#### ANNUAL REPORTING

#### **FISCAL YEAR 2015**

### 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	
1	Affiliate Description	PARENT ORGANIZATION OF THE MEDICAL CENTER. NON-PROFIT HOLDING CORP FOR THE MEDICAL CENTER AND ALL OTHER LOCAL AFFILIATES	
2	Affiliate type of service	Parent Corporation	
	Tax Status	Not for Profit	
	Street Address	2800 MAIN ST	
	Town	Bridgeport	
6 7	State	Connecticut 06606 -	
	Zip Code CEO Name	Stuart G. Marcus, MD, FACS	
	CEO Title	PRESIDENT & CEO	
	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	
14	CT Agent State	Connecticut	
	CT Agent Zip Code	06606 -	
В.	AFFILIATE NAME	2660 MAIN, LLC	
1	Affiliate Description	Disregarded Entity under St. Vincent's Development, Inc. St. Vincent's Development is sole member of LLC.	
	Affiliate type of service	Real Estate	
	Tax Status	Not for Profit	
	Street Address	2800 Main Street	
	Town	Bridgeport	
6	State	Connecticut	
	Zip Code	06606 -	
	CEO Name	Stuart G. Marcus, MD	
	CEO Title	President/CEO	
	CT Agent Name	Peter H. Struzzi	
	CT Agent Company	St. Vincent's Medical Center	
	CT Agent Town	2800 Main Street Bridgeport	
14	CT Agent Town CT Agent State	Connecticut	
	CT Agent State CT Agent Zip Code	06606 -	
10	or rigent zip code		
C.	AFFILIATE NAME	2900 MAIN STREET, LLC	
1	Affiliate Description	Disregarded Entity under St. Vincent's Development, Inc. St. Vincent's Development, Inc. is sole member of LLC.	
2	Affiliate type of service	Real Estate	
3	Tax Status	Not for Profit	
	Street Address	2800 Main Street	
5	Town	Bridgeport	
	State	Connecticut	
	Zip Code	06606 -	
	CEO Name	Stuart G. Marcus, MD	
	CEO Title	President/CEO	
	CT Agent Name	Peter H. Struzzi	
	CT Agent Company	St. Vincent's Medical Center	
	CT Agent Company Street Address	2800 Main Street	
	CT Agent Town	Bridgeport	
	CT Agent State	Connecticut 06606 -	
15	CT Agent Zip Code	00000 -	

REPORT 20 1 OF 30 7/20/2016,12:27 PM

#### ANNUAL REPORTING

#### **FISCAL YEAR 2015**

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

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
D.	AFFILIATE NAME	ASCENSION HEALTH	
	,		
4	A((()))	CATUOLIC MATIONAL MULTILIBUT TAY EVENDT LIEALTH CADE OVOTEN	
	Affiliate Description Affiliate type of service	CATHOLIC, NATIONAL, MULTI-UNIT, TAX EXEMPT HEALTH CARE SYSTEM Parent Corporation	
	Tax Status	Not for Profit	
	Street Address	4600 EDMUNDSON ROAD	
	Town	ST. LOUIS	
6	State	Missouri	
	Zip Code	63134 -	
	CEO Name	Robert Henkel	
	CEO Title CT Agent Name	PRESIDENT/CEO	
	CT Agent Name CT Agent Company	Corporation Service Company Corporation Service Company	
	CT Agent Company CT Agent Company Street Address	50 Weston Street	
	CT Agent Town	Hartford	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06120 -	
_	AFE!! 14TE MANE	CARRIOLOGY RUVEIGIANS OF FAIREIFI R COUNTY LLC	
E.	AFFILIATE NAME	CARDIOLOGY PHYSICIANS OF FAIRFIELD COUNTY LLC	
		Disregarded Entity under St. Vincent's Multispecialty Group. St Vincent's Multispecialty Group is sole	
1	Affiliate Description	member of LLC.	
	Affiliate type of service	Physicians Services	
	Tax Status	Not for Profit	
4	Street Address	2800 Main Street	
	Town State	Bridgeport Connecticut	
	Zip Code	06606 -	
	CEO Name	Stuart G. Marcus, MD	
	CEO Title	President	
	CT Agent Name	St. Vincent's Multi Specialty Group, Inc.	
	CT Agent Company	St. Vincent's Multi Specialty Group, Inc.	
	CT Agent Company Street Address	2800 Main Street	
	CT Agent Town	Bridgeport Connecticut	
	CT Agent State CT Agent Zip Code	06606 -	
13	OT Agent Zip Code		
F.	AFFILIATE NAME	HAWLEY AVENUE HOLDINGS, LLC	
1	Affiliate Description	Disregarded Entity under St. Vincent's Development Inc. St. Vincent's Development Inc. is the sole member of the LLC.	
2	Affiliate type of service	Real Estate	
	Tax Status	Not for Profit	
4	Street Address	2800 Main Street	
5	Town	Bridgeport	
	State	Connecticut	
	Zip Code	06606 -	
	CEO Name	Stuart G. Marcus, MD	
	CT Agent Town	Bridgeport	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06606 -	
9 10 11 12 13 14	CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State	President/CEO Peter H. Struzzi St. Vincent's Medical Center 2800 Main Street Bridgeport Connecticut	

REPORT 20 2 OF 30 7/20/2016,12:27 PM

#### ANNUAL REPORTING

#### **FISCAL YEAR 2015**

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

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
G.	AFFILIATE NAME	MAIN STREET PROPERTIES, LLC.	
<u> </u>		,	
4	A(T): 1 D : 1:	Disregarded Entity under St. Vincent's Development Inc. St. Vincent's Development, Inc. is sole member	
	Affiliate Description Affiliate type of service	of LLC. Real Estate	
	Tax Status	Not for Profit	
	Street Address	2800 Main Street	
5	Town	Bridgeport	
6	State	Connecticut	
	Zip Code	06606 -	
	CEO Name	Stuart G. Marcus, MD	
	CEO Title CT Agent Name	President/CEO	
	CT Agent Name CT Agent Company	Peter H. Struzzi St. Vincent's Medical Center	
	CT Agent Company Street Address	2800 Main Street	
	CT Agent Town	Bridgeport Street	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06606 -	
l	AFE!! 1ATE MANE	DESIDENTIAL LIGIDINGS LLC	
H.	AFFILIATE NAME	RESIDENTIAL HOLDINGS, LLC	
		Disregarded Entity under St. Vincent's Development Inc. St. Vincent's Development Inc. is sole member	
1	Affiliate Description	of LLC.	
	Affiliate type of service	Real Estate	
	Tax Status	Not for Profit	
4	Street Address	2800 Main Street	
	Town	Bridgeport	
	State Zip Code	Connecticut 06606 -	
	CEO Name	Stuart G. Marcus, MD	
	CEO Title	President/CEO	
	CT Agent Name	Peter H. Struzzi	
11	CT Agent Company	St. Vincent's Medical Center	
	CT Agent Company Street Address	2800 Main Street	
	CT Agent Town	Bridgeport	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06606 -	
I.	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	
2	Affiliate type of service	Health Education Services	
3 4	Tax Status	Not for Profit 2800 MAIN ST	
5	Street Address Town	2800 MAIN ST Bridgeport	
	State	Connecticut	
	Zip Code	06606 -	
	CEO Name	Anita T. Gliniecki	
	CEO Title	Interim President	
	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 Zip Code	Connecticut 06606 -	
ıo	CT Agent Zip Code	00000 -	

REPORT 20 3 OF 30 7/20/2016,12:27 PM

#### ANNUAL REPORTING

#### **FISCAL YEAR 2015**

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

(1)	(2)	(3)		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
J.	AFFILIATE NAME	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC		
		AFFILIATE OF OT VINOPAIT'S LIFALTH OFFIVIORS CORP OFFATER TO CONDUCT FLIND PAIGING		
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		
	Affiliate type of service	Fund Raising/Management		
	Tax Status	Not for Profit		
	Street Address	2800 MAIN ST		
	Town	Bridgeport		
6 7	State Zip Code	Connecticut 06606 -		
	CEO Name	Dianne Auger		
	CEO Title	President/CEO		
	CT Agent Name	Peter H. Struzzi		
11	CT Agent Company	ST. VINCENTS MEDICAL CENTER		
12	CT Agent Company Street Address	2800 MAIN ST		
	CT Agent Town	Bridgeport		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06606 -		
K.	AFFILIATE NAME	ST. VINCENT'S MULTISPECIALTY GROUP, INC.		
		SUBSIDIARY OF THE MEDICAL CENTER CREATED TO PROVIDE PROFESSIONAL MEDICAL		
		SERVICES TO BRIDGEPORT AREA COMMUNITIES THROUGH A NETWORK OF EMPLOYED		
	Affiliate Description Affiliate type of service	PRIMARY CARE PHYSICIANS, HOSPITAL-BASED PROVIDERS, AND SPECIALISTS.  Physicians Services		
3	Tax Status	Not for Profit		
4	Street Address	2800 MAIN STREET		
	Town	BRIDGEPORT		
6	State	Connecticut		
	Zip Code	06606 - 4201		
	CEO Name	Stuart G. Marcus, MD		
	CEO Title	PRESIDENT		
	CT Agent Name CT Agent Company	Peter H. Struzzi ST. VINCENT'S MEDICAL CENTER		
	CT Agent Company CT Agent Company Street Address	2800 MAIN STREET		
	CT Agent Town	BRIDGEPORT		
	CT Agent State	Connecticut		
	CT Agent Zip Code	06606 -		
		OT MINOSHT'S DEVELOPMENT ING		
L.	AFFILIATE NAME	ST. VINCENT'S DEVELOPMENT, INC		
		AFFILIATE OF ST. VINCENT'S HEALTH SERVICES CORP ORGANIZED FOR THE PURPOSE OF		
1	Affiliate Description	MANAGING REAL ESTATE WITHIN THE ST. VINCENT'S HEALTH SERVICES SYSTEM.		
2	Affiliate type of service	Real Estate		
	Tax Status	Not for Profit		
4	Street Address	2800 MAIN ST		
5 6	Town State	Bridgeport Connecticut		
	Zip Code	06606 -		
	CEO Name			
	CEO Title	President/CEO		
	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 CT Agent Zip Code	Connecticut 06606 -		
10	O I Agent Zip Code	100000 -		

REPORT 20 4 OF 30 7/20/2016,12:27 PM

#### ANNUAL REPORTING

#### **FISCAL YEAR 2015**

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

(1)	(2)	(3)		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
М.	AFFILIATE NAME	ST. VINCENT'S SPECIAL NEEDS CENTER, INC		
		AFFILIATE OF ST. VINCENT'S HEALTH SERVICES CORP. THAT PROVIDES EDUCATIONAL		
1	Affiliate Description	PROGRAMS FOR CHILDREN WITH SPECIAL NEEDS. ALSO OPERATES GROUP HOMES FOR THE MENTALLY CHALLENGED WITHIN THE COMMUNITY.		
	Affiliate type of service	Health Education Services		
	Tax Status	Not for Profit		
	Street Address	95 MERRITT BOULEVARD		
	Town	Trumbull		
6	State	Connecticut		
	Zip Code	06611 -		
	CEO Name CEO Title	Raymond G. Baldwin, Jr.  President/CEO		
	CT Agent Name	Raymond G. Baldwin, Jr.		
	CT Agent Company	ST. VINCENTS SPECIAL NEEDS CENTER, INC		
12	CT Agent Company Street Address	95 Merritt Boulevard		
13	CT Agent Town	Trumbull		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06611 -		
N.	AFFILIATE NAME	ST. VINCENTS' URGENT CAR, LLC		
	ALLEIGIE NAME			
		Disregarded Entity under St. Vincent's Multispecialty Group. St. Vincent's Multispecialty Group is sole		
	Affiliate Description	member of LLC.		
	Affiliate type of service	Outpatient Care		
3	Tax Status Street Address	Not for Profit 2800 Main Street		
	Town	Bridgeport		
	State	Connecticut		
	Zip Code	06606 -		
8	CEO Name	Stuart G. Marcus, MD		
	CEO Title	President		
	CT Agent Name	St. Vincent's MultiSpecialty Group, Inc.		
	CT Agent Company	St. Vincent's MutliSpecialty Group, Inc.		
	CT Agent Company Street Address CT Agent Town	2800 Main Street, 2800 Main Street Bridgeport		
	CT Agent Town CT Agent State	Connecticut		
	CT Agent Zip Code	06606 -		
	- <b>5</b>			
Ο.	AFFILIATE NAME	VINCENTURES, INC.		
		INACTIVE SUBSIDIARY OF ST. VINCENT'S HEALTH SERVICES CORP. CREATED AS A HOLDING		
1	Affiliate Description	COMPANY FOR TAXABLE SUBSIDIARIES.		
2	Affiliate type of service	Real Estate		
	Tax Status	For Profit		
4	Street Address	2800 MAIN ST		
5	Town	Bridgeport		
	State	Connecticut		
	Zip Code	06606 - Strott C. Marcus, MD, EACS		
	CEO Name CEO Title	Stuart G. Marcus, MD, FACS  President/CEO of St. Vincent's Health Services		
	CT Agent Name	Peter H. Struzzi		
	CT Agent Name CT Agent Company	ST. VINCENTS MEDICAL CENTER		
	CT Agent Company Street Address	2800 MAIN ST		
13	CT Agent Town	Bridgeport		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06606 -		

REPORT 20 5 OF 30 7/20/2016,12:27 PM

#### ANNUAL REPORTING FISCAL YEAR 2015

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

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION

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

REPORT 20 6 OF 30 7/20/2016,12:27 PM

#### REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
(-)	(-/	FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2015
Α.	SAINT VINCENT'S MEDICAL CENTER		
1		Unrestricted	\$480,367,000
2		Temporarily Restricted by Donor	\$12,151,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$9,922,000
5		Intercompany Eliminations	\$0
		Total:	\$502,440,000
В.	ST VINCENTS HEALTH SERVICES CORPORATION		**
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
5			
		Total:	\$0
_	2650 MAIN 11 C		
C.	2660 MAIN, LLC	Unrestricted	<b>#</b> O
2			\$0 \$0
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0 \$0
_		Total:	\$0
		Total.	Ψ0
D.	2900 MAIN STREET, LLC		
1	2000 MAIN OTTELT, LEO	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
			·
E.	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
F.	CARDIOLOGY PHYSICIANS OF FAIRFIELD COUNTY LLC		
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	\$0
		Total:	\$0
	HAME EV AVENUE HOLDINGS 11 S		
G.	HAWLEY AVENUE HOLDINGS, LLC	Harasaki da d	2.5
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0 \$0
3		Temporarily Restricted by Board	\$0 \$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
الم			
		Total:	\$0

REPORT 5 7 OF 30 7/20/2016, 12:27 PM

#### REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

H.   MAIN STREET PROPERTIES, LLC.	(1)	(2)	(3)	(4)
H.   MAIN STREET PROPERTIES, LLC.	(-)	(-)		
1	LINE	AFFILIATE NAME		
1				
1	н	MAIN STREET DRODERTIES 11 C		
Temporarily Restricted by Donor		MAIN STREET PROPERTIES, LEC.	Unrestricted	0.0
Section   Sect				φ0 Φ0
Permanently Restricted by Donor   S0				90
Intercompany Eliminations				90
Total:   S0			Intercompany Fliminations	0.2
1.   RESIDENTIAL HOLDINGS, LLC				
1			Total.	<b>\$</b> 0
1		DESIDENTIAL HOLDINGS LLC		
Temporarily Restricted by Donor		RESIDENTIAL HOLDINGS, LEG	Unrestricted	0.2
Temporarily Restricted by Board   \$0				
Permanently Restricted by Donor   S0				\$0
Intercompany Eliminations   S0				0.2
Total:   \$0			Intercompany Fliminations	\$0
ST VINCENT'S COLLEGE, INC.	Ť			
Unrestricted			Total.	<b>\$0</b>
Unrestricted	.J	ST VINCENT'S COLLEGE INC		
Temporarily Restricted by Donor   \$1,714,000			Unrestricted	\$12,015,000
Temporarily Restricted by Board   So   Permanently Restricted by Donor   \$2,238,000   So   Intercompany Eliminations   So   So   Intercompany Eliminations   So   So   So   So   Intercompany Eliminations   So   So   So   So   So   So   So   S				
Permanently Restricted by Donor   \$2,238,000				
ST VINCENT'S MEDICAL CENTER FOUNDATION, INC				
No.   ST. VINCENT'S MEDICAL CENTER FOUNDATION, INC			Intercompany Eliminations	
K. ST VINCENT'S MEDICAL CENTER FOUNDATION, INC   Unrestricted   \$8,830,000				\$15,967,000
Unrestricted				<b>\$10,001,000</b>
Unrestricted	Κ.	ST VINCENT'S MEDICAL CENTER FOUNDATION. INC		
Temporarily Restricted by Donor			Unrestricted	\$8,630,000
3				
Permanently Restricted by Donor   \$12,802,000			Temporarily Restricted by Board	
Intercompany Eliminations   \$28,942,000				7.
Total: \$7,663,000			Intercompany Eliminations	
L. ST. VINCENT'S MULTISPECIALTY GROUP, INC.  Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board SO Permanently Restricted by Donor Intercompany Eliminations ST. VINCENT'S DEVELOPMENT, INC Unrestricted Unrestricted Unrestricted by Donor SO Temporarily Restricted by Donor SO Total: ST. VINCENT'S DEVELOPMENT, INC Unrestricted Unrestricted Temporarily Restricted by Board SO Temporarily Restricted by Board SO Temporarily Restricted by Board SO Total: ST. VINCENT'S SPECIAL NEEDS CENTER, INC Unrestricted Unrestricted Total: ST. VINCENT'S SPECIAL NEEDS CENTER, INC Unrestricted Temporarily Restricted by Donor				· '
Unrestricted				<b>41,000,000</b>
Unrestricted	L.	ST. VINCENT'S MULTISPECIALTY GROUP, INC.		
Temporarily Restricted by Donor   \$0	1	·	Unrestricted	(\$15,702,000)
Temporarily Restricted by Board   \$0				
Permanently Restricted by Donor   \$0				
Intercompany Eliminations   \$0				
M . ST. VINCENT'S DEVELOPMENT, INC   Unrestricted   \$16,457,000     2	5		Intercompany Eliminations	
M .         ST. VINCENT'S DEVELOPMENT, INC         Unrestricted         \$16,457,000           2         Temporarily Restricted by Donor         \$0           3         Temporarily Restricted by Board         \$0           4         Permanently Restricted by Donor         \$0           5         Intercompany Eliminations         \$0           N .         ST. VINCENT'S SPECIAL NEEDS CENTER, INC         Unrestricted         \$32,363,000           2         Temporarily Restricted by Donor         \$1,720,000           3         Temporarily Restricted by Board         \$0           4         Permanently Restricted by Donor         \$710,000           5         Intercompany Eliminations         \$0				(\$15,702,000)
1				1, 2, 2, 1, 2, 1
1	М.	ST. VINCENT`S DEVELOPMENT, INC		
2         Temporarily Restricted by Donor         \$0           3         Temporarily Restricted by Board         \$0           4         Permanently Restricted by Donor         \$0           5         Intercompany Eliminations         \$0           Total:         \$16,457,000           N.         ST. VINCENT'S SPECIAL NEEDS CENTER, INC         Unrestricted         \$32,363,000           2         Temporarily Restricted by Donor         \$1,720,000           3         Temporarily Restricted by Board         \$0           4         Permanently Restricted by Donor         \$710,000           5         Intercompany Eliminations         \$0		,	Unrestricted	\$16,457,000
Temporarily Restricted by Board   \$0				
4         Permanently Restricted by Donor         \$0           5         Intercompany Eliminations         \$0           Total:         \$16,457,000           N.         ST. VINCENT'S SPECIAL NEEDS CENTER, INC         Unrestricted         \$32,363,000           2         Temporarily Restricted by Donor         \$1,720,000           3         Temporarily Restricted by Board         \$0           4         Permanently Restricted by Donor         \$710,000           5         Intercompany Eliminations         \$0				
5 Intercompany Eliminations \$0 Total: \$16,457,000  N. ST. VINCENT'S SPECIAL NEEDS CENTER, INC  Unrestricted \$32,363,000 Temporarily Restricted by Donor \$1,720,000 Temporarily Restricted by Board \$0 Permanently Restricted by Donor \$710,000 Intercompany Eliminations \$0			Permanently Restricted by Donor	\$0
Total: \$16,457,000			Intercompany Eliminations	\$0
N.     ST. VINCENT'S SPECIAL NEEDS CENTER, INC       1     Unrestricted     \$32,363,000       2     Temporarily Restricted by Donor     \$1,720,000       3     Temporarily Restricted by Board     \$0       4     Permanently Restricted by Donor     \$710,000       5     Intercompany Eliminations     \$0				\$16,457,000
1         Unrestricted         \$32,363,000           2         Temporarily Restricted by Donor         \$1,720,000           3         Temporarily Restricted by Board         \$0           4         Permanently Restricted by Donor         \$710,000           5         Intercompany Eliminations         \$0				
1         Unrestricted         \$32,363,000           2         Temporarily Restricted by Donor         \$1,720,000           3         Temporarily Restricted by Board         \$0           4         Permanently Restricted by Donor         \$710,000           5         Intercompany Eliminations         \$0	Ν.	ST. VINCENT`S SPECIAL NEEDS CENTER, INC		
2Temporarily Restricted by Donor\$1,720,0003Temporarily Restricted by Board\$04Permanently Restricted by Donor\$710,0005Intercompany Eliminations\$0	1	·	Unrestricted	\$32,363,000
3Temporarily Restricted by Board\$04Permanently Restricted by Donor\$710,0005Intercompany Eliminations\$0				
4 Permanently Restricted by Donor \$710,000 5 Intercompany Eliminations \$0				\$0
5 Intercompany Eliminations \$0			Permanently Restricted by Donor	\$710,000
, ,			Intercompany Eliminations	
			Total:	\$34,793,000

REPORT 5 8 OF 30 7/20/2016, 12:27 PM

#### REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2015
Ο.	ST. VINCENTS' URGENT CAR, LLC		
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
Ρ.	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 (before Intercompany Eliminations)	Fund Balance:	\$590,560,000
	Intercompany Eliminations		(\$28,942,000)
	Total of all Affiliates	Fund Balance:	\$561,618,000

REPORT 5 9 OF 30 7/20/2016, 12:27 PM

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM
LINE	AFFICIATE NAME	DESCRIPTION OF TRANSFER	DATE	HOSPITAL
Α.	ST VINCENTS HEALTH SERVICES CORPORATION			
	OF VINCENTO FIERETH SERVICES SORI STATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
B.	2660 MAIN, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
C.	2900 MAIN STREET, LLC			
				<u> </u>
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
_	ACCENCION LIEALTH			
D.	ASCENSION HEALTH			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	(\$1,570,000)
1		Corporate Service Fees	09/30/2015	(\$6,790,000)
2		Fund Process Standardization Project	09/30/2015	(\$3,560,000)
3		Other Corporate Fees and Allocations	09/30/2015	(\$4,623,000)
4		Processing of Transactions by Ministry Service Center	09/30/2015	(\$2,059,000)
5		Reimbursements/Fund Transfers	09/30/2015	\$18,400,000
6		Sponsor Fees	09/30/2015	
7		System Obligations	09/30/2015	(\$1,466,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$1,926,000)
E.	CARDIOLOGY PHYSICIANS OF FAIRFIELD COUNTY LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report	0/00/004 =	\$0 <b>\$0</b>
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
	HAWEEV AVENUE HOLDINGS LLC			
F.	HAWLEY AVENUE HOLDINGS, LLC			

(1)	(2)	(3)	(4)	(5)
				TRANSFER TO / FROM
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
G.	MAIN STREET PROPERTIES, LLC.			
О.	MAIN STREET PROPERTIES, LLC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report	0.00.00	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
	RESIDENTIAL HOLDINGS, LLC			
H.	RESIDENTIAL HOLDINGS, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report	0/00/2014	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
I.	ST VINCENT'S COLLEGE, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$328,000
1		Expenses Paid by SVMC on Behalf of College	09/30/2015	\$13,735,000
2		Management Services Provided by SVMC for College	09/30/2015	\$397,000
3		Process Standardization Proj pd by SVMC for College	09/30/2015	\$73,000
4		Reimbursements/Fund Transfers	09/30/2015	(\$12,758,000)
5		Tuition for SVMC Employees	09/30/2015	(\$875,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$900,000
J.	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$4,026,000
1		Expenses Paid by SVMC on Behalf of Foundation	09/30/2015	\$2,596,000
2		Management Services Provided by SVMC for Foundation	09/30/2015	\$178,000
3		Process Standardization Proj pd by SVMC for Foundation	09/30/2015	\$89,000
4		Reimbursements/Fund Transfers	09/30/2015	(\$2,378,000)
5		Donations - Capital and Operating	09/30/2015	\$3,523,000
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$8,034,000

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
K.	ST. VINCENT'S MULTISPECIALTY GROUP, INC.			
		But it is the second of the se	0/00/0044	A4 054 000
1		Beginning Unconsolidated Intercompany Balance:  Expenses Paid by SVMC on Behalf of SVMSG	<b>9/30/2014</b> 09/30/2015	<b>\$1,251,000</b> \$124,506,000
'		Expenses I aid by SVIVIO OII Benail of SVIVIOG	09/30/2013	ψ124,300,000
2		Management Services Provided by SVMC for SVMSG	09/30/2015	\$1,215,000
3		Physician Services Provided by SVMSG for SVMC	09/30/2015	(\$23,000,000)
4		Reimbursements/Fund Transfers	09/30/2015	(\$79,770,000)
5		Advances to SVMSG from SVMC	09/30/2015	\$2,428,000
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$26,630,000
L.	ST. VINCENT'S DEVELOPMENT, INC			
_	OT. VINOLINI O DEVELOT MENT, INO			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$1,954,000
1		Expenses Paid by SVMC on Behalf of Development	09/30/2015	\$5,101,000
2		Management Services Provided by SVMC for Development	09/30/2015	\$1,004,000
3		Process Standardization Proj pd by SVMC for Development	09/30/2015	\$96.000
4		Rental of Development Properties by SVMC	09/30/2015	(\$490,000)
5		Reimbursements/Fund Transfer	09/30/2015	(\$4,747,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$2,918,000
M.	ST. VINCENT'S SPECIAL NEEDS CENTER, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	(\$410,000)
1		Expenses Paid by SVMC on Behalf of Special Needs	09/30/2015	\$32,501,000
2		Management Services Provided by SVMC for Special Needs	09/30/2015	\$676,000
3		Process Standardization Proj pd by SVMC for Special Needs	09/30/2015	\$199,000
4		Reimbursements/Fund Transfer	09/30/2015	(\$32.918.000)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$48,000
N.	ST. VINCENTS' URGENT CAR, LLC			
IN.	31. VINCENTS URGENT CAR, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report		\$0

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
Ο.	VINCENTURES, INC.			
		Beginning Unconsolidated Intercompany Balance:  Nothing to Report	9/30/2014	<b>\$0</b>
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
			Grand Total:	\$36,604,000

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated		
			Intercompany Balance	10/01/2014	\$5,604,192
Α.	ST VINCENTS HEALTH SERVICES CORPORATION		Nothing to Poport		¢0
-			Nothing to Report  Total:	9/30/2015	\$0 <b>\$0</b>
			Total.	9/30/2015	<b>\$</b> 0
В.	2660 MAIN, LLC				
<u> </u>	2000 MAIN, EEO		Nothing to Report		\$0
			Total:	9/30/2015	\$0
					**
C.	2900 MAIN STREET, LLC				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
D.	ASCENSION HEALTH				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
_	CARRIOL COV RUVOICIANO OF FAIRFIFI R COUNTY I I C				
E.	CARDIOLOGY PHYSICIANS OF FAIRFIELD COUNTY LLC		Nothing to Donort		<b>60</b>
			Nothing to Report  Total:	9/30/2015	\$0 <b>\$0</b>
			Total.	9/30/2015	ψU
F.	HAWLEY AVENUE HOLDINGS, LLC				
<b>├</b>	INVITED AVEINGE HOLDINGS, ELG		Nothing to Report		\$0
			Total:	9/30/2015	\$0
					·
G.	MAIN STREET PROPERTIES, LLC.				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
H.	RESIDENTIAL HOLDINGS, LLC		Nothing 1 D		
<u> </u>			Nothing to Report	0/00/0045	\$0
			Total:	9/30/2015	\$0
I.	ST VINCENT'S COLLEGE, INC.				
<del>  "-</del>	OT VINCENT 3 COLLEGE, INC.		Ministry Service Center		
1		ASCENSION HEALTH	Transactions	09/30/2015	\$57,000
2		ST. VINCENT'S DEVELOPMENT, INC	Facilities Rental	09/30/2015	\$352,000
3		ST. VINCENT'S DEVELOPMENT, INC	Maintenance Chargeback	09/30/2015	\$42,000
4		ST. VINCENT'S MULTISPECIALTY GROUP, INC.	Reimbursement of Expenses	09/30/2015	\$42,000
5		ST. VINCENT'S DEVELOPMENT, INC	Management Services	09/30/2015	\$8,000

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
LINE	AFFILIATE TRANSFERRING FUNDS	AFFICIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AWOUNT
6		ST. VINCENT'S SPECIAL NEEDS CENTER, INC	Reimbursement of Expenses	09/30/2015	\$9,000
			Total:	9/30/2015	\$510,000
J.	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC				
			Ministry Service Center		
1		ASCENSION HEALTH	Transactions	09/30/2015	\$84,000
			Donations - Capital and		
2		ST VINCENT'S COLLEGE, INC.	Operating	09/30/2015	\$268,000
3		ST VINCENT`S COLLEGE, INC.	Reimbursemant of Expenses	09/30/2015	\$15,000
		OT VINOENT'S OBESIAL NIEEDS SENTED INS	Donations - Capital and	00/00/0045	0450.000
5		ST. VINCENT'S SPECIAL NEEDS CENTER, INC ST. VINCENT'S DEVELOPMENT, INC	Operating	09/30/2015 09/30/2015	\$152,000 \$1,000
6		ST. VINCENT'S DEVELOPMENT, INC	Management Services Maintenance Expenses	09/30/2015	\$1,000 \$4.000
- 0		31. VINCEIVE 3 DEVELOF MENT, INC	Total:	9/30/2015	\$524,000
			Total.	9/30/2013	\$324,000
K.	ST. VINCENT'S MULTISPECIALTY GROUP, INC.				
			Ministry Service Center		
1		ASCENSION HEALTH	Transactions	09/30/2015	(\$796,000)
2		ST. VINCENT`S DEVELOPMENT, INC	Management Services	09/30/2015	\$114,000
3		ST. VINCENT'S DEVELOPMENT, INC	Facilities Rental	09/30/2015	\$360,000
4		ST. VINCENT`S DEVELOPMENT, INC	Maintenance	09/30/2015	\$307,000
			Total:	9/30/2015	(\$15,000)
L.	ST. VINCENT'S DEVELOPMENT, INC		Ministry One in Contra		
		ACCENCION LIEALTH	Ministry Service Center	00/00/0045	0440.000
1		ASCENSION HEALTH	Transactions	09/30/2015 <b>9/30/2015</b>	\$118,000
			Total:	9/30/2015	\$118,000
М.	ST. VINCENT'S SPECIAL NEEDS CENTER, INC				
IVI.	31. VINCENT 3 SPECIAL NEEDS CENTER, INC		Ministry Service Center		
1		ASCENSION HEALTH	Transactions	09/30/2015	\$697,000
2		ST. VINCENT'S DEVELOPMENT, INC	Maintenance Expenses	09/30/2015	\$376.000
3		ST. VINCENT'S DEVELOPMENT, INC	Management Services	09/30/2015	\$89,000
		,	Total:	9/30/2015	\$1,162,000
N.	ST. VINCENTS' URGENT CAR, LLC				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
0.	VINCENTURES, INC.		Nothing to Dogge		***
			Nothing to Report		\$0

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Total:	9/30/2015	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2015	\$7,903,192

#### 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 CORRODATION			
<b>A.</b>	ST VINCENTS HEALTH SERVICES CORPORATION  Nothing to Report		\$0	
Ť	g.cp.r.	Total:	\$0	9/30/2015
В.	2660 MAIN, LLC			
0	Nothing to Report	Total:	\$0	0/20/0045
		Total.	\$0	9/30/2015
C.	2900 MAIN STREET, LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2015
D.	ASCENSION HEALTH			
0	Nothing to Report	Total:	\$0 <b>\$0</b>	9/30/2015
		Total.	\$0	9/30/2015
E.	CARDIOLOGY PHYSICIANS OF FAIRFIELD COUNTY LLC			
0	Nothing to Report		\$0	
	-	Total:	\$0	9/30/2015
F.	HAWLEY AVENUE HOLDINGS, LLC			
0	Nothing to Report	Total:	\$0	0/20/2045
		Total.	\$0	9/30/2015
G.	MAIN STREET PROPERTIES, LLC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2015
H.	RESIDENTIAL HOLDINGS, LLC			
0	Nothing to Report	Tatali	\$0	2/22/22/2
		Total:	\$0	9/30/2015
I.	ST VINCENT'S COLLEGE, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2015
J.	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC			
0	Nothing to Report	Ŧ./.I	\$0	
		Total:	\$0	9/30/2015
K.	ST. VINCENT'S MULTISPECIALTY GROUP, INC.			
0	Nothing to Report		\$0	
	3. 3.	Total:	\$0	9/30/2015
L.	ST. VINCENT`S DEVELOPMENT, INC			
0	Nothing to Report	Tat-1:	\$0	0/00/02 17
		Total:	\$0	9/30/2015
М.	ST. VINCENT'S SPECIAL NEEDS CENTER, INC			
0	Nothing to Report		\$0	
	V	Total:	\$0	9/30/2015
N.	ST. VINCENTS' URGENT CAR, LLC			
0	Nothing to Report	Ta1-1:	\$0	2/22/2-1-
		Total:	\$0	9/30/2015
0.	VINCENTURES, INC.			
0.	Nothing to Report		\$0	
Ť	g to respect	Total:	\$0	9/30/2015
		Grand Total:	\$0	9/30/2015

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
	OT VINCENTS LIFALTH SERVICES CORROBATION		
<b>A</b> .	ST VINCENTS HEALTH SERVICES CORPORATION  Nothing to Report	\$0	0
	Total:	\$ <b>0</b>	ÿ
	Total.	40	
B.	2660 MAIN, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	2900 MAIN STREET, LLC	40	0
0	Nothing to Report	\$0	U
	Total:	\$0	
D.	ASCENSION HEALTH		
0	Nothing to Report	\$0	0
	Total:	\$ <b>0</b>	J
	rotar	***	
E.	CARDIOLOGY PHYSICIANS OF FAIRFIELD COUNTY LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	HAWLEY AVENUE HOLDINGS, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	MAIN STREET PROPERTIES, LLC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
<b>H</b> .	RESIDENTIAL HOLDINGS, LLC  Nothing to Report	\$0	0
0	Total:	\$0 \$0	0
	Total.	40	
I.	ST VINCENT'S COLLEGE, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC	**	
0	Nothing to Report	\$0	0
	Total:	\$0	

REPORT 8 18 OF 30 7/20/2016,12:27 PM

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

(1)	(2)	(3)	(4)
	AFFILIATE NAME &		
LINE	DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
K.	ST. VINCENT'S MULTISPECIALTY GROUP, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
<u>L.</u>	ST. VINCENT'S DEVELOPMENT, INC	¢0	0
0	Nothing to Report	\$0	U
	Total:	\$0	
M.	ST. VINCENT'S SPECIAL NEEDS CENTER, INC	-	
0	Nothing to Report	\$0	0
	Total:	\$0	
N.	ST. VINCENTS' URGENT CAR, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
0.	VINCENTURES, INC.	¢0	0
0	Nothing to Report	\$0	U
	Total:	\$0	
	Crond Tataly	¢0	
	Grand Total:	\$0	

# SAINT VINCENT'S MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2015 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR INDIGENT CARE AND FREE BEDS

1       Donations       \$0.00       \$0.00       \$0         2       Income       \$0.00       \$0.00       \$0         3       Expenditures       \$0.00       \$0.00       \$0         4       Unrealized Gains and Losses       \$0.00       \$0.00       \$0	00 0% 00 0% 00 0% 00 0% 00 0% 00 0%
LINE         DESCRIPTION         ACTUAL         ACTUAL         AMOUNT DIFFERENCE           A .         Indigent Care         \$0.00         \$0.00         \$0           Beginning Balance         \$0.00         \$0.00         \$0           1 Donations         \$0.00         \$0.00         \$0           2 Income         \$0.00         \$0.00         \$0           3 Expenditures         \$0.00         \$0.00         \$0           4 Unrealized Gains and Losses         \$0.00         \$0.00         \$0           5 Projected Interest Income         \$0.00         \$0.00         \$0	00 0% 00 0% 00 0% 00 0% 00 0% 00 0%
Beginning Balance         \$0.00         \$0.00         \$0           1 Donations         \$0.00         \$0.00         \$0           2 Income         \$0.00         \$0.00         \$0           3 Expenditures         \$0.00         \$0.00         \$0           4 Unrealized Gains and Losses         \$0.00         \$0.00         \$0           Ending Balance         \$0.00         \$0.00         \$0           5 Projected Interest Income         \$0.00         \$0.00         \$0	00 0% 00 0% 00 0% 00 0% 00 0% 00 0%
Beginning Balance         \$0.00         \$0.00           1 Donations         \$0.00         \$0.00           2 Income         \$0.00         \$0.00           3 Expenditures         \$0.00         \$0.00           4 Unrealized Gains and Losses         \$0.00         \$0.00           Ending Balance         \$0.00         \$0.00           5 Projected Interest Income         \$0.00         \$0.00	00     0%       00     0%       00     0%       00     0%       00     0%       00     0%
1       Donations       \$0.00       \$0.00       \$0         2       Income       \$0.00       \$0       \$0         3       Expenditures       \$0.00       \$0       \$0         4       Unrealized Gains and Losses       \$0.00       \$0       \$0         Ending Balance       \$0.00       \$0.00       \$0         5       Projected Interest Income       \$0.00       \$0.00       \$0	00     0%       00     0%       00     0%       00     0%       00     0%       00     0%
1       Donations       \$0.00       \$0.00       \$0         2       Income       \$0.00       \$0.00       \$0         3       Expenditures       \$0.00       \$0.00       \$0         4       Unrealized Gains and Losses       \$0.00       \$0.00       \$0         Ending Balance       \$0.00       \$0.00       \$0         5       Projected Interest Income       \$0.00       \$0.00       \$0	00     0%       00     0%       00     0%       00     0%       00     0%       00     0%
3       Expenditures       \$0.00       \$0.00       \$0         4       Unrealized Gains and Losses       \$0.00       \$0       \$0         Ending Balance       \$0.00       \$0.00       \$0         5       Projected Interest Income       \$0.00       \$0       \$0	00 0% 00 0% <b>00 0%</b>
4         Unrealized Gains and Losses         \$0.00         \$0.00         \$0           Ending Balance         \$0.00         \$0.00         \$0           5         Projected Interest Income         \$0.00         \$0	00 0% <b>00 0%</b>
Ending Balance         \$0.00         \$0           5         Projected Interest Income         \$0.00         \$0	.00 0%
5 Projected Interest Income \$0.00 \$0.00 \$0	
	00 0%
B. Free Bods	070
B. Free Bods	
1100 0000	
Beginning Balance \$247,206.00 \$246,906.00 (\$300.	0%
1 Donations \$0.00 \$0.00 \$0	
2 Income (\$300.00) (\$291.00) \$9	
3 Expenditures \$0.00 \$0.00 \$0	
	00 0%
Ending Balance \$246,906.00 \$246,615.00 (\$291.0	
5 Projected Interest Income \$0.00 \$0.00 \$0	00 0%
C. Other	
Beginning Balance \$0.00 \$0.00 \$0	
1 Donations \$0.00 \$0.00 \$0	
2 Income \$0.00 \$0.00 \$0	.00 0%
	00 0%
	00 0%
	00 0%
5 Projected Interest Income \$0.00 \$0.00 \$0	00 0%

REPORT 16 20 OF 30 7/20/2016, 12:27 PM

SAINT VINCENT'S MEDICAL CENTER						
	SAINT VINCENT S MEDICAL CENTER ANNUAL REPORTING					
	FISCAL YEAR 2015					
DEDODT 4	7A - HOSPITAL BED FUNDS HELD OR ADMINISTERE	D DV THE HOCDITAL				
REPURIT	A - HOSPITAL BED FUNDS HELD OR ADMINISTERE	D BT THE HUSPITAL				
A. Patient Activity						
(1) (2) (3)						
Patient_	Name of Hospital Bed Fund (FULL NAME)	Amount				
1. Number of Applications for Hospital Bed Funds 2,519						
	Grand Total	\$0.00				

REPORT 17A PATIENT ACTIVITY 21 OF 30 7/20/2016, 12:27 PM

	SAINT VINCENT'S MEDICAL CENTER					
	ANNUAL REPORTING					
		FISCAL YEAR				
	REPORT 17B - HOSPITA	L BED FUNDS HELD (	OR ADMINISTERED BY	THE HOSPITAL		
B. BE	ED FUND ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)	
		FMV of Principal	Actual Earnings	Earnings	Earnings Available	
Line	Name of Hospital Bed Fund			Reinvested		
(3)	Fair Market Value of the Principal of each	individual Hospital Be	ed Fund, or the Princip	pal attributable to eac	ch Hospital Bed	
. ,	·	•				
(4)	Total Actual Earnings for each Hospital B	ed Fund or the Earnin	gs attributable to eacl	n Hospital Bed Fund.		
. ,	<b>9</b>		<u>g</u>			
(5)	Actual Dollar Amount of Earnings reinves	ted as Principal if an	v			
(-,	Trotau Bona Fanoant of Earnings for to	nou do i imolpal, il ali	<i>y</i> .			
(6)	Actual Dollar Amount of Earnings availab	le for Patient Care				
(0)	Actual Bollar Allount of Eurinings uvaliab	ic for rational date.				
	Baker Free Bed Fund	\$68,267.00	(\$81.00)	(\$81.00)	(\$81.00)	
	Conlin Free Bed Fund	\$18,098,00	(\$74.00)	(\$74.00)		
	Harral Free Bed Fund	\$6.834.00	(\$28.00)	(\$28.00)	. ,	
	Hubbell Free Bed Fund	\$32,521.00	(\$43.00)	(\$43.00)		
	Klein Free Bed Fund	\$39,534.00	(\$54.00)	(\$54.00)	. ,	
	Ladies of Charity Free Bed Fund	\$9.687.00	(\$11.00)	(\$11.00)		
	Brodbeck Free Bed Fund	\$71,674.00	\$0.00	\$0.00	\$0.00	
			• • • • •	****	,	
	Total Bed Funds :	\$246,615.00	(\$291.00)	(\$291.00)	(\$291.00)	

REPORT 17B FUND ACTIVITY 22 OF 30 7/20/2016, 12:27 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	After dunning cycle completes, system adjusts & assigns a bad debt status, referring to an agency. Other reasons may warrant a review of account by PFS, recommendation is made to adjust account to Bad Debt status and refer to outside agency. Account remains with agency until requested or returned.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	Collection agencies are paid at rate outlined below. Commissions are taken on the amount 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	5.80%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
A	Collection Agent	
1	Collection Agent Name	MIRA-MED Revenue Group
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.	
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.	6.00%

REPORT 18 23 OF 30 7/20/2016,12:27 PM

#### REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
В	Collection Agent	
1	Collection Agent Name	Credit Bureau Collection Services (CBCS)
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.	
		Same as General Processes and Policies.
5	"Same as General Processes and Policies" Otherwise Provide Details.	CBCS is paid 17% 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. Legal commissions (including processing fees & court costs) are higher depending on the attorney/law firm the agency chooses to utilize.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	3.40%

REPORT 18 24 OF 30 7/20/2016,12:27 PM

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

LINE	POSITION TITLE	EMPLOYEE NAME	SALARY	FRINGE BENEFITS	TOTAL
1.	PRESIDENT/CHIEF EXECUTIVE OFFICER	Stuart Marcus	\$683,000	\$913,534	\$1,596,534
2.	SENIOR VP/CHIEF FINANCIAL OFFICER	John Gleckler	\$516,225	\$656,878	\$1,173,103
	DENIOR VIDIOUSE MEDICAL OFFICER	I Calcala	<b>#500 500</b>	0050.040	<b>*</b> 054 440
3.	SENIOR VP/CHIEF MEDICAL OFFICER	Lawrence Schek	\$592,506	\$358,912	\$951,418
4.	CLINICAL VICE PRESIDENT MEDICINE	Mitchell Fogel	\$460,842	\$238,252	\$699,094
5.	SR VP/CHIEF NURSING OFF/CHIEF OPERATING OFFICER	Dale Danowski	\$332,343	\$236,338	\$568,681
6.	VICE PRESIDENT/CHIEF LEGAL COUNSEL	Peter Struzzi	\$353,737	\$180,895	\$534,632
7.	Chairperson Dept of Surgery	Anthy Demestihas	\$463,462	\$29,215	\$492,677
8.	CHAIRPERSON EMERGENCY CARE	Doodnauth Hiranman	\$463,615	\$27,172	\$490,787
9.	SR VP/CHIEF STRATEGY OFFICER	Dianne Auger	\$318,750	\$165,502	\$484,252
10.	CHAIR NEONATOLOGY	Benjamin Tsang	\$327,824	\$96,259	\$424,083
		Grand Total:	\$4,512,304	\$2,902,957	\$7,415,261

REPORT 19 25 OF 30 7/20/2016, 12:27 PM

# ST VINCENTS HEALTH SERVICES CORPORATION ANNUAL REPORTING FISCAL YEAR 2015

#### REPORT 19B - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HEALTH SYSTEM EMPLOYEES

LINE	POSITION TITLE	EMPLOYEE NAME AND COMPANY	SALARY	FRINGE BENEFITS	TOTAL
1.	PRESIDENT, CHIEF EXECUTIVE OFFICER	Stuart Marcus, St. Vincents Medical Center	\$683,000	\$913,534	\$1,596,534
2.	SENIOR VICE PRESIDENT, CHIEF FINANCIAL OFFICER	John Gleckler. St. Vincents Medical Center	\$516,225	\$656,877	\$1,173,102
3.	SENIOR VP,CHIEF MEDICAL OFFICER	Lawrence Schek, St. Vincents Medical Center	\$592,506	\$358,912	\$951,418
4.	Physician - Cardiology	Edward Kosinski, St. Vincents MultiSpecialty Group	\$781,951	\$34,483	\$816,434
5.	CHIEF CARDIO THORACIC SURGERY	Rafael Squitieri, St. Vincents MultiSpecialty Group	\$684,999	\$86,907	\$771,906
6.	DIRECTOR - CARDIO THORACIC SURGERY	Albert DiMeo, St. Vincents MultiSpecialty Group	\$669,997	\$70,322	\$740,319
7.	Physician - Radiation Oncology	Christopher lannuzzi, St. Viincents MultiSpecialty Group	\$675,101	\$37,647	\$712,748
8.	CLINICAL VP MEDICINE	Mitchell Fogel, St. Vincents Medical Center	\$460,842	\$238,252	\$699,094
9.	Physician - Radiation Oncology	Deborah Fang, St. Vincents MultiSpecialty Group	\$575,001	\$39,017	\$614,018
10.	Physician - Surgery	Ahmad Fotovat, St. Vincents MultiSpecialty Group	\$444,648	\$159,726	\$604,374
		Grand Total:	\$6,084,270	\$2,595,677	\$8,679,947

# SAINT VINCENT'S MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2015 REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS

#### PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
		SALARIES	FRINGE	(-)
		(Directly or	BENEFITS <sup>A</sup> (DirectI	
LINE	DESCRIPTION	Indirectly) <sup>C</sup>	y or Indirectly) <sup>C</sup>	TOTAL
LINE	DESCRIPTION	indirectly)	y or indirectly)	TOTAL
Α.	ST VINCENTS HEALTH SERVICES CORPORATION	$\neg$		
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.	2660 MAIN, LLC		1 00	<b>*</b>
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
	and by the Hospital to Employees of the Entity Listed Above	ΨΟ	ΨΟ	ΨΟ
С.	2900 MAIN STREET, LLC			
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
	ACCENCION LIEALTH	_		
D.	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
	. a.a. 27 a.o ricopital to Employees of the Entity Eleted Above		ΨΟ	ΨΨ
Ε.	CARDIOLOGY PHYSICIANS OF FAIRFIELD COUNTY LLC			
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
F.	HAWLEY AVENUE HOLDINGS, LLC			
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
		1.	1.	
G.	MAIN STREET PROPERTIES, LLC.			
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
Н.	RESIDENTIAL HOLDINGS, LLC	_		
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
1.	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
J .	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	\$0	\$0	\$0
Κ.	ST. VINCENT'S MULTISPECIALTY GROUP, INC.	***		ФС
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
	in and by the mospital to Employees of the Emity Listed Above		φυ	ΨΟ
L.	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
N.4	OT WINGENT'S OPECIAL NEEDS OFFITED INS	_		
M .	ST. VINCENT'S SPECIAL NEEDS CENTER, INC	\$0	\$0	<b>\$</b> 0
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
	. a.a. 27 a.o ricopital to Employees of the Entity Eleted Above		ΨΟ	ΨΟ
Ν.	ST. VINCENTS' URGENT CAR, LLC			
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
	VINCENTURES, INC.			
0.	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
_		, <del>, , , , , , , , , , , , , , , , , , </del>	, , , , , , , , , , , , , , , , , , ,	т

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

REPORT 21 27 OF 30 7/20/2016,12:27 PM

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.

#### SAINT VINCENT'S MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2015 **REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS**

#### PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

I	(1)	(2)	(3)	(4)	(5)
			SALARIES (Directly or	FRINGE BENEFITS <sup>A</sup> (DirectI	
	LINE	DESCRIPTION	Indirectly) <sup>c</sup>	y or Indirectly) <sup>C</sup>	TOTAL
Ī					

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 2015
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 Nonclinical Services or	
1.	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

REPORT 22 29 OF 30 7/20/2016,12:27 PM

		MEDICAL CENT	<u>ER</u>		
		AL YEAR 2015			
	REPORT 23 - CHARITY CARE AND REDUCED		PROVIDED BY	THE HOSPITAL	
(1)	(2)	(3)	(4)	(5)	(6)
	, ,	FY 2014	FY 2015	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial S	Statement Notes)			
1.	Number of Applicants	4,002	2,519	(1,483)	-37%
2.	Number of Approved Applicants	3,910	2,409	(1,501)	-38%
3.	Total Charges (A)	\$17,265,000	\$21,887,000	\$4,622,000	27%
	Average Charges	\$4,416	\$9,086	\$4,670	106%
4.	Ratio of Cost to Charges (RCC)	0.326389	0.326621		0%
	Total Cost	\$5,635,106	\$7,148,754	\$1,513,648	27%
	Average Cost	\$1,441	\$2,968	\$1,526	106%
5.	Charity Care - Inpatient Charges	\$5,400,000	\$6,895,000	\$1,495,000	28%
	Charity Care - Outpatient Emergency Department				
6.	Charges	3,100,000	4,312,000	1,212,000	39%
	Charity Care - Outpatient Charges (Excludes ED				
7.	Charges)	8,765,000	10,680,000	1,915,000	22%
	Total Charges (A)	\$17,265,000	\$21,887,000	\$4,622,000	27%
8.	Charity Care - Number of Patient Days	503	1,023	520	103%
9.	Charity Care - Number of Discharges	108	202	94	87%
10.	Charity Care - Number of Outpatient ED Visits	760	1,519	759	100%
	Charity Care - Number of Outpatient Visits (Excludes ED				
11.	Visits)	4,879	6,431	1,552	32%
				,	
	e total amount must agree with the total amount listed in	the Hospital Aud	dited Financial (		
	e total amount must agree with the total amount listed in	ı the Hospital Aud	dited Financial S		
(A) The			dited Financial S		
	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System -		dited Financial s		
(A) The	Hospital Bed Funds (see Hospital Reporting System - F	Report 17)		Statement Notes.	
(A) The <u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - F Number of Applicants		2,519		-37%
(A) The	Hospital Bed Funds (see Hospital Reporting System - F	Report 17)		Statement Notes.	-37%
(A) The B.	Hospital Bed Funds (see Hospital Reporting System - F Number of Applicants Number of Approved Applicants	Report 17) 4,002	2,519	Statement Notes.	-37% 0%
(A) The <u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - F Number of Applicants Number of Approved Applicants Total Charges (B)	Report 17) 4,002 - \$0	2,519	(1,483) - \$0	-37% <b>0%</b>
(A) The B.	Hospital Bed Funds (see Hospital Reporting System - F Number of Applicants Number of Approved Applicants	Report 17) 4,002	2,519	Statement Notes.	-37% 0%
(A) The B.  1. 2. 3.	Hospital Bed Funds (see Hospital Reporting System - Fundament of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges	4,002 - \$0 \$0	2,519 - \$0 <b>\$0</b>	(1,483) - \$0	-37% 0% 0%
(A) The B.	Hospital Bed Funds (see Hospital Reporting System - Fundamental Reporting System - Fundamenta	\$0 \$0 \$0 \$0 \$0	2,519 - \$0 <b>\$0</b> 0.326621	(1,483) - \$0 \$0 0.000232	-37% 0% 0%
(A) The B.  1. 2. 3.	Hospital Bed Funds (see Hospital Reporting System - Roumber of Applicants Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)  Total Cost	\$0 \$0 \$0 \$0 \$0 \$0	2,519 - \$0 \$0 0.326621 \$0	(1,483) - \$0 \$0 0.000232	-37% 0% 0% 0% 0%
(A) The B.  1. 2. 3.	Hospital Bed Funds (see Hospital Reporting System - Fundamental Reporting System - Fundamenta	\$0 \$0 \$0 \$0 \$0	2,519 - \$0 <b>\$0</b> 0.326621	(1,483) - \$0 \$0 0.000232	-37% 0% 0% 0% 0%
(A) The B. 1. 2. 3. 4.	Hospital Bed Funds (see Hospital Reporting System - Roumber 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 \$0 \$0 \$0	2,519 - \$0 \$0 0.326621 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0	-37% 0% 0% 0% 0% 0%
(A) The B.  1. 2. 3.	Hospital Bed Funds (see Hospital Reporting System - Roumber of Applicants Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)  Total Cost	\$0 \$0 \$0 \$0 \$0 \$0	2,519 - \$0 \$0 0.326621 \$0	(1,483) - \$0 \$0 0.000232	-37% 0% 0% 0% 0% 0%
(A) The B. 1. 2. 3. 4.	Hospital Bed Funds (see Hospital Reporting System - Roumber 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	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	2,519 - \$0 \$0 0.326621 \$0 \$0	(1,483) - (1,000232 \$0 \$0 \$0	-37% 0% 0% 0% 0% 0% 0%
(A) The B. 1. 2. 3. 4.	Hospital Bed Funds (see Hospital Reporting System - Roumber 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 \$0 \$0 \$0	2,519 - \$0 \$0 0.326621 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0	-37% 0% 0% 0% 0% 0% 0%
(A) The B. 1. 2. 3. 4. 6.	Hospital Bed Funds (see Hospital Reporting System - Final 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 \$0 \$0 \$0	2,519 - \$0 \$0 0.326621 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0	-37% 0% 0% 0% 0% 0% 0%
(A) The B. 1. 2. 3. 4.	Hospital Bed Funds (see Hospital Reporting System - Formal Page 1	\$0 \$0 \$0 \$0 0.326389 \$0 \$0	2,519 - \$0 \$0 0.326621 \$0 \$0 0	\$0 \$0 \$0 \$0 \$0 \$0 0.000232 \$0 \$0	-37% 0% 0% 0% 0% 0% 0% 0% 0%
(A) The B. 1. 2. 3. 4. 6.	Hospital Bed Funds (see Hospital Reporting System - Final 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 \$0 \$0 \$0	2,519 - \$0 \$0 0.326621 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0	-37% 0% 0% 0% 0% 0%
(A) The B. 1. 2. 3. 4. 5. 6. 7.	Hospital Bed Funds (see Hospital Reporting System - Formal Page 1	\$0 \$0 \$0 \$0 0.326389 \$0 \$0 \$0	2,519 \$0 \$0 \$0 0.326621 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0	-37% 0% 0% 0% 0% 0% 0% 0% 0% 0%
(A) The B. 1. 2. 3. 4. 5. 6. 7.	Hospital Bed Funds (see Hospital Reporting System - 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)  Bed Funds - Number of Patient Days	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	2,519 - \$0 \$0 \$0 0.326621 \$0 \$0 0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	-37% 0% 0% 0% 0% 0% 0% 0% 0% 0%
(A) The B. 1. 2. 3. 4. 5. 6. 7.	Hospital Bed Funds (see Hospital Reporting System - 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)  Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	2,519 - \$0 \$0 \$0 0.326621 \$0 \$0 0 \$0 0 0 0 0 0 0 0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	-37% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0%
(A) The B. 1. 2. 3. 4. 5. 6. 7.	Hospital Bed Funds (see Hospital Reporting System - 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)  Bed Funds - Number of Patient Days Bed Funds - Number of Discharges Bed Funds - Number of Outpatient ED Visits	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	2,519 - \$0 \$0 \$0 0.326621 \$0 \$0 0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	-37% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0%
(A) The B. 1. 2. 3. 4. 5. 6. 7. 9. 10.	Hospital Bed Funds (see Hospital Reporting System - 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)  Bed Funds - Number of Patient Days Bed Funds - Number of Discharges Bed Funds - Number of Outpatient ED Visits 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 \$	2,519 - \$0 \$0 \$0 0.326621 \$0 \$0 0 0 0 0 0 0 0 0 0 0	(1,483)	-37% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0%
(A) The B. 1. 2. 3. 4. 5. 6. 7.	Hospital Bed Funds (see Hospital Reporting System - 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)  Bed Funds - Number of Patient Days Bed Funds - Number of Discharges Bed Funds - Number of Outpatient ED Visits	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	2,519 - \$0 \$0 \$0 0.326621 \$0 \$0 0 \$0 0 0 0 0 0 0 0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	-37% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0%
(A) The B. 1. 2. 3. 4. 5. 6. 7. 10. 11.	Hospital Bed Funds (see Hospital Reporting System - 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)  Bed Funds - Number of Patient Days Bed Funds - Number of Discharges Bed Funds - Number of Outpatient ED Visits Bed Funds - Number of Outpatient ED Visits Bed Funds - Number of Outpatient Visits(Excludes ED	\$0 \$0 \$0 \$0 0.326389 \$0 \$0 0 0 0	2,519 - \$0 \$0 0.326621 \$0 \$0 0 0 0 0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	-37% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0%