SAINT VINCENT'S MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2009 REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
Α.	AFFILIATE NAME	ST VINCENTS HEALTH SERVICES CORPORATION	
		PARENT ORGANIZATION OF THE MEDICAL CENTER. NON-PROFIT HOLDING	
	Affiliate Description	CORP FOR THE MEDICAL CENTER AND ALL OTHER LOCAL AFFILIATES	
	Affiliate type of service	Parent Corporation	
	Tax Status	Not for Profit	
	Street Address	2800 MAIN ST	
5	Town State	Bridgeport	
6 7	Zip Code	Connecticut 06606 -	
	CEO Name Susan L. Davis, RN EdD		
	9 CEO Title PRESIDENT & CEO		
	10 CT Agent Name Susan L. Davis, RN EdD		
		2800 MAIN ST	
	CT Agent Town	Bridgeport	
14	CT Agent State	Connecticut	
	CT Agent Zip Code	06606 -	
	AFFILIATE NAME	ASCENSION HEALTH	
	Affiliate Description	CATHOLIC, NATIONAL, MULTI-UNIT, TAX EXEMPT HEALTH CARE SYSTEM	
	Affiliate type of service	Parent Corporation	
	3 Tax Status Not for Profit		
4	Street Address	4600 EDMUNDSON ROAD	
	Town State	ST. LOUIS Missouri	
	Zip Code	63134 -	
	CEO Name	Anthony R. Tersigni, EdE, FACHE	
	CEO Title	PRESIDENT/CEO	
	CT Agent Name	Susan L. Davis, RN EdD	
11	CT Agent Company	ST VINCENTS HEALTH SERVICES CORPORATION	
		2800 MAIN STREET	
	CT Agent Town	Bridgeport	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06606 -	
-			
C.			
	Affiliate Description	AN AFFILIATE OF ST. VINCENT'S HEALTH SERVICES THAT PROVIDES	
	Affiliate Description	OUTPATIENT MENTAL HEALTH SERVICES.	
	Affiliate type of service	Mental Health Facility	
3	Tax Status Street Address	Not for Profit 47 LONG LOTS ROAD	
5	Town	Westport	
6	State	Connecticut	
	Zip Code	06880 -	
	CEO Name	James McCreath, PhD	
	CEO Title	PRESIDENT/CEO	
	CT Agent Name	Susan L. Davis, RN EdD	
	CT Agent Company	ST VINCENTS HEALTH SERVICES CORPORATION	
12	CT Agent Company Street Address	2800 Main Street	
	CT Agent Town	Bridgeport	
	CT Agent State	Connecticut 06606 -	
15	CT Agent Zip Code		
D.	AFFILIATE NAME	ST VINCENT'S COLLEGE	
υ.		SUBSIDIARY OF MEDICAL CENTER CREATED TO CONDUCT DEGREE GRANTING	
1	Affiliate Description	PROGRAMS IN NURSING EDUCATION AND OTHER ALLIED HEALTH COURSES	
<u> </u>			

SAINT VINCENT'S MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2009 REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)	
	DESCRIPTION	AFFILIATE INFORMATION	
	Affiliate type of service	Health Education Services	
	Tax Status	Not for Profit	
	Street Address	2800 MAIN ST	
-	Town	Bridgeport	
6	State	Connecticut	
	Zip Code	06606 -	
	CEO Name	Martha K. Shouldis, Ed.D.	
	CEO Title CT Agent Name	PRESIDENT/CEO Susan L. Davis, RN EdD	
	CT Agent Company	SUSAN E. DAVIS, IN EDD ST. VINCENTS HEALTH SERVICES CORPORATION	
		2800 MAIN ST	
13	CT Agent Town	Bridgeport	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06606 -	
Ε.	AFFILIATE NAME	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC	
		AFFILIATE OF ST. VINCENT`S HEALTH SERVICES CORP CREATED TO CONDUCT	
		FUND-RAISING FOR ALL NON-PROFIT ENTITIES IN ST VINCENT'S HEALTH	
	Affiliate Description	SERVICES UMBRELLA	
	Affiliate type of service	Fund Raising/Management	
	Tax Status	Not for Profit	
	Street Address	2800 MAIN ST	
-	Town	Bridgeport	
	State	Connecticut	
	Zip Code	06606 -	
	CEO Name	MR. RONALD J BIANCHI	
	CEO Title	President/CEO	
	CT Agent Name CT Agent Company	Susan L. Davis, RN EdD ST. VINCENTS HEALTH SERVICES CORPORATION	
		2800 MAIN ST, BRIDGEPORT, CT	
12	CT Agent Town	Bridgeport	
	CT Agent State	Connecticut	
14	CT Agent Zip Code	06606 -	
F.	AFFILIATE NAME	ST. VINCENT`S DEVELOPMENT, INC	
		AFFILIATE OF ST. VINCENT'S HEALTH SERVICES CORP ORGANIZED FOR THE	
		PURPOSE OF MANAGING REAL ESTATE WITH THE ST. VINCENT`S HEALTH	
	Affiliate Description	SERVICES SYSTEM.	
2	Affiliate type of service	Real Estate	
	Tax Status	Not for Profit	
	Street Address	2800 MAIN ST	
	Town	Bridgeport	
	State Zip Codo	Connecticut 06606 -	
	Zip Code	Susan L. Davis, RN EdD	
	CEO Name CEO Title	President/CEO	
	CT Agent Name	Susan L. Davis, RN EdD	
	CT Agent Company	SUSAN L. DAVIS, KN EDD ST. VINCENTS HEALTH SERVICES CORPORATION	
		2800 MAIN ST	
	CT Agent Town	Bridgeport	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06606 -	
-			
G.	AFFILIATE NAME	ST. VINCENT`S MEDICAL CENTER AUXILIARY	
		VOLUNTEER ORGANIZATION THAT OPERATES FOR THE BENEFIT OF ST.	
1	Affiliate Description	VINCENT`S MEDICAL CENTER.	
	Affiliate type of service	Auxilary	
3	Tax Status	Not for Profit	

SAINT VINCENT'S MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2009 **REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP** AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
4	Street Address	2800 Main Street		
5	Town	Bridgeport		
6	State	Connecticut		
	Zip Code	06606 -		
	CEO Name	Tracey LoStocco		
	CEO Title	President		
	CT Agent Name	Susan L. Davis, RN EdD		
	CT Agent Company	ST. VINCENTS HEALTH SERVICES CORPORATION		
		2800 Main Street		
	CT Agent Town	Bridgeport		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06606 -		
н.	AFFILIATE NAME	ST. VINCENT'S SPECIAL NEEDS CENTER, INC		
		AFFILIATE OF ST. VINCENT'S HEALTH SERVICES CORP. THAT PROVIDES EDUCATIONAL PROGRAMS FOR CHILDREN WITH SPECIAL NEEDS. ALSO OPERATES GROUP HOMES FOR THE MENTALLY CHALLENGED WITHIN THE		
	Affiliate Description	COMMUNITY.		
	Affiliate type of service	Health Education Services		
	Tax Status	Not for Profit		
	Street Address	95 MERRITT BOULEVARD		
	Town	Trumbull		
	State	Connecticut		
	Zip Code	06611 -		
	CEO Name	BARRY BUXBAUM		
	CEO Title	President/CEO		
10	CT Agent Name	Susan L. Davis, RN EdD		
	CT Agent Company	ST. VINCENTS HEALTH SERVICES CORPORATION		
12		2800 Main Street		
	CT Agent Town	Bridgeport		
14	CT Agent State	Connecticut		
15	CT Agent Zip Code	06606 -		
١.	AFFILIATE NAME	VINCENTURES		
		INACTIVE SUBSIDIARY OF ST. VINCENT`S HEALTH SERVICES CORP. CREATED		
1	Affiliate Description	AS A HOLDING COMPANY FOR TAXABLE SUBSIDIARIES.		
2	Affiliate type of service	Real Estate		
	Tax Status	For Profit		
4	Street Address	2800 MAIN ST		
5	Town	Bridgeport		
6	State	Connecticut		
7	Zip Code	06606 -		
8	CEO Name	Susan L. Davis, RN, EdD		
	CEO Title	President/CEO		
10	CT Agent Name	Susan L. Davis, RN EdD		
	CT Agent Company	ST. VINCENTS HEALTH SERVICES CORPORATION		
12	CT Agent Company Street Address	2800 MAIN ST		
	CT Agent Town	Bridgeport		
14	CT Agent State	Connecticut		
15	CT Agent Zip Code	06606 -		
	BOX IS UNACCEPTABLE WITHOUT A	STREET ADDRESS FOR EACH AGENT COMPANY		

* P.O. BOX IS UNACCEPTABLE WITHOUT A STREET ADDRESS FOR EACH AGENT COMPANY

SAINT VINCENT`S MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2009 REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2009
•			
Α.	SAINT VINCENT'S MEDICAL CENTER	Line stricts d	* 044.004.000
1		Unrestricted	\$314,991,000
2		Temporarily Restricted by Donor Temporarily Restricted by Board	\$33,709,000
3 4		Permanently Restricted by Donor	\$0 \$7,810,000
4 5		Intercompany Eliminations	\$7,810,000
5		Total:	\$356,510,000
6			
В.	ST VINCENTS HEALTH SERVICES CORPORATION		
1		Unrestricted	\$2,909,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
5		Total:	\$2,909,000
			\$2,505,000
C.	ASCENSION HEALTH		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
-			
D . 1	HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC.	Unrestricted	\$4,748,000
2		Temporarily Restricted by Donor	\$135,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Doard	\$0
5		Intercompany Eliminations	\$0
-		Total:	\$4,883,000
-			
Ε.	ST VINCENT'S COLLEGE		
1		Unrestricted	\$3,463,000
2		Temporarily Restricted by Donor	\$1,152,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$1,703,000
5		Intorcompany Eliminations	¢0
5		Intercompany Eliminations	\$0 \$6 318 000
5		Intercompany Eliminations Total:	
5 F .	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC		\$0 \$6,318,000
	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC		
F.	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC	Total:	\$6,318,000 \$12,369,000
F.	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC	Total: Unrestricted	\$6,318,000 \$12,369,000
F. 1 2 3 4	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC	Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor	\$6,318,000 \$12,369,000 \$36,328,000 \$0 \$10,145,000
F. 1 2 3	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC	Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations	\$6,318,000 \$12,369,000 \$36,328,000 \$0 \$10,145,000 (\$50,349,000)
F. 1 2 3 4	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC	Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor	\$6,318,000 \$12,369,000 \$36,328,000 \$0 \$10,145,000
F. 1 2 3 4 5		Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations	\$6,318,000 \$12,369,000 \$36,328,000 \$0 \$10,145,000 (\$50,349,000)
F. 1 2 3 4 5 G.	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC	Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:	\$6,318,000 \$12,369,000 \$36,328,000 \$0 \$10,145,000 (\$50,349,000) \$8,493,000
F. 1 2 3 4 5 G. 1		Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted	\$6,318,000 \$12,369,000 \$36,328,000 \$0 \$10,145,000 (\$50,349,000) \$8,493,000 \$13,392,000
F. 1 2 3 4 5 G. 1 2		Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Unrestricted Temporarily Restricted by Donor	\$6,318,000 \$12,369,000 \$36,328,000 \$0 \$10,145,000 (\$50,349,000) \$8,493,000 \$8,493,000 \$13,392,000 \$0
F. 1 2 3 4 5 G. 1 2 3		Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Unrestricted Temporarily Restricted by Donor Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Donor Temporarily Restricted by Board	\$6,318,000 \$12,369,000 \$36,328,000 \$0 \$10,145,000 (\$50,349,000) \$8,493,000 \$8,493,000 \$13,392,000 \$0 \$0 \$0
F. 1 2 3 4 5 G. 1 2		Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Unrestricted Temporarily Restricted by Donor	\$6,318,000 \$12,369,000 \$36,328,000 \$0 \$10,145,000 (\$50,349,000) \$8,493,000

SAINT VINCENT`S MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2009 REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2009
Н.	ST. VINCENT`S MEDICAL CENTER AUXILIARY		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
Ι.	ST. VINCENT`S SPECIAL NEEDS CENTER, INC		
1		Unrestricted	\$16,797,000
2		Temporarily Restricted by Donor	\$1,283,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$700,000
5		Intercompany Eliminations	\$0
		Total:	\$18,780,000
J.	VINCENTURES		
1	VINCENTORED	Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$461,634,000
	Intercompany Eliminations		(\$50,349,000)
	Total of all Affiliates	Fund Balance:	
	Total of all Amilates	runu balance:	\$411,285,000

SAINT VINCENT'S MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2009 REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE		DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
Α.	ST VINCENTS HEALTH SERVICES CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$122,681
		Nothing to Report	0,00,2000	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$122,681
В				
В.	ASCENSION HEALTH	Destinging Uncernedideted Intercompany Delenses	0/20/2000	0\$
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
1		Corporate Service Fees	09/30/2009	(\$2,235,000)
2		Sponsor Fees	09/30/2009	(\$517,000)
3		Funding of System Initiatives	09/30/2009	(\$5,375,000)
4		Reimbursements/Fund Transfers	09/30/2009	\$8,127,000
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
C.	HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$4,782,000
1		Management Services Provided by HBH for Hospital	09/30/2009	(\$33,000)
2		Management Services Provided by SVMC for HBH	09/30/2009	\$1,210,000
3		Expenses Paid by SVMC on Behalf of HBH	09/30/2009	\$1,693,000
4		Reimbursements/Fund Transfers	09/30/2009	(\$7,662,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	(\$10,000)
D.	ST VINCENT`S COLLEGE			
<i>D</i> .		Beginning Unconsolidated Intercompany Balance:	9/30/2008	(\$46,398)
- 1		Management Services Provided by SVMC for College	09/30/2009	\$179,000
1				
2		Expenses Paid by SVMC on Behalf of College	09/30/2009	\$620,000
3 4		Tuition for SVMC Employees	09/30/2009 09/30/2009	(\$143,000) (\$479,000)
4		College Subsidy Ending Unconsolidated Intercompany Balance:	9/30/2009	(\$479,000) \$130,602
-			0/00/2000	· · · · · · ·
E.	ST VINCENT`S MEDICAL CENTER FOUNDATION, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	(\$77,000)
1		Management Services Provided by SVMC for Foundation	09/30/2009	\$242,000
2		Expenses Paid by SVMC on Behalf of Foundation	09/30/2009	\$452,000
3		Donations - Capital and Operating	09/30/2009	\$17,371,000
4		Reimbursements/Fund Transfers	09/30/2009	(\$15,237,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$2,751,000

SAINT VINCENT'S MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2009 REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
F.	ST. VINCENT`S DEVELOPMENT, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	(\$18,000)
1		Management Services Provided by SVMC for Developn	09/30/2009	\$28,000
2		Expenses Paid by SVMC on Behalf of Development	09/30/2009	\$18,000
3		Rental of Development Properties by SVMC	09/30/2009	(\$136,000)
4		Reimbursements/Fund Transfers	09/30/2009	\$108,000
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
G.	ST. VINCENT`S MEDICAL CENTER AUXILIARY			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
н.	ST. VINCENT`S SPECIAL NEEDS CENTER, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	(\$4,000)
1		Management Services Provided by SVMC for Special N	09/30/2009	\$314,000
2		Expenses Paid by SVMC on Behalf of Special Needs	09/30/2009	\$2,411,000
3		Reimbursements/Fund Transfers	09/30/2009	(\$2,630,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$91,000
Ι.	VINCENTURES			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
			Grand Total:	\$3,085,283

SAINT VINCENT'S MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2009 REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated Intercompany Balance	10/01/2008	(\$10,000)
Α.	ST VINCENTS HEALTH SERVICES CORPORATION				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
_					
В.	ASCENSION HEALTH				• •
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
C.	HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC.				
<u> </u>	HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC.		Nothing to Report		\$0
			Total:	9/30/2009	\$0 \$0
			Total.	3/30/2003	φU
D.	ST VINCENT'S COLLEGE				
			Nothing to Report		\$0
			Total:	9/30/2009	\$ <u>0</u>
					· ·
E.	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC				
1		ST VINCENT`S COLLEGE	Fund Transfers	09/30/2009	\$269,000
2		ST VINCENT`S COLLEGE	Donations - Non Capital	09/30/2009	(\$290,000)
		ST. VINCENT`S SPECIAL NEEDS CENTER,			
3			Donations - Non Capital	09/30/2009	(\$28,000)
4		ST. VINCENT'S SPECIAL NEEDS CENTER, INC	Donations - Capital	09/30/2009	(\$170,000)
5		ST. VINCENT`S SPECIAL NEEDS CENTER, INC	Fund Transfers	09/30/2009	\$188,000
— —		HALL-BROOKE BEHAVIORAL HEALTH		23,00,2000	<i>\</i>
6		SERVICES, INC.	Donations - Non Capital	09/30/2009	(\$26,000)
		HALL-BROOKE BEHAVIORAL HEALTH			
7		SERVICES, INC.	Donations - Capital	09/30/2009	(\$10,000)
8		HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC.	Fund Transfers	09/30/2009	\$32,000
-			Total:	9/30/2009	(\$35,000)
F.	ST. VINCENT`S DEVELOPMENT, INC				
			Nothing to Report		\$0

SAINT VINCENT'S MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2009 REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Total:	9/30/2009	\$0
G.	ST. VINCENT`S MEDICAL CENTER AUXILIARY				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
Н.	ST. VINCENT`S SPECIAL NEEDS CENTER, INC				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
١.	VINCENTURES				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
			Ending Unconsolidated		
			Intercompany Balance	9/30/2009	(\$45,000)

SAINT VINCENT'S MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2009

FISCAL YEAR 2009 REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)		(3)	(4)
	AFFILIATE NAME &			
LINE	DESCRIPTION OF EXPENDITURE		AMOUNT	DATE
	ST VINCENTS HEALTH SERVICES CORPORATION			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2009
_				
В. 0	ASCENSION HEALTH		\$0	
0	Nothing to Report	Total:	\$0 \$0	9/30/2009
		Total.	30	9/30/2009
C.	HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC.			
0.	Nothing to Report		\$0	
		Total:	\$0	9/30/2009
D.	ST VINCENT'S COLLEGE			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2009
Ε.	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2009
F.	ST. VINCENT'S DEVELOPMENT, INC			
0	Nothing to Report	Total:	\$0	0/00/0000
		TOLAI.	\$0	9/30/2009
G.	ST. VINCENT`S MEDICAL CENTER AUXILIARY			
0.	SI. VINCENT S MEDICAL CENTER ADVILIART Nothing to Report		\$0	
	Nothing to Report	Total:	\$0 \$0	9/30/2009
			40	0,00,2003
Н.	ST. VINCENT'S SPECIAL NEEDS CENTER, INC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2009
١.	VINCENTURES			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2009
		Grand Total:	\$0	9/30/2009

SAINT VINCENT'S MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2009 REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS

LINE DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT AMOUNT TERM IN YEARS A. ST VINCENTS HEALTH SERVICES CORPORATION 30 0 Nothing to Report 30 0 Nothing to Report 30 0 ASCENSION HEALTH 30 0 Nothing to Report 50 0 HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC. 4 0 HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC. 50 1 St. Vincentis Medica Cherler is combined to providing financial support in the form of working capital advances or net asset transfers through 09/30/2010 in amounts which are sufficient for Hall-Brooke to meet its cash flow requirements. 50 1 Totat: 50 0 St. VinceNT'S COLLEGE 50 0 Nothing to Report 50 1 St. VinCENT'S MEDICAL CENTER FOUNDATION, INC 50 0 Nothing to Report	(1)	(2)	(3)	(4)
0 Nothing to Report 50 0 10121 50 0 Nothing to Report 50 0 St. Vincent's Medical Center is committed to providing inancial support in the form of working capital advances or net asset transfers through 09/30/2010 in amounts which are sufficient for Hall-Brooke to meet its cash flow requirements. 50 1 to meet its cash flow requirements. 50 0 Nothing to Report	LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
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B. ASCENSION HEALTH S0 0 Nothing to Report S0 1 Iotal: S0 2 HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC. S1. Vincent's Medical Center is committed to providing financial support in the form of working capital advances or net asset transfers through 03/30/2010 in amounts which are sufficient for Hall-Brooke S0 1 to meet its cash flow requirements. S0 0 to meet its cash flow requirements. S0 0 ST VINCENT'S COLLEGE S0 0 Nothing to Report S0 0 S0 S0 0 Nothing to Report S0 0 Nothing to Report S0 0 Nothing to Report S0 0<			\$0	0
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Initial Summer Supervised C. HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC. St. Vincents Medical Center is committed to providing financial support in the form of working capital advances or net asset transfers through 09/30/2010 in amounts which are sufficient for Hall-Brooke to meet its cash flow requirements. 1 to meet its cash flow requirements. 0 Nothing to Report 0 S0			\$0	0
St. Vincent's Medical Center is committed to providing financial support in the form of working capital advances or net asset transfers through 09/30/2010 in amounts which are sufficient for Hall-Brooke \$0 1 to meet its cash flow requirements. \$0 D. ST VINCENT'S COLLEGE \$0 0 Nothing to Report \$0 E. ST VINCENT'S MEDICAL CENTER FOUNDATION, INC \$0 0 Nothing to Report \$0 F. ST VINCENT'S DEVELOPMENT, INC \$0 0 Nothing to Report \$0 F. ST. VINCENT'S MEDICAL CENTER FOUNDATION, INC \$0 0 Nothing to Report \$0 F. ST. VINCENT'S DEVELOPMENT, INC \$0 0 Nothing to Report \$0 0 </td <td>-</td> <td></td> <td></td> <td></td>	-			
St. Vincents Medical Center is committed to providing financial support in the form of working capital advances or net asset transfers through 09/30/2010 in amounts which are sufficient for Hall-Brooke \$0 1 to meet its cash flow requirements. \$0 0 ST VINCENT'S COLLEGE \$0 0 Nothing to Report \$0 0 Nothing to Report \$0 0 ST VINCENT'S MEDICAL CENTER FOUNDATION, INC \$0 0 Nothing to Report \$0				
advances or net asset transfers through 09/30/2010 in amounts which are sufficient for Hall-Brooke to meet its cash flow requirements. \$0 1 0 1000000000000000000000000000000000000	С.			
1 to meet its cash flow requirements. \$0 Image: Constraint of the stress of the stres		advances or net asset transfers through 09/30/2010 in amounts which are sufficient for Hall-Brooke		
D. ST VINCENT'S COLLEGE 50 0 Nothing to Report 50 0 Iotal: \$0 0 ST VINCENT'S MEDICAL CENTER FOUNDATION, INC 50 0 Nothing to Report \$0	1		\$0	1
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Interview Interview Stephen Image: Stephen Stephen Stephen				
E. ST VINCENT'S MEDICAL CENTER FOUNDATION, INC S0 0 Nothing to Report S0 10tal: \$0 F. ST. VINCENT'S DEVELOPMENT, INC S0 0 Nothing to Report S0	0			
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G. ST. VINCENT'S MEDICAL CENTER AUXILIARY 0 Nothing to Report 0 Nothing to Report 1 100 0 S0 0 Nothing to Report 0 S0	0			
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Initial \$0 H. ST. VINCENT'S SPECIAL NEEDS CENTER, INC 0 Nothing to Report		SI. VINCENT S MEDICAL CENTER AUXILIARY Nothing to Report	\$0	0
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0 Nothing to Report \$0				
0 Nothing to Report \$0	Н.	ST. VINCENT'S SPECIAL NEEDS CENTER. INC		
	0	Nothing to Report		
		Total:	\$0	
I. VINCENTURES 0 Nothing to Report \$0			ണ	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
0 Nothing to Report \$0	0			
Grand Total: \$0		Grand Total:	\$0	

SAINT VINCENT'S MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2009 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR INDIGENT CARE AND FREE BEDS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOÚNT DIFFERENCE	% DIFFERENCE
А.	Indigent Care				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
в.	Free Beds				
	Beginning Balance	\$202,791.00	\$209,174.00	\$6,383.00	3%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$6,383.00	\$2,990.00	(\$3,393.00)	-53%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$209,174.00	\$212,164.00	\$2,990.00	1%
5	Projected Interest Income	\$6,500.00	\$3,000.00	(\$3,500.00)	-54%
C.	Other				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

	SAINT VINCENT'S MEDICAL CENTER	
	ANNUAL REPORTING	
	FISCAL YEAR 2009	
R	EPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTER	ED BY THE HOSPITAL
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1.Number of Applicati	ions for Hospital Bed Funds	2,481
2. A. Number of Patie	ents receiving Hospital Bed Fund Grants	0
2. B. The Actual Tota	I Dollar Amount provided to all patients from Hospital Bed F	\$0.00
	Grand Total	\$0.00

	:	SAINT VINCENT`S ME	DICAL CENTER			
		ANNUAL REPO				
		FISCAL YEA				
	REPORT 17 - HOSPITA	L BED FUNDS HELD (OR ADMINISTERED E	BY THE HOSPITAL		
B. B	ED FUND ACTIVITY					
ы.ы. (1)	(2)	(3)	(4)	(4) (5) (6)		
(.)	(=)	FMV of Principal	Actual Earnings	Earnings	Earnings	
Line	Name of Hospital Bed Fund	r int or r intoipui	/ lotual Earningo	Reinvested	Available	
(3)	Fair Market Value of the Principal of e	each individual Hospit	al Bed Fund, or the F	Principal attributable	to each Hospita	
(4)	Total Actual Earnings for each Hospi	tal Bed Fund or the Ea	arnings attributable to	o each Hospital Bed	Fund.	
(4)	Total Actual Earnings for each Hospi	tal Bed Fund or the Ea	arnings attributable to	o each Hospital Bed	Fund.	
(4) (5)	Total Actual Earnings for each Hospi Actual Dollar Amount of Earnings rei		•	o each Hospital Bed	Fund.	
(5)	Actual Dollar Amount of Earnings rei	nvested as Principal, i	if any.	o each Hospital Bed	Fund.	
()	· · ·	nvested as Principal, i	if any.	o each Hospital Bed	Fund.	
(5)	Actual Dollar Amount of Earnings rei	nvested as Principal,	if any. e.			
(5)	Actual Dollar Amount of Earnings rei Actual Dollar Amount of Earnings av Baker Free Bed Fund	nvested as Principal, i	if any.	o each Hospital Bed \$168.00	Fund. \$168.0	
(5)	Actual Dollar Amount of Earnings rei Actual Dollar Amount of Earnings av Baker Free Bed Fund Conlin Free Bed Fund	nvested as Principal,	if any. e.			
(5)	Actual Dollar Amount of Earnings rei Actual Dollar Amount of Earnings av Baker Free Bed Fund	nvested as Principal, ailable for Patient Care \$68,640.00	if any. e. \$168.00	\$168.00	\$168.0 \$154.0	
(5)	Actual Dollar Amount of Earnings rei Actual Dollar Amount of Earnings av Baker Free Bed Fund Conlin Free Bed Fund	nvested as Principal, ailable for Patient Card \$68,640.00 \$18,440.00	if any. e. \$168.00 \$154.00	\$168.00 \$154.00	\$168.0 \$154.0 \$57.0	
(5)	Actual Dollar Amount of Earnings rei Actual Dollar Amount of Earnings av Baker Free Bed Fund Conlin Free Bed Fund Harral Free Bed Fund	nvested as Principal, ailable for Patient Care \$68,640.00 \$18,440.00 \$6,961.00	if any. e. \$168.00 \$154.00 \$57.00	\$168.00 \$154.00 \$57.00	\$168.0	
(5)	Actual Dollar Amount of Earnings rei Actual Dollar Amount of Earnings av Baker Free Bed Fund Conlin Free Bed Fund Harral Free Bed Fund Hubbell Free Bed Fund Klein Free Bed Fund Ladies of Charity Free Bed Fund	nvested as Principal, ailable for Patient Card \$68,640.00 \$18,440.00 \$6,961.00 \$32,720.00	if any. e. \$168.00 \$154.00 \$57.00 \$90.00	\$168.00 \$154.00 \$57.00 \$90.00	\$168.0 \$154.0 \$57.0 \$90.0	
(5)	Actual Dollar Amount of Earnings rei Actual Dollar Amount of Earnings av Baker Free Bed Fund Conlin Free Bed Fund Harral Free Bed Fund Hubbell Free Bed Fund Klein Free Bed Fund	nvested as Principal, i ailable for Patient Card \$68,640.00 \$18,440.00 \$6,961.00 \$32,720.00 \$39,782.00	if any. e. \$168.00 \$154.00 \$57.00 \$90.00 \$112.00	\$168.00 \$154.00 \$57.00 \$90.00 \$112.00	\$168.0 \$154.0 \$57.0 \$90.0 \$112.0	

SAINT VINCENT'S MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2009

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I.	GENERAL COLLECTION PROCESSES AND PROCEDURES	
Α.	Hospital's processes and policies for assigning a debt to a Collection Agent	Based on review of account by PFS, recommendation is made to adjust account to Bad Debt status and refer to outside collection agency. Account remains with agency until requested or returned. Hospital does not retain separate attorney if legal action is required.
В.	Hospital's processes and policies for compensating a Collection Agent for services rendered	Collection agencies are paid at rate of 21% of what is collected on an account turned over to the agency regardless of whether the payment is received by the agency or the hospital.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	7.15%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
	Collection Agent	
1	Collection Agent Name	Trans-continental Credit & Collection Corp.
2	Collection Agent Type	
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Based on review of account by PFS, recommendation is made to adjust account to Bad Debt status and refer to outside collection agency. Account remains with agency until requested or returned. Hospital does not retain separate attorney if legal action is required.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	TCC is paid 21% of what is collected on an account turned over to the agency regardless of whether the payment is received by the agency or the hospital and 40% if an account has to go through a legal process.

SAINT VINCENT`S MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2009

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to	
	Collection Agent.	7.15%

SAINT VINCENT'S MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2009 REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	CHIEF EXECUTIVE OFFICER	\$641,598	\$634,228	\$1,275,826
2.	CHIEF CARDIO THORACIC SURGERY	\$686,444	\$27,855	\$714,299
3.	CLINICAL CHAIR ONCOLOGY	\$496,551	\$162,654	\$659,205
4.	CORP SR VP MARKETING/GOVT RELATIONS	\$333,770	\$290,771	\$624,541
5.	CLINICAL VP MEDICINE	\$411,959	\$210,444	\$622,403
6.	CLINICAL VP SURGICAL SERVICES	\$454,999	\$139,140	\$594,139
7.	DIRECTOR - CARDIO THORACIC SURGERY	\$509,057	\$27,650	\$536,707
8.	GENERAL SURGEON	\$478,436	\$27,671	\$506,107
9.	ED PHYSICIAN	\$378,760	\$64,542	\$443,302
10.	ED PHYSICIAN	\$375,712	\$59,441	\$435,153
	Grand Total:	\$4,767,286	\$1,644,396	\$6,411,682

SAINT VINCENT'S MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2009 REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directly or Indirectly) ^C	TOTAL
Α.	ST VINCENTS HEALTH SERVICES CORPORATION			
A. 1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0 \$0	\$0 \$0
2		\$0	\$U	\$0
Β.	ASCENSION HEALTH			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
_			<u> </u>	ψŭ
С.	HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$58,756	\$0	\$58,756
2	Paid by the Hospital to Employees of the Entity Listed Above	\$247	\$0	\$247
D.	ST VINCENT'S COLLEGE			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Ε.	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$95,025	\$19,515	\$114,540
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F.	ST. VINCENT'S DEVELOPMENT, INC	<u>^</u>	^	<u> </u>
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
G.	ST. VINCENT'S MEDICAL CENTER AUXILIARY			
G. 1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0 \$0	\$0 \$0
۷		φ 0	ΦU	φU
Н.	ST. VINCENT'S SPECIAL NEEDS CENTER, INC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
			+-	÷ -
Ι.	VINCENTURES			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

For each entity listed on Report 20, complete Report 21.

A - Fringe benefits shall represent the value of all forms of compensation as described in Section 19a-643-206-(b)(21), including the fair market value where appropriate.

B - A hospital employee is anyone who provides a service which incurs an expense for the hospital.

C - Indirect payments include but are not limited to payments made to related entities.

SAINT VINCENT'S MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2009 REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2009
Α	Transfer of Assets or Operations	
	Name of the Person or Entity Organized or Operated For Profit involved in each	
	Transfer of Assets or Operations or Change of Control involving Hospital Clinical or	
1.	Nonclinical Services or Functions.	N/A
	Description of each Transfer of Acasta or Operations or Change of Control involving	
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
Ζ.		IN/A
	Description of each Hospital Clinical or Nonclinical Service or Function transferred or	
3.	involved in a change of control.	N/A
	Date that each Transfer of Assets or Operations or Change of Control involving Hospital	
4.	Clinical or Nonclinical Services or Functions occurred.	N/A
	Amount of each Transfer of Assets or Operations or Change of Control involving	
5.	Hospital Clinical or Nonclinical Services or Functions.	\$0

ANNUAL REPORTING

		EPORTING			
	REPORT 23 - CHARITY CARE AND REDUCED				
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
INE	DESCRIPTION	AMOUNT	<u>AMOUNT</u>	DIFFERENCE	DIFFERENC
^	Hospital Charity Care (see Hospital Audited Financial St	atoment Notes)			
<u>A.</u>	nospital charty care (see nospital Addited Financial St	atement Notes)			
1.	Number of Applicants	2,548	2,481	(67)	-3
2.	Number of Approved Applicants	2,344	2,406	62	:
3.	Total Charges (A)	\$5,785,000	\$8,832,581	\$3,047,581	53
0.	Average Charges	\$2,468	\$3,671	\$1,203	4
4.	Ratio of Cost to Charges (RCC)	0.451046	0.413922	(0.037124)	-6
	Total Cost	\$2,609,301	\$3,656,000	\$1,046,698	4
	Average Cost	\$1,113	\$1,520	\$406	3
5.	Charity Care - Inpatient Charges	\$1,482,569	\$3,765,049	\$2,282,480	154
6.	Charity Care - Outpatient Emergency Department Charges	809,964	1,099,706	289,742	3
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	3,492,467	3,967,826	475,359	1-
	Total Charges (A)	\$5,785,000	\$8,832,581	\$3,047,581	5
8.	Charity Care - Number of Patient Days	335	774	439	13
9.	Charity Care - Number of Discharges	65	138	73	11
10.	Charity Care - Number of Outpatient ED Visits	660	880	220	3
-	Charity Care - Number of Outpatient Visits (Excludes ED				
11.	Visits)	6,544	6,880	336	
) Th	e total amount must agree with the total amount listed in t	the Hospital Audi	ited Financial St	atement Notes.	
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - Re	eport 17)			
1.	Number of Applicants	2,548	2,481	(67)	-
2.	Number of Approved Applicants	,0.10		-	
	Total Charges (B)	\$0	\$0	\$0	
3.		\$0	\$0	\$0	
3.	Average Charges	φU	ΨŬ		
		•		(0.037124)	
3. 4.	Ratio of Cost to Charges (RCC)	0.451046	0.413922	(0.037124) \$0	
		•		(0.037124) \$0 \$0	
4.	Ratio of Cost to Charges (RCC) Total Cost Average Cost	0.451046 \$0 \$0	0.413922 \$0 \$0	\$0 \$0	
4. 5.	Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges	0.451046 \$0 \$0 \$0	0.413922 \$0 \$0 \$0	\$0 \$0 \$0	
4. 5. 6.	Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges	0.451046 \$0 \$0 \$0 \$0 0	0.413922 \$0 \$0 \$0 \$0 0 0	\$0 \$0 \$0 \$0 0	-
4. 5.	Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges	0.451046 \$0 \$0 \$0	0.413922 \$0 \$0 \$0	\$0 \$0 \$0	
4. 5. 6. 7.	Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B)	0.451046 \$0 \$0 \$0 0 0 \$0 \$0	0.413922 \$0 \$0 \$0 0 0 \$0 \$0	\$0 \$0 \$0 0 0 \$0 \$0	
4. 5. 6. 7. 8.	Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days	0.451046 \$0 \$0 \$0 0 0 \$0 0 0 0 0 0 0 0 0 0 0 0	0.413922 \$0 \$0 \$0 0 0 \$0 0 0 0 0 0 0 0 0 0 0 0	\$0 \$0 \$0 0 0 \$0 \$0	
4. 5. 6. 7. 8. 9.	Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	0.451046 \$0 \$0 \$0 0 0 \$0 \$0 0 0 0 0 0 0 0 0 0 0	0.413922 \$0 \$0 \$0 0 0 \$0 \$0 0 0 0 0 0 0 0 0	\$0 \$0 \$0 0 0 \$0 \$0 0 0 0	
4. 5. 6. 7. 8.	Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges Bed Funds - Number of Outpatient ED Visits	0.451046 \$0 \$0 \$0 0 0 \$0 0 0 0 0 0 0 0 0 0 0 0	0.413922 \$0 \$0 \$0 0 0 \$0 0 0 0 0 0 0 0 0 0 0 0	\$0 \$0 \$0 0 0 \$0 \$0	
4. 5. 6. 7. 8. 9.	Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	0.451046 \$0 \$0 \$0 0 0 \$0 \$0 0 0 0 0 0 0 0 0 0 0	0.413922 \$0 \$0 \$0 0 0 \$0 \$0 0 0 0 0 0 0 0 0	\$0 \$0 \$0 0 0 \$0 \$0 0 0 0	