

By email: <u>Jack.Huber@ct.gov</u>

December 31, 2014

Mr. Jack Huber
Health Care Analyst
Department of Public Health
Office of Health Care Access
410 Capitol Avenue
P.O. Box 340308 MS #13HCA

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

Dear Mr. Huber:

Hartford, CT 06134

Pursuant to Section 33-182bb of the Connecticut General Statutes, as amended by Section 3 of Public Act 14-168, 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 St. Vincent's Multispecialty Group, Inc.'s mission:

Set forth below is the mission statement of St. Vincent's Health Services, 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 healing ministry of Jesus, we commit to provide quality, holistic care to all faiths with special concerns for those who are poor, vulnerable and under-served.

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 Health System'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.



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Office of HEALTHCARE ACCESS

Mr. Jack Huber December 31, 2014 Page 2

2. Description of the services provided by St. Vincent's Multispecialty Group, Inc.:

As of September 30, 2014, the following services were provided at St. Vincent's Multispecialty Group, Inc. private practice offices located in the community and/or within St. Vincent's Medical Center:

Cardiology
Cardiothoracic Surgery
General Surgery
Hand Surgery
Internal Medicine and Primary Care
Oncological (Cancer) Surgery
Ophthalmology
Otolaryngology
Pediatrics
Radiation Oncology

In addition, St. Vincent's Multispecialty Group, Inc. employs primary care and other specialists to provide services at:

- The Family Health Center, serving the poor and uninsured, owned and operated by St. Vincent's Medical Center and located in Bridgeport, Connecticut.
- Urgent Care Walk-In Centers owned and operated by St. Vincent's Medical Center and located in Bridgeport, Monroe, Shelton and Fairfield, Connecticut.

In addition, St. Vincent's Multispecialty Group, Inc. employs hospital-based providers who provide services in St. Vincent's Medical Center departments. These hospital based providers include hospitalists, intensivists, psychiatrists, emergency services and rehabilitation.

3. Description of any significant change in the services provided by St. Vincent's Multispecialty Group, Inc. during the preceding fiscal year.

During the fiscal year ended September 30, 2014, St. Vincent's Multispecialty Group, Inc. expanded its services to include ophthalmology and radiation oncology.

4. Copy of St. Vincent's Multispecialty Group, Inc.'s most recently filed Internal Revenue Service Form 990 - Return of Organization Exempt from Income Tax.

See Attachment A 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

Attachment A

Department of the Treasury

### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Gode (except black lung

benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

OCT 1, 2012 and ending SEP 30, 2013 A For the 2012 calendar year, or tax year beginning D Employer identification number C Name of organization St. Vincent's Kultispecialty Group, Inc. Name change 80-0458769 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-2800 Main Street (203) 576-5524 Amende City, town, or post office, state, and ZIP code G Gross receipts \$ 47,430,503. Applica-Bridgeport, CT 06506-4201 H(a) Is this a group return F Name and address of principal officer Roger Poitras for affiliates? Yes X No same as C above H(b) Are all affiliates included? I Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or If \*No," attach a list. (see instructions) J Website: 🗫 N/A H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Otheria Year of formation: 2010 M State of legal domicile; CT Part I Summary Briefly describe the organization's mission or most significant activities: Address the wellness Governance prevention, and healthcare needs of the Bridgeport community. Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 10 0 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 282 Total number of individuals employed in calendar year 2012 (Part V, line 2a) Total number of volunteers (estimate if necessary) 0 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 0. b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Contributions and grants (Part VIII, line 1h) Û, 40,016,132 47,408,590. Program service revenue (Part VIII, line 2g) 5,547, 21 913. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 700,604. Ď. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 40,722,283, 47,430,503. 0. ٥. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō, n 14 Benefits paid to or for members (Part IX, column (A), line 4) 34,007,801. 38,975,312, 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) O. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 10,994,160 22,297,999 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 45,001,961 61,273,311. -4,279,678 -13,842,808, 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 7,527,303. 6 720 754 20 Total assets (Part X, line 16) 10,771,944 23 818 121 21 Total liabilities (Part X, line 26) 듛 -3,244,641, -17,097,367, Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjuy, I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Decigration of dreparer (other than officer) is based on all information of which preparer has any knowledge. Signature of efficer Sign John C. Cleckler Here Type or print name and title Print/Type preparer's name Check Prepa<u>rer'</u>s signature Paid 8/11 200287234 effrey D. Frank self-employed Deloitte Tax LLP 86-1065772 Preparer Firm's EIN 🌬 Firm's name 😹 Firm's address 🔈 111 Monument Circle, Suite 2000 Use Only Indianapolis . IN 46204 Phone no. (317)464-8600 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

| Part     | 30 (2012) St. Vincent's Multispecialty Group, Inc.   | 80-0458769   | Page 2                                |
|----------|--|--|---------------------------------------|
| . 17.177 | III Statement of Program Service Accomplishments   | A CONTRACTOR OF THE PARTY OF TH | · · · · · · · · · · · · · · · · · · · |
|          | Check if Schedule O contains a response to any question in this Part III   |  | X                                     |
| 1 B      | riefly describe the organization's mission:  |  |                                       |
|          | t. Vincent's Multispecialty Group provides professional medical  |  |                                       |
|          | ervices to patients in Bridgeport, Connecticut and surrounding   |  |                                       |
|          | ommunities through a network of employed primary care physicians,  |  |                                       |
| b        | ospital based providers, and specialists.  |  |                                       |
| 2 D      | old the organization undertake any significant program services during the year which were not listed on   |  |                                       |
|          | ne prior Form 990 or 990-EZ?   | [  | Yes X No                              |
|          | "Yes," describe these new services on Schedule O.  |  |                                       |
|          | old the organization cease conducting, or make significant changes in how it conducts, any program services?   |  | Yes ∑ No                              |
|          | f "Yes," describe these changes on Schedule O.   |  |                                       |
|          | Describe the organization's program service accomplishments for each of its three largest program services, as   | measured by  | expenses.                             |
| ٤        | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other   | ers, the total ex  | penses, and                           |
| ŗ        | evenue, if any, for each program service reported.   |  |                                       |
| 4a (     | Code: ) (Expenses \$ 59,055,913, including grants of \$ ) (Reven   | uə \$  | 47,408,590.                           |
| ž        | Professional Service Revenue from professional medical services  |  |                                       |
|          | provided to patients in Bridgeport, Connecticut and other communities  |  |                                       |
| 3        | in lower Fairfield County Connecticut through a network of employed  |  |                                       |
|          | primary care physicians, hospital based providers, and specialists.  |  |                                       |
| 1        | Employed primary care physicians and other specialists provide services  |  |                                       |
| i        | at (1) private practice offices located in the community and within St.  |  |                                       |
| 7        | Vincent's Medical Center, (2) a Family Health Clinic in Bridgeport,  |  |                                       |
| -        | Connecticut that serves the poor and uninsured and is owned and  |  |                                       |
| i        | operated by St. Vincent's Medical Center, and (3) Immediate Health Care  |  |                                       |
|          | Centers owned and operated by St. Vincent's Medical Center located in  |  |                                       |
|          | Bridgeport, Fairfield, Monroe, and Shelton, Connecticut. Employed  |  |                                       |
|          | to the time of the transfer and the tran |  |                                       |
|          | hospital-based providers provide services in St. Vincent's Medical   |  |                                       |
|          |  | cue \$   |                                       |
|          | 7 (0   | eue \$   |                                       |
|          |  | gue \$   |                                       |
|          |  | pue \$   |                                       |
|          |  | pua \$   |                                       |
|          |  | Pue \$   |                                       |
|          |  | pue \$   |                                       |
| 45       | (Code: ) (Expenses \$ including grants of \$ ) (Reve   |  |                                       |
| 45       | (Code: ) (Expenses \$ including grants of \$) (Reve  | nue \$   |                                       |
| 45       | (Code: ) (Expenses \$ including grants of \$ ) (Reve   |  |                                       |
| 45       | (Code: ) (Expenses \$ including grants of \$ ) (Reve   |  |                                       |
| 45       | (Code: ) (Expenses \$ including grants of \$ ) (Reve   |  |                                       |
| 45       | (Code: ) (Expenses \$ including grants of \$ ) (Reve   |  |                                       |
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| 45       | (Code: ) (Expenses \$ including grants of \$ ) (Reve   |  |                                       |
| 45       | (Code: ) (Expenses \$ including grants of \$ ) (Reve   |  |                                       |
| 40       | (Code:) (Expenses \$ including grants of \$) (Reve   |  |                                       |
| 45       | (Code:) (Expenses \$   |  |                                       |
| 46       | (Code:) (Expenses \$ including grants of \$) (Reve   |  |                                       |

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 2 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X bublic office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X Did the organization receive or hold a conservation easement, including easements to preserve open space, X, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part IIi 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? X If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X 1 Eb assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 111 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X, Schedule D. Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 х 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 x 145 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization X or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. X 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," x 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Form 990 (2012)

Page 4

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X

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X.

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25a

25b

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28a

28b

28c

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34

35a

35b

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X

| Pa | it IV Checklist of Required Schedules (continued)   |     |    |
|----|---|-----|----|
|    |   | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the |     |    |

|    | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                  | l |
|----|--|---|
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, |   |
|    | column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | ļ |

- Did the organization answer 'Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete
- 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25
  - b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
  - c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
  - d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
- 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I
  - b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
- 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II
- 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III
- 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L., Part IV instructions for applicable filing thresholds, conditions, and exceptions):
  - a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
  - b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
- c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV
- Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
- 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? if "Yes," complete Schedule M
- Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
- 32 Dld the organization self, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II
- 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I
- 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1
- 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
  - b [f "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)? If "Yes," complete Schedule R, Part V, line 2
- 36 Section 501(c)(3) organizations, Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2
- Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI
- Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O ...

Form 990 (2012)

| 1111 74 | 90(2012) St. Vincent's Multispecialty Group, Inc. 80-0458769   |   | Pa   | <u> </u>         |
|---------|--|---|--|------------------|
| art     | V Statements Regarding Other IRS Filings and Tax Compliance  |   | ,  |                  |
|         | Check if Schedule O contains a response to any question in this Part V   |   | المحتند                                      |                  |
|         |  |   | Yes  | No               |
| ia E    | Inter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |   |  |                  |
| ь в     | Inter the number of Forms W-2G included in line 1a. Enter 0- if not applicable 1b 1b   |   | 1.44.1                                       |                  |
| e E     | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |   |  | .112.12          |
|         | gambling) winnings to prize winners?   | 1c  | х  |                  |
|         | Inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  |   |  |                  |
|         | iled for the calendar year ending with or within the year covered by this return 2a 282  | rik (                                     | 404  |                  |
|         | f at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b  | x  |                  |
|         | Note. If the sum of ilnes 1a and 2a is greater than 250, you may be required to e-file (see instructions)  | 4.47.68 4<br>1.711.20                     |  |                  |
|         | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | За  |  | X                |
|         | f "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  | 3b  |  |                  |
|         | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a  |   |  |                  |
|         | financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a  | ļ  | X.               |
|         | If "Yes," enter the name of the foreign country:   |   |  | Miziis<br>Vitali |
|         | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts,   |   |  |                  |
|         | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a  |  | X                |
| - Fa 1  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b  |  | X                |
|         | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   | 5c  |  |                  |
|         | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit  |   |  |                  |
| va      | any contributions that were not tax deductible as charitable contributions?  | 6a  |  | X.               |
|         | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts   |   |  |                  |
|         | •  | 6b  |  |                  |
|         | were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  | 445                                       |  | 10.              |
| 7       | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a  | to canco                                     | X                |
|         |  | 7b  |  | -                |
|         | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |   |  |                  |
|         | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  | 7c  | •  | x                |
|         | to file Form 8282?  If "You " indirects the number of Forms 8282 filed during the year 7d 0  | V   | 1 h ( = 1                                    |                  |
|         | If 162' illingure the titilings of a grand 2507 was against and low.   |   |  | X                |
|         | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e 7f                                     |  | X                |
| Ť       | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | _   | <b></b>                                      | -                |
| g       | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g  | ├  | ├                |
| h       | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h  | านเลเลีย<br>เกมเลเลีย                        | 384              |
| В       | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting  |   |  | 1,4,117          |
|         | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  | 8   |  | 100              |
|         | Sponsoring organizations maintaining donor advised funds.  |   |  |                  |
|         | Did the organization make any taxable distributions under section 4966?  | 9a  | <del>├</del>                                 | ╂                |
| þ       | Did the organization make a distribution to a donor, donor advisor, or related person?   | 9b  | NE VAL                                       | 3 (357)          |
| 10      | Section 501(c)(7) organizations. Enter:  |   |  | 137              |
| а       |  |   |  |                  |
| þ       | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities10b   | <b>一碗</b> 樣                               |  | 1                |
| 11      | Section 501(c)(12) organizations. Enter:   |   |  |                  |
| а       |  |   |  |                  |
| b       | Gross income from other sources (Do not net amounts due or paid to other sources against   | Large S                                   | TO THE STATE OF                              |                  |
|         | amounts due or received from them.)  |   | i iin  |                  |
| 12a     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a                                       | <u>.                                    </u> | <u> </u>         |
|         | if "Yes," enter the amount of tax-exempt interest received or accrued during the year  |   |  |                  |
|         | Section 501(c)(29) qualified nonprofit health insurance issuers.   | righ                                      | 9 : <u>1</u>   1                             |                  |
| 13      | Is the organization licensed to issue qualified health plans in more than one state?   | 13a                                       | 1  |                  |
|         | 19 THE OLIGINATION HOOF POOR of Groups degrands how as the control of the control |   |  | - 1 Line         |
|         | Note. See the instructions for additional information the organization must report on Schedule O.  | 73.3<br>34.0                              | 11/2   | di di            |
| а       | Note. See the instructions for additional information the organization must report on Schedule O.  | 5 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) |  | ŭ,               |
| а       | Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the  |   |  |                  |
| a       | Note. See the instructions for additional information the organization must report on Schedule O.  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   |   |  |                  |
| а       | Note. See the instructions for additional information the organization must report on Schedule O.  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  Enter the amount of reserves on hand   | 4.5                                       | 1  | Z Z              |

St. Vincent's Multispecialty Group, Inc.

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

|           | Check if Schedule O contains a response to any question in this Part VI  |           |  | X              |
|-----------|--|-----------|--|----------------|
| Sect      | ion A. Governing Body and Management   |           |  |                |
|           | , The state of the |           | Yes  | No             |
| fa        | 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.  |           |  |                |
|           | Enter the number of voting members included in line 1a, above, who are independent   |           | 1  |                |
| ១         | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other   |           | ir iid   |                |
| 2         | ,  | (9/20%)   | . ii iiiliidi.<br>X                              |                |
|           | officer, director, trustee, or key employee?   | 2         | Α.   | <u> </u>       |
| 3         | Did the organization delegate control over management duties customarily performed by or under the direct supervision  | _         |  |                |
|           | of officers, directors, or trustees, or key employees to a management company or other person?   | 3         |  | X              |
| 4         | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4         |  | X.             |
| 5         | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5         | ļ  | X              |
| б         | Did the organization have members or stockholders?   | 6         | Х  |                |
| 7a        | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or   |           |  |                |
|           | more members of the governing body?  | 7a        | X  |                |
| b         | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or   | 1         |  |                |
|           | persons other than the governing body?   | 7b        | X  | 1              |
| 8         | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  | 403       | (7) PR. (7)                                      | 137            |
| a         | The governing body?  | 8a        | X  |                |
| b         | Each committee with authority to act on behalf of the governing body?  | 8b        | X  |                |
| 9         | is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the   |           |  |                |
| v         | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 9         |  | x              |
| Soc.      | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)   |           | <u> </u>   | 1              |
| <u> </u>  | CONT D: 1 Onction 17776 Section 2 requests from mater pointer net required by the material rotation occor.   |           | Yes  | No             |
|           | The state of the s | 10a       | 1103   | X              |
|           | Did the organization have local chapters, branches, or affiliates?   | 104       | <del>                                     </del> | +              |
| þ         | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,   | 1         |  |                |
|           | and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b       | +  | <b>-</b>       |
| iia       | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a       | X  | n a supposite  |
| b         | · · · · · · · · · · · · · · · · · · ·  |           |  |                |
| 12a       |  | 12a       | ~ <del>~~~~~</del>                               |                |
|           | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 125       | X  | ļ              |
| c         | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe   | 1         |  |                |
|           | In Schedule O how this was done  | 12c       | X  | <u> </u>       |
| 13        | Did the organization have a written whistleblower policy?  | 13        | X  |                |
| 14        | Did the organization have a written document retention and destruction policy?   | . 14      | x  |                |
| 15        | Did the process for determining compensation of the following persons include a review and approval by independent   | 21/31     |  | likit          |
|           | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |           |  | 1 12 - E0:     |
| 2         | The organization's CEO, Executive Director, or top management official   | 15a       | 1  | rei oa deraw   |
|           | Other officers or key employees of the organization  | 155       | -  | 1              |
|           | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |           | 2  | 1              |
| 16.       | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a  | 125       |  |                |
| 102       |  | 168       |  | 11 000 E       |
|           | taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation  | 100       | rii dire   | F) 304358      |
| E         |  |           | 14-  |                |
|           | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's   | 11774     | S. 12 %  | 11 ac 51       |
|           | exempt status with respect to such arrangements?   | . 16t     | )  | _1             |
| <u>5e</u> | ction C. Disclosure  | 4 1 4011  |  |                |
| 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  | y) avail: | able   |                |
|           | for public inspection, Indicate how you made these available. Check all that apply.  |           |  |                |
|           | Own website Another's website X 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 fin   | anclal   |                |
|           | statements available to the public during the fax year.  |           |  |                |
| 20        | State the name, physical address, and telephone number of the person who possesses the books and records of the organ  | ization:  |  |                |
|           | John C. Gleckler - (203) 576-6000  |           | _  |                |
|           | 2800 Main Street, Bridgeport, CT 06606-4201  |           |  |                |
| 232       |  | Fo        | m QC   | $\Omega$ (2012 |

Form 990 (2012) Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

### 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 C 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.

| (A)   | (B)                    |                                |                       | (C                     |              |                                 |              | (D)              | (E)                              | (F)                   |
|---|------------------------|--------------------------------|-----------------------|------------------------|--------------|---------------------------------|--------------|------------------|----------------------------------|-----------------------|
| Name and Title                                | Average                | (do                            | not el                | osi<br>reck r          | tion<br>nore | i<br>than i                     | one          | Reportable       | Reportable                       | Estimated             |
|   | hours per              | bex                            | unles                 | 55 pet                 | son l        | ls bot                          | an an        | compensation     | compensation                     | amount of             |
|   | week                   |                                |                       | nd a director/trustee) |              |                                 | -            | from             | from related                     | other                 |
|   | (list any<br>hours for | individual trustee or director |                       |                        |              | _                               |              | the organization | organizations<br>(W-2/1099-MISC) | compensation from the |
|   | related                | 98 DE                          | stee                  |                        |              | nsate                           |              | (W-2/1099-MISC)  | (** 25 1000 1/1100)              | organization          |
|   | organizations          | PETLA                          | instilutionai trustea |                        | gg.          | Highest compensated<br>employee |              | , i              |                                  | and related           |
|   | below                  | İditel                         | utton                 | #                      | кеу ятріоуве | est er<br>loyae                 | JE .         |                  |                                  | organizations         |
|   | line)                  | ng.                            | insi                  | Officer                | ĝ            | 훈등                              | Former       |                  |                                  |                       |
| (1) Roger Poitras                             | 40.00                  | ]                              |                       |                        |              |                                 | ĺ            | İ                |                                  | •                     |
| President                                     | 0.00                   | x                              |                       | Х                      |              |                                 |              | 349,480.         | ·· O,                            | 35,610.               |
| (2) John Gleckler                             | 5.00                   |                                |                       | · ·                    |              |                                 |              | ,                |                                  | ı                     |
| Treasurer-SVP/CFO- SVHS                       | 35,00                  | X                              |                       | X                      |              | <u> </u>                        | _            | 0,               | 680,492.                         | 74,331.               |
| (3) Peter Struzzi                             | 1.00                   |                                | ļ ~.                  |                        | i i          |                                 |              |                  |                                  |                       |
| Secretary                                     | 39,00                  | X                              |                       | X                      | <u> </u>     |                                 | <u> </u>     | 0.               | 439,131.                         | 40,636.               |
| (4) Sheila Cooperman, M.D.                    | 40,00                  |                                |                       |                        | 1            |                                 |              |                  |                                  |                       |
| Director                                      | 0,00                   | X                              |                       |                        | <u> </u>     | <u> </u>                        |              | 244,070.         | 0.                               | 14,852.               |
| (5) Michael V. Herman, M.D.                   | 1.00                   |                                | Ì                     |                        | -            | 1                               |              |                  |                                  | <u>-</u>              |
| Director                                      | 1.00                   | X                              | <u> </u>              |                        | <u> </u>     | ļ                               | ļ            | 64,155.          | 0.                               | 0.                    |
| (5) Frank Illuzzi, M.D.                       | 1.00                   | -                              |                       |                        |              |                                 |              |                  | _                                |                       |
| Director (end 7/13)                           | 39.00                  | <u> </u>                       | -                     | ļ                      | <u> </u>     | ļ                               | <del> </del> | 549,376,         | 0.                               | 56,523.               |
| (7) Corina Marcu, M.D.                        | 40.00                  | 1                              |                       |                        |              | 1                               |              |                  |                                  |                       |
| Director                                      | 0.00                   | X                              | <del> </del>          | <u> </u>               | 1_           | -                               | <del> </del> | 282,023.         | 0.                               | 41,421.               |
| (8) Frank Scifo, M.D.                         | 40.00                  | ┨                              |                       |                        |              |                                 |              |                  | 077 505                          | 77.55.                |
| Director                                      | 0,00                   | ٠.                             | -                     | ╄                      | ╁            | -                               | ╄            | 0,               | 276,525.                         | 33,654,               |
| (9) Dawn Moser                                | 40.00                  | -₹                             |                       | ١                      | İ            |                                 | 1            | 102.266          |                                  | 67.007                |
| Director                                      | 0.00                   | -                              | $\perp$               | 1-                     | ┼-           |                                 | -            | 183,265.         | 0.                               | 67,937.               |
| (10) Stuart Marcus, M.D.                      | 5.00                   |                                | 1                     |                        |              |                                 | 1            | 0.               | 040 742                          | 45 775                |
| Director- Pres- SVMC                          | 35,00                  |                                | -                     | ╀                      | +            | +                               | +            | V.               | 940,743.                         | 45,725.               |
| (11) Susan L. Davis R.N., Ed.D.               | 5,00                   | ┥ .                            |                       | x                      |              |                                 |              | 0.               | 4 452 440                        | 855 507               |
| Director- Pres/CEO- SVES                      | 35.00<br>40.00         | -                              | -                     | +^                     | ╁            | +                               | ╂            | <u> </u>         | 1,453,449.                       | 955,587               |
| (12) Rafael Squitieri, M.D.                   | 0.00                   | ┙                              |                       | 1                      |              | <sub>x</sub>                    |              | 664,810          |                                  | ED DAE                |
| Chief Cardio Thoracic (13) Albert DiMeo, M.D. | 40.00                  | {                              | +                     | ╀                      | +            | ┿                               | ╁            | 004,023          | · V.                             | 50,045                |
| •   | 0.00                   | 4                              |                       |                        |              | \x                              |              | 682,958          | 0                                | 45 045                |
| Dir Cardio Thoracic Surg                      | 40.00                  | -1                             | +-                    |                        | +-           | ╬                               |              | 002,330          |                                  | 45,045                |
| (14) Ahmad Fotovat, M.D.                      | 0.00                   |                                |                       |                        |              | x                               |              | 472,384          |                                  | 42,397                |
| Surgeon X D                                   | 40.00                  |                                | +-                    | +                      | ╫            | 1                               | +            | 7/A,302          | ·                                | #2,321                |
| (15) Kathleen Harper, M.D<br>Cardio Physician | 0.00                   |                                |                       |                        |              | x                               |              | 646,038          | ٥                                | 52,366                |
| (16) Edward Kosinski, M.D.                    | 40.00                  | ļ                              | +                     | -                      | +-           |                                 | ╁            | 1                | 1                                | 52,300                |
| Cardio Physician                              | 0.00                   |                                |                       | -                      |              | x                               |              | 766,072          | . 0                              | 36_161                |
| Careta Tillarani                              |                        | +                              | ╅                     | +                      | +            | +                               | +            | 1                | <del></del>                      | 1                     |
|   | <u> </u>               | 4                              | 1                     |                        | 1            | 1                               | 1            | 1                | 1                                |                       |

Form 990 (2012)

Page 7

| Part VII Section A. Officers, Directors, Trus  | tees, Key Emi   | oloy                                    | ees,                  | ane      | Hi                     | ghes                            | t C    | ompensated Employe                   | es (continued)   |         |   |                                   |
|--|---|---|-----------------------|----------|------------------------|---------------------------------|--------|--------------------------------------|--|---------|---|-----------------------------------|
| (A) Name and title   | (B) Average hours per week (list any                    | bex.<br>offic                           | not cl<br>ಚಗಿತ್ತಿ     | ss pe    | ition<br>mare<br>rson: | than dis both                   | an [   | (D) Reportable compensation from the | (E) Reportable compensation from related organizations |         | (F)<br>Estimal<br>amount<br>other<br>ompens | t of<br>r                         |
|  | hours for<br>related<br>organizations<br>below<br>line) | notyldual trustes or director           | institutional trustee | Officer  | Key amployee           | Highest compensated<br>employee | Former | organization<br>(W-2/1099-MISC)      | (W-2/1099-MISC   | O)      | from to<br>organiza<br>and rela<br>organiza | he<br>ation<br>ated               |
|  |   | ]                                       |                       |          | - X                    |                                 |        |                                      |  |         | ***************************************     |                                   |
|  |   |   | -                     | <u> </u> | -                      | -                               |        |                                      |  |         |   |                                   |
|  |   |   |                       |          |                        |                                 |        |                                      |  |         |   | -                                 |
|  |   |   |                       |          |                        |                                 |        |                                      |  |         |   |                                   |
|  |   |   |                       |          |                        |                                 |        |                                      |  |         |   |                                   |
|  |   |   |                       |          |                        |                                 |        |                                      |  |         |   |                                   |
|  |   |   |                       |          |                        |                                 |        |                                      |  |         |   |                                   |
|  |   |   |                       |          |                        |                                 |        |                                      |  |         |   |                                   |
|  |   |   |                       |          |                        |                                 |        |                                      |  |         |   |                                   |
|  | -   | -                                       |                       |          |                        |                                 |        |                                      |  |         |   |                                   |
| 1b Sub-total   | <u> </u>  | 1                                       |                       | <u></u>  | <u>.j</u>              | —<br>. ▶                        | l      | 4,904,431                            | 3-,790   | 340.    | 1,59  | 2,290.                            |
| c Total from continuation sheets to Part \   | II, Section A   |   |                       |          | <u> </u>               | 1                               |        | 0                                    | 0.000  | 0.      |   | .; 0,                             |
| d Total (add lines 1b and 1c)  2 Total number of individuals (including but                                    |   |   |                       |          |                        |                                 | ha r   | 4,904,431                            | 1  |         | 1,59  | 2,290.                            |
| compensation from the organization   | ,   |   |                       |          |                        |                                 |        |                                      |  | 2011    | Ye  | 112                               |
| 3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for                       |   |   |                       |          |                        |                                 |        | highest compensated                  |  |         | 3   |                                   |
| 4 For any individual listed on line 1a, is the   | •   | ble d                                   | ותם:                  | oens     | satic                  | on air                          | d ot   | her compensation from                |  |         |   |                                   |
| and related organizations greater than \$1  5 Did any person listed on line 1a receive or                      |   |   |                       |          |                        |                                 |        |                                      | vidual for services                                    |         | 4 X   |                                   |
| rendered to the organization? If "Yes," co   |   |   |                       |          |                        |                                 |        |                                      |  | ļi.     | 5 S   | X<br>Ellaterre                    |
| Section B. Independent Contractors   |   |   |                       |          |                        |                                 |        |                                      | 4  |         |   |                                   |
| <ol> <li>Complete this table for your five highest of<br/>the organization. Report compensation for</li> </ol> | •   |   |                       |          |                        |                                 |        |                                      |  | npensat | ion fron                                    | n                                 |
| (A) Name and busines   |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                       |          | 1-11                   |                                 | ,,,,,, | (B) Description of                   |  | Co      | (C)   | ation                             |
| Cardiology Associates of Fairfield   | County  |   |                       |          | ,                      |                                 |        |                                      |  |         |   | *************                     |
| 1177 Summer Street, Stamford, CT 06  |   |   |                       |          |                        |                                 |        | Physician Service                    | 8  |         | 3,98  | 88,115.                           |
| Medi-Claim Services, Inc. d/b/a Med<br>12 Cambridge Drive, Trumbull, CT 05                                     |   |   |                       |          |                        |                                 |        | Medical Billing                      |  |         | 1 2   | 71,056.                           |
| Vista Staffing Solutions, Inc.   |   |   |                       |          |                        |                                 |        |                                      |  |         |   |                                   |
| File #50834, Los Angeles, CA 90074-  | 0834  | ***                                     |                       |          |                        |                                 | ····   | Physician Service                    | 6  |         | 4   | 56,680.                           |
|  |   |   |                       |          |                        |                                 |        |                                      | <u> </u>   |         |   |                                   |
| Total number of independent contractors     \$100,000 of compensation from the pro-                            |   | not                                     | limi                  | ted      | to th                  | nose<br>3                       | liste  | d above) who received                | more than  |         |   | imerialis<br>Germani<br>Principle |

| Pai   | t:VI         | 11.    | Statement of Revent                                 | ue          |               |                 | Commence of the Commence of th | ()-(  | Get Strike   |  |
|---|--------------|--------|---|-------------|---------------|-----------------|--|---|--|--|
|   |              |        | Check if Schedule O conta                           | ins a re    | sponse i      | io any question | n this Part VIII   | (2)   | 163  |  |
|   |              |        |   |             |               |                 | (A)<br>Total revenue   | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue  | (D)<br>Revenue excluded<br>from tax under<br>sections 512,<br>513, or 514  |
| ots:  | 1 8          | 1      | Federated campaigns                                 | *1=1***     | 1a            | »               |  |   |  |  |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | ŧ            | )      | Membership dues                                     |             | 1b            |                 |  |   |  |  |
| , S. A.   |              |        | Fundraising events                                  |             | 10            |                 |  |   |  |  |
| E E   | (            | i      | Related organizations                               |             | 1d            |                 |  |   |  |  |
| S.E   |              |        | Government grants (contribution                     |             | 1e            |                 |  |   |  |  |
| 다   | Í            |        | All other contributions, gifts, grant               |             |               |                 |  |   |  |  |
| 골원  |              |        | similar amounts not included abov                   |             | if            |                 |  |   |  |  |
| on<br>pu  | ,            | _      | Noncash contributions included in lines             | _           |               |                 |  |   |  |  |
| <u>0 m</u>  |              | 1      | Total. Add lines 1a-1f                              | ******      |               | Business Code   |  |   |  |  |
| Program Service<br>Revenue                                |              |        | Professional Svc, Rev.                              |             |               | 621100          | 47,408,590   | 47,408,590.                                     | 4-155 12 0 11.1.   |  |
| Ser   |              | b<br>- | **************************************              |             |               |                 |  |   |  |  |
| am :  |              | c<br>ď |   |             |               | <u> </u>        |  |   |  |  |
| H.  |              | u<br>A |   |             | <del></del>   |                 |  |   |  |  |
| Pr  |              | -<br>f | All other program service reve                      | กบอ         |               |                 |  |   |  |  |
|   |              |        | Total. Add lines 2a 2f                              |             |               |                 | 47,408,590.  |   | क्षिपुरी स्थापन विकास<br>स्थापनी स्थापनी   |  |
|   | 3            | -      | Investment income (including other similar amounts) | dividen     | ds, inter     | est, and        | 21,913.  |   |  | 21,913.  |
|   | 4            |        | Income from investment of tax                       |             |               |                 |  |   |  |  |
|   | 5            |        | Royaities   |             |               |                 | Jan 10 10 10 10 10 10 10 10 10 10 10 10 10   |   | l-arvenanasara   | etti Oscaleni settere Gilla  |
|   |              |        |   | · ''        | Real          | (ii) Personal   |  |   |  |  |
|   | 1            |        | Gross rents   |             |               |                 | 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |   |  |  |
|   |              | b      |   |             |               |                 |  |   |  |  |
|   |              |        |   |             |               | <b>&gt;</b>     | _ The state for the viscous Con-   | Paterialist Platers, and he                     | Chester in historian   |  |
|   | 7            |        | Gross amount from sales of                          |             | curities      | (ii) Other      | THE SECTION OF THE PARTY.  | TO CHOMORES CHOICE                              |  |  |
|   | Ι΄           | u      | assets other than inventory                         | (7) 00      | OSITEOO       | 117 02107       |  |   |  |  |
|   |              | ь      | Less: cost or other basis                           |             |               |                 |  |   |  |  |
|   |              | _      | and sales expenses                                  | 1           |               |                 |  |   |  |  |
|   |              | c      | Gain or (loss)                                      |             |               |                 |  |   |  |  |
|   |              |        | Net gain or (loss)                                  |             |               |                 |  |   |  | The same and the same and a second of the same of the  |
| o)  | 8            |        | Gross income from fundraisin                        |             |               |                 |  |   |  |  |
| yenue   |              |        | including \$  |             | of            |                 |  |   |  |  |
|   |              |        | contributions reported on line                      | e 1c). Se   | <del>)C</del> | 1               |  |   |  |  |
| Other Re  |              |        | Part IV, line 18                                    |             |               | a               |  |   | e angementere.<br>Pangementere   |  |
| £   |              |        | Less: direct expenses                               |             |               | b               |  |   | de en en el comes  |  |
| _   | ı            |        | Net income or (loss) from fun                       | -           |               | <u> </u>        | Leanthin, necessarity  | reference of the control of the control of      | and an area of the state of the | Turker francisco Electric Vice   |
|   | 9            | 3      | Gross income from gaming a                          |             |               |                 |  |   |  |  |
|   |              | _      | Part IV, line 19                                    |             |               |                 |  |   |  |  |
|   |              |        | Less: direct expenses                               |             |               | b               |  |   |  |  |
|   | 1            |        | Net income or (loss) from gar                       |             |               | <u>&gt;</u>     | intrological section of the control  |   | i - julijali nistotulika   |  |
|   | ייר          | . 9    | Gross sales of inventory, less                      |             |               | _ ا             |  |   |  |  |
|   | 1            | ŀ      | and allowances                                      |             |               | а<br>b          |  |   |  |  |
|   |              |        | Net income or (loss) from sal                       |             |               |                 | - The large of the matter state of the file  |   | - neer Wertham to Alact Ale  | THE STATE OF THE S |
|   |              |        | Miscellaneous Reven                                 |             | · oritory     | Business Coo    | Control of Control of the Control  |   | G aggreencessas  |  |
|   | 11           | E a    |   |             |               | 1               |  |   |  | op neuronautolazi/Ne/adaudi  |
|   | 1            | ŀ      |   |             |               | ·               |  |   |  |  |
|   |              | -      |   |             |               | ·               |  | 1   |  |  |
|   | 1            |        | d All other revenue                                 | .,,,,,,,,,, |               |                 |  |   |  |  |
|   |              | ε      | Total. Add lines 11a-11d                            |             |               |                 |  |   |  |  |
|   | 12           | 2      | Total revenue. See instructions.                    |             |               |                 | 47,430,50  | 47,408,590                                      | 0  |  |
| 232<br>12-  | 009<br>10-12 |        |   |             |               |                 |  |   |  | Form <b>990</b> (2012)   |

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). х Check if Schedule O contains a response to any question in this Part IX (B) (C) {D} Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 705,997 1,119,965 413,958 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 32,325,019 613,154 32 938 173 Other salaries and wages Pension plan accruals and contributions (include 1,010,023, 30,569 1,040,592. section 401(k) and 403(b) employer contributions) 2,085,749 2,024,532. 61,217 Other employee benefits 52,608 1,738,225. 1 790 833 Payroll taxes 10 Fees for services (non-employees): a Management 117,153 117,153, b Legal 6,204. 6,204. e Accounting 3,678. 3,589 89 Professional fundralsing services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 11,468,369 717,956 12,186,325. column (A) amount, list line 11g expenses on Sch O.) 2,080 5,310, 3,230 Advertising and promotion 12 844 401. 780,398 64,003. Office expenses 13 225,600 225,600 Information technology 14 15 Royalties ..... 2,076,337. 59,488 2,135,825, 16 15,331 9,670. 6,661 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,801. 1,801. Conferences, conventions, and meetings 19 20 Payments to affiliates \_\_\_\_\_ 21 12,357 424,929 437,286. 22 Depreciation, depletion, and amortization 1,500 1,142,121 1,140,621 Insurance 23 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.) 3,634,972 3,634,972 Corporate Allocations 912,617 20 299. 932,916. Supplies b Licenses, Dues, and Sub 29,731. 321,416 291,685. 154 116 154,116 Restructuring expenses 132,544, 124,183 8\_361 All other expenses е 61,273,311. 59,055,913, 2,217,398. ₽, Total functional expenses. Add lines 1 through 24e Joint costs, Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Oheck here If following SOP 98-2 (ASC 958-720)

|                             |        | Check if Schedule O contains a response to any      | guest     | on in this Part X                      |   |         |  |
|-----------------------------|--------|---|-----------|--|---|---------|--|
|                             |        |   |           |  | (A)<br>Beginning of year  |         | (B)<br>End of year   |
|                             | 1      | Cash - non-interest-bearing                         |           |  | 370,523.  | 1       | 72,175.  |
|                             |        | Savings and temporary cash investments              |           |  | 1,723,016.  | 2       |  |
|                             |        | Pledges and grants receivable, net                  |           |  |   | 3       |  |
| - [                         |        | Accounts receivable, net                            |           |  | 3,106,182.  | 4       | 3,975,433.   |
|                             |        | Loans and other receivables from current and fo     |           |  |   | 12jiq¥t | znamethermakirkelekkeinus:   |
|                             |        | trustees, key employees, and highest compensa       |           |  |   | A.E.    |  |
|                             |        | Part II of Schedule L                               |           |  | reconstructions with his back first   |         | and the second of the second o |
|                             | 6      | Loans and other receivables from other disqualif    |           |  | Tak A sa da sa da sa da da sa da sa da sa da sa da sa da sa da sa da sa da sa da sa da sa da sa da sa da sa da  | NUM:    |  |
|                             | ~      | section 4958(f)(1)), persons described in section   |           | •                                      |   |         |  |
| Į                           |        | employers and sponsoring organizations of sect      | -         |  |   |         |  |
| Ī                           |        | employees' beneficiary organizations (see instr).   |           |  | The Man Selection of the Control of | 6<br>6  | *1.712/06/67/66/2001/06/9/9/6/7/2012/20  |
| £                           | 7      | Notes and loans receivable, net                     |           |  |   | 7       |  |
| Assets                      | 8      | Inventories for sale or use                         |           |  |   | 8       | · · · · · · · · · · · · · · · · · · ·  |
| ₹                           | 9      |   |           | 123,649.                               | 9   | 165;537 |  |
|                             |        | Land, buildings, and equipment: cost or other       | 1         |  |   |         |  |
| 1                           | IVa    | basis. Complete Part VI of Schedule D               | ₹Da       | 2,416,814                              |   |         |  |
|                             |        |   |           | 568,872                                | المناسبين المراكب والمراكب والمراكب والمراكب والمراكب والمراكب والمراكب والمراكب  | 124014  | 1,847,942  |
|                             |        | Less: accumulated depreciation                      |           |  | 1,303,013.  | 10c     | 1,047,342  |
|                             | 11     | Investments - publicly traded securities            |           |  |   | 11      |  |
| Ì                           | 12     | Investments - other securities. See Part IV, line 1 |           | 12                                     |   |         |  |
|                             | 13     | Investments - program-related. See Part IV, line    |           | 13                                     |   |         |  |
| -                           | 14     | Intangible assets                                   |           |  | <del></del>   | 14      | 755,614  |
| - 1                         | 15     | Other assets. See Part IV, line 11                  |           |  | 218,914,  |         | -85,947  |
|                             | 16     | Total assets. Add lines 1 through 15 (must equ      |           |  | 7,527,303   | 1       | 6,720,754  |
| - 1                         | 17     | Accounts payable and accrued expenses               | 3,983,946 | ļ                                      | 3,861,375   |         |  |
|                             | 18     | Grants payable                                      |           | 18                                     |   |         |  |
|                             | 19     | Deferred revenue                                    |           |  |   | . 19    |  |
|                             | 20     | Tax-exempt bond liabilities                         |           |  |   | 20      | <u> </u>   |
| Liabilities                 | 21     | Escrow or custodial account liability. Complete     |           |  |   | 21      |  |
| Ĭ                           | 22     | Loans and other payables to current and forme       |           |  |   |         |  |
| 8                           |        | key employees, highest compensated employe          |           | • •                                    |   |         |  |
| mol                         |        | Complete Part II of Schedule L                      |           |  |   | 22      |  |
|                             | 23     | Secured mortgages and notes payable to unrel        |           |  |   | 23      |  |
|                             | 24     | Unsecured notes and loans payable to unrelate       |           |  |   | 24      |  |
|                             | 25     | Other liabilities (including federal income tax, pa | ayables   | to related third                       |   |         |  |
|                             |        | parties, and other liabilities not included on line | s 17-2    | ), Complete Part X of                  |   |         |  |
|                             | i<br>i | Schedule D  |           | ·                                      | 6,787,998   |         | 19,956,746   |
|                             | 26     | Total liabilities. Add lines 17 through 25          |           |  | 10,771,944  | - 26    | 23,818,121   |
|                             |        | Organizations that follow SFAS 117 (ASC 95)         | 8), che   | ck here ▶ 🗓 and                        |   |         |  |
| ψ.<br>Φ                     |        | complete lines 27 through 29, and lines 33 a        |           |  |   | 连续      |  |
| 306                         | 27     | Unrestricted net assets                             |           |  |   | 27      | -17,097,367  |
| ig<br>H                     | 28     | Temporarily restricted net assets                   |           |  |   | 28      |  |
| 뎔                           | 29     | Permanently restricted net assets                   |           | ###################################### |   | 29      |  |
| Ē                           |        | Organizations that do not follow SFAS 117 (         |           |  |   |         |  |
| 5                           |        | and complete lines 30 through 34.                   |           |  |   |         |  |
| ets                         | 30     | Capital stock or trust principal, or current funds  | s         |  |   | 30      |  |
| Net Assets or Fund Balances | 31     | Paid-in or capital surplus, or land, building, or e |           |  |   | 31      |  |
| ₽¥.                         | 32     | Retained earnings, endowment, accumulated to        |           |  |   | 32      |  |
| Z                           | 33     |   |           |  | 3 344 641   | ٠ 33    | -17,097,361  |
|                             | 34     | Total liabilities and net assets/fund balances      |           |  |   | . 34    | 6,720,75   |

| Forms    | 990 (2012) St. Vincent's Multispecialty Group, Inc.  | 80-0458769                              | Page 12  |
|----------|--|---|--|
|          | XI Reconciliation of Net Assets  |   | THE SECOND STATE OF THE SE |
|          | Check if Schedule O contains a response to any question in this Part XI  | *****************                       | X  |
| ,        |  | _                                       |  |
| 1        | Total revenue (must equal Part VIII, column (A), line 12)  | 1                                       | 47,430,503.  |
| 2        | Total expenses (must equal Part IX, column (A), line 25)   | 2                                       | 61,273,311.  |
| 3        | Revenue less expenses. Subtract line 2 from line 1   | 3                                       | -13,842,808.   |
| 4        | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                          | 4                                       | -3,244,641.  |
| 5        | Net unrealized gains (losses) on investments   | 5                                       | -19,952.   |
| б        | Donated services and use of facilities   | 6                                       |  |
| 7        | Investment expenses  | 7                                       |  |
| 8        | Prior period adjustments   | 8                                       | 150.00   |
| 9        | Other changes in net assets or fund balances (explain in Schedule O)   | 9                                       | 10,033.  |
| 10       | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,                 |   |  |
|          | column (B))  | 10                                      | -17,097,368.   |
| Par      | XIII Financial Statements and Reporting  |   |  |
|          | Check if Schedule O contains a response to any question in this Part XII   |   |  |
|          | , ,  |   | · Yes No   |
| 1        | Accounting method used to prepare the Form 990: Cash X Accrual Other   |   |  |
|          | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule     | : O.                                    |  |
| 2a       | Were the organization's financial statements compiled or reviewed by an independent accountant?                    |   | 2a X   |
|          | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe     | d on a                                  |  |
|          | separate basis, consolidated basis, or both:   |   |  |
|          | Separate basis Consolidated basis Both consolidated and separate basis   |   |  |
| ħ        | Were the organization's financial statements audited by an independent accountant?                                 |   | 2b X   |
|          | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa     | te 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 | ne audīt,                               |  |
|          | review, or compilation of its financial statements and selection of an independent accountant?                     | *************************************** | 2c X   |
|          | If the organization changed either its oversight process or selection process during the tax year, explain in Sci  |   |  |
| За       | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S  | ingle Audit                             |  |
|          | Act and OMB Circular A-133?  |   | 3a X   |
| b.       | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req   |   |  |
| have due | or audits, explain why In Schedule O and describe any steps taken to undergo such audits                           |   | 3b   |

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2012** 

Open to Rublic his linspection line lemployer identification number

|           |                 |                                       | 's Multispecialty                               |  |                           |              |                            |                                     | 86-              | 0458769     |   |   |
|-----------|-----------------|---------------------------------------|---|--|---------------------------|--------------|----------------------------|-------------------------------------|------------------|-------------|---|---|
| Part      | Reason i        | or Public Chari                       | <b>ty Status</b> (All organiza                  | itions mus                                       | t complete                | this part.   | ) See instr                | uctions.                            |                  |             |   | CAMPAGA                                 |
| The organ | zation is not a | private foundation b                  | pecause it is: (For lines 1                     | through 1  | i, check o                | nly one b    | DX.)                       |                                     |                  |             |   |   |
| 1         | A church, cor   | vention of churches                   | , or association of churc                       | hes descri                                       | ibed in sec               | tion 170(    | b)(1)(A)(i).               |                                     |                  |             |   |   |
| 2         | A school des    | cribed in section 179                 | 0(b)[1 <mark>](A)(ii).</mark> (Attach Sch       | redule E.)                                       |                           |              |                            |                                     |                  |             |   |   |
| з 🔲       | A hospital or   | a cooperative hospit                  | al service organization d                       | lescribed i                                      | n section 1               | 170(6)(1)(   | A)(III).                   |                                     |                  |             |   |   |
| 4         | A medical res   | earch organization o                  | perated in conjunction v                        | vith a hosp                                      | oftal descri              | bed in see   | ction 170(                 | b)(1)(A)(iii)                       | . Enter th       | e hospital  | 's nam                                  | Β,                                      |
|           | city, and state | e:                                    |   |  |                           |              |                            |                                     |                  |             |   |   |
| 5 🗀       | An organizati   | on operated for the l                 | benefit of a college or un                      | iversity ow                                      | rned or op                | erated by    | a governn                  | rental unit                         | describe         | d in        |   |   |
|           | section 170     | b)(1)(A)(iv). (Comple                 | te Part II.)                                    |  |                           |              |                            |                                     |                  |             |   |   |
| 6         | A federal, sta  | te, or local governme                 | ent or governmental unit                        | described  | l in section              | 1 170(b)(1   | )(A)(v).                   |                                     |                  |             |   |   |
| 7         | An organizati   | on that normally rec                  | eives a substantial part c                      | of its suppo                                     | ort from a (              | governme     | ntal unit o                | r from the g                        | general p        | ublic desc  | ribed i                                 | n                                       |
|           | section 170(    | b)(1)(A)(vi), (Complet                | te Part II.)                                    |  |                           |              |                            |                                     |                  |             |   |   |
| в 🖳       | A community     | trust described in s                  | ection 170(b)(1)(A)(vi). (                      | Complete   | Part II.)                 |              |                            |                                     |                  |             |   |   |
| 9 📖       | An organizati   | on that normally rec                  | eives: (1) more than 33 1                       | /3% of its                                       | support fr                | om contril   | butions, m                 | embership                           | fees, an         | d gross re  | ceipts                                  | from                                    |
|           | activities rela | ted to its exempt fur                 | nctions - subject to certa                      | ln exceptio                                      | ons, and (2               | ) no more    | than 33 1                  | /3% of its                          | support f        | rom gross   | invest                                  | ment                                    |
|           | income and u    | inrelated business to                 | axable income (less sect                        | ion 51 <b>1</b> ta                               | x) from bus               | sinesses a   | equired by                 | y th <del>e</del> organ             | nization a       | fter June 3 | 30, 197                                 | 5.                                      |
|           | See section     | 5 <mark>09(a)(2). (</mark> Complete   | Part III.)                                      |  |                           |              |                            |                                     |                  |             |   |   |
| 10        | ~~              |                                       | perated exclusively to tes                      |  | -                         |              |                            |                                     |                  |             |   | -                                       |
| 11 X      | An organizati   | on organized and op                   | perated exclusively for th                      | e benefit d                                      | of, to perfo              | rm the fu    | actions of,                | or to carry                         | out the p        | ourpases d  | of one                                  | or.                                     |
|           | more publicly   | supported organiza                    | ations described in section                     | on 509(a)(1                                      | I) or sectio              | n 509(a) (2  | ). See sec                 | tion 509(a                          | )(3). Che        | ck the box  | that                                    | • :                                     |
|           |                 |                                       | organization and comple                         | ete lines 1                                      | i e through               | 11h.         |                            |                                     | ¥                |             |   |   |
|           | a 🗓 Type        | ı blity                               | /pell cllTj                                     | /pe III - Fui                                    | nctionally"i              | ntegrated    | d                          | ГШ Туре                             | e ill - Non      | -functional | īy inteņ                                | grated                                  |
| e X       | By checking     | this box, I certify tha               | it the organization is not                      | controlled                                       | directly or               | r indirectiy | by one of                  | more disc                           | rualified p      | persons of  | nér tha                                 | n                                       |
|           | foundation m    | nanagers and other t                  | han one or more publich                         | y supporte                                       | d organiza                | tions des    | cribed in s                | ection 509                          | (a)(1) or s      | section 509 | ∂(a)(2).                                | ٠.                                      |
| f         | If the organiz  | ation received a writ                 | ten determination from t                        | the IRS tha                                      | at it is a Ty             | pe I, Type   | II, or Type                | ∍111 <u>.</u>                       |                  | •           | 21                                      |   |
| •         | supporting o    | rganization, check ti                 | nis box   | , / <del> ,</del>                                |                           |              | ·                          |                                     |                  |             |   | . 닏                                     |
| 9         | Since Augus     | t 17, 2006, has the c                 | organization accepted ar                        | ıy gift or co                                    | ontribution               | from any     | of the follo               | owing pers                          | ons?             |             | · ·                                     | ·                                       |
|           | •               |                                       | lirectly controls, either al                    |  |                           | -            |                            |                                     |                  |             | Yes                                     | No                                      |
|           |                 |                                       | upported organization?                          |  |                           |              |                            |                                     |                  |             | <u> </u>                                | X                                       |
|           |                 |                                       | n described in (i) above?                       |  |                           |              |                            |                                     |                  |             |   | X                                       |
|           | (iii) A 35%     | controlled entity of a                | person described in (1) (                       | or (ii) abov                                     | e?                        |              | ******                     |                                     | **********       | 11g(iii     | <u> </u>                                | X                                       |
| h         | Provide the i   | clowing information                   | about the supported or                          | ganization                                       | (s) <b>.</b>              |              |                            |                                     |                  |             |   | •                                       |
|           |                 |                                       |   | · · · · · · · · · · · · · · · · · · ·            |                           |              |                            | 2                                   |                  |             |   |   |
|           | e of supported  | (ii) EIN                              | (liii) Type of organization                     | (iv) is the c                                    | organization              | (v) Did yo   | u notify the               | (vl) ls<br>ornanizațio              | the<br>n io col. | (vii) Amoun | it of mo                                | netary                                  |
| ord       | janization      |                                       | (described on lines 1-9<br>above or IRC section | in col. (i) li                                   | sted in your<br>document? |              | tion in col.<br>r support? | organizațio<br>(i) organize<br>U.S. | ed in the        | su          | pport                                   |   |
|           |                 |                                       | (see instructions))                             |  | -                         |              |                            |                                     |                  |             |   |   |
| St. Vin   |                 |                                       |   | Yes  | No                        | Yes          | No                         | Yes                                 | No               |             |   |   |
| -         |                 | 05 0546005                            | 7 mádnimi i                                     | ,,,  | 1                         |              | Ì                          |                                     | ]                |             |   |   |
| Medical   | Center          | 06-0646886                            | 3 - HOSPITAL                                    | X  |                           | х            | -                          | X                                   | <b></b>          | 2.          | 9,350                                   | ,000.                                   |
|           |                 |                                       |   |  | į                         |              |                            |                                     |                  |             |   |   |
|           |                 |                                       |   | <del>                                     </del> | <del> </del>              |              |                            |                                     |                  |             |   | *************************************** |
|           |                 |                                       |   |  |                           | 1            | -                          |                                     |                  |             |   |   |
|           |                 |                                       |   |  | <u> </u>                  | <b></b>      | -                          | <del> </del>                        | <u> </u>         |             | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   |
|           |                 |                                       |   |  |                           |              |                            |                                     | <b>i</b> I       |             |   |   |
|           |                 |                                       |   | ļ  | <del> </del>              | <del> </del> | <del> </del>               |                                     |                  |             |   |   |
|           |                 |                                       |   |  |                           |              |                            |                                     |                  |             |   |   |
|           |                 |                                       | <br>  | <br> -  -  -  -  -  -  -  -  -  -  -  -  -       |                           | 76000C-201   |                            | 1.3.072.2                           | 1.50.00          | ****        |   |   |
|           | 1               |                                       |   |  |                           |              |                            |                                     |                  | _           |   |   |
| Total     | 1               | A Control of the second second second |   | garet terr                                       | 1. (                      | 1            |                            | 4                                   | PLOCKE AR.       | 2           | 9,350                                   | ,000.                                   |

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III, If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ..... 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 ...... 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (e) 2012 (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support, Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) % 15 Public support percentage from 2011 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2012. If the organization did not check the box on fine 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization \_\_\_\_\_\_ b 10% -facts-and-circumstances test - 2011. If the organization dld not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2012

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

(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   |                   |  |   |                        |                    | Designation of the Company of the Co |
|---|-------------------|--|---|------------------------|--------------------|--|
| Caleadar year (or fiscal year beginning in) 📂   | (a) 2008          | (b) 2009                                     | (c) 2010                                    | (d) 2011               | (e) 2012           | (f) Total  |
| 1 Gifts, grants, contributions, and   |                   |  |   |                        |                    |  |
| membership fees received. (Do not   | .* ·              |  |   |                        |                    |  |
| include any *unusual grants.")  |                   |  |   |                        |                    |  |
| 2 Gross receipts from admissions,   | i                 |  |   |                        |                    |  |
| merchandise sold or services per-<br>formed, or facilities furnished in                 | Į                 |  |   |                        |                    |  |
| any activity that is related to the   |                   |  |   |                        |                    |  |
| organizatión's tax-exempt purpose   |                   | <u>                                     </u> |   |                        |                    |  |
| 3 Gross receipts from activities that   | ĺ                 | •  |   |                        |                    |  |
| are not an unrelated trade or bus-  |                   |  |   |                        |                    |  |
| iness under section 513   |                   |  |   |                        | -                  |  |
| 4 Tax revenues levied for the organ-  |                   |  | ļ   |                        |                    |  |
| ization's benefit and either paid to  |                   |  |   |                        |                    |  |
| or expended on its behalf   |                   |  |   |                        |                    |  |
| 5 The value of services or facilities   |                   |  | ļ   |                        |                    |  |
| franished by a governmental unit to   | [                 |  | 1   |                        |                    |  |
| the organization without charge   |                   |  |   |                        |                    |  |
| 6 Total, Add lines 1 through 5  |                   |  |   |                        |                    |  |
| 7a Amounts included on lines 1, 2, and  |                   |  |   | ļ                      |                    |  |
| 3 received from disqualified persons  |                   |  |   |                        |                    |  |
| b Amounts included on lines 2 and 3 received  |                   |  |   |                        |                    |  |
| from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the | Į                 |  |   |                        |                    |  |
| amount on line 13 for the year  | l                 |  | J   |                        |                    |  |
| c Add lines 7a and 7b   |                   |  |   |                        |                    |  |
| 8 Public support (Subtract line 7s from ling 6.)  |                   |  |   | SETTING HAVE           | Errichesensse.     |  |
| Section B. Total Support  |                   |  |   |                        |                    | ,  |
| Calendar year (or fiscal year beginning in)   | (a) 2008          | (b) 2009                                     | (c) 2010                                    | (d) 2011 ·             | (e) 2012           | (f) Total  |
| 9 Amounts from line 6   |                   |  |   |                        |                    |  |
| 10a Gross income from interest,   |                   |  |   |                        |                    |  |
| dividends, payments received on<br>securities loans, rents, royaities                   |                   | İ  |   | 1                      |                    |  |
| and income from similar sources   | 1                 |  |   |                        |                    |  |
| 6 Unrelated business taxable income   |                   |  |   |                        |                    |  |
| (less section 511 taxes) from businesses  |                   |  |   | į                      |                    |  |
| acquired after June 30, 1975  |                   |  | •   |                        |                    | <u> </u>   |
| c Add lines 10a and 10b   |                   |  |   |                        |                    | 1  |
| 11 Net Income from unrelated business   | ;                 |  |   |                        |                    |  |
| activities not included in line 10b,  |                   |  |   |                        |                    | 1  |
| whether or not the business is<br>regularly carried on                                  |                   |  |   | ·                      |                    |  |
| 12 Other income. Do not include gain  |                   |  |   | ļ.                     | 1                  |  |
| or loss from the sale of capital  |                   |  |   |                        |                    |  |
| assets (Explain in Part IV.)  |                   | **************************************       |   |                        |                    |  |
| 14 First five years. If the Form 990 is for   | f                 | n's first second th                          | ird, fourth, or fifth                       | tax vear as a socti    | on 501(c)(3) paran | ization  |
| check this box and stop here  | =                 |  |   |                        |                    |  |
| Section C. Computation of Put   |                   |  | ,,, |                        |                    | 7,   |
| 15 Public support percentage for 2012   |                   |  | column (fi)                                 |                        | 15                 |  |
| 16 Public support percentage from 201   |                   |  |   |                        | 16                 |  |
| Section D. Computation of Inve  |                   |  |   | <u> </u>               | 1 10 1             |  |
| 17 Investment income percentage for 2   |                   | · ·  |   | ))                     | 17                 |  |
| -   |                   |  |   |                        |                    |  |
| 18 Investment income percentage from  |                   |  |   | line to la responsable | I                  |  |
| 19a 33 1/3% support tests - 2012. If th   |                   |  |   |                        |                    | · · · ·  |
| more than 33 1/3%, check this box   |                   | -  |   |                        |                    | > L  |
| b 33 1/3% support tests - 2011. If th   |                   |  |   |                        |                    |  |
| line 18 is not more than 33 1/3%, cl  |                   |  |   |                        |                    |  |
| 20 Private foundation. If the organizat   | ion did not check | a box on line 14,                            | 9a, or 19b, check                           |                        |                    |  |
| 232023 12-04-12   |                   |  |   | So                     | :hedule A (Form S  | 990 or 990-EZ) 20  |

### SCHEDULE C (Form 990 or 990-EZ)

# Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service For Organizations Exempt From income 18x Order section 35 (c) and section 527

Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ.
 See separate instructions.

Open to Public

| If the  | e organization answered "Yes," to f  | orm 990, Part IV, line 3, or Form     | 990-EZ, Part V, line   | 46 (Political Camp                      | aign Ac                               | tivities), then                                     |
|---------|--|---------------------------------------|------------------------|---|---------------------------------------|---|
| æ ç     | Section 501(c)(3) organizations: Comp  | olete Parts I-A and B. Do not comp    | lete Part I-C.         |   |                                       |   |
|         | Section 501(c) (other than section 50  |                                       |                        | Do not complete Pa                      | rt I-B.                               |   |
|         | Section 527 organizations: Complete  |                                       |                        |   |                                       |   |
|         | e organization answered "Yes," to f  |                                       | 990-EZ, Part VI, line  | e 47 (Lobbying Acti                     | vities),                              | then  |
|         | Section 501(c)(3) organizations that h   |                                       |                        |   |                                       |   |
|         | Section 501(c)(3) organizations that h   |                                       |                        |   |                                       |   |
|         | e organization answered "Yes," to i  |                                       |                        |   |                                       |   |
|         | Section 501(c)(4), (5), or (6) organizati  |                                       | <b>,,</b>              |   |                                       | 4,  |
|         | e of organization  |                                       | <del> </del>           |   | Employ                                | ver identification number                           |
|         |  | 's Multispecialty Group,              | Inc.                   |   |                                       | 80-0458769  |
| Pa      |  | anization is exempt under             |                        | or is a section 5                       | 27 org                                | ganization.   |
|         | 11.11.11.11.11.11.11.11.11.11.11.11.11.  |                                       |                        |   |                                       |   |
| 4       | Provide a description of the organiza  | ation's direct and indirect nolitical | campaion activities in | Part IV                                 |                                       |   |
|         | Political expenditures   |                                       |                        |   | ⊳s                                    |   |
|         | Volunteer hours  |                                       |                        |   | · · -                                 |   |
| ů,      | Voluttiee; riodis  |                                       |                        |   |                                       | · ·   |
| Pa      | TIB Complete if the org  | anization is exempt under             | section 501(c)(        | 31.                                     | <del></del>                           | KHI - 540 - 40                                      |
|         | Enter the amount of any excise tax i   |                                       |                        |   | <b>&gt;</b> €                         |   |
| ,       | Enter the amount of any excise tax i   | nourced by ergonization managers      | A2DA cooter nobuse     |   | <b>`</b> ⊸ &                          |   |
|         | If the organization incurred a section   |                                       |                        |   |                                       |   |
|         | <del>-</del>   |                                       |                        | •                                       |                                       |   |
|         | Was a correction made?   |                                       |                        | ** ****************************         |                                       | Langes Language                                     |
| 15      | o If "Yes," describe in Part IV.<br>art. I-G Complete if the org   | anization is exempt unde              | r section 501(c)       | except section                          | 5016                                  | 0(3)  |
|         |  | · · · · · · · · · · · · · · · · · · · |                        |   | **********                            |   |
|         | Enter the amount directly expended   |                                       |                        |   | <sub>be-</sub> 2                      |   |
| 2       |  |                                       |                        |   | - ba- a                               |   |
| _       | exempt function activities   |                                       |                        |   | ▶\$_                                  |   |
| 3       |  |                                       |                        |   | B 4                                   | •   |
|         | line 17b   |                                       |                        |   |                                       |   |
| 4       |  |                                       |                        |   |                                       |   |
| 5       | Enter the names, addresses and en  |                                       |                        |   |                                       |   |
|         | made payments. For each organiza   |                                       |                        | · ·                                     |                                       | •   |
|         | contributions received that were propositical action committee (PAC). If a   |                                       |                        |   | separat                               | e segregated tund or a                              |
|         |  |                                       | 1                      |   |                                       |   |
|         | (a) Name   | - (b) Address                         | {c} EIN                | (d) Amount paid                         |                                       | (e) Amount of political                             |
|         |  | ,                                     |                        | filing organizati<br>funds. If none, en |                                       | contributions received and<br>promptly and directly |
|         |  |                                       |                        | torius, it florie, çi                   | iter -u                               | delivered to a separate                             |
|         |  |                                       | ,                      |   |                                       | political organization.                             |
| -       |  |                                       |                        | <u> </u>                                |                                       | If none, enter-0                                    |
|         |  | ·                                     |                        | l                                       |                                       |   |
|         |  |                                       |                        |   |                                       |   |
|         |  | 77                                    |                        |   |                                       |   |
|         |  |                                       |                        |   | · · · · · · · · · · · · · · · · · · · |   |
|         |  |                                       |                        |   |                                       |   |
|         | ,  |                                       |                        |   |                                       |   |
|         |  |                                       |                        |   |                                       |   |
|         |  |                                       |                        |   |                                       |   |
| ,       |  |                                       | ľ                      |   |                                       |   |
| <u></u> |  |                                       |                        |   |                                       |   |
|         |  |                                       |                        |   |                                       |   |
|         | A half of the support of the control to be provided to the state of the control o |                                       |                        |   |                                       |   |
|         |  |                                       |                        |   | _                                     |   |

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

Schedule C (Form 990 or 990-EZ) 2012

LHA

232041 01-07-13

| Schedule C (Form 990 or 990-EZ) 2012 St                                 | Vincent's M          | altispecialty Group  | Inc.  | 80-0458   | 769 Page 2                            |
|---|----------------------|--|---|---|---------------------------------------|
| Schedule C (Form 990 of 990-EZ) 2012 Separt II-A. Complete if the organ | nization is exe      | empt under section   | 501(c)(3) and file  | ed Form 5768  |                                       |
| (election under section   | on 501(h)).          | •  |   |   |                                       |
| A Check I if the filing organization                                    | n belowas to an a    | ffiliated group (and list in   | Part IV each affiliated   | group member's name   | e, address, EIN,                      |
| expenses, and share   | of everes labbying   | n expenditures).   |   | - '   |                                       |
|   | on chacked boy A     | and "limited control" pro  | visions apply.  |   |                                       |
|   |                      |  |   | (a) Filing  | (b) Affiliated group                  |
| Limits  | on Lobbying Exp      | enditures  | Ì   | organization's  | totals                                |
| (The term "expendit   | ures" means am       | ounts paid or Incurred.)   | ļ   | totals  |                                       |
| 1a Total lobbying expenditures to influe                                | nce public opinio    | r (grass roots lobbying)   |   |   |                                       |
| b Total lobbying expenditures to influe                                 | ence a legislative b | ody (direct lobbying)  | ****************  |   |                                       |
| c Total lobbying expenditures (add lin                                  | es 1a and 1b)        |  |   | ·   |                                       |
| d Other exempt purpose expenditures                                     | 5                    |  |   |   |                                       |
| <ul> <li>Total exempt purpose expenditures</li> </ul>                   | (add lines to and    | 1d)  | *******************   |   |                                       |
| f Lobbying nontaxable amount. Enter                                     | the amount from      | the following table in bot   | h columns.  | - A   |                                       |
| If the amount on line 1e, column (a) or                                 | (b) is: The l        | obbying nontaxable am  | ount is:  |   |                                       |
| Not over \$500,000  | 20%                  | of the amount on line 1e   |   |   |                                       |
| Over \$500,000 but not over \$1,000                                     |                      | ,000 plus 15% of the exc   |   |   |                                       |
| Over \$1,000,000 but not over \$1,50                                    | 0,000 \$175          | ,000 plus 10% of the exc   | ess over \$1,000,000.   |   |                                       |
| Over \$1,500,000 but not over \$17,0                                    | 000,000 \$225        | ,000 plus 5% of the exce   | ss over \$1,500,000.  |   |                                       |
| Over \$17,000,000   |                      | 00,000,  |   |   |                                       |
|   |                      |  |   |   |                                       |
| g Grassroots nontaxable amount (en                                      | ter 25% of line 1f)  |  |   |   |                                       |
| h Subtract line 1g from line 1a. If zero                                | or less, enter-0-    |  |   |   |                                       |
| i. Subtract line 1f from line 1c. If zero                               | or less, enter -0-   |  | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |   |                                       |
| j If there is an amount other than zer                                  | ro on either line 1h | or line 1i, did the organiz  | ration file Form 4720   |   |                                       |
| reporting section 4911 fax for this                                     | vear?                |  |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | Yes No                                |
|   | 4-Үеаг               | Averaging Period Unde  | r Section 501(h)  | . I to all add to a fine  |                                       |
| (Some organiz   | ations that made     | a section 50 I(h) election the instructions for lin  | on do not have to con<br>on 25 through 2f on t  | npiete ali di une live<br>name 41   | •                                     |
| C3  |                      | penditures During 4-Ye   |   |   |                                       |
|   | Food hind my         | DOMESTIC OF THE PROPERTY OF TH |   | T : .   | · · · · · · · · · · · · · · · · · · · |
| Calendar year   | (a) 2009             | (b) 2010   | (c) 2011  | (d) 2012  | (e) Total                             |
| (or fiscal year beginning in)   | (=,====              |  |   |   |                                       |
|   |                      |  |   |   |                                       |
| 2a Lobbying nontaxable amount   |                      |  |   |   |                                       |
| b Lobbying ceiling amount   |                      |  | r rais de francis de la company.<br>De la company de la company de la company de la company de la company de la company de la company de la company |   |                                       |
| (150% of line 2a, column(e))  |                      |  |   |   | 14                                    |
|   |                      |  |   |   |                                       |
| c Total lobbying expenditures   |                      |  |   |   |                                       |
|   | ]                    |  |   |   |                                       |
| d Grassroots nontaxable amount  |                      |  | 1 10 10 10 10 10 10 10 10 10 10 10 10 10  | A) (see and a service and a second and a second and a second and a second and a second and a second and a | +=:                                   |
| e Grassroots celling amount   |                      |  |   |   |                                       |
| (150% of line 2d, column (e))   |                      |  |   |   | 7.1                                   |
|   |                      |  |   |   |                                       |
| f Grassroots lobbying expenditures                                      | \$                   |  |   | 1   | 200 500 571 00 10                     |
|   |                      |  |   | Schedule C [For   | m 990 or 990-EZ) 2012                 |

Schedule C (Form 990 or 990-EZ) 2012 St. Vincent's Multispecialty Group, Inc. 80-0458769

[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 o   | lescription                            | (a                                      | )   | (b)  | · · · · · · · · · · · · · · · · · · · |
|--|--|---|---|--|---------------------------------------|
| of the lobbying activity.  |  | Yes                                     | No  | Amot   | luţ                                   |
| 1 During the year, did the filing organization attempt to influence foreign, nation  | al, state or                           |   |   |  |                                       |
| local legislation, including any attempt to influence public opinion on a legislation  | tive matter                            |   |   |  |                                       |
| or referendum, through the use of:   |  |   |   |  |                                       |
| a Volunteers?  |  |   | X   |  |                                       |
| b Paid staff or management (include compensation in expenses reported on lin   | es 1c through 1i)?                     |   | X   |  |                                       |
| c Media advertisements?  |  |   | X   |  |                                       |
| d Mallings to members, legislators, or the public?   |  |   | x   |  | *                                     |
|  |  |   | x   |  |                                       |
| e Publications, or published or broadcast statements?  |  |   | x   |  |                                       |
| f Grants to other organizations for lobbying purposes?   |  |   | X   |  |                                       |
| g Direct contact with legislators, their staffs, government officials, or a legislative  | re body?                               |   | X   |  |                                       |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any s   | imilar means?                          |   | Α.  |  | 2 652                                 |
| i Other activities?  | ***********                            | X                                       | Na diagram dan diska sak                                    |  | 3,678                                 |
| j Total, Add lines 1c through 1i   |  |   |   |  | 3,678                                 |
| 2a Did the activities in line 1 cause the organization to be not described in section  | on 501(c)(3)?                          |   | Ж.  |  |                                       |
| b If "Yes," enter the amount of any tax incurred under section 4912  |  |   |   |  |                                       |
| c If "Yes," enter the amount of any tax incurred by organization managers and  | er section 4912                        |   |   |  |                                       |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for  |  |   |   |  | na gineralia<br>Pagineralia           |
| Part III-A Complete if the organization is exempt under section  | on 501(c)(4), secti                    | on 501(c                                | (5), or so  | ection   |                                       |
| Ent (a)(c)   |  |   | /(-//   |  |                                       |
| 501(c)(6).   |  |   |   | Yes  | No                                    |
|  |  |   | 1   |  | <u></u>                               |
| 1 Were substantially all (90% or more) dues received nondeductible by πemb   |  |   |   |  | ļ                                     |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or  | less?                                  | ,                                       | 2   | ļ  | ļ                                     |
| 3 Did the organization agree to carry over lobbyling and political expenditures:<br>Part III-B Complete if the organization is exempt under sect | from the prior year?                   |   | 3   | <u> </u>   | <u> </u>                              |
| 501(c)(6) and if either (a) BOTH Part III-A, lines 1 ar answered "Yes."  |  |   |   | -  |                                       |
| Dues, assessments and similar amounts from members   |  |   | 7 (100%)  | 4  | - <del> </del>                        |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not in  | clude amounts of poli                  | ticał                                   | 1000<br>1000<br>1000<br>1000<br>1000<br>1000<br>1000<br>100 |  |                                       |
| expenses for which the section 527(f) tax was paid).   |  |   |   |  |                                       |
| a Current year   |  |   | <u>2a</u>   |  |                                       |
| b Carryover from last year   |  | ***********                             | 2b  |  |                                       |
| c Total  |  |   |   |  |                                       |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductib  | le section 162(e) dues                 |   | 3   |  |                                       |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line  |  |   |   |  |                                       |
| does the organization agree to carryover to the reasonable estimate of non-  | deductible lobbylna and                | i political                             |   | 1  |                                       |
|  |  |   | 4   | 34   |                                       |
| expenditure next year?   |  | · •• · • • • • • • • • • • • • • • • •  |   | <del>                                     </del> |                                       |
| 5 Taxable amount of lobbying and political expenditures (see instructions)   | ************************************** |   | 1 3   |  |                                       |
| Part IV Supplemental Information   |  |   | 200   |  | ** * **                               |
| Complete this part to provide the descriptions required for Part I-A, line 1; Part I-E   | s, line 4; Part FG, line 5;            | Part II-A (an                           | mated grou  | p list); Part                                    | II-A, iine 2                          |
| and Part II-B, line 1. Also, complete this part for any additional information.  |  |   |   |  |                                       |
| Part II-B, Line 1, Lobbying Activities:  |  | -                                       | ···   |  |                                       |
|  |  |   |   |  |                                       |
| Lobbying expenses represent the portion of dues paid to the  | Connecticut                            |   |   |  |                                       |
| State Medical Society and the Fairfield County Medical Assoc   | iation that                            |   |   | 7.00   | ··· <del>·</del>                      |
| are specifically allocable to lobbying, St. Vincent's Multis   | pecialty                               | *************************************** | ,   |  | P                                     |
| Group does not participate in or intervene in (including the   | publishing                             | ······································  |   |  |                                       |
| or distributiing of statements) any political campaign on be   | half of (or                            | ₩a=-1                                   |   |  |                                       |
| )—————————————————————————————————————   |  | Sche                                    | dule C (For   | m 990 or 9                                       | 90-EZ) 20                             |
|  |  |   |   |  |                                       |

| Schedule C (Form 990 or 990-EZ) 2012 St. Vincent's Multispecialty Group, Inc.  Part IV   Supplemental Information (continued) |   | 80-0458769                              | Page 4                                 |
|---|---|---|--|
| Part IV   Supplemental Information (continued)  |   |   |  |
| n opposition to) any candidate for public office.   |   |   |  |
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### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

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

OMB No. 1545-0047

2012

Open to Public Strategy Inspection

Name of the organization

St. Vincent's Multispecialty Group, Inc.

Employer identification number 80-0458769

| Par | Organizations Maintaining Donor Advised F  | unds or Other Similar Fund              | s or Acco                               | unts.Complete if the                 |
|-----|--|---|---|--------------------------------------|
|     | organization answered "Yes" to Form 990, Part IV, line 6.                            |   |   | •                                    |
|     |  | (a) Donor advised funds                 | (b) Fu                                  | nds and other accounts               |
| 1   | Total number at end of year  |   | <del></del>                             |                                      |
| 2   | Aggregate contributions to (during year)   |   |   |                                      |
|     | and the second second  | -                                       | *************************************** |                                      |
|     | Aggregate value at end of year   |   |   |                                      |
| 5   | Did the organization inform all donors and donor advisors in writi                   | ng that the assets held in donor adv    | ised funds                              |                                      |
| •   | are the organization's property, subject to the organization's exc                   |   |   | Yes No                               |
| 6   | Did the organization inform all grantees, donors, and donor advis                    |   |   |                                      |
|     | for charitable purposes and not for the benefit of the donor or do                   |   |   |                                      |
|     | impermissible private benefit?   |   |   | Yes No                               |
| Par | Conservation Easements. Complete if the organi                                       | zation answered "Yes" to Form 990,      | Part IV, line                           | 7.                                   |
| 1   | Purpose(s) of conservation easements held by the organization                        | check all that apply).                  |   |                                      |
|     | Preservation of land for public use (e.g., recreation or educ                        |   | istorically im                          | portant land area                    |
|     | Protection of natural habitat  | Preservation of a ce                    |   |                                      |
|     | Preservation of open space   |   |   |                                      |
| 2   | Complete lines 2a through 2d if the organization held a qualified                    | conservation contribution in the form   | n of a conse                            | vation easement on the last          |
|     | day of the tax year.   |   |   |                                      |
|     | •  |   | 500                                     | Held at the End of the Tax Year      |
| а   | Total number of conservation easements   |   | 2a                                      | * *                                  |
| ь   | Total acreage restricted by conservation easements                                   |   |   |                                      |
| c   | Number of conservation easements on a certified historic struct                      |   |   |                                      |
|     | Number of conservation easements included in (c) acquired after                      |   |   |                                      |
|     | listed in the National Register  |   | 2d                                      | •                                    |
| 3   | Number of conservation easements modified, transferred, release                      |   |   | on during the tax                    |
|     | year 🏲   |   |   | ·                                    |
| 4   | Number of states where property subject to conservation easer                        | nent is located >                       |   |                                      |
| 5   | Does the organization have a written policy regarding the period                     |   | -<br>of                                 |                                      |
|     | violations, and enforcement of the conservation easements it has                     |   |   | Yes No                               |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, an                      | d enforcing conservation easements      | during the y                            | ear 🕪                                |
| 7   | Amount of expenses incurred in monitoring, inspecting, and ent                       |   |   |                                      |
| 8   | Does each conservation easement reported on line 2(d) above s                        | satisfy the requirements of section 1.  | 70(h)(4)(B)(i)                          |                                      |
|     | and section 170(h)(4)(B)(ii)?  |   |   | Yes No                               |
| 9   | In Part XIII, describe how the organization reports conservation                     |   |   |                                      |
|     | include, if applicable, the text of the footnote to the organization                 | n's financial statements that describe  | es the organi                           | zation's accounting for              |
|     | conservation easements,  |   |   |                                      |
| Pa  | rt III. Organizations Maintaining Collections of A                                   | Art, Historical Treasures, or           | Other Sin                               | nilar Assets.                        |
|     | Complete if the organization answered "Yes" to Form 99                               | 0, Part IV, line 8.                     |   |                                      |
| 1a  | If the organization elected, as permitted under SFAS 116 (ASC                        | 958), not to report in its revenue stat | tement and b                            | palance sheet works of art,          |
|     | historical treasures, or other similar assets held for public exhib                  | ition, education, or research in furthe | rance of pul                            | olio service, provide, in Part XIII, |
|     | the text of the footnote to its financial statements that describe                   | s these items.                          |   |                                      |
| þ   | If the organization elected, as permitted under SFAS 116 (ASC                        | 958), to report in its revenue stateme  | ent and balar                           | nce sheet works of art, historical   |
|     | treasures, or other similar assets held for public exhibition, edu                   | cation, or research in furtherance of   | public servic                           | e, provide the following amounts     |
|     | relating to these items:   |   |   |                                      |
|     | (i) Revenues included in Form 990, Part VIII, line 1                                 |   |   | » \$                                 |
|     | (ii) Assets included in Form 990, Part X   |   |   | × \$                                 |
| 2   | If the organization received or held works of art, historical treas                  |   |   |                                      |
|     | the following amounts required to be reported under SFAS 116                         |   |   |                                      |
| 2   | Revenues included in Form 990, Part VIII, line 1                                     |   |   | <b>*</b> \$                          |
| ŧ   | Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   | <b>&gt;</b> \$                       |
|     |  |   |   |                                      |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

| Sched                          | ule D (Form 990) 2012 St. Vincent                | s Multispecial           | ty Grou       | p, Inc.                                 |                |             | 6           | 30-04587     | 69         | Pa      | ge 2        |
|--------------------------------|--|--------------------------|---------------|---|----------------|-------------|-------------|--------------|------------|---------|-------------|
| Part                           | III Organizations Maintaining C                  | ollections of Ar         | t, Histo      | orical Tre                              | easures, o     | r Othe      | er Simila   | ar Asset     | S(continu  | ıed)    |             |
| 3 1                            | Using the organization's acquisition, accession  | n, and other record      | s, check      | any of the f                            | following that | are a si    | gnificant i | use of its o | collection | items   | ;           |
| (                              | check all that apply):                           |                          |               |   |                |             |             |              |            |         |             |
| а                              | Public exhibition                                | ď                        | ĻĻL           | oan or exch                             | nange prograi  | TIS         |             |              |            |         |             |
| b                              | Scholarly research                               | е                        | ه لـــا ه     | ther                                    |                |             |             |              |            |         |             |
| C                              | Preservation for future generations              |                          |               |   |                |             |             |              |            |         |             |
| 4 i                            | Provide a description of the organization's co   | llections and explain    | n how the     | y further th                            | ne organizatio | n's exe     | mpt purpo   | ose in Part  | XIII.      |         |             |
| 5                              | During the year, did the organization solicit or | receive donations        | of art, hist  | torical treas                           | sures, or othe | r simila    | assets      |              | _          |         |             |
|                                | to be sold to raise funds rather than to be ma   | intained as part of t    | he organi     | ization's co                            | ilection?      |             | .           |              | Yes        |         | No          |
| Pari                           | IV Escrow and Custodial Arrang                   | -                        | ete if the o  | organizatio                             | n answered "   | Yes" to     | Form 990    | , Part IV, I | ne 9, or   |         |             |
|                                | reported an amount on Form 990, Par              |                          |               |   |                |             |             |              |            |         |             |
| 1a                             | is the organization an agent, trustee, custodi   | an or other intermed     | liary for c   | ontribution                             | s or other as: | sets not    | included    | ,            | -t         |         |             |
|                                | on Form 990, Part X?                             |                          |               |   | ,,             |             |             | L            | Yes        | L       | No          |
| b                              | If "Yes," explain the arrangement in Part XIII : | and complete the fo      | llowing ta    | able:                                   |                |             |             |              |            |         |             |
|                                |  |                          |               |   |                |             |             |              | Amount     |         |             |
| C                              | Beginning balance                                |                          |               |   |                |             | 1c          |              |            |         |             |
| ď                              | Additions during the year                        | ., , , ,                 |               |   | ,              |             | 1d          |              |            |         |             |
| е                              | Distributions during the year                    |                          |               |   |                | *******     | 1e          |              |            |         |             |
| 1                              | Ending balance                                   |                          |               |   |                |             | 11          |              |            |         |             |
| 2a                             | Did the organization include an amount on Fo     | orm 990, Part X, line    | 21?           |   |                |             |             |              | Yes        | <u></u> | No          |
| Ъ                              | If "Yes," explain the arrangement in Part XIII.  | Check here if the e      | xplanatio     | n has been                              | provided in I  | art XIII    | *********** |              |            |         | ]           |
| Par                            | Vivi Endowment Funds. Complete i                 | f the organization ar    | nswered *     | 'Yes" to Fo                             | rm 990, Part   | IV, line    | 10.         |              |            |         |             |
|                                |  | (a) Current year         | (b) Pr        | ior year                                | (c) Two year   | s back      | (d) Three   | years back   | (e) Four   | years   | back        |
| 1a                             | Beginning of year balance                        |                          |               |   |                |             |             |              |            |         |             |
|                                | Contributions                                    |                          |               |   |                |             |             |              |            |         |             |
|                                | Net investment earnings, gains, and losses       |                          |               |   |                |             |             |              |            |         |             |
| d                              | Grants or scholarships                           |                          |               |   |                |             |             |              |            | -       |             |
| е                              | Other expenditures for facilities ,              | · -                      |               |   | · ·            |             |             | ,            |            |         |             |
|                                | and programs                                     |                          |               |   |                | ٠.          |             |              |            |         |             |
| f                              | Administrative expenses                          |                          |               |   |                | •           |             | ,            | ŀ          |         | •           |
|                                | End of year balance                              |                          |               | · _                                     |                |             |             |              |            |         |             |
| 2                              | Provide the estimated percentage of the cur      |                          | ce (line 1ç   | g, column (i                            | a)) held as:   |             |             |              |            |         |             |
| a                              | Board designated or quasi-endowment              |                          | %             |   |                |             |             |              |            |         | •           |
|                                | Permanent endowment                              | %                        |               |   |                |             |             |              |            |         |             |
| G                              | Temporarily restricted endowment                 | %                        |               |   |                |             |             |              |            |         |             |
|                                | The percentages in lines 2a, 2b, and 2c sho      | uld equal 100%.          |               |   |                |             |             |              |            |         |             |
| 3a                             | Are there endowment funds not in the posse       | ession of the organia    | zation tha    | it are held a                           | and administe  | ered for    | the organ   | ization      |            |         |             |
|                                | by:  |                          |               |   |                |             |             |              | Ī          | Yes     | No          |
|                                | (i) unrelated organizations                      |                          | ************* | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                |             |             |              | 3a(i)      |         |             |
|                                | (ii) related organizations                       |                          |               |   |                |             |             |              | 3a(ii)     |         |             |
| b                              | If "Yes" to 3a(ii), are the related organization | s listed as required     | on Sched      | dule R?                                 | -              |             |             |              | 3b         |         |             |
| 4                              | Describe in Part XIII the intended uses of the   |                          |               |   |                |             |             |              |            |         |             |
| Pa                             | ₫VI   Land, Buildings, and Equip                 | <b>nent.</b> See Farm 99 | 0, Part X,    | line 10.                                |                |             |             |              |            |         |             |
|                                | Description of property                          | (a) Cost or              | other         | (b) Cos                                 | t or other     | (c) /       | Accumula    | ted          | (d) Boo    | k valu  | 16          |
|                                | , , , ,  | basis (invest            | tment)        | basis                                   | (other)        |             | epreciatio  |              |            |         |             |
| 1a                             | Land   |                          |               |   |                | v injustiju |             |              |            |         |             |
|                                | Buildings  |                          |               |   |                |             | *****       |              |            |         | <del></del> |
|                                | Leasehold improvements                           |                          | MI            |   | 804,090.       |             | 285         | 671.         |            | 518     | ,419.       |
|                                | Equipment  | ,                        |               |   | 1,048,562.     |             | 283         | 201.         |            | 765     | ,361.       |
|                                | Other  | l l                      |               |   | 564,162.       |             | <del></del> |              |            |         | ,162,       |
|                                | I. Add lines 1a through 1e. (Column (d) must     |                          | t X, colur    | ກກ (ອ), line                            | 10(c).)        |             |             | . >          | 1          |         | 942         |
| the second state of the second |  |                          |               |   |                |             |             |              |            |         |             |

| Schedule D (Form 990) 2012 St. Vincent's Mult   |   |   | 80-0458769   | Page 3                                  |
|---|---|---|--|---|
| Part VII Investments - Other Securities. See  |   |   | by Cook or and a firm and it.  | · · · ·                                 |
| (a) Description of security or category (including mane of security)  | (b) Book value                                  | [c] weined of valuation                         | n: Cost or end-of-year market val  | .ue<br>———                              |
| (1) Financial derivatives   |   |   |  |   |
| (2) Closely-held equity interests   |   | <u> </u>  |  | *******                                 |
| (3) Other   |   |   |  |   |
| (A)   |   |   |  |   |
| (B)   |   | <u> </u>  |  | *************************************** |
| (C)   |   |   |  |   |
| (D)   |   |   |  |   |
| <u>(E)</u>  | ······································          |   | the same of the sa |   |
| (F) ·   | •   |   |  |   |
| (G)   |   |   |  |   |
| (H)   |   |   |  |   |
| (1)   | - LL.AA - D                                     |   |  |   |
| Total_(Col. (b) must equal Form 990, Part X, col. (B) line 12.)   |   |   |  |   |
| Part VIII Investments - Program Related. Se   |   | 13.   |  |   |
| (a) Description of Investment type  | (b) Book value                                  | (c) Method of valuation                         | on: Cost or end-of-year market va  | ปนอ                                     |
| (1)   |   |   |  |   |
| (2)   |   |   |  |   |
| (3)   |   |   |  |   |
| (4)   |   |   |  |   |
| (5)   |   |   |  |   |
| (6)   |   |   |  | *************************************** |
| (7)   | Jan Reld 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. |   | -  |   |
| (8)   |   |   |  | **************************************  |
| (9)   | · · · · · · · · · · · · · · · · · · ·           |   |  | ·····                                   |
| (10)  |   |   |  |   |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  |   |   |  | dia return                              |
| Part IX Other Assets. See Form 990, Part X, line  | 15 ·  | 22 22 23 27 27 27 27 27 27 27 27 27 27 27 27 27 | A STATE OF THE STA | -                                       |
|   | Description                                     |   | (b) Book val   | ue                                      |
| (1)   |   |   |  |   |
| (2)   |   | <del></del>                                     |  |   |
| (3)   |   | WT-10-7-7-                                      |  |   |
| (4)   |   |   |  |   |
| (5)   |   |   |  | ····                                    |
| (6)   |   |   |  |   |
| (7)   |   |   |  |   |
| (8)   |   |   |  |   |
|   |   |   |  |   |
| (9)   |   |   |  |   |
| (10)  | - 4C)   |   |  |   |
| Total. (Column (b) must equal Form 990, Part X, col. (B) flor<br>Rant X Other Liabilities. See Form 990, Part X, 1  |   |   |  |   |
| . (a) Description of liability  | ille 23.  | (b) Book value                                  | er i gregoria de la colonia de la compansión de la compan | ned Made (1)                            |
| Historian Control of the Control of |   | (a) DOOK VEIGG                                  |  |   |
| (1) Federal income taxes (2) Due to St. Vincent's Medical Center  |   | 16 640 080 255                                  |  |   |
|   |   | 16,640,003.                                     |  |   |
| (3) Defined Contribution Liability  |   | 573,767.55                                      |  |   |
| (4) Accrued Pension   |   | 527 688 336                                     |  |   |
| (5) Accrued Professional Liability  |   | 139,483,  |  |   |
| (6) Professional Liability IBNR   |   | 1,000,805                                       |  |   |
| (7) Notes Payable   |   | 1,075,000,                                      |  |   |
| (8)   |   | **************************************          |  |   |
| (9)   |   | [ ] J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.   |  |   |
| (10)  |   | 120.0   |  |   |
| (11)  |   |   |  | n'i wika i                              |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lin  | e 25.)  | 19,956,746.                                     |  |   |
| 2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the te  | xt of the footnote to the                       | e organization's financial stat                 | ements that reports the organiza   | ation's                                 |
| liability for uncertain tax positions under FIN 48 (ASC   |   |   |  | x                                       |

Schedule D (Form 990) 2012

|          | v<br>•xi  |                 | ;                                       |  |   |   |
|----------|---|-----------------|---|--|---|---|
| Sche     | dule D (Form 990) 2012 St. Vincent's Multispecialty Group, Inc.   |                 |   | E0-04                                  | 58769                                   | Page 4                                  |
|          | t XI: Reconciliation of Revenue per Audited Financial Statemen  | its W           | ith Revenue per                         | Return                                 | 1                                       |   |
| 1        | Total revenue, gains, and other support per audited financial statements  |                 | ******************************          | 1                                      |   |   |
| 2        | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   | . ,             |   |  |   |   |
| а        | Net unrealized gains on investments   | 2a              |   |  |   |   |
| b        | Donated services and use of facilities  | 2b              |   |  |   |   |
| C        | Recoverles of prior year grants   | 2c              |   |  |   |   |
| ď        | Other (Describe in Part XIII.)  | 2d              |   |  |   |   |
|          | Add lines 2a through 2d   |                 |   | 2e                                     |   |   |
| 3        | Subtract line 2e from line 1  |                 |   | 3                                      |   |   |
| 4        | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  |                 | _                                       |  |   |   |
|          | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a              |   |  |   |   |
| ь        | Other (Describe in Part XIII.)  | 40              |   |  |   |   |
|          | Add lines 4a and 4b   |                 | (                                       | 1 .                                    |   |   |
| 5        | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   |                 |   | 5                                      |   |   |
|          | LXII Reconciliation of Expenses per Audited Financial Stateme   | nts V           | Nith Expenses pe                        | r Retu                                 | ırn                                     |   |
| 1        | Total expenses and losses per audited financial statements  |                 |   | 1                                      |   |   |
| 2        | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |                 |   | 3012.54                                |   |   |
| ä        | Donated services and use of facilities  | 2a              | <u> </u>                                |  |   |   |
| b        | Prior year adjustments  |                 |   |  |   |   |
| c        | Other losses  |                 |   |  | -                                       |   |
| d        | made design of the country of   | <b>—</b>        | <u></u>                                 |  |   |   |
|          | Add lines 2a through 2d   |                 |   |  | 1                                       |   |
| 3        | Subtract line 2e from line 1  |                 |   | 3                                      |   | ······································  |
| 4        | Amounts included on Form 990, Part IX, line 25, but not on line 1:  | ,+=,+=          |   |  |   | *************************************** |
| -        | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a              |   |  |   |   |
|          | Other (Describe in Part XIII.)  |                 |   |  |   |   |
|          | A 12 Fine and a second of Fine  |                 |   | 4c                                     | 1                                       |   |
| _        | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  |                 |   |  | ļ                                       |   |
|          | rt XIII Supplemental information  | Table Co.       | *************************************** | _ 3                                    | <del></del>                             |   |
|          | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II  | l lines         | 10 and 4: West IV lines                 |  | Db. Dark V. I                           | ing As Down                             |
|          | plete this part to provide the descriptions required for Part N, lines 3, 3, and 9, Part to<br>the 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to |                 |   |  | (20, Part V, I                          | me 4, Pan                               |
|          | te 2; Part XI, lines 2d and 40; and Part XI, lines 2d and 40. Also complete his part to<br>t X, Line 2: The Medical Center, the Multispecialty Group, and t                               |                 | e any additional mon                    | iation.                                |   |   |
|          | a, male 2. The detical center, and maintage country, and  |                 |   | ······································ | ······································  |   |
| con i    | lege are tax-exempt organizations under Internal Revenue Code Se  | ection          | n                                       |  | •                                       |   |
|          | rede at a ray evening pridative river attest interior revenue come a  |                 |   |  |   |   |
| 501      | (c) (3) and their related income is exempt from federal income  | ra <del>v</del> |   |  |   |   |
| 301      | (c) (a) and there reserves the exempt from reacting theome  |                 |   |  |   | <del></del>                             |
| യത്      | er Section 501(a). The Medical Center accounts for uncertainty:   | in              |   |  |   | -                                       |
|          | er beceron Joria, the restraint contain decoding for anothers,  | ***             |   |  | * ************************************* |   |
| ina      | ome tax positions by applying a recognition threshold and measu   | camani          | <del>!-</del>                           |  |   |   |
| 1110     | one tay posterous by applying a recognition entering and measu  | Lemen           |   |  | ·                                       | ·                                       |
| st.      | ribute for financial statement recognition and measurement of a   | tax             |   |  |   |   |
| <u> </u> | TIMES TOT THUMBLES SERVICES TECONITION AND MEDICINETIC OF A   |                 |   |  |   |   |
| חחי      | ition taken or expected to be taken in a tax return.  |                 |   |  |   |   |
| 208      | TOTAL CHARTE OF CURRENCE DO DO MINOR THE R OUR FOUNTIL  |                 |   |  |   | rida                                    |
|          | •   |                 |   |  |   |   |

### SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

# Compensation Information

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

St. Vincent's Multispecialty Group, Inc.

Employer identification number 80-0458769

| Pa  | d Questions Regarding Compensation   |                        |  |                    |
|-----|--|------------------------|--|--------------------|
|     | National Control of the Control of t |                        | Yes  | No                 |
| 1a  | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,   |                        | 能  |                    |
|     | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.   |                        |  |                    |
|     | First-class or charter travel Linear Housing allowance or residence for personal use   | 9/12/14                |  | 726                |
|     | Travel for companions Payments for business use of personal residence  |                        |  |                    |
|     | Tax indemnification and gross-up payments Health or social club dues or initiation fees  | 77 E.                  |  |                    |
|     | Discretionary spending account Personal services (e.g., maid, chauffeur, chef)   |                        |  |                    |
|     |  |                        | 191  |                    |
| b   | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or  |                        |  |                    |
|     | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain   | 1b                     |  |                    |
| 2   | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,   |                        |  |                    |
|     | trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  | 2                      |  |                    |
|     |  | 2005                   | YATE   | 12/10/1            |
| 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   | 11.21/1                |  |                    |
|     | establish compensation of the CEO/Executive Director, but explain in Part III.   | 135                    |  |                    |
|     | Compensation committee Written employment contract   |                        | i vivi                                       | rael               |
|     | Independent compensation consultant Compensation survey or study   | . 16.15.15<br>17.15.15 |  |                    |
|     | Form 990 of other organizations  Approval by the board or compensation committee   |                        |  |                    |
|     | The state of the significant state of the st | H-1627                 |  |                    |
| a   | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling  |                        |  |                    |
| •   | organization or a related organization:  |                        |  |                    |
| ca  | Receive a severance payment or change-of-control payment?  | 4a                     |  | X                  |
|     | Participate in, or receive payment from, a supplemental nonqualified retirement plan?  |                        | X  |                    |
|     | Participate in, or receive payment from, an equity-based compensation arrangement?   |                        |  | x                  |
|     | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  | 189                    | स्वकृत्यं ह                                  | indirk:            |
|     | 15 165 30 dily of listes 40.0, list are possone and provide are approache amounts for each normal factor.  | 192                    | 100  |                    |
|     | Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  | 1500                   |  | 単導                 |
| 5   | For persons listed in Form 990, Part Vil, Section A, line 1a, did the organization pay or accrue any compensation  |                        | 1965   | 7517073.<br>38: 32 |
| J   |  |                        |  |                    |
|     | contingent on the revenues of:   | iiliaa.                | . THE E                                      | X                  |
|     | The organization?  |                        | <del> </del>                                 | - <u>^</u> -       |
| D   | Any related organization?  | 5b                     |  | 10.0               |
| _   | If "Yes" to line 5a or 5b, describe in Part III.   | 75.07                  | 156  | Her                |
| 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:   | 134                    | 基則   | 100                |
|     | The organization?  |                        | <del> </del>                                 | X                  |
| Þ   | Any related organization?  | 6b                     |  | X                  |
|     | If "Yes" to line 6a or 6b, describe in Part III.   | 12.27                  |  |                    |
| 7   | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments  |                        |  |                    |
|     | not described in lines 5 and 6? If "Yes," describe in Part III   | 7                      |  | X                  |
| 8   | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the  |                        |  |                    |
|     | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  | 8                      | <u> </u>                                     | X                  |
| 9   | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in   |                        |  | 1                  |
|     | Regulations section 53.4958-6(c)?  | 9                      | <u>                                     </u> | <u> </u>           |
| LH  | A For Paperwork Reduction Act Notice, see the Instructions for Form 990. Sche  | dule J (For            | m 990  | )) 201             |

232111 12-10-12

80-0458769

Schedule J (Form 990) 2012 st. vincent's Multispecialty Group, Inc. 80-0458769
[Part III] 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).

Note. The sum of columns (B)(f) (ii) 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 CONTRACTOR OF THE PROPERTY O |                    |  |                                    | Ĭ,   |
|--|----------|--------------------------|--------------------------------------|--|--------------------|--|------------------------------------|--|
|  |          | (B) Breakdown o          | of W-2 and/or 1099-MISC compensation | SC compensation  | (C) Retirement and | (D) Nontaxable<br>benefits   | (E) lotal of columns<br>(B)(il-(D) | (r) compensation reported as deferred  |
| (A) Name and Title   |          | (f) Base<br>compensation | (ii) Bonus & incertiive compensation | (III) Other<br>reportable<br>compensation  | compensation       |  |                                    | in prior Form 990  |
|  | ļ        | 200                      | 73 67                                | 717 8  | 5.463.             | 30,147.  | 385,090,                           | .0   |
| (1) Roger Poitras  | Ξ        | )<br>)<br>)<br>)         | 70.                                  |  | -!                 | 0  | 0                                  | 0  |
| President  | Ξ        | ٥,                       |                                      | å  |                    | 0  | 0                                  | 0  |
| (2) John Gleckler  | Ξ        |                          |                                      | ı  | - 1                | EGG FE   | 754 823                            | 0  |
| Treasurer-8VP/CFO- SVHS  | Ξ        | 399,588,                 | 263,85                               | 17,054.  | 'ant'na            | ~ i  | ľ                                  | 0  |
| (3) Peter Otrucki  | €        |                          | 0.                                   | 0.   |                    |  |                                    | 1 n  |
| 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4  | 2        | 326,39                   | 101,018.                             | 11,723.  | 10,000,            | 30,636,  | ~ 1                                | 0,   |
| // ofeils Cornerman W D  | 1        |                          | 8,999                                | 1,345.   | 10,748,            | 4,104,   | 258,922,                           | ,0   |
| outore cooperation,  | <u> </u> |                          |                                      | 0  | 0,                 | 0,   | 0,                                 | 0  |
| FE Danne Tllness W D   |          | 446 89                   | 87,66                                | 14,626,  | 19,290.            | 37,233.  | 605,699.                           | 0.   |
| **************************************   | 3 3      |                          |                                      | 0  | 0                  | 0  | 0.                                 | . 0  |
| DITECTOR (end // L3)   | 2 5      | 273.54                   | 8,25                                 | 327.   | 1.0,798.           | 30,623.  | 323,444.                           | Ċ  |
| יוומ שמיים   | 3        |                          |                                      | 0  | , 0                | 0.   | 0.                                 | 0.   |
| DIRECTOR   | Į        |                          |                                      | 0  | 0                  | 0  | 0                                  | 0  |
|  | 3 5      | 254 83                   | 10.83                                | 10,856.  | 11,250.            | 22,404.  | 310,179,                           | • 0  |
| Direction Medical  | 3        | 182                      |                                      | 656  | 55,503,            | 12,434.  | 251,202.                           | .0   |
| Lawr<br>The Fr   | 3 8      |                          |                                      | 0  | 0                  | 0  | , 0                                | 0  |
| (o) Other Marchia W D  | 3        |                          |                                      | ,0   | 0,                 | 0.   | .0                                 | .0   |
| onton pred Syl   | 3 (      | 582,77                   | 354,014,                             | 3,956,   | 11,250,            | 34,475.  | 986,468,                           | ٥٠   |
| 1  | 15       |                          |                                      | · q  | °0                 | 0  | 0                                  | 0.   |
|  | <u> </u> | 807 403                  | 599,993,                             | 46,054,  | 921,992,           | 33,595,  | 2,409,036.                         | 104,681.   |
|  | 15       | 651.80                   | 10,182,                              | 2,827.   | 11,250.            | 38,795.  | 714,855,                           | ,0   |
| of aboracion   | 2.8      |                          | 0                                    | 0,   | 0                  | 0  |                                    | 0.   |
| Therry   | 15       | 636,150                  | 45,573,                              | 1,235.   | 11,250.            | 33,795.  | 728,003.                           | 0  |
| horaci.  | €        | 0                        | 0                                    | 0  | 0.                 | 0,   | - 1                                | 0,   |
| Ahmad Motovet  | ε        | 439,871,                 | 29,226,                              | 3,287,   | 13,250.            | 31,147,  | 514,781,                           | 0  |
|  | . 🛢      |                          | 0                                    | 0  | 0,                 | '0'  | .0                                 | 0  |
| (14) Wethloom Harmon M D   | 3        | 392, 583,                | 226,526.                             | 26,929.  | 37,583.            | 14,783,  | 698,404.                           | .0   |
|  | 3        |                          | 0                                    | 0.   | 0                  | 0  | 0.                                 | 0.   |
| (15) Edward Rominski M.D.  | E        | 431,407                  | 328,594,                             | 6,076  | 5,000,             | 31,161,  | 802,233.                           | 0.   |
|  | : 6      |                          | ' Q                                  | 0  | 0,                 | 0,   | 0.                                 | . 0  |
|  | ΙΞ       |                          |                                      |  |                    |  |                                    |  |
|  | E (E     |                          |                                      |  |                    | A MARKATANA A MARK |                                    | The same of the sa |
| in and the state of the state o | 1        |                          |                                      |  |                    |  | Schedu                             | Schedule J (Form 990) 2012   |

232112 12-12-12

| Schedule J (Form 990) 2012 St. Vincent's Multispecialty Group, Inc.   | 80-0458769 Page 3  | 39   |
|---|--|--|
| Part III Supplemental Information<br>Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any | Part II. Also complete this part for any   |  |
| additional information.   |  |  |
| Part I, Line 3, The President/CEO compensation, along with the  |  |  |
| compensation of all other executives of the Health System, is established   | and the first the second secon |  |
| annually by the St. Vincent's Health Services Executive Compensation  |  |  |
| Committee (the Compensation Committee), Whe Compensation Committee uses an  | The state of the s |  |
| external national firm for an independent compensation comparison based on  | A CONTRACTOR OF THE PROPERTY O |  |
| well recognized and established guidelines. Recommended compensation is   |  |  |
| discussed and approved by the Compensation Committee and is sent to the   |  |  |
| Multispecialty Board for final approvai.  | Control of the second state of the second stat |  |
|   |  |  |
| Part I, Line 4b; Susan L. Davis participates in a 457f plan. During   | A STATE OF THE STA | No. of case of |
| calendar year 2013, Ms. Davis received \$900,188 in elective deferred   | and the second s |  |
| compensation under the plan. She received payments from the plan of   | The second secon |  |
| \$104,691.  | - And the state of |  |
|   | The same of the sa |  |
| Schadule J, Part II;  |  | i annual de la companya de la compan |
|   |  |  |
| Compensation for Susan L. Davis, John C. Gleckler, Stuart Marcus, Frank   | A THE PARTY OF THE |  |
| Illuzi, Frank Scifo, and Peter Struzzi is paid by St. Vincent's Medical   | Schedule J (Form 990) 2012   | 2012   |
|   |  |  |

| Schedule J (Form 990) 2012 St. Vincent's Multiapecialty Group, Inc.   | 80-0458769   | Page 3   |
|---|--|--|
| Fait III Supplemental Information  Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. | irt II. Also complete this part for any  | 4/4/1  |
| Center, the parent of St. Vincent's Wultiapecialty Group, Inc.  |  | The second secon |
|   |  |  |
| Compensation for Susan L, Davis is paid by St. Vindent's Medidal Center on  | Primary and the state of the st |  |
| behalf of St. Vincent's Health Services Corp, and all of its related  | de planticipa de la companya de la c | \$14.<br>  |
| organizations, including St. Vincent's Multispecialty Group, Inc. The   |  | À.   |
| compensation Dr. Davis receives is for her role as the President/CEO of St.   | A A A A A A A A A A A A A A A A A A A  | B. C. Carlotte Co.   |
| Vincent's Health Services and as an Ascension Ministry Market Leader for  | The state of the s |  |
| the NY/CT market, which includes four other health systems. In July 2012,   | e de la companya de l | ,  |
| Dr. Davis assumed additional responsibilities as the Ministry Market Leader   | The state of the s |  |
| for the entire Florida and Alabama market area, a portion of Dr. Davis'   | The state of the s |  |
| compensation and benefits are allocated to that market, None of Dr. Davis's   |  |  |
| compensation is allocated to St. Vincent's Multispecialty Group, nor is   |  | t-Card-Constitution of Assessment Petro Galacies   |
| there any compensation for her role as a Board member of St. Vincent's  | and the state of t |  |
| Multispecialty Group.   |  |  |
|   |  |  |
| Compensation for John C. Gleckler is paid by St. Vincent's Medical Center   |  |  |
| on behalf of St, Vincent's Health Services Corp, and all of its related   |  |  |
| organizations, including St, Vincent's Multispecialty Group, The  |  |  |
| dompensation Mr. Gleckler receives is for his role as the Senior Vice   | Schedule J (Form 990) 2012   | 990) 2012  |
| 222113<br>12-10-12  |  |  |

|  | 80-0458769 Page 3  |
|--|--|
| Schedule J (Form 990) 2012 St. vindent's Multispecialty Group, inc.  |  |
| Part III   Supplemental Information Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part to provide the information.   | I for Part II, Also complete this part for any   |
| president and Chief Financial Officer of St. Vincent's Health Services.  |  |
| The state of the s |  |
| g compensation as accompany  |  |
| Multispecialty Group.  |  |
|  |  |
| Compensation for Stuart Marcus, M.D. is paid by St. Vincent's Medical  |  |
| Center, the parent organization of St. Vincent's Multispecialty Group, The   |  |
| compensation Dr. Marcus receives is for his role as President of St.   |  |
| viscont, nadical Center. None of Dr. Marcus's compensation is allocated to   |  |
| VINCELL B MOLLICAL CEANAGE   |  |
| St. Vincent's Multispecialty Group.  | - Company of the Comp |
|  |  |
| m  |  |
| CONFERENCE AND A STATE OF THE S |  |
| for their roles at St. Vincent's Medical Cantet, None or their component   |  |
| is allocated to St, Vincent's Multispecialty Group.  | The state of the s |
|  |  |
|  | Asia managari  |
|  |  |
|  |  |
|  | And a state of the |
|  | And the second s |
|  | The second secon |
|  | Schedule J (Form 990) 2012   |
| 222113   |  |
|  |  |

### SCHEDULE O

(Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Papilic (Constitution)

Department of the Treasury Internal Revenue Service

Name of the organization

St. Vincent's Multispecialty Group, Inc.

Employer identification number 80~0458769

| Form 990, Part III, Line 4a, Program Service Accomplishments:  |  |
|--|--|
| 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.                                 |  |
| Form 990, Part VI, Section A, line 2: Many of the persons listed on Part                             |  |
| VII have a "business relationship" with each other by virtue of sitting on                           | ·  |
| the board of or being employed by related St. Vincent Health Services                                |  |
| entities,  |  |
|  |  |
| Form 990, Part VI, Section A, line 6: St. Vincent's Multispecialty Group,                            |  |
| Inc. has a single corporate member, St. Vincent's Medical Center.                                    | ·  |
|  |  |
| Form 990, Part VI, Section A, line 7a: 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, Section A, line 7b: 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                                 | A State of the sta |
| member, St. Vincent's Medical Center.  |  |
|  |  |
| Form 990, Part VI, Section B, line 11: Management, including certain                                 |  |
| officers, works diligently to complete the Form 990 and attached schedules                           |  |
| LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13 | Schedule O (Form 990 or 990-EZ) (2012)   |

| Schedule O (Form 990 or 990-EZ) (2012)                                      | Page 2   |
|---|--|
| Name of the organization St. Vincent's Multispecialty Group, Inc.           | Employer identification number 80-0458769  |
| in a thorough manner. Management presents the Form to the Board, or a       |  |
| designated committee, to review and answer any questions. Prior to filing   |  |
| the return, all Board Members are provided the Form 990 and management team |  |
| members are available to answer any Board Members' questions.               |  |
|   |  |
| Form 990, Part VI, Section B, Line 12c: The organization regularly and      |  |
| consistently monitors and enforces compliance with the conflict of interest |  |
| policy in that any director, principal officer, or member of a committee    |  |
| with governing board delegated powers, who has a direct or indirect         |  |
| financial interest, must disclose the existence of the financial interest   | The second secon |
| and be given the opportunity to disclose all material facts to the          |  |
| directors and members of the committees with governing board delegated      |  |
| powers considering the proposed transaction or arrangement. The remaining   |  |
| individuals on the governing board or committee meeting will decide if      |  |
| conflict of interest exist. Each director, principal officer, and member    |  |
| of a committee with governing board delegated powers annually signs a       |  |
| statement which affirms such person has received a copy of the conflicts of |  |
| interest policy, has read and 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, Section B, Line 15; In determining compensation of the   |  |
| organization's CEO, the process, performed by St. Vincent's Health Services |  |
| Corp, a related organization of St. Vincent's Multispecialty Group,         |  |
| included a review and approval by independent persons, comparability data,  |  |
| and contemporaneous substantiation of the deliberation and decision. The    |  |
| St. Vincent's Health Services Executive Compensation Committee reviewed and |  |
| 01-04-13 S  | Schedule O (Form 990 or 990-EZ) (2012)   |

| Schedule O (Form 990 or 990-EZ) (2012) Name of the organization             | Employer identification number        |
|---|---------------------------------------|
| St. Vincent's Multispecialty Group, Inc.                                    | 80-0458769                            |
| 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 minutes. The individual   |                                       |
| was not present when her compensation was decided.                          |                                       |
|   |                                       |
|   |                                       |
| In determining compensation of other officers or key employees of the       |                                       |
| organization, the process, performed by St. Vincent's Health Services Corp, |                                       |
| 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. St.    |                                       |
| Vincent's Health Services Executive Compensation Committee reviewed and     |                                       |
| approved the compensation. In the review of the compensation, the other     |                                       |
| officers or key employees of the organization were compared to 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 board minutes.  |                                       |
| ·   |                                       |
| Form 990, Fart VI, Section C, Line 19: The organization will provide any    |                                       |
| documents open to public inspection upon request,                           |                                       |
|   |                                       |
| Form 990, Part IX, Line 11g, Other Fees:                                    |                                       |
|   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Contract Labor Physicians and Other:  |                                       |
| Program service expenses 9,527,632.   |                                       |
| Management and general expenses 600,816.                                    |                                       |
| Fundraising expenses  |                                       |
| Total expenses 10,128,448,  |                                       |

| Schedule O (Form 990 or 990-EZ) (2012)  Vame of the organization | <del></del>  | Page 2 Employer identification number  |
|--|--|--|
| St. Vincent's Multispecialty Group, Inc                          | et og framen skrivet for til state og skrivet for skrivet for skrivet og skrivet og skrivet og skrivet for skrivet | 80-0458769   |
| urchased Services Billing Transcriptionists:                     |  |  |
| rogram service expenses  | 1,875,371.   |  |
| anagement and general expenses                                   | 19,348.  |  |
| undraising expenses  | 0.   | <del>- 1970 - 1971 -</del> |
| ctal expenses  | 1,894,719.   |  |
| consulting and recruiting:                                       |  |  |
| Program service expenses   | 65,366.  |  |
| Management and general expanses                                  | 97,792.  |  |
| fundraising expenses   | 0.   |  |
| Total expenses   | 163,158.   |  |
| Potal Other Fees on Form 990, Part IX, line 11g, Col A           | 12,186,325.  |  |
| Form 990, Part XI, line 9, Changes in Net Assets:                | 72,389.  |  |
| Change in Pension Flan Liability                                 | -62,356.   |  |
| Total to Form 990, Part XI, Line 9                               | 10,033.  | -  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | 1.004.00   |  |

Department of the Treasury Internal Revenue Service SCHEDULER (Form 990)

Name of the organization

# Related Organizations and Unrelated Partnerships

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

2012 Open to Public OMB No. 1545-0047

Employer identification number 80-0458769

St. Vincent's Multispecialty Group, Inc.

िकर्म 💮 Identification of Disregarded Entitles (Complete If the organization answered "Yes" to Form 990, Part IV, line 33.)

Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets Total income ਛ (c) Legal domicile (state or foreign country) Prilmary activity g Name, address, and EIN (if applicable) of disregarded entlity

| 4   |  |  | -                              |   | (9)  | (6)                        |  |
|---|--|--|--------------------------------|---|--|----------------------------|--|
| (8)   | (9)  | ( <u>0</u> )   | <u> </u>                       | (a)   |  | Section \$12(b)(13)        |  |
| Name, address, and EIN  | Primary activity   | Legal domicile (state or   | Exempt Code                    | Public charity<br>status (if section  | Direct controlling<br>entity   | controlled<br>entily?      |  |
| of related organization   |  | loreign couriny/   |                                | 501(c)(3))  |  | Yes No                     |  |
| Ascension Health - 31-1662309   |  |  |                                |   | 2 th F = - 2 th  |                            |  |
| 2 D ROY DAGGR   | Γ  |  | Section                        | Schedule A,   | Ascension hearth   | ;                          |  |
| St Louis MO 63145   | Mational Health System   | Missouri   | 501(a)(3)                      | Line 11a  | Alliance   | X                          |  |
| gt, Vincent's Realth Services Corp  |  |  |                                | ,   |  |                            |  |
| 22 PEER 124 2800 Wain Street Bridgebort CP  | -  |  | Section                        | Schedule A  |  |                            |  |
| לקיים אולי שפני וואדים מתימודי ביים אוליים ביים אוליים ביים אוליים ביים אוליים ביים אוליים ביים אוליים ביים אוליים ביים אוליים ביים ביים ביים ביים ביים ביים ביים | Tree is a contract of the cont | Connectiont  | 501(0)(3)                      | Line 11a  | Ascension Realth   | ×                          |  |
| 06506   | oyacam rateax  |  |                                |   | ab wancent's   |                            |  |
| Ft. Vincent's Medical Center - 06-0646886   |  |  | -                              |   | To the county of | <del></del>                |  |
| 2800 Main Street  |  |  | Section                        | ¥ ===   | שפטורא פפיירוש   | >                          |  |
| Bridgebort, CT 05606  | Hospital   | Connections  | 501(c)(3)                      | Line 3  | Corp   | -                          |  |
| gt Vincent's Medical Center Foundation,   |  | ·  |                                |   | st, vincent s  |                            |  |
| THE OF SERVICE SOUR WATER STREET  |  |  | Section                        | Schedule A,   | Bealth Servades  |                            |  |
| 100, 1 40 400400, 2000 19411 201000,  | Manorai sind   | Connecticut  | 501(c)(3)                      | Line 7.   | Corp   | Х                          |  |
| Bridgebort, Cr. useus   |  | The state of the s | STATE OF THE PERSONS ASSESSED. | With the state of | Schedule R (F  | Schedule R (Form 980) 2012 |  |
| C.+C. EE. C. C  |  |  |                                |   |  |                            |  |

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

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st. Vincent's Multispecialty Group, Inc.

| Schedule R (Form 990) St. Vincent's Multispecialty                                   | becialty Group, Inc.       | المنافقة الم |  |  | 80-0458769                                    |  | Application of the second |
|--|----------------------------|--|--|--|---|--|---------------------------|
| Parisis Continuation of Identification of Related Tax-Exempt Organizations           | xempt Organizations        |  |  |  |   |  |                           |
|  | (b)<br>Primary aotfylty    | (c)<br>Legal domicile (state or<br>foreign courtry)  | (d)<br>Exempt Code<br>saction  | (e) Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling<br>entity           | Section 5 (20)(13) controlled organization? Yes No | <u> </u>                  |
| Vincent's Special Needs Center, Inc<br>0702617, 95 Merritt Boulevard, Trumbull,      | Programs for Special Needs | Connections  | Section<br>501(a)(3)   | Schedule A,<br>Line 9                            | St, Vincent's<br>Health Services<br>Corp      | ×  | l.                        |
| 1-Brooke Behavioral Health Services, Inc.<br>6-0813283, 47 Long Lots Road, Westport, | Health Services            | Connecticut  | Saction<br>501(c)(3)   | Schedule A,<br>Line 9                            | <pre>gt, Vincent's Health Services Corp</pre> | ×  | y ameny                   |
| 's Collage - 06-1331677 treet  | 1                          | Connecticut  | Section<br>501(c)(3)   | schedule A,<br>bine 2                            | St. Vincent's<br>Medical Centar               | Ж  | T. Committee              |
| nt's Development, Inc 22-2554128 It Boulevard  | tate Holdings              | consecticat  | Section<br>501(c)(25)  | 4/n  | St, Vincent's<br>Health Bervices<br>Corp      | K  | Į                         |
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St. Vincent's Multispecialty Group, Inc. Schedule R (Form 990) 2012

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

| (j) (k)<br>General or Percentage | ownersing  |   | <br> |   |   |    |   | <br>   | <br> | <br> |  | <br>VEHICLE PRINT OF THE PRINT OF T |
|----------------------------------|--|---|------|---|---|----|---|--|------|------|--|--|
| (j)<br>General o                 | Yes No   |   | <br> | + |   |    |   |  | <br> | <br> |  | <br>1  |
| (i)<br>Code V.UBI                | amount in box<br>20 of Schedule<br>K-1 (Form 1065              |   |      |   |   |    |   |  |      |      |  |  |
| (h)<br>Disproportion-            | yes No   |   |      |   |   |    |   |  | <br> |      |  |  |
| (g)<br>Share of                  | end-of-year<br>assets  |   |      |   |   |    |   |  |      |      |  | 100000000000000000000000000000000000000  |
|                                  | іпроте   | ***                                     |      |   | *************************************** |    |   |  |      |      |  |  |
| (e)<br>Predominant income        | (related, unrelated, excluded from tax under sections 512-514) |   |      |   |   |    |   | A STATE OF THE PARTY OF THE PAR |      |      |  |  |
| (d)                              | onext collinging<br>entity                                     |   |      |   |   |    | • |  |      |      |  |  |
| (c)                              | domiolle<br>(state or<br>foreign<br>country)                   |   |      |   |   | ., |   |  | <br> |      |  | <br>   |
| (g)                              | Primary activity   | *************************************** |      |   |   |    |   |  |      |      |  | <br>*******  |
| (a) (b) (c) (c) (c)              | Name, address, and EiN<br>of related organization              |   |      |   |   |    |   |  |      |      | A CONTRACTOR OF THE PROPERTY O | the statement of the st     |

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

| (a)<br>Name, address, and EIN<br>of related organization           | (b)<br>Primary activity  | (o) Legal domicile (state or foreign country) | (d)<br>Direct controlling<br>entity | (e) Type of entity (C corp., S corp, or trust) | (f)<br>Share of total<br>income  | (g)<br>Share of<br>end-of-year<br>assets  | Percentage<br>ownership    | Section<br>512(b)(13)<br>controlled<br>entity? |   |
|--|--|---|-------------------------------------|--|--|---|----------------------------|--|---|
| Vincentures, Inc 06-1211417 95 Merritt Boulevard Trumbull CT 06611 | Inactive   | כת  | N/A                                 | c corp   | N/A  | N/A   | N/R                        | ×  | 1 |
|  |  |   | -                                   |  |  |   |                            | -  | ļ |
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| Schedule In Participate (Complete if the organizations (Complete if the organization answ  | vered "Yes" to Form                              | rganization answered "Yes" to Form 990, Part IV, line 34, 35b, or $36. angle$ | or.36.)  | •                                     |        |     |
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| Note. Complete line 1 if any entity is listed in Parts If, III, or IV of this schedule.  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1            | Cotol anothericons hatel  | Specific Control of the Control of t |                                       | -      |     |
| 1 During the tax year, did the organization engage in any of the following transacuous with one of more related organization assessing a contract of the following transacuous with one of more related organization assessing a contract of the following transacuous with one of the following transacuous trans |  | מופח סוקמווזבמותום וופופא   |  | 1,3                                   | ×      |     |
| a Receipt of (i) interest (ii) annulties (iii) royaities or (iv) rent from a controlled entry  |  |   |  | 4b X                                  |        |     |
| b Ciff, grant, or capital contribution to related organization(s)  | ***************************************          |   |  | 100                                   | ×      |     |
| c Giff, grant, or capital contribution from related organization(s)  |  | ***************************************                                       |  | 22                                    | ×      |     |
| d Loans or loan guarantees to or for related organization(s)   | ***************************************          |   |  | 2 4                                   | ×      |     |
| e Loans or loan guarantees by related organization(s)  |  |   |  |                                       | _i.i.  |     |
|  |  |   |  | <u> </u>                              | ы      |     |
| † Dividends from related organization(s)   |  | ***************************************                                       |  | 100                                   | ×      |     |
| g Sale of assets to related organization(s)g   | ***************************************          |   |  | 4                                     |        | ٠.  |
| h Purchase of assets from related organization(s)  |  | ***************************************                                       |  | 77                                    | 1      | d f |
| i Exchange of assets with related organization(s)  | ***************************************          | *************************************   | ***************************************  | 1,4                                   | ×      |     |
| j Lease of facilities, equipment, or other assets to related organization(s)   |  |   | ***************************************  |                                       |        |     |
|  |  |   |  | ¥                                     |        |     |
| K Lease of facilities, equipment, or other assets from related organization is   | nization(s)                                      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |  | 1,1                                   | ×      |     |
| Performance of services or membership or 10 portaining solicitation in telescologism and the performance of services or membership or 10 portain telescologisms.   | ilization(s)                                     | .,  |  | - mr                                  | ×      |     |
| Performance of services or membership or fundraising solicitations   | וובמנייטיו ולא ייייייייייייייייייייייייייייייייי | ***************************************                                       |  | t.                                    | ×      |     |
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| o Sharing of baid employees with related organization (s)  |  |   |  |                                       |        |     |
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| p Keimoursemen paid to related otypa izabionje) to salociose   |  |   |  | Ţ.                                    |        |     |
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| r Other transfer of cash or property to related organization(s)  | ***************************************          |   |  | 4                                     |        |     |
| Other transfer of cash or property from related organization(s)  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,          | 110000000000000000000000000000000000000                                       |  | 13 · 4                                |        |     |
| ē  | ho must complete th                              | is line, including covered  | information on who must complete this line, including covered relationships and transaction thresholds.  | · · · · · · · · · · · · · · · · · · · |        |     |
| (a)<br>Name of other organization  | (b)<br>Transaction<br>type (a·s)                 | (c)<br>Amount involved  | (d)<br>Method of determining amount involved   | valved                                |        |     |
| (4) St. Vincent's Development Corporation  | Or   | 248,878,  | Actual Amount Paid   |                                       |        | ,   |
| 1  | 23   | 29,350,000,Amount   | Anount Transferred   |                                       |        |     |
|  |  |   |  |                                       |        |     |
| (3) Ascension Health   | - A  | 830,234,  | Actual Amount Paid   |                                       |        |     |
| (4)  | ,  |   |  |                                       |        |     |
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| 332163 12-10-12  | o<br>o   |   |  | 1                                     | 4      |     |

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Schedule R (Form 990) 2012 St. Vindent's Multispecialty Group, Ind.

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

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

|                                     |  |                          |   |   |  |  |      |  |  |  |   |  |  |      |   |  |      |                                       | .: |  |        |   |                   |  |                        |   |  |                            |
|-------------------------------------|--|--------------------------|---|---|--|--|------|--|--|--|---|--|--|------|---|--|------|---------------------------------------|----|--|--------|---|-------------------|--|------------------------|---|--|----------------------------|
| (K                                  | <sup>5</sup> ercentage<br>ownership            |                          |   |   |  | -  |      |  |  |  |   |  |  |      |   |  |      |                                       |    |  |        |   |                   | L. A. Industry of the Printer of the |                        |   | 0700 1000  | zruz (066 i                |
| 5                                   | General or maraging pariner?                   |                          |   |   | 1  |  |      | -  |  | <br>   | 1 |  |  |      |   |  | <br> | 1                                     |    |  | <br>1  |   | <br>              |  | <br>                   |   |  | Form                       |
| E                                   | UB!<br>box 20<br>lle K-1<br>065)               |                          | _ |   |  |  |      |  |  |  |   | <del></del>  |  |      |   |  |      |                                       |    |  |        | • | <br>************* |  | y fried Rights and the | • | The second secon | Schedule R (Form 990) 2012 |
| 3                                   | ું <u>જે</u> ⊆                                 |                          |   |   |  |  |      |  |  | <br>   |   |  |  |      |   |  | <br> |                                       |    |  | <br>1. |   | <br>              |  | <br>                   |   |  |                            |
| (0)                                 | of<br>rear<br>is                               |                          |   |   |  |  |      |  |  |  |   |  |  |      |   |  |      |                                       |    |  |        |   |                   | Land Andrews Control of the Control  |                        |   | A CONTRACTOR OF THE PROPERTY O |                            |
| (+)                                 | Share of<br>total<br>income                    |                          |   | - |  |  |      |  |  |  |   |  |  |      |   | -  |      | i i i i i i i i i i i i i i i i i i i |    |  |        |   |                   |  |                        |   |  |                            |
| [9]                                 | Are all partners sec. 501(c)(3)                | Yes No                   |   |   |  |  | <br> |  |  | <br>   |   |  |  | <br> |   |  | <br> |                                       |    |  |        |   |                   |  |                        |   |  |                            |
|                                     | Predominant Income predated, excluded from tax | ulias) sevina o iz o 17/ |   |   | and the second s | •  |      | A STATE OF THE STA |  |  | - |  |  |      |   | •  |      |                                       |    |  |        | • |                   |  |                        |   | A CONTRACTOR OF THE PARTY OF TH |                            |
|                                     | (c) Legal domicile (state or foreign country)  |                          |   |   |  |  |      |  |  |  |   |  |  |      |   | ,  |      |                                       |    |  |        |   |                   | •  |                        |   |  |                            |
|                                     | (b)<br>Primary activity                        |                          |   |   |  |  |      |  |  |  |   |  |  |      |   |  |      |                                       | :  |  |        |   |                   |  |                        |   | -  |                            |
| Hal was 1101 a realed organization. | (a)<br>Name, address, and EIN<br>of entity     |                          |   |   | The state of the s | The second secon |      | Total Control of the  | , the second sec | The state of the s |   | The state of the s | The state of the s |      | Part of the state | The state of the s |      | · ·                                   |    | The state of the s | (A)    |   |                   |  |                        |   |  |                            |

| Schedule R (Form 990) 2012 St. Vincent's Multispecialty Group, Inc.  | 80-0458769    | Page 5                                 |
|--|---------------|--|
| Schedule R (Form 990) 2012 St. Vincent's Multispecialty Group, Inc.  Part VII. Supplemental Information  |               |  |
| Complete this part to provide additional information for responses to questions on Schedule R (see   | instructions) |  |
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### Form 8868

(Rev. January 2013) Department of the Treasury

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

OMB No. 1545-1709

| Internal Rev  | venue Sarvice   | File a separ   | rate appli    | cation for each return.                 |              |  |                           |  |  |  |  |
|---|---|--|---------------|---|--------------|--|---------------------------|--|--|--|--|
| If you are filing for an Automatic 3-Month Extension, compl   |   |  | e only Par    | rt I and check this box                 | ≽ X          |  |                           |  |  |  |  |
| If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this for                                     |   |  |               |   |              |  | 1+ F                      |  |  |  |  |
|   |   | you have already been granted a  |               |   |              | n 8868.                                |                           |  |  |  |  |
| Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation |   |  |               |   |              |  |                           |  |  |  |  |
| required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension |   |  |               |   |              |  |                           |  |  |  |  |
| of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, information Return for Transfers Associated With Certain  |   |  |               |   |              |  |                           |  |  |  |  |
| Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form,   |   |  |               |   |              |  |                           |  |  |  |  |
| visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.   |   |  |               |   |              |  |                           |  |  |  |  |
| Part 13 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 >   |   |  |               |   |              |  |                           |  |  |  |  |
|   | r corporations (inclu-<br>come tax returns.   | ding 1120-C filers), partnerships, REMI  | 'Cs, and tr   | usts must use Form 7004 to reques       | st an extens | ion of time                            |                           |  |  |  |  |
| Type or<br>print  | Name of exemp   | ot organization or other filer, see instruc  | Employer      | Employer identification number (EIN) or |              |  |                           |  |  |  |  |
| -   | St. Vincent   |  | 80-0458769    |   |              |  |                           |  |  |  |  |
| File by the due date for  |   |  |               |   |              | ocial security number (SSN)            |                           |  |  |  |  |
| filing your<br>return. See  | 2800 Main Street  |  |               |   |              |  | a socially hallbor (solly |  |  |  |  |
| Instruction   | S. City, town or po   | ost office, state, and ZIP code. For a fo<br>CT 06606-4201                         | reign add     | ress, see instructions.                 |              | ······································ |                           |  |  |  |  |
| r-1 11  |   |  |               |   |              |  | 0 1                       |  |  |  |  |
| Entertr   | ne Heturn code for t  | ne return that this application is for (file                                       | a separa:     | te application for each return)         |              |  | 0 1                       |  |  |  |  |
| Applica   | ation   |  | Return        | Application                             |              |  | Return                    |  |  |  |  |
| is For  |   |  | Code          | IsFor                                   | Code         |  |                           |  |  |  |  |
| Form 99   | 90 or Form 990-EZ   |  | 01            | Form 990-T (corporation)                |              |  |                           |  |  |  |  |
| Form 9  | 90-B1   |  | 02            | Form 1041-A                             | 08           |  |                           |  |  |  |  |
| Form 4  | 720 (individual)  |  | 03            | Form 4720 09                            |              |  |                           |  |  |  |  |
| Form 990-PF   |   |  | 04            | Form 5227 10                            |              |  |                           |  |  |  |  |
| Form 990-T (sec. 401(a) or 408(a) trust)  |   |  | 05            | Form 6069 11                            |              |  |                           |  |  |  |  |
| Form 990-T (trust other than above)   |   |  | 06            | Form 8870 12                            |              |  |                           |  |  |  |  |
|   | 4 1 4 11  | John C. Gleckler   |               | om necar                                |              |  |                           |  |  |  |  |
|   | phone No. > (203  | re of 2800 Main Street - Bri   | ageport       |   |              | N                                      |                           |  |  |  |  |
|   |   |  | - i- ak - 11- | FAX No. 🔊                               |              | ·                                      | <u> </u>                  |  |  |  |  |
|   |   | not have an office or place of busines:<br>um, enter the organization's four digit |               |   |              |  |                           |  |  |  |  |
| box ₽   |   | rt of the group, check this box  |               |   |              |  |                           |  |  |  |  |
|   |   | ic 3-month (6 months for a corporation   |               |   |              | ers the extens                         | JOHNS TOIL                |  |  |  |  |
|   | May 15, 201   | ,  |               | tion return for the organization nam    |              | The extension                          | 1                         |  |  |  |  |
| is  | s for the organization  |  |               |   |              | 1110 07110710101                       |                           |  |  |  |  |
|   | calendar yea  |  |               |   |              |  |                           |  |  |  |  |
| ,   | tax year beg  |  | , ar          | ndending SEP 30, 2013                   |              |  |                           |  |  |  |  |
|   |   | *  |               |   |              | <del></del>                            |                           |  |  |  |  |
| 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return  |   |  |               |   |              |  |                           |  |  |  |  |
|   | Change in acc   | ounting period   |               | •                                       |              |  |                           |  |  |  |  |
| 3a l  | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any |  |               |   |              |  |                           |  |  |  |  |
| -   | ronrefundable credi   |  |               |   |              | \$                                     | 0,                        |  |  |  |  |
|   |   | for Form 990-PF, 990-T, 4720, or 6069,   |               |   |              |  |                           |  |  |  |  |
| `   | estimated tax payments made, include any prior year overpayment allowed as a credit.                    |  |               |   |              |  | 0,                        |  |  |  |  |
| Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,   |   |  |               |   |              | \$                                     |                           |  |  |  |  |
| by using EFTPS (Electronic Federal Tex Payment System). See instructions.   |   |  |               |   |              |  | 0.                        |  |  |  |  |
| -   |   | o make an electronic fund withdrawal   |               |   | Form 8879-   |  |                           |  |  |  |  |
| LHA   | For Privacy Act a   | nd Paperwork Reduction Act Notice  | , see insti   | ructions.                               |              | Form 88                                | 68 (Rev. 1-2013)          |  |  |  |  |

| Form 88                                 | 68 (Rev. 1-2013)   |   | ·  |                 |                  | Page 2   |  |  |  |
|---|--|---|--|-----------------|------------------|--|--|--|--|
|   | are filing for an Additional (Not Automatic) 3-Month Ext   | ension, c   | omplete only Part II and check this  | box             |                  | × X  |  |  |  |
|   | nly complete Part II if you have already been granted an a   |   |  |                 |                  |  |  |  |  |
|   | rare filing for an Automatic 3-Month Extension, complet  |   |  |                 |                  |  |  |  |  |
| Part                                    |  |   |  | al (no cor      | ies needed).     | trito mercentina di micro ettici teta  |  |  |  |
|   |  |   | <del></del>  |                 | number, see ir   |  |  |  |  |
| Time ar                                 | be or Name of exempt organization or other filer, see instructions Employer identification   |   |  |                 |                  |  |  |  |  |
|   | Tractie of exertipt organization of officer lines, see another   | Employer i  | 20110HOGGOTT HG  | TIDGE (EIT 9 DE |                  |  |  |  |  |
| print                                   | St. Vincent's Multispecialty Group, Inc.   |   | 80-0458769   |                 |                  |  |  |  |  |
| Pilo by the<br>due date f               |  | Social reco   | locial security number (SSN)   |                 |                  |  |  |  |  |
| fillng your                             | and the first of the same of t | Surial Sect   | NITA HOLLHOOL FOX  | 214)            |                  |  |  |  |  |
| return. Sed<br>Instruction              |  |   |  |                 |                  |  |  |  |  |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.  Bridgeport, CT 06606-4201  |   |  |                 |                  |  |  |  |  |
|   | Bildeport, Ci Ousse-4201   |   |  |                 |                  | <del></del>  |  |  |  |
|   |  |   |  |                 |                  | 0 1  |  |  |  |
| Enter th                                | ne Return code for the return that this application is for (file   | e a separa  | te application for each return)  |                 |                  |  |  |  |  |
|   |  | Dateurs   | - 6 N 12 1 57  |                 |                  | Return   |  |  |  |
| Applica                                 | mon  | Return  | Application<br>Is For  |                 |                  |  |  |  |  |
| Is For                                  | 23 . T   | Code  |  |                 |                  |  |  |  |  |
|   | 90 or Form 990-EZ  | 01  | But and the control of the control o |                 |                  |  |  |  |  |
| Form 9                                  |  | 02  | Form 1041-A  |                 |                  |  |  |  |  |
|   | 720 (individual)   | 03  | Form 4720  |                 |                  |  |  |  |  |
| Form 9                                  |  | 04  | Form 5227  |                 |                  |  |  |  |  |
|   | 90-T (sec. 401(a) or 408(a) trust)   | 05  | Form 6069 1  |                 |                  |  |  |  |  |
|   | 90-T (trust other than above)  | 06  | Fолл 8870  |                 |                  | 12   |  |  |  |
| STOP                                    | Do not complete Part II if you were not already granted  | i an autor  | matic 3-month extension on a pre-  | viously file    | d Form 8868.     | Rest to the Section of the Section o |  |  |  |
|   | John C. Gleckler   | : 3   | - OM DESOS 1203  |                 |                  |  |  |  |  |
|   | books are in the care of 2800 Main Street - Br   | rugeport  | _  |                 |                  |  |  |  |  |
|   | phone No. ► (203) 576-6000   |   | FAX No. 🕪  |                 | <del></del>      |  |  |  |  |
|   | e organization does not have an office or place of busines   |   |  |                 |                  | <b>▶</b>   |  |  |  |
|   | is is for a Group Return, enter the organization's four digit  |   |  |                 |                  |  |  |  |  |
| box 🔊                                   |  |   |  | of all membe    | ers the extensio | n is for.  |  |  |  |
| 4 1                                     | request an additional 3-month extension of time until  | august 1  | 5, 4014  |                 | n 0010           |  |  |  |  |
|   | For calendar year , or other tax year beginning OCT 1, 2012 , and ending SEP 30, 2013  |   |  |                 |                  |  |  |  |  |
| 6 [                                     |  | ax year entered in line 5 is for less than 12 months, check reason; |  |                 |                  |  |  |  |  |
|   | Change in accounting period  |   |  |                 | ,                | ÷  |  |  |  |
| 7 3                                     | State in detail why you need the extension   |   |  |                 |                  |  |  |  |  |
| -                                       | Additional time is required to gather inform   | mation t  | to fale a complete   |                 |                  |  |  |  |  |
| -                                       | and accurate return.   |   |  |                 |                  |  |  |  |  |
|   |  |   |  |                 |                  |  |  |  |  |
|   | If this application is for Form 990-BL, 990-PF, 990-T, 4720,   | , or 6069,  | enter the tentative tax, less any  |                 |                  | •  |  |  |  |
|   | nonrefundable credits. See instructions.   | 8a  | \$   | 0.              |                  |  |  |  |  |
|   | If this application is for Form 990-PF, 990-T, 4720, or 6069   | 12.024  |  |                 |                  |  |  |  |  |
|   | tax payments made. Include any prior year overpayment a  |   |  |                 |                  |  |  |  |  |
|   | previously with Form 8868.   | d8  | \$   | ٥.              |                  |  |  |  |  |
|   | Balance due. Subtract line 8b from line 8a. Include your p   |   |  | _               |                  |  |  |  |  |
| *************************************** | EFTPS (Electronic Federal Tax Payment System). See inst  | 8c  | \$   | ٥.              |                  |  |  |  |  |
|   |  |   | ust be completed for Part II   |                 |                  |  |  |  |  |
| Under<br>it is tru                      | penalties of perjury, I declare that I have examined this form, incluie, correct, and complete, and that I am authorized to prepare this   | iding accon<br>form.  | npanying schedules and statements, and   | to the best o   | f my knowledge a | nd belief,   |  |  |  |
| Signat                                  | ure 🔛 Title 📚  | CFO- SV   | res  | Date            |                  |  |  |  |  |
|   | · · · · · · · · · · · · · · · · · · ·  |   |  |                 | E 000            | 0.00 4.004.0   |  |  |  |

Form 8868 (Rev. 1-2013)

### **Huber, Jack**

From:

Kalweit, Elaine <ekalweit@stvincents.org>

Sent:

Wednesday, December 31, 2014 1:04 PM

To:

Huber, Jack

Cc:

Struzzi, Peter

Subject:

SVMG\_AR Filing

Attachments:

SVMG\_AR Filing.pdf



Dear Mr. Huber,

Please see the attached documents regarding St. Vincent's Multispecialty Group, Inc.

Thank you,



Elaine Kalweit
Administrative Assistant
Risk Management/Legal Services
2800 Main St. | Bridgeport, CT 06606 | Ph:203-576-5607 | Fax:203-576-5345 | email:ekalweit@stvincents.org

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