ANNUAL REPORTING

FISCAL YEAR 2015

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

(1)	(2)	(3)		
	DESCRIPTION	AFFILIATE INFORMATION		
LINE	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	Affiliate Description	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		
	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 Town CT Agent State	Waterbury Connecticut		
	CT Agent State CT Agent Zip Code	06706 -		
13	C1 Agent Zip Code	00700		
В.	AFFILIATE NAME	DIAGNOSTIC IMAGING OF SOUTHBURY, LLC		
<u> </u>	7			
	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		
	Zip Code	06488 -		
	CEO Name CEO Title	Robert Gumbardo, MD President		
	CT Agent Name	JOSEPH A. MENGACCI, ESQ.		
	CT Agent Name 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		
	CT Agent Zip Code	06706 -		
C.	AFFILIATE NAME	FRANKLIN MEDICAL GROUP, PC.		
1	Affiliate Description	MEDICAL DRACTICES		
2	Affiliate Description Affiliate type of service	MEDICAL PRACTICES 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 -		
	CEO Name	Steven E. Schneider, M.D.		
9	CEO Title	PRESIDENT		
	CT Agent Name	Robert J. Anthony, Esq.		
	CT Agent Company	Brown & Rudnick		
-	• •	•		

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	
12	CT Agent Company Street Address	56 FRANKLIN STREET	
	CT Agent Town	Waterbury	
	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	
	CT Agent Name CT Agent Company	Wiggin & Dana	
12	CT Agent Company 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	
14 15		06510 -	
15	CT Agent Zip Code	06510 -	
E.	AFFILIATE NAME	HEART CENTER OF GREATER WATERBURY, INC.	
	74.11=211=10	CORPORATION TO PROVIDE MANAGEMENT AND OVERSIGHT SERVICES OT ST. MARY'S	
		HOSPITAL CORPORATION AND THE WATERBURY HOSPITAL FOR DEVELOPMENT AND	
1	Affiliate Description	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	
	CT Agent Name	Robert J. Anthony	
11	CT Agent Name CT Agent Company	Brown & Rudnick	
12	CT Agent Company CT Agent Company Street Address	CityPlace I, I85 Asylum Street	
13	CT Agent Company Street Address CT Agent Town	Hartford	
14	CT Agent Town CT Agent State	Connecticut	
15	CT Agent Zip Code	06103 -	
13	O 1 / Ygorit Zip Oode		
	AFFU IATE NAME	NAME ATTICK VALLEY MRI LR	
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	
	Oldio	Commodicat	

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		
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 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		
		A VOLUNTARY UNINCORPORATED RECIPROCAL INSURER ORGANIZED & EXISTING UNDER THE		
		LAWS OF THE STATE OF VERMONT FOR THE PURPOSE OF THE RECIPROCAL EXCHANGE OF		
1	Affiliate Description	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	Joseph Carlson		
	CEO Title	President		
	CT Agent Name	Patricia Henderson		
	CT Agent Company	Strategic Risk Solutions		
	CT Agent Company Street Address	126 College Street		
	CT Agent Town	Burlington		
	CT Agent State	Vermont		
15	CT Agent Zip Code	05401 -		
Н.	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		
	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		
	CT Agent State	Connecticut		
	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		

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
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

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2015
Α.	SAINT MARY`S HOSPITAL		
1	Court in act of foot fine	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.	Liprophistod	\$1.595.000
2		Unrestricted	\$1,585,000 \$0
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$4,908,000)
Ť		Total:	(\$3,323,000)
	DIAGNOSTIC IMAGING OF SOUTHBURY, LLC		A 4.440.000
1		Unrestricted	\$1,112,000
3		Temporarily Restricted by Donor	\$0 \$0
4		Temporarily Restricted by Board Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,112,000
		Total.	ψ1,112,000
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 \$0
5	-	Intercompany Eliminations	\$0
		Total:	\$0
F.	HEADT CENTED OF CDEATED WATERDLING INC		
<u>г.</u> 1	HEART CENTER OF GREATER WATERBURY, INC.	Unrestricted	0.0
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
	NAUGATUCK VALLEY MRI, LP	Uprostricted	¢2.254.000
1		Unrestricted Temporarily Restricted by Donor	\$2,351,000 \$0
2		LIEUDOIAUN KESHCIEG DV DONOL	i 50

REPORT 5 5 OF 22 7/21/2016, 2:44 PM

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
Н.	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:	\$72,400,000
	Intercompany Eliminations	Fully Daldlice.	\$72,100,000 (\$20,997,000)
	Total of all Affiliates	Frank Delemen	
	ו טומו טו מוו אוווומנכס	Fund Balance:	\$51,103,000

REPORT 5 6 OF 22 7/21/2016, 2:44 PM

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

LINE AFFILIATE NAME A. SAINT MARY'S HEALTH SYSTEM, INC. Beginning Unconsolidated Intercompany Balance: 9/30/2014 (\$519,390) Purchase of Goods & services 03/30/2015 (\$53,376) B. DIAGNOSTIC IMAGING OF SOUTHBURY, LLC Beginning Unconsolidated Intercompany Balance: 9/30/2014 \$0 Nothing to Report 9/30/2015 \$36,014 Beginning Unconsolidated Intercompany Balance: 9/30/2014 \$0 Nothing to Report 9/30/2015 \$36 C. FRANKLIN MEDICAL GROUP, PC. Beginning Unconsolidated Intercompany Balance: 9/30/2014 \$0 Nothing to Report 9/30/2015 \$36 D. HAROLD LEEVER REGIONAL CANCER CENTER, INC. Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$36 D. HAROLD LEEVER REGIONAL CANCER CENTER, INC. Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$36 Beginning Unconsolidated Intercompany Balance: 9/30/2015	(1)	(2)	(3)	(4)	(5)
LINE AFFILIATE NAME A. SAINT MARY'S HEALTH SYSTEM, INC. Beginning Unconsolidated Intercompany Balance: Purchase of Goods & services Beginning Unconsolidated Intercompany Balance: Purchase of Goods & services Beginning Unconsolidated Intercompany Balance: Beginning Unconsolidated Intercompany Balance: Beginning Unconsolidated Intercompany Balance: Beginning Unconsolidated Intercompany Balance: Nothing to Report Beginning Unconsolidated Intercompany Balance: Pranklin MEDICAL GROUP, PC. Beginning Unconsolidated Intercompany Balance: Beginning Unconsolidated Intercompany Balance: Beginning Unconsolidated Intercompany Balance: Beginning Unconsolidated Intercompany Balance: Pranklin MEDICAL GROUP, PC. Beginning Unconsolidated Intercompany Balance: Beginning Unconsolidated In					
Beginning Unconsolidated Intercompany Balance: 9/30/2014 (\$519.390) 1 Purchase of Goods & services 9/30/2015 (\$66.014 Ending Unconsolidated Intercompany Balance: 9/30/2015 (\$68.014 Ending Unconsolidated Intercompany Balance: 9/30/2015 (\$68.014 Ending Unconsolidated Intercompany Balance: 9/30/2015 (\$68.014 Beginning Unconsolidated Intercompany Balance: 9/30/2014 \$0 Nothing to Report Ending Unconsolidated Intercompany Balance: 9/30/2015 Ending Unconsolidated Intercompany Balance: 9/30/2015 Ending Unconsolidated Intercompany Balance: 9/30/2014 \$0 Nothing to Report Ending Unconsolidated Intercompany Balance: 9/30/2015 Beginning Unconsolidated Intercompany Balance: 9/30/2015 Ending Unconsolidated Intercompany Balance: 9/30/2015 SERVICE OF CONTROL O		AFFILIATE MARKE	DESCRIPTION OF TRANSFER	DATE	
Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$86,014	LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	HOSPITAL
Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$86,014	Δ.	SAINT MARY'S HEALTH SYSTEM INC			
Purchase of Goods & services 930/2015 \$66,014 Ending Unconsolidated Intercompany Balance: 930/2015 \$453,376) B. DIAGNOSTIC IMAGING OF SOUTHBURY, LLC Beginning Unconsolidated Intercompany Balance: 9/30/2014 \$50 Nothing to Report 9/30/2015 \$0 C. FRANKLIN MEDICAL GROUP, PC. Beginning Unconsolidated Intercompany Balance: 9/30/2014 \$0 Nothing to Report 9/30/2014 \$0 Nothing to Report 9/30/2014 \$0 Nothing to Report 9/30/2015 \$0 D. HAROLD LEEVER REGIONAL CANCER CENTER, INC. Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$0 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$13,865 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$3,655 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$3,650 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$3,500 Ending Unconsolidated Intercompany Balance:		DANT MAKE OTILALITIOTOTEM, INC.			
Purchase of Goods & services 9/30/2015 (\$453,376) Ending Unconsolidated Intercompany Balance: 9/30/2015 (\$453,376) B. DIAGNOSTIC IMAGING OF SOUTHBURY, LLC Beginning Unconsolidated Intercompany Balance: 9/30/2014 \$0 Nothing to Report 9/30/2015 \$0 C. FRANKLIN MEDICAL GROUP, PC. Beginning Unconsolidated Intercompany Balance: 9/30/2014 \$0 Nothing to Report 9/30/2015 \$0 D. HAROLD LEEVER REGIONAL CANCER CENTER, INC. Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$0 D. HAROLD LEEVER REGIONAL CANCER CENTER, INC. Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$13.860 F. HEART CENTER OF GREATER WATERBURY, INC. Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$5.200 F. Ending Unconsolidated Intercompany Balance: 9/30/2015 \$5.200 F. NAUGATUCK VALLEY MRI, LP Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$0 Nothing to Report 9/30/2015 \$0 F. NAUGATUCK VALLEY MRI, LP Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$0 F. NAUGATUCK VALLEY MRI, LP Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$0 F. NAUGATUCK VALLEY MRI, LP Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$0 F. NAUGATUCK VALLEY MRI, LP Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$0 F. NAUGATUCK VALLEY MRI, LP Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$0 F. NAUGATUCK VALLEY MRI, LP Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$0 F. NAUGATUCK VALLEY MRI, LP Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$0 F. NAUGATUCK VALLEY MRI, LP Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$0 F. NAUGATUCK VALLEY MRI, LP Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$0 F. NAUGATUCK VALLEY MRI, LP Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$0 F. NAUGATUCK VALLEY MRI, LP Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$0 F. NAUGATUCK VALLEY MRI, LP Beginning Unconsolidated Intercompany Balance:			Beginning Unconsolidated Intercompany Balance:	9/30/2014	(\$519.390)
B. DIAGNOSTIC IMAGING OF SOUTHBURY, LLC Beginning Unconsolidated Intercompany Balance: 9/30/2014 \$0 Nothing to Report 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 Nothing to Report \$0 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$0 D. HAROLD LEEVER REGIONAL CANCER CENTER, INC. Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$0 Purchase of Goods & services 9/30/2015 \$1.3,860 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$6.139 E. HEART CENTER OF GREATER WATERBURY, INC. Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$6.130 E. HEART CENTER OF GREATER WATERBURY, INC. Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$6.130 F. NAUGATUCK VALLEY MRI, LP Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$0 Nothing to Report Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$0 Nothing to Report Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$0 Nothing to Report S0 No	1		Purchase of Goods & services		\$66,014
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 Nothing to Report \$0 Nothing to Report \$0 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$0 D. HAROLD LEEVER REGIONAL CANCER CENTER, INC. Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$0 Purchase of Goods & services \$0/30/2015 \$1 E. HEART CENTER OF GREATER WATERBURY, INC. Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$6,159 E. HEART CENTER OF GREATER WATERBURY, INC. Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$5,200 Purchase of Goods & services \$0/30/2015 \$5,200 Purchase of Goods & services \$0/30/2015 \$5,200 Seginning Unconsolidated Intercompany Balance: 9/30/2014 \$5,200 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$5,200 Solvation of the Control of the Cont			Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$453,376)
Beginning Unconsolidated Intercompany Balance: Solution Solut					
Nothing to Report 9/30/2015 \$0 C. FRANKLIN MEDICAL GROUP, PC. Beginning Unconsolidated Intercompany Balance: 9/30/2014 \$0 Nothing to Report 9/30/2015 \$0 D. HAROLD LEEVER REGIONAL CANCER CENTER, INC. Beginning Unconsolidated Intercompany Balance: 9/30/2014 \$20,025 Purchase of Goods & services 9/30/2015 \$6,13,3866 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$5,159 E. HEART CENTER OF GREATER WATERBURY, INC. Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$5,200 Purchase of Goods & services 9/30/2015 \$5,200 Purchase of Goods & services 9/30/2015 \$5,200 F. NAUGATUCK VALLEY MRI, LP Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$5,200 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$5,200 F. NAUGATUCK VALLEY MRI, LP Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$0,000 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$0,000 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$0,000 F. NAUGATUCK VALLEY MRI, LP Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$0,000 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$0,000 E	В.	DIAGNOSTIC IMAGING OF SOUTHBURY, LLC			
Nothing to Report 9/30/2015 \$0 C. FRANKLIN MEDICAL GROUP, PC. Beginning Unconsolidated Intercompany Balance: 9/30/2014 \$0 Nothing to Report 9/30/2015 \$0 D. HAROLD LEEVER REGIONAL CANCER CENTER, INC. Beginning Unconsolidated Intercompany Balance: 9/30/2014 \$20,025 Purchase of Goods & services 9/30/2015 \$6,13,3866 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$5,159 E. HEART CENTER OF GREATER WATERBURY, INC. Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$5,200 Purchase of Goods & services 9/30/2015 \$5,200 Purchase of Goods & services 9/30/2015 \$5,200 F. NAUGATUCK VALLEY MRI, LP Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$5,200 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$5,200 F. NAUGATUCK VALLEY MRI, LP Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$0,000 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$0,000 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$0,000 F. NAUGATUCK VALLEY MRI, LP Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$0,000 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$0,000 E			Paginning Unconcolidated Intercompany Palance	0/20/2014	\$0
Ending Unconsolidated Intercompany Balance: 9/30/2014 \$0 Nothing to Report \$0 Ending Unconsolidated Intercompany Balance: 9/30/2014 \$0 Nothing to Report \$0 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$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 Purchase of Goods & services 09/30/2015 \$13,865 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$13,865 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$6,139 E. HEART CENTER OF GREATER WATERBURY, INC. Beginning Unconsolidated Intercompany Balance: 9/30/2015 \$5,200 Purchase of Goods & services 09/30/2015 \$5,200 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$5,200 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$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 SAINT MARY'S INDEMNITY COMPANY, LLC				3/30/2014	\$0 \$0
Beginning Unconsolidated Intercompany Balance: Nothing to Report Ending Unconsolidated Intercompany Balance: 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2016 9/30/2014 \$20,025 1 Purchase of Goods & services 9/30/2015 Ending Unconsolidated Intercompany Balance: 9/30/2015 9/30/2015 \$6,159 E. HEART CENTER OF GREATER WATERBURY, INC. Beginning Unconsolidated Intercompany Balance: 9/30/2014 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015 9/30/2015	-			9/30/2015	\$0
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Nothing to Report Ending Unconsolidated Intercompany Balance: 9/30/2015 Beginning Unconsolidated Intercompany Balance: 9/30/2014 \$20,025 1 Beginning Unconsolidated Intercompany Balance: 9/30/2015 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$(\$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 Purchase of Goods & services 09/30/2015 \$5,200 Purchase of Goods & services 9/30/2015 \$5,200 F. NAUGATUCK VALLEY MRI, LP Beginning Unconsolidated Intercompany Balance: 9/30/2014 \$0, Nothing to Report Ending Unconsolidated Intercompany Balance: 9/30/2014 \$0, Nothing to Report Ending Unconsolidated Intercompany Balance: 9/30/2015 \$0, Nothing to Report S0 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$0, Nothing to Report S0 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$0, Nothing to Report S0 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$0, Nothing to Report S0 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$0, Nothing to Report S0 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$0, Nothing to Report S0 Ending Unconsolidated Intercompany Balance: 9/30/2015					
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D. HAROLD LEEVER REGIONAL CANCER CENTER, INC. Beginning Unconsolidated Intercompany Balance: 9/30/2014 \$20,025 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 Purchase of Goods & services 09/30/2015 (\$5,200) Ending Unconsolidated Intercompany Balance: 9/30/2015 \$50 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 Solution of Report \$0 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$0 Solution of Report \$0 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$0 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$0 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$0 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$0 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$0 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$0 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$0			Nothing to Report	0/20/2045	
Beginning Unconsolidated Intercompany Balance: 9/30/2014 \$20,025			Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
Beginning Unconsolidated Intercompany Balance: 9/30/2014 \$20,025	D	HAROLD LEEVER REGIONAL CANCER CENTER INC			
Purchase of Goods & services 09/30/2015 (\$13,866)		HAROLD LLEVER REGIONAL GANGER GENTER, ING.			
Purchase of Goods & services 09/30/2015 (\$13,866)			Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$20,025
E. HEART CENTER OF GREATER WATERBURY, INC. Beginning Unconsolidated Intercompany Balance: 9/30/2014 \$5,200 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 Solution of Report \$0 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$0 Solution of Report \$0 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solution of Report \$0 Solutio	1		Purchase of Goods & services		(\$13,866)
Beginning Unconsolidated Intercompany Balance: 9/30/2014 \$5,200 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 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$0			Ending Unconsolidated Intercompany Balance:	9/30/2015	\$6,159
Beginning Unconsolidated Intercompany Balance: 9/30/2014 \$5,200 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 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$0					
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 Solidated Intercompany Balance: 9/30/2015 \$0 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$0	E.	HEART CENTER OF GREATER WATERBURY, INC.			
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 Solidated Intercompany Balance: 9/30/2015 \$0 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$0			Paginning Unconcellidated Intercompany Polance	0/20/2014	¢E 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 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$0 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$0	1		Purchase of Goods & services		
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 SAINT MARY'S INDEMNITY COMPANY, LLC	<u> </u>				
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					
Nothing to Report \$0 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$0 G. SAINT MARY'S INDEMNITY COMPANY, LLC	F.	NAUGATUCK VALLEY MRI, LP			
Nothing to Report \$0 Ending Unconsolidated Intercompany Balance: 9/30/2015 \$0 G. SAINT MARY'S INDEMNITY COMPANY, LLC					
G. SAINT MARY'S INDEMNITY COMPANY, LLC			Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
G. SAINT MARY'S INDEMNITY COMPANY, LLC			Nothing to Report	0/20/2045	\$0 60
			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)	<u> </u>	DANT MAKE SHIPLIMINE COMPANE, LLC			
			Beginning Unconsolidated Intercompany Balance:	9/30/2014	(\$5,515.506)

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)
Н.	SAINT MARY'S PHYSICIAN PARTNERS, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0 \$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)

REPORT 6 8 OF 22 7/21/2016, 2:44 PM

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		
_	SAINT MARY'S HEALTH SYSTEM, INC.		Intercompany Balance	10/01/2014	\$20,615
A.	SAINT MART S REALTH STSTEM, INC.		Nothing to Report		\$0
			Total:	9/30/2015	\$0
			10.0	0/00/2010	4 5
В.	DIAGNOSTIC IMAGING OF SOUTHBURY, LLC				
	·		Nothing to Report		\$0
			Total:	9/30/2015	\$0
C.	FRANKLIN MEDICAL GROUP, PC.		N. dili B		
			Nothing to Report	0/00/0045	\$0
			Total:	9/30/2015	\$0
D.	HAROLD LEEVER REGIONAL CANCER CENTER, INC.				
<u> </u>	HANGED ELEVEN REGIONAL GANGER GENTER, INC.		Nothing to Report		\$0
1			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 Donort		Φ0
			Nothing to Report Total:	9/30/2015	\$0 \$0
			i otai.	9/30/2015	\$0
G.	SAINT MARY'S INDEMNITY COMPANY, LLC				
	,		Nothing to Report		\$0
			Total:	9/30/2015	\$0
Н.	SAINT MARY'S PHYSICIAN PARTNERS, LLC				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
	CAINT MARV'S HOSPITAL FOUNDATION INC				
I.	SAINT MARY'S HOSPITAL FOUNDATION, INC.		Nothing to Report		\$0
			Total:	9/30/2015	\$0
			i Otal.	3/30/2013	30
			Ending Unconsolidated		
			Intercompany Balance	9/30/2015	\$17,675

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
LINE	DESCRIPTION OF EXPENDITURE		AIMOUNT	DATE
Α.	SAINT MARY'S HEALTH SYSTEM, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2015
B.	DIAGNOSTIC IMAGING OF SOUTHBURY, LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2015
C .	FRANKLIN MEDICAL GROUP, PC. Nothing to Report		ro.	
0	Nothing to Report	Total:	\$0 \$0	9/30/2015
		Total.	φ0	3/30/2013
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	Total:	\$0 \$0	0/20/2045
		iotai.	\$0	9/30/2015
G.	SAINT MARY'S INDEMNITY COMPANY, LLC			
0	Nothing to Report		\$0	
	3 4 3 4	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	Total:	\$0	0/00/0045
		TOTAL:	\$0	9/30/2015
		Grand Total:	\$500,000	9/30/2015
		Orana rotai.	Ψ300,000	3/33/2013

REPORT 7 10 OF 22 7/21/2016, 2:44 PM

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 .	SAINT MARY'S HEALTH SYSTEM, INC.	₽ O	0
0	Nothing to Report	\$0	0
	Total:	\$0	
B.	DIAGNOSTIC IMAGING OF SOUTHBURY, LLC	40	
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	-
Н.	SAINT MARY'S PHYSICIAN PARTNERS, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	·
	Town		
	SAINT MARY'S HOSPITAL FOUNDATION, INC.		
I.	Nothing to Report	\$0	0
-	Total:		0
	I Otal.	40	
	Grand Total:	¢Λ	
	Grand Total:	\$0	

REPORT 8 11 OF 22 7/21/2016,2:44 PM

SAINT MARY`S HOSPITAL ANNUAL REPORTING FISCAL YEAR 2015 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR INDIGENT CARE AND FREE BEDS

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015		
LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
Α.	Indigent Care				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$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%
	Ending Balance	\$0.00	\$0.00		0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
В.	Free Beds				
	Beginning Balance	\$0.00	\$0.00		0%
1	Donations	\$0.00	\$0.00		0%
2	Income	\$0.00	\$0.00		0%
	Expenditures	\$0.00	\$0.00		0%
4	Unrealized Gains and Losses	\$0.00	\$0.00		0%
	Ending Balance	\$0.00	\$0.00		0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
С.	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%
4	Unrealized Gains and Losses	\$0.00	\$0.00		0%
	Ending Balance	\$0.00	\$0.00	-	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

REPORT 16 12 OF 22 7/21/2016, 2:44 PM

	SAINT MARY'S HOSPITAL						
ANNUAL REPORTING							
	FISCAL YEAR 2015	PD DV THE HOODITAL					
R	EPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERE	ED BY THE HOSPITAL					
A. Patient Activity							
(1)	(2)	(3)					
<u>Patient</u>	Name of Hospital Bed Fund (FULL NAME)	Amount					
 Number of Application 	ons for Hospital Bed Funds	0					
	Grand Total \$0.00						

	SAINT MARY`S H	OSPITAL		
	ANNUAL REPO	RTING		
	FISCAL YEAR	2015		
REPORT 17B - HOSPITA	L BED FUNDS HELD (OR ADMINISTERED B	BY THE HOSPITAL	
FUND ACTIVITY				
(2)	(3)	(4)	(5)	(6)
	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
Name of Hospital Bed Fund				
Fair Market Value of the Principal of each	individual Hospital Be	d Fund, or the Princi	pal attributable to each	Hospital Bed
Total Actual Earnings for each Hospital Bo	ed Fund or the Earning	gs attributable to eac	h Hospital Bed Fund.	
Actual Dollar Amount of Earnings reinves	ted as Principal, if any	•		
Actual Dollar Amount of Earnings availabl	e for Patient Care.			
Total Bed Funds :	\$0.00	\$0.00	\$0.00	\$0.00
	Name of Hospital Bed Fund Fair Market Value of the Principal of each Total Actual Earnings for each Hospital Be Actual Dollar Amount of Earnings reinvest	FISCAL YEAR REPORT 17B - HOSPITAL BED FUNDS HELD CONTROL (2) (3) FMV of Principal Name of Hospital Bed Fund Fair Market Value of the Principal of each individual Hospital Bed Total Actual Earnings for each Hospital Bed Fund or the Earning Actual Dollar Amount of Earnings reinvested as Principal, if any Actual Dollar Amount of Earnings available for Patient Care.	FISCAL YEAR 2015 REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BED FUND ACTIVITY (2) (3) (4) FMV of Principal Actual Earnings Name of Hospital Bed Fund Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Actual Dollar Amount of Earnings reinvested as Principal, if any. Actual Dollar Amount of Earnings available for Patient Care.	FISCAL YEAR 2015 REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL FUND ACTIVITY (2) (3) (4) (5) FMV of Principal Actual Earnings Earnings Reinvested Name of Hospital Bed Fund Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund. Actual Dollar Amount of Earnings reinvested as Principal, if any. Actual Dollar Amount of Earnings available for Patient Care.

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	
Α	Collection Agent	
1	Collection Agent Name	The Outsource Group
2	Collection Agent Type	Collection Agency
	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%
<u>B</u>	Collection Agent	Draguagaina Managamant Chatana
1	Collection Agent Name	Progressive Management Systems
2	Collection Agent Type	Collection Agency

REPORT 18 15 OF 22 7/21/2016,2:44 PM

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%

REPORT 18 16 OF 22 7/21/2016,2:44 PM

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

REPORT 19 17 OF 22 7/21/2016, 2:44 PM

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)
		SALARIES	FRINGE	
		(Directly or	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
		<u></u>		
В.	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
_				
Ε.	HEART CENTER OF GREATER WATERBURY, INC.	4.5		*-
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			Φ.
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
	CAINT MADVIC INDEMNITY COMPANY 11 C			
G.	SAINT MARY'S INDEMNITY COMPANY, LLC	¢0		<u>ф</u> О
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0 \$0	\$0 \$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$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 Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0	\$0 \$0
	and by the mospital to Employees of the Emity Listed Above	φυ	Ι Φ∪	φυ
Ι.	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 \$0
	and by the mospital to Employees of the Emity Eleted 76000	ΨΟ	_ ψΟ	ΨΟ

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 2015
Α	Transfer of Assets or Operations	
	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of	
1.	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

REPORT 22 20 OF 22 7/21/2016,2:44 PM

	ANNUAL F	S HOSPITAL REPORTING			
	FISCA REPORT 23 - CHARITY CARE AND REDUCED	AL YEAR 2015 COST SERVICES	PROVIDED BY	THE HOSPITAL	
(1)	(2)	(3) FY 2014	(4) FY 2015	(5) AMOUNT	(6) %
LINE	DESCRIPTION	<u>AMOUNT</u>	<u>AMOUNT</u>	DIFFERENCE	DIFFERENCE
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial S	tatement Notes)			
1. 2.	Number of Applicants Number of Approved Applicants	267 264	902 879	635 615	2389 233 9
۷.	Number of Approved Applicants	204	679	615	2337
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	2279
	Average Cost	\$1,244	\$1,220	(\$24)	-2%
	Observe Come In a stigate Observe	Фооо ооо	C4 450 440	\$000.044	0500
5.	Charity Care - Inpatient Charges Charity Care - Outpatient Emergency Department	\$328,802	\$1,158,143	\$829,341	252%
6.	Charges	294,437	1,083,233	788,796	268%
	Charity Care - Outpatient Charges (Excludes ED				
7.	Charges)	271,203	932,901	661,698	2449
	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%
44	Charity Care - Number of Outpatient Visits (Excludes ED	440	F00	200	2200
11.	Visits)	116	506	390	336%
(A) Th	e total amount must agree with the total amount listed in	the Hospital Aud	lited Financial S	tatement Notes.	
(A) The	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - F	•	lited Financial S	tatement Notes.	
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - R	•	lited Financial S	tatement Notes.	00
` ,	Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants	•	lited Financial S	tatement Notes.	
B.	Hospital Bed Funds (see Hospital Reporting System - R	•	lited Financial S	-	
B.	Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B)	eport 17)	- - - \$0	- - - \$0	0 %
<u>B.</u> 1. 2.	Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants	eport 17)	-	-	0 %
1. 2. 3.	Hospital Bed Funds (see Hospital Reporting System - For Number of Applicants Number of Applicants Total Charges (B) Average Charges	**************************************	\$0 \$0	- - \$0 \$0	0% 0% 0%
<u>B.</u> 1. 2.	Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B)	eport 17)	- - - \$0	- - - \$0	0% 0% 0% -100%
1. 2. 3.	Hospital Bed Funds (see Hospital Reporting System - Find the Properties of Applicants Number of Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC)	**************************************	\$0 \$0	\$0 \$0 \$0 (0.367096)	0% 0% 0% -100% 0%
1. 2. 3. 4.	Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost	\$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0	\$0 \$0 \$0 (0.367096) \$0 \$0	0% 0% 0% 0% 0% -100% 0%
1. 2. 3.	Hospital Bed Funds (see Hospital Reporting System - Find the Provided Hospital Reporting System - Find the Provide	\$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0	\$0 \$0 \$0 (0.367096)	0% 0% 0% -100% 0%
1. 2. 3. 4.	Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost	\$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0	\$0 \$0 \$0 (0.367096) \$0 \$0	0% 0% 0% -100% 0%
B. 1. 2. 3. 4. 5. 6.	Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges	\$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 (0.367096) \$0 \$0	0% 0% 0% -100% 0% 0% 0%
B. 1. 2. 3. 4. 5.	Hospital Bed Funds (see Hospital Reporting System - Foundation of Applicants Number of Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges)	\$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 (0.367096) \$0 \$0	0% 0% 0% -100% 0% 0% 0% 0% 0%
B. 1. 2. 3. 4. 5. 6.	Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges	\$0 \$0 \$0 \$0 \$0 \$0 0	\$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 (0.367096) \$0 \$0	0% 0% 0% -100% 0% 0% 0% 0%
B. 1. 2. 3. 4. 5. 6. 7.	Hospital Bed Funds (see Hospital Reporting System - Final Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 (0.367096) \$0 \$0 0 \$0	0% 0% 0% -100% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0%
B. 1. 2. 3. 4. 5. 6. 7.	Hospital Bed Funds (see Hospital Reporting System - Final Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	0.367096 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 (0.367096) \$0 \$0 0 0	0% 0% 0% 0% -100% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0%
B. 1. 2. 3. 4. 5. 6. 7.	Hospital Bed Funds (see Hospital Reporting System - Final Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges Bed Funds - Number of Outpatient ED Visits	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 (0.367096) \$0 \$0 0 \$0	0% 0% 0% -100% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0%
B. 1. 2. 3. 4. 5. 6. 7.	Hospital Bed Funds (see Hospital Reporting System - Final Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	0.367096 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 (0.367096) \$0 \$0 0 0	0% 0% 0% -100% 0% 0%

	SAINT MARY`S HOSPITAL								
	ANNUAL REPORTING								
	FI	SCAL YEAR 2015							
	REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL								
(1)	(2)	(3)	(4)	(5)	(6)				
	FY 2014 FY 2015 AMOUNT %								
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE				