

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

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>A. AFFILIATE NAME</b>		
		<b>ST VINCENTS HEALTH SERVICES CORPORATION</b>
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	Susan L. Davis, RN EdD
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	Susan L. Davis, RN EdD
11	CT Agent Company	ST. VINCENTS HEALTH SERVICES CORPORATION
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>B. AFFILIATE NAME</b>		
		<b>ASCENSION HEALTH</b>
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	Anthony R. Tersigni, EdE, FACHE
9	CEO Title	PRESIDENT/CEO
10	CT Agent Name	Susan L. Davis, RN EdD
11	CT Agent Company	ST VINCENTS HEALTH SERVICES CORPORATION
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 -
<b>C. AFFILIATE NAME</b>		
		<b>HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC.</b>
1	Affiliate Description	AN AFFILIATE OF ST. VINCENT'S HEALTH SERVICES THAT PROVIDES OUTPATIENT MENTAL HEALTH SERVICES.
2	Affiliate type of service	Mental Health Facility
3	Tax Status	Not for Profit
4	Street Address	47 LONG LOTS ROAD
5	Town	Westport
6	State	Connecticut
7	Zip Code	06880 -
8	CEO Name	James McCreath, PhD
9	CEO Title	PRESIDENT/CEO
10	CT Agent Name	Susan L. Davis, RN EdD
11	CT Agent Company	ST VINCENTS HEALTH SERVICES CORPORATION
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 -
<b>D. AFFILIATE NAME</b>		
		<b>ST VINCENT'S COLLEGE</b>
1	Affiliate Description	SUBSIDIARY OF MEDICAL CENTER CREATED TO CONDUCT DEGREE GRANTING PROGRAMS IN NURSING EDUCATION AND OTHER ALLIED HEALTH COURSES

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
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	Susan L. Davis, RN EdD
11	CT Agent Company	ST. VINCENTS HEALTH SERVICES CORPORATION
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>E. AFFILIATE NAME</b>		
		<b>ST VINCENT'S MEDICAL CENTER FOUNDATION, INC</b>
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	MR. RONALD J BIANCHI
9	CEO Title	President/CEO
10	CT Agent Name	Susan L. Davis, RN EdD
11	CT Agent Company	ST. VINCENTS HEALTH SERVICES CORPORATION
12	CT Agent Company Street Address	2800 MAIN ST, BRIDGEPORT, CT
13	CT Agent Town	Bridgeport
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06606 -
<b>F. AFFILIATE NAME</b>		
		<b>ST. VINCENT'S DEVELOPMENT, INC</b>
1	Affiliate Description	AFFILIATE OF ST. VINCENT'S HEALTH SERVICES CORP ORGANIZED FOR THE PURPOSE OF MANAGING REAL ESTATE WITH 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	Susan L. Davis, RN EdD
9	CEO Title	President/CEO
10	CT Agent Name	Susan L. Davis, RN EdD
11	CT Agent Company	ST. VINCENTS HEALTH SERVICES CORPORATION
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>G. AFFILIATE NAME</b>		
		<b>ST. VINCENT'S MEDICAL CENTER AUXILIARY</b>
1	Affiliate Description	VOLUNTEER ORGANIZATION THAT OPERATES FOR THE BENEFIT OF ST. VINCENT'S MEDICAL CENTER.
2	Affiliate type of service	Auxiliary
3	Tax Status	Not for Profit

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
4	Street Address	2800 Main Street
5	Town	Bridgeport
6	State	Connecticut
7	Zip Code	06606 -
8	CEO Name	Tracey LoStocco
9	CEO Title	President
10	CT Agent Name	Susan L. Davis, RN EdD
11	CT Agent Company	ST. VINCENTS HEALTH SERVICES CORPORATION
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 -
<b>H. AFFILIATE NAME</b>		
	<b>AFFILIATE NAME</b>	<b>ST. VINCENT'S SPECIAL NEEDS CENTER, INC</b>
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	BARRY BUXBAUM
9	CEO Title	President/CEO
10	CT Agent Name	Susan L. Davis, RN EdD
11	CT Agent Company	ST. VINCENTS HEALTH SERVICES CORPORATION
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 -
<b>I. AFFILIATE NAME</b>		
	<b>AFFILIATE NAME</b>	<b>VINCENTURES</b>
1	Affiliate Description	INACTIVE SUBSIDIARY OF ST. VINCENT'S HEALTH SERVICES CORP. CREATED AS A HOLDING COMPANY FOR TAXABLE SUBSIDIARIES.
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	Susan L. Davis, RN, EdD
9	CEO Title	President/CEO
10	CT Agent Name	Susan L. Davis, RN EdD
11	CT Agent Company	ST. VINCENTS HEALTH SERVICES CORPORATION
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 9/30/2009
<b>A. SAINT VINCENT'S MEDICAL CENTER</b>			
1		Unrestricted	\$314,991,000
2		Temporarily Restricted by Donor	\$33,709,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$7,810,000
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$356,510,000</b>
<b>B. ST VINCENTS HEALTH SERVICES CORPORATION</b>			
1		Unrestricted	\$2,909,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$2,909,000</b>
<b>C. ASCENSION HEALTH</b>			
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
		<b>Total:</b>	<b>\$0</b>
<b>D. HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC.</b>			
1		Unrestricted	\$4,748,000
2		Temporarily Restricted by Donor	\$135,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$4,883,000</b>
<b>E. ST VINCENT'S COLLEGE</b>			
1		Unrestricted	\$3,463,000
2		Temporarily Restricted by Donor	\$1,152,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$1,703,000
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$6,318,000</b>
<b>F. ST VINCENT'S MEDICAL CENTER FOUNDATION, INC</b>			
1		Unrestricted	\$12,369,000
2		Temporarily Restricted by Donor	\$36,328,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$10,145,000
5		Intercompany Eliminations	(\$50,349,000)
		<b>Total:</b>	<b>\$8,493,000</b>
<b>G. ST. VINCENT'S DEVELOPMENT, INC</b>			
1		Unrestricted	\$13,392,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$13,392,000</b>

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

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

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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
	<b>F. ST. VINCENT'S DEVELOPMENT, INC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>(\$18,000)</b>
1		Management Services Provided by SVMC for Developm	09/30/2009	\$28,000
2		Expenses Paid by SVMC on Behalf of Development	09/30/2009	\$18,000
3		Rental of Development Properties by SVMC	09/30/2009	(\$136,000)
4		Reimbursements/Fund Transfers	09/30/2009	\$108,000
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$0</b>
	<b>G. ST. VINCENT'S MEDICAL CENTER AUXILIARY</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$0</b>
	<b>H. ST. VINCENT'S SPECIAL NEEDS CENTER, INC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>(\$4,000)</b>
1		Management Services Provided by SVMC for Special N	09/30/2009	\$314,000
2		Expenses Paid by SVMC on Behalf of Special Needs	09/30/2009	\$2,411,000
3		Reimbursements/Fund Transfers	09/30/2009	(\$2,630,000)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$91,000</b>
	<b>I. VINCENTURES</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$0</b>
			<b>Grand Total:</b>	<b>\$3,085,283</b>

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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
			<b>Beginning Unconsolidated Intercompany Balance</b>	<b>10/01/2008</b>	<b>(\$10,000)</b>
<b>A.</b>	<b>ST VINCENTS HEALTH SERVICES CORPORATION</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2009</b>	<b>\$0</b>
<b>B.</b>	<b>ASCENSION HEALTH</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2009</b>	<b>\$0</b>
<b>C.</b>	<b>HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC.</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2009</b>	<b>\$0</b>
<b>D.</b>	<b>ST VINCENT'S COLLEGE</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2009</b>	<b>\$0</b>
<b>E.</b>	<b>ST VINCENT'S MEDICAL CENTER FOUNDATION, INC</b>				
1		ST VINCENT'S COLLEGE	Fund Transfers	09/30/2009	\$269,000
2		ST VINCENT'S COLLEGE	Donations - Non Capital	09/30/2009	(\$290,000)
3		ST. VINCENT'S SPECIAL NEEDS CENTER, INC	Donations - Non Capital	09/30/2009	(\$28,000)
4		ST. VINCENT'S SPECIAL NEEDS CENTER, INC	Donations - Capital	09/30/2009	(\$170,000)
5		ST. VINCENT'S SPECIAL NEEDS CENTER, INC	Fund Transfers	09/30/2009	\$188,000
6		HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC.	Donations - Non Capital	09/30/2009	(\$26,000)
7		HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC.	Donations - Capital	09/30/2009	(\$10,000)
8		HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC.	Fund Transfers	09/30/2009	\$32,000
			<b>Total:</b>	<b>9/30/2009</b>	<b>(\$35,000)</b>
<b>F.</b>	<b>ST. VINCENT'S DEVELOPMENT, INC</b>				
			Nothing to Report		\$0

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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
			Total:	9/30/2009	\$0
<b>G.</b>	<b>ST. VINCENT'S MEDICAL CENTER AUXILIARY</b>				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
<b>H.</b>	<b>ST. VINCENT'S SPECIAL NEEDS CENTER, INC</b>				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
<b>I.</b>	<b>VINCENTURES</b>				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2009	(\$45,000)

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
	<b>A. ST VINCENTS HEALTH SERVICES CORPORATION</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>B. ASCENSION HEALTH</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>C. HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>D. ST VINCENT'S COLLEGE</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>E. ST VINCENT'S MEDICAL CENTER FOUNDATION, INC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>F. ST. VINCENT'S DEVELOPMENT, INC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>G. ST. VINCENT'S MEDICAL CENTER AUXILIARY</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>H. ST. VINCENT'S SPECIAL NEEDS CENTER, INC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>I. VINCENTURES</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>Grand Total:</b>	<b>\$0</b>	<b>9/30/2009</b>

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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
<b>A. ST VINCENTS HEALTH SERVICES CORPORATION</b>			
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>B. ASCENSION HEALTH</b>			
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>C. HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC.</b>			
1	St. Vincents Medical Center is committed to providing financial support in the form of working capital advances or net asset transfers through 09/30/2010 in amounts which are sufficient for Hall-Brooke to meet its cash flow requirements.	\$0	1
	<b>Total:</b>	<b>\$0</b>	
<b>D. ST VINCENT'S COLLEGE</b>			
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>E. ST VINCENT'S MEDICAL CENTER FOUNDATION, INC</b>			
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>F. ST. VINCENT'S DEVELOPMENT, INC</b>			
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>G. ST. VINCENT'S MEDICAL CENTER AUXILIARY</b>			
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>H. ST. VINCENT'S SPECIAL NEEDS CENTER, INC</b>			
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>I. VINCENTURES</b>			
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
	<b>Grand Total:</b>	<b>\$0</b>	

**SAINT VINCENT'S MEDICAL CENTER  
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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 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Indigent Care</b>					
	<b>Beginning Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
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%
	<b>Ending Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
<b>B. Free Beds</b>					
	<b>Beginning Balance</b>	<b>\$202,791.00</b>	<b>\$209,174.00</b>	<b>\$6,383.00</b>	<b>3%</b>
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$6,383.00	\$2,990.00	(\$3,393.00)	-53%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	<b>Ending Balance</b>	<b>\$209,174.00</b>	<b>\$212,164.00</b>	<b>\$2,990.00</b>	<b>1%</b>
5	Projected Interest Income	\$6,500.00	\$3,000.00	(\$3,500.00)	-54%
<b>C. Other</b>					
	<b>Beginning Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
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%
	<b>Ending Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

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REPORT 17 - 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		2,481
2. A. Number of Patients receiving Hospital Bed Fund Grants		0
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$0.00
Grand Total		\$0.00

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REPORT 17 - 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				
(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	\$68,640.00	\$168.00	\$168.00	\$168.00
	Conlin Free Bed Fund	\$18,440.00	\$154.00	\$154.00	\$154.00
	Harral Free Bed Fund	\$6,961.00	\$57.00	\$57.00	\$57.00
	Hubbell Free Bed Fund	\$32,720.00	\$90.00	\$90.00	\$90.00
	Klein Free Bed Fund	\$39,782.00	\$112.00	\$112.00	\$112.00
	Ladies of Charity Free Bed Fund	\$9,737.00	\$22.00	\$22.00	\$22.00
	Brodbeck Free Bed Fund	\$35,884.00	\$2,386.00	\$2,386.00	\$2,386.00
	<b>Total Bed Funds :</b>	<b>\$212,164.00</b>	<b>\$2,989.00</b>	<b>\$2,989.00</b>	<b>\$2,989.00</b>

**SAINT VINCENT'S MEDICAL CENTER  
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**REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

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

**SAINT VINCENT'S MEDICAL CENTER  
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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

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

**SAINT VINCENT'S MEDICAL CENTER  
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REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS**

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

**SAINT VINCENT'S MEDICAL CENTER  
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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) <sup>C</sup>	FRINGE BENEFITS <sup>A</sup> (Directly or Indirectly) <sup>C</sup>	TOTAL
<b>A . ST VINCENTS HEALTH SERVICES CORPORATION</b>				
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>B . ASCENSION HEALTH</b>				
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>C . HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$58,756	\$0	\$58,756
2	Paid by the Hospital to Employees of the Entity Listed Above	\$247	\$0	\$247
<b>D . ST VINCENT'S COLLEGE</b>				
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>E . ST VINCENT'S MEDICAL CENTER FOUNDATION, INC</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$95,025	\$19,515	\$114,540
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>F . ST. VINCENT'S DEVELOPMENT, INC</b>				
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>G . ST. VINCENT'S MEDICAL CENTER AUXILIARY</b>				
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>H . ST. VINCENT'S SPECIAL NEEDS CENTER, INC</b>				
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>I . VINCENTURES</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

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

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

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

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

**SAINT VINCENT'S MEDICAL CENTER  
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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 2009
<b>A</b>	<b>Transfer of Assets or Operations</b>	
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

SAINT VINCENT'S MEDICAL CENTER					
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REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
<b>A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)</b>					
1.	Number of Applicants	2,548	2,481	(67)	-3%
2.	Number of Approved Applicants	2,344	2,406	62	3%
3.	Total Charges (A)	\$5,785,000	\$8,832,581	\$3,047,581	53%
	<b>Average Charges</b>	<b>\$2,468</b>	<b>\$3,671</b>	<b>\$1,203</b>	<b>49%</b>
4.	Ratio of Cost to Charges (RCC)	0.451046	0.413922	(0.037124)	-8%
	<b>Total Cost</b>	<b>\$2,609,301</b>	<b>\$3,656,000</b>	<b>\$1,046,698</b>	<b>40%</b>
	<b>Average Cost</b>	<b>\$1,113</b>	<b>\$1,520</b>	<b>\$406</b>	<b>37%</b>
5.	Charity Care - Inpatient Charges	\$1,482,569	\$3,765,049	\$2,282,480	154%
6.	Charity Care - Outpatient Emergency Department Charges	809,964	1,099,706	289,742	36%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	3,492,467	3,967,826	475,359	14%
	<b>Total Charges (A)</b>	<b>\$5,785,000</b>	<b>\$8,832,581</b>	<b>\$3,047,581</b>	<b>53%</b>
8.	Charity Care - Number of Patient Days	335	774	439	131%
9.	Charity Care - Number of Discharges	65	138	73	112%
10.	Charity Care - Number of Outpatient ED Visits	660	880	220	33%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	6,544	6,880	336	5%
<b>(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.</b>					
<b>B. Hospital Bed Funds (see Hospital Reporting System - Report 17)</b>					
1.	Number of Applicants	2,548	2,481	(67)	-3%
2.	Number of Approved Applicants	-	-	-	0%
3.	Total Charges (B)	\$0	\$0	\$0	0%
	<b>Average Charges</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
4.	Ratio of Cost to Charges (RCC)	0.451046	0.413922	(0.037124)	-8%
	<b>Total Cost</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Average Cost</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
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%
	<b>Total Charges (B)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
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>(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.</b>					