

SAINT VINCENT'S MEDICAL CENTER
ANNUAL REPORTING
FISCAL YEAR 2012
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.
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 St. Vincent's Health Services Corp
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 -
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

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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 -
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	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.
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
7	Zip Code	06606 - 4201
8	CEO Name	Roger Poitras, D.H.A.
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 -
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.

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
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
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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 9/30/2012
A. SAINT VINCENT'S MEDICAL CENTER			
1		Unrestricted	\$475,180,000
2		Temporarily Restricted by Donor	\$10,570,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$9,534,000
5		Intercompany Eliminations	\$0
		Total:	\$495,284,000
B. ST VINCENTS HEALTH SERVICES CORPORATION			
1		Unrestricted	\$3,763,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$3,763,000
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	\$6,139,000
2		Temporarily Restricted by Donor	\$194,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$6,333,000
E. ST VINCENT'S COLLEGE, INC.			
1		Unrestricted	\$7,993,000
2		Temporarily Restricted by Donor	\$2,199,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$1,735,000
5		Intercompany Eliminations	\$0
		Total:	\$11,927,000
F. ST VINCENT'S MEDICAL CENTER FOUNDATION, INC			
1		Unrestricted	\$13,389,000
2		Temporarily Restricted by Donor	\$14,843,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$11,912,000
5		Intercompany Eliminations	(\$31,174,000)
		Total:	\$8,970,000
G. ST. VINCENT'S MULTISPECIALTY GROUP, INC.			
1		Unrestricted	(\$3,244,000)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$3,244,000)

**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 9/30/2012
	H. ST. VINCENT'S DEVELOPMENT, INC		
1		Unrestricted	\$12,548,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$12,548,000
	I. ST. VINCENT'S SPECIAL NEEDS CENTER, INC		
1		Unrestricted	\$25,991,000
2		Temporarily Restricted by Donor	\$2,044,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$710,000
5		Intercompany Eliminations	\$0
		Total:	\$28,745,000
	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:	\$595,500,000
	Intercompany Eliminations		(\$31,174,000)
	Total of all Affiliates	Fund Balance:	\$564,326,000

**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:	9/30/2011	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
B. ASCENSION HEALTH				
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
1		Corporate Service Fees	09/30/2012	(\$2,870,000)
2		Sponsor Fees	09/30/2012	(\$601,000)
3		Fund Process Standardization Project	09/30/2012	(\$6,916,700)
4		System Obligations	09/30/2012	(\$3,053,000)
5		Capital Transfers	09/30/2012	(\$311,100)
6		Reimbursements/Fund Transfers	09/30/2012	\$13,579,800
7		Services to Pensacola Ministry	09/30/2012	\$172,000
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
C. HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$30,000
1		Management Services Provided by SVMC for HBH	09/30/2012	\$153,000
2		Expenses Paid by SVMC on Behalf of HBH	09/30/2012	\$1,042,000
3		Expenses Paid by HBH on Behalf of SVMC	09/30/2012	(\$109,000)
4		Process Standardization Proj pd by SVMC on behalf of H	09/30/2012	\$90,000
5		Reimbursements/Fund Transfers	09/30/2012	(\$419,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$787,000
D. ST VINCENT'S COLLEGE, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$28,000
1		Management Services Provided by SVMC for College	09/30/2012	\$310,000
2		Expenses Paid by SVMC on Behalf of College	09/30/2012	\$810,000
3		Process Standardization Proj pd by SVMC for College	09/30/2012	\$73,000
4		Tuition for SVMC Employees	09/30/2012	(\$689,000)
5		College Subsidy	09/30/2012	(\$481,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$51,000
E. ST VINCENT'S MEDICAL CENTER FOUNDATION, INC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$6,808,000
1		Management Services Provided by SVMC for Foundatio	09/30/2012	\$253,000

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
2		Expenses Paid by SVMC on Behalf of Foundation	09/30/2012	\$1,232,000
3		Process Standardization Proj pd by SVMC for Foundati	09/30/2012	\$211,000
4		Donations - Capital and Operating	09/30/2012	\$3,716,000
5		Reimbursements/Fund Transfers	09/30/2012	(\$9,987,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$2,233,000
F.	ST. VINCENT'S MULTISPECIALTY GROUP, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$6,562,000
1		Expenses Paid by SVMC on Behalf of SVMSG	09/30/2012	\$3,484,000
2		Advances to SVMSG from SVMC	09/30/2012	\$20,355,000
3		Management Services Provided by SVMC for SVMSG	09/30/2012	\$327,000
4		Physician Services Provided by SVMSG for SVMC	09/30/2012	(\$18,679,000)
5		Reimbursements/Fund Transfers	09/30/2012	(\$9,189,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$2,860,000
G.	ST. VINCENT'S DEVELOPMENT, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$948,000
1		Management Services Provided by SVMC for Developm	09/30/2012	\$874,000
2		Expenses Paid by SVMC on Behalf of Development	09/30/2012	\$852,000
3		Process Standardization Proj pd by SVMC for Developm	09/30/2012	\$220,000
4		Maintenance Services provided by Dev for SVMC	09/30/2012	(\$214,000)
5		Rental of Development Properties by SVMC	09/30/2012	(\$433,000)
6		Reimbursements/Fund Transfers	09/30/2012	(\$857,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$1,390,000
H.	ST. VINCENT'S SPECIAL NEEDS CENTER, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$646,000
1		Management Services Provided by SVMC for Special N	09/30/2012	\$667,000
2		Expenses Paid by SVMC on Behalf of Special Needs	09/30/2012	\$3,569,000
3		Process Standardization Proj pd by SVMC for Special N	09/30/2012	\$334,000
4		Reimbursements/Fund Transfers	09/30/2012	(\$4,860,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$356,000
I.	VINCENTURES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0

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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
			Grand Total:	\$7,677,000

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	10/01/2011	(\$227,000)
A.	ST VINCENTS HEALTH SERVICES CORPORATION				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
B.	ASCENSION HEALTH				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
C.	HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC.				
1		ST. VINCENT'S DEVELOPMENT, INC	Maintenance Chargeback	09/30/2012	\$156,000
2		ST. VINCENT'S DEVELOPMENT, INC	Fund Transfers	09/30/2012	(\$137,000)
3		ST. VINCENT'S MULTISPECIALTY GROUP, INC.	Physician Services	09/30/2012	\$25,000
4		ST. VINCENT'S MULTISPECIALTY GROUP, INC.	Fund Transfers	09/30/2012	(\$100,000)
			Total:	9/30/2012	(\$56,000)
D.	ST VINCENT'S COLLEGE, INC.				
1		ST. VINCENT'S DEVELOPMENT, INC	Facilities Rental	09/30/2012	\$22,000
2		ST. VINCENT'S DEVELOPMENT, INC	Fund Transfers	09/30/2012	(\$22,000)
3		HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC.	Student Counseling Services	09/30/2012	\$55,200
4		HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC.	Fund Transfers	09/30/2012	(\$55,200)
			Total:	9/30/2012	\$0
E.	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC				
1		ST VINCENT'S COLLEGE, INC.	Donations - Non Capital	09/30/2012	(\$331,000)
2		ST VINCENT'S COLLEGE, INC.	Donations - Capital	09/30/2012	(\$23,000)
3		ST VINCENT'S COLLEGE, INC.	Fund Transfers	09/30/2012	\$319,000
4		ST. VINCENT'S SPECIAL NEEDS CENTER, INC	Donations - Non Capital	09/30/2012	(\$53,000)
5		ST. VINCENT'S SPECIAL NEEDS CENTER, INC	Donations - Capital	09/30/2012	(\$393,000)
6		ST. VINCENT'S SPECIAL NEEDS CENTER, INC	Fund Transfers	09/30/2012	\$454,000

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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
7		ST. VINCENT'S DEVELOPMENT, INC	Fund Transfers	09/30/2012	\$215,000
8		HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC.	Donations - Non Capital	09/30/2012	(\$34,000)
9		HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC.	Fund Transfers	09/30/2012	\$30,000
			Total:	9/30/2012	\$184,000
F.	ST. VINCENT'S MULTISPECIALTY GROUP, INC.				
1		ST. VINCENT'S DEVELOPMENT, INC	Facilities Rental	09/30/2012	\$231,000
2		ST. VINCENT'S DEVELOPMENT, INC	Maintenance Chargeback	09/30/2012	\$10,000
3		ST. VINCENT'S DEVELOPMENT, INC	Fund Transfers	09/30/2012	(\$275,000)
4		ST VINCENT'S MEDICAL CENTER FOUNDATION, INC	Capital Campaign Pledges	09/30/2012	\$66,000
5		ST VINCENT'S MEDICAL CENTER FOUNDATION, INC	Fund Transfers	09/30/2012	(\$73,000)
			Total:	9/30/2012	(\$41,000)
G.	ST. VINCENT'S DEVELOPMENT, INC				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
H.	ST. VINCENT'S SPECIAL NEEDS CENTER, INC				
1		ST. VINCENT'S DEVELOPMENT, INC	Maintenance Chargeback	09/30/2012	\$263,000
2		ST. VINCENT'S DEVELOPMENT, INC	Fund Transfers	09/30/2012	(\$260,000)
			Total:	9/30/2012	\$3,000
I.	VINCENTURES, INC.				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2012	(\$137,000)

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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
	A. ST VINCENTS HEALTH SERVICES CORPORATION		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
	B. ASCENSION HEALTH		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
	C. HALL-BROOKE BEHAVIORAL HEALTH SERVICES, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
	D. ST VINCENT'S COLLEGE, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
	E. ST VINCENT'S MEDICAL CENTER FOUNDATION, INC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
	F. ST. VINCENT'S MULTISPECIALTY GROUP, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
	G. ST. VINCENT'S DEVELOPMENT, INC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
	H. ST. VINCENT'S SPECIAL NEEDS CENTER, INC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
	I. VINCENTURES, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
	Grand Total:	\$0	9/30/2012

**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 9/30/13 in amounts sufficient for Hall-Brooke to meet its cash flow requirements. See audit rep letter.	\$0	1
2	St. Vincents Medical Center will indemnify Hall-Brooke from any professional liability claims and amounts owed to third parties resulting from settlement of prior cost reports or resulting from billing or coding reviews. See audit rep letter with filing.	\$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 9/30/13 in amounts sufficient for Development to meet its cash flow requirements. See audit rep 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

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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
	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 2011 ACTUAL	FY 2012 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	\$216,429.00	\$233,879.00	\$17,450.00	8%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$17,450.00	\$13,391.00	(\$4,059.00)	-23%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$233,879.00	\$247,270.00	\$13,391.00	6%
5	Projected Interest Income	\$17,500.00	\$13,400.00	(\$4,100.00)	-23%
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 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		3,003
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				
(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	\$68,501.00	(\$60.00)	(\$60.00)	(\$60.00)
	Conlin Free Bed Fund	\$18,313.00	(\$55.00)	(\$55.00)	(\$55.00)
	Harral Free Bed Fund	\$6,914.00	(\$20.00)	(\$20.00)	(\$20.00)
	Hubbell Free Bed Fund	\$32,646.00	(\$32.00)	(\$32.00)	(\$32.00)
	Klein Free Bed Fund	\$39,690.00	(\$40.00)	(\$40.00)	(\$40.00)
	Ladies of Charity Free Bed Fund	\$9,719.00	(\$8.00)	(\$8.00)	(\$8.00)
	Brodbeck Free Bed Fund	\$71,488.00	\$13,607.00	\$13,607.00	\$13,607.00
	Total Bed Funds :	\$247,271.00	\$13,392.00	\$13,392.00	\$13,392.00

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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 (usually after 230 days). 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 hospital.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	6.90%
II. SPECIFIC COLLECTION AGENT INFORMATION		
Collection Agent		
1	Collection Agent Name	Trans-Continental Credit & Collection Corp
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Based on review of account by PFS, recommendation is made to adjust account to bad debt status and refer to outside collection agency. Account remains with agency until requested or returned (usually after 230 days). 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.	6.90%

**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	\$841,269	\$1,553,009	\$2,394,278
2.	PRESIDENT/CHIEF ACADEMIC OFFICER	\$587,195	\$391,683	\$978,878
3.	SENIOR VICE PRESIDENT	\$335,023	\$594,774	\$929,797
4.	CLINICAL VICE PRESIDENT SURGICAL SERVICES	\$516,991	\$261,051	\$778,042
5.	CLINICAL VICE PRESIDENT CARDIAC SERVICES	\$554,140	\$220,308	\$774,448
6.	SENIOR VICE PRESIDENT/CHIEF FINANCIAL OFFICER	\$419,506	\$327,628	\$747,134
7.	CLINICAL VICE PRESIDENT MEDICINE	\$444,049	\$169,490	\$613,539
8.	CHAIRPERSON EMERGENCY CARE	\$470,922	\$121,110	\$592,032
9.	SR VP/CHIEF ADMINISTRATIVE OFFICER	\$347,716	\$242,980	\$590,696
10.	SR VP/CHIEF HUMAN RESOURCES OFFICER	\$329,752	\$147,684	\$477,436
	Grand Total:	\$4,846,563	\$4,029,717	\$8,876,280

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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	\$139,990	\$32,010	\$172,000
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	\$4,654	\$1,225	\$5,879
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	\$605,943	\$162,479	\$768,422
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	\$220,049	\$37,926	\$257,975
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 2012
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)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	2,496	3,003	507	20%
2.	Number of Approved Applicants	2,440	2,978	538	22%
3.	Total Charges (A)	\$9,025,000	\$15,330,000	\$6,305,000	70%
	Average Charges	\$3,699	\$5,148	\$1,449	39%
4.	Ratio of Cost to Charges (RCC)	0.373903	0.377794	0.003891	1%
	Total Cost	\$3,374,475	\$5,791,582	\$2,417,107	72%
	Average Cost	\$1,383	\$1,945	\$562	41%
5.	Charity Care - Inpatient Charges	\$2,204,488	\$3,948,573	\$1,744,085	79%
6.	Charity Care - Outpatient Emergency Department Charges	1,566,216	2,974,043	1,407,827	90%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	5,254,296	8,407,384	3,153,088	60%
	Total Charges (A)	\$9,025,000	\$15,330,000	\$6,305,000	70%
8.	Charity Care - Number of Patient Days	426	671	245	58%
9.	Charity Care - Number of Discharges	72	144	72	100%
10.	Charity Care - Number of Outpatient ED Visits	903	1,412	509	56%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	7,071	7,629	558	8%
(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	2,496	3,003	507	20%
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)	0.373903	0.377794	0.003891	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.					