

SAINT VINCENT'S MEDICAL CENTER
ANNUAL REPORTING
FISCAL YEAR 2016
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 MEDICAL CENTER
1	Affiliate Description	Parent organization of 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 Street
5	Town	Bridgeport
6	State	Connecticut
7	Zip Code	06606 -
8	CEO Name	Vince Caponi
9	CEO Title	President/CEO
10	CT Agent Name	Peter Struzzi
11	CT Agent Company	St. Vincent's Medical Center
12	CT Agent Company Street Address	2800 Main Street
13	CT Agent Town	Bridgeport
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06606 -
B. AFFILIATE NAME		
		2660 MAIN, LLC
1	Affiliate Description	Disregarded Entity under St. Vincent's Development, Inc. St. Vincent's Development is sole member of LLC.
2	Affiliate type of service	Real Estate
3	Tax Status	Not for Profit
4	Street Address	2800 Main Street
5	Town	Bridgeport
6	State	Connecticut
7	Zip Code	06606 -
8	CEO Name	Vincent C. Caponi
9	CEO Title	President/CEO
10	CT Agent Name	Peter H. Struzzi
11	CT Agent Company	St. Vincent's Medical Center
12	CT Agent Company Street Address	2800 Main Street
13	CT Agent Town	Bridgeport
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06606 -
C. AFFILIATE NAME		
		2900 MAIN STREET, LLC
1	Affiliate Description	Disregarded Entity under St. Vincent's Development, Inc. St. Vincent's Development, Inc. is sole member of LLC.
2	Affiliate type of service	Real Estate
3	Tax Status	Not for Profit
4	Street Address	2800 Main Street
5	Town	Bridgeport
6	State	Connecticut
7	Zip Code	06606 -
8	CEO Name	Vincent C. Caponi
9	CEO Title	President/CEO
10	CT Agent Name	Peter H. Struzzi
11	CT Agent Company	St. Vincent's Medical Center
12	CT Agent Company Street Address	2800 Main Street
13	CT Agent Town	Bridgeport
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06606 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
D. 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	Corporation Service Company
11	CT Agent Company	Corporation Service Company
12	CT Agent Company Street Address	50 Weston Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06120 -
E. AFFILIATE NAME CARDIOLOGY PHYSICIANS OF FAIRFIELD COUNTY LLC		
1	Affiliate Description	Disregarded Entity under St. Vincent's Multispecialty Group. St Vincent's Multispecialty Group is sole member of LLC.
2	Affiliate type of service	Physicians Services
3	Tax Status	Not for Profit
4	Street Address	2800 Main Street
5	Town	Bridgeport
6	State	Connecticut
7	Zip Code	06606 -
8	CEO Name	Vincent C. Caponi
9	CEO Title	President
10	CT Agent Name	St. Vincent's Multi Specialty Group, Inc.
11	CT Agent Company	St. Vincent's Multi Specialty Group, Inc.
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 -
F. AFFILIATE NAME CONNECTICUT ORTHOPEDIC MANAGEMENT, LLC		
1	Affiliate Description	A joint venture formed to improve quality of care for Orthopedic patients at St. Vincent's Medical Center.
2	Affiliate type of service	For Profit Services (Specify)
3	Tax Status	For Profit
4	Street Address	2800 Main Street
5	Town	Bridgeport
6	State	Connecticut
7	Zip Code	06606 -
8	CEO Name	Anthy Demestihias, M.D.
9	CEO Title	President
10	CT Agent Name	Peter H. Struzzi
11	CT Agent Company	St. Vincent's Medical Center
12	CT Agent Company Street Address	2800 Main Street
13	CT Agent Town	Bridgeport
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06606 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
G. AFFILIATE NAME HAWLEY AVENUE HOLDINGS, LLC		
1	Affiliate Description	Disregarded Entity under St. Vincent's Development Inc. St. Vincent's Development Inc. is the sole member of the LLC.
2	Affiliate type of service	Real Estate
3	Tax Status	Not for Profit
4	Street Address	2800 Main Street
5	Town	Bridgeport
6	State	Connecticut
7	Zip Code	06606 -
8	CEO Name	Vincent C. Caponi
9	CEO Title	President/CEO
10	CT Agent Name	Peter H. Struzzi
11	CT Agent Company	St. Vincent's Medical Center
12	CT Agent Company Street Address	2800 Main Street
13	CT Agent Town	Bridgeport
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06606 -
H. AFFILIATE NAME MAIN STREET PROPERTIES, LLC.		
1	Affiliate Description	Disregarded Entity under St. Vincent's Development Inc. St. Vincent's Development, Inc. is sole member of LLC.
2	Affiliate type of service	Real Estate
3	Tax Status	Not for Profit
4	Street Address	2800 Main Street
5	Town	Bridgeport
6	State	Connecticut
7	Zip Code	06606 -
8	CEO Name	Vincent C. Caponi
9	CEO Title	President/CEO
10	CT Agent Name	Peter H. Struzzi
11	CT Agent Company	St. Vincent's Medical Center
12	CT Agent Company Street Address	2800 Main Street
13	CT Agent Town	Bridgeport
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06606 -
I. AFFILIATE NAME PRIMARY CARE PHYSICIANS OF STRATFORD, LLC		
1	Affiliate Description	Disregarded Entity under St. Vincent's Multispecialty Group. St. Vincent's Multispecialty Group is sole member of LLC
2	Affiliate type of service	Physicians Services
3	Tax Status	Not for Profit
4	Street Address	2800 Main Street
5	Town	Bridgeport
6	State	Connecticut
7	Zip Code	06606 -
8	CEO Name	Vincent C. Caponi
9	CEO Title	President
10	CT Agent Name	Peter H. Struzzi
11	CT Agent Company	St. Vincent's Medical Center
12	CT Agent Company Street Address	2800 Main Street
13	CT Agent Town	Bridgeport
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06606 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
J.	AFFILIATE NAME	RESIDENTIAL HOLDINGS, LLC
1	Affiliate Description	Disregarded Entity under St. Vincent's Development Inc. St. Vincent's Development Inc. is sole member of LLC.
2	Affiliate type of service	Real Estate
3	Tax Status	Not for Profit
4	Street Address	2800 Main Street
5	Town	Bridgeport
6	State	Connecticut
7	Zip Code	06606 -
8	CEO Name	Vincent C. Caponi
9	CEO Title	President/CEO
10	CT Agent Name	Peter H. Struzzi
11	CT Agent Company	St. Vincent's Medical Center
12	CT Agent Company Street Address	2800 Main Street
13	CT Agent Town	Bridgeport
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06606 -
K.	AFFILIATE NAME	ST VINCENT'S COLLEGE, INC.
1	Affiliate Description	SUBSIDIARY OF ST. VINCENT'S MEDICAL CENTER CREATED TO CONDUCT DEGREE GRANTING PROGRAMS IN NURSING EDUCATION AND OTHER ALLIED HEALTH COURSES
2	Affiliate type of service	Health Education Services
3	Tax Status	Not for Profit
4	Street Address	2800 MAIN ST
5	Town	Bridgeport
6	State	Connecticut
7	Zip Code	06606 -
8	CEO Name	Michael Gargano
9	CEO Title	President
10	CT Agent Name	Peter H. Struzzi
11	CT Agent Company	ST. VINCENTS MEDICAL CENTER
12	CT Agent Company Street Address	2800 MAIN ST
13	CT Agent Town	Bridgeport
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06606 -
L.	AFFILIATE NAME	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC
1	Affiliate Description	SUBSIDIARY OF ST. VINCENT'S HEALTH SERVICES CORP CREATED TO CONDUCT FUND-RAISING FOR ALL NON-PROFIT ENTITIES IN ST VINCENT'S MEDICAL CENTER UMBRELLA
2	Affiliate type of service	Fund Raising/Management
3	Tax Status	Not for Profit
4	Street Address	2800 MAIN ST
5	Town	Bridgeport
6	State	Connecticut
7	Zip Code	06606 -
8	CEO Name	Dianne Auger
9	CEO Title	President/CEO
10	CT Agent Name	Peter H. Struzzi
11	CT Agent Company	ST. VINCENTS MEDICAL CENTER
12	CT Agent Company Street Address	2800 MAIN ST
13	CT Agent Town	Bridgeport
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06606 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
M.	AFFILIATE NAME	ST VINCENTS HEALTH SERVICES CORPORATION
1	Affiliate Description	SUBSIDIARY OF ST. VINCENT'S MEDICAL CENTER. NON-PROFIT HOLDING CORP. FOR CERTAIN AFFILIATES OF ST. VINCENT'S MEDICAL CENTER.
2	Affiliate type of service	Other HealthCare Svcs(Specify)
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	Vincent C. Caponi
9	CEO Title	PRESIDENT/CEO
10	CT Agent Name	Peter H. Struzzi
11	CT Agent Company	ST. VINCENTS MEDICAL CENTER
12	CT Agent Company Street Address	2800 MAIN ST
13	CT Agent Town	Bridgeport
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06606 -
N.	AFFILIATE NAME	ST. VINCENT'S MEDICAL CENTER CO-MANAGEMENT, LLC.
1	Affiliate Description	Disregarded Entity under St. Vincent's Medical Center. St. Vincent's Medical Center is sole member of LLC.
2	Affiliate type of service	Other HealthCare Svcs(Specify)
3	Tax Status	Not for Profit
4	Street Address	2800 Main Street
5	Town	Bridgeport
6	State	Connecticut
7	Zip Code	06606 -
8	CEO Name	Vincent C. Caponi
9	CEO Title	President
10	CT Agent Name	Peter H. Struzzi
11	CT Agent Company	St. Vincent's Medical Center
12	CT Agent Company Street Address	2800 Main Street
13	CT Agent Town	Bridgeport
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06606 -
O.	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	Daniel Gottschall, MD.
9	CEO Title	PRESIDENT
10	CT Agent Name	Peter H. Struzzi
11	CT Agent Company	ST. VINCENT'S MEDICAL CENTER
12	CT Agent Company Street Address	2800 MAIN STREET
13	CT Agent Town	BRIDGEPORT
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06606 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
P.	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 MEDICAL CENTER 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	Vincent C. Caponi
9	CEO Title	President/CEO
10	CT Agent Name	Peter H. Struzzi
11	CT Agent Company	ST. VINCENTS MEDICAL CENTER
12	CT Agent Company Street Address	2800 MAIN ST
13	CT Agent Town	Bridgeport
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06606 -
Q.	AFFILIATE NAME	ST. VINCENT'S SPECIAL NEEDS CENTER, INC
1	Affiliate Description	AFFILIATE OF ST. VINCENT'S HEALTH SERVICES CORP. THAT PROVIDES EDUCATIONAL PROGRAMS FOR CHILDREN WITH SPECIAL NEEDS. ALSO OPERATES GROUP HOMES FOR THE MENTALLY CHALLENGED WITHIN THE COMMUNITY.
2	Affiliate type of service	Health Education Services
3	Tax Status	Not for Profit
4	Street Address	95 MERRITT BOULEVARD
5	Town	Trumbull
6	State	Connecticut
7	Zip Code	06611 -
8	CEO Name	Raymond G. Baldwin, Jr.
9	CEO Title	President/CEO
10	CT Agent Name	Raymond G. Baldwin, Jr.
11	CT Agent Company	ST. VINCENTS SPECIAL NEEDS CENTER, INC
12	CT Agent Company Street Address	95 Merritt Boulevard
13	CT Agent Town	Trumbull
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06611 -
R.	AFFILIATE NAME	ST. VINCENTS' URGENT CAR, LLC
1	Affiliate Description	Disregarded Entity under St. Vincent's Multispecialty Group. St. Vincent's Multispecialty Group is sole member of LLC.
2	Affiliate type of service	Outpatient Care
3	Tax Status	Not for Profit
4	Street Address	2800 Main Street
5	Town	Bridgeport
6	State	Connecticut
7	Zip Code	06606 -
8	CEO Name	Vincent C. Caponi
9	CEO Title	President
10	CT Agent Name	St. Vincent's MultiSpecialty Group, Inc.
11	CT Agent Company	St. Vincent's MultiSpecialty Group, Inc.
12	CT Agent Company Street Address	2800 Main Street, 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
S. AFFILIATE NAME VALUE CARE ALLIANCE, LLC		
1	Affiliate Description	Value Care Alliance LLC (VCA) is a for-profit company with its principle place of business in Derby, CT. St. Vincent's Medical Center is a partial equity owner of VCA. VCA is not a subsidiary of SVMC, is being shown here to reflect the ownership interest.
2	Affiliate type of service	Affiliate Support Services
3	Tax Status	For Profit
4	Street Address	130 Division Street
5	Town	Derby
6	State	Connecticut
7	Zip Code	06418 -
8	CEO Name	Jeanne O'Brien
9	CEO Title	Chief Executive Officer
10	CT Agent Name	Patrick Charmel
11	CT Agent Company	Value Care Alliance, LLC
12	CT Agent Company Street Address	130 Division Street
13	CT Agent Town	Derby
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06418 -
T. 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	Vincent C. Caponi
9	CEO Title	President/CEO of St. Vincent's Health Services
10	CT Agent Name	Peter H. Struzzi
11	CT Agent Company	ST. VINCENTS MEDICAL CENTER
12	CT Agent Company Street Address	2800 MAIN ST
13	CT Agent Town	Bridgeport
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06606 -

* P.O. BOX IS UNACCEPTABLE WITHOUT A

STREET ADDRESS FOR EACH AGENT COMPANY

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2016
A . SAINT VINCENT'S MEDICAL CENTER			
1		Unrestricted	\$157,832,000
2		Temporarily Restricted by Donor	\$12,183,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$10,000,000
5		Intercompany Eliminations	\$0
		Total:	\$180,015,000
B . ST.VINCENTS MEDICAL CENTER			
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
C . 2660 MAIN, LLC			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
D . 2900 MAIN STREET, LLC			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
E . ASCENSION HEALTH			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
F . CARDIOLOGY PHYSICIANS OF FAIRFIELD COUNTY LLC			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
G . CONNECTICUT ORTHOPEDIC MANAGEMENT, LLC			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0

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(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2016
	H . HAWLEY AVENUE HOLDINGS, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	I . MAIN STREET PROPERTIES, LLC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	J . PRIMARY CARE PHYSICIANS OF STRATFORD, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	K . RESIDENTIAL HOLDINGS, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	L . ST VINCENT'S COLLEGE, INC.		
1		Unrestricted	\$11,523,000
2		Temporarily Restricted by Donor	\$1,408,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$2,238,000
5		Intercompany Eliminations	\$0
		Total:	\$15,169,000
	M . ST VINCENT'S MEDICAL CENTER FOUNDATION, INC		
1		Unrestricted	\$9,515,000
2		Temporarily Restricted by Donor	\$15,067,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$12,880,000
5		Intercompany Eliminations	(\$28,215,000)
		Total:	\$9,247,000
	N . ST VINCENTS HEALTH SERVICES CORPORATION		
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

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(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2016
O . ST. VINCENT'S MEDICAL CENTER CO-MANAGEMENT, LLC.			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
P . ST. VINCENT'S MULTISPECIALTY GROUP, INC.			
1		Unrestricted	(\$35,025,000)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$35,025,000)
Q . ST. VINCENT'S DEVELOPMENT, INC			
1		Unrestricted	\$16,039,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$16,039,000
R . ST. VINCENT'S SPECIAL NEEDS CENTER, INC			
1		Unrestricted	\$31,785,000
2		Temporarily Restricted by Donor	\$1,672,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$710,000
5		Intercompany Eliminations	\$0
		Total:	\$34,167,000
S . ST. VINCENTS' URGENT CAR, LLC			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
T . VALUE CARE ALLIANCE, LLC			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
U . 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

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(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2016
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$247,827,000
	Intercompany Eliminations		(\$28,215,000)
	Total of all Affiliates	Fund Balance:	\$219,612,000

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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
A. ST.VINCENTS MEDICAL CENTER				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
B. 2660 MAIN, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
C. 2900 MAIN STREET, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
D. ASCENSION HEALTH				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	(\$1,926,000)
1		Corporate Service Fees	09/30/2016	(\$45,922,000)
2		Fund Process Standardization Project	09/30/2016	(\$3,975,000)
3		Other Corporate Fees and Allocations	09/30/2016	(\$5,119,000)
4		Processing of Transactions by Ministry Service Center	09/30/2016	(\$1,771,000)
5		Transfer to / Payments from centralized bank account	09/30/2016	\$57,062,000
6		Sponsor Fees	09/30/2016	(\$192,000)
7		System Obligations	09/30/2016	(\$2,560,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$4,403,000)
E. CARDIOLOGY PHYSICIANS OF FAIRFIELD COUNTY LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
F. CONNECTICUT ORTHOPEDIC MANAGEMENT, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
1		Management Services	09/30/2016	(\$109,313)

**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
2		Services Purchased	09/30/2016	\$30,875
		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$78,438)
G.	HAWLEY AVENUE HOLDINGS, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
H.	MAIN STREET PROPERTIES, LLC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
I.	PRIMARY CARE PHYSICIANS OF STRATFORD, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
J.	RESIDENTIAL HOLDINGS, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
K.	ST VINCENT'S COLLEGE, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$900,000
1		Expenses Paid by SVMC on Behalf of College	09/30/2016	\$8,947,000
2		Management Services Provided by SVMC for College	09/30/2016	\$511,000
3		Process Standardization Proj pd by SVMC for College	09/30/2016	\$81,000
4		Transfer to / Payments from centralized bank account	09/30/2016	(\$4,504,000)
5		Tuition for SVMC Employees	09/30/2016	(\$357,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$5,578,000
L.	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$8,034,000

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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
1		Expenses Paid by SVMC on Behalf of Foundation	09/30/2016	\$1,437,000
2		Management Services Provided by SVMC for Foundation	09/30/2016	\$166,000
3		Process Standardization Proj pd by SVMC for Foundation	09/30/2016	\$63,000
4		Transfer to / Payments from centralized bank account	09/30/2016	(\$441,000)
5		Donations - Capital and Operating	09/30/2016	\$751,000
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$10,010,000
M.	ST VINCENTS HEALTH SERVICES CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
N.	ST. VINCENT'S MEDICAL CENTER CO-MANAGEMENT, LLC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
O.	ST. VINCENT'S MULTISPECIALTY GROUP, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$26,630,000
1		Expenses Paid by SVMC on Behalf of SVMSG	09/30/2016	\$105,330,000
2		Management Services Provided by SVMC for SVMSG	09/30/2016	\$3,617,000
3		Physician Services Provided by SVMSG for SVMC	09/30/2016	(\$33,298,000)
4		Transfer to / Payments from centralized bank account	09/30/2016	(\$64,378,000)
5		Advances to SVMSG from SVMC	09/30/2016	\$760,000
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$38,661,000
P.	ST. VINCENT'S DEVELOPMENT, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$2,918,000
1		Expenses Paid by SVMC on Behalf of Development	09/30/2016	\$3,914,000
2		Management Services Provided by SVMC for Development	09/30/2016	\$290,000
3		Process Standardization Proj pd by SVMC for Development	09/30/2016	\$89,000
4		Rental of Development Properties by SVMC	09/30/2016	(\$479,000)

**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
5		Transfer to / Payments from centralized bank account	09/30/2016	(\$3,974,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$2,758,000
Q.	ST. VINCENT'S SPECIAL NEEDS CENTER, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$48,000
1		Expenses Paid by SVMC on Behalf of Special Needs	09/30/2016	\$12,708,000
2		Management Services Provided by SVMC for Special Needs	09/30/2016	\$1,241,000
3		Process Standardization Proj pd by SVMC for Special Needs	09/30/2016	\$207,000
4		Transfer to / Payments from centralized bank account	09/30/2016	(\$14,170,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$34,000
R.	ST. VINCENTS' URGENT CAR, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
S.	VALUE CARE ALLIANCE, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
T.	VINCENTURES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
			Grand Total:	\$52,559,562

**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	10/01/2015	\$7,903,192
A.	ST.VINCENTS MEDICAL CENTER		Nothing to Report		\$0
			Total:	9/30/2016	\$0
B.	2660 MAIN, LLC		Nothing to Report		\$0
			Total:	9/30/2016	\$0
C.	2900 MAIN STREET, LLC		Nothing to Report		\$0
			Total:	9/30/2016	\$0
D.	ASCENSION HEALTH		Nothing to Report		\$0
			Total:	9/30/2016	\$0
E.	CARDIOLOGY PHYSICIANS OF FAIRFIELD COUNTY LLC		Nothing to Report		\$0
			Total:	9/30/2016	\$0
F.	CONNECTICUT ORTHOPEDIC MANAGEMENT, LLC		Nothing to Report		\$0
			Total:	9/30/2016	\$0
G.	HAWLEY AVENUE HOLDINGS, LLC		Nothing to Report		\$0
			Total:	9/30/2016	\$0
H.	MAIN STREET PROPERTIES, LLC.		Nothing to Report		\$0
			Total:	9/30/2016	\$0
I.	PRIMARY CARE PHYSICIANS OF STRATFORD, LLC		Nothing to Report		\$0
			Total:	9/30/2016	\$0
J.	RESIDENTIAL HOLDINGS, LLC		Nothing to Report		\$0
			Total:	9/30/2016	\$0
K.	ST VINCENT'S COLLEGE, INC.				

**SAINT VINCENT'S MEDICAL CENTER
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FISCAL YEAR 2016
REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
1		ASCENSION HEALTH	Ministry Service Center Transactions	09/30/2016	\$21,000
2		ST. VINCENT'S DEVELOPMENT, INC	Facilities Rental	09/30/2016	\$386,000
			Total:	9/30/2016	\$407,000
L.	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC				
1		ASCENSION HEALTH	Ministry Service Center Transactions	09/30/2016	\$2,000
2		ST VINCENT'S COLLEGE, INC.	Donations - Capital and Operating	09/30/2016	\$482,000
3		ST. VINCENT'S SPECIAL NEEDS CENTER, INC	Donations - Capital and Operating	09/30/2016	\$175,000
			Total:	9/30/2016	\$659,000
M.	ST VINCENTS HEALTH SERVICES CORPORATION				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
N.	ST. VINCENT'S MEDICAL CENTER CO-MANAGEMENT, LLC.				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
O.	ST. VINCENT'S MULTISPECIALTY GROUP, INC.				
1		ASCENSION HEALTH	Ministry Service Center Transactions	09/30/2016	(\$37,000)
2		ST. VINCENT'S DEVELOPMENT, INC	Facilities Rental	09/30/2016	\$903,000
3		ST. VINCENT'S SPECIAL NEEDS CENTER, INC	Reimbursement of Expenses	09/30/2016	\$356,000
4		ST VINCENT'S COLLEGE, INC.	Reimbursement of Expenses	09/30/2016	\$53,000
5		ST VINCENT'S COLLEGE, INC.	Reimbursement of Expenses	09/30/2016	\$5,000
			Total:	9/30/2016	\$1,280,000
P.	ST. VINCENT'S DEVELOPMENT, INC				
1		ST VINCENT'S MEDICAL CENTER FOUNDATION, INC	Reimbursement of Expenses	09/30/2016	\$1,000
2		ASCENSION HEALTH	Ministry Service Center Transactions	09/30/2016	(\$36,000)
			Total:	9/30/2016	(\$35,000)
Q.	ST. VINCENT'S SPECIAL NEEDS CENTER, INC				
1		ST. VINCENT'S DEVELOPMENT, INC	Management Fees	09/30/2016	\$21,000
2		ASCENSION HEALTH	Ministry Service Center Transactions	09/30/2016	(\$20,000)
			Total:	9/30/2016	\$1,000

**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
R.	ST. VINCENTS' URGENT CAR, LLC		Nothing to Report		\$0
			Total:	9/30/2016	\$0
S.	VALUE CARE ALLIANCE, LLC		Nothing to Report		\$0
			Total:	9/30/2016	\$0
T.	VINCENTURES, INC.		Nothing to Report		\$0
			Total:	9/30/2016	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2016	\$10,215,192

**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 MEDICAL CENTER			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
B. 2660 MAIN, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
C. 2900 MAIN STREET, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
D. ASCENSION HEALTH			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
E. CARDIOLOGY PHYSICIANS OF FAIRFIELD COUNTY LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
F. CONNECTICUT ORTHOPEDIC MANAGEMENT, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
G. HAWLEY AVENUE HOLDINGS, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
H. MAIN STREET PROPERTIES, LLC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
I. PRIMARY CARE PHYSICIANS OF STRATFORD, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
J. RESIDENTIAL HOLDINGS, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
K. ST VINCENT'S COLLEGE, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
L. ST VINCENT'S MEDICAL CENTER FOUNDATION, INC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
M. ST VINCENTS HEALTH SERVICES CORPORATION			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
N. ST. VINCENT'S MEDICAL CENTER CO-MANAGEMENT, LLC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
O. ST. VINCENT'S MULTISPECIALTY GROUP, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
P. ST. VINCENT'S DEVELOPMENT, INC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016

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
Q.	ST. VINCENT'S SPECIAL NEEDS CENTER, INC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
R.	ST. VINCENTS' URGENT CAR, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
S.	VALUE CARE ALLIANCE, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
T.	VINCENTURES, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	Grand Total:	\$0	9/30/2016

**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 MEDICAL CENTER		
0	Nothing to Report	\$0	0
	Total:	\$0	
B.	2660 MAIN, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	2900 MAIN STREET, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	ASCENSION HEALTH		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	CARDIOLOGY PHYSICIANS OF FAIRFIELD COUNTY LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	CONNECTICUT ORTHOPEDIC MANAGEMENT, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	HAWLEY AVENUE HOLDINGS, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	MAIN STREET PROPERTIES, LLC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
I.	PRIMARY CARE PHYSICIANS OF STRATFORD, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	RESIDENTIAL HOLDINGS, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	

**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
K.	ST VINCENT'S COLLEGE, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
L.	ST VINCENT'S MEDICAL CENTER FOUNDATION, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
M.	ST VINCENTS HEALTH SERVICES CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
N.	ST. VINCENT'S MEDICAL CENTER CO-MANAGEMENT, LLC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
O.	ST. VINCENT'S MULTISPECIALTY GROUP, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
P.	ST. VINCENT S DEVELOPMENT, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
Q.	ST. VINCENT S SPECIAL NEEDS CENTER, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
R.	ST. VINCENTS' URGENT CAR, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
S.	VALUE CARE ALLIANCE, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
T.	VINCENTURES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 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	\$246,906.00	\$246,615.00	(\$291.00)	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	(\$291.00)	(\$27.00)	\$264.00	-91%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$246,615.00	\$246,588.00	(\$27.00)	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
C . Other					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

SAINT VINCENT'S MEDICAL CENTER		
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REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		2,691
	Grand Total	\$0.00

SAINT VINCENT'S MEDICAL CENTER					
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REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
B. BED FUND ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
(3)	Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each Hospital Bed				
(4)	Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund.				
(5)	Actual Dollar Amount of Earnings reinvested as Principal, if any.				
(6)	Actual Dollar Amount of Earnings available for Patient Care.				
	Baker Free Bed Fund	\$68,259.00	(\$8.00)	(\$8.00)	(\$8.00)
	Conlin Free Bed Fund	\$18,091.00	(\$7.00)	(\$7.00)	(\$7.00)
	Harral Free Bed Fund	\$6,832.00	(\$2.00)	(\$2.00)	(\$2.00)
	Hubbell Free Bed Fund	\$32,517.00	(\$4.00)	(\$4.00)	(\$4.00)
	Klein Free Bed Fund	\$39,529.00	(\$5.00)	(\$5.00)	(\$5.00)
	Ladies of Charity Free Bed Fund	\$9,686.00	(\$1.00)	(\$1.00)	(\$1.00)
	Brodbeck Free Bed Fund	\$71,674.00	\$0.00	\$0.00	\$0.00
	Total Bed Funds :	\$246,588.00	(\$27.00)	(\$27.00)	(\$27.00)

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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	After dunning cycle completes, system adjusts & assigns a bad debt status, referring to an agency. Other reasons may warrant a review of account by PFS, recommendation is made to adjust account to Bad Debt status and refer to outside agency. Account remains with agency until requested or returned.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	Collection agencies are paid at rate outlined below. Commissions are taken on the amount turned over to the agency, regardless of whether the payment is received by the agency or the hospital.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	3.40%
II. SPECIFIC COLLECTION AGENT INFORMATION		
A	Collection Agent	
1	Collection Agent Name	MIRA-MED Revenue Group
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	After dunning cycle completes, system adjusts & assigns a bad debt status, referring to an agency. Other reasons may warrant a review of account by PFS, recommendation is made to adjust account to Bad Debt status and refer to outside agency. Account remains with agency until requested or returned.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Mira-Med Revenue Group is paid 17% of what is collected on an account turned over to the agency, regardless of whether the payment is received by the agency or the hospital. Legal commissions (including processing fees & court cost) are higher depending on the attorney/law firm the agency chooses to
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	4.10%
B	Collection Agent	
1	Collection Agent Name	Credit Bureau Collection Services (CBCS)

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	After dunning cycle completes, system adjusts & assigns a bad debt status, referring to an agency. Other reasons may warrant a review of account by PFS, recommendation is made to adjust account to Bad Debt status and refer to outside agency. Account remains with agency until requested or returned.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	CBCS is paid 17% of what is collected on an account turned over to the agency regardless of whether the payment is received by the agency or the hospital. Legal commissions (including processing fees & court costs) are higher depending on the attorney/law firm the agency chooses to utilize.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	2.60%

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

LINE	POSITION TITLE	EMPLOYEE NAME	SALARY	FRINGE BENEFITS	TOTAL
1.	PRESIDENT/CHIEF EXECUTIVE OFFICER	Stuart Marcus	\$579,367	\$1,036,740	\$1,616,107
2.	SENIOR VP/CHIEF MEDICAL OFFICER	Lawrence Schek	\$606,143	\$184,129	\$790,272
3.	CLINICAL VICE PRESIDENT MEDICINE	Mitchell Fogel	\$436,489	\$149,629	\$586,118
4.	Chairperson Dept of Surgery	Anthy Demestihias	\$478,858	\$31,360	\$510,218
5.	SR VP/CHIEF STRATEGY OFFICER	Stephen Franko	\$367,019	\$119,798	\$486,817
6.	SENIOR VICE PRESIDENT/CHIEF FINANCIAL OFFICER	Dianne Auger	\$350,000	\$113,869	\$463,869
7.	SR VP/CHIEF NURSING OFF/CHIEF OPERATING OFFICER	Dale Danowski	\$340,425	\$119,798	\$460,223
8.	CHAIRPERSON EMERGENCY CARE	Doodnauth Hiranman	\$426,300	\$19,492	\$445,792
9.	CHAIRPERSON OBSTETRICS & GYNECOLOGY	William Cusick	\$353,164	\$41,832	\$394,996
10.	VICE PRESIDENT - HUMAN RESOURCES	Wayne Rustin	\$353,400	\$36,279	\$389,679
		Grand Total:	\$4,291,165	\$1,852,926	\$6,144,091

**ST.VINCENTS MEDICAL CENTER
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REPORT 19B - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HEALTH SYSTEM EMPLOYEES**

LINE	POSITION TITLE	EMPLOYEE NAME AND COMPANY	SALARY	FRINGE BENEFITS	TOTAL
1.	CHIEF EXECUTIVE OFFICER	STUART MARCUS, MEDICAL CENTER	\$579,367	\$1,036,740	\$1,616,107
2.	CHIEF CARDIO THORACIC SURGERY	RAFAEL SQUITIERI, MULTISPECIALTY GROUP	\$876,333	\$58,168	\$934,501
3.	Physician - Cardiology	EDWARD KOSINSKI, MULTISPECIALTY GROUP	\$736,801	\$72,263	\$809,064
4.	SENIOR VP/CHIEF MEDICAL OFFICER	LAWRENCE SCHEK, MEDICAL CENTER	\$606,143	\$184,129	\$790,272
5.	MEDICAL DIRECTOR	CHRISTOPHER IANNUZZI, MULTISPECIALTY GROUP	\$719,149	\$43,028	\$762,177
6.	Physician - Surgery	AHMAD FOTOVAT, MULTISPECIALTY GROUP	\$557,237	\$139,419	\$696,656
7.	ASSISTANT DIRECTOR HOSPITALIST SERVICE	NATHAN SELSKY, MULTISPECIALTY GROUP	\$601,468	\$35,332	\$636,800
8.	Physician - Radiation Oncology	DEBORAH FANG, MULTISPECIALTY GROUP	\$580,972	\$45,279	\$626,251
9.	CLINICAL VICE PRESIDENT MEDICINE	MITCHELL FOGEL, MEDICAL CENTER	\$436,489	\$149,629	\$586,118
10.	Physician - Surgery	CHRISTINE VAN COTT, MULTISPECIALTY GROUP	\$494,079	\$66,610	\$560,689
		Grand Total:	\$6,188,038	\$1,830,597	\$8,018,635

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REPORT 19C - FINANCIAL GAINS REALIZED FROM A TRANSFER OF OWNERSHIP CON**

LINE	NAME	POSITION TYPE	SALARY	SEVERANCE PAYMENT	STOCK OFFERING VALUE	OTHER FINANCIAL GAIN	TOTAL
1.	Not Applicable		\$0	\$0	\$0	\$0	\$0
2.			\$0	\$0	\$0	\$0	\$0
3.			\$0	\$0	\$0	\$0	\$0
4.			\$0	\$0	\$0	\$0	\$0
5.			\$0	\$0	\$0	\$0	\$0
6.			\$0	\$0	\$0	\$0	\$0
7.			\$0	\$0	\$0	\$0	\$0
8.			\$0	\$0	\$0	\$0	\$0
9.			\$0	\$0	\$0	\$0	\$0
10.			\$0	\$0	\$0	\$0	\$0
11.			\$0	\$0	\$0	\$0	\$0
12.			\$0	\$0	\$0	\$0	\$0
13.			\$0	\$0	\$0	\$0	\$0
14.			\$0	\$0	\$0	\$0	\$0
15.			\$0	\$0	\$0	\$0	\$0
16.			\$0	\$0	\$0	\$0	\$0
17.			\$0	\$0	\$0	\$0	\$0
18.			\$0	\$0	\$0	\$0	\$0
19.			\$0	\$0	\$0	\$0	\$0
20.			\$0	\$0	\$0	\$0	\$0
21.			\$0	\$0	\$0	\$0	\$0
22.			\$0	\$0	\$0	\$0	\$0
23.			\$0	\$0	\$0	\$0	\$0
24.			\$0	\$0	\$0	\$0	\$0
25.			\$0	\$0	\$0	\$0	\$0
26.			\$0	\$0	\$0	\$0	\$0
27.			\$0	\$0	\$0	\$0	\$0
28.			\$0	\$0	\$0	\$0	\$0
29.			\$0	\$0	\$0	\$0	\$0
30.			\$0	\$0	\$0	\$0	\$0
31.			\$0	\$0	\$0	\$0	\$0
32.			\$0	\$0	\$0	\$0	\$0
33.			\$0	\$0	\$0	\$0	\$0
34.			\$0	\$0	\$0	\$0	\$0
35.			\$0	\$0	\$0	\$0	\$0

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REPORT 19C - FINANCIAL GAINS REALIZED FROM A TRANSFER OF OWNERSHIP CON**

LINE	NAME	POSITION TYPE	SALARY	SEVERANCE PAYMENT	STOCK OFFERING VALUE	OTHER FINANCIAL GAIN	TOTAL
36.			\$0	\$0	\$0	\$0	\$0
37.			\$0	\$0	\$0	\$0	\$0
38.			\$0	\$0	\$0	\$0	\$0
39.			\$0	\$0	\$0	\$0	\$0
40.			\$0	\$0	\$0	\$0	\$0
41.			\$0	\$0	\$0	\$0	\$0
42.			\$0	\$0	\$0	\$0	\$0
43.			\$0	\$0	\$0	\$0	\$0
44.			\$0	\$0	\$0	\$0	\$0
45.			\$0	\$0	\$0	\$0	\$0
46.			\$0	\$0	\$0	\$0	\$0
47.			\$0	\$0	\$0	\$0	\$0
48.			\$0	\$0	\$0	\$0	\$0
49.			\$0	\$0	\$0	\$0	\$0
50.			\$0	\$0	\$0	\$0	\$0
		Grand Total:	\$0	\$0	\$0	\$0	\$0

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

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directl y or Indirectly) ^C	TOTAL
A . ST.VINCENTS MEDICAL CENTER				
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 . 2660 MAIN, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
C . 2900 MAIN STREET, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
D . 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	\$189,979	\$200,891	\$390,870
E . CARDIOLOGY PHYSICIANS OF FAIRFIELD COUNTY LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F . CONNECTICUT ORTHOPEDIC MANAGEMENT, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
G . HAWLEY AVENUE HOLDINGS, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
H . MAIN STREET PROPERTIES, LLC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
I . PRIMARY CARE PHYSICIANS OF STRATFORD, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
J . RESIDENTIAL HOLDINGS, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
K . 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
L . ST VINCENT'S MEDICAL CENTER FOUNDATION, INC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
M . 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
N . ST. VINCENT'S MEDICAL CENTER CO-MANAGEMENT, LLC.				

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

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directl y or Indirectly) ^C	TOTAL
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
O . 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
P . 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
Q . 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	\$0	\$0	\$0
R . ST. VINCENTS' URGENT CAR, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
S . VALUE CARE ALLIANCE, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
T . 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 2016
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)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2015 AMOUNT</u>	<u>FY 2016 AMOUNT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	2,519	2,691	172	7%
2.	Number of Approved Applicants	2,409	2,557	148	6%
3.	Total Charges (A)	\$21,887,000	\$22,570,000	\$683,000	3%
	Average Charges	\$9,086	\$8,827	(\$259)	-3%
4.	Ratio of Cost to Charges (RCC)	0.326621	0.320171	(0.006450)	-2%
	Total Cost	\$7,148,754	\$7,226,259	\$77,506	1%
	Average Cost	\$2,968	\$2,826	(\$141)	-5%
5.	Charity Care - Inpatient Charges	\$6,895,000	\$5,479,000	(\$1,416,000)	-21%
6.	Charity Care - Outpatient Emergency Department Charges	4,312,000	5,404,000	1,092,000	25%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	10,680,000	11,687,000	1,007,000	9%
	Total Charges (A)	\$21,887,000	\$22,570,000	\$683,000	3%
8.	Charity Care - Number of Patient Days	1,023	1,268	245	24%
9.	Charity Care - Number of Discharges	202	230	28	14%
10.	Charity Care - Number of Outpatient ED Visits	1,519	1,754	235	15%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	6,431	9,550	3,119	48%
(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	2,519	2,691	172	7%
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)	0.326621	0.320171	(0.006450)	-2%
	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.					

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)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2015</u> <u>AMOUNT</u>	<u>FY 2016</u> <u>AMOUNT</u>	<u>AMOUNT</u> <u>DIFFERENCE</u>	<u>%</u> <u>DIFFERENCE</u>