

SAINT MARY'S HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
A. AFFILIATE NAME SAINT MARY'S HEALTH SYSTEM, INC.		
1	Affiliate Description	PARENT CORPORATION TO ASSIST SMH & OTHER CATHOLIC ORG IN CARRYING OUT THEIR WORK IN DELIVERY OF HEALTH CARE
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	56 FRANKLIN STREET
5	Town	Waterbury
6	State	Connecticut
7	Zip Code	06706 -
8	CEO Name	Chad W. Wable, FACHE
9	CEO Title	President and CEO
10	CT Agent Name	Chad W. Wable, FACHE
11	CT Agent Company	Saint Mary's Hospital
12	CT Agent Company Street Address	56 FRANKLIN STREET
13	CT Agent Town	Waterbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06706 -
B. AFFILIATE NAME DIAGNOSTIC IMAGING OF SOUTHBURY, LLC		
1	Affiliate Description	DIAGNOSTIC IMAGING SERVICES
2	Affiliate type of service	Imaging Services
3	Tax Status	For Profit
4	Street Address	385 Main Street, Union Sq Plaz Bldg #1
5	Town	Southbury
6	State	Connecticut
7	Zip Code	06488 -
8	CEO Name	Robert Gumbardo, MD
9	CEO Title	President
10	CT Agent Name	JOSEPH A. MENGACCI, ESQ.
11	CT Agent Company	Joseph A. Mengacci Esq. (Self Employed)
12	CT Agent Company Street Address	56 FRANKLIN STREET
13	CT Agent Town	Waterbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06706 -
C. AFFILIATE NAME FRANKLIN MEDICAL GROUP, PC.		
1	Affiliate Description	MEDICAL PRACTICES
2	Affiliate type of service	Medical Practices
3	Tax Status	For Profit
4	Street Address	133 SCOVILL STREET, WATERBURY, CT
5	Town	Waterbury
6	State	Connecticut
7	Zip Code	06706 -
8	CEO Name	Steven E. Schneider, M.D.
9	CEO Title	PRESIDENT
10	CT Agent Name	Robert J. Anthony, Esq.
11	CT Agent Company	Brown & Rudnick

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
12	CT Agent Company Street Address	56 FRANKLIN STREET
13	CT Agent Town	Waterbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06706 -
D.	AFFILIATE NAME	HAROLD LEEVER REGIONAL CANCER CENTER, INC.
1	Affiliate Description	A COMPREHENSIVE CANCER CENTER THAT PROVIDES A MULTI-DISCIPLINARY APPROACH TO CANCER TREATMENT IN A SINGLE LOCATION.
2	Affiliate type of service	Other HealthCare Svcs(Specify)
3	Tax Status	Not for Profit
4	Street Address	1075 Chase Parkway
5	Town	Waterbury
6	State	Connecticut
7	Zip Code	06708 -
8	CEO Name	Kevin Knierny
9	CEO Title	Executive Director
10	CT Agent Name	Bennett J. Bernblum
11	CT Agent Company	Wiggin & Dana
12	CT Agent Company Street Address	265 Church Street,
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06510 -
E.	AFFILIATE NAME	HEART CENTER OF GREATER WATERBURY, INC.
1	Affiliate Description	CORPORATION TO PROVIDE MANAGEMENT AND OVERSIGHT SERVICES OT ST. MARY'S HOSPITAL CORPORATION AND THE WATERBURY HOSPITAL FOR DEVELOPMENT AND OPERATOIN OF A JOINT ANGIOPLASTY AND CARDIAC SURGERY PROGRAM, INCLUDING
2	Affiliate type of service	Other HealthCare Svcs(Specify)
3	Tax Status	Not for Profit
4	Street Address	81 WEST MAIN STREET
5	Town	Waterbury
6	State	Connecticut
7	Zip Code	06702 -
8	CEO Name	CHAD W. WABLE, FACHE & DARLENE STROMSTAD
9	CEO Title	CO-PRESIDENTS
10	CT Agent Name	Robert J. Anthony
11	CT Agent Company	Brown & Rudnick
12	CT Agent Company Street Address	CityPlace I, I85 Asylum Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
F.	AFFILIATE NAME	NAUGATUCK VALLEY MRI, LP
1	Affiliate Description	OUTPATIENT MRI OUTPATIENT DIAG MRI SERVICES
2	Affiliate type of service	Imaging Services
3	Tax Status	For Profit
4	Street Address	56 FRANKLIN STREET, WATERBURY, CT
5	Town	Waterbury
6	State	Connecticut

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
7	Zip Code	06706 -
8	CEO Name	Robert GUmbaro, MD
9	CEO Title	President
10	CT Agent Name	NAUGATUCK VALLEY RADIOLOGICAL ASSOCIATES
11	CT Agent Company	Naugatuck Valley Radiological Assocoates
12	CT Agent Company Street Address	133 Scovill St
13	CT Agent Town	Waterbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06706 -
G.		
	AFFILIATE NAME	SAINT MARY'S INDEMNITY COMPANY, LLC
1	Affiliate Description	A VOLUNTARY UNINCORPORATED RECIPROCAL INSURER ORGANIZED & EXISTING UNDER THE LAWS OF THE STATE OF VERMONT FOR THE PURPOSE OF THE RECIPROCAL EXCHANGE OF PRIVATE CONTRACTS OF INSURANCE, REINSURANCE & INDEMNITY AMONG SUBSCRIBERS
2	Affiliate type of service	Insurance
3	Tax Status	For Profit
4	Street Address	126 College Street
5	Town	Burlington
6	State	Vermont
7	Zip Code	05401 -
8	CEO Name	Joseph Carlson
9	CEO Title	President
10	CT Agent Name	Patricia Henderson
11	CT Agent Company	Strategic Risk Solutions
12	CT Agent Company Street Address	126 College Street
13	CT Agent Town	Burlington
14	CT Agent State	Vermont
15	CT Agent Zip Code	05401 -
H.		
	AFFILIATE NAME	SAINT MARY'S PHYSICIAN PARTNERS, LLC
1	Affiliate Description	Accountable Care Organization
2	Affiliate type of service	Accountable Care Organization
3	Tax Status	Not for Profit
4	Street Address	56 Franklin Street
5	Town	Waterbury
6	State	Connecticut
7	Zip Code	06706 - 0000
8	CEO Name	Steven Schneider
9	CEO Title	President
10	CT Agent Name	Brown and Rudnick
11	CT Agent Company	Robert J. Anthony
12	CT Agent Company Street Address	City Place 185 Asylum St
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 0000
I.		
	AFFILIATE NAME	SAINT MARY'S HOSPITAL FOUNDATION, INC.
1	Affiliate Description	FOUNDATION FUNDRAISING SERVICES FOR HOSPITAL PRIMARILY FOR SPECIAL PROJ OR EQUIP

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
2	Affiliate type of service	Foundation
3	Tax Status	Not for Profit
4	Street Address	56 FRANKLIN STREET
5	Town	Waterbury
6	State	Connecticut
7	Zip Code	06706 -
8	CEO Name	Margaret Lawlor
9	CEO Title	PRESIDENT
10	CT Agent Name	Chad W. Wable, FACHE
11	CT Agent Company	Saint Mary's Hospital
12	CT Agent Company Street Address	56 FRANKLIN STREET, WTBY, CT ,
13	CT Agent Town	Waterbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06706 -

* P.O. BOX IS UNACCEPTABLE WITHOUT A STREET ADDRESS FOR EACH AGENT COMPANY

**SAINT MARY'S HOSPITAL
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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 9/30/2015
A . SAINT MARY'S HOSPITAL			
1		Unrestricted	\$27,411,000
2		Temporarily Restricted by Donor	\$1,922,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$15,831,000
5		Intercompany Eliminations	(\$16,089,000)
		Total:	\$29,075,000
B . SAINT MARY'S HEALTH SYSTEM, INC.			
1		Unrestricted	\$1,585,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$4,908,000)
		Total:	(\$3,323,000)
C . DIAGNOSTIC IMAGING OF SOUTHURY, LLC			
1		Unrestricted	\$1,112,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,112,000
D . FRANKLIN MEDICAL GROUP, PC.			
1		Unrestricted	\$3,399,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$3,399,000
E . HAROLD LEEVER REGIONAL CANCER CENTER, 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
F . HEART CENTER OF GREATER WATERBURY, 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
G . NAUGATUCK VALLEY MRI, LP			
1		Unrestricted	\$2,351,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0

**SAINT MARY'S HOSPITAL
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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 9/30/2015
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$2,351,000
H.	SAINT MARY'S INDEMNITY COMPANY, LLC		
1		Unrestricted	\$13,545,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$13,545,000
I.	SAINT MARY'S PHYSICIAN PARTNERS, LLC		
1		Unrestricted	\$36,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$36,000
J.	SAINT MARY'S HOSPITAL FOUNDATION, INC.		
1		Unrestricted	\$2,060,000
2		Temporarily Restricted by Donor	\$1,798,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$1,050,000
5		Intercompany Eliminations	\$0
		Total:	\$4,908,000
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$72,100,000
	Intercompany Eliminations		(\$20,997,000)
	Total of all Affiliates	Fund Balance:	\$51,103,000

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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. SAINT MARY'S HEALTH SYSTEM, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	(\$519,390)
1		Purchase of Goods & services	09/30/2015	\$66,014
		Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$453,376)
B. DIAGNOSTIC IMAGING OF SOUTHURY, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
C. FRANKLIN MEDICAL GROUP, PC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
D. HAROLD LEEVER REGIONAL CANCER CENTER, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$20,025
1		Purchase of Goods & services	09/30/2015	(\$13,866)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$6,159
E. HEART CENTER OF GREATER WATERBURY, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$5,200
1		Purchase of Goods & services	09/30/2015	(\$5,200)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
F. NAUGATUCK VALLEY MRI, LP				
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
G. SAINT MARY'S INDEMNITY COMPANY, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	(\$5,515,506)

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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		Purchase of Goods & services	09/30/2015	\$94,865
		Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$5,420,641)
H.	SAINT MARY'S PHYSICIAN PARTNERS, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
I.	SAINT MARY'S HOSPITAL FOUNDATION, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$44,434
1		Purchase of Goods & services	09/30/2015	(\$22,459)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$21,975
			Grand Total:	(\$5,845,883)

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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	10/01/2014	\$20,615
A.	SAINT MARY'S HEALTH SYSTEM, INC.				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
B.	DIAGNOSTIC IMAGING OF SOUTHURY, LLC				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
C.	FRANKLIN MEDICAL GROUP, PC.				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
D.	HAROLD LEEVER REGIONAL CANCER CENTER, INC.				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
E.	HEART CENTER OF GREATER WATERBURY, INC.				
1		SAINT MARY'S HEALTH SYSTEM, INC.	Purchase of Goods & services	09/30/2015	(\$2,940)
			Total:	9/30/2015	(\$2,940)
F.	NAUGATUCK VALLEY MRI, LP				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
G.	SAINT MARY'S INDEMNITY COMPANY, LLC				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
H.	SAINT MARY'S PHYSICIAN PARTNERS, LLC				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
I.	SAINT MARY'S HOSPITAL FOUNDATION, INC.				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2015	\$17,675

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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. SAINT MARY'S HEALTH SYSTEM, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
B. DIAGNOSTIC IMAGING OF SOUTHURY, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
C. FRANKLIN MEDICAL GROUP, PC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
D. HAROLD LEEVER REGIONAL CANCER CENTER, INC.			
1	GRANT	\$500,000	09/30/2015
	Total:	\$500,000	9/30/2015
E. HEART CENTER OF GREATER WATERBURY, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
F. NAUGATUCK VALLEY MRI, LP			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
G. SAINT MARY'S INDEMNITY COMPANY, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
H. SAINT MARY'S PHYSICIAN PARTNERS, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
I. SAINT MARY'S HOSPITAL FOUNDATION, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
	Grand Total:	\$500,000	9/30/2015

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REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS

(1) LINE	(2) AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	(3) AMOUNT	(4) TERM IN YEARS
A.	SAINT MARY'S HEALTH SYSTEM, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
B.	DIAGNOSTIC IMAGING OF SOUTHURY, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	FRANKLIN MEDICAL GROUP, PC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	HAROLD LEEVER REGIONAL CANCER CENTER, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	HEART CENTER OF GREATER WATERBURY, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	NAUGATUCK VALLEY MRI, LP		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	SAINT MARY'S INDEMNITY COMPANY, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	SAINT MARY'S PHYSICIAN PARTNERS, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
I.	SAINT MARY'S HOSPITAL FOUNDATION, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

**SAINT MARY'S HOSPITAL
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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 2014 ACTUAL	FY 2015 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	\$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%
C . Other					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

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REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
<u>Patient</u>	Name of Hospital Bed Fund (<u>FULL NAME</u>)	Amount
1. Number of Applications for Hospital Bed Funds		0
Grand Total		\$0.00

SAINT MARY'S HOSPITAL ANNUAL REPORTING FISCAL YEAR 2015 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.				
	Total Bed Funds :	\$0.00	\$0.00	\$0.00	\$0.00

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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	All accounts with a self-pay balance due AFTER an insurance payment has been received MUST have received a minimum of four(4) patient statements over a period of greater than 120 days, and have NOT had a payment posted to the account within the last 120 days before it can be transferred to bad debt.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	The Outsource Group - Direct collections 15%, Legal collections 20%; PMS 18%
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	6.30%
II. SPECIFIC COLLECTION AGENT INFORMATION		
A Collection Agent		
1	Collection Agent Name	The Outsource 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.	All accounts with a self-pay balance due AFTER an insurance payment has been received MUST have received a minimum of four(4) patient statements over a period of greater than 120 days, and have NOT had a payment posted to the account within the last 120 days before it can be transferred to bad debt.
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.	The Outsource Group - Direct collections - 15%, Legal collections 20%
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	7.11%
B Collection Agent		
1	Collection Agent Name	Progressive Management Systems
2	Collection Agent Type	Collection Agency

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
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.	All accounts with a self-pay balance due AFTER an insurance payment has been received MUST have received a minimum of four(4) patient statements over a period of greater than 120 days, and have NOT had a payment posted to the account within the last 120 days before it can be transferred to bad debt.
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.	PMS 18%
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	5.42%

**SAINT MARY'S HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015
REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL EMPLOYEES**

LINE	POSITION TITLE	EMPLOYEE NAME	SALARY	FRINGE BENEFITS	TOTAL
1.	President & CEO	Chad W Wable	\$699,051	\$204,473	\$903,524
2.	Vice President & Chief Medical Officer	Steve Schneider	\$469,379	\$57,770	\$527,149
3.	Chief Financial Officer	Ralph Becker	\$380,886	\$54,768	\$435,654
4.	Chief Operating Officer	Charles Flinn	\$387,050	\$38,302	\$425,352
5.	Chief Information Officer	Michael Novak	\$317,673	\$47,738	\$365,411
6.	Vice President Human Resources	Clark M Kearney	\$260,364	\$44,179	\$304,543
7.	Chief Nursing Officer	James Tucker	\$253,962	\$38,707	\$292,669
8.	Chief Marketing Officer	Joseph Connolly	\$238,621	\$43,111	\$281,732
9.	Vice President Surgical Services	Elizabeth Bozzuto	\$248,256	\$0	\$248,256
10.	Director of Pharmacy	Daniel Sullivan	\$184,892	\$36,009	\$220,901
		Grand Total:	\$3,440,134	\$565,057	\$4,005,191

**SAINT MARY'S HEALTH SYSTEM, INC.
ANNUAL REPORTING
FISCAL YEAR 2015**

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.	President & CEO	Chad W Wable	\$699,051	\$204,473	\$903,524
2.	General Surgeon	Shady Macaron	\$827,825	\$54,312	\$882,137
3.	General Surgeon	John Palesty	\$694,654	\$46,832	\$741,486
4.	General Surgeon	Paul Preissler	\$688,062	\$41,101	\$729,163
5.	Breast Surgeon	Beth Sieling	\$670,897	\$47,942	\$718,839
6.	Chief of Cardiology	Paul Kelly	\$662,108	\$38,568	\$700,676
7.	General Surgeon	Magdy Galal	\$623,377	\$46,988	\$670,365
8.	Pulmonologist	Rohit Beri	\$593,158	\$49,593	\$642,751
9.	General Surgeon	Aziz A Richi	\$540,691	\$33,177	\$573,868
10.	Internal Medicine MD	Edmund Quinn	\$539,210	\$33,696	\$572,906
		Grand Total:	\$6,539,033	\$596,682	\$7,135,715

SAINT MARY'S HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015
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 . SAINT MARY'S HEALTH SYSTEM, 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
B . DIAGNOSTIC IMAGING OF SOUTHBURY, 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 . FRANKLIN MEDICAL GROUP, PC.				
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 . HAROLD LEEVER REGIONAL CANCER 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
E . HEART CENTER OF GREATER WATERBURY, 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
F . NAUGATUCK VALLEY MRI, LP				
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 . SAINT MARY'S INDEMNITY COMPANY, 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 . SAINT MARY'S PHYSICIAN PARTNERS, 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 . SAINT MARY'S HOSPITAL 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

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 MARY'S HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015
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 2015
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 MARY'S HOSPITAL					
ANNUAL REPORTING					
FISCAL YEAR 2015					
REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 AMOUNT	FY 2015 AMOUNT	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	267	902	635	238%
2.	Number of Approved Applicants	264	879	615	233%
3.	Total Charges (A)	\$894,442	\$3,174,277	\$2,279,835	255%
	Average Charges	\$3,388	\$3,611	\$223	7%
4.	Ratio of Cost to Charges (RCC)	0.367096	0.337796	(0.029300)	-8%
	Total Cost	\$328,346	\$1,072,258	\$743,912	227%
	Average Cost	\$1,244	\$1,220	(\$24)	-2%
5.	Charity Care - Inpatient Charges	\$328,802	\$1,158,143	\$829,341	252%
6.	Charity Care - Outpatient Emergency Department Charges	294,437	1,083,233	788,796	268%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	271,203	932,901	661,698	244%
	Total Charges (A)	\$894,442	\$3,174,277	\$2,279,835	255%
8.	Charity Care - Number of Patient Days	57	165	108	189%
9.	Charity Care - Number of Discharges	14	49	35	250%
10.	Charity Care - Number of Outpatient ED Visits	134	666	532	397%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	116	506	390	336%
(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	-	-	-	0%
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)	0.367096	0	(0.367096)	-100%
	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 MARY'S HOSPITAL ANNUAL REPORTING FISCAL YEAR 2015 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 2014</u> <u>AMOUNT</u>	<u>FY 2015</u> <u>AMOUNT</u>	<u>AMOUNT</u> <u>DIFFERENCE</u>	<u>%</u> <u>DIFFERENCE</u>