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8 **IN THE UNITED STATES BANKRUPTCY COURT**  
9 **FOR THE CENTRAL DISTRICT OF CALIFORNIA**  
10 **LOS ANGELES DIVISION**

11 In re:  
12 VERITY HEALTH SYSTEMS OF  
13 CALIFORNIA, INC.,  
14 Debtors and Debtors In Possession.

- 15  Affects All Debtors  
16  Affects Verity Health System of California, Inc.  
17  Affects O'Connor Hospital  
 Affects Saint Louise Regional Hospital  
18  Affects St. Francis Medical Center  
 Affects St. Vincent Medical Center  
19  Affects Seton Medical Center  
 Affects O'Connor Hospital Foundation  
20  Affects Saint Louise Regional Hospital  
Foundation  
21  Affects St. Francis Medical Center of Lynwood  
Foundation  
22  Affects St. Vincent Foundation  
 Affects St. Vincent Dialysis Center, Inc.  
23  Affects Seton Medical Center Foundation  
 Affects Verity Business Services  
24  Affects Verity Medical Foundation  
 Affects Verity Holdings, LLC  
25  Affects De Paul Ventures, LLC  
 Affects De Paul Ventures - San Jose ASC, LLC

26 Debtors and Debtors In Possession.  
27  
28

Lead Bankruptcy Case No. 2:18-bk-20151-ER  
Jointly Administered with:  
Case No.: 2:18-bk-20162-ER  
Case No.: 2:18-bk-20163-ER  
Case No.: 2:18-bk-20164-ER  
Case No.: 2:18-bk-20165-ER  
Case No.: 2:18-bk-20167-ER  
Case No.: 2:18-bk-20168-ER  
Case No.: 2:18-bk-20169-ER  
Case No.: 2:18-bk-20171-ER  
Case No.: 2:18-bk-20172-ER  
Case No.: 2:18-bk-20173-ER  
Case No.: 2:18-bk-20175-ER  
Case No.: 2:18-bk-20176-ER  
Case No.: 2:18-bk-20178-ER  
Case No.: 2:18-bk-20179-ER  
Case No.: 2:18-bk-20180-ER  
Case No.: 2:18-bk-20181-ER

Chapter 11 Cases  
Hon. Sheri Bluebond

**OPPOSITION TO MOTION FOR  
AUTHORITY TO USE RESTRICTED  
FUNDS; DECLARATION OF DAVID K.  
ELDAN IN SUPPORT THEREOF**

Hearing

Date: February 12, 2025  
Time: 10:00 a.m.  
Place: Courtroom 1539  
255 E. Temple Street  
Los Angeles, CA 90012



1 Rob Bonta, Attorney General of the State of California (the “Attorney General”), hereby  
2 opposes the *Motion for Authority to Use Restricted Funds* (Doc. 6817) (the “Motion”) filed by the  
3 Liquidating Trustee (the “Trustee”) of the VHS Liquidating Trust (the “Liquidating Trust”) This  
4 opposition is filed pursuant to LBR 9013-1(f) and is based upon the attached memorandum of  
5 points and authorities and the declaration, with exhibits, of David K. Eldan (the “Eldan Decl.”).<sup>1</sup>

## 6 MEMORANDUM OF POINTS AND AUTHORITIES

### 7 **I. INTRODUCTION AND SUMMARY**

8 The Trustee seeks to use \$1.259 million, held as “restricted” funds to be used only for  
9 charity by the St. Vincent Foundation (the “Foundation”; all debtors in the jointly administered  
10 cases, collectively, the “Debtors”), to pay creditors and operating expenses rather than for  
11 charitable purposes. Prior to the Trustee’s motion, there had never been any question that these  
12 funds were restricted for charitable purposes. The Foundation reported every year in its regulatory  
13 filings, under penalty of perjury, that they were restricted charitable funds. The Trustee’s motion  
14 is based on the legally incorrect argument that the funds are not restricted because he has found  
15 no documentation relating to the original donations or any intended restrictions imposed on them.  
16 Motion at 6 (CM/ECF pagination), ¶ 10. The Trustee claims he has searched “terabytes of  
17 retained information,” reviewed “hundreds of documents,” and interviewed “multiple” former  
18 employees and professionals of the Foundation (notably, he does not explain what types of  
19 information he searched or the nature of the hundreds of documents he reviewed, nor does he  
20 identify the employees and professionals he interviewed). This “absence of evidence,” the Trustee  
21 concludes, means that the funds cannot be treated as restricted.<sup>2</sup>

22 <sup>1</sup> Where the Eldan Declaration serves only to authenticate an exhibit, reference is, for brevity,  
23 made directly to the exhibit by its “AG” page number. Where, instead, it summarizes the contents  
24 of voluminous exhibits pursuant to Federal Rule of Evidence 1006, reference is made to the  
relevant paragraph of the Declaration, which itself refers to the underlying exhibit page numbers.

25 <sup>2</sup> The only *evidence* the Trustee offers is an audit report from 2004, stating vaguely that the  
26 Foundation had in the past been “overly conservative” in recording donations that carried “very  
27 limited restrictions.” *Id.*, at 21 (CM/ECF pagination). The report is of no persuasive value: it  
28 offers no details and does not mention the donations now at issue, let alone suggest that they were  
improperly recorded or carried only “very limited restrictions”; nor does the Trustee explain why  
an issue with past accounting practices, reported to the Foundation’s board in 2004, should be  
presumed to have continued after that time, let alone to have continued for another 20 years. It is

(continued...)

1 The Trustee’s argument is without merit. In summary:

2 • The Foundation’s own annual Form 990s,<sup>3</sup> audited and signed under penalty of perjury,  
3 from the 2008-09 tax year through the 2022-23 tax year, *identify, by name and purpose*, the  
4 endowments funded by the Foundation’s permanently restricted assets.

5 • The Foundation historically kept endowment, trust, and bequest documents permanently.  
6 But the granting of an October 2019 business-records motion made by the Debtors changed that,  
7 allowing it to dispose of such documents after only three years. If “documents related to the  
8 original donations and any restrictions” cannot now be found, it is likely because the Debtors  
9 themselves destroyed them, on an accelerated schedule adopted while this case was pending.

10 • “Koudounaris” is the name of an endowment shown on each of the Foundation’s 990s since  
11 2008-09. The top result of an internet search for ‘Koudounaris Fund “St. Vincent”’ is an 89-page  
12 .pdf<sup>4</sup> entitled “St. Vincent Medical Center Documentation.” It contains the details (e.g., May  
13 2015 balance, purpose) of each of the Foundation’s endowment funds, and trust documents for  
14 five of the six permanently restricted funds identified in the Foundation’s most recent 990,  
15 spelling out *the nature of each fund and the restrictions on it*. Whether or not the document is  
16 admissible in evidence, its contents and availability suggest that the Trustee’s and Debtors’  
17 efforts to determine the endowments’ details were wholly inadequate.

## 18 **II. BACKGROUND**

19 The Foundation filed its Chapter 11 petition on August 31, 2018. On that date, it had cash  
20 and equivalent assets of about \$4.767 million, all “restricted.” AG 050 (Sch. A) (doc. 12, 18-bk-  
21 20180). This consisted of about \$844,000 held at Bank of America and about \$769,000 at  
22 EastWest Bank, all described on Schedule A as “Restricted Funds” (with the notation that “These  
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24 \_\_\_\_\_  
25 at least as likely that the Foundation modified its practices in response to the report, so that the  
26 concerns expressed in it were rendered moot more than 20 years ago.

27 <sup>3</sup> The annual information return required to be filed each year with the IRS by most tax-exempt  
28 organizations. The Foundation’s historical 990s are publicly available at <https://rct.doj.ca.gov>, the  
Registry Search Tool page for the Attorney General’s Registry of Charities and Fundraisers.

<sup>4</sup> Via Scribd.com, a widely used, publicly accessible (by subscription) “digital document library.”

1 funds include temporarily and permanently donor restricted funds”) and about \$3.154 million  
2 held at Green Oak Consulting Group as an “Endowment Fund (Restricted Funds)”. Id.

3 The Debtors’ disclosure statement (doc. 4994) was filed on July 2, 2020. AG 070-073. It  
4 showed that, as of May 31, 2020, the Foundation<sup>5</sup> held \$3.307 million in “restricted” cash.<sup>6</sup> AG  
5 072, ll. 1-8. The Debtors’ plan (doc. 5466) was filed on August 12, 2020. AG 074-075. It  
6 provided, in relevant part, that, on or shortly after the Effective Date, the Foundation’s “properly  
7 donor-restricted charitable assets” would be “transferred pursuant to approvals to be received  
8 from the Attorney General of California, pursuant to” applicable state law and regulations, and  
9 that the Foundation would then be dissolved under applicable non-bankruptcy law. AG 075, at  
10 sec. 5.5. The Debtors’ Liquidating Trust Agreement, filed as a “Plan Supplement” document on  
11 September 4, 2020 (doc. 6043), AG 076-078, made clear that “donor restricted assets” of the  
12 Foundation are not assets of the Liquidating Trust. AG 078, final paragraph.

### 13 **III. THE FUNDS AT ISSUE ARE DONOR-RESTRICTED FOR CHARITABLE USES**

#### 14 **A. The Foundation’s 990s show the amount and nature of the restrictions.**

##### 15 **1. 990s prepared, and financials audited, by reputable accountants.**

16 Every tax year from 2004-05 through 2018-19, the Foundation’s Form 990 was signed by a  
17 senior executive—the Foundation’s CEO, CFO, VP for Philanthropy, or the like. See Eldan Decl.,  
18 at ¶ 9 (summarizing 990s as to identity of signers, accountants, and audit status). In each of those  
19 years, the 990 was prepared by Grant Thornton LLP. Id. And in all but the last two of those years  
20 (i.e., through June 30, 2017, just over a year before the Debtors’ Chapter 11 filing), the  
21 Foundation’s financial statements, consolidated as part of those of Verity Health System, were  
22 audited by Grant Thornton. Id.

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25 <sup>5</sup> Referred to, on the page in question, as the “SVMC charitable foundation,” as its primary  
function was to raise money to support St. Vincent Medical Center.

26 <sup>6</sup> A note below the referenced chart explains that these “amounts include \$3.1 million and \$2.4  
27 million, respectively, at Green Oak, a separate investment manager. This cash is not reflected  
28 within the Verity bank accounts.” AG 072, at ll. 7-8. The origin, status (e.g., restricted or not),  
and disposition of these funds was not explained.

1                   **2. All the Foundation’s endowment funds are permanently restricted.**

2           The Foundation has had substantial endowment funds since at least 2008-09, when Form  
3 990 first required information about such funds. See Eldan Decl., ¶ 10 (summarizing 990s as to  
4 endowment balance and type of endowment). At first these were divided between quasi-,  
5 permanent, and term endowments, but by 2013-14, and apparently at all times since, all the  
6 Foundation’s endowment funds have been “permanent” in nature. Id. This is consistent with the  
7 Foundation’s reporting of its net assets: for the 2013-14 through 2018-19, the Foundation’s 990s  
8 showed identical amounts for “permanently restricted net assets” and “permanent endowment”.<sup>7</sup>  
9 See Eldan Decl., ¶ 10; id., ¶ 11 (summarizing 990s as to net assets and restrictions). Id. In short,  
10 the Foundation’s “permanent endowment” assets are its “permanently restricted net assets.”

11                   **3. The Foundation’s 990s identify the endowments and their purposes.**

12           The Trustee claims that he could find no “documents related to the original donations and  
13 any restrictions” on the funds. But the Foundation’s 990s themselves have for 15 years, since  
14 2008-09, supplied the most important information—each endowment’s name and purpose—in the  
15 “Supplemental Information” page to Schedule D to the 990. See AG 110; AG 117; AG 123; AG  
16 129; AG 135; AG 141; AG 147; AG 153; AG 159; AG 164; AG 169; AG 174; AG 179; AG 184;  
17 AG 189. Indeed, this information *does not appear to have changed at all since the 2013-14 990*:

18           “The intended use for St. Vincent Foundation’s endowment funds are to help support the  
19 following:

- 20           1. Koudounaris Fund – diabetes and cancer endowment  
21           2. Lanus Fund – cancer endowment  
22           3. Perry Family Fund – heart, lung, eye, cancer, diabetes endowment  
23           4. Gombiner Fund – 50% House Ear; 50% Heart Institute

24 \_\_\_\_\_  
25 <sup>7</sup> Starting in 2019-20, this comparison was no longer possible, because Form 990 no longer  
26 reported “temporary” and “permanent” net assets, instead lumping them together in a single  
27 category as “net assets with donor restrictions.” Since 2019-20, the Foundation has each year  
28 reported “net assets with donor restrictions” exceeding “permanent endowment” assets; and since  
2020-21 it has reported that all its net assets are subject to restrictions; it has no “unrestricted” net  
assets. Id., ¶ 11. In summary, the Foundation has no unrestricted net assets, but does have  
temporarily restricted net assets, in addition to the permanently restricted net assets that are its  
permanent endowment assets.

1 5. Olson Fund – medical fund for children and capital expenditures

2 6. Riyu – cardiac fund.”

3 AG 141 (2013-14); AG 189 (2022-23) (same).

4 **B. The Debtors themselves likely destroyed the very records the Trustee cannot find.**

5 The Trustee explains that he has not been able to locate “any documentation relating to a  
6 specific restriction” on the \$1.259 million he now wants to use for other purposes, just as the  
7 Debtors themselves found “no evidence to justify” any restriction. Motion at 6 (CM/ECF  
8 pagination), ¶ 10. That omits a crucial fact: in October 2019, the Debtors filed a *Motion for Order*  
9 *Authorizing Disposal of Certain Business and Other Non-Patient Records*. AG 051-067 (doc.  
10 3355), pursuant to which, to save money, certain “Charitable Foundation” documents previously  
11 held *permanently* by the Debtors—including, crucially, “*Endowments, trusts, [and] bequests,*”  
12 (emphasis added)—would henceforth be retained for only *three years*. AG 064 (sixth row from  
13 top). The motion was granted in November 2019, AG 068-069, and the Foundation was thus  
14 immediately authorized to dispose of all such documents dating to November 2016 or earlier,  
15 including those related to the endowments now at issue (which, as set out above, have been in  
16 place since 2013-14 at the latest). Put simply: if the Trustee cannot now find documents he  
17 believes should be present in the Debtors’ files, it is likely because the Debtors themselves  
18 destroyed those documents on the accelerated schedule they got approved while in Chapter 11.

19 **C. A publicly available document gives the precise details the Trustee seeks.**

20 As set out above, the “Koudounaris Fund” is one of the endowments identified in the  
21 Foundation’s 990s, dating back to 2008-09. AG 110. The first result of an internet search for  
22 “Koudounaris Fund “St. Vincent”” is [https://www.scribd.com/document/283502856/SVMC-](https://www.scribd.com/document/283502856/SVMC-Foundation-2)  
23 *Foundation-2*, a document (in .pdf) entitled “St. Vincent Medical Center Documentation.” It  
24 consists of (i) a spreadsheet detailing each of the Foundation’s endowment funds (temporarily or  
25 permanently restricted, fund name, balance as of May 31, 2015, and fund purpose), and (ii) trust  
26 documents, for five of the six permanently restricted funds identified in the Foundation’s most  
27 recent 990, spelling out the precise nature of each fund and the donor-imposed restrictions on it.  
28 AG 194-210 (relevant excerpts of document). In particular:

1 • The spreadsheet identifies the Gombiner, Riyu, Olson, Lanus, and Koudounaris funds as  
2 permanently restricted and gives their combined balance, as of May 31, 2015, as \$1,881,965. AG  
3 195-196, 211.

4 • The excerpts of the trust instruments confirm that the description of each endowment fund’s  
5 purpose set forth in the Foundation’s 990s over many years, and set out above, is correct, even if  
6 it did not repeat every detail set out in each trust. AG 197-199 (Gombiner trust excerpt; purpose  
7 50% hearing-impaired, 50% Heart Institute); AG 200-203 (Riyu trust amendment; purpose heart  
8 research); AG 204-206 (Olson trust excerpt; purpose children’s care); AG 207 (Lanus designation  
9 of trust remainderman; purpose cancer research); AG 208-210 (Koudounaris trust excerpt;  
10 purpose diabetes and cancer).

11 The “St. Vincent Medical Center Documentation” excerpts are important for a further  
12 reason. Faced with sworn bankruptcy schedules describing the Foundation’s cash and cash-  
13 equivalent assets as “restricted,” and with years of 990s, audited and signed under penalty of  
14 perjury, describing the endowment funds, their general purposes, and their total balance, the  
15 Trustee bases his motion on the *absence of additional* documents giving the details of donor  
16 restrictions (an argument made more difficult because the absence is likely due to the actions of  
17 the Debtors, the Trustee’s predecessors in interest). But the spreadsheet and trust excerpts—  
18 whether or not they are themselves admissible—are easily found on the internet and contain  
19 precisely the type of information the Trustee seeks. If the Trustee did not find them, or found  
20 them but did not try to verify their contents with logical sources (e.g., the donors themselves, or  
21 their attorneys or accountants), then it is hard to credit the Trustee’s argument about “missing”  
22 information, and instead appears that the Trustee’s search for information was lacking.

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1 **IV. CONCLUSION**

2 The premise of the Trustee’s motion is false. There is ample evidence establishing the  
3 restricted nature of the charitable assets, in the form of years of government filings by the  
4 Foundation under penalty of perjury. There is no evidence to the contrary. For the reasons set  
5 forth above, the Motion should be denied.

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7 Dated: January 29, 2025

Respectfully submitted,

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ROB BONTA  
Attorney General of California  
JOSEPH N. ZIMRING  
Supervising Deputy Attorney General

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/s/ David K. Eldan  
DAVID K. ELDAN  
Deputy Attorney General  
*Attorneys for Rob Bonta, California*  
*Attorney General*

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Opposition to motion to use restricted funds.docx

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**DECLARATION OF DAVID K. EL DAN**

I, David K. Eldan, hereby declare:

1. I am over the age of 18 and have personal knowledge of the facts stated herein.

2. I am employed as a Deputy Attorney General in the Charitable Trusts Section of the California Department of Justice, and am the attorney within the Charitable Trusts Section primarily responsible for representing the Attorney General in jointly administered bankruptcy cases in which *In re Verity Health System of California, Inc.*, case number 18-bk-20151, is the lead case, and in which *In re St. Vincent Foundation*, case number 18-bk-20180, is one of the other cases.

3. The exhibit pages collectively attached hereto are number-stamped consecutively, from AG 050 through AG 211.

**Authentication**

4. Each of the exhibit pages collectively attached hereto and numbered AG 050 through AG 078, and bearing a CM/ECF-generated header, is a true and correct copy of that page as I downloaded and printed it on or about January 23, 2025, from either (a) the Court’s CM/ECF docket in the above-referenced jointly administered bankruptcy cases or (b) the website of Kurtzman Carson Consultants, LLC (now known as Verita Global), the claims and noticing agent in the above-referenced jointly administered bankruptcy cases.

5. Each of the exhibit pages collectively attached hereto and numbered AG 079 through AG 193 is a true and correct copy of that page as I downloaded and printed it on or about January 23, 2025, from the Attorney General’s “Registry Search Tool” page, which allows users to search the files of the Attorney General’s Registry of Charities and Fundraisers and may be accessed at <https://rct.doj.ca.gov>.

6. Each of the exhibit pages collectively attached hereto and numbered AG 194 through AG 211 is a true and correct copy of that page as I downloaded and printed it on or about January 26, 2025, from the website Scribd.com, as part of a document that was 89 pages long and found at <https://www.scribd.com/document/283502856/SVMC-Foundation-2>. The website stated that the document had been “Uploaded by DCHS Friends” on October 03, 2015.

1 **Summary of the Foundation’s Form 990s for 1999 through 2022**

2 7. The exhibit pages collectively attached hereto and numbered AG 079 through AG  
 3 189 are excerpts from the Foundation’s IRS Form 990s (its federal information returns) for its tax  
 4 years 1999-2000 through 2022-23, and those numbered AG 190 through AG 193 are copies of its  
 5 annual Registration Renewal Form (“RRF-1”) filed each year with the Attorney General for  
 6 2004-05 through 2007-08. For ease of reference, and pursuant to Fed. R. Evid. 1006, I have  
 7 summarized the relevant contents of those excerpts below, along with citations to the supporting  
 8 exhibit pages, so that the reader need not review the exhibit pages themselves.

9 8. The Foundation’s tax year begins on July 1 and ends on the following June 30, and  
 10 the year shown at the upper right corner of each 990 reflects the July 1 start of the tax year. For  
 11 example, the Foundation’s 1999 990 covered the tax year starting July 1, 1999, and ending June  
 12 30, 2000. See AG 079, line A.

13 **Audit and execution of each year’s Form 990**

14 9. The table below summarizes exhibit pages that show, for each tax year from 1999-  
 15 2000 through 2022-23, who signed the Foundation’s 990; what accounting firm prepared it; and  
 16 whether the Foundation’s financial statements were audited:

<u>Tax year ending June 30:</u>	<u>Title of St. Vincent Foundation signatory to 990:</u>	<u>Accounting firm that prepared 990:</u>	<u>Audited financials?<sup>1</sup></u>	<u>Exhibit page</u>
2000	VP, Financial	Arthur Andersen, LLP	Unknown	AG 081
2001	None shown	Arthur Andersen, LLP	Unknown	AG 084
2002	None shown	Deloitte & Touche LLP	Unknown	AG 087
2003	None shown	Deloitte & Touche LLP	Unknown	AG 090
2004	CEO	Grant Thornton LLP	Unknown	AG 093

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 27 <sup>1</sup> The Registration Renewal Form (“RRF-1”), filed annually with the Attorney General’s Registry of Charities and Fundraisers, did not ask about audited financial statements until 2004 (for the Foundation, the tax year ending June 30, 2005). IRS Form 990 did not ask about audited financial statements until it was revised in 2008 (for the Foundation, the tax year ending June 30, 2009).  
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1	2005	Interim CFO	Grant Thornton LLP	Yes (RRF)	AG 096, 190
2	2006	VP Finance / CFO	Grant Thornton LLP	Yes (RRF)	AG 099, 191
3	2007	CFO	Grant Thornton LLP	Yes (RRF)	AG 102, 192
4	2008	CFO	Grant Thornton LLP	Yes (RRF)	AG 105, 193
5	2009	CFO	Grant Thornton LLP	Yes (990) <sup>2</sup>	AG 106, 107, 111
6	2010	CFO	Grant Thornton LLP	Yes (990)	AG 112, 113, 115
7	2011	Senior VP / CFO	Grant Thornton LLP	Yes (990)	AG 118, 119, 121
8	2012	Senior VP / CFO	Grant Thornton LLP	Yes (990)	AG 124, 125, 127
9	2013	CFO	Grant Thornton LLP	Yes (990)	AG 130, 131, 133
10	2014	Board member <sup>3</sup>	Grant Thornton LLP	Yes (990)	AG 136, 137, 139
11	2015	CFO	Grant Thornton LLP	Yes (990)	AG 142, 143, 145
12	2016	CFO <sup>4</sup>	Grant Thornton LLP	Yes (990)	AG 148, 149, 151
13	2017	VP Comm./Philanth.	Grant Thornton LLP	Yes (990)	AG 154, 155, 157
14	2018	VP Comm./Philanth.	Grant Thornton LLP	No	AG 160, 161
15	2019 <sup>5</sup>	President & CEO	Grant Thornton LLP	No	AG 165, 166

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18 <sup>2</sup> For the tax year ending June 30, 2009, the Foundation’s 990 indicated that it had *not* received an  
 19 audited financial statement—but also that its financial statements were, pursuant to GAAP,  
 20 consolidated with those of the Daughters of Charity Health System (later Verity Health System)  
 21 and *were* “audited by an independent public accounting firm.” AG 107 (Form 990, Pt. IV, line  
 22 12); AG 111). The reason for the discrepancy appears to be that Form 990, that year, asked  
 23 whether the filer *itself* had audited financial statements, and instructed that line 12 was *not* to be  
 24 answered “Yes,” even “if the organization was included in a consolidated audited financial  
 25 statement[,] unless the organization also received a separate audited financial statement.” See  
 26 <https://www.irs.gov/pub/irs-prior/i990--2008.pdf>, 11 (line 12 instructions). In later years, by  
 27 contrast, Form 990 added “new line 12A” (later 12b), which “asks whether the organization was  
 28 included in a consolidated, independent audited financial statement for the tax year.” See  
<https://www.irs.gov/pub/irs-prior/i990--2009.pdf>, 1 (“2009 Changes”).

25 <sup>3</sup> Cathy Fickes, CEO, at the time, of the Foundation’s sole member, St. Vincent Medical Center.

26 <sup>4</sup> Stephen Forney, whose signature does not appear on the 990 filed with the Attorney General,  
 27 but does appear on the 990 electronically filed with the IRS. It is viewable on the IRS website at  
[https://apps.irs.gov/pub/epostcard/cor/953922511\\_201606\\_990\\_2017091814746744.pdf](https://apps.irs.gov/pub/epostcard/cor/953922511_201606_990_2017091814746744.pdf)

28 <sup>5</sup> The tax year started July 1, 2018. The Foundation’s chapter 11 petition was filed October 15,  
 2018.

2020	Responsible officer	Grant Thornton LLP	No	AG 170, 171
2021	Liquidating Trustee	Grant Thornton LLP	No	AG 175, 176
2022	Liquidating Trustee	Grobstein Teeple, LLP	No	AG 180, 181
2023	Liquidating Trustee	Grobstein Teeple, LLP	No	AG 185, 186

10. The Foundation’s total end-of-year (i.e., June 30) balances of endowment funds, and the percentages of that total balance consisting of quasi-endowment, permanent endowment, and term endowment, from June 30, 2009 (for the 2008-09 tax year—the first year in which such data was to be entered on Form 990) through June 30, 2023 (for the 2022-23 tax year), were shown on its Form 990 as follows:

<u>As of June 30:</u>	<u>Endowment balance:</u>	<u>Board designated or quasi-endowment:</u>	<u>Permanent endowment:</u>	<u>Term endowment:</u>	<u>Exhibit page</u>
2009	\$1,687,194	14.43%	31.82%	53.75%	AG 109
2010	\$1,775,130	15.09%	32.75%	52.16%	AG 116
2011	\$1,235,634	0.00%	31.43%	68.57%	AG 122
2012	\$2,745,054	0.00%	90.00%	10.00%	AG 128
2013	\$2,742,399	0.00%	90.00%	10.00%	AG 134
2014	\$2,413,862	0.00%	100.00%	0.00%	AG 140
2015	\$2,317,546	0.00%	100.00%	0.00%	AG 146
2016	\$2,414,302	0.00%	100.00%	0.00%	AG 152
2017	\$2,407,400	0.00%	100.00%	0.00%	AG 158
2018	\$2,423,860	0.00%	100.00%	0.00%	AG 163
2019	\$2,450,735	0.00%	100.00%	0.00%	AG 168
2020	\$2,447,141	0.00%	100.00%	0.00%	AG 173
2021	\$2,154,964	0.00%	100.00%	0.00%	AG 178

2022	\$2,003,560	0.00%	100.00%	0.00%	AG 183
2023	\$2,141,622	Not stated	Not stated	Not stated	AG 188

11. The Foundation’s end-of-year (i.e, June 30) balances of “Unrestricted”, “Temporarily restricted”, and “Permanently restricted” net assets, from June 30, 2000 (for the 1999-2000 tax year) through June 30, 2023 (for the 2022-23 tax year) were shown on its Form 990 as follows:

<u>As of June 30:</u>	<u>Unrestricted net assets</u>	<u>Temporarily restricted net assets</u>	<u>Permanently restricted net assets</u>	<u>Exhibit page</u>
2000	\$139,368	\$0	\$0	AG 080
2001	\$93,760	\$0	\$0	AG 083
2002	\$538,936	\$438,996	\$0	AG 086
2003	\$162,234	\$1,145,773	\$0	AG 089
2004	(\$655,204)	\$5,492,956	\$1,999,962	AG 092
2005	\$226,225	\$7,144,123	\$1,454,704	AG 095
2006	\$703,774	\$11,137,261	\$1,475,311	AG 098
2007	(\$21,727)	\$6,898,063	\$1,296,771	AG 101
2008	(\$521,240)	\$6,278,527	\$704,357	AG 104
2009	(\$2,067,831)	\$5,542,784	\$995,440	AG 108
2010	(\$2,905,426)	\$7,487,658	\$1,269,514	AG 114
2011	(\$4,841,763)	\$7,307,534	\$2,089,352	AG 120
2012	(\$5,800,555)	\$6,008,163	\$2,472,583	AG 126
2013	(\$6,453,956)	\$5,515,489	\$2,464,791	AG 132
2014	(\$9,732,438)	\$6,345,895	\$2,413,862	AG 138
2015	(\$11,170,489)	\$3,219,122	\$2,317,546	AG 144
2016	(\$11,426,189)	\$3,471,282	\$2,414,302	AG 150
2017	(\$11,683,488)	\$4,080,317	\$2,407,400	AG 156

1	2018	\$11,871,837	\$4,182,575	\$2,423,860	AG 162
2	2019	\$11,691,580	\$3,617,304	\$2,450,735	AG 167
3	Form 990 was amended, starting with tax year 2019 (the Foundation’s				
4	tax year July 1, 2019—June 30, 2020). The three “net asset” categories				
5	used in prior years were replaced with two “net asset” categories				
6	(“with” and “without” donor restrictions), as shown below.				
7		<b><u>Net assets without donor</u></b>	<b><u>Net assets with donor</u></b>		
8		<b><u>restrictions</u></b>	<b><u>restrictions</u></b>		
9	2020	\$11,434,449		\$4,989,183	AG 172
10	2021	\$0		\$3,264,239	AG 177
11	2022	\$0		\$3,034,899	AG 182
12	2023	\$0		\$3,244,030	AG 187

12 I declare under penalty of perjury under the laws of the United States of America that the  
13 foregoing is true and correct.

14  
15 Dated: January 29, 2025

16 /s/ David K. Eldan  
17 David K. Eldan

PAGES AG 015-049 INTENTIONALLY OMITTED

**Fill in this information to identify the case:**

Debtor Name: In re : St. Vincent Foundation  
 United States Bankruptcy Court for the: Central District of California  
 Case number (if known): 18-20180 (EMR)

Check if this is an amended filing

Official Form 206A/B

**Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.
- Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

2.1 None \$

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number

3.1 Bank of America Checking (Restricted Funds) 3025 \$ 844,170.13

*These funds include temporarily and permanently donor restricted funds.*

3.2 EastWest Bank Checking (Restricted Funds) 1162 \$ 769,221.43

*These funds include temporarily and permanently donor restricted funds.*

4. Other cash equivalents (Identify all)

4.1 Endowment Fund (Restricted Funds) - Green Oak Consulting Group \$ 3,153,508.00

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 4,766,899.56



THIS MOTION IS RE-FILED UNDER THE  
CORRECT EVENT CODE PER THE  
COURT'S INSTRUCTIONS AT DOCKET  
NO. 3345. NO CHANGES HAVE BEEN  
MADE TO THE MOTION THAT APPEARS  
AS DOCKET NO. 3337.

1 SAMUEL R. MAIZEL (Bar No. 189301)  
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2 TANIA M. MOYRON (Bar No. 235736)  
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5 Tel: (213) 623-9300 / Fax: (213) 623-9924

6 Attorneys for the Chapter 11 Debtors and  
Debtors In Possession

7  
8 **UNITED STATES BANKRUPTCY COURT**  
**CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES DIVISION**

9 In re

Lead Case No. 2:18-bk-20151-ER

10 VERITY HEALTH SYSTEM OF  
11 CALIFORNIA, INC., *et al.*,

Jointly Administered With:

12 Debtors and Debtors In Possession.

- CASE NO.: 2:18-bk-20162-ER
- CASE NO.: 2:18-bk-20163-ER
- CASE NO.: 2:18-bk-20164-ER
- CASE NO.: 2:18-bk-20165-ER
- CASE NO.: 2:18-bk-20167-ER
- CASE NO.: 2:18-bk-20168-ER
- CASE NO.: 2:18-bk-20169-ER
- CASE NO.: 2:18-bk-20171-ER
- CASE NO.: 2:18-bk-20172-ER
- CASE NO.: 2:18-bk-20173-ER
- CASE NO.: 2:18-bk-20175-ER
- CASE NO.: 2:18-bk-20176-ER
- CASE NO.: 2:18-bk-20178-ER
- CASE NO.: 2:18-bk-20179-ER
- CASE NO.: 2:18-bk-20180-ER
- CASE NO.: 2:18-bk-20181-ER

13  Affects All Debtors

- 14  Affects Verity Health System of California, Inc.
- 15  Affects O'Connor Hospital
- 16  Affects Saint Louise Regional Hospital
- 17  Affects St. Francis Medical Center
- 18  Affects St. Vincent Medical Center
- 19  Affects Seton Medical Center
- 20  Affects O'Connor Hospital Foundation
- 21  Affects Saint Louise Regional Hospital  
Foundation
- 22  Affects St. Francis Medical Center of Lynwood  
Foundation
- 23  Affects St. Vincent Foundation
- 24  Affects St. Vincent Dialysis Center, Inc.
- 25  Affects Seton Medical Center Foundation
- 26  Affects Verity Business Services
- 27  Affects Verity Medical Foundation
- 28  Affects Verity Holdings, LLC
- Affects De Paul Ventures, LLC
- Affects De Paul Ventures - San Jose ASC, LLC

Chapter 11 Cases

Hon. Judge Ernest M. Robles

**DEBTOR'S NOTICE OF MOTION AND MOTION  
FOR ORDER AUTHORIZING DISPOSAL OF  
CERTAIN BUSINESS AND OTHER NON-PATIENT  
RECORDS; MEMORANDUM OF POINTS AND  
AUTHORITIES; DECLARATION OF RICHARD G.  
ADCOCK IN SUPPORT THEREOF**

HEARING:

Date: November 6, 2019

Time: 10:00 a.m.

Place: Courtroom 1568

255 E. Temple Street, Los Angeles, CA 90012

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Debtors and Debtors In Possession.

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1           **PLEASE TAKE NOTICE** that, at the above referenced date, time and location, Verity  
2 Health System Of California, Inc. (“VHS”) and the above-referenced affiliated debtors and debtors  
3 in possession (collectively, the “Debtors”), in the above captioned chapter 11 bankruptcy cases  
4 (collectively, the “Cases”) shall move (the “Motion”) for the entry of an order in the Cases  
5 authorizing the Debtors to dispose of certain business and other non-patient records<sup>1</sup> (collectively,  
6 the “Non-Patient Records”) in the manner set forth in the Records Retention Chart (attached as  
7 **Exhibit A** to the Motion). This Motion is necessary because the Debtors currently have in place  
8 records retention policies pertaining to Non-Patient Records that are too burdensome for the Debtors  
9 to comply with in these Cases, particularly given the sales described below and the wind-down of  
10 the estates. Custody for the majority of the Debtors’ Non-Patient Records has been transferred to  
11 Santa Clara County (“SCC”) or will be transferred to Strategic Global Management, Inc. (“SGM”).  
12 Many of the Non-Patient Records are older than fifteen years. Although in some instances, the  
13 proposed retention policies call for immediate destruction of the Non-Patient Records, in other  
14 instances, the proposed retention policies call for destruction after some period of time (but in some  
15 cases shorter than under the current retention policies) as additional assurance the Non-Patient  
16 Records are not needed. In particular, the Debtors are retaining the following types of Non-Patient  
17 Records for seven (7) years: company financial records, contracts, and board reports.

18           **PLEASE TAKE FURTHER NOTICE** that the Motion is based on this Notice of Motion  
19 and Motion and the attached Memorandum of Points and Authorities, the *Declaration of Richard*  
20 *G. Adcock in Support of First-Day Motions*, filed August 31, 2018 [Docket No. 8] and the attached  
21 Declaration of Richard G. Adcock.

22           **PLEASE TAKE FURTHER NOTICE** that, pursuant to LBR 9013-1(f), any party  
23 opposing or responding to the Motion must file a response (the “Response”) with the Bankruptcy  
24 Court and serve a copy of it upon the moving party and the United States Trustee not later than 14

25  
26 <sup>1</sup> “Patient Records” are defined in the Bankruptcy Code as “any record relating to a patient, including  
27 a written document or a record recorded in a magnetic, optical, or other form of electronic medium.”  
28 11 U.S.C. § 101(40B). Such records are not covered by the Motion and, instead, are the subject of  
the *Debtors’ Notice And Motion for Order Authorizing Disposal of Patient Records*, seeking  
authority to destroy patient records.

1 days before the date designated for the hearing. A Response must be a complete written statement  
2 of all reasons in opposition to the Motion or in support, declarations and copies of all evidence on  
3 which the responding party intends to rely, and any responding memorandum of points and  
4 authorities.

5 **PLEASE TAKE FURTHER NOTICE** that, pursuant to LBR 9013-1(h), the failure to file  
6 and serve a timely objection to the Motion may be deemed by the Court to be consent to the relief  
7 requested herein.

8  
9 Dated: October 9, 2019

DENTONS US LLP  
SAMUEL R. MAIZEL  
TANIA M. MOYRON

10  
11  
12 By /s/ Tania M. Moyron  
Tania M. Moyron

13  
14 Attorneys for the Chapter 11 Debtors and  
Debtors In Possession

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1 **MOTION AND MEMORANDUM OF POINTS AND AUTHORITIES**

2 **I.**

3 **INTRODUCTION**

4 Verity Health System Of California, Inc. ("VHS") and the above-referenced affiliated  
5 debtors and debtors in possession in the above captioned chapter 11 bankruptcy cases (collectively,  
6 the "Debtors") respectfully request the entry of an order authorizing a document retention policy  
7 (the "Alternative Record Retention Policy") for certain business and other non-patient records,<sup>2</sup>  
8 which differs from the Debtors' current Record Retention Policy (as defined below), pursuant to §§  
9 105(a), 363(c) and 554(a) of the Bankruptcy Code.<sup>3</sup> As discussed herein, custody for the majority  
10 of the Debtors' business and other non-patient records have been transferred to Santa Clara County  
11 ("SCC") or will be transferred to Strategic Global Management, Inc. ("SGM"), the purchasers  
12 (collectively, the "Purchasers") of the Debtors' remaining Hospitals (as defined herein). Under the  
13 governing documents, the Debtors will retain access rights to such records. However, in the event  
14 that any business and other non-patient records are not transferred to the Purchasers (collectively,  
15 the "Non-Patient Records"), the Debtors request authority to maintain such Non-Patient Records  
16 under the Alternative Record Retention Policy because storage costs of those Non-Patient Records  
17 in the manner required under the Debtors' current record retention policy (the "Record Retention  
18 Policy") would be exorbitant.

19 Many of the Non-Patient Records are older than fifteen years old. Attached hereto as  
20 **Exhibit A** is a chart (the "Records Retention Chart") that details the current Record Retention Policy  
21 for the Non-Patient Records and the proposed Alternative Record Retention Policy going forward.

22 \_\_\_\_\_  
23 <sup>2</sup> "Patient Records" are defined in the Bankruptcy Code as "any record relating to a patient, including  
24 a written document or a record recorded in a magnetic, optical, or other form of electronic medium."  
25 11 U.S.C. § 101(40B). Such records are not covered by this Motion and, instead, are the subject of  
26 the *Debtors' Notice And Motion for Order Authorizing Disposal of Patient Records*, seeking  
27 authority to destroy patient records.

28 <sup>3</sup> Unless specified otherwise, all chapter and section references are to the Bankruptcy Code, 11  
U.S.C. §§ 101-1532, and all "Rule" references are to the Federal Rules of Bankruptcy Procedure,  
Rules 1001-9037. All "LBR" references are to the Local Bankruptcy Rules for the United States  
Bankruptcy Court for the Central District of California.

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1 Although in some instances, the proposed retention policies call for immediate destruction of the  
2 Non-Patient Records, in other instances, the proposed retention policies call for destruction after  
3 some period of time (but in some cases shorter than under the current retention policies) as additional  
4 assurance the Non-Patient Records are not needed. In particular, the Debtors are retaining the  
5 following types of Non-Patient Records for seven (7) years: company financial records, contracts,  
6 and board reports.<sup>4</sup> As described further below and in Exhibit “A” hereto, the Non-Patient Records  
7 are not needed for claims processing, collection of receivables or fees, avoidance actions or other  
8 wind down tasks. Thus, the Debtors, by and through its undersigned counsel and pursuant to §§  
9 105(a), 363(c), and 554(a), hereby move (the “Motion”) for entry of an order in the above-referenced  
10 cases authorizing them to destroy the Non-Patient Records in accordance with the proposed  
11 Alternative Record Retention Policy going forward.

12 **II.**

13 **JURISDICTION AND VENUE**

14 This Court has jurisdiction over this Motion under 28 U.S.C. § 157(b)(2)(A) and (O). Venue  
15 of these proceedings and this Motion is proper pursuant to 28 U.S.C. § 1409. The statutory predicate  
16 for this Motion is §§ 105(a), 363(c) and 554(a).

17 **III.**

18 **BACKGROUND**

19 **A. General Background**

20 1. On August 31, 2018, (“Petition Date”), the Debtors each filed a voluntary petition  
21 for relief under chapter 11 of the Bankruptcy Code (the “Cases”). By entry of an order, the Cases  
22 are currently being jointly administered before the Bankruptcy Court. [Docket No. 17]. Since the  
23 commencement of their Cases, the Debtors have been operating their businesses as debtors in  
24 possession pursuant to §§ 1107 and 1108.

25  
26  
27 <sup>4</sup> Consistent with the existing Record Retention Policy, the Debtors are in the process of destroying  
28 certain business records which are more than 7 years old and many of which relate to closed clinics  
and other discontinued operations. None of these records relate to documents which the Committee  
has requested be preserved.

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1           2.       Debtor VHS, a California nonprofit public benefit corporation, is the sole corporate  
2 member of five Debtor California nonprofit public benefit corporations that operated O'Connor  
3 Hospital and Saint Louise Regional Hospital, and currently operates St. Francis Medical Center, St.  
4 Vincent Medical Center and Seton Medical Center, including Seton Medical Center Coastsides  
5 Campus (collectively, the "Hospitals").

6           3.       On the Petition Date, VHS, the Hospitals, and their affiliated entities operate as a  
7 nonprofit health care system, with approximately 1,680 inpatient beds, six active emergency rooms,  
8 a trauma center, eleven medical office buildings, and a host of medical specialties, including tertiary  
9 and quaternary care. *Declaration Of Richard G. Adcock In Support of Emergency First Day*  
10 *Motions*, at 4, 12 (the "First Day Declaration") [Docket No. 8]. The scope of the services provided  
11 by the Verity Health System is exemplified by the fact that in 2017, the Hospitals provided medical  
12 services to over 50,000 inpatients and approximately 480,000 outpatients. *Id.*, at 4, 12.

13           4.       A detailed description of the Debtors' businesses, capital structure, and the events  
14 leading to the commencement of these Cases is contained in the First Day Declaration.

15           5.       On September 17, 2018, the U.S. Trustee appointed the Committee pursuant to §  
16 1102. Docket No. 197.

17           6.       On December 27, 2018, the Court entered an order [Docket No. 1153] approving the  
18 sale of two of the Debtors hospitals to Santa Clara County—Saint Louise Regional Hospital and  
19 O'Connor Hospital (the "Santa Clara Sale"). The sale closed on February 28, 2019. The Court also  
20 has approved other sales related to Verity Medical Foundation. *See* Docket Nos. 1622, 1915, 1919,  
21 2693.

22           7.       On May 2, 2019, the Bankruptcy Court entered the *Order (A) Authorizing The Sale*  
23 *Of Certain Of The Debtors' Assets To Strategic Global Management, Inc. Free And Clear Of Liens,*  
24 *Claims, Encumbrances, And Other Interests; (B) Approving The Assumption And Assignment Of An*  
25 *Unexpired Lease Related Thereto; And (C) Granting Related Relief* [Docket No. 2306], which  
26 authorized the sale of the Debtors' four remaining Hospitals to Strategic Global Management, Inc.  
27 (the "SGM Sale").  
28

1 8. On September 3, 2019, the Debtors filed the *Debtors' Chapter 11 Plan of Liquidation*  
2 (the "Plan") [Docket No. 2993] and the *Disclosure Statement Describing Debtors' Chapter 11 Plan*  
3 *of Liquidation* [Docket No. 2994].

4 **B. Facts Relevant to the Motion**

5 9. Historically and postpetition, the Debtors collected and maintained business and  
6 other non-patient records in the ordinary course of its business. These records fall into the following  
7 categories: Charitable Foundation Records, Clinical Records other than patient medical records  
8 (e.g., pharmacy controlled substance logs), Medical Staff Records,  
9 Financial/Accounting/Statistics/Audit Records, Contracts/Leases, Human Resources Records,  
10 Legal/Risk Management/Compliance Audit/Organization Docs/Board Minutes, Revenue Cycle  
11 Management/Billing/PFS Records, Imaging Records and E-Mail Records.

12 10. Certain business and other non-patient records at St. Louise Regional Hospital and  
13 O'Connor Hospital were transferred to Santa Clara County as part of the SCC Sale.

14 11. The Debtors also intend to transfer custody of certain other business and other non-  
15 patient records at St. Vincent Medical Center, St. Francis Medical Center, Seton Medical Center  
16 and Seton Medical Center Coastside (the "SGM Hospitals") to SGM as part of the SGM Sale.

17 12. The Debtors currently have in place records retention policies pertaining to different  
18 categories of Non-Patient Records, which have not been transferred to SCC or will not be transferred  
19 to SGM. The Records Retention Chart details the current Record Retention Policy for different  
20 types of Non-Patient Records and the proposed Alternative Record Retention Policy going forward.  
21 Although in some instances, the proposed retention policies call for immediate destruction of the  
22 Non-Patient Records, in other instances, the proposed retention policies call for destruction after  
23 some period of time (but in some cases shorter than under the current retention policies) as additional  
24 assurance the Non-Patient Records are not needed. In particular, the Debtors are retaining the  
25 following types of Non-Patient Records for seven (7) years: company financial records, contracts,  
26 and board reports.

27 13. In many instances, the current Record Retention Policy goes beyond what is required  
28 or recommended for a California hospital under any applicable state or federal law such as

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1 employment or tax law. After the SGM Sale closes, the Debtors will not be operating the remaining  
2 SGM Hospitals, and, thus, there is no point in incurring unnecessary expense of maintaining the  
3 Non-Patient Records which only diminishes creditor recoveries.

4 14. The Non-Patient Records are currently stored electronically and offsite with GRM  
5 Information Management Services of California, LLC ("GRM"), CoreData, and Source HOV. The  
6 cost to index, store and act as the Custodian of Non-Patient Records for the Debtors' Non-Patient  
7 Records in storage will be more than \$110,000 each year.

8 15. The Debtors have particularly focused on paper records which are extensive. In some  
9 cases, the Debtors had detailed indexes of those Non-Patient Records. In other instances, they did  
10 not have detailed indexes but did a sampling to confirm that none of the boxes were needed for  
11 ongoing litigation or wind down tasks. Overall, the Debtors seek authority to destroy over 13,000  
12 boxes in storage.

13 16. The Debtors do not have sufficient funds to continue to maintain custody of the  
14 remaining Non-Patient Records not transferred to the Purchasers under the SCC Sale or the SGM  
15 Sale in accordance with the Debtors' current Record Retention Policy.

16 17. Accordingly, the Debtors, instead, propose an Alternative Record Retention Policy  
17 for these Non-Patient Records as detailed in the Records Retention Chart. The Debtors believe that  
18 this Alternative Record Retention Policy is in the best interests of the Debtors' estates and creditors.

19 **IV.**

20 **ARGUMENT**

21 Section 363(c) authorizes a debtor-in-possession to use or dispose of property in the ordinary  
22 course of business, and § 554(a) allows a debtor-in-possession to abandon property of the estate that  
23 is burdensome or that is of inconsequential value. Section 105(a) also provides that the Court may  
24 "issue any order, process, or judgment that is necessary or appropriate to carry out the provisions of  
25 this title."

26 Here, the Debtors should be authorized to destroy the Non-Patient Records in the ordinary  
27 course of business under §§ 105(a), 363(c) and 554 at the times permitted under the proposed  
28 Alternative Record Retention Policy. As set forth above, the Debtors propose to revise their current



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1 Record Retention Policy and destroy certain Non-Patient Records in accordance with the proposed  
2 Alternative Record Retention Policy for each type of Non-Patient Record as detailed on the Records  
3 Retention Chart. To the extent applicable, the Debtors believe that the Alternative Record Retention  
4 Policy complies with any applicable state or federal laws regarding the maintenance of such Records  
5 such as employment and tax laws.

6 The cost of maintaining the Non-Patient Records under the Debtors' current Record  
7 Retention Policy is substantial. As set forth in the attached Adcock Declaration, the cost to index,  
8 store and act as the Custodian of Non-Patient Records for the Debtors' Records in storage will be  
9 more than \$110,000 each year. Given the Debtors' liquidity and wind-down, the Debtors do not  
10 have sufficient funds to pay the storage amounts nor is such an amount justified under the  
11 circumstances. Accordingly, retention and destruction of the Non-Patient Records in accordance  
12 with the proposed Alternative Record Retention Policy, as described in the Records Retention  
13 Chart, is in the best interests of the Debtor's estate and creditors.

14 V.

15 CONCLUSION

16 Based upon the foregoing, the Debtors respectfully request that this Court enter an order (i)  
17 authorizing the Debtors to dispose of the Non-Patient Records in accordance with the proposed  
18 Alternative Record Retention Policy and (ii) granting to the Debtors such other relief as the Court  
19 deems just and proper under the circumstances.

21 Dated: October 9, 2019

DENTONS US LLP  
SAMUEL R. MAIZEL  
TANIA M. MOYRON

24 By /s/ Tania M. Moyron  
Tania M. Moyron

26 Attorneys for the Chapter 11 Debtors and  
Debtors In Possession

**DECLARATION OF RICHARD G. ADCOCK**

1  
2 I, Richard G. Adcock, declare, that if called as a witness, I would and could competently  
3 testify thereto, of my own personal knowledge, as follows:

4 1. I am the Chief Executive Officer of Verity Health System of California, Inc.  
5 (“VHS”). I became the Debtors’ Chief Executive Officer effective January 2018. Prior thereto, I  
6 served as VHS’s Chief Operating Officer since August 2017.

7 2. Except as otherwise indicated herein, this Declaration is based upon my personal  
8 knowledge, my review of relevant documents, information provided to me by employees of the  
9 Debtors or the Debtors’ legal and financial advisors, or my opinion based upon my experience,  
10 knowledge, and information concerning the Debtors’ operations and the healthcare industry. If  
11 called upon to testify, I would testify competently to the facts set forth in this Declaration.

12 3. This Declaration is in support of the *Debtors’ Notice And Motion for Order*  
13 *Authorizing Disposal of Certain Business and Other Non-Patient Records* (“Motion”) and for all  
14 other purposes permitted by law.

15 4. Historically and postpetition, the Debtors collected and maintained business and  
16 other non-patient records in the ordinary course of its business. These records fall into the  
17 following categories: Charitable Foundation Records, Clinical Records other than patient medical  
18 records (e.g., pharmacy controlled substance logs), Medical Staff Records,  
19 Financial/Accounting/Statistics/Audit Records, Contracts/Leases, Human Resources Records,  
20 Legal/Risk Management/Compliance Audit/Organization Docs/Board Minutes, Revenue Cycle  
21 Management/Billing/PFS Records, Imaging Records and E-Mail Records.

22 5. Certain business and other non-patient records at St. Louise Regional Hospital and  
23 O’Connor Hospital were transferred to Santa Clara County as part of the SCC Sale.<sup>5</sup>

24 6. The Debtors also intend to transfer custody of certain other business and other non-  
25 patient records at the SGM Hospitals to SGM as part of the SGM Sale.

26  
27  
28  

---

<sup>5</sup> Capitalized terms not otherwise defined herein shall have the meaning afforded in the Motion.

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(213) 623-9300

1           7.       The Debtors currently have in place records retention policies pertaining to  
2 different categories of Non-Patient Records, which have not been transferred to SCC or will not be  
3 transferred to SGM. The Records Retention Chart, attached to the Motion as **Exhibit "A,"** details  
4 the current Record Retention Policy for different types of Non-Patient Records and the proposed  
5 Alternative Record Retention Policy going forward. Although in some instances, the proposed  
6 retention policies call for immediate destruction of the Non-Patient Records, in other instances, the  
7 proposed retention policies call for destruction after some period of time (but in some cases  
8 shorter than under the current retention policies) as additional assurance the Non-Patient Records  
9 are not needed. In particular, the Debtors are retaining the following types of Non-Patient Records  
10 for seven (7) years: company financial records, contracts, and board reports.

11           8.       In many instances, the current Record Retention Policy goes beyond what is  
12 required or recommended for a California hospital under any applicable state or federal law such  
13 as employment or tax law. After the SGM Sale closes, the Debtors will not be operating the  
14 remaining SGM Hospitals, and, thus, there is no point in incurring unnecessary expense of  
15 maintaining the Non-Patient Records which only diminishes creditor recoveries.

16           9.       The Non-Patient Records are currently stored electronically and offsite with GRM  
17 Information Management Services of California, LLC ("GRM"), CoreData, and Source HOV.  
18 The cost to index, store and act as the Custodian of Non-Patient Records for the Debtors' Non-  
19 Patient Records in storage will be more than \$110,000 each year.

20           10.       The Debtors have particularly focused on paper records which are extensive. In  
21 some cases, the Debtors had detailed indexes of those Non-Patient Records. In other instances,  
22 they did not have detailed indexes but did a sampling to confirm that none of the boxes were  
23 needed for ongoing litigation or wind down tasks. Overall, the Debtors seek authority to destroy  
24 over 13,000 boxes in storage.

25           11.       The Debtors do not have sufficient funds to continue to maintain custody of the  
26 remaining Non-Patient Records not transferred to the Purchasers under the SCC Sale or the SGM  
27 Sale in accordance with the Debtors' current Record Retention Policy.

28

1           12.     The Debtors propose to revise its current Record Retention Policy and destroy  
2 certain Non-Patient Records in accordance with the proposed Alternative Record Retention Policy  
3 for each type of Non-Patient Record as detailed on the Records Retention Chart. To the extent  
4 applicable, the Debtors believe that the Alternative Record Retention Policy complies with any  
5 applicable state or federal laws regarding the maintenance of such Records such as employment  
6 and tax laws.

7           I declare under penalty of perjury and of the laws in the United States of America, the  
8 foregoing is true and correct.

9           Executed this 9<sup>th</sup> day of October, 2019, at Los Angeles, California.

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TO BE SUBMITTED  
\_\_\_\_\_  
RICHARD G. ADCOCK

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# Exhibit A

Document Category	Includes documents, such as:	Verify Retention Period	Verify Policy Citation	CHA Citation	Proposed Policy	
Charitable Foundation	Articles of Incorporation	Permanent	IRS	none	7 years	
	Minutes of Board Meetings	Permanent	None	22 C.C.R. Sections 70733, 71531, 77127, 79337 state they must be retained but does not specify retention periods	7 years	
	Donor Estates & Trusts	3 years	Uniform Preservation of Business Records Act	none	3 years	
	Donation Logs	3 years	Uniform Preservation of Business Records Act	none	3 years	
	Grants Received	3 years	Uniform Preservation of Business Records Act	none	3 years	
	Endowments, trusts, bequests	Permanent	3 years	3 years	3 years	
	Historical clippings	Permanent	3 years	3 years	3 years	
	Annual reports	Permanent	3 years	3 years	7 years	
	Medical Staff Records	Credentialing files: records that are used to verify and assess qualifications of practitioners including their licensure, education, training and experience.	Permanent	None	None; recommends length of practitioners career plus 6 years.	6 years
		Medical staff committee minutes which	Permanent	None	22 C.C.R require hospitals to keep them but does not specify a time period; recommends permanent	7 years
Bylaws and rules and regulations of the medical staff		Permanent	None	22 C.C.R require hospitals to keep them but does not specify a time period; recommends permanent	7 years	
Peer Review: committee members review patient records for timeliness, content and appropriateness of care documented by their peers.		Permanent	None	None; recommends length of practitioners career plus 6 years.	7 years	
Financial/Accounting/Statistics/Audit Records		Federal tax returns	None	None	None. Recommends 7 years	7 years
		Audit reports and Financial Reports	Permanent	None	None. Recommends 7 years	7 years
		Bank deposits	6 years	None	None. Recommends 7 years	7 years
		Chart of Accounts	3 years	Uniform Preservation of Business Records Act	None	3 years
		End of year financial statements	3 years	Uniform Preservation of Business Records Act	None. Recommends permanent	3 years

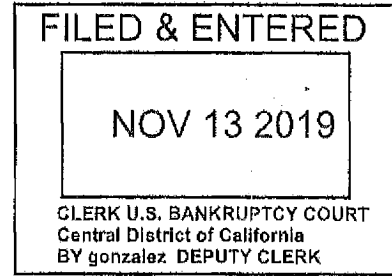
Fixed asset records and appraisals	3 years		Uniform Preservation of Business Records Act	None. Recommends life of the equipment +15 years	3 years
Cancelled checks & Cash receipts	6 years		None	Recommends 15 years if they support cost report.	6 years
Bank Reconciliations	3 years		Uniform Preservation of Business Records Act	None	7 years
AP ledgers and trial balances	7 years		None	None	7 years
General Ledger journals	Permanent		Uniform Preservation of Business Records Act	None	7 years
Inventories	3 years		Uniform Preservation of Business Records Act	None	3 years
Loans	3 years		Uniform Preservation of Business Records Act	None	3 years
Leases	Life of lease + 6 years		None	Life of agreement/lease +6 years. 15 years if agreement/equipment supports Medi-Cal claims.	7 years
Medicare Cost Report	5 years after cost report is filed		None	Recommends 15 years	7 years
Purchase orders	3 years		Uniform Preservation of Business Records Act	None. Recommends life of the item + 7 years.	7 years
State Tax Returns	3 years		Uniform Preservation of Business Records Act	None. Recommends permanent	7 years
<b>Contracts/Leases</b>					
Provider, Vendor, Equipment contracts	3 years		Uniform Preservation of Business Records Act	Life of agreement/lease +6 years. 15 years if agreement/equipment supports Medi-Cal claims.	7 years
Property Leases	Life of the lease + 6 years		HIPAA BA Agreements (+6 Years) 42CFR +4 years	Life of agreement/lease +6 years. 15 years if agreement/equipment supports Medi-Cal claims.	7 years
Administrative Contracts	Life of the Contract +6 years			Life of agreement/lease +6 years. 15 years if agreement/equipment supports Medi-Cal claims.	7 years
<b>Human Resources</b>					
Personnel files terminated	3 years after termination		22 CCR		3 years
Payroll and timekeeping records	Permanent		ERISA; 29 USC	15 years; employees entitled to pension: life of employee plus 6 years.	7 years
Employee health files: annual testing, needle sticks, exposure.	30 years after employment is terminated		29 CFR	Federal and California OSHA; 29 CFR - 30 years	7 years
Aptitude Tests	2 years		Affirmative Action Records 41 CFR	29 CFR	2 years
Collective Bargaining Agreements	5 years after the end of the calendar year of expiration		29 CFR	3 years 29 CFR; recommends 6 years	5 years
Correspondence regarding FMLA	3 years		29 USC & CFR		3 years

Employee benefit plans	2 years after termination of plan	Affirmative Action Records 41 CFR	1 year after termination of plan 29 CFR; recommends permanent	2 years
Employee time cards	3 years	CAL labor code 1174	none	3 years
Workers' compensation claims and logs	5 years from date of injury or date of last compensation paid.	8 CCR	none	5 years
IRS W2 & W4	4 years after taxes paid	26 CFR	Recommends 15 years	4 years
Legal/Risk Management/Compliance Audit/Organization Docs/Board Minutes/Administration				
Incident reports: documentation about any event that may or may not have caused injuries to a person or damage to a company asset	10 years	None	6 years 29 CFR; 8 CCR	7 years
Annual Reports to Board of Directors	Permanent	None	None	7 years
Articles of Incorporation	Permanent	None	22 C.C.R require hospitals to keep them but does not specify a time period; recommends Permanent	7 years
Compliance audits: audits performed to measure adherence to regulatory requirements	Permanent	Uniform Preservation of Business Records Act	None. Recommends 6 years	7 years
Corrective action plans to address any variance noted from regulatory requirements	3 years	Uniform Preservation of Business Records Act	None	3 years
records of legal proceedings	Permanent	None	None	7 years
Malpractice insurance policies	Permanent	None	None	7 years
E-mails - 127 Employees	60 days	None	None	7 years
E-mails - Remaining Employees	60 days	None	None	60 days
Survey reports	6 years	None	None. Recommends 6 years	6 years
Pathology blocks	2 years	42 CFR	42 CFR	2 years
Lab specimen Slides	2 years	43 CFR		2 years
Tracings and recordings of cardiac and other diagnostic tests such as EKGs and EMGs	7 years	44 CFR	No laws requiring minimum retention period.	7 years
Specimens - tissue and oral pathology stained slides	10 years	45 CFR	42 CFR	7 years
LAB Quality control Reports, equipment calibration, report copies, specimen records	3 years	3 years	3 years	1 year



PHARMACY controlled Substance logs, Medication Administration Records (duplicates), Prescriptions, anesthesia records	3 years	3 years	3 years	3 years	1 year
Nursing, Surgical logs, Case Management Notes, Completed Clinical Trials	3 years	3 years	3 years	3 years	1 year
Revenue Cycle Management/Billing/ PFS					
Charge tickets	6 years	HIPAA		10 Years from date of service or audit completion for Medi-Cal or Medicare Advantage or Part D Medicare claims 42 CFR; Title 22, California Code of Regulations; Recommends 15 years	6 years
Bills to patients	6 years	HIPAA		11 Years from date of service or audit completion for Medi-Cal or Medicare Advantage or Part D Medicare claims 42 CFR; Title 22, California Code of Regulations; Recommends 15 years	6 years
Credit and collection correspondence	6 years	HIPAA		None	6 years
correspondence with insurance	6 years	HIPAA		None	6 years
Medi-Cal enrollment	6 years	HIPAA		None	6 years
Disclosure of financial responsibility	6 years	HIPAA		None	6 years
Payment agreements	6 years	HIPAA		None	6 years

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5 Los Angeles, California 90017-5704  
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6 Attorneys for the Chapter 11 Debtors and  
7 Debtors In Possession

8 UNITED STATES BANKRUPTCY COURT  
9 CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES DIVISION

10 In re

11 VERITY HEALTH SYSTEM OF  
12 CALIFORNIA, INC., *et al.*,

13 Debtors and Debtors In Possession.

- 14  Affects All Debtors
- 15  Affects Verity Health System of California, Inc.
- 16  Affects O'Connor Hospital
- 17  Affects Saint Louise Regional Hospital
- 18  Affects St. Francis Medical Center
- 19  Affects St. Vincent Medical Center
- 20  Affects Seton Medical Center
- 21  Affects O'Connor Hospital Foundation
- 22  Affects Saint Louise Regional Hospital Foundation
- 23  Affects St. Francis Medical Center of Lynwood Foundation
- 24  Affects St. Vincent Foundation
- 25  Affects St. Vincent Dialysis Center, Inc.
- 26  Affects Seton Medical Center Foundation
- 27  Affects Verity Business Services
- 28  Affects Verity Medical Foundation
- Affects Verity Holdings, LLC
- Affects De Paul Ventures, LLC
- Affects De Paul Ventures - San Jose Dialysis, LLC

Debtors and Debtors In Possession.

Lead Case No. 2:18-bk-20151-ER

- Jointly Administered with:
- Case No. 2:18-bk-20162-ER
  - Case No. 2:18-bk-20163-ER
  - Case No. 2:18-bk-20164-ER
  - Case No. 2:18-bk-20165-ER
  - Case No. 2:18-bk-20167-ER
  - Case No. 2:18-bk-20168-ER
  - Case No. 2:18-bk-20169-ER
  - Case No. 2:18-bk-20171-ER
  - Case No. 2:18-bk-20172-ER
  - Case No. 2:18-bk-20173-ER
  - Case No. 2:18-bk-20175-ER
  - Case No. 2:18-bk-20176-ER
  - Case No. 2:18-bk-20178-ER
  - Case No. 2:18-bk-20179-ER
  - Case No. 2:18-bk-20180-ER
  - Case No. 2:18-bk-20181-ER

Chapter 11 Cases  
Honorable Ernest M. Robles

**ORDER GRANTING MOTION FOR ORDER  
AUTHORIZING DISPOSAL OF CERTAIN  
BUSINESS AND OTHER NON-PATIENT  
RECORDS**

[RELATES TO DOCKET NO. 3355]

HEARING:

Date: November 6, 2019  
Time: 10:00 a.m.  
Place: Courtroom 1568  
255 East Temple Street  
Los Angeles, California 90012-3300

DENTONS US LLP  
601 SOUTH FIGUEROA STREET, SUITE 2500  
LOS ANGELES, CALIFORNIA 90017-5704  
(213) 623-9300



1 The Court, having read and considered the *Motion For Order Authorizing Disposal Of*  
2 *Certain Business and Other Non-Patient Records* [Docket No. 3355] (the "Motion"), filed by  
3 Verity Health System Of California, Inc. and the above-referenced affiliated debtors and debtors in  
4 possession in the above captioned chapter 11 bankruptcy cases (collectively, the "Debtors"), and  
5 the papers in support thereof, and no objection or response having been filed; it further appearing  
6 that proper notice of the Motion had been provided; and for the reasons set forth in the Court's  
7 tentative ruling on the Motion [Docket No. 3552] (the "Ruling"), which the Court adopts as its final  
8 Ruling and which is incorporated herein by reference; and good and sufficient cause having been  
9 shown,

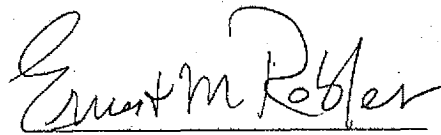
10 **IT IS HEREBY ORDERED:**

- 11 1. The Motion is granted;
- 12 2. The Debtors (or any successor thereto including any liquidating trust or post-  
13 effective date management) are authorized, pursuant to 11 U.S.C. §§ 363(c) and 554(a), to dispose  
14 of the Non-Patient Records (as defined in the Motion) in accordance with the Alternative Record  
15 Retention Policy (as defined in the Motion).

17 **IT IS SO ORDERED.**

18 ###

24 Date: November 13, 2019



Ernest M. Robles  
United States Bankruptcy Judge

DENTONS US LLP  
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LOS ANGELES, CALIFORNIA 90017-5704  
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1 UNITED STATES BANKRUPTCY COURT  
2 CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES DIVISION

3 In re  
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CASE NO.: 2:18-bk-20171-ER  
CASE NO.: 2:18-bk-20172-ER  
CASE NO.: 2:18-bk-20173-ER  
CASE NO.: 2:18-bk-20175-ER  
CASE NO.: 2:18-bk-20176-ER  
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CASE NO.: 2:18-bk-20181-ER

- 7  
8  
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10  Affects Verity Health System of California,  
11 Inc.  
12  Affects O'Connor Hospital  
13  Affects Saint Louise Regional Hospital  
14  Affects St. Francis Medical Center  
15  Affects St. Vincent Medical Center  
16  Affects Seton Medical Center  
17  Affects O'Connor Hospital Foundation  
18  Affects Saint Louise Regional Hospital  
19 Foundation  
20  Affects St. Francis Medical Center of  
21 Lynwood Foundation  
22  Affects St. Vincent Foundation  
23  Affects St. Vincent Dialysis Center, Inc.  
24  Affects Seton Medical Center Foundation  
25  Affects Verity Business Services  
26  Affects Verity Medical Foundation  
27  Affects Verity Holdings, LLC  
28  Affects De Paul Ventures, LLC  
 Affects De Paul Ventures - San Jose ASC,  
LLC

Chapter 11 Cases  
Hon. Judge Ernest M. Robles

**DISCLOSURE STATEMENT DESCRIBING  
SECOND AMENDED JOINT CHAPTER 11  
PLAN OF LIQUIDATION (DATED JULY 2,  
2020) OF THE DEBTORS, THE  
PREPETITION SECURED CREDITORS,  
AND THE COMMITTEE**

Disclosure Statement Hearing:  
Date: July 2, 2020  
Time: 10:00 a.m. (Pacific Time)

Plan Confirmation Hearing:  
Date: August 12, 2020  
Time: 10:00 a.m. (Pacific Time)  
Place: Courtroom 1568  
255 E. Temple Street  
Los Angeles, CA 90012

Debtors and Debtors In Possession.

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LOS ANGELES, CALIFORNIA 90017-5704  
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1 of, the Liquidating Trustee in the performance of the Liquidating Trustee's duties under the Plan  
2 and the Liquidating Trust Agreement. Without limitation on the foregoing, the Post-Effective Date  
3 Debtors shall be authorized to assist in the reconciliation and administration of claims, and assist  
4 in the liquidation and/or collection of Liquidating Trust Assets (including, without limitation,  
5 litigation claims). The Liquidating Trustee shall oversee all such services provided on behalf of  
6 the Liquidating Trustee.

7 **6. Dissolution of Certain Debtors on or after the Effective Date**

8 The following Debtors shall be dissolved, under applicable non-bankruptcy law on the  
9 Effective Date or shortly thereafter, as determined by the Liquidating Trustee, and each respective  
10 Debtor's interests and rights shall be vested, for all purposes in the Liquidating Trust, and all of the  
11 interests in such Debtors shall be cancelled and terminated without further order of the Bankruptcy  
12 Court: VBS; Holdings; De Paul Ventures; and De Paul - San Jose Dialysis.

13 **7. Dissolution of Certain Non-Debtor Entities on the Effective Date**

14 The following non-debtor entities shall be deemed dissolved under applicable state law as  
15 of the Effective Date pursuant to Section 5.2 of the Plan:

- 16
- De Paul Ventures - San Jose ASC, LLC
  - Sports Medicine Management, Inc.
  - St. Vincent de Paul Ethics Corporation
  - V Holdings MOB, LLC
  - Robert F. Kennedy Medical Center
  - Robert F. Kennedy Medical Center Foundation
- 17  
18  
19

20 These entities have no material assets or operations.

21 **8. The Foundations**

22 As of May 31, 2020, the Foundations held the following amounts of properly donor-  
23 restricted and unrestricted assets:

24  
25  
26  
27  
28

<b>Charitable Foundation Accounts</b>			
<b>\$ in 000's</b>	<b>as of May 31, 2020</b>		
<b>Account</b>	<b>Total Cash</b>	<b>Restricted</b>	<b>Unrestricted</b>
OCH	\$ 1,598	\$ 1,220	\$ 378
SLRH	\$ 321	\$ 302	\$ 19
SFMC	\$ 242	\$ 218	\$ 24
SVMC (1)	\$ 3,519	\$ 3,307	\$ 212
SMC	\$ 4,447	\$ 4,427	\$ 20
<b>Total Foundation Cash</b>	<b>\$ 10,127</b>	<b>\$ 9,474</b>	<b>\$ 653</b>

(1) SVMC charitable foundation amounts include \$3.1 million and \$2.4 million, respectively, at Green Oak, a separate investment manager. This cash is not reflected within the Verity bank accounts.

As set forth more fully below, the Plan provides separate treatment for properly donor-restricted charitable assets and unrestricted assets held by the Foundations. After Attorney General approval, the following entities will receive the properly donor-restricted funds held by the Foundations:

<b>Donor</b>	<b>Recipient</b>
O'Connor Hospital Foundation	VMC Foundation
Saint Louise Regional Hospital Foundation	VMC Foundation
St. Francis Medical Center of Lynwood Foundation	California Community Foundation
St. Vincent Foundation	California Community Foundation
Seton Medical Center Foundation	California Community Foundation

Unless otherwise authorized for distribution by the ordinary course determination of each Foundation's board of directors prior to the Effective Date, the Plan provides that unrestricted funds held by the Foundations will be treated as Assets subject to distribution in accordance with the Plan.

**a. Dissolution of Sale-Leaseback Debtor Foundations**

Until the SFMC Closing Date, St. Francis Medical Center of Lynwood Foundation shall continue to make distributions to SFMC in the ordinary course of business, with any properly donor-restricted gifts distributed in accordance with the terms and conditions of such restricted gift. After the SFMC Closing Date, the properly donor-restricted charitable assets of St. Francis Medical Center of Lynwood Foundation shall be transferred pursuant to approvals to be received from the Attorney General of California, pursuant to section 999.2(e) of title 11 of the California Code of Regulations and related statutes and regulations. Thereafter, St. Francis Medical Center of Lynwood Foundation shall be dissolved under applicable non-bankruptcy law.

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1           Until the Seton Closing Date, Seton Medical Center Foundation shall continue to make  
2 distributions to Seton in the ordinary course of business, with any properly donor-restricted gifts  
3 distributed in accordance with the terms and conditions of such restricted gift. After the Seton  
4 Closing Date, the properly donor-restricted charitable assets of the Seton Medical Center  
5 Foundation shall be transferred pursuant to approvals to be received from the Attorney General of  
6 California, pursuant to section 999.2(e) of title 11 of the California Code of Regulations and related  
7 statutes and regulations. Thereafter, Seton Medical Center Foundation shall be dissolved under  
8 applicable non-bankruptcy law.

9                           **b.       Dissolution of the SCC Debtor Foundations**

10           On the Effective Date or shortly thereafter, the properly donor-restricted charitable assets  
11 of Saint Louise Regional Hospital Foundation and O'Connor Hospital Foundation shall be  
12 transferred pursuant to approvals to be received from the Attorney General of California, pursuant  
13 to section 999.2(e) of title 11 of the California Code of Regulations and related statutes, and  
14 regulations. Thereafter, each respective Foundation shall be dissolved under applicable non-  
15 bankruptcy law.

16                           **c.       Dissolution of St. Vincent Foundation**

17           On the Effective Date or shortly thereafter, the properly donor-restricted charitable assets  
18 of St. Vincent Foundation shall be transferred pursuant to approvals to be received from the  
19 Attorney General of California, pursuant to section 999.2(e) of title 11 of the California Code of  
20 Regulations and related statutes and regulations. Thereafter, St. Vincent Foundation shall be  
21 dissolved under applicable non-bankruptcy law.

22                           **9.       Dissolution of VMF**

23           VMF shall be dissolved, under applicable non-bankruptcy law, as soon as practicable after  
24 completion of the claims process under VMF's capitation agreements.

25                           **10.      Termination of Responsibilities of the Patient Care Ombudsman**

26           On the latter of the SFMC Sale Closing Date or the Seton Sale Closing Date, the duties and  
27 responsibilities of the Patient Care Ombudsman shall be terminated, and the Patient Care  
28 Ombudsman shall be discharged from his duties as Patient Care Ombudsman and shall not be

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27  Affects De Paul Ventures - San Jose ASC,  
28 LLC

Chapter 11 Cases

Hon. Judge Ernest M. Robles

**MODIFIED SECOND AMENDED JOINT  
CHAPTER 11 PLAN OF LIQUIDATION  
(DATED JULY 2, 2020) OF THE  
DEBTORS, THE PREPETITION  
SECURED CREDITORS, AND THE  
COMMITTEE**

Plan Confirmation Hearing:

Date: August 12, 2020  
Time: 10:00 a.m. (Pacific Time)  
Place: Courtroom 1568  
255 E. Temple Street  
Los Angeles, CA 90012

Debtors and Debtors In Possession.





1 ASC; St. Vincent De Paul Ethics Corporation; VHoldings; Robert F. Kennedy Medical Center;  
2 Robert F. Kennedy Medical Center Foundation; and Sports Medical Management, Inc.

3 **5.3 *Dissolution of Sale-Leaseback Debtor Foundations.***

4 (a) Dissolution of St. Francis Medical Center of Lynwood Foundation. Until  
5 the SFMC Closing Date, St. Francis Medical Center of Lynwood Foundation shall continue to  
6 make distributions to SFMC in the ordinary course of business, with any properly donor-restricted  
7 gifts distributed in accordance with the terms and conditions of such restricted gift. After the  
8 SFMC Closing Date, the properly donor-restricted charitable assets of St. Francis Medical Center  
9 of Lynwood Foundation shall be transferred pursuant to approvals to be received from the Attorney  
10 General of California, pursuant to section 999.2(e) of title 11 of the California Code of Regulations  
11 and related statutes and regulations. Thereafter, St. Francis Medical Center of Lynwood  
12 Foundation shall be dissolved under applicable non-bankruptcy law.

13 (b) Dissolution of Seton Medical Center Foundation. Until the Seton Closing  
14 Date, Seton Medical Center Foundation shall continue to make distributions to Seton in the  
15 ordinary course of business, with any properly donor-restricted gifts distributed in accordance with  
16 the terms and conditions of such restricted gift. After the Seton Closing Date, the properly donor-  
17 restricted charitable assets of the Seton Medical Center Foundation shall be transferred pursuant  
18 to approvals to be received from the Attorney General of California, pursuant to section 999.2(e)  
19 of title 11 of the California Code of Regulations and related statutes and regulations. Thereafter,  
20 Seton Medical Center Foundation shall be dissolved under applicable non-bankruptcy law.

21 **5.4 *Dissolution of the SCC Debtor Foundations.*** On the Effective Date or shortly  
22 thereafter, the properly donor-restricted charitable assets of Saint Louise Regional Hospital  
23 Foundation and O'Connor Hospital Foundation shall be transferred pursuant to approvals to be  
24 received from the Attorney General of California, pursuant to section 999.2(e) of title 11 of the  
25 California Code of Regulations and related statutes and regulations. Thereafter, each respective  
26 Foundation shall be dissolved under applicable non-bankruptcy law.

27 **5.5 *Dissolution of St. Vincent Foundation.*** On the Effective Date or shortly thereafter,  
28 the properly donor-restricted charitable assets of St. Vincent Foundation shall be transferred  
pursuant to approvals to be received from the Attorney General of California, pursuant to section  
999.2(e) of title 11 of the California Code of Regulations and related statutes and regulations.  
Thereafter, St. Vincent Foundation shall be dissolved under applicable non-bankruptcy law.

**5.6 *Dissolution of VMF.*** VMF shall be dissolved, under applicable non-bankruptcy  
law, as soon as practicable after completion of the claims process under VMF's capitation  
agreements.

**5.7 *Disposition of Marillac.*** VHS, in its capacity as a Debtor and/or a Post-Effective  
Date Debtor, and/or the Liquidating Trustee shall take such action as reasonably necessary and  
advisable to effectuate the sale, disposition, or other administration of the issued and outstanding  
equity interests in, or assets of, Marillac. The net Cash proceeds of such sale, disposition, or other  
administration, if any, shall be used to pay Holders of Claims as set forth in this Plan or as  
otherwise agreed pursuant to a Creditor Settlement Agreement.

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601 South Figueroa Street, Suite 2500  
5 Los Angeles, California 90017-5704  
Tel: (213) 623-9300 / Fax: (213) 623-9924  
6 Attorneys for the Chapter 11 Debtors and  
7 Debtors In Possession

8 **UNITED STATES BANKRUPTCY COURT**  
**CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES DIVISION**

9 In re

10 VERITY HEALTH SYSTEM OF  
11 CALIFORNIA, INC., *et al.*,

12 Debtors and Debtors In Possession.

- 13  Affects All Debtors
- 14  Affects Verity Health System of California, Inc.
- 15  Affects O'Connor Hospital
- 16  Affects Saint Louise Regional Hospital
- 17  Affects St. Francis Medical Center
- 18  Affects St. Vincent Medical Center
- 19  Affects Seton Medical Center
- 20  Affects O'Connor Hospital Foundation
- 21  Affects Saint Louise Regional Hospital Foundation
- 22  Affects St. Francis Medical Center of Lynwood Foundation
- 23  Affects St. Vincent Foundation
- 24  Affects St. Vincent Dialysis Center, Inc.
- 25  Affects Seton Medical Center Foundation
- 26  Affects Verity Business Services
- 27  Affects Verity Medical Foundation
- 28  Affects Verity Holdings, LLC
- Affects De Paul Ventures, LLC
- Affects De Paul Ventures - San Jose Dialysis, LLC

Debtors and Debtors In Possession.

Lead Case No. 2:18-bk-20151-ER

- Jointly Administered With:
- Case No. 2:18-bk-20162-ER
  - Case No. 2:18-bk-20163-ER
  - Case No. 2:18-bk-20164-ER
  - Case No. 2:18-bk-20165-ER
  - Case No. 2:18-bk-20167-ER
  - Case No. 2:18-bk-20168-ER
  - Case No. 2:18-bk-20169-ER
  - Case No. 2:18-bk-20171-ER
  - Case No. 2:18-bk-20172-ER
  - Case No. 2:18-bk-20173-ER
  - Case No. 2:18-bk-20175-ER
  - Case No. 2:18-bk-20176-ER
  - Case No. 2:18-bk-20178-ER
  - Case No. 2:18-bk-20179-ER
  - Case No. 2:18-bk-20180-ER
  - Case No. 2:18-bk-20181-ER

Hon. Judge Ernest M. Robles

**NOTICE OF CERTAIN PLAN  
SUPPLEMENTAL DOCUMENTS  
REGARDING THE MODIFIED SECOND  
AMENDED JOINT CHAPTER 11 PLAN OF  
LIQUIDATION (DATED JULY 2, 2020) OF  
THE DEBTORS, THE PREPETITION  
SECURED CREDITORS, AND THE  
COMMITTEE**

[RELATED DOCKET NOS. 5466, 5504]



## LIQUIDATING TRUST AGREEMENT

This Liquidating Trust Agreement (the "Liquidating Trust Agreement"), dated as of September 5, 2020, by and among (a) (i) Verity Health System of California, Inc. a California nonprofit public benefit corporation, as debtor and debtor-in-possession, (ii) Verity Holdings, LLC, a Delaware limited liability company, as debtor and debtor-in-possession, (iii) De Paul Ventures, LLC, a California limited liability company, as debtor and debtor-in-possession, (iv) De Paul Ventures – San Jose Dialysis, LLC, a California limited liability company, as debtor and debtor-in-possession, (v) Marillac Insurance Company, Ltd., a non-debtor incorporated in the Cayman Islands, (vi) O'Connor Hospital, a California nonprofit public benefit corporation, as debtor and debtor-in-possession, (vii) Saint Louise Regional Hospital, a California nonprofit public benefit corporation, as debtor and debtor-in-possession, (viii) St. Francis Medical Center, a California nonprofit public benefit corporation, as debtor and debtor-in-possession, (ix) Seton Medical Center, a California nonprofit public benefit corporation, as debtor and debtor-in-possession (including its Coastside location), (x) St. Vincent Medical Center, a California nonprofit public benefit corporation, as debtor and debtor-in-possession, (xi) St. Vincent Dialysis Center, Inc., a California nonprofit public benefit corporation, as debtor and debtor-in-possession, (xii) Verity Business Services, a California nonprofit public benefit corporation, as debtor and debtor-in-possession, (xiii) Verity Holdings, LLC, a California limited liability company, as debtor and debtor-in-possession, (xiv) Verity Medical Foundation, a California nonprofit public benefit corporation, as debtor and debtor-in-possession; (xv) Saint Louise Regional Hospital Foundation, a California nonprofit public benefit corporation, as debtor and debtor-in-possession, (xvi) Seton Medical Center Foundation, a California nonprofit public benefit corporation, as debtor and debtor-in-possession, (xvii) St. Francis Medical Center of Lynwood Foundation, a California nonprofit public benefit corporation, as debtor and debtor-in-possession, (xviii) St. Vincent Foundation, a California nonprofit public benefit corporation, as debtor and debtor-in-possession (collectively, the "Contributors") and (b) Howard Grobstein, as liquidating trustee (the "Liquidating Trustee").

### WITNESSETH

WHEREAS, on August 14, 2020, the Debtors and other Plan Proponents confirmed their Modified Second Chapter 11 Plan of Liquidation Dated July 2, 2020 (the "Plan") in the United States Bankruptcy Court for the Central District of California, Los Angeles Division (the "Bankruptcy Court"). The Plan provides for the establishment of a liquidating trust evidenced hereby (the "Liquidating Trust") to effectuate the wind down and ultimate liquidation of the Contributors, to resolve disputed Claims, and to distribute the net proceeds, if any, realized from the Causes of Action, escrow proceeds, Quality Assurance Payments and such other claims and property transferred to or held by the Liquidating Trust pursuant to the Plan (collectively, the "Liquidating Trust Assets"). The Liquidating Trust is also referred to as VHS Liquidating Trust. Except with respect to the terms defined herein, all capitalized terms contained herein shall have the meanings ascribed to them in the Plan.

WHEREAS, the Liquidating Trust is created pursuant to, and to effectuate, the Plan;

WHEREAS, the Liquidating Trust is created primarily on behalf of, and for the benefit of, the holders of claims in Class 4 (as holders of the First Priority Trust Beneficial Interest and in Class 8 (and potentially certain creditors in Class 9 as to any Insured Deficiency Claims, each as holders of the Second Priority Trust Beneficial Interests) under the Plan (collectively, the "Trust Beneficiaries") and in all events, is subject to the Plan and Confirmation Order;

WHEREAS, the Liquidating Trust is established for the sole purpose of liquidating its assets and distributing the proceeds thereof to the Trust Beneficiaries, in accordance with Treasury Regulations Section 301.7701-4(d), with no objective or authority to continue or engage in the conduct of a trade or business; and

WHEREAS, the Liquidating Trust is intended to qualify as a liquidating trust within the meaning of Treasury Regulations Section 301.7701-4(d).

NOW, THEREFORE, in consideration of the premises and the mutual covenants and agreements contained herein and in the Plan, the Contributors and the Liquidating Trustee agree as follows:

## ARTICLE I

### ESTABLISHMENT OF THE LIQUIDATING TRUST.

1.1 Transfer of Property to Liquidating Trustee. Pursuant to the Plan, the Contributors and the Liquidating Trustee hereby establish the Liquidating Trust and the Contributors hereby transfer, assign, and deliver to the Liquidating Trust and/or to the Liquidating Trustee on behalf of the Liquidating Trust all of their right, title, and interest in and to the Liquidating Trust Assets free and clear of any lien, claim or interest in such property of any other Person or entity except as provided in the Plan. The Liquidating Trustee, as trustee under the Liquidating Trust, agrees to accept and hold the Liquidating Trust Assets in trust, subject to the terms of this Liquidating Trust Agreement, for the benefit of the Trust Beneficiaries. Upon the transfer of the Liquidating Trust Assets to the Liquidating Trust, the Liquidating Trust and/or the Liquidating Trustee on behalf of the Liquidating Trust shall succeed to all of the Contributors' right, title and interest in the Trust Assets (including becoming the plaintiff in any pending Causes of Action) and the Contributors will have no further interest in or with respect to the Liquidating Trust Assets or the Liquidating Trust. The Liquidating Trust shall have all of the Contributors' (a) rights and standing in the Causes of Action which may be filed pre or post-confirmation and (b) defenses and rights of setoff or recoupment as to Claims.

Nothing herein shall be deemed to treat as Liquidating Trust Assets any assets: (a) that (i) constitute Hospital Purchased Assets or (ii) are to be retained by the Post-Effective Date Debtors under the Interim Agreements and the Operating Budget; (b) that constitute accounts to receive payment of Quality Assurance Payments (provided that the funds shall be promptly remitted to the Liquidating Trust following receipt into such accounts); and (c) that are donor restricted assets of any of the Foundations, whether or not contributed to the California Community Foundation pursuant to Section 5 of the Plan. Post-Effective Date, the Contributors, subject to the prior payment of all amounts required to be paid by the Debtors in cash on the Effective Date pursuant to the Plan, shall transfer funds received on account of any Post-

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

**1999**

This Form is Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Note: The organization may have to use a copy of this return to satisfy state reporting requirements.

<b>A</b> For the 1999 calendar year, OR tax year period beginning <u>7/1/99</u> , 1999, and ending <u>6/30/00</u>																
<b>B</b> Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return (required also for State reporting)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>ST. VINCENT FOUNDATION</b></td> <td><b>D</b> Employer identification number <b>95-3922511</b></td> </tr> <tr> <td>Number and street (or P. O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td><b>E</b> Telephone number <del>(348) 484-7145</del> <b>54543</b></td> </tr> <tr> <td><b>2131 WEST THIRD STREET</b></td> <td></td> <td></td> </tr> <tr> <td>City or town</td> <td>State or Country</td> <td>ZIP code</td> </tr> <tr> <td><b>LOS ANGELES</b></td> <td><b>CA</b></td> <td><b>90057</b></td> </tr> </table>	<b>C</b> Name of organization <b>ST. VINCENT FOUNDATION</b>		<b>D</b> Employer identification number <b>95-3922511</b>	Number and street (or P. O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number <del>(348) 484-7145</del> <b>54543</b>	<b>2131 WEST THIRD STREET</b>			City or town	State or Country	ZIP code	<b>LOS ANGELES</b>	<b>CA</b>	<b>90057</b>
<b>C</b> Name of organization <b>ST. VINCENT FOUNDATION</b>		<b>D</b> Employer identification number <b>95-3922511</b>														
Number and street (or P. O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number <del>(348) 484-7145</del> <b>54543</b>														
<b>2131 WEST THIRD STREET</b>																
City or town	State or Country	ZIP code														
<b>LOS ANGELES</b>	<b>CA</b>	<b>90057</b>														
<b>G</b> Type of organization <input checked="" type="checkbox"/> Exempt under section 501(c)( <u>3</u> )(Insert no.) <input type="checkbox"/> section 4947(a)(1) nonexempt charitable trust																

**H(a)** Is this a group return filed for affiliates? Yes or No NO **I** If either box in H is checked "Yes," enter four-digit group exemption number (GEN) 0928

**(b)** If "Yes," enter the number of affiliates for which this return is filed: N/A **J** Accounting method:  Cash  Accrual

**(c)** Is this a separate return filed by an organization covered by a group ruling? YES **K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances		(See Specific Instructions on page 15.)	
<b>1</b> Contributions, gifts, grants, and similar amounts received:			
a Direct public support		<b>1a</b>	1,441,625
b Indirect public support		<b>1b</b>	514,564
c Government contributions (grants)		<b>1c</b>	
d Total (add lines 1a through 1c) (attach schedule of contributors)		<b>1d</b>	1,956,189
(cash \$ <u>1,956,189</u> noncash \$ _____) SEE STMT LINE 1			
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)		<b>2</b>	
<b>3</b> Membership dues and assessments		<b>3</b>	
<b>4</b> Interest on savings and temporary cash investments		<b>4</b>	
<b>5</b> Dividends and interest from securities		<b>5</b>	(1,769)
<b>6a</b> Gross rents		<b>6a</b>	
b Less: rental expenses		<b>6b</b>	
c Net rental income or (loss) (subtract line 6b from line 6a)		<b>6c</b>	
<b>7</b> Other investment income (describe)		<b>7</b>	
<b>8a</b> Gross amount from sales of assets other than inventory		(A) Securities	(B) Other
b Less: cost or other basis and sales expenses		<b>8a</b>	
c Gain or (loss) (attach schedule)		<b>8b</b>	
d Net gain or (loss) (combine line 8c, columns (A) and (B))		<b>8c</b>	
<b>8d</b>		<b>8d</b>	
<b>9</b> Special events and activities (attach schedule)			
a Gross revenue (not including \$ _____ of contributions reported on line 1a)		<b>9a</b>	
b Less: direct expenses other than fundraising expenses		<b>9b</b>	
c Net income or (loss) from special events (subtract line 9b from line 9a)		<b>9c</b>	
<b>10a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>	
b Less: cost of goods sold		<b>10b</b>	
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		<b>10c</b>	
<b>11</b> Other revenue (from Part VII, line 103)		<b>11</b>	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		<b>12</b>	1,954,420
<b>13</b> Program services (from line 44, column (B))		<b>13</b>	1,696,226
<b>14</b> Management and general (from line 44, column (C))		<b>14</b>	151,460
<b>15</b> Fundraising (from line 44, column (D))		<b>15</b>	0
<b>16</b> Payments to affiliates (attach schedule)		<b>16</b>	0
<b>17</b> Total expenses (add lines 16 and 44, column (A))		<b>17</b>	1,847,686
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)		<b>18</b>	106,734
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))		<b>19</b>	32,634
<b>20</b> Other changes in net assets or fund balances (attach explanation)		<b>20</b>	0
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)		<b>21</b>	139,368

AG 079

**Part IV Balance Sheets** (See Specific Instructions on page 22.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>				
45	Cash - non-interest-bearing		45	108,503
46	Savings and temporary cash investments		46	
47a	Accounts receivable			
	b Less: allowance for doubtful accounts		47c	
48a	Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54	Investments - securities (attach schedule)		54	(1,769)
55a	Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55c	
56	Investments - other (attach schedule)		56	
57a	Land, buildings, and equipment: basis			
	b Less: accumulated depreciation		57c	
58	Other assets (describe LIFE INSURANCE CASH SURRENDER VALUE)	58,128	58	58,128
59	<b>Total assets (add lines 45 through 58) (must equal line 74)</b>	58,128	59	164,862
<b>Liabilities</b>				
60	Accounts payable and accrued expenses		60	
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule) SEE STATEMENT LINE 64b	25,494	64b	25,494
65	Other liabilities (describe)		65	
66	<b>Total liabilities (add lines 60 through 65)</b>	25,494	66	25,494
<b>Net Assets or Fund Balances</b>				
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted	32,634	67	139,368
68	Temporarily restricted		68	
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, bldg., and equipment fund		71	
72	Retained earnings, accumulated income, endowment, or other funds		72	
73	<b>Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)</b>	32,634	73	139,368
74	<b>Total liabilities and net assets/fund balances (add lines 66 and 73)</b>	58,128	74	164,862

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2000**

Department of the Treasury  
Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2000 calendar year, OR tax year period beginning JULY 1, 2000, and ending JUNE 30, 2001

**B** Check if:

- Change of address
- Change of name
- Initial return
- Final return
- Amended return

**C** Name of organization: **ST. VINCENT FOUNDATION**

Number and street (or P. O. box if mail is not delivered to street address) Room/suite  
**2131 WEST THIRD STREET**

City or town State or Country ZIP code  
**LOS ANGELES CA 90057**

**D** Employer identification number: **95-3922511**

**E** Telephone number: **(213) 484-7145 54543**

**F** Check  if application is pending

**G** Organization type (check only one)  501(c) ( 3 ) (insert no.)  527 or  4947(a)(1)

*Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990 or 990-EZ).*

**J** Accounting method:  Cash  Accrual  Other (specify)

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: H and I are not applicable to section 527 orgs.  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates: N/A  
**H(c)** Are all affiliates included? N/A  Yes  No (If "No," attach a list. See Inst.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Enter 4-digit group exemption number (GEN): 0928  
**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

(See Specific Instructions on page 16.)

<b>1</b> Contributions, gifts, grants, and similar amounts received:					
<b>a</b> Direct public support		<b>1a</b>	596,128		
<b>b</b> Indirect public support		<b>1b</b>			
<b>c</b> Government contributions (grants)		<b>1c</b>			
<b>d</b> Total (add lines 1a through 1c) (cash \$ <u>596,128</u> noncash \$ )		<b>1d</b>	596,128		
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)		<b>2</b>			
<b>3</b> Membership dues and assessments		<b>3</b>			
<b>4</b> Interest on savings and temporary cash investments		<b>4</b>	4,515		
<b>5</b> Dividends and interest from securities		<b>5</b>			
<b>6a</b> Gross rents		<b>6a</b>			
<b>b</b> Less: rental expenses		<b>6b</b>			
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)		<b>6c</b>			
<b>7</b> Other investment income (describe )		<b>7</b>			
<b>8a</b> Gross amount from sales of assets other than inventory		(A) Securities (B) Other			
<b>b</b> Less: cost or other basis and sales expenses		<b>8a</b>			
<b>c</b> Gain or (loss) (attach schedule)		<b>8b</b>			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))		<b>8c</b>			
<b>8d</b>		<b>8d</b>			
<b>9</b> Special events and activities (attach schedule)					
<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)		<b>9a</b>			
<b>b</b> Less: direct expenses other than fundraising expenses		<b>9b</b>			
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)		<b>9c</b>			
<b>10a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>			
<b>b</b> Less: cost of goods sold		<b>10b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)		<b>11</b>			
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		<b>12</b>	600,643		
<b>Ex-pen-ses</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	525,117		
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	121,134		
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b> Total expenses (add lines 16 and 44, column (A))		<b>17</b>	646,251		
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	(45,608)		
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	139,368		
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	93,760		

For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

(HTA)

Form 990 (2000)



**Part IV Balance Sheets** (See Specific Instructions on page 23.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>				
45	Cash - non-interest-bearing		45	
46	Savings and temporary cash investments	106,734	46	85,682
47a	Accounts receivable		47a	
b	Less: allowance for doubtful accounts		47b	47c
48a	Pledges receivable		48a	
b	Less: allowance for doubtful accounts		48b	48c
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)		51a	
b	Less: allowance for doubtful accounts		51b	51c
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments - land, buildings, and equipment: basis		55a	
b	Less: accumulated depreciation (attach schedule)		55b	55c
56	Investments - other (attach schedule)		56	
57a	Land, buildings, and equipment: basis		57a	
b	Less: accumulated depreciation		57b	57c
58	Other assets (describe <u>LIFE INSURANCE CASH SURRENDER VALUE</u> )	58,128	58	32,635
59	<b>Total assets (add lines 45 through 58) (must equal line 74)</b>	164,862	59	118,317
<b>Liabilities</b>				
60	Accounts payable and accrued expenses		60	
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)	25,494	64b	
65	Other liabilities (describe <u>DUE TO RELATED PARTIES</u> )		65	24,557
66	<b>Total liabilities (add lines 60 through 65)</b>	25,494	66	24,557
<b>Net Assets or Fund Balances</b>				
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted	139,368	67	93,760
68	Temporarily restricted		68	
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, bldg., and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	<b>Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)</b>	139,368	73	93,760
74	<b>Total liabilities and net assets/fund balances (add lines 66 and 73)</b>	164,862	74	118,317

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part VII Analysis of Income-Producing Activities**

(See Specific Instructions on pages 30.)

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(E)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
<b>93</b> Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments.					
g Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	4,515	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue					
b					
c					
d					
e					
<b>104</b> Subtotal (add cols. (B), (D), and (E))				4,515	
<b>105</b> TOTAL (add line 104, columns (B), (D), and (E))					4,515

Note: (Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.)

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes**

(See Specific Instructions on page 31.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	N/A

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities**

(See Specific Instructions on page 31.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts**

(See Specific Instructions on page 31.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (IMPORTANT: See General Instruction W. on page 14.)

Signature of officer	Date	Type or print name	Title
Preparer's signature <i>mpw</i>		MICHAEL P. WALTON	
Firm's name (or yours if self-employed) and address, and ZIP code		Date	Check if self-employed
ARTHUR ANDERSEN LLP		4-25-02	<input type="checkbox"/> employed
101 SECOND STREET, SUITE 1100		EIN	Preparer's SSN or PTIN
SAN FRANCISCO, CA 94105-3601		38-0732690	
		Phone	(415) 540-8200

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2001**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2001 calendar year, OR tax year period beginning **JULY 1**, 2001, and ending **JUNE 30, 2002**

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

**C** Name of organization: **ST. VINCENT FOUNDATION**  
 Number and street (or P. O. box if mail is not delivered to street address) Room/suite  
**2131 WEST THIRD STREET**  
 City or town State or Country ZIP code  
**LOS ANGELES CA 90057**

**D** Employer identification number: **95-3922511**

**E** Telephone number: **CT# 545A3 (213) 484-7325**

**F** Accounting method:  Cash  Accrual  
 Other (specify)

**G** Web site: **N/A**

**J** Organization type (check only one)  501(c)(3) (insert no.)  4947(a)(1)  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **2,610,799**

**H and I are not applicable to section 527 organizations.**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates: **N/A**  
**H(c)** Are all affiliates included? **N/A**  Yes  No  
 (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Enter 4-digit GEN: **0928**  
**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 16.)

<b>1</b> Contributions, gifts, grants, and similar amounts received:				
<b>a</b> Direct public support		<b>1a</b>	<b>2,298,078</b>	
<b>b</b> Indirect public support		<b>1b</b>		
<b>c</b> Government contributions (grants)		<b>1c</b>		
<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>2,298,078</b> noncash \$ )		<b>1d</b>		<b>2,298,078</b>
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)		<b>2</b>		
<b>3</b> Membership dues and assessments		<b>3</b>		
<b>4</b> Interest on savings and temporary cash investments		<b>4</b>		<b>152,570</b>
<b>5</b> Dividends and interest from securities		<b>5</b>		
<b>6a</b> Gross rents		<b>6a</b>		
<b>b</b> Less: rental expenses		<b>6b</b>		
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)		<b>6c</b>		
<b>7</b> Other investment income (describe )		<b>7</b>		
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>			
<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			
<b>9</b> Special events and activities (attach schedule)				
<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)		<b>9a</b>	<b>160,151</b>	
<b>b</b> Less: direct expenses other than fundraising expenses		<b>9b</b>	<b>97,952</b>	
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)		<b>9c</b>		<b>62,199</b>
<b>10a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>		
<b>b</b> Less: cost of goods sold		<b>10b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		<b>10c</b>		
<b>11</b> Other revenue (from Part VII, line 103)		<b>11</b>		
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		<b>12</b>		<b>2,512,847</b>
<b>13</b> Program services (from line 44, column (B))		<b>13</b>		<b>1,288,127</b>
<b>14</b> Management and general (from line 44, column (C))		<b>14</b>		<b>233,089</b>
<b>15</b> Fundraising (from line 44, column (D))		<b>15</b>		
<b>16</b> Payments to affiliates (attach schedule)		<b>16</b>		
<b>17</b> Total expenses (add lines 16 and 44, column (A))		<b>17</b>		<b>1,521,216</b>
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)		<b>18</b>		<b>991,631</b>
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))		<b>19</b>		<b>93,760</b>
<b>20</b> Other changes in net assets or fund balances (attach explanation)		<b>20</b>		<b>(107,459)</b>
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)		<b>21</b>		<b>977,932</b>

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2001)

Form 990 (2001)

ST. VINCENT FOUNDATION

95-3922511

Page 3

**Part IV Balance Sheets**

(See Specific Instructions on page 24.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>				
45	Cash - non-interest-bearing		45	
46	Savings and temporary cash investments	85,682	46	816,057
47a	Accounts receivable		47a	
b	Less: allowance for doubtful accounts		47b	47c
48a	Pledges receivable		48a	
b	Less: allowance for doubtful accounts		48b	48c
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)		51a	
b	Less: allowance for doubtful accounts		51b	51c
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54	Investments - securities (attach schedule) . . .SEE STATEMENT LINE 54 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		54	2,684
55a	Investments - land, buildings, and equipment: basis		55a	
b	Less: accumulated depreciation (attach schedule)		55b	55c
56	Investments - other (attach schedule)		56	
57a	Land, buildings, and equipment: basis		57a	
b	Less: accumulated depreciation		57b	57c
58	Other assets (describe SEE STATEMENT LINE 58)	32,635	58	632,635
59	<b>Total assets (add lines 45 through 58) (must equal line 74)</b>	118,317	59	1,451,376
<b>Liabilities</b>				
60	Accounts payable and accrued expenses		60	
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe SEE STATEMENT LINE 65)	24,557	65	473,444
66	<b>Total liabilities (add lines 60 through 65)</b>	24,557	66	473,444
<b>Net Assets or Fund Balances</b>				
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted	93,760	67	538,936
68	Temporarily restricted		68	438,996
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, bldg., and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	<b>Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)</b>	93,760	73	977,932
74	<b>Total liabilities and net assets/fund balances (add lines 66 and 73)</b>	118,317	74	1,451,376

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Form 990 (2001)

ST. VINCENT FOUNDATION

95-3922511

Page 6

**Part VII Analysis of Income-Producing Activities**

(See Specific Instructions on pages 32.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events			01	62,199	
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue:					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add cols. (B), (D), and (E))				62,199	
<b>105</b> Total (add line 104, columns (B), (D), and (E))					62,199

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes**

(See Specific Instructions on page 32.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	N/A

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities**

(See Specific Instructions on page 33.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts**

(See Specific Instructions on page 33.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

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

Signature of officer	Date	Type or print name	Title
Preparer's signature		Date	Preparer's SSN or PTIN
<b>ORIGINAL SIGNED BY</b> <b>SHARON L. ZORBACH</b>		SHARON ZORBACH	
Preparer's Use Only	Firm's name (or yours if self-employed) and address, and ZIP code	EIN	Phone
	DELOITTE & TOUCHE LLP 50 FREMONT STREET SAN FRANCISCO, CA 94105	13-3891517	(415) 783-4000

Form 990 (2001)

54543 ne

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2002**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2002 calendar year, OR tax year period beginning JULY 1, 2002, and ending JUNE 30, 2003

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

**C** Name of organization  
**ST. VINCENT FOUNDATION**

Number and street (or P. O. box if mail is not delivered to street address) Room/suite  
2131 WEST THIRD STREET

City or town State or Country ZIP code  
LOS ANGELES CA 90057

**D** Employer identification number  
95-3922511

**E** Telephone number CT 54543  
(213) 484-7325

**F** Accounting method:  Cash  Accrual  
 Other (specify)

**G** Web site: N/A

**H and I** are not applicable to section 527 organizations.  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates N/A  
**H(c)** Are all affiliates included?  Yes  No  
 (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Enter 4-digit GEN 0928

**J** Organization type (check only one)  501(c)(3) (insert no.)  4947(a)(1)  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Gross receipts: Add lines 8b, 8b, 9b, and 10b to line 12 3,428,474

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 18.)

<b>1</b> Contributions, gifts, grants, and similar amounts received:					
a Direct public support		<b>1a</b>	<u>748,554</u>		
b Indirect public support		<b>1b</b>	<u>2,156,697</u>		
c Government contributions (grants)		<b>1c</b>			
d Total (add lines 1a through 1c) (cash \$ <u>2,905,251</u> noncash \$ )		<b>1d</b>		<u>2,905,251</u>	
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)				<b>2</b>	
<b>3</b> Membership dues and assessments				<b>3</b>	
<b>4</b> Interest on savings and temporary cash investments				<b>4</b>	<u>7,898</u>
<b>5</b> Dividends and interest from securities				<b>5</b>	
<b>6a</b> Gross rents		<b>6a</b>			
b Less: rental expenses		<b>6b</b>			
c Net rental income or (loss) (subtract line 6b from line 6a)				<b>6c</b>	
<b>7</b> Other investment income (describe )				<b>7</b>	
<b>8a</b> Gross amount from sales of assets other than inventory		(A) Securities	(B) Other		
b Less: cost or other basis and sales expenses		<b>8a</b>			
c Gain or (loss) (attach schedule)		<b>8b</b>			
d Net gain or (loss) (combine line 8c, columns (A) and (B))		<b>8c</b>			
<b>9</b> Special events and activities (attach schedule)					
a Gross revenue (not including \$ of contributions reported on line 1a)		<b>9a</b>	<u>156,080</u>		
b Less: direct expenses other than fundraising expenses		<b>9b</b>	<u>102,079</u>		
c Net income or (loss) from special events (subtract line 9b from line 9a)				<b>9c</b>	<u>54,001</u>
<b>10a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>			
b Less: cost of goods sold		<b>10b</b>			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				<b>10c</b>	
<b>11</b> Other revenue (from Part VII, line 103)				<b>11</b>	<u>359,245</u>
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				<b>12</b>	<u>3,326,395</u>
<b>13</b> Program services (from line 44, column (B))				<b>13</b>	<u>2,776,231</u>
<b>14</b> Management and general (from line 44, column (C))				<b>14</b>	<u>241,608</u>
<b>15</b> Fundraising (from line 44, column (D))				<b>15</b>	
<b>16</b> Payments to affiliates (attach schedule)				<b>16</b>	
<b>17</b> Total expenses (add lines 16 and 44, column (A))				<b>17</b>	<u>3,017,839</u>
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)				<b>18</b>	<u>308,556</u>
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))				<b>19</b>	<u>977,932</u>
<b>20</b> Other changes in net assets or fund balances (attach explanation) SEE STATEMENT LINE 20				<b>20</b>	<u>13,310</u>
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)				<b>21</b>	<u>1,299,798</u>

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2002)

**COPY**  
AG 088

**Part IV Balance Sheets**

(See Specific Instructions on page 24.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>				
45	Cash - non-interest-bearing		45	
46	Savings and temporary cash investments	816,057	46	228,556
47a	Accounts receivable		47a	
	b Less: allowance for doubtful accounts		47b	47c
48a	Pledges receivable		48a	
	b Less: allowance for doubtful accounts		48b	48c
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)		51a	
	b Less: allowance for doubtful accounts		51b	51c
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	2,684	54	
55a	Investments - land, buildings, and equipment: basis		55a	
	b Less: accumulated depreciation (attach schedule)		55b	55c
56	Investments - other (attach schedule)		56	
57a	Land, buildings, and equipment: basis		57a	
	b Less: accumulated depreciation		57b	57c
58	Other assets (describe SEE STATEMENT LINE 58)	632,635	58	1,703,653
59	<b>Total assets (add lines 45 through 58) (must equal line 74)</b>	1,451,376	59	1,932,209
<b>Liabilities</b>				
60	Accounts payable and accrued expenses		60	
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe SEE STATEMENT LINE 65)	473,444	65	632,411
66	<b>Total liabilities (add lines 60 through 65)</b>	473,444	66	632,411
<b>Net Assets or Fund Balances</b>				
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted	538,936	67	162,234
68	Temporarily restricted	438,996	68	1,145,773
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, bldg., and equipment fund		71	696,053
72	Retained earnings, endowment, accumulated income, or other funds		72	(704,262)
73	<b>Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)</b>	977,932	73	1,299,798
74	<b>Total liabilities and net assets/fund balances (add lines 66 and 73)</b>	1,451,376	74	1,932,209

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Form 990 (2002)

ST. VINCENT FOUNDATION

95-3922511

Page 6

**Part VII Analysis of Income-Producing Activities**

(See Specific Instructions on pages 32.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
a					
b					
c					
d					
e					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			01	7,898	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events			01	54,001	
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <u>OTHER REVENUE</u>			01	359,245	
b					
c					
d					
e					
<b>104</b> Subtotal (add cols. (B), (D), and (E))				421,144	
<b>105</b> Total (add line 104, columns (B), (D), and (E))					421,144

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes**

(See Specific Instructions on page 32.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	N/A

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities**

(See Specific Instructions on page 33.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts**

(See Specific Instructions on page 33.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Please Sign Here**

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

Signature of officer	Date	Type or print name	Title
Preparer's signature <b>ORIGINAL SIGNED BY SHARON L. ZORBACH</b>	SHARON ZORBACH	DATE MAY 14 2008	Preparer's SSN or PTIN
Firm's name (or yours if self-employed) and address, and ZIP code	DELOITTE & TOUCHE LLP 50 FREMONT STREET SAN FRANCISCO, CA 94105		EIN 13-3891517 Phone (415) 783-4000

Form 990 (2002)



54543

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2003

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2003 calendar year, OR tax year period beginning **July 1**, 2003, and ending **June 30, 2004**

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

**C** Name of organization: **ST. VINCENT FOUNDATION**  
 Number and street (or P. O. box if mail is not delivered to street address) Room/suite: **2131 WEST THIRD STREET**  
 City or town State or Country ZIP code: **LOS ANGELES CA 90057**

**D** Employer identification number: **95-3922511**

**E** Telephone number: **(213) 484-7325**

**F** Accounting method:  Cash  Accrual  
 Other (specify)

**G** Web site: **N/A**

**J** Organization type (check only one):  501(c)(3) (insert no.)  4947(a)(1)  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Gross receipts: Add lines 8b, 8b, 9b, and 10b to line 12 **8,620,475**

**H and I are not applicable to section 527 organizations.**  
 H(a) Is this a group return for affiliates?  Yes  No  
 H(b) If "Yes," enter number of affiliates: **N/A**  
 H(c) Are all affiliates included? **N/A**  Yes  No  
 H(d) If "No," attach a list. See instructions. Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
 I Enter 4-digit GEN: **0928**  
 M Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 18.)

<b>R</b> <b>e</b> <b>v</b> <b>e</b> <b>n</b> <b>u</b> <b>e</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Direct public support	<b>1a</b>	5,655,510	
	<b>b</b> Indirect public support	<b>1b</b>	2,951,318	
	<b>c</b> Government contributions (grants)	<b>1c</b>		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 8,606,828 noncash \$ )	<b>1d</b>		8,606,828
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		
	<b>3</b> Membership dues and assessments	<b>3</b>		
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		7,518
	<b>5</b> Dividends and interest from securities	<b>5</b>		
	<b>6a</b> Gross rents	<b>6a</b>		
	<b>b</b> Less: rental expenses	<b>6b</b>		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
<b>7</b> Other investment income (describe )	<b>7</b>			
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>			
<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>			
<b>9</b> Special events and activities (attach schedule)				
<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>			
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b> Less: cost of goods sold	<b>10b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		6,129	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		8,620,475	
<b>Ex</b> <b>pen</b> <b>ses</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	2,989,521	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>		2,989,521
<b>Net</b> <b>Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	5,630,954	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	1,299,798	
	<b>20</b> Other changes in net assets or fund balances (attach explanation) SEE STATEMENT LINE 20	<b>20</b>	(93,038)	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	6,837,714	

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

**Part IV Balance Sheets** (See Specific instructions on page 24.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>				
45	Cash - non-interest-bearing		45	
46	Savings and temporary cash investments	228,556	46	366,201
47a	Accounts receivable		47a	
	b Less: allowance for doubtful accounts		47b	47c
48a	Pledges receivable		48a	
	b Less: allowance for doubtful accounts		48b	48c
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)		51a	
	b Less: allowance for doubtful accounts		51b	51c
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54	Investments - securities (attach schedule) SEE STATEMENT LINE 64 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		54	7,949,455
55a	Investments - land, buildings, and equipment: basis		55a	
	b Less: accumulated depreciation (attach schedule)		55b	55c
56	Investments - other (attach schedule)		56	
57a	Land, buildings, and equipment: basis		57a	
	b Less: accumulated depreciation		57b	57c
58	Other assets (describe SEE STATEMENT LINE 58)	1,703,653	58	32,635
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	1,932,209	59	8,348,291
<b>Liabilities</b>				
60	Accounts payable and accrued expenses		60	
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe SEE STATEMENT LINE 65)	632,411	65	1,510,577
66	<b>Total liabilities</b> (add lines 60 through 65)	632,411	66	1,510,577
<b>Net Assets or Fund Balances</b>				
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted	162,234	67	(655,204)
68	Temporarily restricted	1,137,564	68	5,492,956
69	Permanently restricted		69	1,999,962
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, bldg., and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	1,299,798	73	6,837,714
74	<b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	1,932,209	74	8,348,291

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Form 990 (2003+A39)

ST. VINCENT FOUNDATION

95-3922511

Page 6

**Part VII Analysis of Income-Producing Activities**

(See Specific Instructions on pages 32.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
<b>93</b> Program service revenue:					
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			01	7,518	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue:					
<b>b</b>			01	6,129	
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add cols. (B), (D), and (E))				13,647	
<b>105</b> Total (add line 104, columns (B), (D), and (E))					13,647

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes**

(See Specific Instructions on page 32.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	N/A

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities**

(See Specific Instructions on page 33.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts**

(See Specific Instructions on page 33.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

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

Signature of officer: *[Signature]* Date: 5/6/05 Type or print name: Gustavo A. Valdespino Title: CEO

Paid Preparer's signature: Valerie J. Ball VALERIE BALL Date: 4/26/05 Check if self-employed:  Preparer's SSN or PTIN: \_\_\_\_\_

Preparer's Use Only

Firm's name (or yours if self-employed) and address, and ZIP code: GRANT THORNTON LLP ONE CALIFORNIA STREET, SUITE 2300 SAN FRANCISCO, CA 94111

EIN: \_\_\_\_\_ Phone (415) 986-3900

Form 990 (2003)

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047  
**2004**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2004 calendar year, or tax year beginning 07/01, 2004, and ending 06/30/2005**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ST. VINCENT FOUNDATION</b>	<b>D</b> Employer identification number <b>95-3922511</b>
	Please use IRS label or print or type. See Specific Instructions. Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2131 WEST THIRD STREET</b>	<b>E</b> Telephone number <b>(213) 484-7325</b>
	City or town, state or country, and ZIP + 4 <b>LOS ANGELES, CA 90057</b>	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? (If "No," attach a list. See instructions.)  Yes  No

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Group Exemption Number **0928**

M Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: **WWW.STVINCENTMEDICALCENTER.COM**

J Organization type (check only one)  501(c) (3) (Insert no.)  4947(a)(1) or  527

K Check here  If the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **4,248,307.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)**

<b>1</b> Contributions, gifts, grants, and similar amounts received:			
a	Direct public support	1a	2,572,147.
b	Indirect public support	1b	2,496,712.
c	Government contributions (grants)	1c	
d	Total (add lines 1a through 1c) (cash \$ <b>5,068,859.</b> noncash \$ )	1d	5,068,859.
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	2	
<b>3</b>	Membership dues and assessments	3	
<b>4</b>	Interest on savings and temporary cash investments	4	102,515.
<b>5</b>	Dividends and interest from securities	5	
6a	Gross rents	6a	
b	Less: rental expenses	6b	
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	
<b>7</b>	Other investment income (describe: )	7	
8a	Gross amount from sales of assets other than inventory	8a	
b	Less: cost or other basis and sales expenses	8b	
c	Gain or (loss) (attach schedule)	8c	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a	
b	Less: direct expenses other than fundraising expenses	9b	
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
10a	Gross sales of inventory, less returns and allowances	10a	
b	Less: cost of goods sold	10b	
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
<b>11</b>	Other revenue (from Part VII, line 103)	11	-923,067.
<b>12</b>	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	4,248,307.
<b>13</b> Program services (from line 44, column (B))		13	1,927,760.
<b>14</b> Management and general (from line 44, column (C))		14	
<b>15</b> Fundraising (from line 44, column (D))		15	
<b>16</b> Payments to affiliates (attach schedule)		16	
<b>17</b> <b>Total expenses</b> (add lines 16 and 44, column (A))		17	1,927,760.
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)		18	2,320,547.
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))		19	6,837,714.
<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>STMT 1</b>		20	-333,209.
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	8,825,052.

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

Form 990 (2004)

**Part IV Balance Sheets** (See page 25 of the instructions.)

		(A) Beginning of year		(B) End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
<b>Assets</b>	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	366,201	46	1,700,639
	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	2,134,395
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)	51a 7,252		
	b Less: allowance for doubtful accounts	51b	51c	7,252
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	13,289
	54 Investments - securities (attach schedule) STMT 5. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		7,949,455 54	6,943,624
	55a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b	55c	
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment: basis	57a			
b Less: accumulated depreciation (attach schedule)	57b	57c		
58 Other assets (describe)		32,635 58	NONE	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)		8,348,291 59	10,799,199	
<b>Liabilities</b>	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	333,978
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe) STMT 6		1,510,577 65	1,640,169
<b>66 Total liabilities</b> (add lines 60 through 65)		1,510,577 66	1,974,147	
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>				
<b>Net Assets or Fund Balances</b>	67 Unrestricted	-655,204	67	226,225
	68 Temporarily restricted	5,492,956	68	7,144,123
	69 Permanently restricted	1,999,962	69	1,454,704
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>				
70 Capital stock, trust principal, or current funds		70		
71 Paid-in or capital surplus, or land, building, and equipment fund		71		
72 Retained earnings, endowment, accumulated income, or other funds		72		
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		6,837,714 73	8,825,052	
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		8,348,291 74	10,799,199	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	102,515.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b MGMT SVCS-SVMC			01	238,410.	
c OTHER REVENUE			01	156,011.	
d WRITE OFF OF GRANT			01	-1,317,488.	
e RECEIVABLE					
104 Subtotal (add columns (B), (D), and (E))				-820,552.	
105 Total (add line 104, columns (B), (D), and (E))					-820,552.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
1	
2	
3	
4	
5	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Please Sign Here**

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

Signature of officer: *[Signature]* Date: 5/15/06

Type or print name and title: J. Marc Coleman, Treasurer CFO

**Paid Preparer's Use Only**

Preparer's signature: *[Signature]* Date: 5/1/06

Check if self-employed:

Proprietary SSN or PTIN (See Gen. Inst. W): P00178114

Firm's name (or yours if self-employed), address, and ZIP + 4: GRANT THORNTON LLP, ONE CALIFORNIA STREET, SUITE 2300, SAN FRANCISCO, CA 94111

EIN: 36-6055558

Phone no.: 415-986-3900

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2005**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2005 calendar year, or tax year beginning 07/01, 2005, and ending 06/30/2006**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> ST. VINCENT FOUNDATION	<b>D Employer identification number</b> 95-3922511
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2131 WEST THIRD STREET	<b>E Telephone number</b> (213) 484-7325
	City or town, state or country, and ZIP + 4 LOS ANGELES, CA 90057	<b>F Accounting method:</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify)
	Please use IRS label or print or type. See Specific Instructions.	

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

**G Website:** N/A

**J Organization type (check only one):**  501(c)(3) (Insert no.) 4947(a)(1) or 527

**K Check here:**  If the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

**L Gross receipts:** Add lines 8b, 8b, 9b, and 10b to line 12 **6,960,323.**

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates **N/A**

**H(c)** Are all affiliates included? (If "No," attach a list. See instructions.)  Yes  No

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I Group Exemption Number:** 0928

**M Check:**  If the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

Revenue	Expenses	Net Assets	Line	Amount
1 Contributions, gifts, grants, and similar amounts received:				
a Direct public support			1a	1,636,119.
b Indirect public support			1b	4,916,391.
c Government contributions (grants)			1c	
d Total (add lines 1a through 1c) (cash \$ 6,552,510. noncash \$ )			1d	6,552,510.
2 Program service revenue including government fees and contracts (from Part VII, line 93)			2	
3 Membership dues and assessments			3	
4 Interest on savings and temporary cash investments			4	228,778.
5 Dividends and interest from securities			5	
6 a Gross rents			6a	
b Less: rental expenses			6b	
c Net rental income or (loss) (subtract line 6b from line 6a)			6c	
7 Other investment income (describe )			7	
8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	8a	
b Less: cost or other basis and sales expenses			8b	
c Gain or (loss) (attach schedule)			8c	
d Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ of contributions reported on line 1a)			9a	
b Less: direct expenses other than fundraising expenses			9b	
c Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
10 a Gross sales of inventory, less returns and allowances			10a	
b Less: cost of goods sold			10b	
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
11 Other revenue (from Part VII, line 103)			11	179,035.
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	6,960,323.
13 Program services (from line 44, column (B))			13	2,523,297.
14 Management and general (from line 44, column (C))			14	
15 Fundraising (from line 44, column (D))			15	
16 Payments to affiliates (attach schedule)			16	
17 Total expenses (add lines 16 and 44, column (A))			17	2,523,297.
18 Excess or (deficit) for the year (subtract line 17 from line 12)			18	4,437,026.
19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	8,825,052.
20 Other changes in net assets or fund balances (attach explanation) STMT 3. STMT 4.			20	54,268.
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	13,316,346.

For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions. Form 990 (2005)

**Part IV Balance Sheets (See the instructions.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	1,700,639.	46	3,532,287.
	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable	2,134,395.	49	6,091,097.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)	51a NONE		
	b Less: allowance for doubtful accounts	51b	7,252.	51c NONE
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	13,289.	53	22,974.
	54 Investments - securities (attach schedule) STMT 7. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	6,943,624.	54	7,025,154.
	55a Investments - land, buildings, and equipment: basis	55a		
b Less: accumulated depreciation (attach schedule)	55b	55c		
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment: basis	57a			
b Less: accumulated depreciation (attach schedule)	57b	57c		
58 Other assets (describe <input type="checkbox"/> STMT 8 )		58	20,315.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58.	10,799,199.	59	16,691,827.	
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable	333,978.	61	871,674.
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
65 Other liabilities (describe <input type="checkbox"/> STMT 9 )	1,640,169.	65	2,503,807.	
66 <b>Total liabilities.</b> Add lines 60 through 65	1,974,147.	66	3,375,481.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	226,225.	67	703,774.
	68 Temporarily restricted	7,144,123.	68	11,137,261.
	69 Permanently restricted	1,454,704.	69	1,475,311.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	8,825,052.	73	13,316,346.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.	10,799,199.	74	16,691,827.	



**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments . . . . .			14	228,778.	
96 Dividends and interest from securities . . . . .					
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from personal property . . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .					
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue: a _____					
b MGMT SVCS-SVMC			01	205,085.	
c GRANT RECEIV. W/O			01	-26,050.	
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				407,813.	
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					407,813.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

**Please Sign Here**

Signature of officer: Mark C Herbers Date: 5/2/07

Type or print name and title: MARK C HERBERS, VP Finance & CFO

**Paid Preparer's Use Only**

Preparer's signature: Chaw J Ball Date: 4/23/07 Check if self-employed:

Preparer's SSN or PTIN (See Gen. Inst. V): P00178114

Firm's name (or yours if self-employed), address, and ZIP + 4: GRANT THORNTON LLP  
ONE CALIFORNIA STREET, SUITE 2300  
SAN FRANCISCO, CA 94111

EIN: 36-6055558 Phone no.: 415-986-3900

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047  
**2006**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2006 calendar year, or tax year beginning 07/01, 2006, and ending 06/30/2007

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>ST. VINCENT FOUNDATION</u>	<b>D</b> Employer identification number <u>95-3922511</u>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>2131 WEST THIRD STREET</u>	<b>E</b> Telephone number <u>(213) 484-7325</u>
	City or town, state or country, and ZIP + 4 <u>LOS ANGELES, CA 90057</u>	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates N/A

H(c) Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Group Exemption Number 0928

M Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: N/A

J Organization type (check only one)  501(c)(3) (Insert no.)  4947(a)(1) or  527

K Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 1,941,866.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

<b>1</b> Contributions, gifts, grants, and similar amounts received:					
	<b>a</b> Contributions to donor advised funds	<b>1a</b>			
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>	<u>1,430,124.</u>		
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>			
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>			
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <u>1,430,124.</u> noncash \$ _____)	<b>1e</b>		<u>1,430,124.</u>	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments <u>STMT 3</u>	<b>4</b>		<u>352,576.</u>	
	<b>5</b> Dividends and interest from securities	<b>5</b>			
<b>Revenue</b>	<b>6a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>			
	<b>7</b> Other investment income (describe _____)	<b>7</b>			
	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>	<b>8b</b>		
	<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>			
	<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8d</b>			
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)	<b>9a</b>			
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>				
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
<b>b</b> Less: cost of goods sold	<b>10b</b>				
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>				
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			<u>159,166.</u>	
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>			<u>1,941,866.</u>	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		<u>7,085,105.</u>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses. Add lines 16 and 44, column (A)	<b>17</b>			<u>7,085,105.</u>
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>		<u>-5,143,239.</u>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<u>13,316,346.</u>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>			<u>8,173,107.</u>

**RECEIVED**  
Attorney General's Office  
**MAY 20 2008**  
Registry of Charitable Trusts

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

Form 990 (2006)

**Part IV Balance Sheets (See the instructions.)**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	NONE	45	4,877,455.
	46 Savings and temporary cash investments	3,532,287.	46	2,317,795.
	47a Accounts receivable			
	b Less: allowance for doubtful accounts		47c	
	48a Pledges receivable	61,760.		
	b Less: allowance for doubtful accounts		NONE	48c 61,760.
	49 Grants receivable	6,091,097.	49	1,224,932.
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	22,974.	53	15,000.
	54a Investments - publicly-traded securities STMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	7,025,154.	54a	443,353.
	b Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a Investments - land, buildings, and equipment: basis	153,682.		
	b Less: accumulated depreciation (attach schedule)		NONE	55c 153,682.
	56 Investments - other (attach schedule)		56	
	57a Land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule)		57c	
58 Other assets, including program-related investments (describe STMT 7 )	20,315.	58	6,237,154.	
59 Total assets (must equal line 74). Add lines 45 through 58	16,691,827.	59	15,331,131.	
Liabilities	60 Accounts payable and accrued expenses	NONE	60	389,412.
	61 Grants payable	871,674.	61	NONE
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe STMT 8 )	2,503,807.	65	6,768,612.
66 Total liabilities. Add lines 60 through 65	3,375,481.	66	7,158,024.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	703,774.	67	-21,727.
	68 Temporarily restricted	11,137,261.	68	6,898,063.
	69 Permanently restricted	1,475,311.	69	1,296,771.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21).	13,316,346.	73	8,173,107.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	16,691,827.	74	15,331,131.	

**Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).**

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Yes No

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

Signature of officer: M. Garko Date: 5-15-08  
Type or print name and title: M. GARKO CFO

**Paid Preparer's Use Only**  
Preparer's signature: Joseph S. DeTiene Date: 5/14/08 Check if self-employed:   
Firm's name (or yours if self-employed) address, and ZIP + 4: GRANT THORNTON LLP  
150 ALMADEN BLVD., SUITE 600  
SAN JOSE, CA 95113  
Preparer's SSN or PTIN (See Gen. Inst. X): P00329386  
EIN: 36-6055558  
Phone no.: 408-275-9000

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2007**

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements. *N/A*

Department of the Treasury  
Internal Revenue Service

**A** For the 2007 calendar year, or tax year beginning 07/01, 2007, and ending 06/30/2008

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization ST. VINCENT FOUNDATION	<b>D</b> Employer identification number 95-3922511
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2131 WEST THIRD STREET	<b>E</b> Telephone number (213) 484-7325
	City or town, state or country, and ZIP + 4 LOS ANGELES, CA 90057	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶
	Please use IRS label or print or type. See Specific Instructions.	

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

*H and I are not applicable to section 527 organizations.*

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates ▶ N/A

**H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number ▶ 0928

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**G** Website: ▶ N/A

**J** Organization type (check only one)  501(c)(3) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 4,105,361.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Instructions.)**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Contributions to donor advised funds	1a		
	<b>b</b> Direct public support (not included on line 1a)	1b	3,546,252.	
	<b>c</b> Indirect public support (not included on line 1a)	1c	5,075.	
	<b>d</b> Government contributions (grants) (not included on line 1a)	1d	290,475.	
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <u>3,841,802.</u> noncash \$ )	1e		3,841,802.
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 4)	2		
	<b>3</b> Membership dues and assessments	3		
	<b>4</b> Interest on savings and temporary cash investments	4		251,559.
	<b>5</b> Dividends and interest from securities	5		
	<b>6</b> Gross rents	6a		
	<b>b</b> Less: rental expenses	6b		
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	6c			
<b>7</b> Other investment income (describe ▶ )	7			
<b>8</b> Gross amount from sales of assets other than inventory	(A) Securities	8a		
	(B) Other	8b		
	Less: cost or other basis and sales expenses	8c		
	<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1b)	9a		
	<b>b</b> Less: direct expenses other than fundraising expenses	9b		
	<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
<b>10</b> Gross sales of inventory, less returns and allowances	<b>a</b> Gross sales of inventory, less returns and allowances	10a		
	<b>b</b> Less: cost of goods sold	10b		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
<b>11</b> Other revenue (from Part VII, line 103)	11		12,000.	
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		4,105,361.	
Expenses	<b>13</b> Program services (from line 44, column (B))	13		4,983,351.
	<b>14</b> Management and general (from line 44, column (C))	14		
	<b>15</b> Fundraising (from line 44, column (D))	15		
	<b>16</b> Payments to affiliates (attach schedule)	16		
	<b>17</b> Total expenses. Add lines 16 and 44, column (A)	17		4,983,351.
Net Assets	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	18		-877,990.
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19		8,173,107.
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <u>STMT. 4</u>	20		-833,473.
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		6,461,644.

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

Form 990 (2007)

**Part IV Balance Sheets (See the instructions.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing		45		
	46 Savings and temporary cash investments	7,195,250.	46	4,011,472.	
	47a Accounts receivable		47a		
	b Less: allowance for doubtful accounts		47b	47c	
	48a Pledges receivable	78,768.	48a		
	b Less: allowance for doubtful accounts		48b	48c	
	49 Grants receivable	1,224,932.	49	4,136,620.	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b		
	51a Other notes and loans receivable (attach schedule)		51a		
	b Less: allowance for doubtful accounts		51b	51c	
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	15,000.	53	NONE	
	54a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a		
	b Investments - other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b		
	55a Investments - land, buildings, and equipment: basis		55a		
	b Less: accumulated depreciation (attach schedule)		55b	55c	
	56 Investments - other (attach schedule)	STMT 7.	597,035.	56	2,231,117.
	57a Land, buildings, and equipment: basis		57a		
	b Less: accumulated depreciation (attach schedule)		57b	57c	
58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT 8.)		6,237,154.	58	1,325,785.	
59 Total assets (must equal line 74). Add lines 45 through 58		15,331,131.	59	11,783,762.	
Liabilities	60 Accounts payable and accrued expenses	389,412.	60	NONE	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe <input type="checkbox"/> STMT 9.)		6,768,612.	65	5,322,118.
66 Total liabilities. Add lines 60 through 65		7,158,024.	66	5,322,118.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	-21,727.	67	-521,240.	
	68 Temporarily restricted	6,898,063.	68	6,278,527.	
	69 Permanently restricted	1,296,771.	69	704,357.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		8,173,107.	73	6,461,644.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		15,331,131.	74	11,783,762.	

**Part XI: Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).**

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Yes No

**Please Sign Here**

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

Signature of officer: [Signature] Date: 5-12-09

Type or print name and title: M. GARKO CEO

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**Paid Preparer's Use Only.**

Preparer's signature: [Signature] Date: 5-8-09 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: GRANT THORNTON LLP Preparer's SSN or PTIN (See Gen. Inst. X): P00847678

ONE CALIFORNIA STREET, SUITE 2300 EIN: 36-6055558

SAN FRANCISCO, CA 94111 Phone no.: 415-986-3900

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2008 calendar year, or tax year beginning **07/01, 2008**, and ending **06/30, 2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ST. VINCENT FOUNDATION</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2131 WEST THIRD STREET</b> City or town, state or country, and ZIP + 4 <b>LOS ANGELES, CA 90057</b>	<b>D</b> Employer identification number <b>95-3922511</b>
	<b>F</b> Name and address of principal officer: <b>JAN STEIN</b> <b>2131 WEST THIRD STREET, LOS ANGELES, CA 90057</b>	<b>E</b> Telephone number <b>(213) 484-7325</b>
	<b>G</b> Gross receipts \$ <b>3,329,683</b>	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(c)</b> Group exemption number <b>0928</b>

**J** Website: **WWW.SVMCFUNDATION.ORG**

**K** Type of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1983** **M** State of legal domicile: **CA**

**Part I Summary**

<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO RAISE FUNDS IN SUPPORT OF ST. VINCENT MEDICAL CENTER.</b>	
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3 18</b>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4 15</b>
<b>5</b> Total number of employees (Part V, line 2a)	<b>5 NONE</b>
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6 50</b>
<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a NONE</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b NONE</b>
	RECEIVED Attorney General's Office MAY 17 2010 Registry of Charitable Trusts
<b>8</b> Contribution and grants (Part VIII, line 1h)	Prior Year: <b>3,841,802</b> Current Year: <b>3,215,260</b>
<b>9</b> Program service revenue (Part VIII, line 2g)	<b>NONE</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>251,559 72,902</b>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>12,000 -49,949</b>
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>4,105,361 3,238,213</b>
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>4,173,117 4,398,461</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>NONE</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>NONE</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>14,848</b>
<b>b</b> Total fundraising expenses, Part IX, column (D), line 25	<b>14,848</b>
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>810,234 690,746</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>4,983,351 5,104,055</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-877,990 -1,865,842</b>
	Beginning of Year End of Year
<b>20</b> Total assets (Part X, line 16)	<b>11,783,762 9,807,737</b>
<b>21</b> Total liabilities (Part X, line 26)	<b>5,322,118 5,337,343</b>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>6,461,644 4,470,394</b>

**Part II Signature Block**

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

**Sign Here** Signature of officer: *M. Garko* Date: **4-6-2010**  
 Type or print name and title: **M GARKO CFO**

<b>Paid Preparer's Use Only</b>	Preparer's signature: <i>Bob K. Kennedy</i> Date: <b>4-5-2010</b> Firm's name (or yours if self-employed), address, and ZIP + 4: <b>GRANT THORNTON LLP ONE CALIFORNIA STREET, SUITE 2300 SAN FRANCISCO, CA 94111</b>	Check if self-employed: <input type="checkbox"/> Preparer's identifying number (see instructions): <b>P00847678</b> EIN: <b>36-6055558</b> Phone no.: <b>415-986-3900</b>
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May the IRS discuss this return with the preparer shown above? (See instructions)  Yes  No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)



**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25		X
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		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing . . . . .	1,325,785.	1	1,006,029.
	2 Savings and temporary cash investments . . . . .	4,011,472.	2	2,900,022.
	3 Pledges and grants receivable, net . . . . .	4,215,388.	3	2,608,583.
	4 Accounts receivable, net . . . . .		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		6	
	7 Notes and loans receivable, net . . . . .		7	
	8 Inventories for sales or use . . . . .		8	
	9 Prepaid expenses and deferred charges . . . . .		9	
	10a Land, buildings, and equipment: cost basis . . . . . 10a			
	b Less: accumulated depreciation. Complete Part VI of Schedule D . . . . . 10b		10c	
	11 Investments - publicly traded securities . . . . . STMT- 4	2,231,117.	11	3,171,568.
	12 Investments - other securities. See Part IV, line 11 . . . . .		12	
	13 Investments - program-related. See Part IV, line 11 . . . . .		13	121,535.
	14 Intangible assets . . . . .		14	
	15 Other assets. See Part IV, line 11 . . . . .		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	11,783,762.	16	9,807,737.	
Liabilities	17 Accounts payable and accrued expenses . . . . .		17	
	18 Grants payable . . . . .		18	
	19 Deferred revenue . . . . .		19	
	20 Tax-exempt bond liabilities . . . . .		20	
	21 Escrow account liability. Complete Part IV of Schedule D . . . . .		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		22	
	23 Secured mortgages and notes payable to unrelated third parties . . . . .		23	
	24 Unsecured notes and loans payable . . . . .		24	
	25 Other liabilities. Complete Part X of Schedule D . . . . .	5,322,118.	25	5,337,343.
	26 <b>Total liabilities.</b> Add lines 17 through 25. . . . .	5,322,118.	26	5,337,343.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. . . . .			
	27 Unrestricted net assets . . . . .	-521,240.	27	-2,067,831.
	28 Temporarily restricted net assets . . . . .	6,278,527.	28	5,542,784.
	29 Permanently restricted net assets . . . . .	704,357.	29	995,440.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. . . . .			
	30 Capital stock or trust principal, or current funds . . . . .		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
	33 <b>Total net assets or fund balances</b> . . . . .	6,461,644.	33	4,470,393.
34 <b>Total liabilities and net assets/fund balances.</b> . . . . .	11,783,762.	34	9,807,736.	

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
b	Were the organization's financial statements audited by an independent accountant? . . . . .		X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
b	If "Yes," did the organization undergo the required audit or audits? . . . . .		

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No

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

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	1,326,800.				
b Contributions . . . . .	684,633.				
c Investment earnings or losses . . . . .	-312,057.				
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .	12,182.				
g End of year balance . . . . .	1,687,194.				

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

- a Board designated or quasi-endowment ▶ 14.4300 %
- b Permanent endowment ▶ 31.8200 %
- c Term endowment ▶ 53.7500 %

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

	Yes	No
(i) unrelated organizations . . . . .	x	
(ii) related organizations . . . . .		x
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .				
e Other . . . . .				
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				

**Part XIV Supplemental Information (continued)**

**ENDOWMENT FUND**

**SCHEDULE D, PART V**

**THE INTENDED USES FOR ST VINCENT FOUNDATION'S ENDOWMENT FUNDS ARE TO HELP**

**SUPPORT THE FOLLOWING:**

**1. KOUDOUNARIS FUND-DIABETES AND CANCER ENDOWMENT**

**2. LANUS FUND- CANCER ENDOWMENT**

**3. WITHERBEE FUND- GENERAL OPERATIONS**

**4. GOMBINER FUNDS- 50% HOUSE EAR; 50% HEART INSTITUTE**

**5. OLSON FUND- MEDICAL FUND FOR CHILDREN AND CAPITAL EXPENDITURES**

**6. PERKINS CHARITABLE REMAINDER TRUST- GENERAL CHARITABLE PURPOSES**

**7. L. BOGDANOVICH FUND- 50% GENERAL CHARITABLE PURPOSES; 50% CAPITAL**

**EXPENDITURES**

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

ST. VINCENT FOUNDATION

95-3922511

FORM 990 PART IV, LINE 12, AND PART XI, LINE 2B

THE FINANCIAL STATEMENTS OF THE ORGANIZATION ARE CONSOLIDATED WITH THE DAUGHTERS OF CHARITY HEALTH SYSTEM IN ACCORDANCE WITH GAAP AND AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM. THE DAUGHTERS OF CHARITY HEALTH SYSTEM'S BOARD HAS RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS.

FORM 990 PART VI, LINE 6

ST. VINCENT FOUNDATION HAS ONE MEMBER, ST. VINCENT MEDICAL CENTER, A CALIFORNIA NONPROFIT CORPORATION.

FORM 990 PART VI, LINE 7A

THE MEMBER'S BOARD OF DIRECTORS MAY APPOINT THE ORGANIZATION'S DIRECTORS AND OFFICERS.

FORM 990 PART VI, LINE 7B

THE MEMBER HAS BROAD POWERS INCLUDING THE POWER TO AMEND THE ARTICLES OF INCORPORATION AND APPOINT BOARD MEMBERS. IN ADDITION, IT HAS THE RIGHT

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

Schedule O (Form 990) 2008

054545

Form **990**

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2009 calendar year, or tax year beginning** 07/01, 2009, and ending 06/30, 2010

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ST. VINCENT FOUNDATION</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2131 WEST THIRD STREET City or town, state or country, and ZIP + 4 LOS ANGELES, CA 90057	<b>D</b> Employer identification number 95-3922511
	<b>F</b> Name and address of principal officer: <b>JAN STEIN</b> 2131 WEST THIRD STREET, LOS ANGELES, CA 90057	<b>E</b> Telephone number (213) 484-7325
	<b>G</b> Gross receipts \$ 2,623,129.	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(c)</b> Group exemption number <input type="checkbox"/> 0928
<b>J</b> Website: WWW.SVMCFUNDATION.ORG		<b>L</b> Year of formation: 1983 <b>M</b> State of legal domicile: CA
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO RAISE FUNDS IN SUPPORT OF ST. VINCENT MEDICAL CENTER.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	15
	5	Total number of employees (Part V, line 2a)	0
	6	Total number of volunteers (estimate if necessary)	50
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 3,215,260. Current Year: 2,439,180.
	9	Program service revenue (Part VIII, line 2g)	0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	72,902. 14,189.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-49,949. 92,945.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,238,213. 2,546,314.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0. 0.
16a		Professional fundraising fees (Part IX, column (A), line 11a)	14,848. 15,155.
16b		Total fundraising expenses, Part IX, column (D), line 25	15,155.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	690,746. 1,113,043.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,104,055. 3,744,531.
19		Revenue less expenses. Subtract line 18 from line 12	-1,865,842. -1,198,217.
Net Assets or Fund Balances		20	Total assets (Part X, line 16)
	21	Total liabilities (Part X, line 26)	5,337,343. 6,752,538.
	22	Net assets or fund balances. Subtract line 21 from line 20	4,470,394. 5,851,746.

**Part II Signature Block**

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

Sign Here: Signature of officer: *Mike Garko* Date: 5/16/11  
 Type or print name and title: Mike Garko, CFO

Paid Preparer's Use Only: Preparer's signature: *BK W...* Date: 5/11/2011 Check if self-employed:  Preparer's identifying number (see instructions): P00847678  
 Firm's name (or yours if self-employed), address, and ZIP + 4: GRANT THORNTON LLP ONE CALIFORNIA STREET, SUITE 2300 SAN FRANCISCO, CA 94111 EIN: 36-6055558 Phone no.: 415-986-3900

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2009)

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .		X
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• 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? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. . . . .		X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. . . . .	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I . . . . .		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II. . . . .		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III . . . . .		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I . . . . .	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .		X

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,006,029.	1	0.
	2 Savings and temporary cash investments	2,900,022.	2	3,472,331.
	3 Pledges and grants receivable, net	2,608,583.	3	2,962,475.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	3,171,568.	11	2,748,377.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	121,535.	13	133,400.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	3,287,701.
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,807,737.	16	12,604,284.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	5,337,343.	25	6,752,538.
	26 Total liabilities. Add lines 17 through 25	5,337,343.	26	6,752,538.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-2,067,831.	27	-2,905,426.
	28 Temporarily restricted net assets	5,542,784.	28	7,487,658.
	29 Permanently restricted net assets	995,440.	29	1,269,514.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	4,470,393.	33	5,851,746.
34 Total liabilities and net assets/fund balances	9,807,736.	34	12,604,284.	



**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .

b Were the organization's financial statements audited by an independent accountant? . . . . .

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No

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

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	1,687,194.	1,326,800.			
b Contributions . . . . .		684,633.			
c Net investment earnings, gains, and losses . . . . .	95,101.	-312,057.			
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .	7,165.	12,182.			
g End of year balance . . . . .	1,775,130.	1,687,194.			

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

- a Board designated or quasi-endowment ▶ 15.0900 %
- b Permanent endowment ▶ 32.7500 %
- c Term endowment ▶ 52.1600 %

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .				
e Other . . . . .				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶

**Part XIV Supplemental Information (continued)**

ENDOWMENT FUND

SCHEDULE D, PART V

THE INTENDED USES FOR ST VINCENT FOUNDATION'S ENDOWMENT FUNDS ARE TO HELP  
SUPPORT THE FOLLOWING:

1. KOUDOUNARIS FUND-DIABETES AND CANCER ENDOWMENT
2. LANUS FUND- CANCER ENDOWMENT
3. WITHERBEE FUND- GENERAL OPERATIONS
4. GOMBINER FUNDS- 50% HOUSE EAR; 50% HEART INSTITUTE
5. OLSON FUND- MEDICAL FUND FOR CHILDREN AND CAPITAL EXPENDITURES
6. PERKINS CHARITABLE REMAINDER TRUST- GENERAL CHARITABLE PURPOSES
7. L BOGDANOVICH FUND- 50% GENERAL CHARITABLE PURPOSES; 50% CAPITAL  
EXPENDITURES
8. PERRY FAMILY FUND- HEART, LUNG, EYE, CANCER, DIABETES ENDOWMENT

Form **990**

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2010 calendar year, or tax year beginning** 07/01, 2010, **and ending** 06/30, 2011

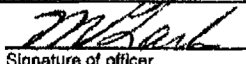
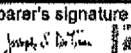
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> ST. VINCENT FOUNDATION		<b>D Employer identification number</b> 95-3922511
	<b>Doing Business As</b>		<b>E Telephone number</b> (213) 484-7882
	<b>Number and street (or P.O. box if mail is not delivered to street address)</b> 2131 WEST THIRD STREET	<b>Room/suite</b>	<b>G Gross receipts \$</b> 2,729,326.
	<b>City or town, state or country, and ZIP + 4</b> LOS ANGELES, CA 90057		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
<b>F Name and address of principal officer: JAN STEIN</b> 2131 WEST THIRD STREET LOS ANGELES, CA 90057		<b>H(c) Group exemption number</b> ▶ 0928	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> ▶ WWW.SVMCFUNDATION.ORG			
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation:</b> 1983 <b>M State of legal domicile:</b> CA

**Part I Summary**

<b>1</b> Briefly describe the organization's mission or most significant activities: TO RAISE FUNDS IN SUPPORT OF ST. VINCENT MEDICAL CENTER.					
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets					
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	4	18.		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	15.		
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	6	0.		
	<b>6</b> Total number of volunteers (estimate if necessary)	6	16.		
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.		
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	7b	0.		
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	2,439,180.	Current Year
<b>9</b> Program service revenue (Part VIII, line 2g)			0.		0.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)			14,189.		27,776.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			92,945.		-127,769.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			2,546,314.		2,433,312.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,616,333.		2,113,537.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.		0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		15,155.		18,000.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 18,000.				
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,113,043.		1,756,906.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,744,531.		3,888,443.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		-1,198,217.		-1,455,131.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	12,604,284.	End of Year	12,331,814.
	<b>21</b> Total liabilities (Part X, line 26)		6,752,538.		7,776,691.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		5,851,746.		4,555,123.

**Part II Signature Block**

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

<b>Sign Here</b>		Date	5-11-12		
	Signature of officer				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JOSEPH S. DE TRANE		5/8/2012		P00329386
	Firm's name	Firm's address	EIN	Phone no.	
GRANT THORNTON LLP	ONE CALIFORNIA STREET, SUITE 2300 SAN FRANCISCO, CA 94111	▶ 36-6055558	▶ 415-986-3900		

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

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	X	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing . . . . .	0.	1	0.
	2 Savings and temporary cash investments . . . . .	3,472,331.	2	2,524,297.
	3 Pledges and grants receivable, net . . . . .	2,962,475.	3	5,675,248.
	4 Accounts receivable, net . . . . .		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see Instructions) . . . . .		6	
	7 Notes and loans receivable, net . . . . .		7	
	8 Inventories for sale or use . . . . .		8	
	9 Prepaid expenses and deferred charges . . . . .	0.	9	23,820.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a		
	b Less: accumulated depreciation . . . . .	10b	10c	
	11 Investments - publicly traded securities . . . . .		11	
	12 Investments - other securities. See Part IV, line 11 . . . . .	2,748,377.	12	4,108,449.
	13 Investments - program-related. See Part IV, line 11 . . . . .	133,400.	13	0.
	14 Intangible assets . . . . .		14	
	15 Other assets. See Part IV, line 11 . . . . .	3,287,701.	15	0.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	12,604,284.	16	12,331,814.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .		17	
	18 Grants payable . . . . .		18	
	19 Deferred revenue . . . . .		19	
	20 Tax-exempt bond liabilities . . . . .		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		22	
	23 Secured mortgages and notes payable to unrelated third parties . . . . .		23	
	24 Unsecured notes and loans payable to unrelated third parties . . . . .		24	
	25 Other liabilities. Complete Part X of Schedule D . . . . .	6,752,538.	25	7,776,691.
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	6,752,538.	26	7,776,691.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets . . . . .	-2,905,426.	27	-4,841,763.
	28 Temporarily restricted net assets . . . . .	7,487,658.	28	7,307,534.
	29 Permanently restricted net assets . . . . .	1,269,514.	29	2,089,352.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds . . . . .		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
	33 <b>Total net assets or fund balances</b> . . . . .	5,851,746.	33	4,555,123.
34 <b>Total liabilities and net assets/fund balances</b> . . . . .	12,604,284.	34	12,331,814.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,433,312.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,888,443.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,455,131.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,851,746.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	158,508.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,555,123.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XI V.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,775,130.	1,687,194.	1,326,900.		
b Contributions			684,633.		
c Net investment earnings, gains, and losses	-528,981.	95,101.	-312,057.		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	10,515.	7,165.	12,182.		
g End of year balance	1,235,634.	1,775,130.	1,687,194.		

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

- a Board designated or quasi-endowment  0.0000 %
- b Permanent endowment  31.4300 %
- c Term endowment  68.5700 %

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

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

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

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

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

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

Description of Investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)



**Part XIV Supplemental Information (continued)**

ENDOWMENT FUND

SCHEDULE D, PART V

THE INTENDED USES FOR ST VINCENT FOUNDATION'S ENDOWMENT FUNDS ARE TO HELP  
SUPPORT THE FOLLOWING:

1. KOUDOUNARIS FUND- DIABETES AND CANCER ENDOWMENT
2. LANUS FUND- CANCER ENDOWMENT
3. PERRY FAMILY FUND- HEART, LUNG, EYE, CANCER, DIABETES ENDOWMENT
4. WITHERBEE FUND- GENERAL OPERATIONS
5. GOMBINER FUNDS- 50% HOUSE EAR; 50% HEART INSTITUTE
6. OLSON FUND- MEDICAL FUND FOR CHILDREN AND CAPITAL EXPENDITURES

SCHEDULE D, PART X, LINE 2

FIN 48 (ASC 740) FOOTNOTE

DAUGHTERS OF CHARITY HEALTH SYSTEM AND ITS AFFILIATES DO NOT HAVE A  
LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740) ON THEIR  
CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2011. AS  
SUCH, THERE WAS NO FIN 48 (ASC 740) DISCLOSURE IN THE FOOTNOTES TO THE  
CONSOLIDATED FINANCIAL STATEMENTS OF DAUGHTERS OF CHARITY HEALTH SYSTEM.

039573  
2012

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2011** (54)

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2011 calendar year, or tax year beginning** 07/01, 2011, and ending 06/30, 2012

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C Name of organization**  
ST. VINCENT FOUNDATION

**D Employer identification number**  
95-3922511

**E Telephone number**  
(213) 484-7882

**F Name and address of principal officer:** JAN STEIN  
2131 WEST THIRD STREET LOS ANGELES, CA 90057

**G Gross receipts \$** 2,650,379.

**H(a) Is this a group return for affiliates?** Yes  No  X  
**H(b) Are all affiliates included?** Yes  No

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

**J Website:** WWW.SVMCFUNDATION.ORG

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

**L Year of formation:** 1983

**M State of legal domicile:** CA

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO RAISE FUNDS IN SUPPORT OF ST. VINCENT MEDICAL CENTER.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 20% of net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	16.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13.
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	58.
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,533,305.	Current Year 2,348,457.
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,776.	225,187.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-127,769.	-14,181.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,433,312.	2,559,463.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,113,537.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
16a		Professional fundraising fees (Part IX, column (A), line 11e)	18,000.	28,227.
		b Total fundraising expenses (Part IX, column (D), line 25)	28,227.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,756,906.	2,997,490.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,888,443.	4,369,950.
19		Revenue less expenses. Subtract line 18 from line 12	-1,455,131.	-1,810,487.
Net Assets or Fund Balances		20	Total assets (Part X, line 16)	Beginning of Current Year 12,331,814.
	21	Total liabilities (Part X, line 26)	7,776,691.	8,471,696.
	22	Net assets or fund balances. Subtract line 21 from line 20.	4,555,123.	2,680,191.

**Part II Signature Block**

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

**Sign Here**

Signature of officer: *M. Garku* Date: 5-13-13

Type or print name and title: *Nike Garku - Sr. VP / CFO*

**Paid Preparer Use Only**

Print/Type preparer's name: JOSEPH S. DE TRANE  
 Preparer's signature: *Joseph S. De Trane*  
 Date: 5/13/13  
 Check if self-employed:   
 PTIN: P00329386

Firm's name: GRANT THORNTON LLP  
 Firm's address: ONE CALIFORNIA STREET, SUITE 2300 SAN FRANCISCO, CA 94111  
 EIN: 36-6055558  
 Phone no.: 415-986-3900

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

**Part IV Checklist of Required Schedules**

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

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments	2,524,297.	<b>2</b>	2,328,297.
	<b>3</b> Pledges and grants receivable, net	5,675,248.	<b>3</b>	3,437,448.
	<b>4</b> Accounts receivable, net	0	<b>4</b>	0
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges	23,820.	<b>9</b>	24,039.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b>	0	<b>10c</b> 0
	<b>11</b> Investments - publicly traded securities	0	<b>11</b>	0
	<b>12</b> Investments - other securities. See Part IV, line 11	4,108,449.	<b>12</b>	5,362,103.
	<b>13</b> Investments - program-related. See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	0	<b>15</b>	0
<b>16</b> Total assets. Add lines 1 through 15 (must equal line 34)	12,331,814.	<b>16</b>	11,151,887.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	0	<b>17</b>	0
	<b>18</b> Grants payable	0	<b>18</b>	0
	<b>19</b> Deferred revenue	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	182,294.
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	7,776,691.	<b>25</b>	8,289,402.
	<b>26</b> Total liabilities. Add lines 17 through 25	7,776,691.	<b>26</b>	8,471,696.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	-4,841,763.	<b>27</b>	-5,800,555.
	<b>28</b> Temporarily restricted net assets	7,307,534.	<b>28</b>	6,008,163.
	<b>29</b> Permanently restricted net assets	2,089,352.	<b>29</b>	2,472,583.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	4,555,123.	<b>33</b>	2,680,191.	
<b>34</b> Total liabilities and net assets/fund balances	12,331,814.	<b>34</b>	11,151,887.	

Form 990 (2011)

Page 12

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,559,463.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,369,950.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,810,487.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,555,123.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-64,445.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,680,191.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2011)

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |   | Amount |
|---|--------|
| c Beginning balance . . . . .             | 1c     |
| d Additions during the year . . . . .     | 1d     |
| e Distributions during the year . . . . . | 1e     |
| f Ending balance . . . . .                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	2,361,823.	1,536,611.	1,319,174.	855,999.	
b Contributions . . . . .	597,534.	750,000.		442,508.	
c Net investment earnings, gains, and losses . . . . .	51,249.	75,212.	217,437.	20,667.	
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .	265,552.				
g End of year balance . . . . .	2,745,054.	2,361,823.	1,536,611.	1,319,174.	

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
  - b Permanent endowment ▶ 90.0000 %
  - c Temporarily restricted endowment ▶ 10.0000 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) unrelated organizations . . . . .  | X   |    |
| (ii) related organizations . . . . .   |     | X  |
| 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .				
e Other . . . . .				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶

**Part XIV Supplemental Information (continued)**

ENDOWMENT FUND

SCHEDULE D, PART V

THE INTENDED USES FOR ST VINCENT FOUNDATION'S ENDOWMENT FUNDS ARE TO HELP SUPPORT THE FOLLOWING:

- 1. KOUDOUNARIS FUND - DIABETES AND CANCER ENDOWMENT
- 2. LANUS FUND - CANCER ENDOWMENT
- 3. PERRY FAMILY FUND - HEART, LUNG, EYE, CANCER, DIABETES ENDOWMENT
- 4. WITHERBEE FUND - GENERAL OPERATIONS
- 5. GOMBINER FUNDS - 50% HOUSE EAR; 50% HEART INSTITUTE
- 6. OLSON FUND - MEDICAL FUND FOR CHILDREN AND CAPITAL EXPENDITURES
- 7. RIYU - CARDIAC CARE

SCHEDULE D, PART X, LINE 2

FIN 48 (ASC 740) FOOTNOTE

DAUGHTERS OF CHARITY HEALTH SYSTEM AND ITS AFFILIATES DO NOT HAVE A LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740) ON THEIR CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2012. AS SUCH, THERE WAS NO FIN 48 (ASC 740) DISCLOSURE IN THE FOOTNOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS OF DAUGHTERS OF CHARITY HEALTH SYSTEM.

OMB No. 1545-0047

Form **990**

**Return of Organization Exempt From Income Tax**

**2012**

49

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2012 calendar year, or tax year beginning 07/01, 2012, and ending 06/30, 2013

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization ST. VINCENT FOUNDATION  
 Doing Business As \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
2200 W. THIRD ST, STE 200  
 City, town or post office, state, and ZIP code  
LOS ANGELES, CA 90057

**D** Employer identification number 95-3922511

**E** Telephone number (213) 484-7325

**F** Name and address of principal officer: JAN STEIN  
2200 W. THIRD ST, STE 200 LOS ANGELES, CA 90057

**G** Gross receipts \$ 2,214,239.

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

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

**J** Website: WWW.SVMCFUNDATION.DOCMS.ORG **H(c)** Group exemption number: 0928

**K** Form of organization:  Corporation  Trust  Association  Other   
**L** Year of formation: 1983 **M** State of legal domicile: CA

**Part I Summary**

<b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO RAISE FUNDS IN SUPPORT OF ST. VINCENT MEDICAL CENTER.</u>			
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>17</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>14</u>
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	<u>0</u>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<u>83</u>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<u>0</u>
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<u>0</u>
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>
<b>9</b> Program service revenue (Part VIII, line 2g)		<u>2,348,457.</u>	<u>1,887,568.</u>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<u>0</u>	<u>0</u>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u>225,187.</u>	<u>161,491.</u>
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>-14,181.</u>	<u>-148,157.</u>
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u>2,559,463.</u>	<u>1,900,902.</u>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<u>1,344,233.</u>	<u>2,376,888.</u>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<u>0</u>	<u>0</u>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<u>0</u>	<u>0</u>
<b>16b</b> Total fundraising expenses (Part IX, column (D), line 25)	<u>28,227.</u>	<u>30,352.</u>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>2,997,490.</u>	<u>945,483.</u>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 24e)	<u>4,369,950.</u>	<u>3,352,723.</u>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<u>-1,810,487.</u>	<u>-1,451,821.</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<u>11,151,887.</u>	<u>11,372,443.</u>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<u>8,471,696.</u>	<u>9,846,119.</u>
		<b>Charitable Trusts</b>	<u>2,680,191.</u>

**Part II Signature Block**

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

**Sign Here**

Signature of officer: M. GARR Date: 4/11/14

Type or print name and title: M. GARR, CFO

**Paid Preparer Use Only**

Preparer's name: JOSEPH S. DE TRANE Preparer's signature: [Signature] Date: \_\_\_\_\_

Firm's name: GRANT THORNTON LLP Firm's EIN: 36-6055558

Firm's address: ONE CALIFORNIA STREET, SUITE 2300 SAN FRANCISCO, CA 94111 Phone no.: 415-986-3900

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2012)



**Part IV Checklist of Required Schedules**

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	2,328,297	2	2,961,386
	3	Pledges and grants receivable, net	3,437,448	3	2,689,723
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see Instructions). Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	24,039	9	26,505
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		10a	
	b	Less: accumulated depreciation		10b	
	10c		0	10c	0
	11	Investments - publicly traded securities	0	11	0
	12	Investments - other securities. See Part IV, line 11	5,362,103	12	5,694,829
	13	Investments - program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
15	Other assets. See Part IV, line 11	0	15	0	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	11,151,887	16	11,372,443	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	0	17	17,328
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	8,471,696	25	9,828,791
	26	<b>Total liabilities.</b> Add lines 17 through 25	8,471,696	26	9,846,119
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	-5,800,555	27	-6,453,956
	28	Temporarily restricted net assets	6,008,163	28	5,515,489
	29	Permanently restricted net assets	2,472,583	29	2,464,791
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	2,680,191	33	1,526,324	
34	<b>Total liabilities and net assets/fund balances</b>	11,151,887	34	11,372,443	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,900,902.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,352,723.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,451,821.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,680,191.
5	Net unrealized gains (losses) on investments	5	297,954.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,526,324.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? . . . . .  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.  Yes  No

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,745,054.	2,361,823.	1,536,611.	1,319,174.	855,999.
b Contributions		597,534.	750,000.		442,508.
c Net investment earnings, gains, and losses	-2,655.	51,249.	75,212.	217,437.	20,667.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses		265,552.			
g End of year balance	2,742,399.	2,745,054.	2,361,823.	1,536,611.	1,319,174.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  %
  - b Permanent endowment  90.0000 %
  - c Temporarily restricted endowment  10.0000 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations | X   |    |
| (ii) related organizations  |     | X  |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

**Part XIII Supplemental Information (continued)**

ENDOWMENT FUND

SCHEDULE D, PART V

THE INTENDED USES FOR ST. VINCENT FOUNDATION'S ENDOWMENT FUNDS ARE TO  
HELP SUPPORT THE FOLLOWING:

1. KOUDOUNARIS FUND - DIABETES AND CANCER ENDOWMENT
2. LANUS FUND - CANCER ENDOWMENT
3. PERRY FAMILY FUND - HEART, LUNG, EYE, CANCER, DIABETES ENDOWMENT
4. WITHERBEE FUND - GENERAL OPERATIONS
5. GOMBINER FUNDS - 50% HOUSE EAR; 50% HEART INSTITUTE
6. OLSON FUND - MEDICAL FUND FOR CHILDREN AND CAPITAL EXPENDITURES
7. RIYU - CARDIAC CARE

SCHEDULE D, PART X, LINE 2

FIN 48 (ASC 740) FOOTNOTE

DAUGHTERS OF CHARITY HEALTH SYSTEM AND ITS AFFILIATES DO NOT HAVE A  
LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740) ON THEIR  
CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2013. AS  
SUCH, THERE WAS NO FIN 48 (ASC 740) DISCLOSURE IN THE FOOTNOTES TO THE  
CONSOLIDATED FINANCIAL STATEMENTS OF DAUGHTERS OF CHARITY HEALTH SYSTEM.

OMB No. 1545-0047  
**2013**  
 Open to Public Inspection

# Return of Organization Exempt From Income Tax

Form **990**

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

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
 Internal Revenue Service

**A** For the 2013 calendar year, or tax year beginning 07/01, 2013, and ending 06/30, 2014

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: ST. VINCENT FOUNDATION  
 Doing Business As: \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 2200 WEST THIRD STREET 200  
 City or town, state or province, country, and ZIP or foreign postal code: LOS ANGELES, CA 90057

**D** Employer identification number: 95-3922511

**E** Telephone number: (213) 484-7325

**F** Name and address of principal officer: JAN STEIN  
2200 W. THIRD ST., STE 200 LOS ANGELES, CA 90057

**G** Gross receipts \$: 2,266,486.

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

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

**J** Website: WWW.SVMCFUNDATION.DOCHS.ORG

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

**L** Year of formation: 1983 **M** State of legal domicile: CA

**H(c)** Group exemption number: 0928

**Part I Summary**

<b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO RAISE FUNDS IN SUPPORT OF ST. VINCENT MEDICAL CENTER.</u>			
<b>2</b> Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>15.</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>12.</u>
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<u>5</u>	<u>0</u>
	<b>6</b> Total number of volunteers (estimate if necessary)	<u>6</u>	<u>47.</u>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	
			<b>Prior Year</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VII, line 1h)	<u>1,887,568.</u>	<u>1,530,651</u>
	<b>9</b> Program service revenue (Part VII, line 2g)	<u>0</u>	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>161,491.</u>	<u>649,076</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>-148,157.</u>	<u>-27,769</u>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12)	<u>1,900,902.</u>	<u>2,151,958</u>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>2,376,888.</u>	<u>3,636,697</u>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>0</u>	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<u>30,352.</u>	<u>22,340</u>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<u>22,340.</u>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>945,483.</u>	<u>977,729</u>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>3,352,723.</u>	<u>4,636,766</u>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<u>-1,451,821.</u>	<u>-2,484,808</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <u>11,372,443.</u>	<b>End of Year</b> <u>9,995,194.</u>
	<b>21</b> Total liabilities (Part X, line 26)	<u>9,846,119.</u>	<u>10,967,875.</u>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<u>1,526,324.</u>	<u>-972,681.</u>

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: [Signature] Date: 5/2/12  
CATHY FICKES, BOARD MEMBER  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: BETHANN LONDYNSKY Preparer's signature: [Signature] Date: 5-6-2011 Check  if self-employed PTIN: P00847678  
 Firm's name: GRANT THORNTON LLP Firm's EIN: 36-6055558  
 Firm's address: 101 CALIFORNIA STREET, SUITE 2700 SAN FRANCISCO, CA 94111 Phone no.: 415-986-3900

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2013)

ST. VINCENT FOUNDATION

95-3922511

Form 990 (2013)

Page 3

**Part IV Checklist of Required Schedules**

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

JSA

Form 990 (2013)

ST. VINCENT FOUNDATION

95-3922511

Form 990 (2013)

Page 11

Part X Balance Sheet		Check if Schedule O contains a response or note to any line in this Part X	
		(A) Beginning of year	(B) End of year
Assets	1 Cash - non-interest-bearing	0	0
	2 Savings and temporary cash investments	2,961,386.	589,274.
	3 Pledges and grants receivable, net	2,689,723.	2,582,293.
	4 Accounts receivable, net	0	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	0
	7 Notes and loans receivable, net	0	0
	8 Inventories for sale or use	0	0
	9 Prepaid expenses and deferred charges	26,505.	2,560.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	
	b Less: accumulated depreciation	10b	10c 0
	11 Investments - publicly traded securities	0	0
	12 Investments - other securities. See Part IV, line 11	5,694,829.	6,714,312.
	13 Investments - program-related. See Part IV, line 11	0	0
	14 Intangible assets	0	0
	15 Other assets. See Part IV, line 11	0	106,755.
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,372,443.	9,995,194.	
Liabilities	17 Accounts payable and accrued expenses	17,328.	13,121.
	18 Grants payable	0	0
	19 Deferred revenue	0	0
	20 Tax-exempt bond liabilities	0	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	0
	23 Secured mortgages and notes payable to unrelated third parties	0	0
	24 Unsecured notes and loans payable to unrelated third parties	0	0
	25 Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	9,828,791.	10,954,754.
	26 Total liabilities. Add lines 17 through 25	9,846,119.	10,967,875.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	-6,453,956.	-9,732,438.
	28 Temporarily restricted net assets	5,515,489.	6,345,895.
	29 Permanently restricted net assets	2,464,791.	2,413,862.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		
	31 Paid-in or capital surplus, or land, building, or equipment fund		
	32 Retained earnings, endowment, accumulated income, or other funds		
33 Total net assets or fund balances	1,526,324.	-972,681.	
34 Total liabilities and net assets/fund balances	11,372,443.	9,995,194.	

Form 990 (2013)



ST. VINCENT FOUNDATION

95-3922511

Form 990 (2013)

Page 12

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,151,958.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,636,766.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,484,808.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,526,324.
5	Net unrealized gains (losses) on investments	5	-14,197.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-972,681.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2013)

ST. VINCENT FOUNDATION

95-3922511

Schedule D (Form 990) 2013

Page 2

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,742,399.	2,745,054.	2,361,823.	1,536,611.	1,319,174.
b Contributions			597,534.	750,000.	
c Net investment earnings, gains, and losses	163,220.	-2,655.	51,249.	75,212.	217,437.
d Grants or scholarships					
e Other expenditures for facilities and programs	491,757.				
f Administrative expenses			265,552.		
g End of year balance	2,413,862.	2,742,399.	2,745,054.	2,361,823.	1,536,611.

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

- a Board designated or quasi-endowment  %
  - b Permanent endowment  100.0000 %
  - c Temporarily restricted endowment  %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations	X	
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

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

**Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.**

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2013

**Part XIII** Supplemental Information (continued)

INTENDED USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4:

THE INTENDED USE FOR ST. VINCENT FOUNDATION'S ENDOWMENT FUNDS ARE TO HELP  
SUPPORT THE FOLLOWING:

1. KOUDOUNARIS FUND - DIABETES AND CANCER ENDOWMENT
2. LANUS FUND - CANCER ENDOWMENT
3. PERRY FAMILY FUND - HEART, LUNG, EYE, CANCER, DIABETES ENDOWMENT
4. GOMBINER FUND - 50% HOUSE EAR; 50% HEART INSTITUTE
5. OLSON FUND - MEDICAL FUND FOR CHILDREN AND CAPITAL EXPENDITURES
6. RIYU - CARDIAC CARE

FIN 48 (ASC 740) FOOTNOTE

SCHEDULE D, PART X, LINE 2:

DAUGHTERS OF CHARITY HEALTH SYSTEM AND ITS AFFILIATES DO NOT HAVE A  
LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740) ON THEIR  
CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2014. AS  
SUCH, THERE WAS NO FIN 48 (ASC 740) DISCLOSURE IN THE FOOTNOTES TO THE  
CONSOLIDATED FINANCIAL STATEMENTS OF DAUGHTERS OF CHARITY HEALTH SYSTEM.

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

**A For the 2014 calendar year, or tax year beginning** 07/01, 2014, and ending 06/30, 2015

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

**C** Name of organization: **ST. VINCENT FOUNDATION**

Doing business as: \_\_\_\_\_

Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **2200 WEST THIRD ST., SUITE 200**

City or town, state or province, country, and ZIP or foreign postal code: **LOS ANGELES, CA 90057**

**F** Name and address of principal officer: **MARY EILEEN DREES**  
**2200 W. THIRD ST., STE 200 90057 LOS ANGELES CA**

**D** Employer identification number: **95-3922511**

**E** Telephone number: **(213) 484-7325**

**G** Gross receipts \$: **361,043.**

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No

If "No," attach a list. (see instructions)

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

**J** Website: **N/A**

**H(c)** Group exemption number: **0928**

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

**L** Year of formation: **1983** **M** State of legal domicile: **CA**

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO RAISE FUNDS IN SUPPORT OF ST. VINCENT MEDICAL CENTER.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13.</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11.</b>
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>30.</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (A), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	1,530,651.	207,117.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	649,076.	-48,658.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,151,958.	234,990.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,636,697.	3,985,518.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	22,340.	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	0	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	977,729.	852,036.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,636,766.	4,837,554.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-2,484,808.	-4,602,564.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 18)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 28)	9,995,194.	6,118,307.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	10,967,875.	11,752,128.
		-972,681.	-5,633,821.

**Part II Signature Block**

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

**Sign Here**

Signature of officer: *[Signature]* Date: **5/13/16**

Type or print name and title: **STEPHEN W FORNEY CFO**

**Paid Preparer Use Only**

Print/Type preparer's name: **BETHANN LONDYSKY** Preparer's signature: *[Signature]* Date: **5/11/2016** Check  if self-employed PTIN: **P00847678**

Firm's name: **GRANT THORNTON LLP** Firm's EIN: **36-6055558**

Firm's address: **101 CALIFORNIA STREET, SUITE 2700 SAN FRANCISCO, CA 94111** Phone no.: **415-986-3900**

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)

ST. VINCENT FOUNDATION

95-3922511

Form 990 (2014)

Page 3

**Part IV Checklist of Required Schedules**

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

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95-3922511

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PAGE 4

Form 990 (2014)

ST. VINCENT FOUNDATION

95-3922511

Form 990 (2014)

Page 11

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year		
Assets	1	Cash - non-interest-bearing	0	1	0	
	2	Savings and temporary cash investments	589,274.	2	189,170.	
	3	Pledges and grants receivable, net	2,582,293.	3	2,154,329.	
	4	Accounts receivable, net	0	4	0	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0	
	7	Notes and loans receivable, net	0	7	0	
	8	Inventories for sale or use	0	8	0	
	9	Prepaid expenses and deferred charges	2,560.	9	0	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b	0	10c	0
	11	Investments - publicly traded securities	0	11	0	
	12	Investments - other securities. See Part IV, line 11	6,714,312.	12	3,774,808.	
	13	Investments - program-related. See Part IV, line 11	0	13	0	
	14	Intangible assets	0	14	0	
	15	Other assets. See Part IV, line 11	106,755.	15	0	
16	<b>Total assets. Add lines 1 through 15 (must equal line 34)</b>	<b>9,995,194.</b>	<b>16</b>	<b>6,118,307.</b>		
Liabilities	17	Accounts payable and accrued expenses	13,121.	17	141,425.	
	18	Grants payable	0	18	0	
	19	Deferred revenue	0	19	0	
	20	Tax-exempt bond liabilities	0	20	0	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0	
	25	Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	10,954,754.	25	11,610,703.	
	26	<b>Total liabilities. Add lines 17 through 25</b>	<b>10,967,875.</b>	<b>26</b>	<b>11,752,128.</b>	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	-9,732,438.	27	-11,170,489.	
	28	Temporarily restricted net assets	6,345,895.	28	3,219,122.	
	29	Permanently restricted net assets	2,413,862.	29	2,317,546.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	<b>Total net assets or fund balances</b>	<b>-972,681.</b>	<b>33</b>	<b>-5,633,821.</b>		
34	<b>Total liabilities and net assets/fund balances</b>	<b>9,995,194.</b>	<b>34</b>	<b>6,118,307.</b>		

Form 990 (2014)

ST. VINCENT FOUNDATION

95-3922511

Form 990 (2014)

Page 12

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	234,990.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,837,554.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,602,564.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-972,681.
5	Net unrealized gains (losses) on investments	5	-58,576.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-5,633,821.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2014)

ST. VINCENT FOUNDATION

95-3922511

Schedule D (Form 990) 2014

Page 2

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.  Yes  No

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,413,862.	2,742,399.	2,745,054.	2,361,823.	1,536,611.
b Contributions				597,534.	750,000.
c Net investment earnings, gains, and losses	4,850.	163,220.	-2,655.	51,249.	75,212.
d Grants or scholarships					
e Other expenditures for facilities and programs	101,166.	491,757.			
f Administrative expenses				265,552.	
g End of year balance	2,317,546.	2,413,862.	2,742,399.	2,745,054.	2,361,823.

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

- a Board designated or quasi-endowment  %
- b Permanent endowment  100.0000 %
- c Temporarily restricted endowment  %

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

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

- (i) unrelated organizations  Yes  No
- (ii) related organizations  Yes  No

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

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2014



**Part XIII Supplemental Information (continued)**

INTENDED USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4:

THE INTENDED USE FOR ST. VINCENT FOUNDATION'S ENDOWMENT FUNDS ARE TO HELP  
SUPPORT THE FOLLOWING:

1. KOUDOUNARIS FUND - DIABETES AND CANCER ENDOWMENT
2. LANUS FUND - CANCER ENDOWMENT
3. PERRY FAMILY FUND - HEART, LUNG, EYE, CANCER, DIABETES ENDOWMENT
4. GOMBINER FUND - 50% HOUSE EAR; 50% HEART INSTITUTE
5. OLSON FUND - MEDICAL FUND FOR CHILDREN AND CAPITAL EXPENDITURES
6. RIYU - CARDIAC CARE

SCHEDULE D, PART X, LINE 2

DAUGHTERS OF CHARITY HEALTH SYSTEM AND ITS AFFILIATES DO NOT HAVE A  
LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740) ON THEIR  
CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2015. AS  
SUCH, THERE WAS NO FIN 48 (ASC 740) DISCLOSURE IN THE FOOTNOTES TO THE  
CONSOLIDATED FINANCIAL STATEMENTS OF DAUGHTERS OF CHARITY HEALTH SYSTEM.

054643

2016

OMB No. 1545-0047

~~2015~~

Open to Public Inspection

Form **990**

**Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury  
Internal Revenue Service

**A For the 2015 calendar year, or tax year beginning** 07/01, 2015, and ending 06/30, 2016

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> ST. VINCENT FOUNDATION			<b>D Employer identification number</b> 95-3922511	
	<b>Doing business as</b>			<b>E Telephone number</b> (213) 484-7325	
	<b>Number and street (or P.O. box if mail is not delivered to street address)</b> 2131 WEST THIRD STREET		<b>Room/suite</b>		
	<b>City or town, state or province, country, and ZIP or foreign postal code</b> LOS ANGELES, CA 90057			<b>G Gross receipts \$</b> 573,040.	
<b>F Name and address of principal officer:</b> MARY EILEEN DREES 2131 WEST THIRD STREET LOS ANGELES, CA 90057			<b>H(a) Is this a group return for subsidiaries?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(b) Are all subsidiaries included?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>J Website:</b> N/A			<b>H(c) Group exemption number</b> ▶		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation:</b> 1983 <b>M State of legal domicile:</b> CA		

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: ST. VINCENT FOUNDATION DEVELOPS PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC NEEDS OF ST. VINCENT MEDICAL CENTER BY RAISING FUNDS THROUGH GRANTS, SPECIAL EVENTS, AND DONORS.			
	2 Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	10.	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	7.	
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	0.	
	6	Total number of volunteers (estimate if necessary)	11.	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b	Net unrelated business taxable income from Form 990-T, line 34	0.		
<b>Revenue</b>			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	207,117.	444,960.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-48,658.	128,080.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	76,531.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	234,990.	573,040.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,985,518.	108,718.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	852,036.	259,052.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,837,554.	367,770.
19	Revenue less expenses. Subtract line 18 from line 12	-4,602,564.	205,270.	
<b>Net Assets or Fund Balances</b>			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	6,118,307.	6,213,611.
	21	Total liabilities (Part X, line 26)	11,752,128.	11,754,216.
22	Net assets or fund balances. Subtract line 21 from line 20	-5,633,821.	-5,540,605.	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date
	Type or print name and title	

<b>Prepared By</b>	Print/Type preparer's name ROSEMARIE BROWN, CPA	Date Rosemarie P.	Check <input type="checkbox"/> if self-employed	PTIN P01278077
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558		
<b>Use Only</b>	Firm's address ▶ 101 CALIFORNIA STREET, SUITE 2700 SAN FRANCISCO, CA 94111	Phone no. 415-986-3900		

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2015)

ST. VINCENT FOUNDATION

95-3922511

Form 990 (2015)

Page 3

**Part IV Checklist of Required Schedules**

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

Form 990 (2015)

ST. VINCENT FOUNDATION

95-3922511

Form 990 (2015)

Page 11

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	1,712,190.	2	1,899,356.
	3	Pledges and grants receivable, net	2,154,329.	3	2,037,574.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7	Notes and loans receivable, net	0.	7	0.
	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges	0.	9	0.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		10a	
	10b	Less: accumulated depreciation.	0.	10b	0.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	2,251,788.	12	2,276,681.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
16	<b>Total assets. Add lines 1 through 15 (must equal line 34)</b>	6,118,307.	16	6,213,611.	
Liabilities	17	Accounts payable and accrued expenses	141,425.	17	5,850.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	11,610,703.	25	11,748,366.
	26	<b>Total liabilities. Add lines 17 through 25</b>	11,752,128.	26	11,754,216.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	-11,170,489.	27	-11,426,189.
	28	Temporarily restricted net assets	3,219,122.	28	3,471,282.
	29	Permanently restricted net assets	2,317,546.	29	2,414,302.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	-5,633,821.	33	-5,540,605.	
34	<b>Total liabilities and net assets/fund balances</b>	6,118,307.	34	6,213,611.	

Form 990 (2015)

ST. VINCENT FOUNDATION

95-3922511

Form 990 (2015)

Page 12

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	573,040.
2	Total expenses (must equal Part IX, column (A), line 25)	2	367,770.
3	Revenue less expenses. Subtract line 2 from line 1	3	205,270.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-5,633,821.
5	Net unrealized gains (losses) on investments	5	-119,222.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	7,168.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-5,540,605.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2015)

ST. VINCENT FOUNDATION

95-3922511

Schedule D (Form 990) 2015

Page 2

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,317,546.	2,413,862.	2,742,399.	2,745,054.	2,361,823.
b Contributions	107,000.				597,534.
c Net investment earnings, gains, and losses	-10,244.	4,850.	163,220.	-2,655.	51,249.
d Grants or scholarships					
e Other expenditures for facilities and programs		101,166.	491,757.		
f Administrative expenses					265,552.
g End of year balance	2,414,302.	2,317,546.	2,413,862.	2,742,399.	2,745,054.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment  100.0000 %
  - c Temporarily restricted endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) unrelated organizations  | X   |    |
| (ii) related organizations   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 3b
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) \_\_\_\_\_

Schedule D (Form 990) 2015

**Part XIII Supplemental Information (continued)**

SCHEDULE D, PART V, LINE 4:

THE INTENDED USE FOR ST. VINCENT FOUNDATION'S ENDOWMENT FUNDS ARE TO HELP SUPPORT THE FOLLOWING:

1. KOUDOUNARIS FUND - DIABETES AND CANCER ENDOWMENT
2. LANUS FUND - CANCER ENDOWMENT
3. PERRY FAMILY FUND - HEART, LUNG, EYE, CANCER, DIABETES ENDOWMENT
4. GOMBINER FUND - 50% HOUSE EAR; 50% HEART INSTITUTE
5. OLSON FUND - MEDICAL FUND FOR CHILDREN AND CAPITAL EXPENDITURES
6. RIYU - CARDIAC CARE

SCHEDULE D, PART X, LINE 2:

VERITY HEALTH SYSTEM OF CALIFORNIA, INC. AND ITS AFFILIATES DO NOT HAVE A LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740) ON THEIR CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2016. AS SUCH, THERE WAS NO FIN 48 (ASC 740) DISCLOSURE IN THE FOOTNOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS OF VERITY HEALTH SYSTEM OF CALIFORNIA, INC.

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2016**

Open to Public Inspection

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury  
Internal Revenue Service

**A For the 2016 calendar year, or tax year beginning** 07/01, 2016, and ending 06/30, 2017

**B** Check if applicable:

<input type="checkbox"/>	Address change	<b>C</b> Name of organization ST. VINCENT FOUNDATION	<b>D</b> Employer identification number 95-3922511
<input type="checkbox"/>	Name change	Doing business as	<b>E</b> Telephone number (213) 484-7325
<input type="checkbox"/>	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2131 WEST THIRD STREET	<b>G</b> Gross receipts \$ 1,447,775.
<input type="checkbox"/>	Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90057	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/>	Amended return	<b>F</b> Name and address of principal officer: MARY EILEEN DREES SAME AS C ABOVE	<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Application pending		If "No," attach a list. (see instructions)

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

**J** Website: ▶ N/A **H(c)** Group exemption number ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: 1983 **M** State of legal domicile: CA


**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: ST. VINCENT FOUNDATION DEVELOPS PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC NEEDS OF ST. VINCENT MEDICAL CENTER BY RAISING FUNDS THROUGH GRANTS, SPECIAL EVENTS, AND DONORS.	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 20% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	6
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	0
	<b>6</b> Total number of volunteers (estimate if necessary)	4
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: 444,960. Current Year: 1,438,830.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0. 0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	128,080. 8,945.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 0.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	573,040. 1,447,775.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	108,718. 1,025,830.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0. 0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	259,052. 248,855.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	367,770. 1,274,685.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	205,270. 173,090.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: 6,213,611. End of Year: 7,449,245.
	<b>21</b> Total liabilities (Part X, line 26)	11,754,216. 12,645,016.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	-5,540,605. -5,195,771.

**Part II Signature Block**

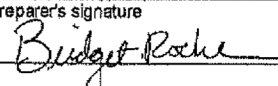
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer:  Date: 05/15/2018

MARY EILEEN DREES VP COMM. & PHILANTH.  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: BRIDGET T ROCHE Preparer's signature:  Date: 05/15/2018 Check  If self-employed  PTIN: P00666837

Firm's name: GRANT THORNTON LLP Firm's EIN: 36-6055558  
Firm's address: 171 N. CLARK ST, SUITE 200 CHICAGO, IL 60601 Phone no.: 312-856-0200

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)



**Part IV Checklist of Required Schedules**

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

Form 990 (2016)

Page 11

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	1,899,356.	2	2,006,547.
	3	Pledges and grants receivable, net	2,037,574.	3	3,014,754.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7	Notes and loans receivable, net	0.	7	0.
	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges	0.	9	0.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		10a	
	b	Less: accumulated depreciation	0.	10b	0.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	2,276,681.	12	2,427,944.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	6,213,611.	16	7,449,245.	
Liabilities	17	Accounts payable and accrued expenses	5,850.	17	117,204.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	11,748,366.	25	12,527,812.
	26	<b>Total liabilities.</b> Add lines 17 through 25	11,754,216.	26	12,645,016.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	-11,426,189.	27	-11,683,488.
	28	Temporarily restricted net assets	3,471,282.	28	4,080,317.
	29	Permanently restricted net assets	2,414,302.	29	2,407,400.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	-5,540,605.	33	-5,195,771.	
34	<b>Total liabilities and net assets/fund balances</b>	6,213,611.	34	7,449,245.	

Form 990 (2016)

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,447,775.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,274,685.
3	Revenue less expenses. Subtract line 2 from line 1	3	173,090.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-5,540,605.
5	Net unrealized gains (losses) on investments	5	171,744.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-5,195,771.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,414,302.	2,317,546.	2,413,862.	2,742,399.	2,745,054.
b Contributions		107,000.			
c Net investment earnings, gains, and losses	-6,902.	-10,244.	4,850.	163,220.	-2,655.
d Grants or scholarships					
e Other expenditures for facilities and programs			101,166.	491,757.	
f Administrative expenses					
g End of year balance	2,407,400.	2,414,302.	2,317,546.	2,413,862.	2,742,399.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  100.0000 %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**Part XIII Supplemental Information (continued)**

INTENDED USES OF THE ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE INTENDED USE FOR ST. VINCENT FOUNDATION'S ENDOWMENT FUNDS ARE TO HELP  
SUPPORT THE FOLLOWING:

1. KOUDOUNARIS FUND - DIABETES AND CANCER ENDOWMENT
2. LANUS FUND - CANCER ENDOWMENT
3. PERRY FAMILY FUND - HEART, LUNG, EYE, CANCER, DIABETES ENDOWMENT
4. GOMBINER FUND - 50% HOUSE EAR; 50% HEART INSTITUTE
5. OLSON FUND - MEDICAL FUND FOR CHILDREN AND CAPITAL EXPENDITURES
6. RIYU - CARDIAC CARE

VHS AND FIVE OF ITS CONSOLIDATED CHARITABLE FOUNDATIONS FOLLOW THE  
UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (UPMIFA). UPMIFA  
ELIMINATES THE CONCEPT OF "HISTORIC DOLLAR VALUE" AND ALLOWS AN  
INSTITUTION TO SPEND OR ACCUMULATE AS THE BOARD DETERMINES IS PRUDENT FOR  
THE USES, BENEFITS, PURPOSES, AND DURATION OF THE ENDOWMENT FUND UNLESS  
THE GIFT INSTRUMENT STATES A PARTICULAR SPENDING GREATER THAN 7% OF THE  
AVERAGE FAIR MARKET VALUE (CALCULATED AT LEAST QUARTERLY OVER A MINIMAL  
PERIOD OF THREE YEARS) IS PRESUMED TO BE IMPRUDENT.

VHS HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS  
THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS  
SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER  
OF THE ENDOWMENT ASSETS. UNDER THESE POLICIES, AS APPROVED BY THE BOARDS  
OF TRUSTEES OF THE CHARITABLE FOUNDATIONS, THE ENDOWMENT ASSETS ARE  
INVESTED IN A MANNER THAT IS INTENDED TO PRODUCE RESULTS THAT EXCEED THE  
PRICE AND YIELD RESULTS WHILE ASSUMING A MODERATE LEVEL OF INVESTMENT

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A For the 2017 calendar year, or tax year beginning** 07/01, 2017, and ending 06/30, 2018

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

**C** Name of organization: **ST. VINCENT FOUNDATION**  
 Doing business as: \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: \_\_\_\_\_  
**2131 WEST 3RD STREET**  
 City or town, state or province, country, and ZIP or foreign postal code: \_\_\_\_\_  
**LOS ANGELES, CA 90057**

**D** Employer identification number: **95-3922511**

**E** Telephone number: **(213) 484-7325**

**G** Gross receipts \$: **25,810,058.**

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

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

**J** Website: **N/A**

**K** Form of organization:  Corporation  Trust  Association  Other  **L** Year of formation: **1983** **M** State of legal domicile: **CA**

**N(c)** Group exemption number: \_\_\_\_\_

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: **ST. VINCENT FOUNDATION DEVELOPS PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC NEEDS OF ST. VINCENT MEDICAL CENTER BY RAISING FUNDS THROUGH GRANTS, SPECIAL EVENTS, AND DONORS**

**2** 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 3) **3** **16.**

**4** Number of independent voting members of the governing body (Part VI, line 4) **4** **14.**

**5** Total number of individuals employed in calendar year 2017 (Part V, line 2a) **5** **0.**

**6** Total number of volunteers (estimate if necessary) **6** **14.**

**7a** Total unrelated business revenue from Part VIII, column (C), line 12 **7a** **0.**

**b** Net unrelated business taxable income from Form 990-T, line 34 **7b** **0.**

		Prior Year	Current Year
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	1,438,830.	25,803,378.
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	8,945.	6,680.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	0.	0.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	1,447,775.	25,810,058.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	1,025,830.	1,246,421.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>0.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	248,855.	457,531.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	1,274,685.	1,703,952.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .	173,090.	24,106,106.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) . . . . .	Beginning of Current Year 7,449,245.	End of Year 19,251,007.
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	12,645,016.	772,735.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20. . . . .	-5,195,771.	18,478,272.

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: **MARY EILEEN DREES** Date: **05/15/2019**  
 Type or print name and title: **VP COMM. & PHILANTH.**

**Paid Preparer Use Only**  
 Print/Type preparer's name: **BRIDGET T ROCHE** Preparer's signature: \_\_\_\_\_ Date: **05/15/2019** Check  self-employed if  PTIN: **P00666837**  
 Firm's name: **GRANT THORNTON LLP** Firm's EIN: **36-6055558**  
 Firm's address: **171 N. CLARK ST, SUITE 200 CHICAGO, IL 60601** Phone no.: **312-856-0200**

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2017)

ST. VINCENT FOUNDATION

95-3922511

Form 990 (2017)

Page 3

**Part IV Checklist of Required Schedules**

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

Form 990 (2017)

ST. VINCENT FOUNDATION

95-3922511

Form 990 (2017)

Page 11

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	0.	<b>1</b>	0.
	<b>2</b> Savings and temporary cash investments . . . . .	344,270.	<b>2</b>	354,428.
	<b>3</b> Pledges and grants receivable, net . . . . .	1,121,060.	<b>3</b>	810,094.
	<b>4</b> Accounts receivable, net . . . . .	0.	<b>4</b>	0.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see Instructions). Complete Part II of Schedule L . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	0.	<b>9</b>	0.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .		<b>10a</b>	
	<b>b</b> Less: accumulated depreciation. . . . .	0.	<b>10b</b>	0.
	<b>11</b> Investments - publicly traded securities . . . . .	0.	<b>11</b>	0.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	2,427,944.	<b>12</b>	2,423,860.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	3,555,971.	<b>15</b>	15,662,625.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	7,449,245.	<b>16</b>	19,251,007.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	117,203.	<b>17</b>	82,302.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue . . . . .	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	12,527,813.	<b>25</b>	690,433.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25. . . . .	12,645,016.	<b>26</b>	772,735.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	-11,683,488.	<b>27</b>	11,871,837.
	<b>28</b> Temporarily restricted net assets . . . . .	4,080,317.	<b>28</b>	4,182,575.
	<b>29</b> Permanently restricted net assets . . . . .	2,407,400.	<b>29</b>	2,423,860.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> <b>Total net assets or fund balances</b> . . . . .	-5,195,771.	<b>33</b>	18,478,272.	
<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	7,449,245.	<b>34</b>	19,251,007.	

Form 990 (2017)



ST. VINCENT FOUNDATION

95-3922511

Schedule D (Form 990) 2017

Page 2

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,407,400.	2,414,302.	2,317,546.	2,413,862.	2,742,399.
b Contributions			107,000.		
c Net investment earnings, gains, and losses	16,460.	-6,902.	-10,244.	4,850.	163,220.
d Grants or scholarships					
e Other expenditures for facilities and programs				101,166.	491,757.
f Administrative expenses					
g End of year balance	2,423,860.	2,407,400.	2,414,302.	2,317,546.	2,413,862.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  %
  - b Permanent endowment  100.0000 %
  - c Temporarily restricted endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) unrelated organizations  | X   |    |
| (ii) related organizations   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | X   |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2017

**Part XIII Supplemental Information (continued)**

INTENDED USES OF THE ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4:

THE INTENDED USE FOR ST. VINCENT FOUNDATION'S ENDOWMENT FUNDS ARE TO HELP SUPPORT THE FOLLOWING:

1. KOUDOUNARIS FUND - DIABETES AND CANCER ENDOWMENT
2. LANUS FUND - CANCER ENDOWMENT
3. PERRY FAMILY FUND - HEART, LUNG, EYE, CANCER, DIABETES ENDOWMENT
4. GOMBINER FUND - 50% HOUSE EAR; 50% HEART INSTITUTE
5. OLSON FUND - MEDICAL FUND FOR CHILDREN AND CAPITAL EXPENDITURES
6. RIYU - CARDIAC CARE

VERITY HEALTH SYSTEM OF CALIFORNIA, INC. ("VHS") AND FIVE OF ITS CONSOLIDATED CHARITABLE FOUNDATIONS FOLLOW THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (UPMIFA). UPMIFA ELIMINATES THE CONCEPT OF "HISTORIC DOLLAR VALUE" AND ALLOWS AN INSTITUTION TO SPEND OR ACCUMULATE AS THE BOARD DETERMINES IS PRUDENT FOR THE USES, BENEFITS, PURPOSES, AND DURATION OF THE ENDOWMENT FUND UNLESS THE GIFT INSTRUMENT STATES A PARTICULAR SPENDING RATE FORMULA. CALIFORNIA'S VERSION OF UPMIFA ALSO INCLUDES A REBUTTABLE PROVISION THAT SPENDING GREATER THAN 7% OF THE AVERAGE MARKET VALUE (CALCULATED AT LEAST QUARTERLY OVER A MINIMAL PERIOD OF THREE YEARS) IS PRESUMED TO BE IMPRUDENT.

FROM TIME TO TIME, THE FAIR MARKET VALUE OF ASSETS ASSOCIATED WITH INDIVIDUAL ENDOWMENT FUNDS MAY FALL BELOW THE LEVEL THAT THE DONOR OR UPMIFA REQUIRES VHS TO RETAIN AS A FUND OF PERPETUAL DURATION. DEFICIENCIES OF THIS NATURE THAT ARE REPORTED IN UNRESTRICTED NET ASSETS WERE NOT MATERIAL AS OF JUNE 30, 2018 AND 2017. THESE DEFICIENCIES

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 06/30, 2019

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

**C** Name of organization ST. VINCENT FOUNDATION  
 Doing business as \_\_\_\_\_  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
1500 SOUTHGATE AVENUE 102  
 City or town, state or province, country, and ZIP or foreign postal code  
DALY CITY, CA 94015

**D** Employer identification number 95-3922511

**E** Telephone number (650) 991-5420

**F** Name and address of principal officer RICHARD ADCOCK  
SAME AS C ABOVE

**G** Gross receipts \$ 1,161,969.

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

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

**J** Website: N/A

**K** Form of organization  Corporation  Trust  Association  Other  **L** Year of formation 1983 **M** State of legal domicile CA

**H(c)** Group exemption number         

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities <u>ST. VINCENT FOUNDATION DEVELOPS PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC NEEDS OF ST. VINCENT MEDICAL CENTER BY RAISING FUNDS THROUGH GRANTS, SPECIAL EVENTS, AND DONORS.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<u>15</u>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<u>11</u>	
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<u>5</u>	<u>0.</u>
	<b>6</b> Total number of volunteers (estimate if necessary)	<u>6</u>	<u>11.</u>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<u>0.</u>	<u>0.</u>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<u>0.</u>	<u>0.</u>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<u>25,803,378.</u>	<u>1,139,291.</u>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<u>0.</u>	<u>0.</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>6,680.</u>	<u>22,678.</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>0.</u>	<u>0.</u>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>25,810,058.</u>	<u>1,161,969.</u>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>1,246,421.</u>	<u>962,708.</u>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<u>0.</u>	<u>0.</u>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>0.</u>	<u>0.</u>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<u>0.</u>	<u>0.</u>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>457,531.</u>	<u>993,298.</u>
	<b>18</b> Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>1,703,952.</u>	<u>1,956,006.</u>
<b>19</b> Revenue less expenses - Subtract line 18 from line 12	<u>24,106,106.</u>	<u>-794,037.</u>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<u>19,251,007.</u>	<u>18,752,621.</u>
	<b>21</b> Total liabilities (Part X, line 26)	<u>772,735.</u>	<u>993,002.</u>
	<b>22</b> Net assets or fund balances - Subtract line 21 from line 20	<u>18,478,272.</u>	<u>17,759,619.</u>

**Part II Signature Block**

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

**Sign Here**

Signature of officer: RICHARD ADCOCK Date: \_\_\_\_\_  
 Type or print name and title: PRESIDENT & CEO

**Paid Preparer Use Only**

Print/Type preparer's name: BRIDGET T ROCHE Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check  if self-employed  if PTIN: P00666837

Firm's name: GRANT THORNTON LLP Firm's EIN: 36-6055558  
 Firm's address: 171 N. CLARK ST, SUITE 200 CHICAGO, IL 60601 Phone no: 312-856-0200

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

**Part IV Checklist of Required Schedules**

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	1,663,247.	2	1,847,962.
	3	Pledges and grants receivable, net	810,094.	3	25,221.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0.	6	0.
	7	Notes and loans receivable, net	0.	7	0.
	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges	0.	9	0.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D		10a	
	b	Less: accumulated depreciation	0.	10b	0.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	2,423,860.	12	2,450,735.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	14,353,806.	15	14,428,703.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	19,251,007.	16	18,752,621.	
Liabilities	17	Accounts payable and accrued expenses	82,302.	17	103,488.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	690,433.	25	889,514.
	26	<b>Total liabilities.</b> Add lines 17 through 25	772,735.	26	993,002.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	11,871,837.	27	11,691,580.
	28	Temporarily restricted net assets	4,182,575.	28	3,617,304.
	29	Permanently restricted net assets	2,423,860.	29	2,450,735.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	18,478,272.	33	17,759,619.	
34	<b>Total liabilities and net assets/fund balances</b>	19,251,007.	34	18,752,621.	

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,423,860.	2,407,400.	2,414,302.	2,317,546.	2,413,862.
b Contributions				107,000.	
c Net investment earnings, gains, and losses	26,875.	16,460.	-6,902.	-10,244.	4,850.
d Grants or scholarships					
e Other expenditures for facilities and programs					101,166.
f Administrative expenses					
g End of year balance	2,450,735.	2,423,860.	2,407,400.	2,414,302.	2,317,546.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment  %
  - b Permanent endowment  100.0000 %
  - c Temporarily restricted endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |                             | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations | X   |    |
| (ii) related organizations  |     | X  |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

**Part XIII Supplemental Information (continued)**

INTENDED USES OF THE ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4:

THE INTENDED USE FOR ST. VINCENT FOUNDATION'S ENDOWMENT FUNDS ARE TO HELP SUPPORT THE FOLLOWING:

1. KOUDOUNARIS FUND - DIABETES AND CANCER ENDOWMENT
2. LANUS FUND - CANCER ENDOWMENT
3. PERRY FAMILY FUND - HEART, LUNG, EYE, CANCER, DIABETES ENDOWMENT
4. GOMBINER FUND - 50% HOUSE EAR; 50% HEART INSTITUTE
5. OLSON FUND - MEDICAL FUND FOR CHILDREN AND CAPITAL EXPENDITURES
6. RIYU - CARDIAC CARE

VERITY HEALTH SYSTEM OF CALIFORNIA, INC. ("VHS") AND FIVE OF ITS CONSOLIDATED CHARITABLE FOUNDATIONS FOLLOW THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (UPMIFA). UPMIFA ELIMINATES THE CONCEPT OF "HISTORIC DOLLAR VALUE" AND ALLOWS AN INSTITUTION TO SPEND OR ACCUMULATE AS THE BOARD DETERMINES IS PRUDENT FOR THE USES, BENEFITS, PURPOSES, AND DURATION OF THE ENDOWMENT FUND UNLESS THE GIFT INSTRUMENT STATES A PARTICULAR SPENDING RATE FORMULA. CALIFORNIA'S VERSION OF UPMIFA ALSO INCLUDES A REBUTTABLE PROVISION THAT SPENDING GREATER THAN 7% OF THE AVERAGE MARKET VALUE (CALCULATED AT LEAST QUARTERLY OVER A MINIMAL PERIOD OF THREE YEARS) IS PRESUMED TO BE IMPRUDENT.

FROM TIME TO TIME, THE FAIR MARKET VALUE OF ASSETS ASSOCIATED WITH INDIVIDUAL ENDOWMENT FUNDS MAY FALL BELOW THE LEVEL THAT THE DONOR OR UPMIFA REQUIRES VHS TO RETAIN AS A FUND OF PERPETUAL DURATION. DEFICIENCIES OF THIS NATURE THAT ARE REPORTED IN UNRESTRICTED NET ASSETS WERE NOT MATERIAL AS OF JUNE 30, 2019 AND 2018. THESE DEFICIENCIES

Form **990**  
 (Rev. January 2020)  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047  
**2019**  
 Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2019 calendar year, or tax year beginning 07/01, 2019, and ending 06/30, 2020

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

**C** Name of organization ST. VINCENT FOUNDATION  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1500 SOUTHGATE AVE 102  
 City or town, state or province, country, and ZIP or foreign postal code  
DALY CITY, CA 94015

**D** Employer identification number 95-3922511

**E** Telephone number (202) 480-2700

**F** Name and address of principal officer: PETER CHADWICK  
SAME AS C ABOVE

**G** Gross receipts \$ 1,529,335.

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

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

**J** Website: N/A

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

**L** Year of formation: 1983 **M** State of legal domicile: CA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>ST. VINCENT FOUNDATION DEVELOPS PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC NEEDS OF ST. VINCENT MEDICAL CENTER BY RAISING FUNDS THROUGH GRANTS, SPECIAL EVENTS, AND DONORS.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12.
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0.
	6 Total number of volunteers (estimate if necessary)	6	12.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,139,291.	1,513,094.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,678.	16,241.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,161,969.	1,529,335.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	962,708.	2,018,958.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	993,298.	674,505.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,956,006.	2,693,463.	
19 Revenue less expenses. Subtract line 18 from line 12	-794,037.	-1,164,128.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 18,752,621.	End of Year 17,434,939.
	21 Total liabilities (Part X, line 26)	993,002.	1,011,307.
	22 Net assets or fund balances. Subtract line 21 from line 20	17,759,619.	16,423,632.

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

**Sign Here**

**Taxpayer Copy** 01/15/2021  
 Signature of officer PETER CHADWICK Date  
 Type or print name and title RES. OFFICER

**Paid Preparer Use Only**

Print/Type preparer's name <u>BRIDGET T ROCHE</u>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <u>P00666837</u>
Firm's name <u>GRANT THORNTON LLP</u>	Firm's EIN <u>36-6055558</u>	Firm's address <u>171 N. CLARK ST, SUITE 200 CHICAGO, IL 60601</u> Phone no. <u>312-856-0200</u>		

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019)



**Part IV Checklist of Required Schedules**

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	0.	<b>1</b>	0.
	<b>2</b> Savings and temporary cash investments. . . . .	1,847,962.	<b>2</b>	1,107,111.
	<b>3</b> Pledges and grants receivable, net . . . . .	25,221.	<b>3</b>	0.
	<b>4</b> Accounts receivable, net. . . . .	0.	<b>4</b>	0.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	0.	<b>9</b>	0.
	<b>10 a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation. . . . .	<b>10b</b>	0.	<b>10c</b> 0.
	<b>11</b> Investments - publicly traded securities. . . . .	0.	<b>11</b>	0.
	<b>12</b> Investments - other securities. See Part IV, line 11. . . . .	2,450,735.	<b>12</b>	2,447,141.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	14,428,703.	<b>15</b>	13,880,687.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	18,752,621.	<b>16</b>	17,434,939.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	103,488.	<b>17</b>	104,548.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue. . . . .	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities. . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	889,514.	<b>25</b>	906,759.
	<b>26 Total liabilities.</b> Add lines 17 through 25. . . . .	993,002.	<b>26</b>	1,011,307.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	11,691,580.	<b>27</b>	11,434,449.
	<b>28</b> Net assets with donor restrictions. . . . .	6,068,039.	<b>28</b>	4,989,183.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund. . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds. . . . .		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	17,759,619.	<b>32</b>	16,423,632.	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	18,752,621.	<b>33</b>	17,434,939.	

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,450,735.	2,423,860.	2,407,400.	2,414,302.	2,317,546.
b Contributions					107,000.
c Net investment earnings, gains, and losses	-3,594.	26,875.	16,460.	-6,902.	-10,244.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,447,141.	2,450,735.	2,423,860.	2,407,400.	2,414,302.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment  100.0000 %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) Unrelated organizations	X	
(ii) Related organizations		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**Part XIII Supplemental Information** (continued)

## INTENDED USES OF THE ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4:

THE INTENDED USE FOR ST. VINCENT FOUNDATION'S ENDOWMENT FUNDS ARE TO HELP SUPPORT THE FOLLOWING:

1. KOUDOUNARIS FUND - DIABETES AND CANCER ENDOWMENT
2. LANUS FUND - CANCER ENDOWMENT
3. PERRY FAMILY FUND - HEART, LUNG, EYE, CANCER, DIABETES ENDOWMENT
4. GOMBINER FUND - 50% HOUSE EAR; 50% HEART INSTITUTE
5. OLSON FUND - MEDICAL FUND FOR CHILDREN AND CAPITAL EXPENDITURES
6. RIYU - CARDIAC CARE

VERITY HEALTH SYSTEM OF CALIFORNIA, INC. ("VHS") AND FIVE OF ITS CONSOLIDATED CHARITABLE FOUNDATIONS FOLLOW THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (UPMIFA). UPMIFA ELIMINATES THE CONCEPT OF "HISTORIC DOLLAR VALUE" AND ALLOWS AN INSTITUTION TO SPEND OR ACCUMULATE AS THE BOARD DETERMINES IS PRUDENT FOR THE USES, BENEFITS, PURPOSES, AND DURATION OF THE ENDOWMENT FUND UNLESS THE GIFT INSTRUMENT STATES A PARTICULAR SPENDING RATE FORMULA. CALIFORNIA'S VERSION OF UPMIFA ALSO INCLUDES A REBUTTABLE PROVISION THAT SPENDING GREATER THAN 7% OF THE AVERAGE MARKET VALUE (CALCULATED AT LEAST QUARTERLY OVER A MINIMAL PERIOD OF THREE YEARS) IS PRESUMED TO BE IMPRUDENT.

FROM TIME TO TIME, THE FAIR MARKET VALUE OF ASSETS ASSOCIATED WITH INDIVIDUAL ENDOWMENT FUNDS MAY FALL BELOW THE LEVEL THAT THE DONOR OR UPMIFA REQUIRES VHS TO RETAIN AS A FUND OF PERPETUAL DURATION.

DEFICIENCIES OF THIS NATURE THAT ARE REPORTED IN UNRESTRICTED NET ASSETS WERE NOT MATERIAL AS OF JUNE 30, 2020 AND 2019. THESE DEFICIENCIES

Form **990** **Return of Organization Exempt From Income Tax** OMB No. 1545-0047  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 Do not enter social security numbers on this form as it may be made public.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.  
**2020**  
 Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

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

**C** Name of organization: **ST. VINCENT FOUNDATION**  
 Doing business as:  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **6300 CANOGA AVE. 1500W**  
 City or town, state or province, country, and ZIP or foreign postal code: **WOODLAND HILLS, CA 91367**  
**F** Name and address of principal officer: **HOWARD GROBSTEIN**  
**SAME AS C ABOVE**

**D** Employer identification number: **95-3922511**

**E** Telephone number: **(818) 532-1020**

**G** Gross receipts \$: **130,600.**

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

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

**J** Website: **HTTPS://VERITY.ORG/**

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

**L** Year of formation: **1983** **M** State of legal domicile: **CA**

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>ST. VINCENT FOUNDATION DEVELOPS PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC (SEE SCHEDULE O)</b>		
	<b>2</b> Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>Attorney General's Office</b>	<b>3</b>	<b>1</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>0</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a) <b>MAY 20 2022</b>	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>Registry of Charitable Trusts</b>	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: <b>1,513,094.</b>	Current Year: <b>32,333.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>16,241.</b>	<b>98,267.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>	<b>0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,529,335.</b>	<b>130,600.</b>
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>2,018,958.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>0.</b>	<b>0.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b>	<b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		<b>0.</b>	<b>0.</b>
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>674,505.</b>	<b>6,150.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<b>2,693,463.</b>	<b>1,145,604.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-1,164,128.</b>	<b>-1,015,004.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: <b>17,434,939.</b>	End of Year: <b>3,264,239.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,011,307.</b>	<b>0.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>16,423,632.</b>	<b>3,264,239.</b>

**Part II Signature Block**

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

Sign Here: **HOWARD GROBSTEIN, LIQUIDATING TRUSTEE** Date: **5/16/22**

Paid: **BRIDGET T ROCHE** Preparer's signature: **Bridget T. Roche** Date: **05/16/2022** Check if self-employed:  PTIN: **P00666837**

Preparer Use Only: Firm's name: **GRANT THORNTON LLP** Firm's EIN: **36-6055558**

Firm's address: **171 N. CLARK ST., STE. 200 CHICAGO, IL 60601** Phone no.: **(312) 856-0200**

Form 990 (2020)

ST. VINCENT FOUNDATION

95-3922511 Page 3

Part IV Checklist of Required Schedules

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

Form 990 (2020)

ST. VINCENT FOUNDATION

95-3922511 Page 11

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	1,107,111.	2	0.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net	0.	4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	0.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 0.		
	b Less: accumulated depreciation	10b 0.	10c	0.
	11 Investments - publicly traded securities	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	2,447,141.	12	2,154,964.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	13,880,687.	15	1,109,275.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	17,434,939.	16	3,264,239.	
Liabilities	17 Accounts payable and accrued expenses	104,548.	17	0.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	906,759.	25	0.
	26 <b>Total liabilities.</b> Add lines 17 through 25	1,011,307.	26	0.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	11,434,449.	27	0.
	28 Net assets with donor restrictions	4,989,183.	28	3,264,239.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 <b>Total net assets or fund balances</b>	16,423,632.	32	3,264,239.	
33 <b>Total liabilities and net assets/fund balances</b>	17,434,939.	33	3,264,239.	

Form 990 (2020)

Schedule D (Form 990) 2020

ST. VINCENT FOUNDATION

95-3922511 Page 2

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,447,141.	2,450,735.	2,423,860.	2,407,400.	2,414,302.
b Contributions		-3,594.	26,875.	16,460.	-6,902.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	292,177.				
f Administrative expenses					
g End of year balance	2,154,964.	2,447,141.	2,450,735.	2,423,860.	2,407,400.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  %
  - b Permanent endowment  100 %
  - c Term endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations | X   |    |
| (ii) Related organizations  |     | X  |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 3b
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

Schedule D (Form 990) 2020



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

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

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

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

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

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

**Part XIII Supplemental information.**

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

**SCHEDULE D, PART V, LINE 4:**

**INTENDED USES OF THE ENDOWMENT FUNDS**

**THE INTENDED USE FOR ST. VINCENT FOUNDATION'S ENDOWMENT FUNDS ARE TO HELP SUPPORT THE FOLLOWING:**

1. KOUDOUNARIS FUND - DIABETES AND CANCER ENDOWMENT
2. LANUS FUND - CANCER ENDOWMENT
3. PERRY FAMILY FUND - HEART, LUNG, EYE, CANCER, DIABETES ENDOWMENT
4. GOMBINER FUND - 50% HOUSE EAR; 50% HEART INSTITUTE
5. OLSON FUND - MEDICAL FUND FOR CHILDREN AND CAPITAL EXPENDITURES
6. RIYU - CARDIAC CARE

**VERITY HEALTH SYSTEM OF CALIFORNIA, INC. ("VHS") AND FIVE OF ITS**

EXTENDED TO MAY 15, 2023

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022**



<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> ST. VINCENT FOUNDATION HOWARD B. GROBSTEIN LIQUIDATING TRUSTEE Doing business as		<b>D Employer identification number</b> 95-3922511
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6300 CANOGA AVENUE 1500W		<b>E Telephone number</b> 818-532-1020
	City or town, state or province, country, and ZIP or foreign postal code WOODLAND HILLS, CA 91367		<b>G Gross receipts \$</b> 0.
	<b>F Name and address of principal officer:</b> HOWARD B. GROBSTEIN SAME AS C ABOVE		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
	<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c) Group exemption number</b> ▶
<b>J Website:</b> ▶ N/A			<b>L Year of formation:</b> 1983 <b>M State of legal domicile:</b> CA
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>ST. VINCENT FOUNDATION DEVELOPED PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC NEEDS OF ST. VINCENT</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a) <b>Attorney General's Office</b>	3	1
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a) <b>MAY 16 2023</b>	5	0
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 <b>Registry of Charitable Trusts</b>	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	32,333.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	98,267.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
	12		130,600.	0.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0.	229,340.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	0.	229,340.
19	Revenue less expenses. Subtract line 18 from line 12	130,600.	-229,340.	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	3,264,239.	3,034,899.
	22	Net assets or fund balances. Subtract line 21 from line 20	0.	0.
22		3,264,239.	3,034,899.	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer 	Date <b>5/9/23</b>			
	HOWARD B. GROBSTEIN, LIQUIDATING TRUSTEE Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name KERMITH BOFFILL	Preparer's Signature 	Date <b>5/9/23</b>	Check <input type="checkbox"/> self-employed	PTIN <b>P00958329</b>
	Firm's name ▶ <b>GROBSTEIN TEEPLE, LLP</b>		Firm's EIN ▶ <b>46-1955807</b>		Phone no. <b>818-532-1020</b>
Firm's address ▶ <b>23832 ROCKFIELD BLVD, STE 245 LAKE FOREST, CA 92630</b>					

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

ST. VINCENT FOUNDATION

HOWARD B. GROBSTEIN LIQUIDATING TRUSTEE

95-3922511

Page 3

Form 990 (2021)

Part IV Checklist of Required Schedules

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

ST. VINCENT FOUNDATION  
HOWARD B. GROBSTEIN LIQUIDATING TRUSTEE

95-3922511 Page 11

Form 990 (2021)

Part X Balance Sheet

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

		(A) Beginning of year	(B) End of year	
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	2,154,964.	12	2,003,560.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,109,275.	15	1,031,339.
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,264,239.	16	3,034,899.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions	3,264,239.	28	3,034,899.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	3,264,239.	32	3,034,899.	
33 Total liabilities and net assets/fund balances	3,264,239.	33	3,034,899.	

Form 990 (2021)

ST. VINCENT FOUNDATION

Schedule D (Form 990) 2021

HOWARD B. GROBSTEIN LIQUIDATING TRUSTEE

95-3922511 Page 2

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,154,964.	2,447,141.	2,450,735.	2,423,860.	2,407,400.
b Contributions			-3,594.	26,875.	16,460.
c Net investment earnings, gains, and losses	-151,404.				
d Grants or scholarships					
e Other expenditures for facilities and programs		292,177.			
f Administrative expenses					
g End of year balance	2,003,560.	2,154,964.	2,447,141.	2,450,735.	2,423,860.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  %
  - b Permanent endowment  100 %
  - c Term endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   | X   |    |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R? | 3b  |    |

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (b), line 10c.)				0.

Schedule D (Form 990) 2021

**ST. VINCENT FOUNDATION**

Schedule D (Form 990) 2021

**HOWARD B. GROBSTEIN LIQUIDATING TRUSTEE**

95-3922511 Page 4

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

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

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

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

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

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

**Part XIII Supplemental Information.**

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

**SCHEDULE D, PART V LINE 4:**

**INTENDED USES OF THE ENDOWMENT FUNDS**

**THE INTENDED USE FOR THE ST. VINCENT FOUNDATION ENDOWMENT FUNDS ARE TO HELP SUPPORT THE FOLLOWING:**

1. KOUDOUNARIS FUND - DIABETES AND CANCER ENDOWMENT
2. LANUS FUND - CANCER ENDOWMENT
3. PERRY FAMILY FUND - HEART, LUNG, EYE, CANCER, DIABETES ENDOWMENT
4. GOMBINER FUND - 50% HOUSE EAR; 50% HEART INSTITUTE
5. OLSON FUND - MEDICAL FUND FOR CHILDREN AND CAPITAL EXPENDITURES
6. RIYU - CARDIAC CARE

**VERITY HEALTH SYSTEM OF CALIFORNIA, INC. ("VHS") AND FIVE OF ITS**

EXTENDED TO MAY 15, 2024

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to www.irs.gov/Form990 for instructions and the latest information.

2022  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization ST. VINCENT FOUNDATION HOWARD B. GROBSTEIN LIQUIDATING TRUSTEE Doing business as		<b>D</b> Employer identification number 95-3922511
	Number and street (or P.O. box if mail is not delivered to street address) 6300 CANOGA AVENUE	Room/suite 1500W	<b>E</b> Telephone number 818-532-1020
	City or town, state or province, country, and ZIP or foreign postal code WOODLAND HILLS, CA 91367		<b>G</b> Gross receipts \$ 237,621.
	<b>F</b> Name and address of principal officer: HOWARD B. GROBSTEIN SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: N/A			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: 1983
<b>M</b> State of legal domicile: CA			

Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: ST. VINCENT FOUNDATION DEVELOPED PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC NEEDS OF ST. VINCENT		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	1	1
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	0
	<b>6</b> Total number of volunteers (estimate if necessary)	6	0
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	Registry of Charitable Trusts	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	237,621.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	237,621.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	229,340.	28,490.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	229,340.	28,490.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-229,340.	209,131.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	3,034,899.	3,244,030.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	0.	0.
		3,034,899.	3,244,030.

Part II Signature Block

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

<b>Sign Here</b>	Signature of officer HOWARD B. GROBSTEIN, LIQUIDATING TRUSTEE Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name KERMITH BOFFILL	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00958329
	Firm's name GROBSTEIN TERPLE, LLP	Firm's EIN 46-1955807
	Firm's address 23832 ROCKFIELD BLVD, STE 245 LAKE FOREST, CA 92630	Phone no. 818-532-1020

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

232001 12-13-22

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

Form 990 (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

AG 185

ST. VINCENT FOUNDATION

HOWARD B. GROBSTEIN LIQUIDATING TRUSTEE

95-3922511

Page 3

Form 990 (2022)

Part IV Checklist of Required Schedules

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



ST. VINCENT FOUNDATION

HOWARD B. GROBSTEIN LIQUIDATING TRUSTEE

95-3922511 Page 11

Form 990 (2022)

Part X Balance Sheet

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

		(A) Beginning of year	(B) End of year	
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	2,003,560.	12	2,141,622.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,031,339.	15	1,102,408.
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,034,899.	16	3,244,030.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions	3,034,899.	28	3,244,030.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	3,034,899.	32	3,244,030.	
33 Total liabilities and net assets/fund balances	3,034,899.	33	3,244,030.	

Form 990 (2022)

ST. VINCENT FOUNDATION

Schedule D (Form 990) 2022 HOWARD B. GROBSTEIN LIQUIDATING TRUSTEE 95-3922511 Page 2

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,003,560.	2,154,964.	2,447,141.	2,450,735.	2,423,860.
b Contributions				-3,594.	26,875.
c Net investment earnings, gains, and losses	138,062.	-151,404.			
d Grants or scholarships					
e Other expenditures for facilities and programs			292,177.		
f Administrative expenses					
g End of year balance	2,141,622.	2,003,560.	2,154,964.	2,447,141.	2,450,735.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) Unrelated organizations \_\_\_\_\_
  - (ii) Related organizations \_\_\_\_\_
- b If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

ST. VINCENT FOUNDATION

Schedule D (Form 990) 2022

HOWARD B. GROBSTEIN LIQUIDATING TRUSTEE

95-3922511

Page 4

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

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

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5

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

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

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5

**Part XIII Supplemental Information.**

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

**SCHEDULE D, PART V LINE 4:**

**INTENDED USES OF THE ENDOWMENT FUNDS**

THE INTENDED USE FOR THE ST. VINCENT FOUNDATION ENDOWMENT FUNDS ARE TO HELP SUPPORT THE FOLLOWING:

1. KOUDOUNARIS FUND - DIABETES AND CANCER ENDOWMENT
2. LANUS FUND - CANCER ENDOWMENT
3. PERRY FAMILY FUND - HEART, LUNG, EYE, CANCER, DIABETES ENDOWMENT
4. GOMBINER FUND - 50% HOUSE KAR; 50% HEART INSTITUTE
5. OLSON FUND - MEDICAL FUND FOR CHILDREN AND CAPITAL EXPENDITURES
6. RIYU - CARDIAC CARE

VERITY HEALTH SYSTEM OF CALIFORNIA, INC. ("VHS") AND FIVE OF ITS

MAIL TO:  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

WEB SITE ADDRESS:

<http://ag.ca.gov/charities/>

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.

State Charity Registration Number: <u>54543</u> <span style="float: right; font-size: 2em;">NT</span>  <b>ST. VINCENT FOUNDATION</b> Name of Organization  <u>2131 WEST THIRD STREET</u> Address (Number and Street)  <u>LOS ANGELES, CA 90057</u> City or Town, State and ZIP Code	Check if: <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report  Corporate or Organization No. <u>C1145269</u>  Federal Employer I.D. No. <u>95-3922511</u>
--	--

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between 100,001 and \$250,000	\$50	Between 1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2004 ending 06/30/2005) list:

Gross annual revenue \$ 4,248,307. Total assets \$ 10,799,199.

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 Instructions for information required.

		Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? <span style="float: right;">STMT 1</span>	/	X	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?			X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?			X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.			X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes", provide an attachment listing the name, address, and telephone number of the service provider.			X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.			X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes", provide an attachment indicating the number of raffles and the date(s) they occurred.			X
8. Does the organization conduct a vehicle donation program? If "yes", provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.			X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	/	X	

Organization's area code and telephone number (213) 484-7325

Organization's e-mail address WWW.STVINCENTMEDICALCENTER.COM

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

(X) Signature of authorized officer  
(X) J. Marc Golian Printed Name (X) Director Title (X) 5/15/06 Date

MAIL TO:  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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WEB SITE ADDRESS:

<http://ag.ca.gov/charities/>

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.

State Charity Registration Number: <u>54543 LM</u>  Name of Organization: <u>ST. VINCENT FOUNDATION</u>  Address (Number and Street): <u>2131 WEST THIRD STREET</u>  City or Town, State and ZIP Code: <u>LOS ANGELES, CA 90057</u>	Check If: <input type="checkbox"/> Change of address <span style="float: right; font-size: 1.2em;">CK 270359</span>  <input type="checkbox"/> Amended report  Corporate or Organization No. <u>C1145269</u>  Federal Employer I.D. No. <u>95-3922511</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
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Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between 100,001 and \$250,000	\$50	Between 1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2005 ending 06/30/2006 ) list:

Gross annual revenue \$ 6,960,323. Total assets \$ 16,691,827.

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? <span style="float: right;">STMT 1</span>	X	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes", provide an attachment listing the name, address, and telephone number of the service provider. <span style="float: right;">STMT 2</span>	X	
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes", provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes", provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (213) 484-7325

Organization's e-mail address \_\_\_\_\_

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

MARK C HERBERTS
VP Finance & CFO
5/2/07

Signature of authorized officer

Printed Name

Title

Date

MAIL TO:  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

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**RECEIVED** *lm*  
 Attorney General's Office  
**MAY 20 2008**  
 Registry of Charitable Trusts

State Charity Registration Number: <u>054543</u>  <u>ST. VINCENT FOUNDATION</u> <small>Name of Organization</small>  <u>2131 WEST THIRD STREET</u> <small>Address (Number and Street)</small>  <u>LOS ANGELES, CA 90057</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report  Corporate or Organization No. <u>C1145269</u>  Federal Employer I.D. No. <u>95-3922511</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
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Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between 100,001 and \$250,000	\$50	Between 1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2006 ending 06/30/2007) list:

Gross annual revenue \$ 1,941,866. Total assets \$ 15,331,131.

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	X	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes", provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes", provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes", provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (213) 484-7325

Organization's e-mail address JANNAMCLEISH@DOCHS.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.


M. GARKO
CEO
5/15/08  
Signature of authorized officer
Printed Name
Title
Date

MAIL TO:  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
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**RECEIVED**  
 Attorney General's Office

MAY 18 2009

WEB SITE ADDRESS:  
<http://ag.ca.gov/charities/>

State Charity Registration Number: <u>054543</u>  <u>ST. VINCENT FOUNDATION</u> Name of Organization  <u>2131 WEST THIRD STREET</u> Address (Number and Street)  <u>LOS ANGELES, CA 90057</u> City or Town, State and ZIP Code	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report  Registry of Charitable Trusts  Corporate or Organization No. <u>C1145269</u>  Federal Employer I.D. No. <u>95-3922511</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
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Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$0,001 and \$250,000	\$50	Between 1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2007 ending 06/30/2008 ) list:

Gross annual revenue \$ 4,105,361. Total assets \$ 11,783,762.

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? <span style="float: right;">STMT 1</span>	X	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes", provide an attachment listing the name, address, and telephone number of the service provider. <span style="float: right;">STMT 2</span>	X	
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. <span style="float: right;">STMT 3</span>	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes", provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes", provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (213) 484-7325

Organization's e-mail address JANNAMCLEISH@DOCHS.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

[Signature]                      M GARKO                      CFO                      5-12-09  
 Signature of authorized officer      Printed Name                      Title                      Date

# St. Vincent Medical Center Documentation



2316	temp	Pharmacy Education				\$6,850			Related Costs
2321	temp	Patient/Family Sleep Chairs				\$4,500			Sleep Chairs
2322	temp	SVMC Mission Integration			several	\$1,984			Discretionary Fund
2400	temp	LAHI Unrestricted			numerous	\$94,852			MHAP Heart Education Programs
2402	temp	LAHI Research			several	\$1,105			LA Heart Institute Research
2403	temp	LAHI Charitable Care of				\$330			LA Heart Institute - Children
2413	temp	LAHI Professional Ed				\$669			Related Costs
2906	temp	Doheny Multicult Hlth Awarrens & Prevntn Cntr (MHAP)				\$8,797			
2907	temp	Neuro Surgery				\$554			Related Costs
2909	temp	Virgil and Hilma Thompson			1	\$21,798		1	Diseases of the Blood
2912	temp	Virgil and Hilma Thompson			1	\$43,778		1	Capital Fund
2911	temp	Acute Rehab Unit				\$50			Related Costs
2913	temp	Patient/Guest Relations			numerous	\$3,054			Related Costs
2914	temp	Pandemic Influenza			numerous	\$191			Influenza Preparedness
	temp	Miscellaneous Restricted				\$8,989			Miscellaneous
2910	temp	Gombiner			1	\$8,469		1	Treatment
2916	temp	Dr. Myron & Eloise Olson			1	\$15,305		1	Medical Treatment of Children
2916-A	temp	Dr. Myron & Eloise Olson			1	\$1,516		1	Capital Fund
2917	temp	Omar & Doris Brands			1	\$17,638		1	Research, Treatment, Education for Heart and Cancer
2915	temp	Riyu Endowment			1	\$91,660		1	Heart Research
2920	temp	Lanus Trust			1	\$8,011		1	Cancer
2921	temp	Perry Fund Income				\$11,135			
2922	temp	Brunswick CA Asset Trust				\$50,000			
2923	temp	LAHI Virgil & Hilma Thompson RET & Care Giving				\$41,977			
2924	temp	Virgil & Hilma Thompson - DIABETES -RET & Care Brands Fund				\$41,977			
	temp	Jack & Yvonne Perry Family			1	\$171,688		1	Research and Treatment of Cancer
	perm	Gombiner Endowment			1	\$239,492		1	Research, Treatment, Capital for Hearing Impaired
	perm	Riyu Endowment			1	\$1,232,080		1	Heart Research
	perm	Myron & Eloise Olson			1	\$115,454		1	Pediatric Education, Treatment and Capital
	perm	Lanus Trust			1	\$158,973		1	Cancer
	perm	Angelo & Fanny Koudounaris			1	\$135,696		1	Cancer Research, Treatment and Capital

Total Temp Restricted:	\$1,975,120
Total Permanently Restricted:	\$1,881,695

**THE WALTRAUT G. GOMBINER  
CHARITABLE REMAINDER  
UNITRUST DOCUMENT**

**Established  
June 28, 1993**

**Asset Contributed**

An undivided <sup>95%</sup> interest in  
414 N. Sycamore  
Los Angeles, California  
an 8 unit apartment complex

**Approximate Fair Market Value  
\$750,000**

**Management Trustee  
Waltraut G. Gombiner**

**Charitable Remainderman**

A distribution of one hundred percent (100%) interest to  
**The St. Vincent Medical Center  
Foundation**

make such repayment of an overpayment. In the event that it appears that such repayment might not be made within a reasonable time, the Trustee, in its sole discretion, may withhold such sum from payments otherwise required to be made hereunder.

**2.6 In-Kind Distributions** - In the case of any distributions in kind to Trustor or survivor Trustor, the adjusted basis of the property distributed shall be fairly representative of the adjusted basis of the property available for distribution on the date of distribution. In the case of any distributions in kind to a Charitable Remainderman while a Trustor is living, the adjusted basis of the property distributed shall be fairly representative of the adjusted basis of the property available for distribution on the date of distribution.

**2.7 Additional Contributions** - For any taxable year of the trust in which an additional contribution is made, where no Valuation Date occurs during the remainder of the taxable year after the time of said contribution, the additional property contributed shall be valued as of the time of said contribution. Further, the unitrust amount determined according to section 2.1 above (or the re-determined unitrust amount calculated under this paragraph where a prior additional contribution was made during the same taxable year), shall be re-computed by multiplying the Unitrust Percentage by the sum of:

**2.7.1** The net fair market value of the Trust Estate (excluding the value of the additional property contributed and any earned income from and any appreciation on the property after its contribution) for said year; and

**2.7.2** The net fair market value of the additional property contributed (that was excluded under subparagraph 2.7.1), multiplied by a fraction the numerator of which is the number of days in the period which begins with the date of contribution and ends with the earlier of the last day of the taxable year or the last day of the trust term, and the denominator of which is the number of days in the period which begins with the first day of the taxable year and ends with the earlier of the last day of the taxable year or the last day of the trust term.

**3. REMAINDER PROVISIONS.**

**3.1 Distribution to Remainderman** - Within a reasonable time after the death of the Recipient, the remainder of the Trust Estate shall be divided and/or distributed as follows:

**3.1.1 Distribution to ST. VINCENT MEDICAL CENTER FOUNDATION**  
- to ST. VINCENT MEDICAL CENTER FOUNDATION, a California non-profit corporation, located at 2131 West Third Street, Los Angeles, California 90057-0972, a distribution of Fifty Percent (50%) of the balance of the Trust Estate to be used to establish the "Waltraut G. Gombiner Fund", in honor of Dr. Howard P. House and his commitment to research and treatment of the hearing impaired, an endowment fund to be used as follows: (1) income from one-half of the endowment fund may be used for research regarding and treatment of the hearing impaired and the charity's related general charitable

purposes; and (2) income and/or principal from one-half of the endowment fund shall be used for capital expenditures, provided that any such capital asset acquired shall bear the name of the endowment fund. This designation of said Charitable Remainderman shall be irrevocable and unchangeable, and the Trustor does not retain the right to remove said Charitable Remainderman, to substitute other Charitable Remainderman, or to alter the interest designated to said Charitable Remainderman.

**3.1.2 Distribution to ST. VINCENT MEDICAL CENTER FOUNDATION**  
- to ST. VINCENT MEDICAL CENTER FOUNDATION, a California non-profit corporation, for the benefit of the LOS ANGELES HEART INSTITUTE, a California non-profit corporation, located at 2131 West Third Street, Los Angeles, California 90057-0972, a distribution of Fifty Percent (50%) of the balance of the Trust Estate to be used to establish the "Waltraut G. Gombiner Fund", an endowment fund to be used as follows: (1) income from one-half of the endowment fund may be used for the charity's general charitable purposes; and (2) income and/or principal from one-half of the endowment fund shall be used for capital expenditures, provided that any such capital asset acquired shall bear the name of the endowment fund. This designation of said Charitable Remainderman shall be irrevocable and unchangeable, and the Trustor does not retain the right to remove said Charitable Remainderman, to substitute other Charitable Remainderman, or to alter the interest designated to said Charitable Remainderman.

Notwithstanding the foregoing provisions of this section 3.1 if a Charitable Remainderman is not then an organization described in Section 170(c), 170(b) (1) (A), 2055 (a) and 2522 (a) or (b) of the Internal Revenue Code of 1986, as amended, or the corresponding provisions of any subsequent federal internal revenue law ("Code"), said remainder interest shall be distributed upon similar terms and conditions to one or more similar organizations that are described in said sections (and which have been in existence as organizations described in Section 509 (a) (1), (2) or (3) of the Code for a continuous period of sixty (60) calendar months immediately preceding such distribution) as shall be designated in writing by the Trustor, or in if no such designation is made, then said designation shall be made by the Trustee of this Trust.

**3.2 Claim for Taxes** - Anything herein to the contrary notwithstanding, the assets of this Trust Estate shall not be subject to claim for any federal, state or other estate, inheritance or succession taxes or duties which may be assessed against the estate of the Trustor. The Trustor hereby imposes an obligation on his estate to pay any such taxes from sources other than this Trust Estate, and the Trustor hereby agrees to include in the Trustor's wills and/or revocable trust a provision that any and all said taxes and duties payable with respect to any of the assets of this Trust Estate shall be paid out of such assets of the Trustor's estate as are subject to administration under said will and/or trust and not out of the assets of this Trust Estate. This provision may be enforced by the Trustee, and/or any Charitable Remainderman.

If despite the foregoing, the Trustee shall become liable for any federal, state or other estate, inheritance or succession taxes or duties, by reason of the inclusion of any or

*W. G. G.*

AMENDMENT TO DECLARATION OF REVOCABLE TRUST

OF

MELVYN K. RIYU

This Amendment to Trust Agreement is made and entered into in the State of Hawaii, by and between MELVYN K. RIYU, whose full name is MELVYN KIKUO RIYU, as Grantor, and MELVYN K. RIYU, as Trustee.

WITNESSETH:

On April 27, 1995, the Grantor and Trustee entered into a Trust Agreement under which was created a Revocable Trust, which Trust has ever since continued and is now in full force and effect.

Any and all amendments made subsequent to April 27, 1995, but prior hereto, are hereby superseded.

Pursuant to the power to alter and amend said Trust Agreement, reserved under Article II thereof, the Grantor and Trustee do hereby alter and amend said Trust Agreement, effective this date, in the following particulars only.

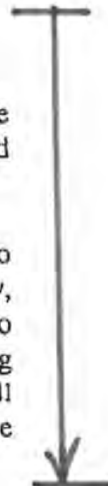
Amended Provisions.

FIRST: Article VI of the Trust is hereby deleted in its entirety, and the following is substituted in its place:

"ARTICLE VI

Disposition of Trust Property Upon Death of Grantor. Subject to the terms of the above Article V, the trustee shall, upon the death of the Grantor, hold and dispose of all the trust property as follows:

- 1. Separate Trusts. The trustee shall divide all trust property into two separate trusts, one consisting of FIFTY PERCENT (50%) of the trust property, one-half of the net income of which shall be distributed at least quarter-annually to those beneficiaries named in subsection (a) of this Section 1; and the other, consisting of the entire remainder of the trust, which shall exist solely for the benefit of, and all of the net income from which shall be distributed at least semi-annually to, the charitable organization set forth in Section 2, below.



If, at the time of the Grantor's death, his gross estate, reduced only by mortgages or other debts, exceeds the amount which can pass free of estate taxes, then any and all administration expenses, and/or estate taxes payable upon the Grantor's death shall be paid exclusively from the first fund created above (i.e., not from the fund created for the charitable beneficiary).

With respect to any interest held by the trust in the 1.02 acre parcel located at Waikapu, Maui, Hawaii, identified as Tax Map Key No. (2) 3-5-12-27, which now serves as the Grantor's residence, such interest shall be allocated to the first trust fund established above (i.e.- for the benefit of individual beneficiaries); also, the Grantor notes that the Grantor's sister-in-law, **KATHERINE RIYU**, and the Grantor's niece, **JUDITH YAMANOUE**, each own property which adjoins the Grantor's parcel and use a portion of the Grantor's parcel and of an adjoining access easement for ingress and egress.

The Grantor therefore wants to ensure, and hereby directs the trustee, that:

- (1) the trustee shall take no action with respect to the Grantor's said parcel which would prevent, or seriously jeopardize, access by said **KATHERINE RIYU** and/or **JUDITH YAMANOUE** to their respective properties, provided, however, that the trustee's obligations hereunder with respect to said adjoining parcels and the preservation of access rights shall be conditioned upon the trustee's receipt, from each of said **KATHERINE RIYU** and **JUDITH YAMANOUE**, of a written commitment, in recordable form, that neither person (or her respective heirs, successors or assigns) will sell or lease for a term of more than three years their respective adjoining parcel except after first giving to the trust a reasonable right to purchase or lease the property at the same price and on the same terms offered by an outside party; and
- (2) no sale of any such property by the trust shall occur unless approved by **JUDITH YAMANOUE** in her reasonable discretion.

(a) Trust Income.

(i) The trustee shall pay one-half (1/2) of the net income of the first said trust, in convenient installments at least as often as quarterly, to the following beneficiaries in the following relative proportions:

FIFTY PERCENT (50%) to **JUDITH YAMANOUE**, if then surviving, for her lifetime, and upon her death, will be added to the account which exists exclusively for the charitable beneficiary pursuant to Section 2, below; and

FIFTY PERCENT (50%) to **ELOISE CHING**, if then surviving, for her lifetime, and upon her death, or if she is not then surviving, in equal shares to those of her children who are then surviving (and who were surviving on the date of the Grantor's death) until the termination of this Trust Account.

(ii) All remaining income shall be accumulated and added to principal.

The Grantor understands and intends that said individual beneficiaries, collectively, will receive no more than half of the net annual income from this fund, and that the accumulation of the remaining net income will cause the trust to increase in value for the eventual benefit of the charitable beneficiary.

(b) Termination of Trust Account. This trust account shall terminate upon the death of the last to survive of **JUDITH YAMANOUE** and **ELOISE CHING**, at which time the entire balance of this account, including all principal and accumulated income which has been added to principal, will be added to the account which exists exclusively for the charitable beneficiary pursuant to Section 2, below.

(c) All of the net income from the remaining trust account shall be paid at least semi-annually to the charitable organization, and for the purposes, set forth in Section 2, below.

2. Endowment for St. Vincent Hospital. After the death of the last surviving individual beneficiary named above, the trustee shall hold all trust property, IN TRUST, for the sole benefit of, and shall at least semi-annually distribute all the net income therefrom to, **ST. VINCENT HOSPITAL**, Los Angeles, California, or its successors, for use in its heart fund and/or for heart research.

The Grantor understands and intends that the principal of this fund will remain in trust as a permanent endowment for said hospital and purposes. If an existing endowment fund exists for the benefit and purposes indicated above, the fund established herein can be incorporated into said existing endowment fund and this trust may be terminated."



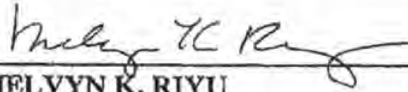
SECOND: Section 7 of Article X of the Trust is hereby amended to read as follows:

"7. Charitable Intent. It is the Grantor's intent that, after the Grantor's death, this trust constitute a "charitable trust" for the benefit (partially until after the death of all individual beneficiaries named in Section 1 of Article VI above, thereafter entirely) of the charitable organization and purposes set forth in Section 2 of Article VI, above, with the further intent that the trust continue in perpetuity for the benefit of the charitable organization, or should it cease to exist, for other similar hospitals and/or medical facilities conducting human heart research and treatment in the Los Angeles, California, area."



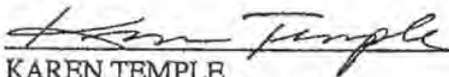
Subject to the terms and conditions of this Amendment, the Trust and the trust estate created by the Trust Agreement referred to above shall in all other respects remain in full force and effect.

IN WITNESS WHEREOF, the undersigned, in the capacities described above, has executed this Amendment effective this date: SEP 10 2008.

  
\_\_\_\_\_  
MELVYN K. RIYU  
Grantor and Trustee

STATE OF HAWAII        )  
                                  ) SS.  
COUNTY OF MAUI        )

On this date: SEP 10 2008, the same date of the foregoing Amendment to Trust, before me in the Second Circuit of the State of Hawaii personally appeared MELVYN K. RIYU, in his individual capacity, as Grantor, and as Trustee aforesaid, to me known to be the person described in and who executed the foregoing instrument containing 4 pages, and acknowledged that he executed the same as his free act and deed in the capacities set forth above.

  
\_\_\_\_\_  
KAREN TEMPLE  
Notary Public, State of Hawaii  
Commission No. 96-344  
My Commission expires: 6/14/2012

L.S.

**DR. MYRON S. AND ELOISE H. OLSON**  
**Charitable Remainder Annuity Trust**

**Established**  
November 3, 1995

**Total Fair Market Value**  
\$1,000,000

**Trustors**  
Dr. Myron S. And Eloise H. Olson

**Management Trustee**  
Matthew B. Mack

**Administrative Trustee**  
Matthew B. Mack

**50% Irrevocable Charitable Remainderman**  
St. Vincent Medical Center Foundation  
**Fair Market Value**  
\$500,000

property available for distribution on the date of distribution. In the case of any distributions in kind to a Charitable Remainderman while a Trustor is living, the adjusted basis of the property distributed shall be fairly representative of the adjusted basis of the property available for distribution on the date of distribution.

**2.7 Additional Contributions** - No contributions shall be made to this Trust by the Trustor or any other person after the initial contributions set forth in SCHEDULE A.

**3. REMAINDER PROVISIONS.**

**3.1 Distribution to Remainderman**

**3.1.1** On the first day of the second taxable year of this Trust (i.e., January 1, 1996) the Trustee shall distribute Twelve Thousand Five Hundred Dollars (\$12,500.00) to CASA COLINA FOUNDATION, a California non-profit corporation, located at 2850 North Garey Avenue, Pomona, California 91767, to establish the "DR. MYRON S. AND ELOISE H. OLSON FUND", an endowment fund, to be used as described below. This designation of said Charity and the specified distribution shall be irrevocable and unchangeable.

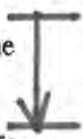
**3.1.2** On the first day of the third taxable year of this Trust (i.e., January 1, 1997) the Trustee shall distribute Twelve Thousand Five Hundred Dollars (\$12,500.00) to CASA COLINA FOUNDATION, a California non-profit corporation, located at 2850 North Garey Avenue, Pomona, California 91767, to further fund the "DR. MYRON S. AND ELOISE H. OLSON FUND", an endowment fund, to be used as described below. This designation of said Charity and the specified distribution shall be irrevocable and unchangeable.

**3.1.3** On the first day of the second taxable year of this Trust (i.e., January 1, 1996) the Trustee shall distribute Twelve Thousand Five Hundred Dollars (\$12,500.00) to ST. VINCENT MEDICAL CENTER FOUNDATION, a California non-profit corporation, located at 2131 West Third Street, Los Angeles, California 90057-0972, to establish the "DR. MYRON S. AND ELOISE H. OLSON FUND", an endowment fund, to be used as described below. This designation of said Charity and the specified distribution shall be irrevocable and unchangeable.

**3.1.4** On the first day of the third taxable year of this Trust (i.e., January 1, 1997) the Trustee shall distribute Twelve Thousand Five Hundred Dollars (\$12,500.00) to ST. VINCENT MEDICAL CENTER FOUNDATION, a California non-profit corporation, located at 2131 West Third Street, Los Angeles, California 90057-0972, to further fund the "DR. MYRON S. AND ELOISE H. OLSON FUND", an endowment fund, to be used as described below. This designation of said Charity and the specified distribution shall be irrevocable and unchangeable.

**3.1.5** Within a reasonable time after the death of the Successor Recipient, the remainder of the Trust Estate shall be divided and/or distributed as follows:

**3.1.5.1** to CASA COLINA FOUNDATION, a California non-profit corporation, located at 2850 North Garey Avenue, Pomona, California 91767, a distribution of



Fifty Percent (50%) of the balance of the Trust Estate to be used to establish the "DR. MYRON S. AND ELOISE H. OLSON FUND", an endowment fund to be used as follows: (1) income from one-half of the endowment fund shall be used for the medical rehabilitation, education, and treatment of children under the age of twelve (12) years; and (2) income and/or principal from one-half of the endowment fund shall be used for such capital expenditures which are consistent with said charitable purpose as may be determined by the Foundation Board, provided that any such capital asset acquired shall bear the name of the endowment fund. In the event that significant treatments and/or cures have been discovered for the charitable purpose provided for herein, then and in that event, other important projects consistent with the Donors charitable intent may be substituted at the discretion of the Foundation Board. This designation of said Charitable Remainderman shall be irrevocable and unchangeable, and the Trustor does not retain the right to remove said Charitable Remainderman, to substitute other Charitable Remainderman, or to alter the interest designated to said Charitable Remainderman.

3.1.5.2 to ST. VINCENT MEDICAL CENTER FOUNDATION, a California non-profit corporation, located at 2131 West Third Street, Los Angeles, California 90057-0972, a distribution of Fifty Percent (50%) of the balance of the Trust Estate to be used to establish the "DR. MYRON S. AND ELOISE H. OLSON FUND", an endowment fund to be used as follows: (1) income from one-half of the endowment fund shall be used for the medical treatment of children, with an emphasis for children under the age of eight (8) years; and (2) income and/or principal from one-half of the endowment fund shall be used for such capital expenditures which are consistent with said charitable purpose as may be determined by the Foundation Board, provided that any such capital asset acquired shall bear the name of the endowment fund. In the event that significant treatments and/or cures have been discovered for the charitable purpose provided for herein, then and in that event, other important projects consistent with the Donors charitable intent may be substituted at the discretion of the Foundation Board. This designation of said Charitable Remainderman shall be irrevocable and unchangeable, and the Trustor does not retain the right to remove said Charitable Remainderman, to substitute other Charitable Remainderman, or to alter the interest designated to said Charitable Remainderman.

Notwithstanding the foregoing provisions of this section if a Charitable Remainderman is not then an organization described in Section 170(c), 170(b) (1) (A), 2055 (a) and 2522 (a) or (b) of the Code, said remainder interest shall be distributed upon similar terms and conditions to one or more similar organizations that are described in said sections (and which have been in existence as organizations described in Section 509 (a) (1), (2) or (3) of the Code for a continuous period of sixty (60) calendar months immediately preceding such distribution) as shall be designated in writing by the Trustor, or in if no such designation is made, then said designation shall be made by the Trustee of this Trust.

3.2 Claim for Taxes - Anything herein to the contrary notwithstanding, the assets of this Trust Estate shall not be subject to claim for any federal, state or other estate, inheritance or succession taxes or duties which may be assessed against the estate of a Trustor. Each Trustor hereby imposes an obligation on his estate to pay any such taxes from sources other than this Trust Estate, and each Trustor hereby agrees to include in the Trustor's wills and/or revocable

DESIGNATION OF CHARITABLE REMAINDERMEN  
FOR THE  
LANUS FAMILY CHARITABLE REMAINDER TRUST

Pursuant to Article Four, Section 4.2 of the Lanus Family Charitable Remainder Trust, U.T.D., March 14, 1994, creating a Charitable Remainder Unitrust, Howard W. Lanus and Wanda M. Lanus, the Grantors therein, hereby designate the following remaindermen:

Within a reasonable time after the death of the surviving Grantor, the Trustee shall distribute:

1. Thirty-four percent (34%) of the Trust Estate of the Lanus Family Charitable Remainder Trust U.T.D., March 14, 1994, as it is then constituted, to the Sisters of Mercy, Burlingame, 2300 Adeline Drive, Burlingame, California 94010. Said Distribution shall be held in endowment for the Sisters of Mercy Retirement Fund to be used solely to provide for the health, maintenance and support in reasonable comfort of retired nuns who can no longer provide for themselves due to health reasons.

2. Thirty-three percent (33%) of the Trust Estate of the Lanus Family Charitable Remainder Trust U.T.D., March 14, 1994, as it is then constituted, to the Sisters of Mercy, Burlingame, 2300 Adeline Drive, Burlingame, California 94010. Said Distribution shall be held in endowment for the research, treatment and cure of Parkinsons Disease at St. Joseph's Hospital in Phoenix, Arizona. If a cure for Parkinsons Disease has been found, then said endowment shall be used for the research, treatment and cure of other neurological diseases at St. Joseph's as identified by the Board of Directors at Sisters of Mercy, Burlingame.

3. Thirty-three percent (33%) of the Trust Estate of the Lanus Family Charitable Remainder Trust U.T.D., March 14, 1994, as it is then constituted, to St. Vincent Medical Center Foundation, 2131 West Third Street, Los Angeles, California 90057-0992. Said Distribution shall be held in endowment for the research, treatment and cure of cancer at St. Vincent Medical Center. If a cure has been found for all cancers, then said endowment shall be used for any emergent need as determined by the Board of Directors at St. Vincent Medical Center.

This designation is irrevocable and is executed this 2nd day of June, 1994.

Wanda M. Lanus  
WANDA M. LANUS, Grantor

Howard W. Lanus  
HOWARD W. LANUS, Grantor

8540-2670-30050 - KOUDOUNARIS ANGELO & FANNY CRT

**A. and F.A. Koudounaris**  
**Charitable Remainder Unitrust**

**Established**  
**January 24, 1996**

**Amendment**  
**November 6, 1996**

**Total Estimated Fair Market Value**  
**\$375,000**

**Trustors**  
**Angelo and Fannie Koudounaris**

**Management Trustee**  
**Angelo and/or Fannie Koudounaris**

**Administrative Trustee**  
**Matthew B. Mack**

**100% Irrevocable Charitable Remainderman**  
**St. Vincent Medical Center Foundation**  
**Estimated Fair Market Value**  
**\$375,000**

50% = \$187,500

ORIGINAL

AMENDMENT TO TRUST

NAME OF TRUST BEING AMENDED:

A. AND F. A. KOUDOUNARIS CHARITABLE REMAINDER UNITRUST

NAME OF TRUSTORS:

ANGELO KOUDOUNARIS  
FANNIE ANN KOUDOUNARIS

DATE OF ORIGINAL TRUST AGREEMENT:

January 24, 1996

DATE OF THIS AMENDMENT:

November 6, 1996

AMENDED PROVISIONS

THE TRUSTORS, ANGELO KOUDOUNARIS and FANNIE ANN KOUDOUNARIS, HEREBY AMEND THE A. AND F. A. KOUDOUNARIS CHARITABLE REMAINDER UNITRUST (herein "Charitable Remainder Trust"), AS FOLLOWS:

1. Article 3 of said Charitable Remainder Trust is hereby deleted in its entirety and the following Article 3 is hereby adopted and added to read as follows:

3. REMAINDER PROVISIONS.

3.1 Distribution to Remainderman

3.1.1 Within a reasonable period following the first day of the second taxable year of this Trust (i.e., January 1, 1997) the Trustee shall distribute One and One-Quarter Percent (1.25%) of the then determined principal balance of this Trust to ST. VINCENT MEDICAL CENTER FOUNDATION, a California non-profit corporation, located at 2131 West Third Street, Los Angeles, California 90057-0972, to be used for its general charitable purposes. *This designation of said Charitable Remainderman shall be irrevocable and unchangeable, and the Trustor does not retain the right to remove said Charitable Remainderman, to substitute other Charitable Remainderman, or to alter the interest designated to said Charitable Remainderman.*

3.1.2 Within a reasonable period following the first day of the second taxable year of this Trust (i.e., January 1, 1997) the Trustee shall distribute One and One-Quarter Percent (1.25%) of the then determined principal balance of this Trust to ST. VINCENT MEDICAL CENTER FOUNDATION, a California non-profit corporation, located at 2131 West Third Street,

Los Angeles, California 90057-0972, to be used for its general charitable purposes. *This designation of said Charitable Remainderman shall be irrevocable and unchangeable, and the Trustor does not retain the right to remove said Charitable Remainderman, to substitute other Charitable Remainderman, or to alter the interest designated to said Charitable Remainderman.*

**3.1.3** Within a reasonable time after the Trust Termination Date, the remainder of the Trust Estate shall be divided and/or distributed as follows:

**3.1.3.1** to ST. VINCENT MEDICAL CENTER FOUNDATION, a California non-profit corporation, located at 2131 West Third Street, Los Angeles, California 90057-0972, a distribution of Fifty Percent (50%) of the balance of the Trust Estate to be used to establish the "Angelo and Fannie Koudounaris Fund", an endowment fund to be used as follows: (1) income from one-half of the endowment fund shall be used for the following charitable purpose: research regarding and treatment of diabetes (other important medical research projects may be substituted by the Board of Directors of said Charity in the event that they determine that significant treatments and/or cures have been discovered for the research provided for herein); and, (2) income and/or principal from one-half of the endowment fund shall be used for capital expenditures furthering said charitable purpose, provided that any such capital asset acquired shall bear the name: "Angelo and Fannie Koudounaris Fund". *This designation of said Charitable Remainderman shall be irrevocable and unchangeable, and the Trustor does not retain the right to remove said Charitable Remainderman, to substitute other Charitable Remainderman, or to alter the interest designated to said Charitable Remainderman.*

**3.1.3.2** to ST. VINCENT MEDICAL CENTER FOUNDATION, a California non-profit corporation, located at 2131 West Third Street, Los Angeles, California 90057-0972, a distribution of Fifty Percent (50%) of the balance of the Trust Estate to be used to establish the "Angelo and Fannie Koudounaris Fund", an endowment fund to be used as follows: (1) income from one-half of the endowment fund shall be used for the following charitable purpose: research regarding and treatment of cancer (other important medical research projects may be substituted by the Board of Directors of said Charity in the event that they determine that significant treatments and/or cures have been discovered for the research provided for herein); and, (2) income and/or principal from one-half of the endowment fund shall be used for capital expenditures furthering said charitable purpose, provided that any such capital asset acquired shall bear the name: "Angelo and Fannie Koudounaris Fund". *This designation of said Charitable Remainderman shall be irrevocable and unchangeable, and the Trustor does not retain the right to remove said Charitable Remainderman, to substitute other Charitable Remainderman, or to alter the interest designated to said Charitable Remainderman.*

Notwithstanding the foregoing provisions of this section if a Charitable Remainderman is not then an organization described in Section 170(c), 170(b) (1) (A), 2055 (a) and 2522 (a) or (b) of the Code, said remainder interest shall be distributed upon similar terms and conditions to one or more similar organizations that are described in said sections (and which have been in existence as organizations described in Section 509 (a) (1), (2) or (3) of the Code for a continuous period of sixty (60) calendar months immediately preceding such distribution) as shall be designated in writing by the Trustor, or in if no such designation is made, then said designation shall be made by the Trustee of this Trust.



ST. VINCENT MEDICAL CENTER FOUNDATION						
Number	Restriction	Fund Name	Balance as of 5/31/15	# of Gifts	# of Donors	Description of Fund Purpose
2303	temp	Historical Conservancy	\$4,882	1	1	Archival and Education Outreach
1014	temp	SGC Capital Improvements	\$188	1	1	SGC Capital Improvements
1019	temp	Cancer Outreach Clinic	\$64	1	1	Cancer Outreach Clinic
1020	temp	Career Advancement Program	\$7,008	1	1	Career Advancement Program
1101	temp	Arm X-ray Sys	\$112	1	1	C-Arm X-ray System
1112	temp	McAlister	\$27,274	1	1	Cardiac Clinic
1415	temp	Komen	\$206			Breast Health Access
2307	temp	Annenberg Nurse Education	\$1,390	1	1	Nurse Education
1106	temp	Avon BHOP MHAP Center	\$1	1	1	Mammograms and Administration
1114	temp	Lakers-Casa	\$15	1	1	Casa Sports Program
1119	temp	Boston Scientific	\$5,000	1	1	Medical Education
1121	temp	UniHealth Palliative Care	\$59,392			
1207	temp	Service Planning Project	\$19,143	1	1	Diabetes Education
1208	temp	Doheny Diabetes	\$17,628			
1301	temp	Awarens & Prevntn	\$62,573	1	1	Transport low income patients
1400	temp	QueensCare Transportation				Athletic Equipment and Capital for Casa program
1406	temp	LA84 Casa Athletic Equipment and Capital	\$33,219			Offset any Capital Expense
2001	temp	Capital & Equipment	\$535			Offset related expenses
2008	temp	Social Services	\$100			Offset related expenses
1406	temp	Gilead Hep B Education	\$82,477	1	1	Hep B Education and Screening
1410	temp	Aetna	\$1,191	1	1	Obesity Prevention
1412	temp	Gilead	\$97,428	1	1	Bone Mineral Density Study/ Research
1413	temp	UniHealth API	\$254	1	1	Health Access Collaborative
1416	temp	United Latino	\$4,000	1	1	Casa Computer Training
2051	temp	Casa Renovation Project	\$51,500			Capital Expenses
2054	temp	Casa Summer Camp	\$1,131			Summer Camp for Casa Children
2056	temp	Stryker Orthopaedics Ed	\$750	1	1	Education
1417	temp	Gilead - AP LC	\$39,400	1	1	Seroconversion Study
1418	temp	Gilead Hep B & C Screening	\$50,094	1	1	Hep B and C Screening
1419	temp	Gilead	\$32,052	1	1	APLC Hep C Prevalence in LA Asian Communities
2003	temp	Charitable Patient Care	\$19,773	numerous		Charity care
2034	temp	Dr. Harlan Amstutz/Blalock	\$416	1	1	Research Coordinator
2033	temp	Dr. Schmalzried	\$20,000	1	1	JRI Research Position
2009	temp	Community Youth Center	\$105,707	numerous		Support of Casa Programs

### PROOF OF SERVICE OF DOCUMENT

I am over the age of 18 and not a party to this bankruptcy case or adversary proceeding. My business address is: 300 South Spring Street, Suite 1702, Los Angeles, CA 90013-1230

A true and correct copy of the foregoing document entitled (*specify*): OPPOSITION TO MOTION FOR AUTHORITY TO USE RESTRICTED FUNDS; DECLARATION OF DAVID K. ELDAN IN SUPPORT THEREOF

will be served or was served (a) on the judge in chambers in the form and manner required by LBR 5005-2(d); and (b) in the manner stated below:

**1. TO BE SERVED BY THE COURT VIA NOTICE OF ELECTRONIC FILING (NEF):** Pursuant to controlling General Orders and LBR, the foregoing document will be served by the court via NEF and hyperlink to the document. On (*date*) January 29, 2025, I checked the CM/ECF docket for this bankruptcy case or adversary proceeding and determined that the following persons are on the Electronic Mail Notice List to receive NEF transmission at the email addresses stated below:

See filing NEF

Service information continued on attached page

**2. SERVED BY UNITED STATES MAIL:**

On (*date*) January 29, 2025, I served the following persons and/or entities at the last known addresses in this bankruptcy case or adversary proceeding by placing a true and correct copy thereof in a sealed envelope in the United States mail, first class, postage prepaid, and addressed as follows. Listing the judge here constitutes a declaration that mailing to the judge will be completed no later than 24 hours after the document is filed.

Verity Health System of California, Inc.  
2040 E. Mariposa Avenue  
El Segundo, CA 90245-5027

Brigette G. McGrath  
Nicholas C Brown  
Richard Reding  
ASK LLP  
2600 Eagan Woods Drive, Suite 400  
St. Paul, MN 55121-1169

Samuel R. Maizel  
Tania M. Moyron  
DENTONS US LLP  
601 South Figueroa Street, Suite 2500  
Los Angeles, California 90017-5704

Service information continued on attached page

**3. SERVED BY PERSONAL DELIVERY, OVERNIGHT MAIL, FACSIMILE TRANSMISSION OR EMAIL (state method for each person or entity served):** Pursuant to F.R.Civ.P. 5 and/or controlling LBR, on (*date*) January 29, 2025, I served the following persons and/or entities by personal delivery, overnight mail service, or (for those who consented in writing to such service method), by facsimile transmission and/or email as follows. Listing the judge here constitutes a declaration that personal delivery on, or overnight mail to, the judge will be completed no later than 24 hours after the document is filed.

Honorable Sheri Bluebond  
Edward R. Roybal Federal Building and Courthouse  
255 E. Temple Street, Suite 1652 / Courtroom 1645  
Los Angeles, CA 90012

By ACE Messenger w/NEF behind

Service information continued on attached page

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

1/29/2025  
*Date*

Sandra Dominguez  
*Printed Name*

/s/ Sandra Dominguez  
*Signature*