SAINT VINCENT'S MEDICAL CENTER

ANNUAL REPORTING

FISCAL YEAR 2013

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

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
A.	AFFILIATE NAME	ST VINCENTS HEALTH SERVICES CORPORATION	
Λ.	ALLIERIE NAME	OT VINGENTO TIERETT GERVIGEG GORT GRATION	
		PARENT ORGANIZATION OF THE MEDICAL CENTER. NON-PROFIT HOLDING CORP FOR THE	
	Affiliate Description	MEDICAL CENTER AND ALL OTHER LOCAL AFFILIATES	
	Affiliate type of service	Parent Corporation	
	Tax Status	Not for Profit	
4	Street Address	2800 MAIN ST	
	Town	Bridgeport	
	State	Connecticut	
	Zip Code	06606 -	
	CEO Name CEO Title	Stuart G. Marcus, MD, FACS PRESIDENT & CEO	
	CT Agent Name	Peter H. Struzzi	
	CT Agent Name CT Agent Company	ST. VINCENTS MEDICAL CENTER	
	CT Agent Company CT Agent Company Street Address	2800 MAIN ST	
	CT Agent Company Street Address CT Agent Town	Bridgeport	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06606 -	
	3- 1		
B.	AFFILIATE NAME	ASCENSION HEALTH	
l .			
	Affiliate Description	CATHOLIC, NATIONAL, MULTI-UNIT, TAX EXEMPT HEALTH CARE SYSTEM	
	Affiliate type of service	Parent Corporation	
	Tax Status	Not for Profit	
4	Street Address	4600 EDMUNDSON ROAD	
	Town	ST. LOUIS	
	State Zip Code	Missouri 63134 -	
	CEO Name	Robert Henkel	
	CEO Title	PRESIDENT/CEO	
	CT Agent Name	Stuart G. Marcus, MD, FACS	
	CT Agent Name CT Agent Company	CT Secretary of State	
	CT Agent Company Street Address	30 Trinity Street	
	CT Agent Company Street Address CT Agent Town	Hartford	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06106 -	
C.	AFFILIATE NAME	ST VINCENT`S COLLEGE, INC.	
		SUBSIDIARY OF MEDICAL CENTER CREATED TO CONDUCT DEGREE GRANTING PROGRAMS IN	
	Affiliate Description	NURSING EDUCATION AND OTHER ALLIED HEALTH COURSES	
	Affiliate type of service	Health Education Services	
3	Tax Status	Not for Profit	
4	Street Address	2800 MAIN ST	
5 6	Town State	Bridgeport Connecticut	
		O6606 -	
	Zip Code CEO Name	Martha K. Shouldis, Ed.D.	
	CEO Title	PRESIDENT/CEO	
		Peter H. Struzzi	
	CT Agent Name CT Agent Company	ST. VINCENTS MEDICAL CENTER	
<u> </u>	OT Agent Company	OT. VINOLITIO MEDIONE CENTER	

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SAINT VINCENT'S MEDICAL CENTER

ANNUAL REPORTING

FISCAL YEAR 2013

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

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
12	CT Agent Company Street Address	2800 MAIN ST	
	CT Agent Town	Bridgeport	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06606 -	
D.	AFFILIATE NAME	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC	
		ASSULATE OF ST. WHISELETS HE HELD SERVICES CORP. OF ATER TO COMPUSE SUMP. PAROLING.	
1	Affiliate Description	AFFILIATE OF ST. VINCENT'S HEALTH SERVICES CORP CREATED TO CONDUCT FUND-RAISING FOR ALL NON-PROFIT ENTITIES IN ST VINCENT'S HEALTH SERVICES UMBRELLA	
2	Affiliate Description Affiliate type of service	Fund Raising/Management	
3	Tax Status	Not for Profit	
4	Street Address	2800 MAIN ST	
5	Town	Bridgeport	
6	State	Connecticut	
7	Zip Code	06606 -	
8	CEO Name	Dianne Auger	
9	CEO Title	President/CEO	
	CT Agent Name	Peter H. Struzzi	
	CT Agent Company	ST. VINCENTS MEDICAL CENTER	
12	CT Agent Company Street Address	2800 MAIN ST	
13	CT Agent Town	Bridgeport	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06606 -	
E.	AFFILIATE NAME	ST. VINCENT'S MULTISPECIALTY GROUP, INC.	
		SUBSIDIARY OF THE MEDICAL CENTER CREATED TO PROVIDE PROFESSIONAL MEDICAL	
1	Affiliate Description	SERVICES TO BRIDGEPORT AREA COMMUNITIES THROUGH A NETWORK OF EMPLOYED PRIMARY CARE PHYSICIANS, HOSPITAL-BASED PROVIDERS, AND SPECIALISTS.	
2	Affiliate type of service	Physicians Services	
3	Tax Status	Not for Profit	
4	Street Address	2800 MAIN STREET	
5	Town	BRIDGEPORT	
6	State	Connecticut	
7	Zip Code	06606 - 4201	
8	CEO Name	Lawrence Schek, MD	
9	CEO Title	PRESIDENT	
	CT Agent Name	Peter H. Struzzi	
11	CT Agent Company	ST. VINCENT'S MEDICAL CENTER	
	CT Agent Company Street Address	2800 MAIN STREET	
13	CT Agent Town	BRIDGEPORT	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06606 -	
F.	AFFILIATE NAME	ST. VINCENT`S DEVELOPMENT, INC	
		AFFILIATE OF OT VINIOENTY OF HEALTH OFFILIATE CORP. OF CANTES FOR THE BURDOOF OF	
1	Affiliate Description	AFFILIATE OF ST. VINCENT'S HEALTH SERVICES CORP ORGANIZED FOR THE PURPOSE OF	
2	Affiliate Description Affiliate type of service	MANAGING REAL ESTATE WITHIN THE ST. VINCENT'S HEALTH SERVICES SYSTEM. Real Estate	
3	Tax Status	Not for Profit	
4	Street Address	2800 MAIN ST	
5	Town	Bridgeport Bridge	
		Connecticut	
6	State		

SAINT VINCENT'S MEDICAL CENTER

ANNUAL REPORTING

FISCAL YEAR 2013

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

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
7	Zip Code	06606 -	
8	CEO Name	Stuart G. Marcus, MD, FACS	
9	CEO Title	President/CEO	
10	CT Agent Name	Peter H. Struzzi	
11	CT Agent Company	ST. VINCENTS MEDICAL CENTER	
12	CT Agent Company Street Address	2800 MAIN ST	
13	CT Agent Town	Bridgeport	
14	CT Agent State	Connecticut	
	CT Agent Zip Code	06606 -	
G.	AFFILIATE NAME	ST. VINCENT'S SPECIAL NEEDS CENTER, INC	
1	Affiliate Description	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 COMMUNITY.	
2	Affiliate type of service	Health Education Services	
3	Tax Status	Not for Profit	
4	Street Address	95 MERRITT BOULEVARD	
5	Town	Trumbull	
6	State	Connecticut	
7	Zip Code	06611 -	
	CEO Name	Raymond G. Baldwin, Jr.	
	CEO Title	President/CEO	
10	CT Agent Name	Raymond G. Baldwin, Jr.	
	CT Agent Company	ST. VINCENTS SPECIAL NEEDS CENTER, INC	
	CT Agent Company Street Address	95 Merritt Boulevard	
	CT Agent Town	Trumbull	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06611 -	
		VINCENTURES INC	
H.	AFFILIATE NAME	VINCENTURES, INC.	
4	Affiliate Description	INACTIVE SUBSIDIARY OF ST. VINCENT'S HEALTH SERVICES CORP. CREATED AS A HOLDING	
2	Affiliate Description Affiliate type of service	COMPANY FOR TAXABLE SUBSIDIARIES. Real Estate	
3	Tax Status	For Profit	
4		2800 MAIN ST	
	Street Address		
5	Town	Bridgeport Connecticut	
6	State	Connecticut	
7	Zip Code	06606 -	
8	CEO Name	Stuart G. Marcus, MD, FACS	
9	CEO Title	President/CEO of St. Vincent's Health Services	
	CT Agent Name	Peter H. Struzzi	
	CT Agent Company	ST. VINCENTS MEDICAL CENTER	
	CT Agent Company Street Address	2800 MAIN ST	
	CT Agent Town	Bridgeport	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06606 -	

^{*} P.O. BOX IS UNACCEPTABLE WITHOUT A

STREET ADDRESS FOR EACH AGENT COMPANY

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2013
Α.	SAINT VINCENT'S MEDICAL CENTER		
1	CANAL ANTOCIAL OF MEDICAL CENTER	Unrestricted	\$517,788,000
2		Temporarily Restricted by Donor	\$10,854,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$9,778,000
5		Intercompany Eliminations	\$0
		Total:	\$538,420,000
В.	ST VINCENTS HEALTH SERVICES CORPORATION	Hana stricts of	Φ4 F00 000
1		Unrestricted	\$1,563,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0
<u>4</u> 5		Intercompany Eliminations	\$0
		Total:	\$1,563,000
		Total.	φ1,303,000
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.	ST VINCENT`S COLLEGE, INC.		* • • • • • • • • • • • • • • • • • • •
1		Unrestricted	\$12,785,000
2		Temporarily Restricted by Donor	\$1,924,000
3		Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$1,736,000
5		Intercompany Eliminations	\$1,730,000
		Total:	\$16,445,000
		Total.	\$10,443,000
Ε.	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC		
1		Unrestricted	\$11,834,000
2		Temporarily Restricted by Donor	\$14,541,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$12,156,000
5		Intercompany Eliminations	(\$29,131,000)
		Total:	\$9,400,000
F	CT VINCENTIC MILITIPECIAL TV OPOLID, INC.		
F .	ST. VINCENT'S MULTISPECIALTY GROUP, INC.	Unrestricted	(\$17,097,000)
2		Temporarily Restricted by Donor	(\$17,097,000)
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$17,097,000)
G.	ST. VINCENT`S DEVELOPMENT, INC		
1		Unrestricted	\$16,354,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2013
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$16,354,000
Н.	ST. VINCENT`S SPECIAL NEEDS CENTER, INC		
1	,	Unrestricted	\$28,197,000
2		Temporarily Restricted by Donor	\$2,131,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$710,000
5		Intercompany Eliminations	\$0
		Total:	\$31,038,000
Ι.	VINCENTURES, INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	
		Total:	\$0
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$625,254,000
	Intercompany Eliminations		(\$29,131,000)
	Total of all Affiliates	Fund Balance:	\$596,123,000

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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			
Α.	31 VINCENTS HEALTH SERVICES CORFORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report	0,00,2012	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
В.	ASCENSION HEALTH			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
1		Corporate Service Fees	09/30/2013	(\$2,905,000)
2		Fund Process Standardization Project	09/30/2013	(\$6,625,000)
3		System Obligations	09/30/2013	(\$10,494,000)
4		Sponsor Fees	09/30/2013	(\$572,000)
5		Other Corporate Fees and Allocations	09/30/2013	(\$1,205,000)
6		Services to Pensacola Ministry	09/30/2013	(\$1,011,000)
7 8		Processing of Transactions by Ministry Service Center Reimbursements/Fund Transfers	09/30/2013 09/30/2013	(\$2,167,000) \$22,977,000
0		Ending Unconsolidated Intercompany Balance:	9/30/2013	(\$2,002,000)
		Lituing Officonsolidated intercompany Balance.	9/30/2013	(\$2,002,000)
C.	ST VINCENT`S COLLEGE, INC.			
<u> </u>	31 VINCENT S COLLEGE, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$51,000
1		Process Standardization Proj pd by SVMC for College	09/30/2013	\$84,000
2		Management Services Provided by SVMC for College	09/30/2013	\$342,000
3		Expenses Paid by SVMC on Behalf of College	09/30/2013	\$3,487,000
4		Tuition for SVMC Employees	09/30/2013	(\$894,000)
5		Reimbursements/Fund Transfers	09/30/2013	(\$2,930,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$140,000
D.	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$2,233,000
			5,00,2012	42,200,000
1		Process Standardization Proj pd by SVMC for Foundation	09/30/2013	\$170,000
2		Management Services Provided by SVMC for Foundation	09/30/2013	\$255,000
3		Expenses Paid by SVMC on Behalf of Foundation	09/30/2013	\$1,693,000
4		Donations - Capital and Operating	09/30/2013	\$1,732,000
5		Reimbursements/Fund Transfers	09/30/2013	(\$3,405,000)

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REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
				TRANSFER TO / FROM
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$2,678,000
E.	ST. VINCENT'S MULTISPECIALTY GROUP, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$2,860,000
				·
1		Management Services Provided by SVMC for SVMSG	09/30/2013	\$688,000
2		Expenses Paid by SVMC on Behalf of SVMSG	09/30/2013	\$3,985,000
3		Advances to SVMSG from SVMC	09/30/2013	\$29,719,000
4		Physician Services Provided by SVMSG for SVMC	09/30/2013	(\$19,138,000)
5		Reimbursements/Fund Transfers	09/30/2013	(\$1,785,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$16,329,000
F.	ST. VINCENT`S DEVELOPMENT, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$1,390,000
		Process Standardization Proj pd by SVMC for Development		
1			09/30/2013	\$177,000
		Management Services Provided by SVMC for Development		
2			09/30/2013	\$1,054,000
3		Expenses Paid by SVMC on Behalf of Development	09/30/2013	\$1,799,000
4		Rental of Development Properties by SVMC	09/30/2013	(\$437,000)
5		Maintenance Services provided by Dev for SVMC	09/30/2013	(\$260,000)
6		Net Asset Transfer to Development from SVMC	09/30/2013	(\$2,000,000)
/		Reimbursements/Fund Transfers	09/30/2013	(\$10,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$1,713,000
G.	ST. VINCENT'S SPECIAL NEEDS CENTER, INC			
				*
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$356,000
,		Process Standardization Proj pd by SVMC for Special	00/00/0040	#222 222
1		Needs Management Services Provided by SVMC for Special	09/30/2013	\$338,000
2		Needs	09/30/2013	\$684,000
3		Expenses Paid by SVMC on Behalf of Special Needs	09/30/2013	\$4,218,000
4		Reimbursements/Fund Transfers	09/30/2013	(\$6,414,000)
_		Ending Unconsolidated Intercompany Balance:	9/30/2013	(\$818,000)
			3,33,2310	(\$210,000)
Н.	VINCENTURES, INC.			
<u> </u>	THOURT OILE, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0

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
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
			Grand Total:	\$18,040,000

REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

A ST VINCENT'S HEALTH SERVICES CORPORATION Beginning Unconsolidated Intercompany Balance 10/01/2012 (\$137,00	(1)	(2)	(3)	(4)	(5)	(6)
A. ST VINCENTS HEALTH SERVICES CORPORATION Nothing to Report S	\'\'	(-/	(-)	(-,	(-)	(0)
A. ST VINCENTS HEALTH SERVICES CORPORATION Nothing to Report S						
A. ST VINCENTS HEALTH SERVICES CORPORATION Nothing to Report S	LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
Intercompany Balance 10/01/2012 (\$137,00		/ <u></u>	7.1.1.2.1.2.1.1.1.0.1.0.1.0.1.0.1.0.1.0.1		27112	7
A. ST VINCENTS HEALTH SERVICES CORPORATION Nothing to Report State Stat					10/01/2012	(\$137.000)
Nothing to Report Significant Signific	Α.	ST VINCENTS HEALTH SERVICES CORPORATION			10/01/2012	(\$101,000)
Sacension Health				Nothing to Report		\$0
Nothing to Report S 100					9/30/2013	\$0
Nothing to Report S 100						
C. ST VINCENT'S COLLEGE, INC. ASCENSION HEALTH Ministry Service Center Transactions 09/30/2013 \$31,00	B.	ASCENSION HEALTH				
ASCENSION HEALTH Transactions O9/30/2013 S31,00						\$0
ASCENSION HEALTH				Total:	9/30/2013	\$0
ASCENSION HEALTH						
ASCENSION HEALTH	C.	ST VINCENT'S COLLEGE, INC.				
ST. VINCENT'S DEVELOPMENT, INC Facilities Rental 09/30/2013 \$158,00			4005110101111541511		00/00/0040	***
ST. VINCENT'S DEVELOPMENT, INC						
D. ST VINCENT'S MEDICAL CENTER FOUNDATION, INC			ST. VINCENT'S DEVELOPMENT, INC.			
D. ST VINCENT'S MEDICAL CENTER FOUNDATION, INC			OT: VINOLITY O DE VELOT MENT, INC			(\$99,000)
ASCENSION HEALTH				10.0	0/00/2010	(400,000)
ASCENSION HEALTH	D.	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC				
ASCENSION HEALTH				Ministry Service Center		
ST VINCENT'S COLLEGE, INC. Donations - Capital 09/30/2013 \$616,00	1				09/30/2013	\$10,000
ST VINCENT'S COLLEGE, INC. Fund Transfers 09/30/2013 (\$629,00] ST. VINCENT'S SPECIAL NEEDS CENTER, INC Donations - Non Capital 09/30/2013 \$191,00 ST. VINCENT'S SPECIAL NEEDS CENTER, INC Donations - Capital 09/30/2013 \$535,00 ST. VINCENT'S SPECIAL NEEDS CENTER, INC Fund Transfers 09/30/2013 \$535,00 ST. VINCENT'S DEVELOPMENT, INC Net Asset Transfer 09/30/2013 \$2,200,00 E. ST. VINCENT'S DEVELOPMENT, INC Ministry Service Center Transactions 09/30/2013 \$2,2592,00 ST. VINCENT'S DEVELOPMENT, INC Facilities Rental 09/30/2013 \$169,00 ST. VINCENT'S DEVELOPMENT, INC Facilities Rental 09/30/2013 \$241,00 ST. VINCENT'S DEVELOPMENT, INC Ministry Service Center Transactions 09/30/2013 \$241,00 ST. VINCENT'S DEVELOPMENT, INC Facilities Rental 09/30/2013 \$347,00 ST. VINCENT'S DEVELOPMENT, INC Professional Services 09/30/2013 \$47,00 ST. VINCENT'S DEVELOPMENT, INC Professional Services 09/30/2013 \$47,00 ST. VINCENT'S MEDICAL CENTER FOUNDATION, INC Capital Campaign Pledges 09/30/2013 \$2,00 Total: 9/30/2013 \$2,00	2					\$200,000
ST. VINCENT'S SPECIAL NEEDS CENTER, INC Donations - Non Capital 09/30/2013 \$191,00						\$616,000
ST. VINCENT'S SPECIAL NEEDS CENTER, INC Donations - Capital 09/30/2013 \$535,00	4		ST VINCENT`S COLLEGE, INC.	Fund Transfers	09/30/2013	(\$629,000)
ST. VINCENT'S SPECIAL NEEDS CENTER, INC Donations - Capital 09/30/2013 \$535,00	_		OT VINCENT'S OPECIAL NEEDS CENTED INC	Danations Non-Conital	00/00/0040	#404.000
ST. VINCENT'S SPECIAL NEEDS CENTER, INC ST. VINCENT'S DEVELOPMENT, INC Net Asset Transfer 09/30/2013 \$2,200,000	5		51. VINCENT 5 SPECIAL NEEDS CENTER, INC	Donations - Non Capital	09/30/2013	\$191,000
ST. VINCENT'S SPECIAL NEEDS CENTER, INC ST. VINCENT'S DEVELOPMENT, INC Net Asset Transfer 09/30/2013 \$2,200,000	6		ST VINCENT'S SPECIAL NEEDS CENTER INC	Donations - Capital	09/30/2013	\$535,000
ST. VINCENT'S DEVELOPMENT, INC Net Asset Transfer 09/30/2013 \$2,200,000			OT: VINOLINI O OF EOMAETICEBO CENTER, INC	Donations Capital	03/00/2010	ψοσο,σσο
ST. VINCENT'S DEVELOPMENT, INC Net Asset Transfer 09/30/2013 \$2,200,000	7		ST. VINCENT'S SPECIAL NEEDS CENTER, INC	Fund Transfers	09/30/2013	(\$531,000)
E. ST. VINCENT'S MULTISPECIALTY GROUP, INC. ASCENSION HEALTH Transactions O9/30/2013 \$169,00 ST. VINCENT'S DEVELOPMENT, INC ST. VINCENT'S DEVELOPMENT, INC Maintenance Chargeback O9/30/2013 \$241,00 ST. VINCENT'S DEVELOPMENT, INC ST. VINCENT'S MEDICAL CENTER FOUNDATION, INC Capital Campaign Pledges O9/30/2013 \$291,00 Total: 9/30/2013 \$291,00	8		ST. VINCENT`S DEVELOPMENT, INC	Net Asset Transfer	09/30/2013	\$2,200,000
ASCENSION HEALTH				Total:	9/30/2013	\$2,592,000
ASCENSION HEALTH						
1 ASCENSION HEALTH Transactions 09/30/2013 \$169,00 2 ST. VINCENT'S DEVELOPMENT, INC Facilities Rental 09/30/2013 \$241,00 3 ST. VINCENT'S DEVELOPMENT, INC Maintenance Chargeback 09/30/2013 \$83,00 4 ST. VINCENT'S DEVELOPMENT, INC Professional Services 09/30/2013 \$47,00 5 ST. VINCENT'S DEVELOPMENT, INC Fund Transfers 09/30/2013 \$251,00 6 ST. VINCENT'S MEDICAL CENTER Capital Campaign Pledges 09/30/2013 \$2,00 FOUNDATION, INC Capital Campaign Pledges 09/30/2013 \$291,00	E.	ST. VINCENT'S MULTISPECIALTY GROUP, INC.				
2 ST. VINCENT'S DEVELOPMENT, INC Facilities Rental 09/30/2013 \$241,00 3 ST. VINCENT'S DEVELOPMENT, INC Maintenance Chargeback 09/30/2013 \$83,00 4 ST. VINCENT'S DEVELOPMENT, INC Professional Services 09/30/2013 \$47,00 5 ST. VINCENT'S DEVELOPMENT, INC Fund Transfers 09/30/2013 (\$251,00 6 ST. VINCENT'S MEDICAL CENTER Capital Campaign Pledges 09/30/2013 \$2,00 FOUNDATION, INC Total: 9/30/2013 \$291,00						*
3 ST. VINCENT'S DEVELOPMENT, INC Maintenance Chargeback 09/30/2013 \$83,00 4 ST. VINCENT'S DEVELOPMENT, INC Professional Services 09/30/2013 \$47,00 5 ST. VINCENT'S DEVELOPMENT, INC Fund Transfers 09/30/2013 (\$251,00 6 ST. VINCENT'S MEDICAL CENTER Capital Campaign Pledges 09/30/2013 \$2,00 FOUNDATION, INC Total: 9/30/2013 \$291,00						
4 ST. VINCENT'S DEVELOPMENT, INC Professional Services 09/30/2013 \$47,00 5 ST. VINCENT'S DEVELOPMENT, INC Fund Transfers 09/30/2013 (\$251,00 6 ST VINCENT'S MEDICAL CENTER Capital Campaign Pledges 09/30/2013 \$2,00 FOUNDATION, INC Total: 9/30/2013 \$291,00						* /***
5 ST. VINCENT'S DEVELOPMENT, INC Fund Transfers 09/30/2013 (\$251,00 6 ST VINCENT'S MEDICAL CENTER Capital Campaign Pledges 09/30/2013 \$2,00 FOUNDATION, INC Total: 9/30/2013 \$291,00				Professional Services		
ST VINCENT`S MEDICAL CENTER FOUNDATION, INC Capital Campaign Pledges 09/30/2013 \$2,00 \$291,00 \$291,00 \$201,00						(\$251,000)
Total: 9/30/2013 \$291,00	Ť			Tana Transisio	30,00,2010	(ψ201,000)
Total: 9/30/2013 \$291,00	6		FOUNDATION, INC	Capital Campaign Pledges		\$2,000
F. ST. VINCENT'S DEVELOPMENT, INC						\$291,000
F. ST. VINCENT'S DEVELOPMENT, INC						
	F.	ST. VINCENT`S DEVELOPMENT, INC				

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
			Ministry Service Center		
1		ASCENSION HEALTH	Transactions	09/30/2013	\$46,000
			Total:	9/30/2013	\$46,000
G.	ST. VINCENT'S SPECIAL NEEDS CENTER, INC				
			Ministry Service Center		
1		ASCENSION HEALTH	Transactions	09/30/2013	\$85,000
2		ST. VINCENT'S DEVELOPMENT, INC	Maintenance Chargeback	09/30/2013	\$282,000
3		ST. VINCENT`S DEVELOPMENT, INC	Fund Transfers	09/30/2013	(\$260,000)
			Total:	9/30/2013	\$107,000
Н.	VINCENTURES, INC.				
H.	VINCENTORES, INC.		Nothing to Report		\$0
			Total:	9/30/2013	\$0
			Ending Unconsolidated		
			Intercompany Balance	9/30/2013	\$2,800,000

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

(1)	(2)		(3)	(4)
LINIE	AFFILIATE NAME &		AMOUNT	DATE
LINE	DESCRIPTION OF EXPENDITURE		AMOUNT	DATE
	OT VINOSNITO USAL TU OSDVIOSO CODDODATION			
A.	ST VINCENTS HEALTH SERVICES CORPORATION Nothing to Report		Φ0	
-	Nothing to Report	Total:	\$0 \$0	9/30/2013
		rotar.	Ψ0	9/30/2013
В.	ASCENSION HEALTH			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
C.	ST VINCENT`S COLLEGE, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
D.	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
E.	ST. VINCENT'S MULTISPECIALTY GROUP, INC.			
0	Nothing to Report	T-4-1	\$0	0/00/00/0
		Total:	\$0	9/30/2013
_	OT WINGENT'S DEVELOPMENT INS	_		
F.	ST. VINCENT'S DEVELOPMENT, INC Nothing to Report		Φ0	
	Nothing to Report	Total:	\$0 \$0	9/30/2013
		rotar.	Ψ0	9/30/2013
G.	ST. VINCENT'S SPECIAL NEEDS CENTER, INC			
0.	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
			•	
Н.	VINCENTURES, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
		Grand Total:	\$0	9/30/2013

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

(1)	(2)	(3)	(4)
l	AFFILIATE NAME &		
LINE	DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
•	OT VINOSAITO US AL TU OSDIVIOSO CORRODATION		
A.	ST VINCENTS HEALTH SERVICES CORPORATION Nothing to Report	\$0	0
	Total:	\$ 0	0
	Total.	40	
В.	ASCENSION HEALTH		
0	Nothing to Report	\$0	0
	Total:	\$0	Ü
		**	
C.	ST VINCENT'S COLLEGE, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	ST. VINCENT'S MULTISPECIALTY GROUP, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	ST. VINCENT'S DEVELOPMENT, INC		
	St. Vincents Medical Center is committed to providing financial support in the form of working capital		
4	advances or net asset transfers through 9/30/14 in amounts sufficient for Development to meet its cash flow	¢ο.	
1	requirements. See audit rep letter. Total:	\$0	1
	I Otal:	\$0	
	CT VINCENT'S SPECIAL NEEDS SENTED INS		
G .	ST. VINCENT'S SPECIAL NEEDS CENTER, INC Nothing to Report	\$0	<u> </u>
	Total:	\$ 0	0
	Total.	40	
H.	VINCENTURES, INC.		
<u>п.</u> 0	Nothing to Report	\$0	0
⊢	Total:		
	Totali	-	
	Grand Total:	\$0	
	1 Orana Totan	Ψ*	

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SAINT VINCENT'S MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2013 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR INDIGENT CARE AND FREE BEDS

(2) (3) (1) (4) (5) (6) FY 2012 FY 2013 **ACTUAL ACTUAL** LINE DESCRIPTION AMOUNT DIFFERENCE % DIFFERENCE Α. Indigent Care **Beginning Balance** \$0.00 \$0.00 0% \$0.00 \$0.00 \$0.00 \$0.00 0% 1 **Donations** 0% 2 Income \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 0% Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 0% 4 0% **Ending Balance** \$0.00 \$0.00 \$0.00 5 Projected Interest Income \$0.00 \$0.00 \$0.00 0% В. Free Beds **Beginning Balance** \$233.879.00 \$247,270,00 \$13.391.00 6% Donations \$0.00 \$0.00 \$0.00 0% 1 \$13,391.00 (\$13,455.00) -100% 2 Income (\$64.00)3 Expenditures \$0.00 \$0.00 \$0.00 0% 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 0% **Ending Balance** \$247,270.00 \$247,206.00 0% (\$64.00) Projected Interest Income \$13,400.00 \$0.00 (\$13,400.00 -100% C. Other **Beginning Balance** \$0.00 \$0.00 \$0.00 0% \$0.00 \$0.00 \$0.00 0% Donations 2 \$0.00 \$0.00 \$0.00 0% Income \$0.00 0% \$0.00 \$0.00 3 Expenditures Unrealized Gains and Losses 4 \$0.00 \$0.00 \$0.00 0% **Ending Balance** \$0.00 \$0.00 \$0.00 0% Projected Interest Income 5 \$0.00 \$0.00 \$0.00 0%

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	SAINT VINCENT'S MEDICAL CENTER						
ANNUAL REPORTING							
	FISCAL YEAR 2013						
REPORT	17A - HOSPITAL BED FUNDS HELD OR ADMINISTERE	D BY THE HOSPITAL					
KEI OKI	1177 11001 11712 212 1 01120 11212 017 72 1111110 1 211						
A. Patient Activity							
(1)	(2)	(3)					
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount					
1. Number of Applications for	Hospital Bed Funds	3,142					
	Grand Total	\$0.00					

REPORT 17A PATIENT ACTIVITY 14 OF 21 7/28/2014, 2:04 PM

SAINT VINCENT'S MEDICAL CENTER **ANNUAL REPORTING FISCAL YEAR 2013** REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL B. BED FUND ACTIVITY (1) (2) (3) (4) (5) (6) FMV of Principal **Actual Earnings Earnings Reinvested Earnings Available** Name of Hospital Bed Fund Line (3) Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each Hospital Bed Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund. (4) (5) Actual Dollar Amount of Earnings reinvested as Principal, if any. Actual Dollar Amount of Earnings available for Patient Care. (6) **Baker Free Bed Fund** (\$69.00 \$68,432.00 (\$69.00) (\$69.00)Conlin Free Bed Fund (\$64.00) \$18,249.00 (\$64.00) (\$64.00 Harral Free Bed Fund \$6,890.00 (\$24.00)(\$24.00)(\$24.00 **Hubbell Free Bed Fund** \$32,609.00 (\$37.00) (\$37.00 (\$37.00) Klein Free Bed Fund \$39,643.00 (\$46.00) (\$46.00) (\$46.00 Ladies of Charity Free Bed Fund (\$9.00) \$9,709.00 (\$9.00) (\$9.00) **Brodbeck Free Bed Fund** \$71,674.00 \$185.00 \$185.00 \$185.00 Total Bed Funds : \$247,206.00 (\$64.00)(\$64.00)(\$64.00

REPORT 17B FUND ACTIVITY 15 OF 21 7/28/2014, 2:04 PM

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 286 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 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	6.90%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
Α	Collection Agent	
1	Collection Agent Name	Trans-Continental Credit & Collection Corp.
2	Collection Agent Type	Collection Agency
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 286 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.	
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	6.90%

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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.	FORMER CHIEF EXECUTIVE OFFICER	\$478,399	\$632,434	\$1,110,833
2.	PRESIDENT/CHIEF EXECUTIVE OFFICER	\$626,732	\$357,937	\$984,669
3.	SENIOR VP/CHIEF MEDICAL OFFICER	\$597,407	\$313,047	\$910,454
J.	DENIOR WITHER WEDICAL OFFICER	φ391,401	ψ513,047	ψ310,434
4.	CLINICAL VICE PRESIDENT SURGICAL SERVICES	\$595,728	\$298,765	\$894,493
5.	SENIOR VICE PRESIDENT/CHIEF FINANCIAL OFFICER	\$430,214	\$242,807	\$673,021
6.	CLINICAL VICE PRESIDENT MEDICINE	\$440,063	\$203,930	\$643,993
7.	VICE PRESIDENT/CHIEF LEGAL COUNSEL	\$348,366	\$164,638	\$513,004
8.	SR VP/CHIEF NURSING OFF/CHIEF OPERATING OFFICER	\$311,711	\$170,756	\$482,467
9.	SR VP/CHIEF HUMAN RESOURCES OFFICER	\$281,753	\$172,920	\$454,673
10.	SENIOR VP CORPORATE AFFAIRS	\$274,062	\$80,837	\$354,899
	Grand Total:	\$4,384,435	\$2,638,071	\$7,022,506

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SAINT VINCENT'S MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2013 REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS

PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
		SALARIES (Directly or	FRINGE BENEFITS ^A (DirectI	
LINE	DESCRIPTION	Indirectly) ^c	y 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	\$399,960	\$610,746	\$1,010,706
		7		
C.	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
_		_		
D.	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC	* -		4 -
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	\$709,646	\$394,410	\$1,104,056
	OT MINOCHTIC MULTIORFOLM TV OROUR INC			
Ε.	ST. VINCENT'S MULTISPECIALTY GROUP, INC.	Φ.0	1 00	Φ.
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0 \$0	\$0 \$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above		\$0	\$0
F.	ST. VINCENT'S DEVELOPMENT, INC			
	Paid by the Entity Listed Above to Hospital Employees(B)	C O		\$0
1 2	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0 \$0	\$0 \$0
	Paid by the Hospital to Employees of the Entity Listed Above	Φυ	φυ	ΦΟ
G .	ST. VINCENT'S SPECIAL NEEDS CENTER, INC	7		
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	\$267,219	\$34,727	\$301.946
	The state of the control of the child clotted Above	Ψ201,210	ψοτ,τ∠ι	ΨΟΟΙ,ΘΤΟ
Н.	VINCENTURES, INC.	7		
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 receptor to Employees of the Entity Eleted Above		ΨΟ Ι	ΨΟ

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 2013 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 2013
Α	Transfer of Assets or Operations	
	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of	
1.	Assets or Operations or Change of Control involving Hospital Clinical or 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
5.	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		ER		
		REPORTING AL YEAR 2013			
	REPORT 23 - CHARITY CARE AND REDUCED		PROVIDED BY	THE HOSPITAL	
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012	FY 2013	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	<u>AMOUNT</u>	DIFFERENCE	DIFFERENCE
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial S	tatement Notes)			
1.	Number of Applicants	3,003	3,142	139	5%
2.	Number of Approved Applicants	2,978	3,047	69	2%
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
3.	Total Charges (A)	\$15,330,000	\$14,991,000	(\$339,000)	-2%
	Average Charges	\$5,148	\$4,920	(\$228)	-4%
	Datin (0 and (0 0) and (000)	0.077704	0.000004	(0.040000)	400
4.	Ratio of Cost to Charges (RCC) Total Cost	0.377794 \$5,791,582	0.330964 \$4,961,481	(0.046830) (\$830,101)	-12% -14 %
	Average Cost	\$1,945	\$4,961,461	(\$316)	
	Average cost	Ψ1,943	Ψ1,020	(\$310)	-1076
5.	Charity Care - Inpatient Charges	\$3,948,573	\$3,339,705	(\$608,868)	-15%
	Charity Care - Outpatient Emergency Department	+ - , , -	+ - , ,	(+)	
6.	Charges	2,974,043	2,803,331	(170,712)	-6%
	Charity Care - Outpatient Charges (Excludes ED				
7.	Charges)	8,407,384	8,847,964	440,580	5%
	Total Charges (A)	\$15,330,000	\$14,991,000	(\$339,000)	-2%
8.	Charity Care - Number of Patient Days	671	587	(84)	-13%
<u> </u>	Charity Care - Number of Patient Days Charity Care - Number of Discharges	144	95	(49)	-34%
10.	Charity Care - Number of Outpatient ED Visits	1,412	1,299	(113)	-8%
	Charity Care - Number of Outpatient Visits (Excludes ED	1,112	1,200	(110)	070
11.	Visits)	7,629	7,283	(346)	-5%
11.		7,629	7,283	(346)	-5%
	Visits)		,	(/	-5%
			,	(/	-5%
	Visits)		,	(/	-5%
(A) Th	Visits) le total amount must agree with the total amount listed in	the Hospital Aud	,	(/	-5%
	Visits)	the Hospital Aud	,	(/	-5%
(A) Th	Visits) The total amount must agree with the total amount listed in the Hospital Bed Funds (see Hospital Reporting System - Rumber of Applicants	the Hospital Aud	,	(/	5%
(A) Th	Visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R	the Hospital Aud	lited Financial S	tatement Notes.	5%
(A) Th	Visits) Le total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants	the Hospital Aud Report 17)	lited Financial S	itatement Notes.	5% 0 %
(A) Th	Visits) Le total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B)	the Hospital Aud Report 17)	lited Financial S 3,142 - \$0	139	5% 0 %
(A) Th	Visits) Le total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants	the Hospital Aud Report 17)	lited Financial S	itatement Notes.	5% 0 %
(A) Th	Visits) The total amount must agree with the total amount listed in the Hospital Bed Funds (see Hospital Reporting System - Re	the Hospital Aud (seport 17) 3,003 - \$0 \$0	3,142 - \$0 \$0	139 - \$0	5% 0% 0%
(A) Th	Visits) The total amount must agree with the total amount listed in the Hospital Bed Funds (see Hospital Reporting System - Re	3,003 - \$0 \$0 0.377794	3,142 - \$0 \$0 0.330964	139 - \$0 \$0 (0.046830)	5% 0% 0% 0%
(A) Th	Visits) The total amount must agree with the total amount listed in the Hospital Bed Funds (see Hospital Reporting System - Re	the Hospital Aud (seport 17) 3,003 - \$0 \$0	3,142 - \$0 \$0	139 - \$0	5% 0% 0% 0% -12%
(A) Th	Visits) The total amount must agree with the total amount listed in the Hospital Bed Funds (see Hospital Reporting System - Re	\$0 \$0 \$0 \$0 \$0	3,142 - \$0 \$0 0.330964 \$0	139 - \$0 \$0 (0.046830) \$0	5% 0% 0% 0% -12% 0%
(A) Th	Visits) The total amount must agree with the total amount listed in the Hospital Bed Funds (see Hospital Reporting System - Re	\$0 \$0 \$0 \$0 \$0	3,142 - \$0 \$0 0.330964 \$0	139 - \$0 \$0 (0.046830) \$0	5% 0% 0% -12% 0%
(A) Th B. 1. 2. 3. 4.	Visits) He total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges	\$0 \$0 \$0 \$0 \$0 \$0	3,142 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0	5% 0% 0% -12% 0% 0%
(A) Th B. 1. 2. 3.	Visits) The total amount must agree with the total amount listed in the Hospital Bed Funds (see Hospital Reporting System - Roumber of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost	\$0 \$0 \$0 \$0 \$0	3,142 - \$0 \$0 0.330964 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0	5% 0% 0% 0% -12% 0% 0%
(A) Th B. 1. 2. 3. 4.	Visits) Le total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges	\$0 \$0 \$0 \$0 \$0 \$0 \$0	3,142 - \$0 \$0 \$0 \$0 0.330964 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0	5% 0% 0% 0% -12% 0% 0%
(A) Th B. 1. 2. 3. 4.	Visits) Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges 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)	\$0 \$0 \$0 \$0 \$0 \$0 \$0	3,142 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0	5% 0% 0% -12% 0% 0% 0%
(A) Th B. 1. 2. 3. 4.	Visits) Le total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges	\$0 \$0 \$0 \$0 \$0 \$0 \$0	3,142 - \$0 \$0 \$0 \$0 0.330964 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0	5% 0% 0% -12% 0% 0% 0%
(A) Th B. 1. 2. 3. 4.	Visits) Le total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Applicants Total Charges (B) Average Charges 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 \$0 \$0 \$0 \$0 \$0 \$0	3,142 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0	5% 0% 0% 0% 0% 0% 0%
(A) Th B. 1. 2. 3. 4. 5. 6.	Visits) Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges 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)	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	3,142 - \$0 \$0 \$0 0.330964 \$0 \$0 0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	5% 0% 0% 0% 0% 0% 0% 0% 0%
(A) Th B. 1. 2. 3. 4. 5. 6. 7.	Visits) Le total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - Reporti	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	3,142 - \$0 \$0 \$0 0.330964 \$0 \$0 0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	5% 0% 0% 0% -12% 0% 0% 0% 0%
(A) Th B. 1. 2. 3. 4. 5. 6. 7. 10.	Visits) Le total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges 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 Bed Funds - Number of Outpatient Visits(Excludes ED	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	3,142 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	5% 0% 0% 0% -12% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0%
(A) Th B. 1. 2. 3. 4. 5. 6. 7.	Visits) Le total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - Reporti	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	3,142 - \$0 \$0 \$0 0.330964 \$0 \$0 0 0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	5% 0% 0% 0% -12% 0% 0% 0% 0%

SAINT VINCENT`S MEDICAL CENTER							
	ANNUAL REPORTING						
	FISCAL YEAR 2013						
	REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL						
(1)	(2)	(3)	(4)	(5)	(6)		
		FY 2012	FY 2013	AMOUNT	%		
LINE	<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>AMOUNT</u>	DIFFERENCE	DIFFERENCE		