

SAINT MARY'S HOSPITAL		
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	TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)
1	Affiliate Description	PARENT CORPORATION OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER. OVERSEES AND COORDINATES THE STRATEGIC PLANNING, FINANCIAL PLANNING AND OTHER ACTIVITIES OF SAINT FRANCIS HOSPITAL AND SAINT FRANCIS' AFFILIATES.
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	114 Woodland Street
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06105 -
8	CEO Name	Christopher M. Dadlez, FACHE
9	CEO Title	President
10	CT Agent Name	CT Corporation System
11	CT Agent Company	c/o CT Corporation System
12	CT Agent Company Street Address	One Corporate Center
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 3220
B.	AFFILIATE NAME	DIAGNOSTIC IMAGING OF SOUTHURY, 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
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 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
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, 185 Asylum Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
F.	AFFILIATE NAME	NAUGATUCK VALLEY MRI, LLC
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 ST
5	Town	WATERBURY
6	State	Connecticut
7	Zip Code	06706 -
8	CEO Name	Robert Gumbardo, MD
9	CEO Title	President
10	CT Agent Name	NAUGATUCK VALLEY RADIOLOGICAL ASSOCIATES
11	CT Agent Company	Naugatuck Valley Radiological Associates
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 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
G.	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
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 Associates
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 -
H.	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 -
I.	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

SAINT MARY'S HOSPITAL			
ANNUAL REPORTING			
FISCAL YEAR 2016			
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 MARY'S HOSPITAL			
1		Unrestricted	\$62,163,000
2		Temporarily Restricted by Donor	\$1,970,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$16,548,000
5		Intercompany Eliminations	(\$19,477,000)
		Total:	\$61,204,000
B. TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, 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
C. DIAGNOSTIC IMAGING OF SOUTHBURY, LLC			
1		Unrestricted	\$1,721,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,721,000
D. FRANKLIN MEDICAL GROUP, PC.			
1		Unrestricted	(\$1,569,000)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$1,569,000)
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, LLC			
1		Unrestricted	\$251,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$251,000

SAINT MARY'S HOSPITAL ANNUAL REPORTING FISCAL YEAR 2016 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
H. SAINT MARY'S INDEMNITY COMPANY, LLC			
1		Unrestricted	\$18,371,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$18,371,000
I. SAINT MARY'S PHYSICIAN PARTNERS, LLC			
1		Unrestricted	(\$123,000)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$123,000)
J. SAINT MARY'S HOSPITAL FOUNDATION, INC.			
1		Unrestricted	\$2,572,000
2		Temporarily Restricted by Donor	\$1,927,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$1,050,000
5		Intercompany Eliminations	(\$5,549,000)
		Total:	\$0
Total of all Affiliates (before Intercompany Eliminations)		Fund Balance:	\$104,881,000
Intercompany Eliminations			(\$25,026,000)
Total of all Affiliates		Fund Balance:	\$79,855,000

SAINT MARY'S HOSPITAL ANNUAL REPORTING FISCAL YEAR 2016				
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. TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
B. DIAGNOSTIC IMAGING OF SOUTHBURY, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
C. FRANKLIN MEDICAL GROUP, PC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
1		Expenses Charged to Affiliates-Insurance Expense	09/30/2016	\$199,935
2		other	09/30/2016	\$48,235
3		Fringe Benefits	09/30/2016	\$2,581,040
4		Professional Services	09/30/2016	(\$2,950,476)
5		Physician Fees	09/30/2016	(\$387,527)
6		Transfer of Funds	09/30/2016	\$20,160,000
7		Equity Transfers	09/30/2016	(\$16,867,681)
8		Purchase of Goods & services	09/30/2016	\$570,923
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$3,354,449
D. HAROLD LEEVER REGIONAL CANCER CENTER, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$6,159
1		Payments	09/30/2016	(\$33,519)
2		Expenses Charged to Affiliates-Telephone	09/30/2016	\$10,298
3		Expenses Charged to Affiliates-Information Services	09/30/2016	\$20,556
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$3,494
E. HEART CENTER OF GREATER WATERBURY, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
1		Purchase of Goods & services	09/30/2016	\$93
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$93
F. NAUGATUCK VALLEY MRI, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
G. NAUGATUCK VALLEY MRI, LP				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
H. SAINT MARY'S INDEMNITY COMPANY, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	(\$5,420,641)
1		Insurance	09/30/2016	\$18,995
		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$5,401,646)
I. SAINT MARY'S PHYSICIAN PARTNERS, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
1		Consulting	09/30/2016	\$13,174
2		Salary and benefits charged to Affiliate by Hospital	09/30/2016	\$149,616
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$162,790
J. SAINT MARY'S HEALTH SYSTEM, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	(\$453,376)
1		Forgiveness of Amounts Due From Affiliates	09/30/2016	\$453,376
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
K. SAINT MARY'S HOSPITAL FOUNDATION, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$21,975
1		Purchase of Goods & services	09/30/2016	\$41,854
2		Rent Charged to Affiliate by Hospital	09/30/2016	\$12,504
3		Accounting fees charged to Affiliate by Hospital	09/30/2016	\$12,000
4		Salary and benefits charged to Affiliate by Hospital	09/30/2016	\$283,330
5		Payments	09/30/2016	(\$351,540)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$20,123
Grand Total:				(\$1,860,697)

SAINT MARY'S HOSPITAL					
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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	\$17,675
A.	TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)		Nothing to Report		\$0
			Total:	9/30/2016	\$0
B.	DIAGNOSTIC IMAGING OF SOUTHURY, LLC		Nothing to Report		\$0
			Total:	9/30/2016	\$0
C.	FRANKLIN MEDICAL GROUP, PC.		Nothing to Report		\$0
			Total:	9/30/2016	\$0
D.	HAROLD LEEVER REGIONAL CANCER CENTER, INC.		Nothing to Report		\$0
			Total:	9/30/2016	\$0
E.	HEART CENTER OF GREATER WATERBURY, INC.				
1		FRANKLIN MEDICAL GROUP, PC.	Purchase of Goods & services	09/30/2016	(\$7,181)
			Total:	9/30/2016	(\$7,181)
F.	NAUGATUCK VALLEY MRI, LLC		Nothing to Report		\$0
			Total:	9/30/2016	\$0
G.	NAUGATUCK VALLEY MRI, LP		Nothing to Report		\$0
			Total:	9/30/2016	\$0
H.	SAINT MARY'S INDEMNITY COMPANY, LLC		Nothing to Report		\$0
			Total:	9/30/2016	\$0
I.	SAINT MARY'S PHYSICIAN PARTNERS, LLC				
1		FRANKLIN MEDICAL GROUP, PC.	Purchase of Goods & services	09/30/2016	\$1,247
			Total:	9/30/2016	\$1,247
J.	SAINT MARY'S HEALTH SYSTEM, INC.		Nothing to Report		\$0
			Total:	9/30/2016	\$0
K.	SAINT MARY'S HOSPITAL FOUNDATION, INC.		Nothing to Report		\$0
			Total:	9/30/2016	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2016	\$11,741

SAINT MARY'S HOSPITAL			
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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. TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
B. DIAGNOSTIC IMAGING OF SOUTHBURY, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
C. FRANKLIN MEDICAL GROUP, PC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
D. HAROLD LEEVER REGIONAL CANCER CENTER, INC.			
1	GRANT	\$1,515,000	09/30/2016
	Total:	\$1,515,000	9/30/2016
E. HEART CENTER OF GREATER WATERBURY, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
F. NAUGATUCK VALLEY MRI, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
G. NAUGATUCK VALLEY MRI, LP			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
H. SAINT MARY'S INDEMNITY COMPANY, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
I. SAINT MARY'S PHYSICIAN PARTNERS, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
J. SAINT MARY'S HEALTH SYSTEM, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
K. SAINT MARY'S HOSPITAL FOUNDATION, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	Grand Total:	\$1,515,000	9/30/2016

SAINT MARY'S HOSPITAL ANNUAL REPORTING FISCAL YEAR 2016			
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.	TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)		
0	Nothing to Report	\$0	0
	Total:	\$0	
B.	DIAGNOSTIC IMAGING OF SOUTHBURY, 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, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	NAUGATUCK VALLEY MRI, LP		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	SAINT MARY'S INDEMNITY COMPANY, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
I.	SAINT MARY'S PHYSICIAN PARTNERS, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	SAINT MARY'S HEALTH SYSTEM, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
K.	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 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	\$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%

SAINT MARY'S HOSPITAL ANNUAL REPORTING FISCAL YEAR 2016 REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	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					
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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 Fund				
(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

SAINT MARY'S HOSPITAL ANNUAL REPORTING FISCAL YEAR 2016 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	Direct collections 12-15%, Legal collections 20-24%
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	9.53%
II. SPECIFIC COLLECTION AGENT INFORMATION		
A Collection Agent		
1	Collection Agent Name	Parallon
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.	Direct collections - 15%, Legal collections - 20%
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	11.20%
B Collection Agent		
1	Collection Agent Name	American Adjustment Bureau
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.	Direct collections - 12%, Legal collections - 24%
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	7.79%

SAINT MARY'S HOSPITAL					
ANNUAL REPORTING					
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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 & CEO	Chad W Wable	\$726,523	\$248,186	\$974,709
2.	Vice President & Chief Medical Officer	Steve Schneider	\$509,657	\$59,493	\$569,150
3.	Vice President and Chief Financial Officer	Ralph Becker	\$405,910	\$56,933	\$462,843
4.	Chief Operating Officer	Charles Flinn	\$409,970	\$40,110	\$450,080
5.	Vice Pres. Operations & Chief Information Officer	Michael Novak	\$333,851	\$48,239	\$382,090
6.	Chief Marketing Officer	Joseph Connolly	\$277,306	\$46,197	\$323,503
7.	Vice President and Chief Nursing Officer	James Tucker	\$277,171	\$40,542	\$317,713
8.	Vice President Human Resources	Clark M Kearney	\$217,879	\$10,690	\$228,569
9.	Director of Pharmacy	Daniel Sullivan	\$178,041	\$35,945	\$213,986
10.	Corporate Director of Finance	Chris Hayes	\$190,464	\$21,963	\$212,427
		Grand Total:	\$3,526,772	\$608,298	\$4,135,070

TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)					
ANNUAL REPORTING					
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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.	President and Chief Executive Officer - THNE	Christopher M. Dadlez; Trinity Health - NE	\$1,685,526	\$146,818	\$1,832,344
2.	President, St. Francis Hospital and Medical Center	John F. Rodis, MD; Saint Francis Hospital and Medical Center	\$1,204,152	\$112,429	\$1,316,581
3.	Director of Minimally Invasive Cardiac Surgery	William V. Martinez Jr., MD; Saint Francis Medical Group	\$1,215,278	\$60,256	\$1,275,534
4.	Neurosurgeon	Bruce S. Chozick., MD; Saint Francis Medical Group	\$1,165,323	\$65,772	\$1,231,095
5.	Neurosurgeon	David Spiro, MD; Saint Francis Medical Group	\$1,122,612	\$55,929	\$1,178,541
6.	Plastic Surgeon	Leo R. Otake, MD; Saint Francis Medical Group	\$1,062,176	\$56,013	\$1,118,189
7.	Plastic Surgeon	Samuel D. Buonocore, MD; Saint Francis Medical Group	\$969,909	\$62,896	\$1,032,805
8.	President, St Marys Hospital	Chad W. Wable; St Marys Hospital	\$726,523	\$240,465	\$966,988
9.	General Surgeon	Shady Macaron, MD; Franklin Medical Group, PC	\$907,869	\$57,042	\$964,911
10.	Senior Vice President, Chief Physician Executive	Steven T. Ruby, MD; Trinity Health - NE	\$835,877	\$79,495	\$915,372
Grand Total:			\$10,895,245	\$937,115	\$11,832,360

SAINT MARY'S HOSPITAL							
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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
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

SAINT MARY'S HOSPITAL				
ANNUAL REPORTING				
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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 . TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, 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, 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 . 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
H . 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
I . 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
J . 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
K . 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
<i>For each entity listed on Report 20, complete Report 21.</i>				
<i>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.</i>				
<i>B - A hospital employee is anyone who provides a service which incurs an expense for the hospital.</i>				
<i>C - Indirect payments include but are not limited to payments made to related entities.</i>				

SAINT MARY'S HOSPITAL ANNUAL REPORTING FISCAL YEAR 2016		
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 MARY'S HOSPITAL					
ANNUAL REPORTING					
FISCAL YEAR 2016					
REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 AMOUNT	FY 2016 AMOUNT	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	902	2,970	2,068	229%
2.	Number of Approved Applicants	879	2,894	2,015	229%
3.	Total Charges (A)	\$3,174,277	\$6,949,752	\$3,775,475	119%
	Average Charges	\$3,611	\$2,401	(\$1,210)	-34%
4.	Ratio of Cost to Charges (RCC)	0.337796	0.319737	(0.018059)	-5%
	Total Cost	\$1,072,258	\$2,222,093	\$1,149,835	107%
	Average Cost	\$1,220	\$768	(\$452)	-37%
5.	Charity Care - Inpatient Charges	\$1,158,143	\$1,558,496	\$400,353	35%
6.	Charity Care - Outpatient Emergency Department Charges	1,083,233	3,535,329	2,452,096	226%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	932,901	1,855,927	923,026	99%
	Total Charges (A)	\$3,174,277	\$6,949,752	\$3,775,475	119%
8.	Charity Care - Number of Patient Days	165	194	29	18%
9.	Charity Care - Number of Discharges	49	71	22	45%
10.	Charity Care - Number of Outpatient ED Visits	666	2,311	1,645	247%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	506	1,638	1,132	224%
(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	0.337796	0.337796	0%
	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.					