERIM CFO COMPENSATION	STEPHEN FRANKO BECAME THE INTERIM CHIEF FINANCIAL OFFICER OF ST. VINCENT'S HEALTH SERVICES CORP IN JULY 2015. AS A RESULT, NO COMPENSATION IS REPORTED FOR HIM FOR CALENDAR YEAR 2014 IN FORM 990, PART VII.				
FORM 990, PART VII, SECTION B, LINE 1	INDEPENDENT CONTRACTOR REPORTING	COMPENSATION OF INDEPENDENT CONTRACTORS IS PAID BY AND REPORTED ON THE FORM 1096, ANNUAL SUMMARY AND TRANSMITTAL OF U.S. INFORMATION RETURNS, OF ASCENSION HEALTH EIN: 31-1662309. EXPENSES ARE ALLOCATED TO AND REIMBURSED BY THE FILING ORGANIZATION TO ASCENSION HEALTH. AS SUCH, THE ORGANIZATION HAS NOT REPORTED INDEPENDENT CONTRACTORS PAID ON FORM 990, PART VII, SECTION B.				
FORM 990, PART IX, LINE 11G	OTHER FEES FOR SERVICES	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses
		CONTRACT LABOR PHYSICIANS AND OTHER	37,245,405	34,153,244	3,092,161	
		OTHER PURCHASED SERVICES	19,637,973	17,634,127	2,003,846	
		CONSULTING AND RECRUITING	2,641,996	1,364,566	1,277,430	
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description				(b) Amount
		CHANGE IN INTEREST IN ST. VINCENT'S FOUNDATION				- 17,098
		PENSION AND OTHER POST RETIREMENT LIABILITY ADJUSTMENT				867,407
		TRANSFERS TO AFFILIATES				- 18,377,182
		TRANSFERS TO ASCENSION HEALTH				- 9,907,293

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. VINCENT'S MEDICAL CENTER

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

06-0646886

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ASCENSION HEALTH ALLIANCE (45-3358926) P.O. BOX 45998, ST. LOUIS, MO 63145	NATIONAL HEALTH SYSTEM	MO	501(C)(3)	11 TYPE I	N/A		✓
(2) ASCENSION HEALTH (31-1662309) P.O. BOX 45998, ST. LOUIS, MO 63145	NATIONAL HEALTH SYSTEM	MO	501(C)(3)	11 TYPE I	ASCENSION HEALTH ALLIANCE		✓
(3) ST. VINCENT'S HEALTH SERVICES CORP (22-2558134) 2800 MAIN STREET, BRIDGEPORT, CT 06606	SYSTEM PARENT	CT	501(C)(3)	11 TYPE I	ASCENSION HEALTH		✓
(4) ST. VINCENT'S COLLEGE, INC. (06-1331677) 2800 MAIN STREET, BRIDGEPORT, CT 06606	COLLEGE OF HEALTH SCIENCE	CT	501(C)(3)	2	ST.VINCENT'S MEDICAL CENTER	✓	
(5) ST. VINCENT'S MEDICAL CENTER FOUNDATION, INC. (22-2558132) 2800 MAIN STREET, BRIDGEPORT, CT 06606	FUNDRAISING	CT	501(C)(3)	7	ST. VINCENT'S HEALTH SERVICES CORP	✓	
(6) ST. VINCENT'S SPECIAL NEEDS CENTER, INC. (06-0702617) 95 MERRITT BOULEVARD, TRUMBULL, CT 06611	PROGRAMS FOR SPECIAL NEEDS INDIVIDUALS	CT	501(C)(3)	9	ST. VINCENT'S HEALTH SERVICES CORP	✓	
(7) (SEE STATEMENT)							

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

Cat. No. 50135Y

Schedule R (Form 990) 2014

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) VINCENTURES, INC. (06-1211417) 95 MERRITT BOULEVARD, TRUMBULL, CT 06611	INACTIVE	CT	N/A	C CORPORATION	N/A	N/A	N/A	✓	
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
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)	✓	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
ST. VINCENT'S COLLEGE, INC.			
(1) ST. VINCENT'S COLLEGE, INC.	B	74,700	AMOUNTS TRANSFERRED
(2) ST. VINCENT'S COLLEGE, INC.	P	909,038	AMOUNTS TRANSFERRED
(3) ST. VINCENT'S COLLEGE, INC.	P	2,900,000	AMOUNTS TRANSFERRED
(4) ST. VINCENT'S DEVELOPMENT, INC.	P	490,454	AMOUNTS TRANSFERRED
(5) ST. VINCENT'S DEVELOPMENT, INC. (SEE STATEMENT)	Q	221,100	AMOUNTS TRANSFERRED
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate 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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
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(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part II**Identification of Related Tax-Exempt Organizations** (continued)

(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
(7) ST. VINCENT'S DEVELOPMENT, INC. (22-2554128) 95 MERRITT BOULEVARD, TRUMBULL, CT 06611	REAL ESTATE HOLDINGS	CT	501(c)(25)		ST. VINCENT'S HEALTH SERVICES CORP	✓	
(8) ST. VINCENT'S MULTISPECIALTY GROUP, INC. (80-0458769) 2800 MAIN STREET, BRIDGEPORT, CT 06606	PHYSICIAN PRACTICES	CT	501(c)(3)	11 Type I	ST. VINCENT'S MEDICAL CENTER	✓	

Part V**Transactions with Related Organizations** (continued)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount Involved	(f) Method of determining amount involved
(6) ST. VINCENT'S MEDICAL CENTER FOUNDATION, INC.	S	1,213,368	AMOUNTS TRANSFERRED
(7) ST. VINCENT'S MEDICAL CENTER FOUNDATION, INC.	C	267,719	AMOUNTS TRANSFERRED
(8) ST. VINCENT'S MULTISPECIALTY GROUP, INC.	R	10,275,142	AMOUNTS TRANSFERRED
(9) ST. VINCENT'S SPECIAL NEEDS CENTER, INC.	R	484,192	AMOUNTS TRANSFERRED
(10) ASCENSION HEALTH	R	10,901,993	AMOUNTS TRANSFERRED
(11) ST. VINCENT'S DEVELOPMENT, INC.	Q	296,485	AMOUNTS TRANSFERRED
(12) ST. VINCENT'S DEVELOPMENT, INC.	S	348,104	AMOUNTS TRANSFERRED

Application for Extension of Time To File an Exempt Organization Return

(Rev. January 2014)

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

• The books are in the care of ► **STEPHEN H. FRANKO**

Telephone No. ► **(203) 576-6000** Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **05/15**, 20 **16**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► calendar year 20 ____ or

► tax year beginning **10/01**, 20 **14**, and ending **09/30**, 20 **15**.

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

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

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. ST. VINCENT'S MEDICAL CENTER	Employer identification number (EIN) or 06-0646886
	Number, street, and room or suite no. If a P.O. box, see instructions. 2800 MAIN STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BRIDGEPORT, CT 06606-4201	

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

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

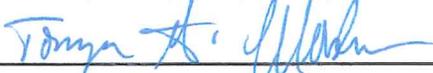
- The books are in the care of ▶ STEPHEN H. FRANKO
Telephone No. ▶ (203) 576-6000 Fax No. ▶ (314) 733-8888
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 08/15, 20 16.
- For calendar year, or other tax year beginning 10/01, 20 14, and ending 09/30, 20 15.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO ENABLE TAXPAYER TO FILE A COMPLETE AND ACCURATE RETURN.

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

Signature and Verification must be completed for Part II only.

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

Signature ▶  Title ▶ Attorney Date ▶ 5/12/2016

THE ST. VINCENT'S MEDICAL CENTER
*MEMBER OF ASCENSION HEALTH, A SUBSIDIARY OF ASCENSION HEALTH ALLIANCE,
D/B/A ASCENSION*

CONSOLIDATED FINANCIAL STATEMENTS

SEPTEMBER 30, 2015 AND 2014

THE ST. VINCENT'S MEDICAL CENTER

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INDEPENDENT AUDITORS' REPORT

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

We have audited the accompanying consolidated financial statements of The St. Vincent's Medical Center (the Medical Center), which comprise the consolidated balance sheets as of September 30, 2015 and 2014, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

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

Auditors' Responsibility

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

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

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



Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of the Medical Center as of September 30, 2015 and 2014, and the consolidated results of their operations and changes in net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Marcum LLP

Hartford, CT
January 27, 2016

THE ST. VINCENT'S MEDICAL CENTER

CONSOLIDATED BALANCE SHEETS

(Dollars in Thousands)

SEPTEMBER 30, 2015 AND 2014

	2015	2014
Assets		
Current Assets		
Cash and cash equivalents	\$ 5,309	\$ 2,477
Accounts receivable, less allowances for doubtful accounts (\$24,900 in 2015 and \$26,400 in 2014)	70,492	67,589
Due from System, parent and affiliated entities, net	6,402	1,127
Inventories and other current assets	14,592	14,802
Total Current Assets	96,795	85,995
Interest in Investments Held by Ascension	295,151	363,112
Assets Limited as to Use		
Temporarily restricted	241	261
Temporarily restricted interest in The St. Vincent's Medical Center Foundation, Inc.	13,624	13,924
Permanently restricted	68	68
Permanently restricted interest in The St. Vincent's Medical Center Foundation, Inc.	12,092	11,985
Total Assets Limited as to Use	26,025	26,238
Unrestricted Interest in The St. Vincent's Medical Center Foundation, Inc.	312	312
Property and Equipment		
Land and improvements	8,761	8,883
Buildings and equipment	440,136	431,816
Construction in progress	7,739	2,275
	456,636	442,974
Less accumulated depreciation	(279,594)	(260,440)
Total Property and Equipment, net	177,042	182,534
Capitalized Software Costs, net	22,966	26,298
Other Assets	15,063	11,959
Pension Asset	--	5,722
Total Assets	\$ 633,354	\$ 702,170

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

THE ST. VINCENT'S MEDICAL CENTER
CONSOLIDATED BALANCE SHEETS (CONTINUED)
(Dollars in Thousands)

SEPTEMBER 30, 2015 AND 2014

	2015	2014
Liabilities and Net Assets		
Current Liabilities		
Accounts payable and accrued liabilities	\$ 44,863	\$ 53,113
Current portion of long-term debt	1,614	885
Estimated third-party payor settlements	9,476	10,642
Total Current Liabilities	55,953	64,640
Noncurrent Liabilities		
Long-term debt	54,935	56,503
Pension and other postretirement liabilities	5,778	5,194
Self-insurance liabilities	3,803	3,701
Other	10,180	9,631
Total Noncurrent Liabilities	74,696	75,029
Total Liabilities	130,649	139,669
Net Assets		
Unrestricted	476,680	536,263
Temporarily restricted	13,865	14,185
Permanently restricted	12,160	12,053
Total Net Assets	502,705	562,501
Total Liabilities and Net Assets	\$ 633,354	\$ 702,170

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

THE ST. VINCENT'S MEDICAL CENTER

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

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

	2015	2014
Operating Revenues		
Net patient service revenue	\$ 466,454	\$ 481,967
Less provision for doubtful accounts	<u>24,067</u>	<u>34,098</u>
Net patient service revenue, less provision for doubtful accounts	442,387	447,869
Other revenues	21,019	24,175
Net assets released from restrictions for operations	<u>1,251</u>	<u>1,481</u>
Total Operating Revenues	<u>464,657</u>	<u>473,525</u>
Operating Expenses		
Salaries and wages	212,209	197,629
Employee benefits	49,102	49,928
Purchased services	57,622	47,757
Professional fees	22,462	22,437
Supplies	56,902	56,765
Insurance	9,002	5,760
Interest	1,791	1,818
Depreciation and amortization	25,344	27,483
Provider tax	18,202	16,167
Other	<u>33,059</u>	<u>32,356</u>
Total Operating Expenses Before Non-Recurring Losses	<u>485,695</u>	<u>458,100</u>
(Loss) Income from Operations Before Non-Recurring Losses	(21,038)	15,425
Non-Recurring Losses	<u>--</u>	<u>(946)</u>
(Loss) Income from Operations	<u>(21,038)</u>	<u>14,479</u>
Nonoperating (Losses) Gains		
Investment return, net	(12,124)	22,642
Other	<u>440</u>	<u>--</u>
Total Nonoperating (Losses) Gains, net	<u>(11,684)</u>	<u>22,642</u>
(Deficiency) Excess of Revenues and Gains Over Expenses and Losses	<u>(32,722)</u>	<u>37,121</u>

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

THE ST. VINCENT'S MEDICAL CENTER

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

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
Unrestricted Net Assets		
(Deficiency) excess of revenues and gains over expenses and losses	\$ (32,722)	\$ 37,121
Transfers to System, parent, and affiliated entities, net	(27,837)	(14,257)
Net assets released from restrictions for property acquisitions	--	(275)
Pension and other postretirement liability adjustments	<u>976</u>	<u>198</u>
(Decrease) Increase in Unrestricted Net Assets	<u>(59,583)</u>	<u>22,787</u>
Temporarily Restricted Net Assets		
Contributions	1,264	1,215
Net assets released from restrictions	(1,251)	(1,206)
Other	(33)	(43)
Change in temporarily restricted interest in The St. Vincent's Medical Center Foundation, Inc.	<u>(300)</u>	<u>1,441</u>
(Decrease) Increase in Temporarily Restricted Net Assets	<u>(320)</u>	<u>1,407</u>
Permanently Restricted Net Assets		
Change in permanently restricted interest in The St. Vincent's Medical Center Foundation, Inc.	<u>107</u>	<u>539</u>
(Decrease) Increase in Net Assets	(59,796)	24,733
Net Assets - Beginning	<u>562,501</u>	<u>537,768</u>
Net Assets - Ending	<u>\$ 502,705</u>	<u>\$ 562,501</u>

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

THE ST. VINCENT'S MEDICAL CENTER

CONSOLIDATED STATEMENTS OF CASH FLOWS

(Dollars in Thousands)

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

	2015	2014
Cash Flows from Operating Activities		
(Decrease) increase in net assets	\$ (59,796)	\$ 24,733
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:		
Depreciation and amortization	25,344	27,483
Pension and other postretirement liability adjustments	(976)	(198)
Restricted contributions and net investment return	(1,264)	(1,215)
Net change in unrealized losses (gains) on investments	18,010	(5,755)
Increase in interest in The St. Vincent's Medical Center Foundation, Inc.	193	(1,980)
Transfers to System, parent, and affiliated entities, net	27,837	14,257
Changes in operating assets and liabilities:		
Interest in investments held by Ascension	49,951	(3,537)
Accounts receivable, net	(2,903)	(11,546)
Advances to parent and affiliated entities	(42,329)	(7,713)
Advances from parent and affiliated entities	37,054	8,131
Inventories and other current assets	210	4,496
Accounts payable and accrued liabilities	(8,250)	(4,441)
Estimated third-party payor settlements	(1,166)	4,961
Pension and other postretirement liabilities	6,306	(7,590)
Other noncurrent liabilities	651	1,131
Net Cash Provided by Operating Activities	48,872	41,217
Cash Flows from Investing Activities		
Property and equipment additions	(14,252)	(8,178)
Software in development	(2,268)	(17,646)
Decrease in assets limited as to use - temporarily restricted	20	34
Increase in other assets	(3,104)	(1,968)
Net Cash Used in Investing Activities	(19,604)	(27,758)

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

THE ST. VINCENT'S MEDICAL CENTER

CONSOLIDATED STATEMENTS OF CASH FLOWS

(Dollars in Thousands)

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

	2015	2014
Cash Flows from Financing Activities		
Transfers to System, parent and affiliated entities, net	\$ (26,861)	\$ (14,059)
Restricted contributions and net investment return	1,264	1,215
Repayments of long-term debt	<u>(839)</u>	<u>(1,913)</u>
Net Cash Used in Financing Activities	<u>(26,436)</u>	<u>(14,757)</u>
Net Change in Cash and Cash Equivalents	2,832	(1,298)
Cash and Cash Equivalents - Beginning	<u>2,477</u>	<u>3,775</u>
Cash and Cash Equivalents - Ending	<u>\$ 5,309</u>	<u>\$ 2,477</u>

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

THE ST. VINCENT'S MEDICAL CENTER

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Dollars in Thousands)

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 1 – ORGANIZATION AND MISSION

ORGANIZATIONAL STRUCTURE

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

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

Effective January 1, 2016, St. Vincent's Health Services Corporation distributed its membership interest in St. Vincent's Medical Center to Ascension Health, and Ascension Health contributed its membership interest in St. Vincent's Health Services Corporation to St. Vincent's Medical Center. Upon the effectiveness of these transactions, Ascension Health became the sole member to St. Vincent's Medical Center, and St. Vincent's Medical Center became the sole member of St. Vincent's Health Services Corporation.

The Medical Center is a nonprofit hospital system, consisting of an acute care hospital located in Bridgeport, Connecticut and a behavioral health hospital located in Westport, Connecticut. The Medical Center provides inpatient, outpatient, and emergency care services for residents of the Greater Bridgeport area and its neighboring towns. Admitting physicians are primarily practitioners in the local area. Subsidiaries of the Medical Center include the St. Vincent's Multispecialty Group, Inc. (Multispecialty Group) and The St. Vincent's College, Inc. (College). The Multispecialty Group, a nonprofit subsidiary of the Medical Center, is a consolidated group of primary care and specialty physicians and allied health professionals providing services to the Medical Center and the community. The College, a nonprofit subsidiary of the Medical Center, is an institution of higher learning that offers bachelor degrees in nursing and radiologic sciences, associate degrees in nursing,

THE ST. VINCENT'S MEDICAL CENTER

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Dollars in Thousands)

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 1 – ORGANIZATION AND MISSION (CONTINUED)

ORGANIZATIONAL STRUCTURE (CONTINUED)

radiography, medical assisting, and general studies, as well as certificate programs in multiple health care fields.

The Medical Center is related to Ascension Health's other sponsored organizations through common control. Substantially all expenses of Ascension Health are related to providing health care services.

St. Vincent's Health Partners, Inc. (SVHP), a physician-hospital organization, was incorporated in 2012 as a taxable Connecticut nonstock corporation. The Medical Center owns fifty percent (50%) of the membership interest in SVHP and accounts for this interest under the equity method of accounting. Physician members own the other fifty percent (50%) of the membership interest in SVHP. SVHP's physician members include all physicians employed by Multispecialty Group and community physicians who are members of the Medical Center's medical staff. SVHP had a negative equity balance as of September 30, 2015 and 2014.

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

MISSION

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

- Traditional charity care includes the cost of services provided to persons who cannot afford health care because of inadequate resources and/or who are uninsured or underinsured.
- Unpaid cost of public programs, excluding Medicare, represents the unpaid cost of services provided to persons covered by public programs for persons living in poverty and other vulnerable persons.

THE ST. VINCENT'S MEDICAL CENTER

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Dollars in Thousands)

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 1 – ORGANIZATION AND MISSION (CONTINUED)

- Cost of other programs for persons living in poverty and other vulnerable persons includes unreimbursed costs of programs intentionally designed to serve the persons living in poverty and other vulnerable persons of the community, including substance abusers, the homeless, victims of child abuse, and persons with acquired immune deficiency syndrome.
- Community benefit consists of the unreimbursed costs of community benefit programs and services for the general community, not solely for the persons living in poverty, including health promotion and education, health clinics and screenings, and medical research.

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

The amount of traditional charity care provided, determined on the basis of cost, was approximately \$7,167 and \$5,600 for the years ended September 30, 2015 and 2014, respectively. The amount of unpaid cost of public programs, cost of other programs for persons living in poverty and other vulnerable persons, and community benefit cost are reported in the accompanying supplementary information.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

PRINCIPLES OF CONSOLIDATION

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

USE OF ESTIMATES

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

THE ST. VINCENT'S MEDICAL CENTER

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Dollars in Thousands)

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

FAIR VALUE OF FINANCIAL INSTRUMENTS

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

CASH AND CASH EQUIVALENTS

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

The Medical Center has cash in various financial institutions that insure deposits up to \$250 per depositor through the Federal Deposit Insurance Corporation (FDIC). Deposits in excess of FDIC coverage are not insured and thereby represent a credit risk to the Medical Center. At September 30, 2015, there were approximately \$4,300 of uninsured deposits.

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

As of September 30, 2015 and 2014, the Medical Center has an interest in investments held by Ascension, which is reflected in the accompanying Consolidated Balance Sheets, and represents the Medical Center's pro rata share of Ascension's investment interest in the Ascension Alpha Fund, LLC (Alpha Fund). Ascension has an investment interest in the Alpha Fund, as a member of the Alpha Fund, and invests funds in the Alpha Fund on behalf of the Medical Center. Ascension Investment Management, LLC (AIM), a wholly owned subsidiary of Ascension, acts as manager and serves as the principal investment advisor for the Alpha Fund, overseeing the investment strategies offered to the Alpha Fund's members. AIM provides expertise in the areas of asset allocation, selection and monitoring of outside investment managers, and risk management.

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

THE ST. VINCENT'S MEDICAL CENTER

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Dollars in Thousands)

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

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

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

INVENTORIES

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

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

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

THE ST. VINCENT'S MEDICAL CENTER

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Dollars in Thousands)

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

INTANGIBLE ASSETS

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

	2015	2014
Capitalized computer software costs	\$ 45,699	\$ 42,598
Less: accumulated amortization	<u>24,651</u>	<u>19,051</u>
Capitalized computer software costs, net	21,048	23,547
Software under development	1,918	2,751
Goodwill	<u>3,205</u>	<u>1,709</u>
Total intangible assets, net	<u>\$ 26,171</u>	<u>\$ 28,007</u>

Intangible assets whose lives are indefinite, primarily goodwill, are not amortized and are evaluated for impairment at least annually or when circumstances indicate a possible impairment may exist, while intangible assets with definite lives, primarily capitalized computer software costs, are amortized over their expected useful lives. Amortization expense for these intangible assets for the years ended September 30, 2015 and 2014 was \$5,600 and \$5,743, respectively.

In January 2013, the Medical Center abandoned its implementation of several software upgrades to its current electronic medical record and patient revenue systems and decided to implement replacement systems. The expected useful lives for the remaining capitalized computer software costs related to those systems were shortened to expected lives of 16 to 28 months to reflect the expected remaining period the systems would remain in use. Accelerated amortization expense for the years ended September 30, 2015 and 2014 was \$8 and \$1,250, respectively.

Several capital projects have remaining software purchase commitments of \$1,893 as of September 30, 2015.

THE ST. VINCENT'S MEDICAL CENTER

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Dollars in Thousands)

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

PROPERTY AND EQUIPMENT

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

Depreciation is determined on a straight-line basis over the estimated useful lives of the related assets. Depreciation expense in 2015 and 2014 was \$19,744 and \$21,740, respectively.

Estimated useful lives by asset category are as follows: land improvements - 10 to 15 years; buildings 15 to 40 years; and equipment 5 to 20 years. Interest costs incurred as part of related construction are capitalized during the period of construction. No interest was capitalized during 2015 or 2014.

Several capital projects have remaining construction and related equipment purchase commitments of approximately \$6,154 as of September 30, 2015.

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

The Medical Center's most significant asset retirement obligation relates to required future asbestos remediation of physical plant and buildings constructed prior to 1975. Asset retirement obligations of \$128 as of September 30, 2015 and 2014 are recorded in other noncurrent liabilities in the accompanying Consolidated Balance Sheets. There are no assets that are legally restricted for purposes of settling asset retirement obligations.

During 2015 and 2014, no retirement obligations were incurred or settled.

THE ST. VINCENT'S MEDICAL CENTER

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Dollars in Thousands)

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS

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

CONTRIBUTIONS, BEQUESTS, AND GRANTS

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

PERFORMANCE INDICATOR

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

OPERATING AND NONOPERATING ACTIVITIES

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

THE ST. VINCENT'S MEDICAL CENTER

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Dollars in Thousands)

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

The following table summarizes net revenue from services to patients:

	2015	2014
Gross patient service revenue	\$ 1,431,622	\$ 1,285,467
Deductions		
Allowances	943,281	786,235
Charity care	21,887	17,265
Net patient service revenue	<u>\$ 466,454</u>	<u>\$ 481,967</u>

Supplemental payments received from the State of Connecticut of \$9,934 and \$14,230 for the years ended September 30, 2015 and 2014, respectively, have been included in net patient service revenue above.

Net patient service revenue is reported at the estimated realizable amounts from patients, third-party payors, and others for services provided and includes estimated retroactive adjustments under reimbursement agreements with third-party payors. The Medical Center recognizes patient service revenue at the time services are rendered, even though the patient's ability to pay may not be completely assessed at that time. Revenue under certain third-party payor agreements is subject to audit, retroactive adjustments, and significant regulatory actions. Provisions for third-party payor settlements and adjustments are estimated in the period the related services are provided and adjusted in future periods as additional information becomes available and as final settlements are determined. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a possibility that recorded estimates will change by a material amount in the near term. Adjustments to revenue related to prior periods increased net patient service revenue by approximately \$7,091 and \$14,509 for the years ended September 30, 2015 and 2014, respectively.

The Connecticut Medicaid inpatient hospital reimbursement model of interim per diem rates and case rate settlements was transitioned to an All Patient Refined Diagnosis Related Group System (APR-DRG) where payments were established prospectively for inpatients admitted on or after January 1, 2015. Connecticut Medicaid outpatient hospital reimbursement will move from the current system of reimbursement based on Revenue Center Codes to a prospective payment system based on the complexity of services performed.

THE ST. VINCENT'S MEDICAL CENTER

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

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NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

	2015	2014
Medicare	39 %	43 %
Medicaid	13 %	13 %
HMOs	22 %	29 %
Commercial	18 %	14 %
Self-pay and other	8 %	1 %
	100 %	100 %

The Medical Center grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor arrangements. Significant concentrations of accounts receivable, less allowance for doubtful accounts, at September 30, 2015 and 2014 are as follows:

	2015	2014
Medicare	30 %	37 %
Medicaid	16 %	12 %
HMOs	14 %	22 %
Commercial	30 %	20 %
Self-pay and other	10 %	9 %
	100 %	100 %

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

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FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

The methodology for determining the allowance for doubtful accounts and related write-offs on uninsured patient accounts has remained consistent with the prior year.

ELECTRONIC HEALTH RECORD INCENTIVE PAYMENTS

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

The Medical Center accounts for HITECH incentive payments as a gain contingency. Income from Medicare incentive payments is recognized as revenue after the Medical Center has demonstrated that it complied with the meaningful use criteria over the entire applicable compliance period and the cost report period that will be used to determine the final incentive payment has ended. The Medical Center recognizes incentive payments as revenues when qualifying patient volume thresholds and meaningful use objectives have been met for the applicable reporting period. Incentive payments totaling \$234 and \$2,250 for the years ended September 30, 2015 and 2014, respectively, are included in total operating revenues in the accompanying Consolidated Statements of Operations and Changes in Net Assets. Income from incentive payments is subject to retrospective adjustment as the incentive payments are calculated using Medicare cost report data that is subject to audit. Additionally, the Medical Center's compliance with the meaningful use criteria is subject to audit by the federal government.

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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

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NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

IMPAIRMENT AND NONRECURRING LOSSES

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

During the year ended September 30, 2014, the Medical Center recorded costs associated with a workforce reduction of \$946. The amount was comprised primarily of severance compensation, outplacement costs and estimated future unemployment compensation. There were no such costs recorded by the Medical Center during the year ended September 30, 2015.

HEALTH MINISTRY INCOME TAXES

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

Management has analyzed the tax positions taken and has concluded that as of September 30, 2015, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Medical Center is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Management believes the Medical Center is no longer subject to income tax examinations prior to 2012.

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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Dollars in Thousands)

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

REGULATORY COMPLIANCE

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

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

RECLASSIFICATIONS

Certain reclassifications were made to the 2014 consolidated financial statements to conform to the 2015 presentation.

SUBSEQUENT EVENTS

The Medical Center evaluates the impact of subsequent events, which are events that occur after the balance sheet date but before the financial statements are issued, for potential recognition in the financial statements as of the balance sheet date. For the year ended September 30, 2015, the Medical Center evaluated subsequent events through January 27, 2016, representing the date on which the financial statements were available to be issued. During this period, there were no material subsequent events that required recognition or disclosure in the consolidated financial statements other than the changes in organizational structure disclosed in Note 1 – Organization and Mission.

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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

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FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

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

At September 30, 2015 and 2014, the Medical Center's investments are comprised of its interest in investments held by Ascension and certain other investments, including investments held and managed by the Foundation. Assets limited as to use primarily include investments restricted by donors. The Medical Center's cash and cash equivalents, interest in investments held by Ascension, and assets limited as to use (primarily Foundation) and other long-term investments are reported in the accompanying Consolidated Balance Sheets as presented in the following table as of September 30:

	2015	2014
Cash and cash equivalents	\$ 5,309	\$ 2,477
Interest in investments held by Ascension	295,151	363,112
Assets limited as to use temporarily and permanently restricted	26,025	26,238
Other long-term investments	312	312
	\$ 326,797	\$ 392,139

As of September 30, 2015 and 2014, the composition of cash and cash equivalents, interest in investments held by Ascension and assets limited as to use and other long-term investments is summarized as follows:

	2015	2014
Cash and cash equivalents	\$ 5,309	\$ 2,477
Interest in investments held by Ascension	295,151	363,112
Other assets limited as to use	26,025	26,238
Unrestricted interest in the Foundation	312	312
	\$ 326,797	\$ 392,139

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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

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FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

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

As of September 30, 2015 and 2014, the composition of interest in investments held by Ascension is as follows:

	2015	2014
Cash, cash equivalents and short-term investments	3.0%	2.3%
U.S. government obligations	21.2%	22.9%
Asset-backed securities	6.3%	6.4%
Corporate and foreign fixed income investments	12.0%	10.5%
Equity securities	18.8%	19.0%
Alternative investments and other investments		
Private equity and real estate funds	9.5%	7.8%
Hedge funds	20.2%	23.3%
Commodities funds and other investments	9.0%	7.8%
	100.0%	100.0%

As of September 30, 2015 and 2014, the composition of total Foundation investments is as follows:

	2015	2014
Cash, cash equivalents and short-term investments	13.5%	11.1%
U.S. government obligations	2.3%	1.5%
Asset-backed securities	2.2%	2.1%
Corporate and foreign fixed income investments	12.9%	14.9%
Equity, private equity and other investments	69.1%	70.4%
	100.0%	100.0%

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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

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FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

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

Investment return for the years ended September 30, 2015 and 2014 recognized by the Medical Center is summarized as follows:

	<u>2015</u>	<u>2014</u>
Return on interest in investments held by Ascension	\$ (12,124)	\$ 22,642
Total investment return, net	<u>\$ (12,124)</u>	<u>\$ 22,642</u>
Investment return included in nonoperating (losses) gains	\$ (12,124)	\$ 22,642
Total investment return, net	<u>\$ (12,124)</u>	<u>\$ 22,642</u>

NOTE 4 – FAIR VALUE MEASUREMENTS

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

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

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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

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NOTE 4 – FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

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

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

As of September 30, 2015 and 2014, the assets and liabilities utilize the following valuations techniques and inputs:

Cash and cash equivalents and short-term investments

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

Pooled short-term investment funds

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

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NOTE 4 – FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

Corporate and foreign fixed income securities

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

Asset-backed securities

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

Equity securities

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

Alternative investments and other investments

Alternative investments consist of private equity, hedge funds, private equity funds, commodity funds, and real estate partnerships. The fair value of private equity is primarily determined using techniques consistent with both the market and income approaches, based on Ascension's, the Medical Center's, and the Foundation's estimates and assumptions in the absence of observable market data. The market approach considers comparable company, comparable transaction, and company-specific

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NOTE 4 – FAIR VALUE MEASUREMENTS (CONTINUED)

information, including but not limited to restrictions on disposition, subsequent purchases of the same or similar securities by other investors, pending mergers or acquisitions, and current financial position and operating results. The income approach considers the projected operating performance of the portfolio company.

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

Derivative assets and liabilities

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

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

As of September 30, 2015, 35%, 63%, and 2% of the total Alpha Fund assets that were measured at fair value on a recurring basis were measured based on Level 1, Level 2 and Level 3 inputs, respectively, while 100%, 0%, and 0% of total Alpha Fund liabilities that were measured at fair value on a recurring basis were measured at such fair values based on Level 1, Level 2, and Level 3 inputs, respectively. As of September 30, 2014, 35%, 64%, and 1% of the total Alpha Fund assets that are measured at fair value on a recurring basis were measured based on Level 1, Level 2 and Level 3 inputs, respectively, while 100% of total Alpha Fund liabilities that are measured at fair value on a recurring basis were measured at such fair values based on Level 2 inputs.

As of September 30, 2015, 74%, 10%, and 16% of the total assets held by the Foundation on behalf of the Medical Center and College that are measured at fair value on a recurring basis were measured based on Level 1, Level 2 and Level 3 inputs, respectively. As of September 30, 2014, 77%, 7% and 16% of the total assets held by the Foundation on behalf of the Medical Center and College that are measured at fair value on a recurring basis were measured based on Level 1, Level 2 and Level 3 inputs, respectively. There were no liabilities of the Foundation that were measured at fair value on a recurring basis in 2015 and 2014.

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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

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NOTE 5 – LONG-TERM DEBT

Long-term debt consists of the following at September 30:

	2015	2014
State of Connecticut Health and Educational Facilities Authority (CHEFA), Variable Rate Demand Revenue Bonds (Ascension Health Credit Group), Series 1999B payable through November 2029; subject to a fixed rate of interest through February 1, 2017; interest (1.55% at September 30, 2015) set at prevailing market rates	\$ 27,900	\$ 28,540
Intercompany debt with Ascension, payable in installments through November 2053; interest (2.975% and 3.195% at September 30, 2015 and 2014, respectively) adjusted based on prevailing blended market interest rate of underlying debt obligations	28,649	28,848
	56,549	57,388
Less current portion of long-term debt	1,614	885
	\$ 54,935	\$ 56,503

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

Year ending September 30,

2016	\$	1,614
2017		1,757
2018		1,758
2019		1,898
2020		2,004
Thereafter		47,518
	\$	56,549

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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

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NOTE 5 – LONG-TERM DEBT (CONTINUED)

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

In November 1999, the Credit Group issued \$2,365,725 of Hospital Revenue Bonds Series 1999 Bonds (1999 Bonds) through eleven different issuing authorities in nine states. The Bonds of each series were issued pursuant to separate Bond Indentures, each dated as of November 1, 1999, between the related issuer of such series and the Bond Trustee for each series. The proceeds of each series of bonds were loaned by the related issuer to Ascension (or, solely with respect to the Connecticut Bonds, the Connecticut Borrowers, (the Medical Center and Hall-Brooke Behavioral Health Services, Inc. (Hall-Brooke)) pursuant to separate Loan Agreements, each dated as of November 1, 1999, between the related issuer of such series and Ascension (or, solely with respect to the Connecticut Bonds, a Connecticut Borrower). The proceeds of the Connecticut bonds were loaned to the Medical Center and Hall-Brooke and were used to refund the CHEFA Variable Rate Demand Revenue Bonds (Charity Obligated Group) St. Vincent's Medical Center/Hall-Brooke Issue, Series 1999B.

Ascension, in its capacity of managing the System's debt program, has committed to making loans to the Corporation through November 15, 2029 in amounts ranging from \$568 to \$884, annually with repayment to occur in annual installments ranging from \$834 to \$2,515, from November 2030 through November 2053.

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

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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

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NOTE 5 – LONG-TERM DEBT (CONTINUED)

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

The borrowing portfolio of the Senior and Subordinate Credit Group includes a combination of fixed and variable rate hospital revenue bonds, commercial paper, and other obligations, the proceeds of which are in turn loaned to the Senior and Subordinate Credit Group members subject to a long-term amortization schedule of 1 to 38 years.

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

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

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

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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

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NOTE 5 – LONG-TERM DEBT (CONTINUED)

As of September 30, 2015, the Senior Credit Group has two lines of credit totaling \$1 billion. The first line of credit totals \$500 million which may be used as a source of funding for unremarketed variable rate debt (including commercial paper) or for general corporate purposes. The second line of credit totals \$500 million which may be used for general corporate purposes. Both lines of credit are committed to November 3, 2017 and as of September 30, 2015 and 2014, there were no borrowings under either line of credit.

As of September 30, 2015, the Subordinate Credit Group had a \$75,000 revolving line of credit related to its letters of credit program. This line of credit has been increased to \$100,000 and has been extended to November 24, 2016. As of September 30, 2015 and 2014, \$54,614 and \$59,620, respectively, of letters of credit had been extended under the revolving line of credit, although there were no borrowings under any of the letters of credit.

The outstanding principal amount of all hospital revenue bonds is \$5.0 billion, which represents 39% of the combined unrestricted net assets of the Senior and Subordinate Credit Group members at September 30, 2015.

Guarantees are contingent commitments issued by the Senior and Subordinate Credit Groups, generally to guarantee the performance of a sponsored organization or an affiliate to a third party in borrowing arrangements such as commercial paper issuances, bond financing, and similar transactions. The term of the guarantee is equal to the term of the related debt which can be as short as 30 days or as long as 25 years. The maximum potential amount of future payments the Senior and Subordinate Credit Groups could be required to make under its guarantees and other commitments at September 30, 2015 is approximately \$385,319.

During the years ended September 30, 2015 and 2014, interest paid was approximately \$1,791 and \$1,818, respectively. There was no capitalized interest in 2015 or 2014.

NOTE 6 – ENDOWMENTS

The Medical Center's endowments consist of approximately 100 funds established for a variety of purposes. These endowments consist of donor-restricted endowment funds. Net assets associated with endowment funds are classified and reported based on donor-imposed restrictions. The endowment funds are held by the Foundation and investment decisions are made by the Foundation, with the Medical Center determining the amount of endowment assets investment returns to be appropriated for spending.

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NOTE 6 – ENDOWMENTS (CONTINUED)

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

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

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

ENDOWMENT FUNDS WITH DEFICIENCIES

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or Connecticut UPMIFA requires the Medical Center to retain as a fund of perpetual duration. There were no deficiencies of this nature that are reported in unrestricted net assets as of September 30, 2015 and 2014.

RETURN OBJECTIVES AND RISK PARAMETERS

The Foundation, in consultation with the Medical Center's Board of Trustees, has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowments while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Medical Center must hold in perpetuity or for a donor-specified period. Under these policies, endowment assets are invested in a manner that is intended to

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NOTE 6 – ENDOWMENTS (CONTINUED)

RETURN OBJECTIVES AND RISK PARAMETERS (CONTINUED)

produce a real return, net of inflation and investment management costs. The Medical Center expects its endowment funds, over time, to provide an average annual rate of return of approximately 5% annually. Actual returns in any given year may vary from this amount.

STRATEGIES EMPLOYED FOR ACHIEVING OBJECTIVES

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

SPENDING POLICY AND HOW THE INVESTMENT OBJECTIVES RELATE TO SPENDING POLICY

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

THE ST. VINCENT'S MEDICAL CENTER

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Dollars in Thousands)

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 6 – ENDOWMENTS (CONTINUED)

CHANGES IN ENDOWMENT NET ASSETS FOR THE YEAR ENDED SEPTEMBER 30, 2015

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning	\$ --	\$ 3,190	\$ 12,053	\$ 15,243
Investment return:				
Investment income	--	177	--	177
Net depreciation (realized and unrealized)	--	(321)	--	(321)
Total investment return	--	(144)	--	(144)
Contributions	--	10	107	117
Appropriation of endowment assets for expenditures	--	(319)	--	(319)
Endowment net assets, ending	<u>\$ --</u>	<u>\$ 2,737</u>	<u>\$ 12,160</u>	<u>\$ 14,897</u>

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

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

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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Dollars in Thousands)

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 7 – PENSION PLANS

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

ASCENSION HEALTH PENSION PLAN

The Medical Center participates in the Ascension Health Pension Plan (the Ascension Plan), a noncontributory defined benefit pension plan. Benefits cover all eligible employees hired prior to January 1, 2006 and are based on each participant's years of service and compensation. The Ascension Plan's assets are invested in the Ascension Health Master Pension Trust (the Trust), a master trust primarily consisting of cash and cash equivalents, equity, fixed income funds and alternative investments, consisting of various private equity, hedge funds, real estate funds, private equity funds, commodity funds, private credit funds, and certain other private funds. The Trust also invests in derivative instruments, the purpose of which is to economically hedge the change in the net funded status of the Ascension Plan for a significant portion of the total pension liability that can occur due to changes in interest rates. Contributions to the Ascension Plan are based on actuarially determined amounts sufficient to meet the benefits to be paid to plan participants. Net periodic pension income of \$8,969 in 2015 and \$8,633 in 2014 was recognized by the Medical Center. The service cost component of net periodic pension cost charged to the Medical Center is actuarially determined while all other components are allocated based on the Medical Center's pro rata share of Ascension Health's overall projected benefit obligation.

During the year ended September 30, 2015, the Ascension Plan updated the mortality assumption to align with the mortality tables and improvement scales released by the Society of Actuaries in the fall of 2014. This update resulted in an increase to the projected benefit obligation and is included in pension and other postretirement liabilities in the Consolidated Balance Sheets.

The assets of the Ascension Plan are available to pay the benefits of eligible employees of all participating entities. In the event participating entities are unable to fulfill their financial obligations under the Ascension Plan, the other participating entities are obligated to do so. As of September 30, 2015 and 2014, the Ascension Plan had a net unfunded liability of \$203.7 million and \$33.9 million, respectively. The Medical Center's allocated share of the Ascension Plan's net unfunded liability reflected in the accompanying Consolidated Balance Sheet at September 30, 2015 was a pension liability of \$3,316. As a result of updating the funded status of the Plan, the Medical Center's allocated share of the Plan's net funded liability was increased by \$18,989 and \$1,941 during the years ended September 30, 2015 and 2014, respectively. The Medical Center's allocated share of the Ascension Plan's net unfunded liability reflected in the accompanying Consolidated Balance Sheet at

THE ST. VINCENT'S MEDICAL CENTER

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Dollars in Thousands)

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 7 – PENSION PLANS (CONTINUED)

ASCENSION HEALTH PENSION PLAN (CONTINUED)

September 30, 2014 was a pension asset of \$5,722. The net asset transfers related to the Ascension Plan are included in transfers to System, parent and affiliated entities in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

As of September 30, 2015 and 2014, the fair value of the Ascension Plan's assets available for benefits was \$4.04 billion and \$4.18 billion, respectively. As discussed in the Fair Value Measurements note, the Medical Center, as well as the System, follows a three-level hierarchy to categorize assets and liabilities measured at fair value. In accordance with this hierarchy, as of September 30, 2015, 29%, 28%, and 1% of the Ascension Plan's assets which are measured at fair value on a recurring basis were categorized as Level 1, Level 2 and Level 3, respectively, with 42% of assets recorded at net asset value (NAV). With respect to the Ascension Plan's liabilities measured at fair value on a recurring basis, 2%, 27%, and 71% were categorized as Level 1, Level 2 and Level 3, respectively, as of September 30, 2015.

Additionally, as of September 30, 2014, 24%, 35% and 1% of the Ascension Plan's assets which are measured at fair value on a recurring basis were categorized as Level 1, Level 2 and Level 3, respectively, with 40% of assets recorded at NAV. With respect to the Ascension Plan's liabilities measured at fair value on a recurring basis, 0%, 85% and 15% were categorized as Level 1, Level 2 and Level 3, respectively, as of September 30, 2014.

As of September 30, 2015 and 2014, deferred pension costs of \$32,691 and \$14,684, respectively, were included as reductions of the Medical Center's unrestricted net assets, but were not yet recorded as expenditures in the Consolidated Statements of Operations and Changes in Net Assets. During the years ended September 30, 2015 and 2014, \$982 and \$269, respectively, of these deferred costs were amortized into expense in the Consolidated Statements of Operations and Changes in Net Assets. The amortization of these costs was also reflected as a reduction of the Medical Center's net transfer to the System.

ASCENSION HEALTH DEFINED CONTRIBUTION PLAN

The Medical Center participates in the Ascension Health Defined Contribution Plan (the Defined Contribution Plan), a contributory and noncontributory, defined contribution plan sponsored by Ascension Health which covers all eligible associates. There are three primary types of contributions to the Defined Contribution Plan: employer automatic contributions, employee contributions, and employer matching contributions. Benefits for employer automatic contributions are determined as a percentage of a participant's salary and increase

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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Dollars in Thousands)

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 7 – PENSION PLANS (CONTINUED)

ASCENSION HEALTH DEFINED CONTRIBUTION PLAN (CONTINUED)

over specified periods of employee service. These benefits are funded annually and participants become fully vested over a period of time. Benefits for employer matching contributions are determined as a percentage of an eligible participant's contributions each payroll period. These benefits are funded each payroll period and participants become fully vested in all employer contributions immediately. Defined contribution expense, representing both employer automatic contributions and employer matching contributions, was \$9,435 and \$8,843 for the years ended September 30, 2015 and 2014, respectively.

SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN

The Medical Center has a Supplemental Executive Retirement Plan (SERP) for certain executive and professional employees. The amount recorded in other liabilities as of September 30, 2015 and 2014 was \$1,233 and \$1,200, respectively. In 2015 and 2014, the discount rate used was 3.57% and 3.77%, respectively. The SERP is not funded.

NOTE 8 – OTHER POSTRETIREMENT BENEFITS

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

THE ST. VINCENT'S MEDICAL CENTER

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Dollars in Thousands)

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 8 – OTHER POSTRETIREMENT BENEFITS (CONTINUED)

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

	2015	2014
Change in benefit obligation		
Benefit obligation, beginning	\$ (2,346)	\$ (2,424)
Interest cost	(96)	(112)
Actuarial losses	(6)	(71)
Benefits paid	<u>274</u>	<u>261</u>
Benefit obligation, ending	<u>\$ (2,174)</u>	<u>\$ (2,346)</u>
Change in plan assets		
Fair value of plan assets, beginning	\$ --	\$ --
Employer contributions	274	261
Benefits paid	<u>(274)</u>	<u>(261)</u>
Fair value of plan assets, ending	<u>\$ --</u>	<u>\$ --</u>
Funded status	\$ (2,174)	\$ (2,346)
Unrecognized gain	<u>--</u>	<u>--</u>
Accrued benefit cost	<u>\$ (2,174)</u>	<u>\$ (2,346)</u>
	2015	2014
Components of net periodic cost (benefit)		
Interest cost	\$ 96	\$ 112
Net amortization and deferral	<u>--</u>	<u>(1)</u>
Net periodic cost	<u>\$ 96</u>	<u>\$ 111</u>
Assumption		
Discount rate	4.34%	4.34%

THE ST. VINCENT'S MEDICAL CENTER

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Dollars in Thousands)

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 8 – OTHER POSTRETIREMENT BENEFITS (CONTINUED)

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

	<u>2015</u>	<u>2014</u>
Unrecognized actuarial gains	\$ <u>176</u>	\$ <u>184</u>

Changes in benefit obligations recognized in unrestricted net assets include:

	<u>2015</u>	<u>2014</u>
Current year actuarial losses	\$ (8)	\$ (71)
Amortization of actuarial gains	<u>--</u>	<u>1</u>
	\$ <u>(8)</u>	\$ <u>(70)</u>

There are no actuarial gains included in unrestricted net assets that are expected to be recognized as a reduction of net periodic cost during the year ending September 30, 2016.

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

<u>Year ending September 30,</u>	
2016	\$ 230
2017	224
2018	215
2019	205
2020	195
2021-2025	815

Also, the Medical Center sponsored a sick leave plan (Sick Plan) for employees who reached the age of 55 and satisfied certain service requirements. The Sick Plan was terminated during the year ended September 30, 2015 and the Medical Center paid employees the vested Sick Plan balance of \$4,525. As of September 30, 2014, the Sick Plan liability of \$2,759 was included in pension and other postretirement liabilities in the Consolidated Balance Sheet.

THE ST. VINCENT'S MEDICAL CENTER

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Dollars in Thousands)

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 9 – SELF-INSURANCE PROGRAMS

The Medical Center participates in pooled risk programs to insure substantially all professional and general liability risks and workers' compensation risks to the extent of certain self-insured limits. In addition, various umbrella insurance policies have been purchased to provide coverage in excess of the self-insured limits. Actuarially determined amounts, discounted at 6%, are contributed to the trusts and the captive insurance company to provide for the estimated cost of claims. The loss reserves recorded for estimated self-insured professional, general liability, and workers' compensation claims include estimates of the ultimate costs for both reported claims and claims incurred but not reported and are discounted at 6% in 2015 and 2014. In the event that sufficient funds are not available from the self-insurance programs, each participating entity may be assessed its pro rata share of the deficiency. If contributions exceed the losses paid, the excess may be returned to participating entities.

PROFESSIONAL AND GENERAL LIABILITY PROGRAMS

The Medical Center participates in Ascension's professional and general liability self-insured program which most commonly provides claims-made coverage through a wholly owned on-shore trust and offshore captive insurance company, Ascension Health Insurance, Ltd. (AHIL), with a self-insured retention up to \$10,000 per occurrence with no aggregate. The Medical Center has a deductible of \$100 per claim. Excess coverage is provided through AHIL, with limits up to \$205,000 for 2015 and 2014. AHIL retains \$5,000 per incident and \$5,000 annual aggregate for professional liability (effective July 1, 2014, AHIL retains a 75% quota share of \$5,000 per incident and \$5,000 annual for professional liability). AHIL also retains a 20% quota share of the first \$25,000 of umbrella excess. The remaining excess coverage is reinsured by commercial carriers.

Included in operating expenses in the accompanying Consolidated Statements of Operations and Changes in Net Assets is professional and general liability expense of \$1,042 and \$3,115 for the years ended September 30, 2015 and 2014, respectively. For the years ended September 30, 2015 and 2014, the expense has been reduced by \$700 and \$932, respectively, of excess premiums previously retained by Ascension's professional and general liability self-insured program which have been returned to the Health Ministry. Included in current liabilities and long-term self-insurance liabilities on the accompanying Consolidated Balance Sheets are liabilities for deductibles and reserves for claims incurred but not yet reported of approximately \$6,176 and \$5,724 at September 30, 2015 and 2014, respectively.

THE ST. VINCENT'S MEDICAL CENTER

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Dollars in Thousands)

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 9 – SELF-INSURANCE PROGRAMS (CONTINUED)

WORKERS' COMPENSATION

The Medical Center participates in Ascension's workers' compensation program which provides occurrence coverage through a grantor trust. Effective July 1, 2014, the trust provides coverage up to \$1,500 per occurrence with no aggregate (\$1,000 per occurrence for the period from October 1, 2013 to June 30, 2014). On July 1, 2011, the Medical Center implemented a \$100 deductible per claim, with no aggregate, thereby assuming responsibility for indemnity and expenses for each and every claim occurring and reported after that date, up to the deductible amount. The trust provides a mechanism for funding the workers' compensation obligations of its members. Excess insurance against catastrophic loss is obtained through commercial insurers. Premium payments made to the trust are expensed and reflect both claims reported and claims incurred but not reported.

Included in operating expenses in the accompanying Consolidated Statements of Operations and Changes in Net Assets is workers' compensation expense of \$599 and \$1,104 for the years ended September 30, 2015 and 2014, respectively. Included in current liabilities on the accompanying Consolidated Balance Sheets are workers' compensation loss reserves of \$856 and \$1,176 at September 30, 2015 and 2014, respectively.

HEALTH INSURANCE

The Medical Center participates in the Ascension self-insured plan for employee health care benefits. Stop-loss coverage for medical and pharmaceutical claims in excess of \$110 and \$200, respectively, per participant per calendar year is shared between the participating members of the Ascension self-insured plan. Stop-loss coverage for all medical and pharmaceutical claims in excess of \$1,000 per participant per calendar year is commercially insured. The Medical Center accrues a liability for employee health care by charging the Consolidated Statements of Operations and Changes in Net Assets for certain known claims and reasonable estimates for incurred but not reported claims based on claims experience. The amount of actual losses could differ from estimates recognized.

THE ST. VINCENT'S MEDICAL CENTER

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Dollars in Thousands)

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 10 – LEASE COMMITMENTS

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

<u>Year ending September 30,</u>	
2016	\$ 3,794
2017	3,261
2018	2,626
2019	2,299
2020	1,726
Thereafter	<u>5,130</u>
	<u>\$ 18,836</u>

Rental expense under operating leases amounted to \$8,345 and \$7,462 in 2015 and 2014, respectively.

NOTE 11 – RELATED-PARTY TRANSACTIONS

The Medical Center utilized various centralized programs and overhead services of the System or its other sponsored organizations including risk management, retirement services, treasury, debt management, executive management support, administrative services, and information technology services. The charges allocated to the Medical Center for these services represent both allocations of common costs and specifically identified expenses that are incurred by the System on behalf of the Medical Center. Allocations are based on relevant metrics such as the Medical Center's pro rata share of revenues, certain costs, debt, or investments to the consolidated totals of the System. The amounts charged to the Medical Center for these services may not necessarily result in the net costs that would be incurred by the Medical Center on a stand-alone basis. The Medical Center then allocates a portion of such costs to all the affiliated entities based on a pro-rata share of operating expenses. The charges allocated to the Medical Center, net of \$545 and \$164 allocated to affiliated entities, were approximately \$6,790 and \$7,261 for the years ended September 30, 2015 and 2014, respectively.

Prior to July 1, 2013, the allocated charges were reported as purchased services on the accompanying Consolidated Statements of Operations and Changes in Net Assets. Effective July 1, 2013, a portion of the allocated charges were reported as transfers to System, parent, and affiliated entities, net, in the accompanying Consolidated Statements of Operations and Changes in Net Assets. Charges of \$4,710 and \$5,445 were recorded as transfers for the years ended September 30, 2015 and 2014, respectively.

THE ST. VINCENT'S MEDICAL CENTER

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Dollars in Thousands)

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 11 – RELATED-PARTY TRANSACTIONS (CONTINUED)

In addition, the System is in the process of implementing a System-wide information technology and process standardization project that is expected to be fully implemented by June 30, 2016. SVHS' implementation was completed in September 2013. The Medical Center has been and will continue to be allocated its share of the costs to fund this project. The Medical Center then allocates such funding to all affiliated entities based on a pro-rata share of operating expenses. The Medical Center made payments to the System, net of funding allocated to affiliated entities, of \$3,627 and \$5,373 for the years ended September 30, 2015 and 2014, respectively. These payments are included in transfers to System, parent, and affiliated entities, net, in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

With the implementation of the project, the System has established a shared Ministry Service Center (MSC) to manage a portion of the routine accounting, payroll and human resource services. For the years ended September 30, 2015 and 2014, the Medical Center paid \$2,059 and \$2,099, respectively, to the MSC as a pro-rated share of the allocated costs which are included in operating expenses.

During 2015 and 2014, the Medical Center transferred \$1,466 and \$1,008, respectively, to the System to fund its allocated portion of the System obligations of both the System and several of its members. The transfers are included in transfers to System, parent, and affiliated entities, net, in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

During 2015 and 2014, the Medical Center transferred \$258 and \$281, respectively, to the System to fund the Medical Center's allocated portion of cost associated with ministry services provided by the Daughters of Charity. The transfers are included in transfers to System, parent, and affiliated entities, net in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

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

THE ST. VINCENT'S MEDICAL CENTER

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Dollars in Thousands)

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 11 – RELATED-PARTY TRANSACTIONS (CONTINUED)

The Medical Center operates consolidated supportive functions, including information services, accounting, payroll, purchasing, human resources, security, automotive fleet and other miscellaneous services. For the years ended September 30, 2015 and 2014, the Medical Center charged affiliated entities \$2,250 and \$1,660 for these services, respectively, which have been reported as other operating revenues in the Consolidated Statements of Operations and Changes in Net Assets.

In addition, the Medical Center and its affiliated entities participate in the Ascension self-insured plan for employee health care benefits. The Medical Center incurs the entire costs, including actual claims experience, incurred but not reported liabilities and administrative costs. The Medical Center charges affiliated entities based on an estimated per contract premium based on level of participation. For the years ended September 30, 2015 and 2014, the Medical Center charged affiliated entities \$2,939 and \$2,773, respectively, which have been reported as other operating revenues in the Consolidated Statements of Operations and Changes in Net Assets. The amount charged to affiliated entities may not result in the net costs that would be incurred if each affiliated entity were on a stand-alone basis.

The Medical Center leases several properties from affiliated entities for various programs and additional classroom space for the College. For the years ended September 30, 2015 and 2014, the Medical Center paid rent to affiliated entities of \$1,150 and \$501, respectively, which is included in operating expenses.

The Medical Center purchases facility management services from Development Corp. for management of properties other than its two main and several outpatient facilities. The Medical Center paid fees to Development Corp. of \$836 and \$422 for the years ended September 30, 2015 and 2014, respectively, which are included in operating expenses.

Effective July 1, 2015, facility management services were moved to a centralized program of the System. The projected impact is an elimination of management fee revenue and a corresponding reduction in purchased services, with a minimal impact on income from operations.

THE ST. VINCENT'S MEDICAL CENTER

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Dollars in Thousands)

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 11 – RELATED-PARTY TRANSACTIONS (CONTINUED)

As of September 30, 2015 and 2014, the Medical Center's amounts from (due to) System, parent and affiliated entities, net, are as follows:

	2015	2014
The St. Vincent's Special Needs Center, Inc.	\$ 575	\$ (410)
St. Vincent's Medical Center Foundation, Inc.	7,815	3,942
St. Vincent's Development Corporation	1,219	1,215
System	<u>(3,207)</u>	<u>(3,620)</u>
	<u>\$ 6,402</u>	<u>\$ 1,127</u>

The Medical Center entered into a line of credit arrangement with SVHP pursuant to which SVHP has the right to borrow up to \$4,000 from the Medical Center. To secure its obligation to repay the line of credit, SVHP granted the Medical Center a security interest in all of its assets. As of September 30, 2015 and 2014, the Medical Center had outstanding balances of \$3,200 and \$2,000, respectively, under this line of credit and these amounts are included in other noncurrent assets in the Consolidated Balance Sheets.

NOTE 12 – TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS

Temporarily restricted net assets are available for the following purposes:

	2015	2014
Health care services	\$ 4,951	\$ 4,902
Education and training	2,150	2,378
Capital	3,950	3,653
Other	<u>2,814</u>	<u>3,252</u>
	<u>\$ 13,865</u>	<u>\$ 14,185</u>

THE ST. VINCENT'S MEDICAL CENTER

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Dollars in Thousands)

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 12 – TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS (CONTINUED)

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

	2015	2014
Health care services	\$ 6,264	\$ 6,258
Education and training	2,437	2,400
Capital	1,393	1,393
Other	<u>2,066</u>	<u>2,002</u>
	<u>\$ 12,160</u>	<u>\$ 12,053</u>

NOTE 13 – CONTINGENCIES AND COMMITMENTS

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

In January 2006, the Medical Center, AHIL, and an insurance provider entered into an agreement to provide professional liability insurance for community physicians. The agreement stipulates that future actuarial gains and losses will be solely the responsibility of the Medical Center. As of September 30, 2015 and 2014, such gains and losses cannot be determined. Management expects any related adjustment will not have a material adverse effect on the Medical Center's consolidated financial position.

In March 2013, Ascension and some of its subsidiaries were named as defendants to litigation surrounding the Church Plan status of the Ascension Plan. On May 9, 2014, the United States District Court, Eastern District of Michigan, Southern Division, issued its Decision and Order Granting Defendants' Motion to Dismiss, which effectively dismissed the case against the System. On June 11, 2014, the plaintiff in the case filed a Notice of Appeal. On March 17, 2015, the Sixth Circuit granted the parties motion to stay and limited remand to the District Court to approve settlement of the lawsuit. The Medical Center does not believe that this matter would have a material adverse effect on the Medical Center's consolidated financial position or results of operations.

THE ST. VINCENT'S MEDICAL CENTER

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Dollars in Thousands)

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

NOTE 13 – CONTINGENCIES AND COMMITMENTS (CONTINUED)

In September 2010, Ascension Health received a letter from the U.S. Department of Justice (the DOJ) in connection with its nationwide review to determine whether, in certain cases, implantable cardioverter defibrillators (ICDs) were provided to certain Medicare beneficiaries in accordance with national coverage criteria. Effective June 26, 2015, the DOJ and Ascension Health entered into a Settlement Agreement, thereby settling all issues alleged as part of the investigation. The release in the Settlement Agreement extends through March 31, 2015 and includes all of Ascension Health's individual hospitals subject to the investigation.



**INDEPENDENT AUDITORS' REPORT
ON SUPPLEMENTARY INFORMATION**

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

We have audited the consolidated financial statements of The St. Vincent's Medical Center as of and for the years ended September 30, 2015 and 2014, and have issued our report dated thereon January 27, 2016, which contains an unmodified opinion on those consolidated financial statements and which appears on page 1. Our audits were performed for the purpose of forming an opinion on the consolidated financial statements as a whole. The 2015 consolidating balance sheet, the 2015 consolidating statement of operations and changes in unrestricted net assets, and the 2015 and 2014 schedules of net cost of providing care of persons living in poverty and other community benefit programs are presented for the purpose of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements taken as a whole.

Marcum LLP

Hartford, CT
January 27, 2016



THE ST. VINCENT'S MEDICAL CENTER

SCHEDULE I – CONSOLIDATING BALANCE SHEET

(Dollars in Thousands)

SEPTEMBER 30, 2015

	The St. Vincent's Medical Center	The St. Vincent's Multispecialty Group, Inc.	The St. Vincent's College, Inc.	Consolidated The St. Vincent's Medical Center
Assets				
Current Assets				
Cash and cash equivalents	\$ 529	\$ 4,710	\$ 70	\$ 5,309
Accounts receivable, less allowances for doubtful accounts of \$24,900	60,164	10,328	--	70,492
Due from System, parent and affiliated entities, net	36,604	(28,923)	(1,279)	6,402
Inventories and other current assets	10,656	410	3,526	14,592
Total Current Assets	<u>107,953</u>	<u>(13,475)</u>	<u>2,317</u>	<u>96,795</u>
Interest in Investments Held by Ascension	<u>283,140</u>	<u>991</u>	<u>11,020</u>	<u>295,151</u>
Assets Limited as to Use				
Temporarily restricted	213	--	28	241
Temporarily restricted interest in The St. Vincent's Medical Center Foundation, Inc.	11,938	--	1,686	13,624
Permanently restricted	68	--	--	68
Permanently restricted interest in The St. Vincent's Medical Center Foundation, Inc.	9,854	--	2,238	12,092
Total Assets Limited as to Use	<u>22,073</u>	<u>--</u>	<u>3,952</u>	<u>26,025</u>
Unrestricted Interest in The St. Vincent's Medical Center Foundation, Inc.	<u>--</u>	<u>--</u>	<u>312</u>	<u>312</u>
Property and Equipment				
Land and improvements	8,761	--	--	8,761
Buildings and equipment	433,065	3,571	3,500	440,136
Construction in progress	6,387	1,321	31	7,739
	448,213	4,892	3,531	456,636
Less accumulated depreciation	(276,770)	(1,669)	(1,155)	(279,594)
Total Property and Equipment, net	171,443	3,223	2,376	177,042
Capitalized Software Costs, net	22,920	46	--	22,966
Other Assets	<u>12,812</u>	<u>2,251</u>	<u>--</u>	<u>15,063</u>
Total Assets	<u>\$ 620,341</u>	<u>\$ (6,964)</u>	<u>\$ 19,977</u>	<u>\$ 633,354</u>

See independent auditors' report on supplementary information.

THE ST. VINCENT'S MEDICAL CENTER

SCHEDULE I – CONSOLIDATING BALANCE SHEET (CONTINUED)

(Dollars in Thousands)

SEPTEMBER 30, 2015

	The St. Vincent's Medical Center	The St. Vincent's Multispecialty Group, Inc.	The St. Vincent's College, Inc.	Consolidated The St. Vincent's Medical Center
Liabilities and Net Assets				
Current Liabilities				
Accounts payable and accrued liabilities	\$ 35,262	\$ 6,610	\$ 2,991	\$ 44,863
Current portion of long-term debt	1,614	--	--	1,614
Estimated third-party payor settlements	9,476	--	--	9,476
Total Current Liabilities	<u>46,352</u>	<u>6,610</u>	<u>2,991</u>	<u>55,953</u>
Noncurrent Liabilities				
Long-term debt	54,935	--	--	54,935
Pension and other postretirement liabilities	4,069	690	1,019	5,778
Self-insurance liabilities	2,516	1,287	--	3,803
Other	10,029	151	--	10,180
Total Noncurrent Liabilities	<u>71,549</u>	<u>2,128</u>	<u>1,019</u>	<u>74,696</u>
Total Liabilities	<u>117,901</u>	<u>8,738</u>	<u>4,010</u>	<u>130,649</u>
Net Assets (Deficit)				
Unrestricted	480,367	(15,702)	12,015	476,680
Temporarily restricted	12,151	--	1,714	13,865
Permanently restricted	9,922	--	2,238	12,160
Total Net Assets (Deficit)	<u>502,440</u>	<u>(15,702)</u>	<u>15,967</u>	<u>502,705</u>
Total Liabilities and Net Assets	<u>\$ 620,341</u>	<u>\$ (6,964)</u>	<u>\$ 19,977</u>	<u>\$ 633,354</u>

See independent auditors' report on supplementary information.

THE ST. VINCENT'S MEDICAL CENTER

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

(Dollars in Thousands)

FOR THE YEAR ENDED SEPTEMBER 30, 2015

	The St. Vincent's Medical Center	The St. Vincent's Multispecialty Group, Inc.	The St. Vincent's College, Inc.	Eliminations	Consolidated The St. Vincent's Medical Center
Operating Revenues					
Net patient service revenue	\$ 423,128	\$ 43,326	\$ --	\$ --	\$ 466,454
Less provision for doubtful accounts	<u>20,518</u>	<u>3,549</u>	<u>--</u>	<u>--</u>	<u>24,067</u>
Net patient service revenue, less provision for doubtful accounts	402,610	39,777	--	--	442,387
Other revenues	18,068	31,260	7,291	(35,600)	21,019
Net assets released from restrictions for operations	<u>270</u>	<u>--</u>	<u>981</u>	<u>--</u>	<u>1,251</u>
Total Operating Revenues	<u>420,948</u>	<u>71,037</u>	<u>8,272</u>	<u>(35,600)</u>	<u>464,657</u>
Operating Expenses					
Salaries and wages	157,229	49,961	5,019	--	212,209
Employee benefits	39,933	7,965	1,204	--	49,102
Purchased services	55,092	5,882	774	(4,126)	57,622
Professional fees	38,167	15,233	95	(31,033)	22,462
Supplies	55,179	1,663	190	(130)	56,902
Insurance	7,822	1,173	7	--	9,002
Interest	1,791	--	--	--	1,791
Depreciation and amortization	24,667	502	175	--	25,344
Provider tax	18,202	--	--	--	18,202
Other	<u>26,712</u>	<u>5,475</u>	<u>1,183</u>	<u>(311)</u>	<u>33,059</u>
Total Operating Expenses Before Non-Recurring Losses, net	<u>424,794</u>	<u>87,854</u>	<u>8,647</u>	<u>(35,600)</u>	<u>485,695</u>
Loss from Operations Before Non-Recurring Losses, net	<u>(3,846)</u>	<u>(16,817)</u>	<u>(375)</u>	<u>--</u>	<u>(21,038)</u>
Loss from Operations	<u>(3,846)</u>	<u>(16,817)</u>	<u>(375)</u>	<u>--</u>	<u>(21,038)</u>

See independent auditors' report on supplementary information.

THE ST. VINCENT'S MEDICAL CENTER

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

(Dollars in Thousands)

FOR THE YEAR ENDED SEPTEMBER 30, 2015

	The St. Vincent's Medical Center	The St. Vincent's Multispecialty Group, Inc.	The St. Vincent's College, Inc.	Eliminations	Consolidated The St. Vincent's Medical Center
Nonoperating (Losses) Gains					
Investment return, net	\$ (11,608)	\$ (71)	\$ (445)	\$ --	\$ (12,124)
Other	<u>366</u>	<u>--</u>	<u>74</u>	<u>--</u>	<u>440</u>
Total Nonoperating Losses, net	<u>(11,242)</u>	<u>(71)</u>	<u>(371)</u>	<u>--</u>	<u>(11,684)</u>
Deficiency of Revenues and Gains Over Expenses and Losses	<u>(15,088)</u>	<u>(16,888)</u>	<u>(746)</u>	<u>--</u>	<u>(32,722)</u>
Unrestricted Net Assets					
Transfers to System, parent, and affiliated entities, net	(28,285)	1,018	(570)	--	(27,837)
Pension and other postretirement liability adjustments	<u>868</u>	<u>50</u>	<u>58</u>	<u>--</u>	<u>976</u>
Decrease in Unrestricted Net Assets	(42,505)	(15,820)	(1,258)	--	(59,583)
Unrestricted Net Assets - Beginning	<u>522,872</u>	<u>118</u>	<u>13,273</u>	<u>--</u>	<u>536,263</u>
Unrestricted Net Assets - Ending	<u>\$ 480,367</u>	<u>\$ (15,702)</u>	<u>\$ 12,015</u>	<u>\$ --</u>	<u>\$ 476,680</u>

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THE ST. VINCENT'S MEDICAL CENTER

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

(Dollars in Thousands)

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

The net cost to the Medical Center, excluding the provision for bad debt expense, of providing care of persons living in poverty and other community benefit programs is as follows for the years ended September 30:

	<u>2015</u>	<u>2014</u>
Traditional charity care provided	\$ 7,167	\$ 5,600
Unpaid cost of public programs for persons living in poverty	37,674	23,850
Other programs for persons living in poverty and other vulnerable persons	4,389	4,443
Community benefit programs	<u>5,382</u>	<u>6,484</u>
Care of persons living in poverty and community benefit programs	<u>\$ 54,612</u>	<u>\$ 40,377</u>

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