

**From:** [Greer, Leslie](#) on behalf of [User, OHCA](#)  
**To:** [Foster, Tillman](#); [Roberts, Karen](#)  
**Subject:** St. Vincent's Multispecialty Group, Inc. Annual Filing  
**Date:** Wednesday, January 04, 2017 10:52:04 AM  
**Attachments:** [St. Vincent's Multispecialty Group, Inc.pdf](#)

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**From:** Bertanza, Joanne [mailto:[Joanne.Bertanza@stvincents.org](mailto:Joanne.Bertanza@stvincents.org)]  
**Sent:** Tuesday, January 03, 2017 4:05 PM  
**To:** User, OHCA  
**Cc:** Struzzi, Peter  
**Subject:** St. Vincent's Multispecialty Group, Inc. Annual Filing

Attached please find the annual filing of St. Vincent's Multispecialty Group, Inc.

Thank you.

**Joanne Bertanza** | Paralegal  
P: 475-210-5060 | F: 475-210.5345  
[joanne.bertanza@stvincents.org](mailto:joanne.bertanza@stvincents.org)

**St. Vincent's Medical Center**  
2800 Main Street  
Bridgeport, Connecticut 06606

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**From:** Foster, Tillman [mailto:[Tillman.Foster@ct.gov](mailto:Tillman.Foster@ct.gov)]  
**Sent:** Friday, December 09, 2016 10:43 AM  
**To:** Carolyn McKenna (Norwalk Hospital Physicians and Surgeons); Colleen Scott (Western CT Medical Group); Daniel E. Lohr (Community Med Partners); David Houle (CT Geriatric Specialty Group); Denise Kinne (Western CT Medical Group); Donald R. Ludwig (MHS Primary Care); Ellen Shin (Prospect CT Foundation); James Watkins Jr. (HHC Medical Group); Jason A. Marsh (Jeffers Cowherd); Jennifer O'Donnell - Bershtein, Volpe and McKeon ([jlo@bvmlaw.com](mailto:jlo@bvmlaw.com)); Kimberly Ganslaw (Bristol Hosp Multispecialty Group); Michele M. Volpe Esq. (Prospect CT Med Foundation BVM Law); Nicholas Jamieson (Legacy ECMPPF); Struzzi, Peter; Robert Kleinbauer (Day Kimball Med Group); Shradda Patel (L + M Physician Assoc); Stephanie Tringali (Western CT Medical Group); William J. Aseltyne Esq. (NEMG)  
**Subject:** 2016 Medical Foundation Filing

To all Medical Foundation Filers:

This is a reminder that the Medical Foundation Annual filings are all due at OHCA by the close of business on Tuesday, **January 3, 2017**.

OHCA requests that the report requirements be met by filing the information as a PDF file in Adobe Acrobat and uploaded to [OHCA@ct.gov](mailto:OHCA@ct.gov) for ease in posting on the website.

Please contact OHCA with any questions or comments you may have concerning the filing at the

aforementioned website or contact Tillman  
Foster at (860) 418-7031 / E: [Tillman.Foster@ct.gov](mailto:Tillman.Foster@ct.gov).

Sincerely,

Karen Roberts  
Principal Health Care Analyst  
Office of Health Care Access  
Connecticut Department of Public Health  
410 Capitol Avenue, MS #13HCA, P.O. Box 340308, Hartford, CT 06134-0308  
P: (860) 418-7041 / F: (860) 418-7053 / E: [karen.roberts@ct.gov](mailto:karen.roberts@ct.gov)



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**By email: [OHCA@ct.gov](mailto:OHCA@ct.gov)**

January 3, 2017

Department of Public Health  
Office of Health Care Access  
410 Capitol Avenue  
MS #13HCA, P.O. Box 340308  
Hartford, CT 06134

Re: St. Vincent's Multispecialty Group, Inc.

To whom it may concern:

Pursuant to Section 33-182bb(g) of the Connecticut General Statutes, the following information is submitted to the Department of Public Health, Office of Health Care Access with respect to St. Vincent's Multispecialty Group, Inc.:

1. Statement of the medical foundation's mission:

Set forth below is the mission statement of St. Vincent's Medical Center, which covers all St. Vincent's entities, and a further description of the specific purposes of St. Vincent's Multispecialty Group, Inc.:

a. St. Vincent's Mission Statement:

Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually-centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

b. A founding principle of St. Vincent's Multispecialty Group, Inc. is to address the wellness, prevention and health care needs of the greater Bridgeport community. In collaboration with its sole member, St. Vincent's Medical Center, this effort advances St. Vincent's overall mission to improve the health and well-being of individuals within the Medical Center's service area. As a supporting organization of the Medical Center, St. Vincent's Multispecialty Group, Inc. provides professional medical services to Bridgeport, Connecticut and surrounding communities through a network of employed primary care physicians, hospital-based providers and specialists.

2. The name and address of the organizing members:

The sole member of St. Vincent's Multispecialty Group, Inc. is St. Vincent's Medical Center, which is located at 2800 Main Street, Bridgeport, Connecticut 06606.

3. The name and specialty of each physician employed by or acting as an agent of the medical foundation.

See Exhibit A attached to this letter.

4. The location or locations where each such physician practices.

See Exhibit A attached to this letter.

5. A description of the services provided by the medical foundation at each such location.

See Exhibit A attached to this letter.

6. A description of any significant change in its services during the preceding fiscal year.

St. Vincent's Multispecialty Group, Inc. commenced providing urology services during the preceding fiscal year. These services were discontinued prior to the end of the fiscal year.

7. A copy of the medical foundation's governing documents and bylaws.

See Exhibit B attached to this letter.

8. The name and employer of each member of the board of directors.

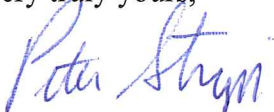
See Exhibit C attached to this letter.

9. Copy of the medical foundation's most recently filed Internal Revenue Service Form 990 - Return of Organization Exempt from Income Tax.

See Exhibit D attached to this letter.

If you have any questions regarding the above or the attached information, please contact the undersigned.

Very truly yours,



Peter H. Struzzi



EXHIBIT A

Location	Physician	Specialty
Advanced Surgical Associates 115 Technology Dr, Suite C100 Trumbull, CT 06611	Ahmad Fotovat, MD Matthew Carlson, MD David Cho, MD	General Surgery Surgical Critical Care Surgical Critical Care
Bridgeport Medicine 2979 Main Street Bridgeport, CT 06606	Yamitza Cordero-Ferrer, MD Linette Rosario-Tejeda, MD Magna Pastrana, MD	Internal Medicine Family Medicine Internal Medicine
Bridgeport Ophthalmology 4699 Main St Bridgeport, CT 06606	Rueven Rudich, MD	Ophthalmology
Fairfield Medicine 2355 Black Rock Turnpike Fairfield, CT 06825	Anna Pankratov, MD	Internal Medicine
Hand Surgery 2660 Main St, Suite 210 Bridgeport, CT 06606	Stewart Gross, MD	Orthopaedic Hand Surgery
Milford Medicine 199 Cherry Street Milford, CT 06460	Swati Joshi, DO	Internal Medicine
Orthopaedic Surgery 401 Monroe Turnpike Monroe, CT 06468	Stuart Belkin, MD	Orthopaedic Surgery
Pediatrics - Dr. Chung 2000 Post Rd Fairfield, CT 06824	Taesun Chung, MD	Pediatrics
Primary Care Specialists 5520 Park Ave, Suite M1 600 Trumbull, CT 06611	Richard Sekerak, MD	Internal Medicine
Primary Care Physicians of Trumbull 160 Hawley Ln, Suite 203 Trumbull, CT 06611	Myl Rama, MD	Internal Medicine
Dr. Neil Smerling 425 Post Road Fairfield, CT 06824  4 Corporate Dr., Ste 292 Shelton, CT 06484	Dr. Neil Smerling Dr. Alla Chesky	Internal Medicine Internal Medicine
Stratford Medicine 3272 Main Street Stratford, CT 06615	Charles Bruce-Tagoe, MD Monika Kaul, MD	Internal Medicine Family Medicine
St. Vincent's Podiatry Center 1825 Barnum Ave, Suite 302 Stratford, CT 06614	Thomas Domanick, DPM	Podiatric Medicine
Surgical Assoc of CT 2660 Main St, Suite 110 Bridgeport, CT 06606	Anthy Demesthas, MD Richard Lovanio, MD Emilia Genova, MD	Surgery Surgery Surgery
Trumbull Medicine 17 Church Hill Rd. Trumbull, CT 06611	Corey Jaquez, MD Chhavi Rai, MD Edward Tristine, MD	Family Medicine Family Medicine Internal Medicine
Shelton Medicine 2 Trap Falls Road Shelton, CT 06484	Deborah Mayer, MD	Internal Medicine
Associated Neurologists of Sothern CT an Affiliate of St. Vincent's 75 Kings Highway Cutoff Fairfield, Ct 06824  670 Boston Post Road Milford, CT 06460	Jeffrey Gross, MD Thomas Toothaker, MD Nicholas Blondin, MD Srinath Kadimi, MD Dario Zagar, MD	Neurology Neurology Neurology Neurology Neurology



Location	Physician	Specialty
St. Vincent's Medical Center 2800 Main Street Bridgeport, CT 06606	Kelly,Sean R	Medical Director
	Altamirano,David F	Physician Emerg Care
	Ashwood,Michael O	Physician Emerg Care
	Baker,Jennifer R	Physician Emerg Care
	Bernard,Aaron William	Physician Emerg Care
	Bindra,Marushka	Physician Emerg Care
	Bisaccia,Sonia	Physician Emerg Care
	Blomstrom,Sara A	Physician Emerg Care
	Chen,Bo	Physician Emerg Care
	Ciarlo DO,Jacque Diane	Physician Emerg Care
	De la rosa,Brian	Physician Emerg Care
	Deshpande,Aniruddha M	Physician Emerg Care
	Doss,Ryan Scott	Physician Emerg Care
	Hernandez-Vega,Lilliana	Physician Emerg Care
	Killen,Andrew B	Physician Emerg Care
	Manzi,Richard	Physician Emerg Care
	Michos MD,Christopher John	Physician Emerg Care
	O,Mary Jean	Physician Emerg Care
	Orelup,Christopher M	Physician Emerg Care
	Parsa,Shideh I	Physician Emerg Care
	Ramzan,Kashif	Physician Emerg Care
	Sacks,William B	Physician Emerg Care
	Schwartz,Clifford J	Physician Emerg Care
	Shekher,Manu C	Physician Emerg Care
	Sprague II,Kevin	Physician Emerg Care
	Tarabar,Kenan	Physician Emerg Care
	Thomas MD,Listy A	Physician Emerg Care
	Valassis,Steven	Physician Emerg Care
	Yaakov-Blechman MD,Miralle M	Physician Emerg Care
	Young,David	Physician Emerg Care
	Zafar,Syed A	Physician Emerg Care
	Zellner,Marsha L	Physician Emerg Care
	Amoo,Francis K	Staff Hospitalist
	Andoh,Nana adwoa	Staff Hospitalist
	Anthony,Paul R	Staff Hospitalist
	Anyimadu,Henry	Staff Hospitalist
	Bandagorla,Ramesh B	Staff Hospitalist
	Boateng,Freda	Staff Hospitalist
	Brown,Robert B	Staff Hospitalist
	Cassese,Todd	Staff Hospitalist
	Chanda,Arijit	Staff Hospitalist
	Chowdhury MD,Monzurul	Staff Hospitalist
	Coplit MD,Lisa	Staff Hospitalist
	Elman,Igor	Staff Hospitalist
	Elwan,Ahmed	Staff Hospitalist
	Falade,Olufunmilayo	Staff Hospitalist
	Georgievskiy,Igor	Staff Hospitalist
	Hasan,Usaid	Staff Hospitalist
	Ihsan,Muhammad	Staff Hospitalist
	James MD,Jibin Joseph	Staff Hospitalist
	Javed,Zohaib	Staff Hospitalist
	Karri,Kishore	Staff Hospitalist
	Khan,Jenifer S	Staff Hospitalist
	Khwaja,Radhika	Staff Hospitalist
	Kostela,Jennifer	Staff Hospitalist
	Kumar,Mandeep	Staff Hospitalist
	Lai,Kin W	Staff Hospitalist
	Manchala MD,Venkata R	Staff Hospitalist
	Marcu,Corina	Staff Hospitalist
	Mensah,Edward K	Staff Hospitalist

Location	Physician	Specialty
	Nair,Anita	Staff Hospitalist
	Obusan,Franz Albert Ong Ante	Staff Hospitalist
	Ohene-Adjei MD,Rita	Staff Hospitalist
	Pattisapu,Suneetha	Staff Hospitalist
	Piracha,Nauman	Staff Hospitalist
	Polskaya,Marina Vasilievna	Staff Hospitalist
	Qazi,Lubna	Staff Hospitalist
	Regelmann,David J	Staff Hospitalist
	Rosinski,Aleksandra M	Staff Hospitalist
	Samuel,Jemi	Staff Hospitalist
	Sanders MD,Tiffany	Staff Hospitalist
	Sarfraz,Naeem	Staff Hospitalist
	Selsky,Nathan A	Staff Hospitalist
	Serigado Soares da Costa,Joao Migue	Staff Hospitalist
	Swan Jr MD,Keith Parker	Staff Hospitalist
	Tamasdan,Mircea S	Staff Hospitalist
	Teslya,Pavel	Staff Hospitalist
	Uzoamaka,Chinyere	Staff Hospitalist
	Varghese,Tiny Kannadan	Staff Hospitalist
	Viray MD,Michael Caranay	Staff Hospitalist
	YEASMIN,SHAMIMA	Staff Hospitalist
	Zahid,Farhan	Staff Hospitalist
	Arora,Ashish	Intensivist
	Berna MD,Gioiamaria Boria	Intensivist
	Crusio,Robbert	Intensivist
	Falade,Olufunmilayo	Intensivist
	Fitzgerald,William B	Intensivist
	Galaydick,Jodi L	Intensivist
	Krasnica,Steven Vincent	Intensivist
	McGuire,Kathleen	Intensivist
	Rosa,Jose D	Intensivist
	Sackrowitz,Rachel E	Intensivist
	Simkovitz,Philip	Intensivist
	Tsang, Benjamin	Neonatologist
	Belisle,James T	Neonatologist
	Gupta,Shruti	Neonatologist
	McGuire,Kathleen	Physician
	Fish,Svetlana	Physician-Pedi House
	Katsetos,Georgette	Physician-Pedi House
	Mezheritsky,Eleonora	Physician-Pedi House
	Zinchuk,Tatiana	Physician-Pedi House
	Abraham,Suja	Physician-Pedi House
	Belisle,James T	Physician-Pedi House
	Fish,Svetlana	Physician-Pedi House
	Gupta,Shruti	Physician-Pedi House
	Katsetos,Georgette	Physician-Pedi House
	Mezheritsky,Eleonora	Physician-Pedi House
	Williams,Jessie M	Physician-Pedi House
	Zinchuk,Tatiana	Physician-Pedi House
St. Vincent's Family Health Center 762 Lindley Street Bridgeport, CT 06606	Andrews Jr,Joseph F	Medical Director
	Carolan,Patrick J	Physician
	McGuire,Kathleen	Physician
	Rosa,Jose D	Physician
	Rosinski,Aleksandra M	Physician



EXHIBIT B



**SECRETARY OF THE STATE (**

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECT  
 DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06103  
 PHONE: 860-509-6003 WEBSITE: [www.concord-sots.ct.gov](http://www.concord-sots.ct.gov)

**CERTIFICATE OF AMENDMENT  
 NONSTOCK CORPORATION**

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

<p><b>FILING PARTY</b> (CONFIRMATION WILL BE SENT TO THIS ADDRESS):</p> <p>NAME: St. Vincent's Medical Center                  ADDRESS: Peter H. Struzzi, Vice President &amp; General Counsel                  2800 Main Street                  CITY: Bridgeport                  STATE: CT ZIP: 06606</p>	<p><b>FILING FEE: \$20</b></p> <p>MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"</p>
<p><b>1. NAME OF CORPORATION:</b></p> <p>St. Vincent's Multispeciality Group, Inc.</p>	
<p><b>2. THE CERTIFICATE OF INCORPORATION IS</b> (check A, B or C):</p> <p><input type="checkbox"/> A. AMENDED</p> <p><input type="checkbox"/> B. RESTATED</p> <p><input checked="" type="checkbox"/> C. AMENDED AND RESTATED</p> <p>THE RESTATED CERTIFICATE CONSOLIDATES ALL AMENDMENTS INTO A SINGLE DOCUMENT</p>	
<p><b>3. TEXT OF EACH AMENDMENT / RESTATEMENT:</b></p> <p>Annexed hereto as Exhibit A and made a part hereof is the text of the amendment and restatement to the Certificate of Incorporation of the Corporation (the "Restated Certificate"). The Restated Certificate contains amendments to Articles 2, 9 and 10 of the Existing Certificate of Incorporation (the "Existing Certificate"): Articles 2, 9 and 10 of the Existing Certificate have been amended to read in their entireties as set forth in Articles 2, 9 and 10, respectively, of the Restated Certificate.</p>	

**4. VOTE INFORMATION** (CHECK A, B or C)

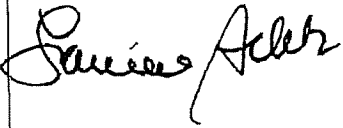
**A. THE AMENDMENT WAS DULY APPROVED BY THE MEMBERS IN THE MANNER REQUIRED BY SECTIONS 33-1140 TO 33-1147 OF THE CONNECTICUT GENERAL STATUTES, AND BY THE CERTIFICATE OF INCORPORATION.**

**B. THE AMENDMENT WAS DULY APPROVED BY THE INCORPORATORS AND MEMBER APPROVAL WAS NOT REQUIRED.**

**C. THE AMENDMENT WAS DULY APPROVED BY THE BOARD OF DIRECTORS AND MEMBER APPROVAL WAS NOT REQUIRED.**

**5. EXECUTION:**

DATED THIS 28<sup>th</sup> DAY OF July, 2014

NAME OF SIGNATORY	CAPACITY/TITLE OF SIGNATORY	SIGNATURE
Lawrence Schek, M.D.	President & CEO	

## EXHIBIT A

AMENDED AND RESTATED CERTIFICATE OF INCORPORATION  
OF  
ST. VINCENT'S MULTISPECIALTY GROUP, INC.

1. The name of the corporation is St. Vincent's Multispecialty Group, Inc. (hereinafter referred to as the "Corporation").

2. The Corporation is organized exclusively for charitable, religious, educational and scientific purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law) (the "Code"), including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Code. The Corporation's purposes shall be consistent with and supportive of the corporate purposes of Ascension Health and Ascension Health Alliance, each a Missouri nonprofit corporation ("Ascension Health"). The nature of the activities to be conducted, or the purposes to be promoted or carried out by the Corporation further shall at all times be consistent with and guided by the moral and ethical standards of professional care and the teachings of the Roman Catholic Church and with its religious sponsorship by the sponsor of Ascension Health (the "Sponsor"). The purposes and activities of the Corporation shall be carried out in conformity with the *Ethical and Religious Directives for Catholic Health Care Services* as approved from time to time by the United States Conference of Catholic Bishops and as implemented by the local ordinary. Such purposes and activities, which shall be carried out exclusively for the benefit of, to perform the functions of, or to carry out the purposes of the Sponsor and St. Vincent's Health Services Corporation, St. Vincent's Medical Center, St. Vincent's Medical Center Foundation, Inc. and St. Vincent's Special Needs Center, Inc., shall include the following:

(a) To establish, maintain, sponsor, and promote activities relating to human health and well-being.

(b) To establish, maintain, sponsor, and promote education and research programs and activities relating to human health and well-being.

(c) To participate in any activity designed and carried on to promote the general health of the community.

(d) To integrate certain physicians and other health care professionals employed by or under contract with St. Vincent's Medical Center (a Connecticut corporation and the Sole Member of this Corporation) into an efficient and cost-effective entity operating as a "medical foundation" as defined in Chapter 594b of the Connecticut General Statutes and promoting oversight and organization of the clinical services offered to the community by such physicians and other health care professionals.

(e) To benefit the health status of the community serviced by St. Vincent's Medical Center by promoting the quality and cost-effectiveness of the St. Vincent's Medical Center health care delivery system through the integration into one entity of certain physicians and other health care professionals who are employed by or under contract with St. Vincent's Medical Center and who render services on or off the St. Vincent's Medical Center campus, and in connection therewith, to establish integrated information and billing systems that provide data and information to health care providers, payors and consumers.

(f) To further the philosophy and mission of Ascension Health of healing and service to the sick and poor, and promote, support and engage in any of the religious, charitable, scientific and educational ministries which are now, or may hereafter be established by Ascension Health, or sponsored by the Sponsor and which are in furtherance of or in support of the charitable purposes of the organizations described in this Article.

(g) To raise funds for any or all of the organizations described in this Article from the public and from all other sources available; receive and maintain such funds and expend principal and income therefrom in support of or in furtherance of the charitable purposes of such organizations.

(h) To acquire, own, use, lease as lessor or lessee, convey and otherwise deal in and with real and personal property and any interest therein, all in support of or in furtherance of the charitable purposes of organizations described in this Article.

(i) To contract with other organizations (for profit and nonprofit), with individuals and with governmental agencies in support of or in furtherance of the charitable purposes of the organizations described in this Article.

(j) To serve as the controlling entity of Subsidiary Organizations (as defined in the Bylaws of the Corporation) that conduct health related and other activities, and limit the powers, duties and responsibilities of the governing bodies of such Subsidiary Organizations.

(k) To support institutions sponsored by the Sponsor, both within and without the State of Connecticut, and cooperate with other Ascension Health institutions.

(l) To promote cooperation and exchange of knowledge and experience among the various ministries of the Sponsor within the health care mission.

(m) To otherwise operate in support of or in furtherance of the charitable purposes of the organizations described in this Article, and do so exclusively for religious, charitable, scientific or educational purposes within the meaning of Section 501(c)(3) of the Code and in the course of such operation:



(i) No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, its members, Directors, officers, or other private persons unless allowed by Section 501(c)(3) of the Code and the Revised Nonstock Corporation Act of Connecticut, as now in effect or as it may hereafter be amended or superseded (the "RNCA"), except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth herein.

(ii) No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall 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.

(iii) Notwithstanding any other provisions of this Certificate of Incorporation or the Bylaws of the Corporation, the Corporation shall only operate for charitable purposes and in furtherance of its supported organizations, and the Corporation shall not carry on any other activities not permitted to be carried on: (a) by a corporation exempt from federal income tax under Section 501(c)(3) of the Code, or (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Code.

(n) In general, to possess and exercise all powers and privileges granted by the RNCA or by this Certificate of Incorporation, together with any powers incidental thereto, so far as such powers and privileges are necessary or convenient to the conduct, promotion, or attainment of the business or aims of the Corporation, which shall in all cases be limited exclusively for charitable, educational and scientific purposes within the meaning of Section 501(c)(3) of the Code; provided, however, that none of the foregoing powers shall be exercised other than for the benefit of, to perform the functions of, or to carry out the purposes of the Sponsor and St. Vincent's Health Services Corporation, St. Vincent's Medical Center, St. Vincent's Medical Center Foundation, Inc. and St. Vincent's Special Needs Center, Inc.

3. The Corporation is nonprofit and shall not have or issue shares of stock or make distributions.

4. The Sole Member of the Corporation is St. Vincent's Medical Center. In accordance with the provisions of Section 33-1080 of the RNCA, certain rights and powers respecting the activities, property and affairs of the Corporation are reserved to the Sole Member, all as more fully set forth in the Bylaws of the Corporation.

5. The Chief Executive Officer of the Corporation, who shall also serve as the President of the Corporation, the Chief Executive Officer of St. Vincent's Medical Center and the Chief Medical Officer of St. Vincent's Medical Center, shall serve as Directors of the Corporation ex officio, with the right to vote and the right to be counted in determining a quorum. The non-ex officio Directors of the Corporation shall be divided into three groups, with each group containing approximately the same percentage of the total. Initially, the term of the

first group shall expire after one year, the second, after two years and the third, after three years. Thereafter, the Directors of each group shall serve for a term of three years and until their respective successors are duly elected and qualified.

6. Upon the dissolution of the Corporation, the disposition of all the assets of the Corporation shall be in a manner as provided by the Board of Directors (subject to the prior approval of St. Vincent's Medical Center) and in accordance with the following:

(a) The paying of or the making of provision for the payment of all of the liabilities of the Corporation, direct or indirect, contingent or otherwise, including without limitation, all liabilities evidenced in all outstanding loan agreements, credit agreements, master indentures and other similar documents.

(b) Subject to compliance with the dissolution principles of Ascension Health, all assets of the Corporation remaining after the payment of all of the liabilities of the Corporation shall be distributed to St. Vincent's Medical Center or such other exempt organization(s) under Section 501(c)(3) of the Code as shall be determined by St. Vincent's Health Services Corporation, the sole member of St. Vincent's Medical Center, and consistent with Connecticut law governing the dissolution of a Connecticut non-stock corporation and the treatment of charitable assets.

(c) Any other assets of the Corporation not so disposed of shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets of the Corporation not so disposed of shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the Corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

(d) Notwithstanding anything to the contrary set forth herein, the disposition of the assets of the Subsidiary Organizations of the Corporation shall be in accordance with the Governing Documents (as defined in the Bylaws of the Corporation) of such Subsidiary Organizations.

7. The personal liability of a Director to the Corporation or the Sole Member, shall be limited to the fullest extent permitted by Section 33-1026(b)(4) of the RNCA. If the RNCA is hereafter amended or superseded to incorporate provisions further eliminating or limiting the personal liability of a Director, then the liability of a Director of the Corporation shall be eliminated or limited to the fullest extent permitted by the RNCA, as so amended or superseded. This Article shall not limit or preclude the liability of a Director for any act or omission occurring prior to its adoption. Neither the amendment nor repeal of this Article, nor the adoption of any provision of the Certificate of Incorporation of the Corporation inconsistent with this Article shall eliminate or reduce the effect of this Article in respect of any matter occurring, or any cause of action, suit or claim that, but for this Article, would accrue or arise, prior to such amendment, repeal or adoption of an inconsistent provision.

8. The Corporation shall indemnify a Director of the Corporation for liability to any person for any action taken, or any failure to take any action, as a Director of the Corporation to the fullest extent permitted by Section 33-1026(b)(5) of the RNCA. If the RNCA is hereafter amended or superseded to incorporate provisions providing greater indemnification of a director for liability, then the Corporation shall provide such greater indemnification to the fullest extent permitted by the RNCA, as so amended or superseded. Nothing in the foregoing, however, shall affect the right to indemnification of or advance of expenses to a Director of the Corporation for any liability stemming from acts or omissions occurring prior to the effective date of the adoption of this Article. Neither the amendment or repeal of this Article, nor the adoption of any provision of the Certificate of Incorporation inconsistent with this Article shall affect the indemnification of or advance of expenses to a Director of the Corporation for any liability stemming from acts or omissions occurring prior to such amendment, repeal or adoption of an inconsistent provision. For purposes of this Article, the terms "Director" and "liability," as they relate to a Director of the Corporation and liability incurred by such a Director in his capacity as a Director of the Corporation, shall have the respective meanings ascribed to the terms "director" and "liability" in Section 33-1116 of the RNCA, as now in effect or as it may hereafter be amended or superseded.

9. Neither the Corporation's Certificate of Incorporation nor Bylaws may be amended, replaced, or repealed unless such amendment, replacement or repeal is approved by the affirmative vote of the Sole Member, St. Vincent's Medical Center.

Effective as of September 30, 2015

**ST. VINCENT'S MULTISPECIALTY GROUP, INC.**

**BYLAWS**

ST. VINCENT'S MULTISPECIALTY GROUP, INC.

BYLAWS

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        a. Approve..... 1

        b. Ascension Health ..... 1

        c. Ascension Health Alliance..... 1

        d. Board or Board of Directors ..... 1

        e. Canonical Requirements ..... 1

        f. Consultation ..... 1

        g. Control or Controlled..... 1

        h. Corporation ..... 2

        i. Credit Group Member ..... 2

        j. Governing Documents ..... 2

        k. Health Ministry ..... 2

        l. Medical Center ..... 2

        m. Member ..... 2

        n. Participating Entities..... 2

        o. Provider..... 2

        p. Ratify..... 2

        q. Recommend ..... 2

        r. Sponsor ..... 2

        s. State..... 2

        t. Subsidiary Organization..... 3

        u. System..... 3

        v. System Policy or System Policies..... 3

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ST. VINCENT'S MULTISPECIALTY GROUP, INC.

BYLAWS

ARTICLE I - DEFINITIONS

**Section 1 - Definitions.** As used in the Governing Documents of the Corporation, the following words and phrases shall have the following meanings:

- a. **"Approve"** shall mean and include the authority to review and either adopt, accept, appoint, amend, modify, disapprove or send back for further consideration an action recommended or approved by another entity in the System. Where the term "approve" is used, that approval is required by all identified entities before the proposed action will be considered the legally valid, authorized action of the proposing entity.
- b. **"Ascension Health"** shall mean Ascension Health, a Missouri nonprofit corporation.
- c. **"Ascension Health Alliance"** shall mean Ascension Health Alliance, a Missouri nonprofit corporation.
- d. **"Board" or "Board of Directors"** shall mean the Board of Directors of the Corporation.
- e. **"Canonical Requirements"** shall mean the actions and decisions governed by canon law.
- f. **"Consultation"** shall mean to confer and deliberate together.
- g. **"Control" or "Controlled"** shall mean:
  - (i) the authority to act as majority member, shareholder or partner of an organization;
  - (ii) the authority to appoint, elect or approve at least a majority of the individual members, shareholders, or partners of an organization; or
  - (iii) the authority to appoint, elect or approve at least a majority of the governing body of an organization.

- h. **“Corporation”** shall mean St. Vincent’s Multispecialty Group, Inc., a Connecticut nonstock corporation.
- i. **“Credit Group Member”** shall mean all credit group members and designated affiliates as those terms are defined in Ascension Health Alliance’s Master Trust Indenture, as amended, or replaced, from time to time.
- j. **“Governing Documents”** shall mean the certificate or articles of incorporation or charter, articles of organization, bylaws, partnership agreements, operating agreements or comparable documents pertaining to an entity’s legal organization and governance as may be applicable depending on the form of the entity’s legal organization.
- k. **“Health Ministry”** shall mean the organization in a regional or local area through which Ascension Health carries out its mission and in which Ascension Health serves as the sole or controlling member.
- l. **“Medical Center”** shall mean St. Vincent’s Medical Center, a specially chartered Connecticut nonstock corporation.
- m. **“Member”** shall mean the Medical Center.
- n. **“Participating Entities”** shall mean the Participating Entities of the Sponsor, as they may exist from time to time.
- o. **“Provider”** shall mean a physician licensed under chapter 370 of the Connecticut General Statutes, as now in effect or as it may hereafter be amended (“CGS”), a chiropractor licensed under chapter 372 of the CGS, or a podiatrist licensed under chapter 375 of the CGS.
- p. **“Ratify”** shall mean and include the authority to accept or reject, without imposing an alternative, an action recommended by another entity in the System. Where the term “ratify” is used, that ratification is required by all identified entities before the proposed action will be considered the legally valid, authorized action of the proposing entity.
- q. **“Recommend”** shall mean to initiate an action for consideration and approval or ratification by another entity or person in the System.
- r. **“Sponsor”** shall mean Ascension Health Ministries, a public juridic person.
- s. **“State”** shall mean the State of Connecticut.

- t. **“Subsidiary Organization”** shall mean any legal entity directly or indirectly controlled by the Corporation.
- u. **“System”** shall mean Ascension Health Alliance and all organizations directly or indirectly controlled by Ascension Health Alliance.
- v. **“System Policy” or “System Policies”** shall mean all policies and procedures issued by Ascension Health Alliance from time to time that is intended to apply to the System or any part of the System.

## **ARTICLE II - IDENTIFICATION**

**Section 1 - Name.** The name of the Corporation is St. Vincent’s Multispecialty Group, Inc.

**Section 2 - Offices.** The principal office of the Corporation shall be located in Bridgeport, Connecticut. The Corporation may also have other offices at such other places, either within or without the State of Connecticut, as the Board of Directors may determine or as the activities of the Corporation may require.

**Section 3 - Philosophy.** The philosophy of the Corporation is that of the Sponsor as articulated and promoted through statements of Mission, Vision and Values of the Member and the Corporation in accordance with the official teachings of the Roman Catholic Church and the *Ethical and Religious Directives for Catholic Health Care Services* as approved, from time to time, by the United States Conference of Catholic Bishops and as implemented by the local ordinary.

**Section 4 - Purposes.** The Corporation is organized exclusively for charitable, religious, educational and scientific purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law) (the “Code”), including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Code. The Corporation’s purposes shall be consistent with and supportive of the corporate purposes of Ascension Health and Ascension Health Alliance. The nature of the activities to be conducted, or the purposes to be promoted or carried out by the Corporation further shall at all times be consistent with and guided by the moral and ethical standards of professional care and the teachings of the Roman Catholic Church and with its religious sponsorship by the Sponsor. The purposes and activities of the Corporation shall be carried out in conformity with the *Ethical and Religious Directives for Catholic Health Care Services* as approved from time to time by the United States Conference of Catholic Bishops and as implemented by the local ordinary. Such purposes and activities, which shall be carried out exclusively for the benefit of, to perform the functions of, or to carry out the purposes of the Sponsor and St. Vincent’s Health Services



Corporation, St. Vincent's Medical Center, St. Vincent's Medical Center Foundation, Inc. and St. Vincent's Special Needs Center, Inc. , shall include the following:

(a) To establish, maintain, sponsor, and promote activities relating to human health and well-being.

(b) To establish, maintain, sponsor, and promote education and research programs and activities relating to human health and well-being.

(c) To participate in any activity designed and carried on to promote the general health of the community.

(d) To integrate certain physicians and other health care professionals employed by or under contract with the Medical Center into an efficient and cost-effective entity operating as a "medical foundation" as defined in Chapter 594b of the Connecticut General Statutes and promoting oversight and organization of the clinical services offered to the community by such physicians and other health care professionals.

(e) To benefit the health status of the community serviced by the Medical Center by promoting the quality and cost-effectiveness of the Medical Center health care delivery system through the integration into one entity of certain physicians and other health care professionals who are employed by or under contract with the Medical Center and who render services on or off the Medical Center campus, and in connection therewith, to establish integrated information and billing systems that provide data and information to health care providers, payors and customers.

(f) To further the philosophy and mission of Ascension Health of healing and service to the sick and poor, and promote, support and engage in any of the religious, charitable, scientific and educational ministries which are now, or may hereafter be established by Ascension Health, or sponsored by the Sponsor and which are in furtherance of or in support of the charitable purposes of the organizations described in this Section.

(g) To raise funds for any or all of the organizations described in this Section from the public and from all other sources available; receive and maintain such funds and expend principal and income therefrom in support of or in furtherance of the charitable purposes of such organizations.

(h) To acquire, own, use, lease as lessor or lessee, convey and otherwise deal in and with real and personal property and any interest therein, all in support of or in furtherance of the charitable purposes of organizations described in this Section.

(i) To contract with other organizations (for profit and nonprofit), with individuals and with governmental agencies in support of or in furtherance of the charitable purposes of the organizations described in this Section.

(j) To serve as the controlling entity of Subsidiary Organizations that conduct health related and other activities, and limit the powers, duties and responsibilities of the governing bodies of such Subsidiary Organizations.

(k) To support institutions sponsored by the Sponsor, both within and without the State of Connecticut, and cooperate with other Ascension Health institutions.

(l) To promote cooperation and exchange of knowledge and experience among the various ministries of the Sponsor within the health care mission.

(m) To otherwise operate in support of or in furtherance of the charitable purposes of the organizations described in this Section, and do so exclusively for religious, charitable, scientific or educational purposes within the meaning of Section 501(c)(3) of the Code and in the course of such operation:

(i) No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, its members, Directors, officers, or other private persons unless allowed by Section 501(c)(3) of the Code and the Revised Nonstock Corporation Act of Connecticut, as now in effect or as it may hereafter be amended or superseded (the "RNCA"), except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth herein.

(ii) No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall 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.

(iii) Notwithstanding any other provisions of the Corporation's Governing Documents, the Corporation shall only operate for charitable purposes and in furtherance of its supported organizations, and the Corporation shall not carry on any other activities not permitted to be carried on: (a) by a corporation exempt from federal income tax under Section 501(c)(3) of the Code, or (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Code.

(n) In general, to possess and exercise all powers and privileges granted by the RNCA or by the Certificate of Incorporation, together with any powers incidental thereto, so far as such powers and privileges are necessary or convenient to the conduct, promotion, or

attainment of the business or aims of the Corporation, which shall in all cases be limited exclusively for charitable, educational and scientific purposes within the meaning of Section 501(c)(3) of the Code; provided, however, that none of the foregoing powers shall be exercised other than for the benefit of, to perform the functions of, or to carry out the purposes of the Sponsor and St. Vincent's Health Services Corporation, St. Vincent's Medical Center, St. Vincent's Medical Center Foundation, Inc. and St. Vincent's Special Needs Center, Inc.

### **ARTICLE III - MEMBER**

**Section 1 - Appointment and Powers of Member.** The rights, privileges and obligations of the Membership are as follows:

- (a) The sole Member of the Corporation is the Medical Center.
- (b) Pursuant to the provisions of Section 33-1080 of the RNCA, the Board of Directors of the Corporation shall not, without the approval of the Member:
  - (i) Approve the mission and vision statements of the Corporation.
  - (ii) Approve changes to the Governing Documents of the Corporation, if the changes are consistent with System Policies.
  - (iii) Appoint, upon the recommendation of the Board of Directors of the Corporation, or remove, with or without cause, the members of the Board of Directors of the Corporation. Removal does not require the recommendation of the Board of Directors of the Corporation.
  - (iv) Approve the incurrence of debt of the Corporation in accordance with System Policies.
  - (v) Subject to the approval of Ascension Health and Ascension Health Alliance, approve the sale, transfer or substantial change in use of all or substantially all of the assets of the Corporation if it is a Credit Group Member, and divestiture, dissolution, closure, merger, consolidation, change in corporate membership or ownership, or corporate reorganization of the Corporation if it is a Credit Group Member.
  - (vi) Subject to Canonical Requirements, approve the formation of a Subsidiary Organization, and the sale, transfer or substantial change in use of all or substantially all of the assets of the Corporation, or the divestiture, dissolution, closure, merger, consolidation or change in corporate membership or ownership of the Corporation if it is not a Credit Group Member.

(vi) Approve the transfer or encumbrance of the assets of the Corporation in accordance with System Policies.

(vii) Approve the operating budget and capital plan for the Corporation.

(viii) Appoint or remove, with or without cause, the Chair and President/Chief Executive Officer of the Corporation.

(c) Should compliance with any of the restrictions in Section 1(b) above require the Corporation to take any action which may contravene any law or regulation to which the Corporation may now or hereafter be subject, such restriction shall be null and void.

**Section 2 - Place of Meetings.** Meetings of the Member shall be held at the principal office of the Corporation, or at such other place, either within or without the State of Connecticut, as may be designated by the Chair of the Corporation, or in the absence of such Chair, by the President/Chief Executive Officer, and stated in the notice of meeting or in a duly executed waiver of notice thereof.

**Section 3 - Regular Meetings.** A regular annual membership meeting of the Corporation for the election of Directors and the transaction of such other business as may properly come before such meeting shall be held during the month of May in each year at a date and time to be designated by the Chair of the Corporation or in the absence of such a Chair, by the President/Chief Executive Officer.

**Section 4 - Special Meetings.** A special membership meeting shall be held on call of the Board of Directors, the Chair or the President/Chief Executive Officer of the Corporation and if requested by the Member, a special meeting shall be called by the Chair or President/Chief Executive Officer.

**Section 5 - Notice.** Notice of each membership meeting, stating the place, date and time of the meeting, shall be given not less than ten (10) days nor more than sixty (60) days prior to each meeting, to the Member. Notice shall be in writing (which shall include notice by electronic means), unless oral notice is reasonable under the circumstances. Notice may be communicated in person, by telephone, facsimile transmission or other electronic means, or by mail or private carrier. Notice of an annual meeting need not include a description of the purpose of the meeting, except that, unless stated in a written notice of the meeting, (a) no bylaw may be brought up for adoption, amendment or repeal, and (b) no matter, other than the election of Directors, may be brought up which expressly requires the approval of the Member pursuant to law, the Certificate of Incorporation or these Bylaws. Notice of a special meeting shall include a description of the purposes of the meeting.

**Section 6 - Waiver of Notice.** Notice of any membership meeting may be waived in writing by the Member, either before or after the time stated therein.

**Section 7 - Quorum and Required Vote.** Presence of the Member at a membership meeting shall constitute a quorum for such meeting, and the affirmative vote of such Member, at a membership meeting duly held, shall be the act of the membership of the Corporation. The Member at any meeting may adjourn such meeting from time to time.

**Section 8 - Action Without a Meeting.** Any action which may be taken at a membership meeting may be taken without a meeting, if consent in writing, setting forth the action so taken or to be taken, is signed by the Member or by its duly authorized attorney.

#### **ARTICLE IV - BOARD OF DIRECTORS**

**Section 1 - General Powers.** Except for those powers reserved to the Member and subject to any other limitations contained in the Governing Documents of the Corporation and applicable law, all corporate powers shall be exercised by or under the authority of, and the activities and affairs of the Corporation and the control and disposal of its properties and funds shall be vested in its Board of Directors. Without limiting the foregoing powers, the Board of Directors shall have responsibility for establishing and implementing the specific objectives and policies of the Corporation in conformity with the Member's definition and interpretation of the philosophy and overall objectives of the Corporation.

**Section 2 - Composition and Number.** The number of Directors who will constitute the entire Board of Directors shall be not less than 3 nor more than 15. The number of directorships at any time shall be that number within such minimum and maximum most recently fixed by action of the Member or, absent such action, shall be that number of Directors elected at the preceding annual Membership meeting of the Corporation, plus the number, if any, elected by the Member to fill a vacancy created by an increase in the size of the Board of Directors. The Board of Directors shall consist of an equal or greater number of Providers than non-Provider employees of the Member, in addition to such other directors as may be appointed by the Member. The President/Chief Executive Officer, the Chief Executive Officer of the Member, and the Chief Medical Officer of the Member shall each serve as a Director ex officio, with the right to vote and the right to be counted in determining a quorum.

**Section 3 - Appointment and Term.** Non-ex officio Board members shall be appointed, upon the recommendation of the Board of the Corporation, by the Member. Non-ex officio Board members shall be appointed for staggered terms and shall be divided into three groups, with each group containing approximately the same percentage of the total. Initially, the term of the first group shall expire after one (1) year, the second, after two (2) years and the third, after three (3) years. Thereafter, the Directors of each group shall serve for a term of three (3) years and until their respective successors are duly elected and qualified. Unless otherwise specified by the Member, Board appointments and reappointments shall commence as of July 1 of the fiscal year such appointment or reappointment was made and shall expire on June 30 after a full

three (3) year term. If the Member specifies a commencement date other than July 1, the first year of such three (3) year term for such Board member shall commence on the date specified by the Member and shall expire on the next June 30. No non-ex officio Board member shall serve more than three (3) consecutive three (3) year terms or, in any event, more than nine (9) consecutive years. After a period of one (1) year of not serving on the Board, such person shall be eligible again to serve on the Board of Directors.

**Section 4 - Meetings.** A regular annual meeting of the Board of Directors shall be held following the annual Membership meeting for the election of officers and the transaction of such other business as may properly come before the meeting. Unless otherwise determined by the Board of Directors, at least four regular meetings, including the annual meeting, of the Board of Directors shall be held during the year. Regular meetings of the Board of Directors may be held with or without written notice. Special meetings of the Board of Directors may be called by the Chair or the President/Chief Executive Officer of the Corporation on at least two days' notice to each Director, given either by mail, private carrier, facsimile, cable, or other form of recorded communication or orally, in person or by telephone. Said notice may be waived by a written waiver signed before or after the time stated therein by any Director. A Director's attendance at or participation in a meeting waives any required notice to such Director unless at the beginning of the meeting, or promptly upon such Director's arrival, such Director objects to holding the meeting or transacting business at the meeting and does not thereafter vote for or assent to action taken at the meeting. Neither the business to be transacted at, nor the purpose of, any regular or special meeting of the Board of Directors need be specified in the notice or waiver of notice of such meeting, unless otherwise required by these Bylaws, the Certificate of Incorporation, or by law.

The Board of Directors may permit any or all Directors to participate at a meeting of the Board of Directors by, or conduct the meeting through the use of, any means of communication by which all Directors participating may simultaneously hear each other during the meeting.

**Section 5 - Quorum.** A majority of the number of the Directors then in office shall constitute a quorum at any meeting of the Board of Directors, but if less than a quorum of Directors is present at a meeting of the Board, a majority of the Directors present may adjourn the meeting from time to time without further notice. If a quorum is present when a vote is taken, the affirmative vote of a majority of the Directors present shall be the act of the Board of Directors, unless a greater number is specifically required by these Bylaws, by the Certificate of Incorporation or by law.

A Director who is present at a meeting of the Board of Directors or a committee of the Board of Directors when corporate action is taken is deemed to have assented to the action taken unless (a) such Director objects at the beginning of the meeting, or promptly upon such Director's arrival, to holding the meeting or transacting business at the meeting; (b) such Director's dissent or abstention from the action taken is entered in the minutes of the meeting; or (c) such Director delivers written notice of such Director's dissent or abstention to the presiding

officer of the meeting before its adjournment or to the Corporation immediately after adjournment of the meeting. The right of dissent or abstention is not available to a Director who votes in favor of the action taken.

**Section 6 - Vacancies.** Any vacancy occurring in the Board of Directors, including a vacancy created by an increase in the size of the Board may be filled by the Member at a regular or special meeting. A Director elected to fill a vacancy shall be elected for the unexpired term of such Director's predecessor in office, or in the case of an increase in the size of the Board, for a term of three (3) years; provided, that in the case of an increase in the size of the Board, if the term has a commencement date other than July 1, the first year of such three (3) year term shall expire on the next June 30 after the commencement date.

**Section 7 - Consent in Writing.** Any action required or permitted by the RNCA to be taken at a meeting of the Board of Directors may be taken without a meeting if the action is taken by all members of the Board. The action shall be evidenced by one or more written consents describing the action taken, signed by each Director, and included in the minutes or filed with the corporate records reflecting the action taken. Action in this manner is effective when the last Director signs, unless the consent specifies a different effective date.

**Section 8 - Resignation and Removal.** Any Director may resign or be removed at any time. A Director who intends to resign shall give written notice thereof to the Board of Directors, delivered to the Chair. Such resignation shall become effective immediately unless otherwise specified thereon. Removal of a Director, with or without cause, may be effected by the Member in accordance with its Governing Documents.

## **ARTICLE V - OFFICERS**

### **Section 1 - Number; Designation; Vacancies.**

(a) **Number.** The officers of the Corporation shall include a Chair, a President/Chief Executive Officer, a Secretary, and a Treasurer, and when deemed necessary by the Board of Directors, a Vice Chair, one or more Vice Presidents and other officers and assistant officers may be elected. Any two or more offices may be held by the same person.

(b) **Designation.** The Chair and President/Chief Executive Officer shall be appointed by the Member in accordance with its Governing Documents, following receipt of recommendations from the Corporation's Board of Directors. The other officers of the Corporation shall be appointed by the Board of Directors at its annual meeting.

(c) **Vacancies.** Vacancies, however caused, shall be filled by the Member or the Board of Directors, whichever had power to elect the incumbent whose vacancy is being filled, at any regular meeting or special meeting called for that purpose. Any officer so elected

to fill a vacancy shall serve for the unexpired term of his/her predecessor in office and until his/her respective successor shall have been duly elected and qualified.

**Section 2 - Powers and Duties.** The powers and duties of the officers shall be as follows:

(a) **Chair.** The Chair shall call and preside at all meetings of the Board of Directors and shall be a member of all Committees of the Board of Directors.

(b) **Vice-Chair.** A Vice-Chair, when elected, shall act as Chair in the absence of the Chair, and when so acting, shall have all the powers and authority of the Chair.

(c) **President/Chief Executive Officer.** The President shall be the Chief Executive Officer of the Corporation, overseeing its programs and operations, ensuring that they are carried out in accordance with the philosophy of the Corporation and all relevant Federal and state policies and regulations. Subject to any specific direction or authorization of the Member or Board of Directors, the President/Chief Executive Officer shall see that all orders and resolutions of the Member or Board of Directors are carried into effect. The President/Chief Executive Officer or his designee shall serve as a member of all Committees of the Board. The President/Chief Executive Officer shall also perform such other duties and exercise such additional powers as these Bylaws may provide or as the Board of Directors or the Executive Committee may assign. The President/Chief Executive Officer shall act as the duly authorized representative of the Corporation in all matters in which the Board has not designated some other person for that specific purpose.

(d) **Vice President.** Vice Presidents, when elected, shall have such powers and perform such duties as the Board of Directors or the President/Chief Executive Officer may from time to time assign and shall perform such other duties as may be prescribed by these Bylaws. At the request of the President/Chief Executive Officer or in case of such officer's absence or inability to act, the Vice President, so appointed, shall perform the duties of the President/Chief Executive Officer and, when so acting, shall have all the powers of, and be subject to all the restrictions upon, the President/Chief Executive Officer.

(e) **Secretary.** The Secretary shall attend the meetings of the Board of Directors, and shall record or cause to have recorded upon the books and records of the Corporation the attendance at, and the proceedings of, such meetings. All such records of the proceedings of meetings of the Board of Directors shall be signed and dated by the Secretary, or such other officer of the Corporation authorized to act in the place of the Secretary. The Secretary shall provide for the notification of the Directors of their meetings in accordance with these Bylaws and shall be the principal officer of the Corporation responsible for authenticating the corporate records. The Secretary shall perform such other duties as may be required by these Bylaws or as may be delegated by the Board of Directors and the President/Chief Executive Officer of the Corporation.



(f) **Treasurer.** The Treasurer shall be the financial officer, and in conjunction with the Joint Finance Committee, shall be charged with overall oversight of the fiscal affairs of the Corporation. In such capacity, the Treasurer shall periodically review the financial statements of the Corporation, as appropriate, and shall make reports of the financial condition of the Corporation, whenever requested by the Board of Directors or the Executive Committee. The Treasurer shall also consult as necessary with the financial management of the Corporation regarding the content and scope of the financial statements of the Corporation. In addition, the Treasurer shall review the budget for each fiscal year and shall consult with the Corporation's auditors on the plan of audit. The Treasurer shall perform such other duties as may be required by these Bylaws or as may be designated from time to time by the Board of Directors or the Executive Committee.

**Section 3 - Transfer of Authority.** In case of the absence of any officer of the Corporation, or for any other reason that the Member or Board of Directors may deem sufficient, the Member or Board of Directors may transfer the powers or duties of any officer elected by it to any other officer or to any Director or employee of the Corporation, provided that the Member or a majority of the entire Board of Directors, as the case may be, approves.

**Section 4 - Removal of Officers.** Any officer may be removed with or without cause at any time by action of the Board of Directors, provided that the removal of the Chair or the President/Chief Executive Officer shall be subject to the approval of the Member, in accordance with its Governing Documents.

**Section 5 - Term.** The officers of the Corporation shall each remain in office for a term which ordinarily shall be for two (2) years or until their successors are duly elected and qualified.

**Section 6 - Compensation.** The Member may fix such reasonable compensation for the Chair of the Board as deemed appropriate. The officers of the Corporation, other than the Chair, shall not receive compensation for fulfilling their duties as officers but shall be reimbursed for any reasonable expenses which they may incur on behalf of the Corporation in the conduct of its affairs; provided that personnel employed by the Corporation and authorized by the Board to discharge the functions of a corporate office may receive reasonable compensation for their services in a manner determined by the Board.

## **ARTICLE VI - COMMITTEES OF THE BOARD**

**Section 1 - Designation of Committees.** The Board of Directors shall have standing committees as provided for in these Bylaws and may, by resolution, adopted by a majority of the entire Board, constitute one or more other standing or special committees. Each committee, whether standing or special, shall consist of at least two members who shall be designated by the Chair, subject to the approval of the Board. Members of a committee, other than an Executive

Committee and the Governance Committee, need not all be Directors. The Chair may designate one or more persons as alternate members of any committee, who may replace any absent or disqualified member at any meeting of the committee. In the absence or disqualification of a member, and the alternates, if any, designated for such committee member, the committee member or members present at a meeting and entitled to vote, whether or not they constitute a quorum, may unanimously appoint another person to act at the meeting in the place of any such absent or disqualified committee member. Except for the Executive Committee, no committee shall have the authority to act on behalf of the Board of Directors. Notwithstanding the foregoing, a committee shall not be empowered to take any action prohibited by law from time to time, including without limitation (a) filling vacancies on the Board of Directors or any committee; (b) amending the Certificate of Incorporation or the Bylaws; (c) approving a plan of merger or a sale, lease, exchange or other disposition of all, or substantially all, of the property of the Corporation, other than in the usual and regular course of business; or (d) approving a proposal to dissolve the Corporation.

**Section 2 - Committee Meetings.** Meetings of the committees of the Board of Directors may be called by the respective chairs thereof or by any two members of the committee on at least two days' written or oral notice. At all meetings of the committee, a majority of the members of the committee shall constitute a quorum for the transaction of business, and the act of a majority of the committee members present at any meeting thereof shall be the act of the committee, except as may otherwise be set forth in these Bylaws or provided by resolution of the Board of Directors. Unless otherwise provided, all ex-officio members of committees shall have the right to vote and be counted in determining a quorum. Each committee shall keep a full record of its proceedings, which shall be open to inspection at all times by the Board of Directors. The provisions of Sections 4 and 7 of Article IV of these Bylaws relating to waiver of notice and action by consent without a meeting shall apply to committee action.

**Section 3 - Standing Committees.** The Corporation shall have the following standing Committees:

(a) **Executive Committee.** The Executive Committee shall consist of the Chair (who shall chair the Committee), the Vice Chair, if any, the President/Chief Executive Officer, and two to four additional Directors. The Executive Committee shall have full power and authority to transact and conduct the business and affairs of the Corporation in the interim between meetings of the Board of Directors, provided, however, that any action so taken shall not contravene the Corporation's objectives, purposes, policies, or any express direction of the Member or Board of Directors, or otherwise exceed the powers of the Board of Directors. At each meeting of the Board of Directors, all action taken by the Executive Committee since the last meeting of the full Board of Directors shall be communicated to the Directors.

(b) **Joint Finance Committee.** The Joint Finance Committee of St. Vincent's Health Services Corporation shall also constitute the Joint Finance Committee of the Corporation, exercising such duties with respect to the Corporation as are contemplated in the

description of such committee contained in the Bylaws of St. Vincent's Health Services Corporation.

(c) **Governance Committee.** The Governance Committee shall consist of the Chair, the President/Chief Executive Officer and two or more additional Directors. This Committee shall meet at least two times each year. This Committee shall have the following responsibilities:

(1) Reviewing the Bylaws of the Corporation at least annually, and making recommendations for amendments and other modifications to the Board of Directors and the Member as necessary.

(2) Identifying persons interested in serving as Directors of the Corporation and ascertaining such persons' qualifications.

(3) Recommending to the Member persons for election as Directors of the Corporation.

(4) Nominating persons to be appointed as officers of the Corporation, except the Chair and the President/Chief Executive Officer of the Corporation.

(5) Overseeing orientation and development of the Directors of the Corporation.

(6) Educating and evaluating the Directors of the Corporation.

(d) **Joint Audit/Corporate Responsibility Committee.** The Joint Audit/Corporate Responsibility Committee of St. Vincent's Health Services Corporation shall also constitute the Joint Audit/Corporate Responsibility Committee of the Corporation, exercising such duties with respect to the Corporation as are contemplated in the description of such committee contained in the Bylaws of St. Vincent's Health Services Corporation.

**Section 4 - Other Committees.** The Board of Directors may establish other Committees, and the Chair may appoint such members thereto, including persons other than Directors, as may be deemed advisable by the Chair, subject to the Board's approval.

## **ARTICLE VII - BOOKS AND RECORDS**

The Corporation shall maintain correct and complete books and records of account and shall keep minutes of the proceedings of the Board of Directors. The books and records of account shall be open for inspection and review by the Directors and other persons legally authorized during normal business hours.

## ARTICLE VIII - DEPOSITS

All funds of the Corporation shall be deposited from time to time to the credit of the Corporation in such banks, trust companies or other depositories as the Board of Directors may select.

## ARTICLE IX - FISCAL YEAR

The Fiscal Year of the Corporation shall be determined by resolution of the Board of Directors.

## ARTICLE X – INDEMNIFICATION AND INSURANCE

**Section 1 - Indemnification.** The Corporation shall indemnify, to the maximum extent required or permitted by applicable law, and shall indemnify to the extent required in accordance with the Certificate of Incorporation of the Corporation, any individual who was, is or is threatened to be made a defendant or respondent in any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative, arbitrative or investigative and whether formal or informal (each, a “proceeding”), including without limitation, a proceeding by or in the right of the Corporation, by reason of the fact that such individual is or was a Director of the Corporation, or who, while a Director of the Corporation, is or was serving at the Corporation’s request as a director, officer, partner, trustee, employee or agent of another domestic or foreign corporation, partnership, joint venture, trust, employee benefit plan or other entity (“Other Organization”), against liability incurred in such proceeding, and shall advance expenses to such persons prior to the final disposition of a proceeding to the maximum extent permitted by law. For purposes of this Article X, “liability” means the obligation to pay a judgment, settlement, penalty, fine, including an excise tax assessed with respect to an employee benefit plan, or reasonable expenses (including counsel fees) incurred with respect to a proceeding.

The Corporation shall likewise indemnify (and advance expenses to) any individual who was, is or is threatened to be made a defendant or respondent in any proceeding, by reason of the fact that such individual is or was an officer, employee or agent of the Corporation who is not a Director or, who, while an officer, employee or agent of the Corporation, is or was serving at the Corporation’s request as a director, officer, partner, trustee, employee or agent of an Other Organization, to the same extent that it is permitted or obligated to indemnify a Director hereunder. Nothing in the foregoing shall be deemed to preclude the Corporation from indemnifying an officer, employee or agent who is not a Director to such further extent, consistent with public policy, as may now or hereafter be provided by contract, the Certificate of Incorporation, a provision of these Bylaws or a resolution of the Board of Directors.

No indemnification shall be permitted hereunder unless mandatory in accordance with applicable law or authorized for a specific proceeding, after a determination has been made in accordance with applicable law that indemnification is permissible because the proposed indemnitee has met the relevant standard of conduct to permit such indemnification.

The indemnity provided hereunder shall to the extent permitted by applicable law extend to liability for any tax imposed under Section 4958(a)(2) of the Code, unless such indemnification would constitute an "excess benefit" within the meaning of Section 4958 of the Code.

**Section 2 - Insurance.** The Corporation may purchase and maintain insurance on behalf of any person indemnified under this Article and shall further have the power to purchase and maintain insurance on behalf of any person who is or was serving at the request of the Corporation as a director, officer, partner, employee or agent of another corporation, partnership, joint venture, limited liability company, trust or other enterprise insuring against any liability under the conditions described in this Article subject to the power of the Corporation to indemnify such person under applicable law.

#### **ARTICLE XI - REPRESENTATION OF SHARES OF STOCK OR CORPORATE MEMBERSHIP**

The President/Chief Executive Officer of the Corporation is authorized to vote, represent, and exercise on behalf of the Corporation all rights incident to any corporate membership or any and all shares of any corporation or corporations standing in the name of the Corporation, in the manner directed by the Board of Directors, or where such power is reserved to the membership, by the Member of the Corporation. The authority herein granted to said officer to vote or represent on behalf of this Corporation any and all shares of stock or corporate membership held by the Corporation in any corporation or corporations, may be exercised either by such officer in person or by any person authorized so to do, by proxy or power of attorney duly executed by such officer.

#### **ARTICLE XII - CONFLICTS OF INTEREST/ CORPORATE RESPONSIBILITY PLAN**

The conflict of interest policy adopted by the Board of Directors of St. Vincent's Health Services Corporation for St. Vincent's Health Services Corporation and other entities comprising the St. Vincent's system, as in effect from time to time, shall be, and hereby is adopted as, the Corporation's conflict of interest policy.

In furtherance of such conflict of interest policy, the Corporation hereby adopts the St. Vincent's Health Services Corporation/St. Vincent's Medical Center Corporate

Responsibility Plan (“CRP”), and agrees to cooperate with the Corporate Responsibility Officer in instituting reporting and other policies and procedures at the Corporation to ensure its compliance with the CRP.

### **ARTICLE XIII - POLICIES, RULES AND REGULATIONS**

In addition to the Bylaws herein contained, the Board of Directors may adopt such written Policies, Rules or Regulations as, in its judgment, may prove necessary and desirable for the efficient management of the Corporation. At least a majority of the entire Board must give its approval to permit the adoption of any such Policy, Rule or Regulation.

### **ARTICLE XIV - CORPORATION SERVING AS CONTROLLING ENTITY OF SUBSIDIARY ORGANIZATION**

**Section 1 - Governing Documents of Subsidiary Organizations.** The Governing Documents of any of the Corporation’s Subsidiary Organizations shall contain a section within the documents which provides for certain rights and powers to be reserved to the Corporation as its controlling entity.

**Section 2 - Specific Reserved Rights and Powers.** All action by a Subsidiary Organization shall be by its governing board, subject to the following matters which require the approval of the Corporation, as the Subsidiary Organization’s controlling entity:

- a.** Approve the mission and vision statements for the Subsidiary Organization.
- b.** Approve changes to the Governing Documents of a Subsidiary Organization, if the changes are consistent with System Policies.
- c.** Appoint, upon the recommendation of the governing board of the Subsidiary Organization, or remove, with or without cause, the members of the governing board of the Subsidiary Organization. Removal does not require a recommendation of the Subsidiary Organization governing board.
- d.** Approve the incurrence of debt of the Subsidiary Organization in accordance with System Policies.
- e.** Subject to the approval of Ascension Health and Ascension Health Alliance, approve the sale, transfer or substantial change in use of all or substantially all of the assets of a Subsidiary Organization that is a Credit Group Member, and divestiture, dissolution, closure, merger, consolidation, change in corporate

membership or ownership, or corporate reorganization of a Subsidiary Organization that is a Credit Group Member.

- f. Subject to Canonical Requirements, approve the formation of a Subsidiary Organization, and the sale, transfer or substantial change in use of all or substantially all of the assets of a Subsidiary Organization of the Corporation, or the divestiture, dissolution, closure, merger, consolidation or change in corporate membership or ownership of a Subsidiary Organization that is not a Credit Group Member.
- g. Approve the transfer or encumbrance of the assets of a Subsidiary Organization in accordance with System Policies.
- h. Approve the operating budget and capital plan for the Subsidiary Organization.

#### **ARTICLE XV - AMENDMENTS TO GOVERNING DOCUMENTS**

These Bylaws shall be reviewed annually. The power to approve changes to the Governing Documents of the Corporation that are consistent with System Policies for Governing Documents shall be vested in the Board of Directors of the Corporation, subject to the approval of the Member. The power to approve changes to the Governing Documents of the Corporation that are inconsistent with System Policies for Governing Documents shall be subject to the approval of the Ascension Health Board. Any notice of a meeting at which Bylaws are to be adopted, repealed, or amended shall include notice of such proposed action.

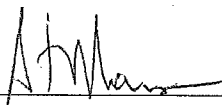
#### **ARTICLE XVI - CONFIDENTIALITY**

All matters relating to the governance, business and activities of the Corporation, its Subsidiary Organizations if any and any Affiliate Organizations that are made known to the Directors and officers of the Corporation in the course of the performance of their duties shall be maintained in the strictest confidence and not divulged to any person, until such time as there has been general public disclosure of the information or the information becomes a matter of common knowledge. As part of their fiduciary duty to the Corporation, Directors and officers are required to maintain the confidentiality of the activities of the Corporation and to use information regarding such activities solely and exclusively for the benefit of the Corporation, and any of its Subsidiary Organizations and Affiliate Organizations.

\*\*\*\*\*

The foregoing amendment and restatement of the Bylaws of St. Vincent's Multispecialty Group, Inc. was approved on September 16, 2015, by action of the Board of Directors of the Corporation and on September 30, 2015, by action of St. Vincent's Medical Center, the Member of the Corporation.

ST. VINCENT'S MEDICAL CENTER

By:  \_\_\_\_\_  
Its President and Chief Executive Officer

Revised 9.30.15



EXHIBIT C

The name and employer of each member of the  
Board of Directors of St. Vincent's Multispecialty Group, Inc.  
as of December 31, 2016

Name	Employer
Dianne Auger	St. Vincent's Medical Center
Vincent C. Caponi	St. Vincent's Medical Center
Robert Fitton, M.D.	St. Vincent's Multispecialty Group, Inc.
Stephen Franko	St. Vincent's Medical Center
Daniel Gottschall, M.D.	St. Vincent's Medical Center
Doodnauth Hiramam, M.D.	St. Vincent's Medical Center
Michael Hunt, M.D.	St. Vincent's Health Partners, Inc.
Christopher Iannuzzi, M.D.	St. Vincent's Multispecialty Group, Inc.
Robert Jumper, M.D.	Cardiology Associates of Fairfield County, P.C.
Corina Marcu, M.D.	St. Vincent's Medical Center
Anna Pankratov, M.D.	St. Vincent's Multispecialty Group, Inc.
Francis Scifo, M.D.	St. Vincent's Multispecialty Group, Inc.
Edward Tristine, M.D.	St. Vincent's Multispecialty Group, Inc.
Christopher Willey	St. Vincent's Multispecialty Group, Inc.

EXHIBIT D

# 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

ST. VINCENT'S MULTISPECIALTY GROUP, INC.

Employer identification number

80-0458769

### 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	71,065,382
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		8/26/16	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.

<b>ERO's Use Only</b>	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.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name				Firm's EIN
	Firm's address				Phone no.

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2014 calendar year, or tax year beginning 10/01, 2014, and ending 09/30, 2015

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: ST. VINCENT'S MULTISPECIALTY GROUP, INC.  
 Doing business as:  
 Number and street (or P.O. box if mail is not delivered to street address): 2800 MAIN STREET  
 Room/suite:  
 City or town, state or province, country, and ZIP or foreign postal code: BRIDGEPORT, CT 06606-4201

**D** Employer identification number: 80-0458769

**E** Telephone number: (203) 576-5524

**G** Gross receipts \$: 71,065,382

**F** Name and address of principal officer: STUART MARCUS, M.D.  
 SAME AS C ABOVE

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

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

**J** Website: ▶ N/A

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 2010

**M** State of legal domicile: CT

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ADDRESS THE WELLNESS, PREVENTION, AND HEALTHCARE NEEDS OF THE BRIDGEPORT COMMUNITY.		
	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	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	2
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	362
	6	Total number of volunteers (estimate if necessary)	6	2
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 0	Current Year: 0
	9	Program service revenue (Part VIII, line 2g)	61,641,140	71,037,229
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	56,385	28,153
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	61,697,525	71,065,382
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	44,359,472	57,427,114
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	25,943,974	30,426,977
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	70,303,446	87,854,091
19	Revenue less expenses. Subtract line 18 from line 12	(8,605,921)	(16,788,709)	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 11,425,517	End of Year: 21,958,544
	21	Total liabilities (Part X, line 26)	11,307,429	37,660,692
	22	Net assets or fund balances. Subtract line 21 from line 20	118,088	(15,702,148)

**Part II Signature Block**

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

**Sign Here**

Signature of officer: *Stephen H. Franko*  
 Date: August 11, 2016

STEPHEN H. FRANKO, SVP/CFO  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check  if self-employed PTIN: \_\_\_\_\_

Firm's name ▶: \_\_\_\_\_ Firm's EIN ▶: \_\_\_\_\_  
 Firm's address ▶: \_\_\_\_\_ Phone no.: \_\_\_\_\_

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

**1** Briefly describe the organization's mission:  
ST. VINCENT'S MULTISPECIALTY GROUP, INC. PROVIDES PROFESSIONAL MEDICAL SERVICES TO PATIENTS IN BRIDGEPORT, CONNECTICUT AND SURROUNDING COMMUNITIES THROUGH A NETWORK OF EMPLOYED PRIMARY CARE PHYSICIANS, HOSPITAL BASED PROVIDERS, AND SPECIALISTS.

**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 \$ 82,711,628 including grants of \$ 0 ) (Revenue \$ 71,037,229 )  
PROFESSIONAL SERVICE REVENUE FROM PROFESSIONAL MEDICAL SERVICES PROVIDED TO PATIENTS IN BRIDGEPORT, CONNECTICUT AND OTHER COMMUNITIES IN LOWER FAIRFIELD COUNTY, CONNECTICUT THROUGH A NETWORK OF EMPLOYED PRIMARY CARE PHYSICIANS, HOSPITAL BASED PROVIDERS, AND SPECIALISTS. EMPLOYED PRIMARY CARE PHYSICIANS AND OTHER SPECIALISTS PROVIDE SERVICES AT (1) PRIVATE PRACTICE OFFICES LOCATED IN THE COMMUNITY AND WITHIN ST. VINCENT'S MEDICAL CENTER, (2) A FAMILY HEALTH CLINIC IN BRIDGEPORT, CONNECTICUT THAT SERVES THE POOR AND UNINSURED AND IS OWNED AND OPERATED BY ST. VINCENT'S MEDICAL CENTER, AND (3) URGENT CARE CENTERS OWNED AND OPERATED BY ST. VINCENT'S MEDICAL CENTER LOCATED IN BRIDGEPORT, FAIRFIELD, MONROE, STRATFORD, AND SHELTON, CONNECTICUT. EMPLOYED HOSPITAL-BASED PROVIDERS PROVIDE SERVICES IN ST. VINCENT'S MEDICAL CENTER DEPARTMENTS PURSUANT TO A PROFESSIONAL SERVICES AGREEMENT BETWEEN ST. VINCENT'S MEDICAL CENTER AND ST. VINCENT'S MULTISPECIALTY GROUP, INC. HOSPITAL-BASED PROVIDERS INCLUDE HOSPITALISTS, INTENSIVISTS, PSYCHIATRISTS, EMERGENCY SERVICES, AND REHABILITATION.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
\_\_\_\_\_  
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**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
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**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 82,711,628

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3</b> 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"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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"/>
<b>5</b> 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"/>
<b>6</b> 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"/>
<b>7</b> 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"/>
<b>8</b> 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"/>
<b>9</b> 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"/>
<b>10</b> 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 type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> 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.		
<b>a</b> 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>b</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"/>
<b>c</b> 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"/>
<b>d</b> 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"/>
<b>e</b> 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"/>
<b>f</b> 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"/>
<b>12 a</b> 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>b</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"/>
<b>13</b> 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"/>
<b>14 a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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"/>
<b>15</b> 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"/>
<b>16</b> 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"/>
<b>17</b> 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"/>
<b>18</b> 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"/>
<b>19</b> 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"/>
<b>20 a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> 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>		✓
<b>22</b> 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>		✓
<b>23</b> 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>	✓	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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>		✓
<b>26</b> 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>		✓
<b>27</b> 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>		✓
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
<b>c</b> 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>		✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		✓
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		✓
<b>32</b> 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>		✓
<b>33</b> 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>		✓
<b>34</b> 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>	✓	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	✓	
<b>b</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>	✓	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		✓
<b>37</b> 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>		✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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

		Yes	No		
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	0		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>			
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	362		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .	<b>2b</b>		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>			✓
<b>b</b>	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>			✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>			✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>			✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>			✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>			✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>			

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	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"/>
<b>3</b>	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"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .	<input checked="" type="checkbox"/>	
<b>7a</b>	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"/>	
<b>7b</b>	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"/>	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	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"/>	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
<b>12c</b>	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"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .		<input checked="" type="checkbox"/>
<b>15b</b>	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).		
<b>16a</b>	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"/>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► 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 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) LAWRENCE C SCHEK, MD BOARD MEMBER	1.0 39.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					0	915,868	56,642
(2) STUART G MARCUS, MD CHAIRPERSON/PRESIDENT & CEO-SVHS	10.0 30.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					0	1,197,518	49,053
(3) PETER STRUZZI SECRETARY, EX-OFFICIO	1.0 39.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					0	507,393	37,477
(4) STEPHEN FRANKO DIRECTOR/INTERIM CFO-SVHS (START 7/2015)	10.0 30.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					0	0	0
(5) CHRISTOPHER IANNUZZI, MD VICE CHAIRPERSON - START 10/2014	40.0 0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				488,393	0	0	39,153
(6) JOHN C GLECKLER SVP/CFO - SVHS - (END 6/2015)	10.0 30.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					0	663,197	50,270
(7) MICHAEL V HERMAN, MD DIRECTOR - END 6/2015	1.0 1.0	<input checked="" type="checkbox"/>						0	0	0
(8) CORINA MARCU, MD DIRECTOR	40.0 0.0	<input checked="" type="checkbox"/>					267,371	0	0	43,671
(9) DAWN MOSER, PA-C DIRECTOR	40.0 0.0	<input checked="" type="checkbox"/>					182,598	0	0	34,690
(10) FRANCIS R SCIFO, MD DIRECTOR	1.0 39.0	<input checked="" type="checkbox"/>						0	309,083	38,737
(11) SHEILA A COOPERMAN, MD DIRECTOR - END 12/2014	40.0 0.0	<input checked="" type="checkbox"/>					258,107	0	0	46,988
(12) ROBERT FITTON, MD DIRECTOR - START 9/2015	40.0 0.0	<input checked="" type="checkbox"/>					244,493	0	0	43,017
(13) DOODNAUTH HIRAMAN, MD DIRECTOR - START 10/2014	1.0 39.0	<input checked="" type="checkbox"/>						0	429,032	19,846
(14) MICHAEL HUNT, DO DIRECTOR - START 9/2015	1.0 0.0	<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) ROBERT JUMPER, MD DIRECTOR - START 12/2014	1.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(16) ANNA PANKRATOV, MD DIRECTOR - START 10/2014	40.0 0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	188,359	0	35,541
(17) CHRISTOPHER WILLEY DIRECTOR - START 10/2014	40.0 0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	151,133	0	11,911
(18) AHMAD FOTOVAT, MD SURGEON	40.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	582,135	0	41,365
(19) ALBERT C DIMEO, MD DIR. CARDIO THORACIC SURG.	40.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	682,536	0	50,216
(20) EDWARD J KOSINSKI, MD CARDIO PHYSICIAN	40.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	850,669	0	51,860
(21) RAFAEL P SQUITIERI, MD CHIEF CARDIO THORACIC	40.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	696,361	0	50,897
(22) SYED A ZAFAR, MD EMERGENCY CARE PHYSICIAN	40.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	465,431	0	46,875
(23)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(24)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(25)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>1b Sub-total</b>								5,057,586	4,022,091	748,209
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								5,057,586	4,022,091	748,209

**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 **▶ 142**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> 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"/>	<input type="checkbox"/>
<b>5</b> 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 type="checkbox"/>	<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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions)	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		0				
<b>Program Service Revenue</b>				<b>Business Code</b>				
	<b>2a</b>	PROFESSIONAL SVC. REV. . . . .	621100	71,037,229	71,037,229			
	<b>b</b>	-----						
	<b>c</b>	-----						
	<b>d</b>	-----						
	<b>e</b>	-----						
	<b>f</b>	All other program service revenue . . . . .		0	0	0	0	
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		71,037,229					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		28,153			28,153	
	<b>4</b>	Income from investment of tax-exempt bond proceeds ▶						
	<b>5</b>	Royalties . . . . . ▶						
	<b>6a</b>	Gross rents . . . . .	(i) Real	(ii) Personal				
		<b>b</b>	Less: rental expenses					
		<b>c</b>	Rental income or (loss)	0	0			
	<b>d</b>	Net rental income or (loss) . . . . . ▶						
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b>	Less: cost or other basis and sales expenses . . . . .					
		<b>c</b>	Gain or (loss) . . . . .	0	0			
		<b>d</b>	Net gain or (loss) . . . . . ▶					
	<b>8a</b>	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>						
		<b>b</b>	Less: direct expenses . . . . . <b>b</b>					
		<b>c</b>	Net income or (loss) from fundraising events . ▶					
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>						
		<b>b</b>	Less: direct expenses . . . . . <b>b</b>					
		<b>c</b>	Net income or (loss) from gaming activities . . ▶					
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
		<b>b</b>	Less: cost of goods sold . . . . . <b>b</b>					
		<b>c</b>	Net income or (loss) from sales of inventory . . ▶					
Miscellaneous Revenue		<b>Business Code</b>						
<b>11a</b>	-----							
<b>b</b>	-----							
<b>c</b>	-----							
<b>d</b>	All other revenue . . . . .			0	0	0	0	
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶			0				
<b>12</b>	<b>Total revenue.</b> See instructions. . . . . ▶			71,065,382	71,037,229	0	28,153	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	2,215,965	1,953,361	262,604	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	47,245,976	45,976,016	1,269,960	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	1,587,958	1,536,965	50,993	
<b>9</b> Other employee benefits . . . . .	3,702,890	3,481,824	221,066	
<b>10</b> Payroll taxes . . . . .	2,674,325	2,588,446	85,879	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	321,417	145,108	176,309	
<b>c</b> Accounting . . . . .	6,654		6,654	
<b>d</b> Lobbying . . . . .	8,766	2,723	6,043	
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	16,175,543	15,819,795	355,748	0
<b>12</b> Advertising and promotion . . . . .	48,123	44,798	3,325	
<b>13</b> Office expenses . . . . .	1,100,947	984,904	116,043	
<b>14</b> Information technology . . . . .	398,849	398,849		
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	3,824,409	3,752,253	72,156	
<b>17</b> Travel . . . . .	130,509	103,090	27,419	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	65,818	63,375	2,443	
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	496,308	455,889	40,419	
<b>23</b> Insurance . . . . .	1,173,421	550,772	622,649	
<b>24</b> 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.)				
<b>a</b> CORPORATE ALLOCATIONS	4,550,688	2,746,899	1,803,789	
<b>b</b> LICENSES, DUES, AND SUB	747,252	730,454	16,798	
<b>c</b> SUPPLIES	1,362,919	1,362,252	667	
<b>d</b> _____				
<b>e</b> All other expenses _____	15,354	13,855	1,499	0
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	87,854,091	82,711,628	5,142,463	0
<b>26</b> <b>Joint costs.</b> 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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	971,441	<b>1</b>	4,709,917
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	5,721,731	<b>4</b>	10,328,223
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	515,826	<b>9</b>	240,211
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 4,891,705		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 1,669,490	<b>10c</b> 2,538,983	3,222,215
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	761,450	<b>14</b>	2,297,033
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	916,086	<b>15</b>	1,160,945
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	11,425,517	<b>16</b>	21,958,544	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	5,894,244	<b>17</b>	6,609,583
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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	<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	5,413,185	<b>25</b>	31,051,109
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	11,307,429	<b>26</b>	37,660,692
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	118,088	<b>27</b>	(15,702,148)
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	118,088	<b>33</b>	(15,702,148)	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	11,425,517	<b>34</b>	21,958,544	



**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	71,065,382
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	87,854,091
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	(16,788,709)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	118,088
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	(99,296)
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	1,067,769
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	(15,702,148)

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . .  
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.

	Yes	No
<b>2a</b>		✓
<b>2b</b>	✓	
<b>2c</b>	✓	
<b>3a</b>		✓
<b>3b</b>		



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

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

Name of the organization ST. VINCENT'S MULTISPECIALTY GROUP, INC.	Employer identification number 80-0458769
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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)(vi)**. (Complete Part II.)
  - 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
  - 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
  - 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box 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 1
    - 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) ST. VINCENT'S MEDICAL CENTER	06-0646886	3	✓		10,275,142	
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					<b>10,275,142</b>	<b>0</b>

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> 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
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 33 1/3% support test—2013.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2014.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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 . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support</b> (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
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> 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 <b>stop here</b> . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2014</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2013</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2014.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . ▶ <input type="checkbox"/>		
<b>b 33 1/3% support tests—2013.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . ▶ <input type="checkbox"/>		
<b>20 Private foundation.</b> 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? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	✓	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		✓
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		✓
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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		✓
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
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)? If "Yes," explain in <b>Part VI</b> 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.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		✓
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> 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? If "Yes," provide detail in <b>Part VI</b> .		✓
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? If "Yes," complete Part I of Schedule L (Form 990).		✓
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		✓
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))? If "Yes," provide detail in <b>Part VI</b> .		✓
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? If "Yes," provide detail in <b>Part VI</b> .		✓
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? If "Yes," provide detail in <b>Part VI</b> .		✓
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)? If "Yes," answer (b) below.		✓
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?	<b>11a</b>	✓
<b>b</b> A family member of a person described in (a) above?	<b>11b</b>	✓
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	<b>11c</b>	✓

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? 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.	<b>1</b>	✓
<b>2</b> 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? 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.	<b>2</b>	✓

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? 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).	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?	<b>1</b>	
<b>2</b> 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	<b>2</b>	
<b>3</b> 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	<b>3</b>	

**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**  The organization satisfied the Activities Test. Complete line 2 below.

**b**  The organization is the parent of each of its supported organizations. Complete line 3 below.

**c**  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
<b>a</b> 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? 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.	<b>2a</b>	
<b>b</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? 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.	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? Provide details in Part VI.	<b>3a</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	<b>3b</b>	

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <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).			

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

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

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

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

Return Reference	Identifier	Explanation
SCHEDULE A, PART IV, SECTION B, LINE 1	APPOINTMENT OF DIRECTORS	ST. VINCENT'S MEDICAL CENTER DETERMINES THE PHILOSOPHY, MISSION, VISION, VALUES AND EXPECTATIONS OF ST. VINCENT'S MULTISPECIALTY GROUP AND APPOINTS THEIR BOARD, WITH ST. VINCENT'S MEDICAL CENTER RETAINING ULTIMATE CONTROL OVER GOVERNANCE MATTERS.



**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](http://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 MULTISPECIALTY GROUP, INC.	Employer identification number 80-0458769
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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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th>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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b> 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:			
<b>a</b> Volunteers?		✓	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
<b>c</b> Media advertisements?		✓	
<b>d</b> Mailings to members, legislators, or the public?		✓	
<b>e</b> Publications, or published or broadcast statements?		✓	
<b>f</b> Grants to other organizations for lobbying purposes?		✓	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
<b>i</b> Other activities?	✓		8,766
<b>j</b> Total. Add lines 1c through 1i			8,766
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year	<b>2a</b>
<b>b</b> Carryover from last year	<b>2b</b>
<b>c</b> Total	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>
<b>4</b> 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?	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>

**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

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**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 THE LOBBYING ACTIVITY	LOBBYING EXPENSES REPRESENT THE PORTION OF DUES PAID TO THE CONNECTICUT STATE MEDICAL SOCIETY (CSMS) AND TO THE FAIRFIELD COUNTY MEDICAL ASSOCIATION (FCMA) THAT ARE SPECIFICALLY ALLOCABLE TO LOBBYING. ST. VINCENT'S MULTISPECIALTY GROUP 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.

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 MULTISPECIALTY GROUP, INC. Employer identification number: 80-0458769

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.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Form for Part II Conservation Easements, including questions 1-9 and a table for lines 2a-2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2b.

**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    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  %
  - b** Permanent endowment  %
  - c** Temporarily restricted endowment  %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .		747,106	42,944	704,162
<b>c</b> Leasehold improvements . . . . .		1,351,767	804,182	547,585
<b>d</b> Equipment . . . . .		1,423,263	788,978	634,285
<b>e</b> Other . . . . .		1,369,569	33,386	1,336,183
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				3,222,215

**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) _____		
<b>Total.</b> (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)		
<b>Total.</b> (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) INTEREST IN INVESTMENTS HELD BY ASCENSION HEALTH ALLIANCE	990,926
(2) PHYSICIAN AND OTHER RECEIVABLES	108,670
(3) SECURITY DEPOSITS	61,349
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	1,160,945

**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	28,923,494	
(3) ACCRUED PENSION	637,064	
(4) PROFESSIONAL LIABILITY IBNR	1,287,400	
(5) LONG TERM LEASE LIABILITY	150,426	
(6) ACCRUED PROFESSIONAL LIABILITY	52,725	
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	31,051,109	

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 3, 4a-4b, 4c, 5), and a final column for totals.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 3, 4a-4b, 4c, 5), and a final column for totals.

**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.

SEE NEXT PAGE

Dotted lines for supplemental information input.



**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 X, LINE 2	FIN 48 (ASC 740) FOOTNOTE	<p>FROM THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF ST. VINCENT'S MEDICAL CENTER:            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 J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization

ST. VINCENT'S MULTISPECIALTY GROUP, INC.

Employer identification number

80-0458769

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

**b** If 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 . . . . .

**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? . . . . .

**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.

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
1a		
1b		
2		
3		
4a		✓
4b		✓
4c		✓
5a		✓
5b		✓
6a		✓
6b		✓
7		✓
8		✓
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	(iv) Other reportable compensation	(v) Other reportable compensation				
1 LAWRENCE C SCHEK, MD BOARD MEMBER	0	0	0	0	0	0	0	0	0
2 STUART G MARCUS, MD CHAIRPERSON/PRESIDENT & CEO-SVHS	574,552	241,684	99,632	14,200	14,200	42,442	972,510	0	0
3 PETER STRUZZI SECRETARY, EX-OFFICIO	674,012	413,784	109,722	15,500	15,500	33,553	1,246,571	0	0
4 CHRISTOPHER IANNUZZI, MD VICE CHAIRPERSON - START 10/2014	340,140	139,435	27,818	7,800	7,800	29,677	544,870	0	0
5 JOHN C GLECKLER SVP/CFO - SVHS - (END 6/2015)	487,701	0	692	14,200	14,200	24,953	527,546	0	0
6 CORINA MARCU, MD DIRECTOR	0	0	0	0	0	0	0	0	0
7 DAWN MOSER, PA-C DIRECTOR	0	0	0	0	0	0	0	0	0
8 FRANCIS R SCIFO, MD DIRECTOR	415,856	197,944	49,397	18,100	18,100	32,170	713,467	0	0
9 SHEILA A COOPERMAN, MD DIRECTOR - END 12/2014	242,968	24,048	355	14,307	14,307	29,364	311,042	0	0
10 ROBERT FITTON, MD DIRECTOR - START 9/2015	181,532	375	691	13,089	13,089	21,601	217,288	0	0
11 DOODNAUTH HIRAMAN, MD DIRECTOR - START 10/2014	0	0	0	0	0	0	0	0	0
12 ANNA PANKRATOV, MD DIRECTOR - START 10/2014	262,553	31,158	15,372	15,500	15,500	23,237	347,820	0	0
13 CHRISTOPHER WILLEY DIRECTOR - START 10/2014	245,357	11,250	1,500	15,156	15,156	31,832	305,095	0	0
14 AHMAD FOTOVAT, MD SURGEON	0	0	0	0	0	0	0	0	0
15 ALBERT C DIMEO, MD DIR. CARDIO THORACIC SURG. (SEE STATEMENT)	235,213	8,753	527	13,592	13,592	29,425	287,510	0	0
16 ALBERT C DIMEO, MD DIR. CARDIO THORACIC SURG. (SEE STATEMENT)	0	0	0	0	0	0	0	0	0
	407,889	8,000	13,143	14,200	14,200	5,646	448,878	0	0
	187,151	0	1,208	10,750	10,750	24,791	223,900	0	0
	133,416	13,263	4,454	7,959	7,959	3,952	163,044	0	0
	431,534	135,904	14,697	15,500	15,500	25,865	623,500	0	0
	630,452	0	52,084	15,500	15,500	34,716	732,752	0	0
	0	0	0	0	0	0	0	0	0

**Part II Officers, Directors, Trustees, Key Employees and Highest Compensated Employees (continued)**

(a) Name	(b) Breakdown of W-2 and/or 1099-MISC compensation			(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(16) EDWARD J KOSINSKI, MD CARDIO PHYSICIAN	(i)	804,214	16,576	29,879	36,542	902,529	0
	(ii)	0	0	0	0	0	0
(17) RAFAEL P SQUITIERI, MD CHIEF CARDIO THORACIC	(i)	629,770	0	66,591	35,397	747,258	0
	(ii)	0	0	0	0	0	0
(18) SYED A ZAFAR, MD EMERGENCY CARE PHYSICIAN	(i)	239,708	218,013	7,710	28,775	512,306	0
	(ii)	0	0	0	0	0	0

**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	CEO COMPENSATION	ST. VINCENT'S HEALTH SERVICES CORPORATION, A RELATED ORGANIZATION OF ST. VINCENT'S MULTISPECIALTY GROUP, INC., 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.

**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 MULTISPECIALTY GROUP, INC.

Employer Identification Number  
80-0458769

Return Reference	Identifier	Explanation
FORM 990, PART VI, LINE 6	CLASSES OF MEMBERS OR STOCKHOLDERS	ST. VINCENT'S MULTISPECIALTY GROUP, INC, HAS A SINGLE CORPORATE MEMBER, ST. VINCENT'S MEDICAL CENTER.
FORM 990, PART VI, LINE 7A	MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	ST. VINCENT'S MULTISPECIALTY GROUP, INC. HAS A SINGLE CORPORATE MEMBER, ST. VINCENT'S MEDICAL CENTER, WHO HAS THE ABILITY TO ELECT MEMBERS TO THE GOVERNING BODY OF ST. VINCENT'S MULTISPECIALTY GROUP, INC.
FORM 990, PART VI, LINE 7B	DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	ALL DECISIONS THAT HAVE A MATERIAL IMPACT TO ST. VINCENT'S MULTISPECIALTY GROUP, INC, FINANCIAL INFORMATION OR CORPORATION AS A WHOLE ARE SUBJECT TO APPROVAL BY ITS SOLE CORPORATE MEMBER, ST. VINCENT'S MEDICAL CENTER.
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 OF CEO AND OTHER OFFICERS	<p>IN DETERMINING THE COMPENSATION OF THE ORGANIZATION'S CEO, THE PROCESS, PERFORMED BY ST. VINCENT'S HEALTH SERVICES CORPORATION, A RELATED ORGANIZATION OF ST. VINCENT'S MULTISPECIALTY GROUP, INC., 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 OF THE ORGANIZATION, THE PROCESS, PERFORMED BY ST. VINCENT'S HEALTH SERVICES CORPORATION, A RELATED ORGANIZATION OF ST. VINCENT'S MULTISPECIALTY GROUP, INC., 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 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.
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

Return Reference	Identifier	Explanation				
		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	14,413,003	14,325,429	87,574	
		PURCH SVCS BILLING TRANSCRIPTION AND OTHER	1,417,007	1,323,895	93,112	
		CONSULTING AND RECRUITING	345,533	170,471	175,062	
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description		(b) Amount		
		CHANGE IN FASB 157 LIABILITY		49,866		
		CHANGE IN PENSION PLAN LIABILITY		- 652,871		
		NET ASSET TRANSFER WITH SVMC		1,670,774		

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

**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](http://www.irs.gov/form990).

Name of the organization

ST. VINCENT'S MULTISPECIALTY GROUP, INC.

Employer identification number

80-0458769

**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 MEDICAL CENTER (06-0646886) 2800 MAIN STREET, BRIDGEPORT, CT 06606	HOSPITAL	CT	501(C)(3)	3	ST. VINCENT'S HEALTH SERVICES CORP		✓
(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.

(1)	(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.

(1)	(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					Yes	No
(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.

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	ST. VINCENT'S MEDICAL CENTER	S	10,275,142	AMOUNTS TRANSFERRED
(2)	ST. VINCENT'S DEVELOPMENT, INC.	R	307,183	ACTUAL AMOUNT TRANSFERRED
(3)				
(4)				
(5)				
(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)														
(9)														
(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 COLLEGE, INC. (06-1331677) 2800 MAIN STREET, BRIDGEPORT, CT 06606	COLLEGE OF HEALTH SCIENCES	CT	501(c)(3)	2	ST. VINCENT'S MEDICAL CENTER	✓	
(8) 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		✓

## Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

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

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

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

Enter filer's identifying number, 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 MULTISPECIALTY GROUP, INC.	Employer identification number (EIN) or 80-0458769
	Number, street, and room or suite no. If a P.O. box, see instructions. 2800 MAIN STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BRIDGEPORT, CT 06606-4201	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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

- The books are in the care of ▶ STEPHEN 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

<b>3a</b> 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.	<b>3a</b>	\$
<b>b</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.	<b>3b</b>	\$
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**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).

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 MULTISPECIALTY GROUP, INC.	Employer identification number (EIN) or 80-0458769
	Number, street, and room or suite no. If a P.O. box, see instructions. 2800 MAIN STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BRIDGEPORT, CT 06606-4201	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . 0 1

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

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


- The books are in the care of ▶ STEPHEN 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.

<b>8a</b> 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.	<b>8a</b>	\$ - 0 -
<b>b</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.	<b>8b</b>	\$ - 0 -
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$ - 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