ANNUAL REPORTING

FISCAL YEAR 2011

REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
		OT VINOSNITO USAL TU OSPINOSO CORRODATION		
Α.	AFFILIATE NAME	ST VINCENTS HEALTH SERVICES CORPORATION		
	A((()))	PARENT ORGANIZATION OF THE MEDICAL CENTER. NON-PROFIT HOLDING		
	Affiliate Description	CORP FOR THE MEDICAL CENTER AND ALL OTHER LOCAL AFFILIATES Parent Corporation		
3	Affiliate type of service Tax Status	Not for Profit		
4	Street Address	2800 MAIN ST		
5	Town	Bridgeport		
6	State	Connecticut		
7	Zip Code	06606 -		
	CEO Name	Susan L. Davis, RN EdD		
	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 CT Agent Town	2800 MAIN ST		
13 14	CT Agent Town CT Agent State	Bridgeport Connecticut		
15	CT Agent State CT Agent Zip Code	06606 -		
15	OT Agent Zip Code			
В.	AFFILIATE NAME	ASCENSION HEALTH		
1	Affiliate Description	CATHOLIC, NATIONAL, MULTI-UNIT, TAX EXEMPT HEALTH CARE SYSTEM		
2	Affiliate type of service	Parent Corporation		
3	Tax Status	Not for Profit		
4	Street Address	4600 EDMUNDSON ROAD		
5	Town	ST. LOUIS		
6	State	Missouri		
	Zip Code	63134 -		
8	CEO Name	Robert Henkel		
	CEO Title	PRESIDENT/CEO		
	CT Agent Name CT Agent Company	Susan L. Davis, RN EdD ST VINCENTS HEALTH SERVICES CORPORATION		
11 12	CT Agent Company CT Agent Company Street Address	2800 MAIN STREET		
	CT Agent Company Street Address CT Agent Town	Bridgeport		
	CT Agent State	Connecticut		
	CT Agent Zip Code	06606 -		
C.	AFFILIATE NAME	HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC.		
		AN AFFILIATE OF ST. VINCENT'S HEALTH SERVICES THAT PROVIDES MENTAL		
		HEALTH SERVICES VIA AN ON-SITE SCHOOL AND RESIDENTIAL HOUSING		
		PROGRAMS. ALSO OPERATES THE MEDICAL CENTER'S OUTPATIENT		
		BEHAVIORAL HEALTH SITES VIA A MANAGEMENT AGREEMENT.		
	Affiliate type of service	Mental Health Facility		
3		Not for Profit		
4	Street Address	47 LONG LOTS ROAD		
5	Town	Westport		
6	State Zin Codo	Connecticut 06880 -		
	Zip Code CEO Name	Susan L. Davis, RN EdD		
	CEO Title	PRESIDENT/CEO		
	CT Agent Name	Susan L. Davis, RN EdD		
	CT Agent Name CT Agent Company	ST VINCENTS HEALTH SERVICES CORPORATION		
		2800 Main Street		
	CT Agent Town	Bridgeport		
	CT Agent State	Connecticut		
	CT Agent Zip Code	06606 -		
	· ·			

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
D.	AFFILIATE NAME	ST VINCENT'S COLLEGE, INC.
		SUBSIDIARY OF MEDICAL CENTER CREATED TO CONDUCT DEGREE GRANTING
	Affiliate Description	PROGRAMS IN NURSING EDUCATION AND OTHER ALLIED HEALTH COURSES
	Affiliate type of service Tax Status	Health Education Services Not for Profit
3	Street Address	2800 MAIN ST
5	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 Name CT Agent Company	ST. VINCENTS HEALTH SERVICES CORPORATION
12		2800 MAIN ST
13	CT Agent Town	Bridgeport
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06606 -
E.	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
3	Tax Status	Not for Profit 2800 MAIN ST
<u>4</u> 5	Street Address Town	Bridgeport
_	State	Connecticut
	Zip Code	06606 -
	CEO Name	MR. RONALD J BIANCHI
	CEO Title	President/CEO
10	CT Agent Name CT Agent Company	Susan L. Davis, RN EdD ST. VINCENTS HEALTH SERVICES CORPORATION
12	CT Agent Company CT Agent Company Street Address	2800 MAIN ST, BRIDGEPORT, CT
13	CT Agent Town	Bridgeport
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06606 -
F.	AFFILIATE NAME	ST. VINCENT'S MULTISPECIALTY GROUP, INC.
	7 <u></u>	SUBSIDIARY OF THE MEDICAL CENTER CREATED TO PROVIDE PROFESSIONAL
		MEDICAL SERVICES TO BRIDGEPORT AREA COMMUNITIES THROUGH A
		NETWORK OF EMPLOYED PRIMARY CARE PHYSICIANS, HOSPITAL-BASED
		· · · · · · · · · · · · · · · · · · ·
	Affiliate Description	PROVIDERS, AND SPECIALISTS.
2	Affiliate type of service	Physicians Services
3	Affiliate type of service Tax Status	Physicians Services Not for Profit
2 3 4	Affiliate type of service Tax Status Street Address	Physicians Services Not for Profit 2800 MAIN STREET
3	Affiliate type of service Tax Status	Physicians Services Not for Profit
2 3 4 5 6 7	Affiliate type of service Tax Status Street Address Town State Zip Code	Physicians Services Not for Profit 2800 MAIN STREET BRIDGEPORT Connecticut 06606 - 4201
2 3 4 5 6 7 8	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name	Physicians Services Not for Profit 2800 MAIN STREET BRIDGEPORT Connecticut 06606 - 4201 MICHAEL HERMAN, M.D.
2 3 4 5 6 7 8 9	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title	Physicians Services Not for Profit 2800 MAIN STREET BRIDGEPORT Connecticut 06606 - 4201 MICHAEL HERMAN, M.D. PRESIDENT
2 3 4 5 6 7 8 9	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name	Physicians Services Not for Profit 2800 MAIN STREET BRIDGEPORT Connecticut 06606 - 4201 MICHAEL HERMAN, M.D. PRESIDENT SUSAN L. DAVIS RN EdD
2 3 4 5 6 7 8 9 10	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company	Physicians Services Not for Profit 2800 MAIN STREET BRIDGEPORT Connecticut 06606 - 4201 MICHAEL HERMAN, M.D. PRESIDENT SUSAN L. DAVIS RN EdD ST. VINCENT'S HEALTH SERVICES CORPORATION
2 3 4 5 6 7 8 9 10 11	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name	Physicians Services Not for Profit 2800 MAIN STREET BRIDGEPORT Connecticut 06606 - 4201 MICHAEL HERMAN, M.D. PRESIDENT SUSAN L. DAVIS RN EdD
2 3 4 5 6 7 8 9 10 11 12	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address	Physicians Services Not for Profit 2800 MAIN STREET BRIDGEPORT Connecticut 06606 - 4201 MICHAEL HERMAN, M.D. PRESIDENT SUSAN L. DAVIS RN EdD ST. VINCENT'S HEALTH SERVICES CORPORATION 2800 MAIN STREET

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REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
		OT WHOCHT'S DEVELOPMENT INC		
G.	AFFILIATE NAME	ST. VINCENT'S DEVELOPMENT, INC AFFILIATE OF ST. VINCENT'S HEALTH SERVICES CORP ORGANIZED FOR THE		
		PURPOSE OF MANAGING REAL ESTATE WITHIN THE ST. VINCENT'S HEALTH		
1	Affiliate Description	SERVICES SYSTEM.		
	Affiliate type of service	Real Estate		
	Tax Status	Not for Profit		
	Street Address	2800 MAIN ST		
	Town State	Bridgeport Connecticut		
	Zip Code	06606 -		
8	CEO Name	Susan L. Davis, RN EdD		
	CEO Title	President/CEO		
	CT Agent Name	Susan L. Davis, RN EdD		
11	CT Agent Company	ST. VINCENTS HEALTH SERVICES CORPORATION		
12	CT Agent Company Street Address			
13	CT Agent Town	Bridgeport Connecticut		
14 CT Agent State Connecticut 15 CT Agent Zip Code 06606 -				
10	or rigent zip oddo			
H.	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 THI		
	Affiliate Description	COMMUNITY.		
	Affiliate type of service Tax Status	Health Education Services Not for Profit		
	Street Address	95 MERRITT BOULEVARD		
	Town	Trumbull		
6	State	Connecticut		
	Zip Code	06611 -		
	CEO Name	Raymond G. Baldwin, Jr.		
	CEO Title CT Agent Name	President/CEO Susan L. Davis, RN EdD		
	CT Agent Name CT Agent Company	ST. VINCENTS HEALTH SERVICES CORPORATION		
12		2800 Main Street		
13	CT Agent Town	Bridgeport		
14	CT Agent State	Connecticut		
15	CT Agent Zip Code	06606 -		
I.	AFFILIATE NAME	VINCENTURES, INC.		
<u> </u>	ALLIENATE NAME	INACTIVE SUBSIDIARY OF ST. VINCENT'S HEALTH SERVICES CORP. CREATED		
1	Affiliate Description	AS A HOLDING COMPANY FOR TAXABLE SUBSIDIARIES.		
	Affiliate type of service	Real Estate		
3	Tax Status	For Profit		
4 Street Address 2800 MAIN ST				
5	Town	Bridgeport		
	State	Connecticut		
	Zip Code CEO Name	06606 - Susan L. Davis, RN, EdD		
	CEO Name CEO Title	President/CEO		
	CT Agent Name	Richard D'Aquila		
	CT Agent Company	ST. VINCENTS HEALTH SERVICES CORPORATION		
	CT Agent Company Street Address	2800 MAIN ST		
	CT Agent Town	Bridgeport		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06606 -		

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

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2011
A.	SAINT VINCENT'S MEDICAL CENTER		
	SAINT VINCENT S MEDICAL CENTER	Llorootriotod	¢427,407,000
2		Unrestricted Temporarily Restricted by Donor	\$427,407,000 \$10,120,000
3		Temporarily Restricted by Board	\$10,120,000
4		Permanently Restricted by Donor	\$8,400,000
5		Intercompany Eliminations	\$0,400,000
		Total:	\$445,927,000
B.	ST VINCENTS HEALTH SERVICES CORPORATION		
1		Unrestricted	\$3,409,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$3,409,000
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.	HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC.		
1	HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC.	Unrestricted	¢6 250 000
2		Temporarily Restricted by Donor	\$6,358,000 \$136,000
3		Temporarily Restricted by Board	\$130,000
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$6,494,000
E.	ST VINCENT'S COLLEGE, INC.		
	ST VINCENT S COLLEGE, INC.	Llana etaleta d	ΦE 040 000
1		Unrestricted	\$5,943,000
3		Temporarily Restricted by Donor	\$1,416,000
_		Temporarily Restricted by Board	\$0 \$1,734,000
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$1,734,000
		Total:	\$9,093,000
F.	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC		A12
1		Unrestricted	\$12,533,000
2		Temporarily Restricted by Donor	\$12,964,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$10,776,000
5		Intercompany Eliminations Total:	(\$28,839,000) \$ 7,434,000
		- 50011	\$1,504,500
G.	ST. VINCENT'S MULTISPECIALTY GROUP, INC.		
1		Unrestricted	(\$7,515,000)
		Temporarily Restricted by Donor	\$0
2			(C)
3		Temporarily Restricted by Board	\$0
2 3 4		Permanently Restricted by Donor	\$0
3			\$0 \$0 \$0 (\$7,515,000)

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2011
Н.	ST. VINCENT`S DEVELOPMENT, INC		
1		Unrestricted	\$13,340,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$13,340,000
I.	ST. VINCENT'S SPECIAL NEEDS CENTER, INC		
1		Unrestricted	\$25,276,000
2		Temporarily Restricted by Donor	\$2,197,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$706,000
5		Intercompany Eliminations	\$0
		Total:	\$28,179,000
J.	VINCENTURES, INC.		
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
	Total of all Affiliates (hoters Intercompany Eliminations)	Fund Balance:	\$525.200.000
	Total of all Affiliates (before Intercompany Eliminations)	runu balance:	\$535,200,000
	Intercompany Eliminations		(\$28,839,000)
	Total of all Affiliates	Fund Balance:	\$506,361,000

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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
Α.	ST VINCENTS HEALTH SERVICES CORPORATION			
	OF VINOENTO HEALTH SERVICES CORFORATION	Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report	3/30/2010	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
	ACCENCION LIE AL TIL			
В.	ASCENSION HEALTH	Denimala a Harras a Bidata di latana anno Delana a	0/00/0040	\$0
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
1		Corporate Service Fees	09/30/2011	(\$2,524,000)
2		Sponsor Fees	09/30/2011	(\$923,000)
3		Fund Process Standardization Project	09/30/2011	(\$6,243,000)
4		Reimbursements/Fund Transfers	09/30/2011	\$9,690,000
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
C.	HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$60,000
1		Management Services Provided by HBH for Hospital	09/30/2011	(\$1,962,000)
2		Management Services Provided by SVMC for HBH	09/30/2011	\$316,000
3		Expenses Paid by SVMC on Behalf of HBH	09/30/2011	\$1,199,000
4		Reimbursements/Fund Transfers	09/30/2011	\$417,000
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$30,000
D.	ST VINCENT'S COLLEGE, INC.			
	or vincent o doceede, inc.	Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$71,000
1		Management Services Provided by SVMC for College	09/30/2011	\$372,000
2		Expenses Paid by SVMC on Behalf of College	09/30/2011	\$737,000
3		Tuition for SVMC Employees	09/30/2011	(\$512,000)
4		College Subsidy	09/30/2011	(\$640,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$28,000
E.	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC			
<u> </u>	31 VINCENT 3 MEDICAL CENTER FOUNDATION, INC	Poginning Unconcolidated Intercomposity Polarica	9/30/2010	\$4,737,000
1		Beginning Unconsolidated Intercompany Balance: Management Services Provided by SVMC for Foundatio	09/30/2010	\$252,000
2		Expenses Paid by SVMC on Behalf of Foundation	09/30/2011	. ,
3			09/30/2011	\$774,000 \$7,246,000
4		Donations - Capital and Operating Reimbursements/Fund Transfers	09/30/2011	\$7,246,000 (\$6,201,000)
-		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$6,808,000
		Litaring Officorisonated intercompany balance.	9/30/2011	φυ,υυυ,υυυ

SAINT VINCENT'S MEDICAL CENTER ANNUAL REPORTING

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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 MULTISPECIALTY GROUP, INC.			4
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$5,662,000
1		Expenses Paid by SVMC on Behalf of SVMSG	09/30/2011	(\$1,740,000)
2		Advances to SVMSG from SVMC	09/30/2011	\$2,580,000
3		Management Services Provided by SVMC for SVMSG	09/30/2011	\$60,000
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$6,562,000
	OT VINOENT'S DEVELOPMENT INO			
G.	ST. VINCENT'S DEVELOPMENT, INC		2/22/22/2	****
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$234,000
1		Management Services Provided by SVMC for Developm	09/30/2011	\$651,000
2		Expenses Paid by SVMC on Behalf of Development	09/30/2011	\$662,000
3		Rental of Development Properties by SVMC	09/30/2011	(\$428,000)
4		Reimbursements/Fund Transfers	09/30/2011	(\$171,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$948,000
Н.	ST. VINCENT`S SPECIAL NEEDS CENTER, INC			
	,	Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$293,000
1		Management Services Provided by SVMC for Special Ne	09/30/2011	\$639,000
2		Expenses Paid by SVMC on Behalf of Special Needs	09/30/2011	\$3,674,000
3		Reimbursements/Fund Transfers	09/30/2011	(\$3,960,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$646,000
I.	VINCENTURES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
				.
			Grand Total:	\$15,022,000

REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
	AFFILIATE TRANSFERDING FINIDS	AFFILLATE DECEMBED	DESCRIPTION OF TRANSFER	B. T.	****
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated		
_			Intercompany Balance	10/01/2010	(\$20,000)
A.	ST VINCENTS HEALTH SERVICES CORPORATION				
			Nothing to Report		\$0
			Total:	9/30/2011	\$0
B.	ASCENSION HEALTH				
			Nothing to Report		\$0
			Total:	9/30/2011	\$0
C.	HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC.				
1	·	ST. VINCENT`S DEVELOPMENT, INC	Maintenance Chargeback	09/30/2011	\$148,000
2		ST. VINCENT`S DEVELOPMENT, INC	Fund Transfers	09/30/2011	(\$137,000)
		ST. VINCENT'S MULTISPECIALTY GROUP,			(+ - //
3		INC.	Physician Services	09/30/2011	\$104,000
			Total:	9/30/2011	\$115,000
					, ,,,,,,
D.	ST VINCENT'S COLLEGE, INC.				
1		ST. VINCENT`S DEVELOPMENT, INC	Facilities Rental	09/30/2011	\$5,000
2		ST. VINCENT`S DEVELOPMENT, INC	Fund Transfers	09/30/2011	(\$3,000)
			Total:	9/30/2011	\$2,000
			Total.	3/00/2011	Ψ2,000
E.	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC				
1	OT VINOLITY O MEDICAL OLIVIER TOORDATION, INC	ST VINCENT`S COLLEGE, INC.	Donations - Non Capital	09/30/2011	(\$444,000)
2		ST VINCENT'S COLLEGE, INC.	Fund Transfers	09/30/2011	\$444,000
-		ST. VINCENT'S SPECIAL NEEDS CENTER,	i unu mansiers	03/30/2011	Ψ+++,000
3		INC	Donations - Non Capital	09/30/2011	(\$105,000)
		ST. VINCENT`S SPECIAL NEEDS CENTER,	Zeriatione Hon Capital	00/00/2011	(ψ100,000)
4		INC	Donations - Capital	09/30/2011	(\$413,000)
		ST. VINCENT'S SPECIAL NEEDS CENTER,	Donation Capital	33/33/2311	(ψ110,000)
5		INC	Fund Transfers	09/30/2011	\$331,000
6		ST. VINCENT`S DEVELOPMENT, INC	Donations - Capital	09/30/2011	(\$215,000)
		HALL-BROOKE BEHAVIORAL HEALTH		,	(+=:=;000)
7		SERVICES, INC.	Donations - Non Capital	09/30/2011	(\$55,000)
		HALL-BROOKE BEHAVIORAL HEALTH			
8		SERVICES, INC.	Fund Transfers	09/30/2011	\$55,000
			Total:	9/30/2011	(\$402,000)

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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
F.	ST. VINCENT'S MULTISPECIALTY GROUP, INC.				
1		ST. VINCENT`S DEVELOPMENT, INC	Facilities Rental	09/30/2011	\$57,000
2		ST VINCENT`S MEDICAL CENTER FOUNDATION, INC	Capital Campaign Pledges	09/30/2011	\$67,000
3		ST VINCENT'S MEDICAL CENTER FOUNDATION, INC	Fund Transfers	09/30/2011	(\$67,000)
			Total:	9/30/2011	\$57,000
G.	ST. VINCENT'S DEVELOPMENT, INC				
			Nothing to Report		\$0
			Total:	9/30/2011	\$0
H.	ST. VINCENT'S SPECIAL NEEDS CENTER, INC				
1		ST. VINCENT`S DEVELOPMENT, INC	Maintenance Chargeback	09/30/2011	\$228,000
2		ST. VINCENT`S DEVELOPMENT, INC	Fund Transfers	09/30/2011	(\$207,000)
			Total:	9/30/2011	\$21,000
	WHO ENTURED IN O				
ı.	VINCENTURES, INC.		N. d. i. D. i.		
			Nothing to Report		\$0
			Total:	9/30/2011	\$0
			Ending Ungangelidet:		
			Ending Unconsolidated Intercompany Balance	9/30/2011	(\$227,000)

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ANNUAL REPORTING FISCAL YEAR 2011 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
	OT WINDSHITE US ALTH DEPUMPED CORPORATION			
A.	ST VINCENTS HEALTH SERVICES CORPORATION Nothing to Report		\$0	
Ě	Notining to Report	Total:	\$0	9/30/2011
			\$ 5	0/00/2011
В.	ASCENSION HEALTH			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2011
	HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC.			
0	Nothing to Report	Total:	\$0	0/00/0044
_		TOTAL.	\$0	9/30/2011
D.	ST VINCENT'S COLLEGE, INC.			
0	Nothing to Report		\$0	
	Housing to Hoport	Total:	\$0	9/30/2011
			**	57631=511
E.	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2011
	ST. VINCENT'S MULTISPECIALTY GROUP, INC.			
0	Nothing to Report	Total:	\$0 \$0	9/30/2011
		TOTAL.	\$0	9/30/2011
G.	ST. VINCENT`S DEVELOPMENT, INC	_		
0.	Nothing to Report		\$0	
		Total:	\$0	9/30/2011
	ST. VINCENT`S SPECIAL NEEDS CENTER, INC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2011
I.	VINCENTURES, INC.		0.0	
0	Nothing to Report	Total:	\$0 \$0	9/30/2011
_		i Otal.	\$0	9/30/2011
		Grand Total:	\$0	9/30/2011
		Granu rotai.	ΨU	3/30/2011

REPORT 7 10 OF 19 6/28/2012, 10:24 AM

REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS

LINE DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT A. ST VINCENTS HEALTH SERVICES CORPORATION O Nothing to Report Total: SO B. ASCENSION HEALTH Nothing to Report Total: SO C. HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC. SI Vincent's Medical Center is committed to providing linancial support in the form of working capital advances or net asset transfers through 93/01/2 in amounts sufficient for Total: SO D. ST VINCENT'S COLLEGE, INC. SO ST VINCENT'S MEDICAL CENTER FOUNDATION, INC Nothing to Report F. ST. VINCENT'S MULTISPECIALTY GROUP, INC. ST. VINCENT'S DEVELOPMENT, INC ST. VINCENT'S DEVELOPMENT, INC ST. VINCENT'S DEVELOPMENT, INC ST. VINCENT'S SPECIAL NEEDS CENTER, INC. H. ST. VINCENT'S SPECIAL NEEDS CENTER, INC. Nothing to Report SO Nothing to Report Total: SO SO ST. VINCENT'S SPECIAL NEEDS CENTER, INC. Nothing to Report Total: SO SO ST. VINCENT'S SPECIAL NEEDS CENTER, INC. Nothing to Report SO NOTHING THE SO SO NOTHING THE SO SO	(1)	(2)	(3)	(4)
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0	Н.	ST. VINCENT'S SPECIAL NEEDS CENTER, INC		
Total: \$0		Nothing to Report	\$0	0
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		Nothing to Report	\$0	0
Total: \$0		Total:	\$0	
Grand Total: \$0		Grand Total:	\$0	

REPORT 8 11 OF 19 6/28/2012,10:24 AM

REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR INDIGENT CARE AND FREE BEDS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMÒÚNT DIFFERENCE	% DIFFERENCE
A.	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%
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%
В.	Free Beds				
	Beginning Balance	\$212,164.00	\$216,429.00	\$4,265.00	2%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$4,265.00	\$17,450.00	\$13,185.00	309%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$216,429.00	\$233,879.00	\$17,450.00	8%
5	Projected Interest Income	\$4,300.00	\$17,500.00	\$13,200.00	307%
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 2011					
REPORT 17 -	HOSPITAL BED FUNDS HELD OR ADMINISTERE	D BY THE HOSPITAL				
A. Patient Activity						
(1)	(2)	(3)				
<u>Patient</u>	Name of Hospital Bed Fund (FULL NAME)	Amount				
1.Number of Applications for Hos	1.Number of Applications for Hospital Bed Funds 2,496					
2. A. Number of Patients receiving Hospital Bed Fund Grants 0						
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F \$0.00						
	Grand Total \$0.00					

	S	AINT VINCENT'S ME	DICAL CENTER					
		ANNUAL REPO	ORTING					
		FISCAL YEAR	R 2011					
	REPORT 17 - HOSPITAL	BED FUNDS HELD C	R ADMINISTERED E	BY THE HOSPITAL				
B. B	ED FUND ACTIVITY							
(1)	(2)	(3)	(4)	(5)	(6)			
		FMV of Principal	Actual Earnings	Earnings	Earnings			
Line								
(3)	Fair Market Value of the Principal of ea	ach individual Hospi	tal Bed Fund, or the	Principal attributabl	e to each			
(4)	Total Actual Earnings for each Hospita	al Bed Fund or the Ea	arnings attributable	to each Hospital Bed	d Fund.			
	_							
(5)	Actual Dollar Amount of Earnings rein	vested as Principal,	if any.					
(6)	Actual Dollar Amount of Earnings avail	ilable for Patient Car	е.					
	Baker Free Bed Fund	\$68,561.00	(\$121.00)	(\$121.00)	(\$121.00)			
	Conlin Free Bed Fund	\$18,368.00	(\$111.00)	(\$111.00)	(\$111.00)			
	Harral Free Bed Fund	\$6,934.00	(\$41.00)	(\$41.00)	(\$41.00)			
	Hubbell Free Bed Fund	\$32,678.00	(\$64.00)	(\$64.00)	(\$64.00)			
	Klein Free Bed Fund	\$39,730.00	(\$81.00)	(\$81.00)	(\$81.00)			
	Ladies of Charity Free Bed Fund	\$9,727.00	(\$16.00)	(\$16.00)	(\$16.00)			
	Brodbeck Free Bed Fund	\$57,881.00	\$17,884.00	\$17,884.00	\$17,884.00			
	Total Bed Funds : \$233,879.00 \$17,450.00 \$17,450.00 \$17,450.00							

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I.	GENERAL COLLECTION PROCESSES AND PROCEDURES	
A.	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 (after 230 days for normal cycle). Hospital does not retain separate attorney if legal action is required.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	Collection agencies are paid at a rate of 20% 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	5.35%
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 (after 230 days for normal cycle). 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 20% 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.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	5.35%

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REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	CHIEF EXECUTIVE OFFICER	\$71 <i>4</i> 265	\$770.400	\$1,484,755
<u> '.</u>	CHILL EXECUTIVE OFFICER	\$714,265	\$770,490	\$1,464,733
2.	OFFICER	\$516,765	\$321,026	\$837,791
3.	CLINICAL VICE PRESIDENT CARDIAC SERVICES	\$494,903	\$139,242	\$634,145
4.	CLINICAL VICE PRESIDENT SURGICAL SERVICES	\$480,942	\$149,855	\$630,797
5.	SENIOR VICE PRESIDENT/CHIEF FINANCIAL OFFICER	\$374,680	\$192,798	\$567,478
6.	CLINICAL VICE PRESIDENT MEDICINE	\$426,749	\$127,309	\$554,058
7.	CHAIRPERSON EMERGENCY CARE	\$398,982	\$126,163	\$525,145
8.	VICE CHAIRPERSON EMERGENCY CARE	\$418,295	\$72,726	\$491,021
9.	SENIOR VICE PRESIDENT	\$329,440	\$126,775	\$456,215
10.	VICE PRESIDENT CHRO EMPLOYEE COUNCIL	\$307,805	\$148,115	\$455,920
	Grand Total:	\$4,462,826	\$2,174,499	\$6,637,325

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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			
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
		**	, , , , , , , , , , , , , , , , , , ,	**
В.	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
С.	HALL-BROOKE BEHAVIORAL HEALTH SERVICES, 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
D.	ST VINCENT'S COLLEGE, 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
Ε.	ST VINCENT'S MEDICAL CENTER FOUNDATION, 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	\$291,534	\$138,614	\$430,148
	Paid by the Hospital to Employees of the Entity Listed Above	\$291,534	\$130,014	\$430,146
F.	ST. VINCENT'S MULTISPECIALTY GROUP, 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
G.	ST. VINCENT`S DEVELOPMENT, 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 \$0
	and by the mospital to Employees of the Emity Eisted Above	ΨΟ	ΨΟ	ΨΟ
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	\$186,633	\$35,376	\$222,009
Ι.	VINCENTURES, INC.			
1. 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
	i aid by the mospital to Employees of the Entity Listed Above	φυ	φυ	φυ

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.

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 2011
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
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

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	SAINT VINCENT'S	MEDICAL CENT	ED		
		REPORTING	EK		
		YEAR 2011			
	REPORT 23 - CHARITY CARE AND REDUCED	COST SERVICES	PROVIDED BY	THE HOSPITAL	
(4)	(0)	(0)	(4)	(E)	(0)
(1)	(2)	(3) FY 2010	(4) FY 2011	(5) AMOUNT	(6) %
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
	DESCRIPTION .	AWOUNT	AMOUNT	DITTERCITOE	DIFFERENCE
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial St	tatement Notes)			
1.	Number of Applicants	2,781	2,496	(285)	-10%
2.	Number of Approved Applicants	2,653	2,440	(213)	-8%
	Total Charges (A)	Ф7 CC2 000	\$0.00E.000	£4.202.000	4.00/
3.	Total Charges (A) Average Charges	\$7,662,000 \$2,888	\$9,025,000 \$3,699	\$1,363,000 \$811	18% 28%
	Average Charges	\$2,000	\$3,099	\$011	2070
4.	Ratio of Cost to Charges (RCC)	0.39657	0.373903	(0.022667)	-6%
	Total Cost	\$3,038,519	\$3,374,475	\$335,955	11%
	Average Cost	\$1,145	\$1,383	\$238	21%
	-	., -			
5.	Charity Care - Inpatient Charges	\$1,848,739	\$2,204,488	\$355,749	19%
6.	Charity Care - Outpatient Emergency Department Charges	1,325,695	1,566,216	240,521	18%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	4,487,566	5,254,296	766,730	17%
	Total Charges (A)	\$7,662,000	\$9,025,000	\$1,363,000	18%
		200	400	100	200/
8. 9.	Charity Care - Number of Patient Days Charity Care - Number of Discharges	320 72	426 72	106 0	33% 0%
10.	Charity Care - Number of Outpatient ED Visits	880	903	23	3%
10.	Charity Care - Number of Outpatient EB Visits Charity Care - Number of Outpatient Visits (Excludes ED	000	303	20	370
11.	Visits)	6,834	7,071	237	3%
		0,00.	.,		0,0
(A) The	total amount must agree with the total amount listed in	the Hospital Aud	ited Financial St	atement Notes.	
	Heavital Bad Friends (ass Heavital Beneviting System B	an aut 47)			
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - R	eport 17)			
1.	Number of Applicants	2,781	2,496	(285)	-10%
2.	Number of Approved Applicants	2,701	2,490	(203)	0%
	Trained of Approved Applicante				3,0
3.	Total Charges (B)	\$0	\$0	\$0	0%
	Average Charges	\$0	\$0	\$0	0%
4.	Ratio of Cost to Charges (RCC)	0.39657	0.373903	(0.022667)	-6%
	Total Cost	\$0	\$0	\$0	0%
	Average Cost	\$0	\$0	\$0	0%
	Dad Friede Janeticat Observa	# 0	# 0	C O	00/
5. 6.	Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges	\$0 0	\$0 0	\$0 0	0% 0%
7.	Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges)	0	0	0	0%
	Total Charges (B)	\$0	\$0	\$0	0%
		+3	+3	+3	2,0
8.	Bed Funds - Number of Patient Days	0	0	0	0%
9.	Bed Funds - Number of Discharges	0	0	0	0%
10.	Bed Funds - Number of Outpatient ED Visits	0	0	0	0%
	Bed Funds - Number of Outpatient Visits (Excludes ED				
11.	Visits)	0	0	0	0%
	·				
(D) T	e total amount must agree with the total amount listed on	Hannital December	O		

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