SAINT MARY'S HOSPITAL

ANNUAL REPORTING

FISCAL YEAR 2013

REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

LINE			
LINE	DECODIDETION	AFFILIATE INFORMATION	
	DESCRIPTION	AFFILIATE INFORMATION	
A.	AFFILIATE NAME	SAINT MARY'S HEALTH SYSTEM, INC.	
		PARENT CORPORATION TO ASSIST SMH & OTHER CATHOLIC ORG IN CARRYING OUT THEIR	
1 A	Affiliate Description	WORK IN DELIVERY OF HEALTH CARE	
2 A	Affiliate type of service	Parent Corporation	
3 7	Tax Status	Not for Profit	
	Street Address	56 FRANKLIN STREET	
	Town	Waterbury	
	State	Connecticut	
	Zip Code	06706 -	
	CEO Name	Chad W. Wable, FACHE	
	CEO Title	President and CEO	
	CT Agent Name	Chad W. Wable, FACHE	
	CT Agent Company	Saint Mary's Hospital	
	CT Agent Company Street Address	56 FRANKLIN STREET	
	CT Agent State	Waterbury Connecticut	
	CT Agent State CT Agent Zip Code	Connecticut 06706 -	
15 (C i Agerii Zip Code	00700	
В.	AFFILIATE NAME	DIAGNOSTIC IMAGING OF SOUTHBURY, LLC	
<u>. </u>	ALLIERTE NAME	Distriction in the contract of	
1 A	Affiliate Description	DIAGNOSTIC IMAGING SERVICES	
2 A	Affiliate type of service	Imaging Services	
3 7	Tax Status	For Profit	
4 8	Street Address	385 Main Street, Union Sq Plaz Bldg #1	
5 7	Town	Southbury	
6 8	State	Connecticut	
7 2	Zip Code	06488 -	
	CEO Name	Robert Gumbardo, MD	
	CEO Title	President	
	CT Agent Name	JOSEPH A. MENGACCI, ESQ.	
	CT Agent Company	Joseph A. Mengacci Esq. (Self Employed)	
	CT Agent Company Street Address	56 FRANKLIN STREET	
	CT Agent Town	Waterbury	
	CT Agent State	Connecticut	
15 (CT Agent Zip Code	06706 -	
	AFFILIATE NAME	EDANIZIN MEDICAL CROUD DC	
C.	AFFILIATE NAME	FRANKLIN MEDICAL GROUP, PC.	
1 /	Affiliate Description	MEDICAL PRACTICES	
	Affiliate type of service	Medical Practices	
	Tax Status	For Profit	
	Street Address	133 SCOVILL STREET, WATERBURY, CT	
	Town	Waterbury	
	State	Connecticut	
	Zip Code	06706 -	
	CEO Name	Steven E. Schneider, M.D.	
	CEO Title	PRESIDENT	
	CT Agent Name	Robert J. Anthony, Esq.	
11 (CT Agent Company	Brown & Rudnick	

SAINT MARY'S HOSPITAL

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REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
	CT Agent Company Street Address	56 FRANKLIN STREET	
	CT Agent Town	Waterbury	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06706 -	
		HAROLD LEEVER REGIONAL CANCER CENTER, INC.	
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	
	CT Agent Name	Bennett J. Bernblum	
	CT Agent Name	Wiggin & Dana	
	CT Agent Company Street Address	265 Church Street,	
	CT Agent Company Street Address CT Agent Town	New Haven	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent State CT Agent Zip Code	06510 -	
13	CT Agent Zip Code	00010	
lε.	AFFILIATE NAME	HEART CENTER OF GREATER WATERBURY, INC.	
E.	AFFILIATE NAME	HEART CENTER OF GREATER WATERBURY, INC. CORPORATION TO PROVIDE MANAGEMENT AND OVERSIGHT SERVICES OT ST. MARY'S	
E.	AFFILIATE NAME	HEART CENTER OF GREATER WATERBURY, INC. CORPORATION TO PROVIDE MANAGEMENT AND OVERSIGHT SERVICES OT ST. MARY'S HOSPITAL CORPORATION AND THE WATERBURY HOSPITAL FOR DEVELOPMENT AND	
E.	Affiliate Description	CORPORATION TO PROVIDE MANAGEMENT AND OVERSIGHT SERVICES OT ST. MARY'S	
	Affiliate Description	CORPORATION TO PROVIDE MANAGEMENT AND OVERSIGHT SERVICES OT ST. MARY'S HOSPITAL CORPORATION AND THE WATERBURY HOSPITAL FOR DEVELOPMENT AND	
1		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	
1 2	Affiliate Description Affiliate type of service	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 Other HealthCare Svcs(Specify)	
1 2 3	Affiliate Description Affiliate type of service Tax Status	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 Other HealthCare Svcs(Specify) Not for Profit	
1 2 3 4	Affiliate Description Affiliate type of service Tax Status Street Address	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 Other HealthCare Svcs(Specify) Not for Profit 81 WEST MAIN STREET	
1 2 3 4 5	Affiliate Description Affiliate type of service Tax Status Street Address Town	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 Other HealthCare Svcs(Specify) Not for Profit 81 WEST MAIN STREET Waterbury	
1 2 3 4 5 6	Affiliate Description Affiliate type of service Tax Status Street Address Town State	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 Other HealthCare Svcs(Specify) Not for Profit 81 WEST MAIN STREET Waterbury Connecticut	
1 2 3 4 5 6 7	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code	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 Other HealthCare Svcs(Specify) Not for Profit 81 WEST MAIN STREET Waterbury Connecticut 06702 -	
1 2 3 4 5 6 7 8	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title	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 Other HealthCare Svcs(Specify) Not for Profit 81 WEST MAIN STREET Waterbury Connecticut 06702 - CHAD W. WABLE, FACHE & DARLENE STROMSTAD	
1 2 3 4 5 6 7 8 9	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name	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 Other HealthCare Svcs(Specify) Not for Profit 81 WEST MAIN STREET Waterbury Connecticut 06702 - CHAD W. WABLE, FACHE & DARLENE STROMSTAD CO-PRESIDENTS	
1 2 3 4 5 6 7 8 9	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company	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 Other HealthCare Svcs(Specify) Not for Profit 81 WEST MAIN STREET Waterbury Connecticut 06702 - CHAD W. WABLE, FACHE & DARLENE STROMSTAD CO-PRESIDENTS Robert J. Anthony Brown & Rudnick	
1 2 3 4 5 6 7 8 9 10 11	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address	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 Other HealthCare Svcs(Specify) Not for Profit 81 WEST MAIN STREET Waterbury Connecticut 06702 - CHAD W. WABLE, FACHE & DARLENE STROMSTAD CO-PRESIDENTS Robert J. Anthony	
1 2 3 4 5 6 7 8 9 10 11 12	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town	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 Other HealthCare Svcs(Specify) Not for Profit 81 WEST MAIN STREET Waterbury Connecticut 06702 - CHAD W. WABLE, FACHE & DARLENE STROMSTAD CO-PRESIDENTS Robert J. Anthony Brown & Rudnick CityPlace I, 185 Asylum Street Hartford	
1 2 3 4 5 6 7 8 9 10 11 12 13	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Town CT Agent Town CT Agent Town CT Agent State	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 Other HealthCare Svcs(Specify) Not for Profit 81 WEST MAIN STREET Waterbury Connecticut 06702 - CHAD W. WABLE, FACHE & DARLENE STROMSTAD CO-PRESIDENTS Robert J. Anthony Brown & Rudnick CityPlace I, 185 Asylum Street	
1 2 3 4 5 6 7 8 9 10 11 12	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town	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 Other HealthCare Svcs(Specify) Not for Profit 81 WEST MAIN STREET Waterbury Connecticut 06702 - CHAD W. WABLE, FACHE & DARLENE STROMSTAD CO-PRESIDENTS Robert J. Anthony Brown & Rudnick CityPlace I, 185 Asylum Street Hartford Connecticut	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Town CT Agent Town CT Agent Town CT Agent State	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 Other HealthCare Svcs(Specify) Not for Profit 81 WEST MAIN STREET Waterbury Connecticut 06702 - CHAD W. WABLE, FACHE & DARLENE STROMSTAD CO-PRESIDENTS Robert J. Anthony Brown & Rudnick CityPlace I, 185 Asylum Street Hartford Connecticut 06103 -	
1 2 3 4 5 6 7 8 9 10 11 12 13	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Town CT Agent Town CT Agent Town CT Agent State	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 Other HealthCare Svcs(Specify) Not for Profit 81 WEST MAIN STREET Waterbury Connecticut 06702 - CHAD W. WABLE, FACHE & DARLENE STROMSTAD CO-PRESIDENTS Robert J. Anthony Brown & Rudnick CityPlace I, 185 Asylum Street Hartford Connecticut	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent State CT Agent Zip Code	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 Other HealthCare Svcs(Specify) Not for Profit 81 WEST MAIN STREET Waterbury Connecticut 06702 - CHAD W. WABLE, FACHE & DARLENE STROMSTAD CO-PRESIDENTS Robert J. Anthony Brown & Rudnick CityPlace I, 185 Asylum Street Hartford Connecticut 06103 -	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 F.	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent Zip Code AFFILIATE NAME	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 Other HealthCare Svcs(Specify) Not for Profit 81 WEST MAIN STREET Waterbury Connecticut 06702 - CHAD W. WABLE, FACHE & DARLENE STROMSTAD CO-PRESIDENTS Robert J. Anthony Brown & Rudnick CityPlace I, 185 Asylum Street Hartford Connecticut 06103 - NAUGATUCK VALLEY MRI, LP	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent Zip Code AFFILIATE NAME 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 Other HealthCare Svcs(Specify) Not for Profit 81 WEST MAIN STREET Waterbury Connecticut 06702 - CHAD W. WABLE, FACHE & DARLENE STROMSTAD CO-PRESIDENTS Robert J. Anthony Brown & Rudnick CityPlace I, 185 Asylum Street Hartford Connecticut 06103 - NAUGATUCK VALLEY MRI, LP	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 F.	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service	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 Other HealthCare Svcs(Specify) Not for Profit 81 WEST MAIN STREET Waterbury Connecticut 06702 - CHAD W. WABLE, FACHE & DARLENE STROMSTAD CO-PRESIDENTS Robert J. Anthony Brown & Rudnick CityPlace I, 185 Asylum Street Hartford Connecticut 06103 - NAUGATUCK VALLEY MRI, LP	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 F.	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status	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 Other HealthCare Svcs(Specify) Not for Profit 81 WEST MAIN STREET Waterbury Connecticut 06702 - CHAD W. WABLE, FACHE & DARLENE STROMSTAD CO-PRESIDENTS Robert J. Anthony Brown & Rudnick CityPlace I, 185 Asylum Street Hartford Connecticut 06103 - NAUGATUCK VALLEY MRI, LP OUTPATIENT MRI OUTPATIENT DIAG MRI SERVICES Imaging Services For Profit	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 F.	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address	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 Other HealthCare Svcs(Specify) Not for Profit 81 WEST MAIN STREET Waterbury Connecticut 06702 - CHAD W. WABLE, FACHE & DARLENE STROMSTAD CO-PRESIDENTS Robert J. Anthony Brown & Rudnick CityPlace I, 185 Asylum Street Hartford Connecticut 06103 - NAUGATUCK VALLEY MRI, LP OUTPATIENT MRI OUTPATIENT DIAG MRI SERVICES Imaging Services For Profit 56 FRANKLIN STREET, WATERBURY, CT	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 F.	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status	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 Other HealthCare Svcs(Specify) Not for Profit 81 WEST MAIN STREET Waterbury Connecticut 06702 - CHAD W. WABLE, FACHE & DARLENE STROMSTAD CO-PRESIDENTS Robert J. Anthony Brown & Rudnick CityPlace I, 185 Asylum Street Hartford Connecticut 06103 - NAUGATUCK VALLEY MRI, LP OUTPATIENT MRI OUTPATIENT DIAG MRI SERVICES Imaging Services For Profit	

SAINT MARY'S HOSPITAL

ANNUAL REPORTING

FISCAL YEAR 2013

REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
7	Zip Code	06706 -	
8	CEO Name	Robert GUmbardo, MD	
9	CEO Title	President	
	CT Agent Name	NAUGATUCK VALLEY RADIOLOGICAL ASSOCIATES	
	CT Agent Company	Naugatuck Valley Radiological Assocoates	
	CT Agent Company Street Address	133 Scovill St	
	CT Agent Town	Waterbury	
	CT Agent State	Connecticut	
	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	
	Zip Code	05401 -	
	CEO Name	David Robinson	
	CEO Title	President	
	CT Agent Name	Strategic Risk Solutions	
	CT Agent Company	Patricia Henderson	
	CT Agent Company Street Address	126 College Street	
	CT Agent Town	Burlington	
	CT Agent State	Vermont	
	CT Agent Zip Code	05401 -	
н.	AFFILIATE NAME	SAINT MARY'S HOSPITAL FOUNDATION, INC.	
1	Affiliate Description	FOUNDATION FUNDRAISING SERVICES FOR HOSPITAL PRIMARILY FOR SPECIAL PROJ OR EQUIP	
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 -	
	CEO Name	Margaret Lawlor	
	CEO Title	PRESIDENT	
	CT Agent Name	Chad W. Wable, FACHE	
	CT Agent Company	Saint Mary's Hospital	
	CT Agent Company Street Address	56 FRANKLIN STREET, WTBY, CT,	
	CT Agent Town	Waterbury	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06706 -	

^{*} P.O. BOX IS UNACCEPTABLE WITHOUT A

STREET ADDRESS FOR EACH AGENT COMPANY

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2013
Α.	SAINT MARY`S HOSPITAL		
1	DAINT MAKT STICSFITAL	Unrestricted	\$31,173,000
2		Temporarily Restricted by Donor	\$2,269,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$16,255,000
5		Intercompany Eliminations	\$0
		Total:	\$49,697,000
В.	SAINT MARY'S HEALTH SYSTEM, INC.		0.550
1		Unrestricted	\$1,770,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 (\$4,874,000)
_ 5		. ,	(, , , , , , , , , , , , , , , , , , ,
		Total:	(\$3,104,000)
C.	DIAGNOSTIC IMAGING OF SOUTHBURY, LLC		
1	,	Unrestricted	\$756,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$756,000
D.	FRANKLIN MEDICAL GROUP, PC.		A == ===
1		Unrestricted	\$1,159,000
2		Temporarily Restricted by Donor	\$0
3 4		Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	\$0
		Total:	\$1,159,000
		Total.	ψ1,133,000
Ε.	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 \$0
5		Intercompany Eliminations	\$0
		Total:	\$0
_	HEADT CENTED OF CREATER WATERRURY INC.		
F .	HEART CENTER OF GREATER WATERBURY, INC.	Unrestricted	Φ <u>0</u>
2		Temporarily Restricted by Donor	\$0 \$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	\$0 \$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2013
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
н.	SAINT MARY'S INDEMNITY COMPANY, LLC		
1		Unrestricted	\$11,108,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$11,108,000
١.	SAINT MARY'S HOSPITAL FOUNDATION, INC.		
1		Unrestricted	\$1,761,000
2		Temporarily Restricted by Donor	\$2,145,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$968,000
5		Intercompany Eliminations	\$0
		Total:	\$4,874,000
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$69,364,000
	Intercompany Eliminations		(\$4,874,000)
	Total of all Affiliates	Fund Balance:	\$64,490,000

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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
Α.	SAINT MARY`S HEALTH SYSTEM, INC.			
	DANT MART OTEACHTOTOTEM, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	(\$445,533)
1		Intercompany transfer of services	09/30/2013	(\$39,935)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	(\$485,468)
В.	DIAGNOSTIC IMAGING OF SOUTHBURY, LLC			
	,			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
_	EDANIZI IN MEDICAL ODOUR DO			
C.	FRANKLIN MEDICAL GROUP, PC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report	3/30/2012	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
D.	HAROLD LEEVER REGIONAL CANCER CENTER, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$6,248
1		Intercompany transfer of services	09/30/2013	(\$16,625)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	(\$10,377)
_				
E.	HEART CENTER OF GREATER WATERBURY, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$4,500
1		Intercompany transfer of services	09/30/2013	(\$167)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$4,333
F.	NAUGATUCK VALLEY MRI, LP			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$11,700
1		Intercompany transfer of services	09/30/2013	(\$11,700)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
G.	SAINT MARY'S INDEMNITY COMPANY, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$1,531,699

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		Intercompany transfer of services	09/30/2013	(\$6,673,023)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	(\$5,141,324)
H.	SAINT MARY`S HOSPITAL FOUNDATION, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$125,312
1		Intercompany transfer of services	09/30/2013	(\$103,316)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$21,996
			Grand Total:	(\$5,610,840)

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	10/01/2012	\$31,274
Α.	SAINT MARY'S HEALTH SYSTEM, INC.		Nothing to Depart		ФО.
-			Nothing to Report Total:	9/30/2013	\$0 \$0
			i otai.	9/30/2013	\$0
В.	DIAGNOSTIC IMAGING OF SOUTHBURY, LLC				
	, ,		Nothing to Report		\$0
			Total:	9/30/2013	\$0
C.	FRANKLIN MEDICAL GROUP, PC.				
<u> </u>			Nothing to Report	0/00/0040	\$0 \$0
			Total:	9/30/2013	\$0
D.	HAROLD LEEVER REGIONAL CANCER CENTER, INC.				
<u> </u>	HAROLD ELLYER REGIONAL GANGER GENTER, INC.		Nothing to Report		\$0
			Total:	9/30/2013	\$0
E.	HEART CENTER OF GREATER WATERBURY, INC.				
1		FRANKLIN MEDICAL GROUP, PC.	Purchase of Goods & services	09/30/2013	(\$14,922)
			Total:	9/30/2013	(\$14,922)
F.	NAUGATUCK VALLEY MRI, LP				
F.	NAUGATOCK VALLET MIKI, EF		Nothing to Report		\$0
-			Total:	9/30/2013	\$0
				0,00,2010	4.0
G.	SAINT MARY'S INDEMNITY COMPANY, LLC				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
	CAINT MADYS HOODITAL FOUNDATION INC				
H.	SAINT MARY'S HOSPITAL FOUNDATION, INC.		Nothing to Report		ФО.
-			Total:	9/30/2013	\$0 \$0
			i otal.	3/30/2013	40
			Ending Unconsolidated		
			Intercompany Balance	9/30/2013	\$16,352
					· · · · · · · · · · · · · · · · · · ·

REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)		(3)	(4)
	AFFILIATE NAME &			
LINE	DESCRIPTION OF EXPENDITURE		AMOUNT	DATE
Α.	SAINT MARY'S HEALTH SYSTEM, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
В.	DIA CNIOSTIC IMA CINIC OF SOUTHIRLIRY LLC			
0	DIAGNOSTIC IMAGING OF SOUTHBURY, LLC Nothing to Report		¢o.	
-	Nothing to Report	Total:	\$0 \$0	9/30/2013
		Total.	40	9/30/2013
C.	FRANKLIN MEDICAL GROUP, PC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
D.	HAROLD LEEVER REGIONAL CANCER CENTER, INC.			
0	Nothing to Report		\$0	
	Nothing to Keport	Total:	\$0 \$0	9/30/2013
E.	HEART CENTER OF GREATER WATERBURY, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
F.	NAUGATUCK VALLEY MRI, LP			
0	Nothing to Report		\$0	
	Thousand to Hopel	Total:	\$0	9/30/2013
G.	SAINT MARY'S INDEMNITY COMPANY, LLC			
0	Nothing to Report	-	\$0	
		Total:	\$0	9/30/2013
н.	SAINT MARY'S HOSPITAL FOUNDATION, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
		Crand Tatali	***	0/20/0040
		Grand Total:	\$0	9/30/2013

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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
LINE	DESCRIPTION OF THE COMMITTMENT AND/OR ENDORSEMENT	AWOON	TERM IN TEARS
^	SAINT MARY'S HEALTH SYSTEM, INC.		
A.	Nothing to Report	\$0	0
	Total:	\$0	0
	ı otal.	40	
В.	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	
	NAUGATUCK VALLEY MRI, LP		
0	Nothing to Report	\$0	0
	Total:	\$0	
	SAINT MARY'S INDEMNITY COMPANY, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	SAINT MARY'S HOSPITAL FOUNDATION, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

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SAINT MARY`S HOSPITAL ANNUAL REPORTING FISCAL YEAR 2013 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR

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

A. Indigent Care Beginning Balance \$0.00 \$0.00 \$0.00 \$0.00	(1)	(2)	(3)	(4)	(5)	(6)
A						
Beginning Balance	LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
Beginning Balance						
1 Donations \$0.00 \$0.00 \$0.00	Α.	Indigent Care				
2						0%
3 Expenditures \$0.00 \$	1	Donations				0%
4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00 5 Projected Interest Income \$0.00 \$0.00 8 Free Beds	2	Income				0%
Ending Balance \$0.00 \$0.00 \$0.00	3					0%
5 Projected Interest Income \$0.00 \$0.00 \$0.00 B. Free Beds \$0.00 \$0.00 \$0.00 1 Donations \$0.00 \$0.00 \$0.00 2 Income \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00 5 Projected Interest Income \$0.00 \$0.00 C. Other \$0.00 \$0.00 Beginning Balance \$0.00 \$0.00 1 Donations \$0.00 \$0.00 2 Income \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00	4					0%
B . Free Beds Beginning Balance \$0.00 \$0.00 1 Donations \$0.00 \$0.00 2 Income \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 5 Projected Interest Income \$0.00 \$0.00 C . Other \$0.00 \$0.00 \$0.00 1 Donations \$0.00 \$0.00 \$0.00 2 Income \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00						0%
Beginning Balance	5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
Beginning Balance						
1 Donations \$0.00 \$0.00 \$0.00 2 Income \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00 5 Projected Interest Income \$0.00 \$0.00 C Other \$0.00 \$0.00 Beginning Balance \$0.00 \$0.00 \$0.00 1 Donations \$0.00 \$0.00 \$0.00 2 Income \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00	В.	Free Beds				
2 Income \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 5 Projected Interest Income \$0.00 \$0.00 C. Other \$0.00 \$0.00 1 Donations \$0.00 \$0.00 2 Income \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 Ending Balance \$0.00 \$0.00		Beginning Balance				0%
3	'				-	0%
4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00 5 Projected Interest Income \$0.00 \$0.00 C . Other Beginning Balance \$0.00 \$0.00 1 Donations \$0.00 2 Income \$0.00 3 Expenditures \$0.00 4 Unrealized Gains and Losses 4 Unrealized Gains and Losses 50.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00					-	0%
Ending Balance \$0.00 \$0.00 5 Projected Interest Income \$0.00 \$0.00 C . Other Beginning Balance \$0.00 \$0.00 1 Donations \$0.00 2 Income \$0.00 3 Expenditures \$0.00 4 Unrealized Gains and Losses \$0.00 Ending Balance \$0.00						0%
5 Projected Interest Income \$0.00 \$0.00 \$0.00 C . Other Beginning Balance \$0.00 \$0.00 \$0.00 1 Donations \$0.00 \$0.00 \$0.00 2 Income \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00	4		-		-	0%
C . Other \$0.00 \$0.00 \$0.00 Beginning Balance \$0.00 \$0.00 \$0.00 1 Donations \$0.00 \$0.00 \$0.00 2 Income \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00		Ending Balance				0%
Beginning Balance \$0.00 \$0.00 1 Donations \$0.00 \$0.00 2 Income \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 Ending Balance \$0.00 \$0.00	5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
Beginning Balance \$0.00 \$0.00 1 Donations \$0.00 \$0.00 2 Income \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 Ending Balance \$0.00 \$0.00						
1 Donations \$0.00 \$0.00 \$0.00 2 Income \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00	С.	Other				
1 Donations \$0.00 \$0.00 \$0.00 2 Income \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00		Beginning Balance	\$0.00	\$0.00	\$0.00	0%
3 Expenditures \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 Ending Balance \$0.00 \$0.00	1		\$0.00	\$0.00	\$0.00	0%
4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00	2	Income	\$0.00	\$0.00	\$0.00	0%
Ending Balance \$0.00 \$0.00 \$0.00	3	Expenditures	\$0.00	\$0.00	\$0.00	0%
	4	Unrealized Gains and Losses				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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	SAINT MARY'S HOSPITAL	
	ANNUAL REPORTING	
	FISCAL YEAR 2013	
REP	ORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERE	D BY THE HOSPITAL
A. Patient Activity		
(1)	(2)	(3)
<u>Patient</u>	Name of Hospital Bed Fund (FULL NAME)	Amount
 Number of Applications 	for Hospital Bed Funds	0
	Grand Total	\$0.00

		SAINT MARY'S H	IOSPITAL		
		ANNUAL REPO	RTING		
		FISCAL YEAR	R 2013		
	REPORT 17B - HOSPITA	L BED FUNDS HELD (OR ADMINISTERED B	Y THE HOSPITAL	
B. BE	D FUND ACTIVITY				
(1)	(2)	(3)	(4)	(5)	(6)
		FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
Line	Name of Hospital Bed Fund				
(3)	Fair Market Value of the Principal of each	individual Hospital Be	d Fund, or the Princi	pal attributable to each	Hospital Bed
(4)	Total Actual Earnings for each Hospital B	ed Fund or the Earning	gs attributable to eac	h Hospital Bed Fund.	
	-			-	
(5)	Actual Dollar Amount of Earnings reinves	ted as Principal, if any	' .		
		• • •			
(6)	Actual Dollar Amount of Earnings availab	le for Patient Care.			
\-',					
	Total Bed Funds :	\$0.00	\$0.00	\$0.00	\$0.00
	Total Boa Fallas .	ψ0.00	ψ0.00	ψ0.00	Ψυ

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 balance due after Medicare payment that have received a minimum of 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 will be transferred to bad debt.
В.	Hospital's processes and policies for compensating a Collection Agent for services rendered	Century Financial - Direct Consolidations 21%, Legal Collections 26%. The Outsource Group (fka CT Credit) - Direct Collections 20%, Legal Collections 25%. TCORS - 20% Direct Collections, 25% Legal Collections.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	7.10%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
Α	Collection Agent	
1	Collection Agent Name	TCORS - Tobin, Carberry, OMalley, Riley, Selinger, P.C.
2	Collection Agent Type	Attorney
	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 balance due after Medicare payment that have received a minimum of 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 will 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.	Century Financial - Direct Consolidations 21%, Legal Collections 26%. The Outsource Group (fka CT Credit) - Direct Collections 20%, Legal Collections 25%. TCORS - 20% Direct Collections, 25% Legal Collections.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	0.00%
В	Collection Agent	
1	Collection Agent Collection Agent Name	Century Financial
<u> </u>	Poliection Agent Name	Century i manda

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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.	All accounts with a balance due after Medicare payment that have received a minimum of 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 will 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.	Century Financial - Direct Consolidations 21%, Legal Collections 26%. The Outsource Group (fka CT Credit) - Direct Collections 20%, Legal Collections 25%. TCORS - 20% Direct Collections, 25% Legal Collections.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	7.12%
С	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 balance due after Medicare payment that have received a minimum of 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 will 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.	Century Financial - Direct Consolidations 21%, Legal Collections 26%. The Outsource Group (fka CT Credit) - Direct Collections 20%, Legal Collections 25%. TCORS - 20% Direct Collections, 25% Legal Collections.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	7.10%

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION

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

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	President & CEO	\$621,093	\$232,419	\$853,512
2.	Vice President & CNO	\$275,651	\$62,978	\$338,629
3.	Vice President Operations	\$276,911	\$48,171	\$325,082
	•	* -,-	* - /	, ,
4.	Vice President Human Resources	\$235,065	\$45,311	\$280,376
5.	Chairman Dept of Medicine	\$250,000	\$25,582	\$275,582
6.	Vice President and CFO	\$234,444	\$32,443	\$266,887
7.	Vice President & CNO Former	\$221,871	\$43,140	\$265,011
		* ,-	* -, -1	, ,
8.	Vice President & Chief Medical Officer	\$245,516	\$0	\$245,516
9.	Chief Marketing Officer	\$200,310	\$39,815	\$240,125
10.	Chief Information Officer	\$215,418	\$13,106	\$228,524
	Grand Total:	\$2,776,279	\$542,965	\$3,319,244

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SAINT MARY'S HOSPITAL ANNUAL REPORTING FISCAL YEAR 2013 REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS

PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
		SALARIES (Directly or	FRINGE BENEFITS ^A (DirectI	, ,
LINE	DESCRIPTION	Indirectly) ^C	y or Indirectly) ^C	TOTAL
		=		
Α.	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
		_		
В.	DIAGNOSTIC IMAGING OF SOUTHBURY, LLC		1	* -
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
	EDANIZI IN MEDICAL ODOLID DO	7		
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
_	HAROLD LEEVED DECIONAL CANCED CENTED INC	٦		
D.	HAROLD LEEVER REGIONAL CANCER CENTER, INC.	Φ0	1 00	Φ0
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0 \$0	\$0 \$0	\$0 \$0
2	Paid by the Hospital to Employees of the Entity Listed Above		\$0	Φυ
Ε.	HEART CENTER OF GREATER WATERBURY, INC.	٦		
	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
1 2	Paid by the Entity Listed Above to Hospital Employees(b) Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0 \$0
	Ald by the Hospital to Employees of the Entity Listed Above		Ψ0	ΨΟ
F.	NAUGATUCK VALLEY MRI, LP	٦		
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
	. a.a. 27 a.a. Froepital to Employees of the Entity Eleted Floore		ΨΟ	Ψ5
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
_		, , , , , , , , , , , , , , , , , , , 	7-	+ -
Н.	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.

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 2013
Α	Transfer of Assets or Operations	
	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	
1.	Functions.	N/A
	Description of each Transfer of Assets on Occaptions on Change of Occaptable with a User its	
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

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		Y'S HOSPITAL			
		REPORTING AL YEAR 2013			
	REPORT 23 - CHARITY CARE AND REDUCED		PROVIDED BY	THE HOSPITAL	
	NEI ON 20 OIDANI OINE PAR NEEDOLD				
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012	FY 2013	AMOUNT	%
LINE	DESCRIPTION	<u>AMOUNT</u>	<u>AMOUNT</u>	DIFFERENCE	DIFFERENCE
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial S	Statement Notes)			
		707		(0.50)	240/
1. 2.	Number of Applicants Number of Approved Applicants	727 466	69 62	(658) (404)	-91% -87%
۷.	Number of Approved Applicants	400	02	(404)	-0170
3.	Total Charges (A)	\$384,059	\$248,631	(\$135,428)	-35%
	Average Charges	\$824	\$4,010	\$3,186	387%
	Dating (O and () O beauty (DOO)	0.00755	0.077050	(0.000400)	F0/
4.	Ratio of Cost to Charges (RCC) Total Cost	0.39755 \$152,683	0.377052 \$93,747	(0.020498) (\$58,936)	-5% -39%
	Average Cost	\$132,663	\$1,512	\$1,184	361%
	Average 003t	Ψ320	Ψ1,312	Ψ1,104	30170
5.	Charity Care - Inpatient Charges	\$78,015	\$13,575	(\$64,440)	-83%
	Charity Care - Outpatient Emergency Department				
6.	Charges	136,053	66,488	(69,565)	-51%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	169,991	168,568	(1,423)	-1%
7.	Total Charges (A)	\$384,059	\$248,631	(\$135,428)	-35%
	rotal Granges (r.)	400 1,000	ΨΞ.0,00.	(4:00,:20)	3370
8.	Charity Care - Number of Patient Days	38	7	(31)	-82%
9.	Charity Care - Number of Discharges	12	3	(9)	-75%
10.	Charity Care - Number of Outpatient ED Visits	84	46	(38)	-45%
11	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	375	12	(363)	-97%
11.	VISILS)	3/5	12	(303)	-91%
(A) The	total amount must agree with the total amount listed in	the Hospital Aud	dited Financial S	tatement Notes.	
В	Hospital Bed Funds (see Hospital Reporting System -	Donort 17)			
<u>B.</u>	nospital Bed Funds (see nospital 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)	0.39755	0.377052	(0.020498)	-5%
٦.	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%
0.	Ded Funds - Outpatient Emergency Department Charges	0	<u> </u>	0	070
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	0	0	0	0%
	Total Charges (B)	\$0	\$0	\$0	0%
	Pod Funda Number of Potient Pour				001
8. 9.	Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	0	0	0	0% 0%
10.	Bed Funds - Number of Outpatient ED Visits	0	0	0	0%
	Bed Funds - Number of Outpatient Visits(Excludes ED	3	0		370
11.	Visits)	0	0	0	0%
(E) =:					
(B) The	total amount must agree with the total amount listed o	n Hospital Repor	tıng System - Re	eport 17.	

	SAINT MARY`S HOSPITAL							
	ANNUAL REPORTING							
	FISC	AL YEAR 2013						
	REPORT 23 - CHARITY CARE AND REDUCED	COST SERVICE	S PROVIDED BY	THE HOSPITAL				
(1)	(2)	(3)	(4)	(5)	(6)			
		FY 2012	FY 2013	AMOUNT	%			
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE			