

SAINT VINCENT'S MEDICAL CENTER
ANNUAL REPORTING
FISCAL YEAR 2014
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
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	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
15	CT Agent Zip Code	06606 -
B. AFFILIATE NAME ASCENSION HEALTH		
1	Affiliate Description	CATHOLIC, NATIONAL, MULTI-UNIT, TAX EXEMPT HEALTH CARE SYSTEM
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	4600 EDMUNDSON ROAD
5	Town	ST. LOUIS
6	State	Missouri
7	Zip Code	63134 -
8	CEO Name	Robert Henkel
9	CEO Title	PRESIDENT/CEO
10	CT Agent Name	Stuart G. Marcus, MD, FACS
11	CT Agent Company	CT Secretary of State
12	CT Agent Company Street Address	30 Trinity Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06106 -
C. AFFILIATE NAME CARDIOLOGY PHYSICIANS OF FAIRFIELD COUNTY LLC		
1	Affiliate Description	Disregarded Entity under St. Vincent's Multispecialty Group. St Vincent's Multispecialty Group is sole member of LLC.
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 -
8	CEO Name	Stuart G. Marcus, MD
9	CEO Title	President
10	CT Agent Name	Peter H. Struzzi
11	CT Agent Company	St. Vincent's Medical Center

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
12	CT Agent Company Street Address	2800 Main Street
13	CT Agent Town	Bridgeport
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06606 -
D.	AFFILIATE NAME	ST VINCENT'S COLLEGE, INC.
1	Affiliate Description	SUBSIDIARY OF MEDICAL CENTER CREATED TO CONDUCT DEGREE GRANTING PROGRAMS IN NURSING EDUCATION AND OTHER ALLIED HEALTH COURSES
2	Affiliate type of service	Health Education Services
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	Martha K. Shouldis, Ed.D.
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
15	CT Agent Zip Code	06606 -
E.	AFFILIATE NAME	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC
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 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
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
15	CT Agent Zip Code	06606 -
F.	AFFILIATE NAME	ST. VINCENT'S MULTISPECIALTY GROUP, INC.
1	Affiliate Description	SUBSIDIARY OF THE MEDICAL CENTER CREATED TO PROVIDE PROFESSIONAL MEDICAL SERVICES TO BRIDGEPORT AREA COMMUNITIES THROUGH A NETWORK OF EMPLOYED PRIMARY CARE PHYSICIANS, HOSPITAL-BASED 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

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
7	Zip Code	06606 - 4201
8	CEO Name	Stuart G. Marcus, MD
9	CEO Title	PRESIDENT
10	CT Agent Name	Peter H. Struzzi
11	CT Agent Company	ST. VINCENT'S MEDICAL CENTER
12	CT Agent Company Street Address	2800 MAIN STREET
13	CT Agent Town	BRIDGEPORT
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06606 -
G.		
	AFFILIATE NAME	ST. VINCENT'S DEVELOPMENT, INC
1	Affiliate Description	AFFILIATE OF ST. VINCENT'S HEALTH SERVICES CORP ORGANIZED FOR THE PURPOSE OF MANAGING REAL ESTATE WITHIN THE ST. VINCENT'S HEALTH SERVICES SYSTEM.
2	Affiliate type of service	Real Estate
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	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
15	CT Agent Zip Code	06606 -
H.		
	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 -
8	CEO Name	Raymond G. Baldwin, Jr.
9	CEO Title	President/CEO
10	CT Agent Name	Raymond G. Baldwin, Jr.
11	CT Agent Company	ST. VINCENTS SPECIAL NEEDS CENTER, INC
12	CT Agent Company Street Address	95 Merritt Boulevard
13	CT Agent Town	Trumbull
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06611 -
I.		
	AFFILIATE NAME	VINCENTURES, INC.
1	Affiliate Description	INACTIVE SUBSIDIARY OF ST. VINCENT'S HEALTH SERVICES CORP. CREATED AS A HOLDING COMPANY FOR TAXABLE SUBSIDIARIES.

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
2	Affiliate type of service	Real Estate
3	Tax Status	For Profit
4	Street Address	2800 MAIN ST
5	Town	Bridgeport
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
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
15	CT Agent Zip Code	06606 -

* P.O. BOX IS UNACCEPTABLE WITHOUT A

STREET ADDRESS FOR EACH AGENT COMPANY

**SAINT VINCENT'S MEDICAL CENTER
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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2014
A . SAINT VINCENT'S MEDICAL CENTER			
1		Unrestricted	\$522,872,000
2		Temporarily Restricted by Donor	\$12,248,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$9,853,000
5		Intercompany Eliminations	\$0
		Total:	\$544,973,000
B . ST VINCENTS HEALTH SERVICES CORPORATION			
1		Unrestricted	\$1,563,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,563,000
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 . 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
5		Intercompany Eliminations	\$0
		Total:	\$0
E . ST VINCENT'S COLLEGE, INC.			
1		Unrestricted	\$13,273,000
2		Temporarily Restricted by Donor	\$1,937,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$2,200,000
5		Intercompany Eliminations	\$0
		Total:	\$17,410,000
F . ST VINCENT'S MEDICAL CENTER FOUNDATION, INC			
1		Unrestricted	\$12,141,000
2		Temporarily Restricted by Donor	\$15,481,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$12,695,000
5		Intercompany Eliminations	(\$30,601,000)
		Total:	\$9,716,000
G . ST. VINCENT'S MULTISPECIALTY GROUP, INC.			
1		Unrestricted	\$118,000
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)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2014
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$118,000
H.	ST. VINCENT'S DEVELOPMENT, INC		
1		Unrestricted	\$16,297,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$16,297,000
I.	ST. VINCENT'S SPECIAL NEEDS CENTER, INC		
1		Unrestricted	\$32,500,000
2		Temporarily Restricted by Donor	\$1,631,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$710,000
5		Intercompany Eliminations	\$0
		Total:	\$34,841,000
J.	VINCENTURES, INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$655,519,000
	Intercompany Eliminations		(\$30,601,000)
	Total of all Affiliates	Fund Balance:	\$624,918,000

**SAINT VINCENT'S MEDICAL CENTER
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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
A. ST VINCENTS HEALTH SERVICES CORPORATION				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
B. ASCENSION HEALTH				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$2,002,000)
1		Corporate Service Fees	09/30/2014	(\$7,261,000)
2		Sponsor Fees	09/30/2014	(\$281,000)
3		Reimbursements/Fund Transfers	09/30/2014	\$22,065,000
4		Fund Process Standardization Project	09/30/2014	(\$6,136,000)
5		System Obligations	09/30/2014	(\$1,008,000)
6		Other Corporate Fees and Allocations	09/30/2014	(\$5,377,000)
7		Processing of Transactions by Ministry Service Center	09/30/2014	(\$1,570,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$1,570,000)
C. CARDIOLOGY PHYSICIANS OF FAIRFIELD COUNTY LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
D. ST VINCENT'S COLLEGE, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$140,000
1		Reimbursements/Fund Transfers	09/30/2014	(\$8,193,000)
2		Management Services Provided by SVMC for College	09/30/2014	\$7,000
3		Expenses Paid by SVMC on Behalf of College	09/30/2014	\$9,119,000
4		Tuition for SVMC Employees	09/30/2014	(\$797,000)
5		Process Standardization Proj pd by SVMC for College	09/30/2014	\$52,000
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$328,000
E. ST VINCENT'S MEDICAL CENTER FOUNDATION, INC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$2,678,000
1		Reimbursements/Fund Transfers	09/30/2014	(\$839,000)

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(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
2		Management Services Provided by SVMC for Foundation	09/30/2014	\$222,000
3		Expenses Paid by SVMC on Behalf of Foundation	09/30/2014	\$1,791,000
4		Donations - Capital and Operating	09/30/2014	\$88,000
5		Process Standardization Proj pd by SVMC for Foundation	09/30/2014	\$86,000
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$4,026,000
F. ST. VINCENT'S MULTISPECIALTY GROUP, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$16,329,000
1		Reimbursements/Fund Transfers	09/30/2014	(\$29,105,000)
2		Advances to SVMMSG from SVMC	09/30/2014	\$19,906,000
3		Expenses Paid by SVMC on Behalf of SVMMSG	09/30/2014	\$12,854,000
4		Management Services Provided by SVMC for SVMMSG	09/30/2014	\$745,000
5		Physician Services Provided by SVMMSG for SVMC	09/30/2014	(\$19,478,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$1,251,000
G. ST. VINCENT'S DEVELOPMENT, INC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$1,713,000
1		Reimbursements/Fund Transfers	09/30/2014	(\$2,846,000)
2		Management Services Provided by SVMC for Development	09/30/2014	\$1,094,000
3		Expenses Paid by SVMC on Behalf of Development	09/30/2014	\$2,423,000
4		Rental of Development Properties by SVMC	09/30/2014	(\$509,000)
5		Process Standardization Proj pd by SVMC for Development	09/30/2014	\$79,000
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$1,954,000
H. ST. VINCENT'S SPECIAL NEEDS CENTER, INC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$818,000)
1		Reimbursements/Fund Transfers	09/30/2014	(\$26,181,000)
2		Management Services Provided by SVMC for Special Needs	09/30/2014	\$666,000
3		Expenses Paid by SVMC on Behalf of Special Needs	09/30/2014	\$25,758,000
4		Process Standardization Proj pd by SVMC for Special Needs	09/30/2014	\$165,000
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$410,000)

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(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
I.	VINCENTURES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
			Grand Total:	\$5,579,000

**SAINT VINCENT'S MEDICAL CENTER
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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated Intercompany Balance	10/01/2013	\$2,800,000
A.	ST VINCENTS HEALTH SERVICES CORPORATION				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
B.	ASCENSION HEALTH				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
C.	CARDIOLOGY PHYSICIANS OF FAIRFIELD COUNTY LLC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
D.	ST VINCENT'S COLLEGE, INC.				
1		ASCENSION HEALTH	Ministry Service Center Transactions	09/30/2014	\$245,000
2		ST. VINCENT'S DEVELOPMENT, INC	Facilities Rental	09/30/2014	\$373,000
3		ST. VINCENT'S DEVELOPMENT, INC	Fund Transfers	09/30/2014	(\$228,000)
4		ST. VINCENT'S DEVELOPMENT, INC	Maintenance Chargeback	09/30/2014	\$7,000
5		ST. VINCENT'S SPECIAL NEEDS CENTER, INC	Reimbursement of Expenses	09/30/2014	\$600
6		ST. VINCENT'S MULTISPECIALTY GROUP, INC.	Professional Services	09/30/2014	\$5,000
7		ST. VINCENT'S MULTISPECIALTY GROUP, INC.	Reimbursement of Expenses	09/30/2014	\$10,000
			Total:	9/30/2014	\$412,600
E.	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC				
1		ASCENSION HEALTH	Ministry Service Center Transactions	09/30/2014	\$97,000
2		ST VINCENT'S COLLEGE, INC.	Fund Transfers	09/30/2014	(\$347,000)
3		ST VINCENT'S COLLEGE, INC.	Donations - Non Capital	09/30/2014	\$347,000
4		ST VINCENTS HEALTH SERVICES CORPORATION	Fund Transfers	09/30/2014	(\$1,000,000)
5		ST. VINCENT'S SPECIAL NEEDS CENTER, INC	Fund Transfers	09/30/2014	(\$842,000)
6		ST. VINCENT'S SPECIAL NEEDS CENTER, INC	Donations - Non Capital	09/30/2014	\$124,000
7		ST. VINCENT'S SPECIAL NEEDS CENTER, INC	Donations - Capital	09/30/2014	\$724,000
			Total:	9/30/2014	(\$897,000)
F.	ST. VINCENT'S MULTISPECIALTY GROUP, INC.				

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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
1		ASCENSION HEALTH	Ministry Service Center Transactions	09/30/2014	\$1,916,000
2		ST VINCENT'S COLLEGE, INC.	Fund Transfers	09/30/2014	(\$23,310)
3		ST. VINCENT'S DEVELOPMENT, INC	Facilities Rental	09/30/2014	\$236,424
4		ST. VINCENT'S DEVELOPMENT, INC	Maintenance Chargeback	09/30/2014	\$335,308
5		ST. VINCENT'S SPECIAL NEEDS CENTER, INC	Fund Transfers	09/30/2014	(\$830)
			Total:	9/30/2014	\$2,463,592
G.	ST. VINCENT'S DEVELOPMENT, INC				
1		ASCENSION HEALTH	Ministry Service Center Transactions	09/30/2014	\$98,000
			Total:	9/30/2014	\$98,000
H.	ST. VINCENT'S SPECIAL NEEDS CENTER, INC				
1		ASCENSION HEALTH	Ministry Service Center Transactions	09/30/2014	\$721,000
2		ST. VINCENT'S DEVELOPMENT, INC	Fund Transfers	09/30/2014	(\$445,000)
3		ST. VINCENT'S DEVELOPMENT, INC	Maintenance Chargeback	09/30/2014	\$436,000
4		ST. VINCENT'S MULTISPECIALTY GROUP, INC.	Reimbursement of Expenses	09/30/2014	\$15,000
			Total:	9/30/2014	\$727,000
I.	VINCENTURES, INC.				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2014	\$5,604,192

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

(1) LINE	(2) AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	(3) AMOUNT	(4) DATE
A. ST VINCENTS HEALTH SERVICES CORPORATION			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
B. ASCENSION HEALTH			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
C. CARDIOLOGY PHYSICIANS OF FAIRFIELD COUNTY LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
D. ST VINCENT'S COLLEGE, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
E. ST VINCENT'S MEDICAL CENTER FOUNDATION, INC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
F. ST. VINCENT'S MULTISPECIALTY GROUP, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
G. ST. VINCENT'S DEVELOPMENT, INC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
H. ST. VINCENT'S SPECIAL NEEDS CENTER, INC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
I. VINCENTURES, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
	Grand Total:	\$0	9/30/2014

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

(1) LINE	(2) AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	(3) AMOUNT	(4) TERM IN YEARS
A.	ST VINCENTS HEALTH SERVICES CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
B.	ASCENSION HEALTH		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	CARDIOLOGY PHYSICIANS OF FAIRFIELD COUNTY LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	ST VINCENT'S COLLEGE, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	ST. VINCENT'S MULTISPECIALTY GROUP, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	ST. VINCENT'S DEVELOPMENT, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	ST. VINCENT'S SPECIAL NEEDS CENTER, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
I.	VINCENTURES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A . Indigent Care					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
B . Free Beds					
	Beginning Balance	\$247,270.00	\$247,206.00	(\$64.00)	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	(\$64.00)	(\$300.00)	(\$236.00)	369%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$247,206.00	\$246,906.00	(\$300.00)	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
C . Other					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

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REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		4,002
Grand Total		\$0.00

SAINT VINCENT'S MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2014 REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
B. BED FUND ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
(3)	Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each Hospital Bed				
(4)	Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund.				
(5)	Actual Dollar Amount of Earnings reinvested as Principal, if any.				
(6)	Actual Dollar Amount of Earnings available for Patient Care.				
	Baker Free Bed Fund	\$68,348.00	(\$84.00)	(\$84.00)	(\$84.00)
	Conlin Free Bed Fund	\$18,172.00	(\$77.00)	(\$77.00)	(\$77.00)
	Harral Free Bed Fund	\$6,862.00	(\$28.00)	(\$28.00)	(\$28.00)
	Hubbell Free Bed Fund	\$32,564.00	(\$45.00)	(\$45.00)	(\$45.00)
	Klein Free Bed Fund	\$39,588.00	(\$55.00)	(\$55.00)	(\$55.00)
	Ladies of Charity Free Bed Fund	\$9,698.00	(\$11.00)	(\$11.00)	(\$11.00)
	Brodbeck Free Bed Fund	\$71,674.00	\$0.00	\$0.00	\$0.00
	Total Bed Funds :	\$246,906.00	(\$300.00)	(\$300.00)	(\$300.00)

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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 a 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 rate outlined below of what is collected on an account turned over to the agency regardless of whether the payment is received by the agency or the hospital.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	7.80%
II. SPECIFIC COLLECTION AGENT INFORMATION		
A	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	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.	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 and is the same if an account has to go through a legal process.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	6.40%
B	Collection Agent	
1	Collection Agent Name	MIRA-MED Revenue Group

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
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	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.	Mira-Med Revenue Group 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 and is the same if an account has to go through a legal process.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	6.70%
C	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.	Same as General Processes and Policies
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	TCC is paid 21% of what is collected on an account turned over to the agency regardless of whether the payment is received by the agency or the hospital and 40% if an account has to go through a legal process.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	10.20%

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

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

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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.	PRESIDENT/CHIEF EXECUTIVE OFFICER	\$721,708	\$355,062	\$1,076,770
2.	SENIOR VP/CHIEF MEDICAL OFFICER	\$581,601	\$339,706	\$921,307
3.	SENIOR VICE PRESIDENT/CHIEF FINANCIAL OFFICER	\$438,570	\$250,299	\$688,869
4.	CLINICAL VICE PRESIDENT MEDICINE	\$463,856	\$212,034	\$675,890
5.	VICE PRESIDENT/CHIEF LEGAL COUNSEL	\$367,310	\$167,403	\$534,713
6.	SR VP/CHIEF NURSING OFF/CHIEF OPERATING OFFICER	\$322,652	\$174,948	\$497,600
7.	Chairperson Dept of Surgery	\$450,728	\$30,431	\$481,159
8.	CHAIRPERSON EMERGENCY CARE	\$423,295	\$19,949	\$443,244
9.	SENIOR VP CORPORATE AFFAIRS	\$291,154	\$99,545	\$390,699
10.	CHAIRPERSON OBSTETRICS & GYNECOLOGY	\$337,811	\$38,593	\$376,404
	Grand Total:	\$4,398,685	\$1,687,970	\$6,086,655

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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directl y or Indirectly) ^C	TOTAL
A . 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
B . ASCENSION HEALTH				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
C . 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
D . ST VINCENT'S COLLEGE, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
E . 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	\$661,406	\$144,569	\$805,975
F . ST. VINCENT'S MULTISPECIALTY GROUP, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
G . ST. VINCENT'S DEVELOPMENT, INC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
H . ST. VINCENT'S SPECIAL NEEDS CENTER, INC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$317,741	\$0	\$317,741
I . VINCENTURES, 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

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.

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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 2014
A	Transfer of Assets or Operations	
1.	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 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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REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 AMOUNT	FY 2014 AMOUNT	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	3,142	4,002	860	27%
2.	Number of Approved Applicants	3,047	3,910	863	28%
3.	Total Charges (A)	\$14,991,000	\$17,265,000	\$2,274,000	15%
	Average Charges	\$4,920	\$4,416	(\$504)	-10%
4.	Ratio of Cost to Charges (RCC)	0.330964	0.326389	(0.004575)	-1%
	Total Cost	\$4,961,481	\$5,635,106	\$673,625	14%
	Average Cost	\$1,628	\$1,441	(\$187)	-11%
5.	Charity Care - Inpatient Charges	\$3,339,705	\$5,400,000	\$2,060,295	62%
6.	Charity Care - Outpatient Emergency Department Charges	2,803,331	3,100,000	296,669	11%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	8,847,964	8,765,000	(82,964)	-1%
	Total Charges (A)	\$14,991,000	\$17,265,000	\$2,274,000	15%
8.	Charity Care - Number of Patient Days	587	503	(84)	-14%
9.	Charity Care - Number of Discharges	95	108	13	14%
10.	Charity Care - Number of Outpatient ED Visits	1,299	760	(539)	-41%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	7,283	4,879	(2,404)	-33%
(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.					
B. Hospital Bed Funds (see Hospital Reporting System - Report 17)					
1.	Number of Applicants	3,142	4,002	860	27%
2.	Number of Approved Applicants	-	-	-	0%
3.	Total Charges (B)	\$0	\$0	\$0	0%
	Average Charges	\$0	\$0	\$0	0%
4.	Ratio of Cost to Charges (RCC)	0.330964	0.326389	(0.004575)	-1%
	Total Cost	\$0	\$0	\$0	0%
	Average Cost	\$0	\$0	\$0	0%
5.	Bed Funds - Inpatient Charges	\$0	\$0	\$0	0%
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	0%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	0	0	0	0%
	Total Charges (B)	\$0	\$0	\$0	0%
8.	Bed Funds - Number of Patient Days	0	0	0	0%
9.	Bed Funds - Number of Discharges	0	0	0	0%
10.	Bed Funds - Number of Outpatient ED Visits	0	0	0	0%
11.	Bed Funds - Number of Outpatient Visits(Excludes ED Visits)	0	0	0	0%
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.					