

SAINT VINCENT'S MEDICAL CENTER
ANNUAL REPORTING
FISCAL YEAR 2011
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL

| (1) | (2) | (3) |
|--------------------------|---------------------------------|--|
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| 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 | 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. 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 | 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 - |
| C. AFFILIATE NAME | | |
| | | HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC. |
| 1 | Affiliate Description | AN AFFILIATE OF ST. VINCENT'S HEALTH SERVICES THAT PROVIDES MENTAL HEALTH SERVICES VIA AN ON-SITE SCHOOL AND RESIDENTIAL HOUSING PROGRAMS. ALSO OPERATES THE MEDICAL CENTER'S OUTPATIENT BEHAVIORAL HEALTH SITES VIA A MANAGEMENT AGREEMENT. |
| 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 | 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 Street |
| 13 | CT Agent Town | Bridgeport |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06606 - |

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| (1) | (2) | (3) |
|------|---------------------------------|--|
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| | D. AFFILIATE NAME | ST VINCENT'S COLLEGE, INC. |
| | | SUBSIDIARY OF MEDICAL CENTER CREATED TO CONDUCT DEGREE GRANTING PROGRAMS IN NURSING EDUCATION AND OTHER ALLIED HEALTH COURSES |
| 1 | Affiliate Description | |
| 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 - |
| | E. AFFILIATE NAME | ST VINCENT'S MEDICAL CENTER FOUNDATION, INC |
| | | AFFILIATE OF ST. VINCENT'S HEALTH SERVICES CORP CREATED TO CONDUCT FUND-RAISING FOR ALL NON-PROFIT ENTITIES IN ST VINCENT'S HEALTH SERVICES UMBRELLA |
| 1 | Affiliate Description | |
| 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 - |
| | F. 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 PRIMARY CARE PHYSICIANS, HOSPITAL-BASED PROVIDERS, AND SPECIALISTS. |
| 1 | Affiliate Description | |
| 2 | Affiliate type of service | Physicians Services |
| 3 | Tax Status | Not for Profit |
| 4 | Street Address | 2800 MAIN STREET |
| 5 | Town | BRIDGEPORT |
| 6 | State | Connecticut |
| 7 | Zip Code | 06606 - 4201 |
| 8 | CEO Name | MICHAEL HERMAN, M.D. |
| 9 | CEO Title | PRESIDENT |
| 10 | CT Agent Name | SUSAN L. DAVIS RN EdD |
| 11 | CT Agent Company | ST. VINCENT'S 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 - |

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| (1) | (2) | (3) |
|--------------------------|---------------------------------|--|
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| 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 | 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 - |
| 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 | 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 - |
| 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. |
| 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 | Richard D'Aquila |
| 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
ANNUAL REPORTING
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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

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

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

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

**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: | 9/30/2010 | \$0 |
| | | Nothing to Report | | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2011 | \$0 |
| B. ASCENSION HEALTH | | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2010 | \$0 |
| 1 | | Corporate Service Fees | 09/30/2011 | (\$2,524,000) |
| 2 | | Sponsor Fees | 09/30/2011 | (\$923,000) |
| 3 | | Fund Process Standardization Project | 09/30/2011 | (\$6,243,000) |
| 4 | | Reimbursements/Fund Transfers | 09/30/2011 | \$9,690,000 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2011 | \$0 |
| C. HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC. | | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2010 | \$60,000 |
| 1 | | Management Services Provided by HBH for Hospital | 09/30/2011 | (\$1,962,000) |
| 2 | | Management Services Provided by SVMC for HBH | 09/30/2011 | \$316,000 |
| 3 | | Expenses Paid by SVMC on Behalf of HBH | 09/30/2011 | \$1,199,000 |
| 4 | | Reimbursements/Fund Transfers | 09/30/2011 | \$417,000 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2011 | \$30,000 |
| D. ST VINCENT'S COLLEGE, INC. | | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2010 | \$71,000 |
| 1 | | Management Services Provided by SVMC for College | 09/30/2011 | \$372,000 |
| 2 | | Expenses Paid by SVMC on Behalf of College | 09/30/2011 | \$737,000 |
| 3 | | Tuition for SVMC Employees | 09/30/2011 | (\$512,000) |
| 4 | | College Subsidy | 09/30/2011 | (\$640,000) |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2011 | \$28,000 |
| E. ST VINCENT'S MEDICAL CENTER FOUNDATION, INC | | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2010 | \$4,737,000 |
| 1 | | Management Services Provided by SVMC for Foundatio | 09/30/2011 | \$252,000 |
| 2 | | Expenses Paid by SVMC on Behalf of Foundation | 09/30/2011 | \$774,000 |
| 3 | | Donations - Capital and Operating | 09/30/2011 | \$7,246,000 |
| 4 | | Reimbursements/Fund Transfers | 09/30/2011 | (\$6,201,000) |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2011 | \$6,808,000 |

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

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 | 10/01/2010 | (\$20,000) |
| A. | ST VINCENTS HEALTH SERVICES CORPORATION | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2011 | \$0 |
| B. | ASCENSION HEALTH | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2011 | \$0 |
| C. | HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC. | | | | |
| 1 | | ST. VINCENT'S DEVELOPMENT, INC | Maintenance Chargeback | 09/30/2011 | \$148,000 |
| 2 | | ST. VINCENT'S DEVELOPMENT, INC | Fund Transfers | 09/30/2011 | (\$137,000) |
| 3 | | ST. VINCENT'S MULTISPECIALTY GROUP, INC. | Physician Services | 09/30/2011 | \$104,000 |
| | | | Total: | 9/30/2011 | \$115,000 |
| D. | ST VINCENT'S COLLEGE, INC. | | | | |
| 1 | | ST. VINCENT'S DEVELOPMENT, INC | Facilities Rental | 09/30/2011 | \$5,000 |
| 2 | | ST. VINCENT'S DEVELOPMENT, INC | Fund Transfers | 09/30/2011 | (\$3,000) |
| | | | Total: | 9/30/2011 | \$2,000 |
| E. | ST VINCENT'S MEDICAL CENTER FOUNDATION, INC | | | | |
| 1 | | ST VINCENT'S COLLEGE, INC. | Donations - Non Capital | 09/30/2011 | (\$444,000) |
| 2 | | ST VINCENT'S COLLEGE, INC. | Fund Transfers | 09/30/2011 | \$444,000 |
| 3 | | ST. VINCENT'S SPECIAL NEEDS CENTER, INC | Donations - Non Capital | 09/30/2011 | (\$105,000) |
| 4 | | ST. VINCENT'S SPECIAL NEEDS CENTER, INC | Donations - Capital | 09/30/2011 | (\$413,000) |
| 5 | | ST. VINCENT'S SPECIAL NEEDS CENTER, INC | Fund Transfers | 09/30/2011 | \$331,000 |
| 6 | | ST. VINCENT'S DEVELOPMENT, INC | Donations - Capital | 09/30/2011 | (\$215,000) |
| 7 | | HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC. | Donations - Non Capital | 09/30/2011 | (\$55,000) |
| 8 | | HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC. | Fund Transfers | 09/30/2011 | \$55,000 |
| | | | Total: | 9/30/2011 | (\$402,000) |

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

**SAINT VINCENT'S MEDICAL CENTER
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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 |
| | A. ST VINCENTS HEALTH SERVICES CORPORATION | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2011 |
| | B. ASCENSION HEALTH | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2011 |
| | C. HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC. | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2011 |
| | D. ST VINCENT'S COLLEGE, INC. | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2011 |
| | E. ST VINCENT'S MEDICAL CENTER FOUNDATION, INC | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2011 |
| | F. ST. VINCENT'S MULTISPECIALTY GROUP, INC. | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2011 |
| | G. ST. VINCENT'S DEVELOPMENT, INC | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2011 |
| | H. ST. VINCENT'S SPECIAL NEEDS CENTER, INC | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2011 |
| | I. VINCENTURES, INC. | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2011 |
| | Grand Total: | \$0 | 9/30/2011 |

**SAINT VINCENT'S MEDICAL CENTER
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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 |
| 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. HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC. | | | |
| 1 | St. Vincents Medical Center is committed to providing financial support in the form of working capital advances or net asset transfers through 9/30/12 in amounts sufficient for Hall-Brooke to meet its cash flow requirements. See Audit Rep Letter. | \$0 | 1 |
| 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 | | | |
| 1 | St. Vincents Medical Center is committed to providing financial support in the form of working capital advances or net asset transfers through 9/30/12 in amounts sufficient for Development to meet its cash flow requirements. See Audit Repr. Letter. | \$0 | 1 |
| 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 | |

**SAINT VINCENT'S MEDICAL CENTER
ANNUAL REPORTING
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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 2010 ACTUAL | FY 2011 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 | \$212,164.00 | \$216,429.00 | \$4,265.00 | 2% |
| 1 | Donations | \$0.00 | \$0.00 | \$0.00 | 0% |
| 2 | Income | \$4,265.00 | \$17,450.00 | \$13,185.00 | 309% |
| 3 | Expenditures | \$0.00 | \$0.00 | \$0.00 | 0% |
| 4 | Unrealized Gains and Losses | \$0.00 | \$0.00 | \$0.00 | 0% |
| | Ending Balance | \$216,429.00 | \$233,879.00 | \$17,450.00 | 8% |
| 5 | Projected Interest Income | \$4,300.00 | \$17,500.00 | \$13,200.00 | 307% |
| C. Other | | | | | |
| | Beginning Balance | \$0.00 | \$0.00 | \$0.00 | 0% |
| 1 | Donations | \$0.00 | \$0.00 | \$0.00 | 0% |
| 2 | Income | \$0.00 | \$0.00 | \$0.00 | 0% |
| 3 | Expenditures | \$0.00 | \$0.00 | \$0.00 | 0% |
| 4 | Unrealized Gains and Losses | \$0.00 | \$0.00 | \$0.00 | 0% |
| | Ending Balance | \$0.00 | \$0.00 | \$0.00 | 0% |
| 5 | Projected Interest Income | \$0.00 | \$0.00 | \$0.00 | 0% |

| SAINT VINCENT'S MEDICAL CENTER | | |
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| REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL | | |
| A. Patient Activity | | |
| (1) | (2) | (3) |
| <u>Patient</u> | Name of Hospital Bed Fund (FULL NAME) | Amount |
| 1. Number of Applications for Hospital Bed Funds | | 2,496 |
| 2. A. Number of Patients receiving Hospital Bed Fund Grants | | 0 |
| 2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F | | \$0.00 |
| | | |
| Grand Total | | \$0.00 |

| SAINT VINCENT'S MEDICAL CENTER | | | | | |
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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 | | | | |
| (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 | \$68,561.00 | (\$121.00) | (\$121.00) | (\$121.00) |
| | Conlin Free Bed Fund | \$18,368.00 | (\$111.00) | (\$111.00) | (\$111.00) |
| | Harral Free Bed Fund | \$6,934.00 | (\$41.00) | (\$41.00) | (\$41.00) |
| | Hubbell Free Bed Fund | \$32,678.00 | (\$64.00) | (\$64.00) | (\$64.00) |
| | Klein Free Bed Fund | \$39,730.00 | (\$81.00) | (\$81.00) | (\$81.00) |
| | Ladies of Charity Free Bed Fund | \$9,727.00 | (\$16.00) | (\$16.00) | (\$16.00) |
| | Brodbeck Free Bed Fund | \$57,881.00 | \$17,884.00 | \$17,884.00 | \$17,884.00 |
| | Total Bed Funds : | \$233,879.00 | \$17,450.00 | \$17,450.00 | \$17,450.00 |

**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 |
| I. GENERAL COLLECTION PROCESSES AND PROCEDURES | | |
| A. | Hospital's processes and policies for assigning a debt to a Collection Agent | Based on review of account by PFS, recommendation is made to adjust account to Bad Debt status and refer to outside collection agency. Account remains with agency until requested or returned (after 230 days for normal cycle). Hospital does not retain separate attorney if legal action is required. |
| B. | Hospital's processes and policies for compensating a Collection Agent for services rendered | Collection agencies are paid at a rate of 20% of what is collected on an account turned over to the agency regardless of whether the payment is received by the agency or the hospital. |
| C. | Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents | 5.35% |
| II. SPECIFIC COLLECTION AGENT INFORMATION | | |
| Collection Agent | | |
| 1 | Collection Agent Name | Trans-Continental Credit & Collection Corp. |
| 2 | Collection Agent Type | |
| 3 | Related / Not Related Entity | Not Related |
| 4 | If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details. | Based on review of account by PFS, recommendation is made to adjust account to Bad Debt status and refer to outside collection agency. Account remains with agency until requested or returned (after 230 days for normal cycle). Hospital does not retain separate attorney if legal action is required. |
| 5 | If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details. | TCC is paid 20% of what is collected on an account turned over to the agency regardless of whether the payment is received by the agency or the hospital and 40% if an account has to go through a legal process. |
| 6 | Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent. | 5.35% |

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

**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) ^C | FRINGE BENEFITS ^A (Directly 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 . HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC. | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| D . ST VINCENT'S COLLEGE, INC. | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| 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 | \$291,534 | \$138,614 | \$430,148 |
| 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 | \$186,633 | \$35,376 | \$222,009 |
| 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.

**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 2011 |
| 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 |

| 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 2010 | FY 2011 | AMOUNT | % |
| LINE | DESCRIPTION | AMOUNT | AMOUNT | DIFFERENCE | DIFFERENCE |
| A. Hospital Charity Care (see Hospital Audited Financial Statement Notes) | | | | | |
| 1. | Number of Applicants | 2,781 | 2,496 | (285) | -10% |
| 2. | Number of Approved Applicants | 2,653 | 2,440 | (213) | -8% |
| 3. | Total Charges (A) | \$7,662,000 | \$9,025,000 | \$1,363,000 | 18% |
| | Average Charges | \$2,888 | \$3,699 | \$811 | 28% |
| 4. | Ratio of Cost to Charges (RCC) | 0.39657 | 0.373903 | (0.022667) | -6% |
| | Total Cost | \$3,038,519 | \$3,374,475 | \$335,955 | 11% |
| | Average Cost | \$1,145 | \$1,383 | \$238 | 21% |
| 5. | Charity Care - Inpatient Charges | \$1,848,739 | \$2,204,488 | \$355,749 | 19% |
| 6. | Charity Care - Outpatient Emergency Department Charges | 1,325,695 | 1,566,216 | 240,521 | 18% |
| 7. | Charity Care - Outpatient Charges (Excludes ED Charges) | 4,487,566 | 5,254,296 | 766,730 | 17% |
| | Total Charges (A) | \$7,662,000 | \$9,025,000 | \$1,363,000 | 18% |
| 8. | Charity Care - Number of Patient Days | 320 | 426 | 106 | 33% |
| 9. | Charity Care - Number of Discharges | 72 | 72 | 0 | 0% |
| 10. | Charity Care - Number of Outpatient ED Visits | 880 | 903 | 23 | 3% |
| 11. | Charity Care - Number of Outpatient Visits (Excludes ED Visits) | 6,834 | 7,071 | 237 | 3% |
| (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 | 2,781 | 2,496 | (285) | -10% |
| 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) | 0.39657 | 0.373903 | (0.022667) | -6% |
| | 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. | | | | | |