	SAINT MARY`S HOSPITAL						
		ANNUAL REPORTING					
		FISCAL YEAR 2016					
	REPORT	20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP					
	A	ND CORPORATION RELATED TO THE HOSPITAL					
(1)	(2)	(3)					
	` ,	· ·					
LINE	DESCRIPTION	AFFILIATE INFORMATION					
A.	AFFILIATE NAME	TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)					
		PARENT CORPORATION OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER. OVERSEES AND COORDINATES THE STRATEGIC PLANNING, FINANCIAL PLANNING AND OTHER ACTIVITIES OF					
1	Affiliate Description	SAINT FRANCIS HOSPITAL AND SAINT FRANCIS' AFFILIATES.					
	Affiliate type of service	Parent Corporation					
3	Tax Status	Not for Profit					
4	Street Address	114 Woodland Street					
5	Town	Hartford					
6	State	Connecticut					
7 8	Zip Code	06105 - Christopher M. Dadlez, FACHE					
	CEO Name CEO Title	President					
	CT Agent Name	CT Corporation System					
	CT Agent Company	c/o CT Corporation System					
	CT Agent Company Street Address	One Corporate Center					
	CT Agent Town	Hartford					
	CT Agent State	Connecticut					
15	CT Agent Zip Code	06103 - 3220					
_	AFFILIATE NAME	DIA CNOSTIC IMA CINIC OF COLITUDUDY 11 C					
B.	AFFILIATE NAME	DIAGNOSTIC IMAGING OF SOUTHBURY, LLC					
	Affiliate Description	DIAGNOSTIC IMAGING SERVICES					
	Affiliate type of service	Imaging Services					
3	Tax Status	For Profit					
4	Street Address	385 Main Street, Union Sq Plaz Bldg #1					
5 6	Town State	Southbury Connecticut					
	Zip Code	06488 -					
8	CEO Name	Robert Gumbardo, MD					
	CEO Title	President					
	CT Agent Name	JOSEPH A. MENGACCI, ESQ.					
11	CT Agent Company	Joseph A. Mengacci Esq. (Self Employed)					
	CT Agent Company Street Address	56 FRANKLIN STREET					
	CT Agent Town	Waterbury					
	CT Agent State CT Agent Zip Code	Connecticut 06706 -					
10	OT Agent Zip Code						
C.	AFFILIATE NAME	FRANKLIN MEDICAL GROUP, PC.					
		· ·					
	ACCUMANTAL DESCRIPTION OF THE PROPERTY OF THE	MEDICAL PRACTICES					
1	Affiliate Description	MEDICAL PRACTICES Madical Practices					
	Affiliate type of service	Medical Practices For Profit					
	Tax Status Street Address	133 SCOVILL STREET, WATERBURY, CT					
5	Town	Waterbury					
	State	Connecticut					
7	Zip Code	06706 -					
8	CEO Name	Steven E. Schneider, M.D.					
	CEO Title	PRESIDENT					
	CT Agent Name	Robert J. Anthony, Esq.					
	CT Agent Company	Brown & Rudnick					
	CT Agent Company Street Address	56 FRANKLIN STREET					
	CT Agent Town CT Agent State	Waterbury Connecticut					
	CT Agent State CT Agent Zip Code	06706 -					
⊢ <u> </u>	- J=···						

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		SAINT MARY'S HOSPITAL			
		ANNUAL REPORTING			
		FISCAL YEAR 2016			
		20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP			
	AN	ID CORPORATION RELATED TO THE HOSPITAL			
(1)	(2)	(3)			
	DECORPTION	AFFILIATE INFORMATION			
LINE	DESCRIPTION	AFFILIATE INFORMATION			
D.	AFFILIATE NAME	HAROLD LEEVER REGIONAL CANCER CENTER, INC.			
		A COMPREHENSIVE CANCER CENTER THAT PROVIDES A MULTI-DISCIPLINARY APPROACH TO			
1	Affiliate Description	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			
	Town	Waterbury			
6	State	Connecticut			
	Zip Code	06708 -			
8	CEO Name	Kevin Knierny			
9	CEO Title	Executive Director			
10	CT Agent Company	Bennett J. Bernblum			
11 12	CT Agent Company CT Agent Company Street Address	Wiggin & Dana 265 Church Street,			
	CT Agent Company Street Address CT Agent Town	New Haven			
	CT Agent Town CT Agent State	Connecticut			
15	CT Agent State CT Agent Zip Code	06510 -			
13	CT Agent Zip Code	00010			
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			
	Affiliate Description	OPERATOIN OF A JOINT ANGIOPLASTY AND CARDIAC SURGERY PROGRAM, INCLUDING			
	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 Company	Brown & Rudnick			
	CT Agent Company Street Address	CityPlace I, I85 Asylum Street Hartford			
	CT Agent State				
14 15	CT Agent State CT Agent Zip Code	Connecticut 06103 -			
15	OT Agent Zip Code	100100			
F.	AFFILIATE NAME	NAUGATUCK VALLEY MRI, LLC			
l					
1	Affiliate Description	OUTPATIENT MRI OUTPATIENT DIAG MRI SERVICES			
2	Affiliate type of service	Imaging Services			
	Tax Status	For Profit			
4	Street Address	56 FRANKLIN ST			
5	Town	WATERBURY			
6	State	Connecticut			
	Zip Code	06706 -			
8	CEO Name	Robert Gumbardo, MD			
	CEO Title	President NALICATION VALUE V RADIOLOGICAL ACCOCIATES			
10	CT Agent Name	NAUGATUCK VALLEY RADIOLOGICAL ASSOCIATES			
11	CT Agent Company	Naugatuck Valley Radiological Associates			
12	CT Agent Company Street Address	133 Scovill St			
	CT Agent State	Waterbury			
14	CT Agent Zin Code	Connecticut 06706 -			
15	CT Agent Zip Code				

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		SAINT MARY'S HOSPITAL				
	ANNUAL REPORTING					
		FISCAL YEAR 2016				
	REPORT	20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP				
		ND CORPORATION RELATED TO THE HOSPITAL				
(1)	(2)	(3)				
	,	, ,				
LINE	DESCRIPTION	AFFILIATE INFORMATION				
		NAME AT LOCK VALUE VANDALID				
G.	AFFILIATE NAME	NAUGATUCK VALLEY MRI, LP				
1	Affiliate Description	OUTPATIENT MRI OUTPATIENT DIAG MRI SERVICES				
3	Affiliate type of service Tax Status	Imaging Services For Profit				
4	Street Address	56 FRANKLIN STREET, WATERBURY, CT				
5	Town	Waterbury				
6	State	Connecticut				
7	Zip Code	06706 -				
8	CEO Name	Robert GUmbardo, MD				
9	CEO Title	President				
	CT Agent Name	NAUGATUCK VALLEY RADIOLOGICAL ASSOCIATES				
11 12	CT Agent Company CT Agent Company Street Address	Naugatuck Valley Radiological Assocoates 133 Scovill St				
13	CT Agent Company Street Address CT Agent Town	Waterbury				
14	CT Agent 10wn	Connecticut				
15	CT Agent Zip Code	06706 -				
H.	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				
	Affiliate type of service	Insurance				
3	Tax Status	For Profit				
4	Street Address	126 College Street				
5	Town	Burlington				
6	State	Vermont				
7	Zip Code	05401 - Joseph Carlson				
8 9	CEO Name CEO Title	President				
	CT Agent Name	Patricia Henderson				
11	CT Agent Company	Strategic Risk Solutions				
	CT Agent Company Street Address	126 College Street				
13	CT Agent Town	Burlington				
14	CT Agent State	Vermont				
15	CT Agent Zip Code	05401 -				
ı.	AFFILIATE NAME	SAINT MARY'S PHYSICIAN PARTNERS, LLC				
Ë	A TIME IVANIA					
	Affiliate Description	Accountable Care Organization				
2	Affiliate type of service	Accountable Care Organization				
3 4	Tax Status	Not for Profit 56 Franklin Street				
5	Street Address Town	Waterbury				
6	State	Connecticut				
7	Zip Code	06706 - 0000				
	CEO Name	Steven Schneider				
9	CEO Title	President				
	CT Agent Name	Brown and Rudnick				
11	CT Agent Company	Robert J. Anthony				
	CT Agent Company Street Address	City Place 185 Asylum St				
	CT Agent State	Hartford Connecticut				
14 15	CT Agent State CT Agent Zip Code	Connecticut 06103 - 0000				
	7. Agent Zip Oode					

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	SAINT MARY`S H					
	ANNUAL REPO					
	FISCAL YEAR REPORT 5 - HOSPITAL, AFFILIATE AND REL					
	KEI OKI 3 - HOOFITAL, AFFILIATE AND KEE	LATED CORT CRATION NET ACCETO				
(1)						
		FUND DESCRIPTION /	BALANCE AS OF			
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2016			
Α.	SAINT MARY'S HOSPITAL					
1	CAINT MART CHOCK TAL	Unrestricted	\$62,163,000			
2		Temporarily Restricted by Donor	\$1,970,000			
3		Temporarily Restricted by Board	\$0			
4		Permanently Restricted by Donor	\$16,548,000			
5		Intercompany Eliminations	(\$19,477,000)			
		Total:	\$61,204,000			
	TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT					
В.	FRANCIS CARE, INC.)					
1	,,	Unrestricted	\$0			
2		Temporarily Restricted by Donor	\$0			
3		Temporarily Restricted by Board	\$0			
4		Permanently Restricted by Donor	\$0			
5		Intercompany Eliminations	\$0			
		Total:	\$0			
	DIA ONO CTIO IMA ONIO OF COLUTIVIDURY LLO					
	DIAGNOSTIC IMAGING OF SOUTHBURY, LLC		04.704.000			
2		Unrestricted Temporarily Restricted by Donor	\$1,721,000			
3		Temporarily Restricted by Board	\$0 \$0			
4		Permanently Restricted by Donor	\$0			
5		Intercompany Eliminations	\$0			
		Total:	\$1,721,000			
D.	FRANKLIN MEDICAL GROUP, PC.					
1		Unrestricted	(\$1,569,000)			
2		Temporarily Restricted by Donor	\$0			
3		Temporarily Restricted by Board	\$0			
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0			
		Total:	(\$1,569,000)			
		Total.	(\$1,303,000)			
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 \$0 \$0 \$0 \$0			
5		Intercompany Eliminations	\$0			
		Total:	\$0			
E	HEADT CENTED OF CDEATED WATERBURY INC					
F .	HEART CENTER OF GREATER WATERBURY, INC.	Unrestricted	# 0			
2		Temporarily Restricted by Donor	\$0 \$0 \$0 \$0 \$0			
3		Temporarily Restricted by Board	φ0			
4		Permanently Restricted by Donor	\$0			
5		Intercompany Eliminations				
		Total:	\$0			
	NAUGATUCK VALLEY MRI, LLC					
1		Unrestricted	\$251,000			
3		Temporarily Restricted by Donor	\$0 \$0			
4		Temporarily Restricted by Board Permanently Restricted by Donor	\$0			
5		Intercompany Eliminations	\$0 \$0			
Ĕ		Total:	\$251,000			

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	SAINT MARY'S	HOSPITAL					
	ANNUAL REP						
	FISCAL YEA						
	REPORT 5 - HOSPITAL, AFFILIATE AND RI						
	KEI OKI 3-1100I ITAE, AI FIELATE AND KI	LEATED CORT ORATION NET ASSETS					
(1)	(1) (2) (3)						
(')	\-/	FUND DESCRIPTION /	(4) BALANCE AS OF				
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2016				
	74112742174412	1 5115 1 5111 552	0/00/2010				
Н.	SAINT MARY'S INDEMNITY COMPANY, LLC						
	SAINT MART S INDEMINITY COMPANY, LLC		040.074.000				
1		Unrestricted	\$18,371,000				
2		Temporarily Restricted by Donor	\$0				
3		Temporarily Restricted by Board	\$0				
5		Permanently Restricted by Donor	\$0 \$0				
ວ		Intercompany Eliminations	7 -				
		Total:	\$18,371,000				
_							
I.	SAINT MARY'S PHYSICIAN PARTNERS, LLC						
1		Unrestricted	(\$123,000)				
2		Temporarily Restricted by Donor	\$0				
3		Temporarily Restricted by Board	\$0				
4		Permanently Restricted by Donor	\$0				
5		Intercompany Eliminations	\$0				
		Total:	(\$123,000)				
J.	SAINT MARY`S HOSPITAL FOUNDATION, INC.						
1		Unrestricted	\$2,572,000				
2		Temporarily Restricted by Donor	\$1,927,000				
3		Temporarily Restricted by Board	\$0				
4		Permanently Restricted by Donor	\$1,050,000				
5		Intercompany Eliminations	(\$5,549,000)				
		Total:	\$0				
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$104,881,000				
	Intercompany Eliminations		(\$25,026,000)				
	Total of all Affiliates	Fund Balance:	\$79,855,000				

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	SAINT MARY'S HOSPITAL						
	ANNUAL REPORTING						
	FISCAL YEAR 2016						
	REPORT 6 - TRANSACTIONS BETWEEN T	HE HOSPITAL AND AFFILIATES OR RELATED CORPORA	ATIONS				
(1)	(2)	(3)	(4)	(5)			
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL			
	ALLEIATE HAME	BESSER HOW OF TRANSPER	DATE	HOSFITAL			
	TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE,						
A.	INC.)						
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0			
		Nothing to Report		\$0			
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0			
B.	DIAGNOSTIC IMAGING OF SOUTHBURY, LLC						
В.	DIAGNOSTIC IMAGING OF SOUTHBORT, LLC						
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0			
		Nothing to Report	0/20/0040	\$0 \$0			
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0			
C.	FRANKLIN MEDICAL GROUP, PC.						
	·						
L		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0			
1 2		Expenses Charged to Affiliates-Insurance Expense other	09/30/2016 09/30/2016	\$199,935 \$48,235			
3		Fringe Benefits	09/30/2016	\$2,581,040			
4		Professional Services	09/30/2016 09/30/2016	(\$2,950,476) (\$387,527)			
5 6		Physician Fees Transfer of Funds	09/30/2016	\$20,160,000			
7		Equity Transfers	09/30/2016	(\$16,867,681)			
8		Purchase of Goods & services	09/30/2016	\$570,923			
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$3,354,449			
D.	HAROLD LEEVER REGIONAL CANCER CENTER, INC.						
	•						
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$6,159			
2		Payments Expenses Charged to Affiliates-Telephone	09/30/2016 09/30/2016	(\$33,519) \$10,298			
3		Expenses Charged to Affiliates-Information Services	09/30/2016	\$20,556			
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$3,494			
E.	HEART CENTER OF GREATER WATERBURY, INC.						
<u> </u>	HEART CENTER OF GREATER WATERBORT, INC.						
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0			
1		Purchase of Goods & services	09/30/2016	\$93			
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$93			
F.	NAUGATUCK VALLEY MRI, LLC						
		Beginning Unconsolidated Intercompany Balance: Nothing to Report	9/30/2015	\$0			
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0			
				, ·			
G.	NAUGATUCK VALLEY MRI, LP						
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0			
		Nothing to Report	3/30/2013	\$0			
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0			
	CAINT MARVIO INDEMNITY COMPANY 11 C						
H.	SAINT MARY'S INDEMNITY COMPANY, LLC						
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	(\$5,420,641)			
1		Insurance	09/30/2016	\$18,995			
		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$5,401,646)			
I.	SAINT MARY'S PHYSICIAN PARTNERS, LLC						
	, -						
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0			
2		Consulting Salary and benefits charged to Affiliate by Hospital	09/30/2016 09/30/2016	\$13,174 \$149,616			
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$162,790			
J.	SAINT MARY'S HEALTH SYSTEM, INC.						
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	(\$453,376)			
1		Forgiveness of Amounts Due From Affiliates	09/30/2016	\$453,376			
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0			
K.	SAINT MARY'S HOSPITAL FOUNDATION, INC.						
١٨.	CANTI MARTI O HOUTHAL I CONDATION, INC.						
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$21,975			
1		Purchase of Goods & services	09/30/2016	\$41,854 \$42,504			
3		Rent Charged to Affiliate by Hospital Accounting fees charged to Affiliate by Hospital	09/30/2016 09/30/2016	\$12,504 \$12,000			
4		Salary and benefits charged to Affiliate by Hospital	09/30/2016	\$283,330			
5		Payments Ending Unconsolidated Intercompany Balance:	09/30/2016 9/30/2016	(\$351,540) \$20,123			
		Ending onconsolidated intercompany balance:	9/30/2016	\$20,123			
			Grand Total:	(\$1,860,697)			
-				(7.,000,001)			

		SAINT MARY'S HOSPITAL						
	ANNUAL REPORTING							
	FISCAL YEAR 2016 REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS							
(1)	(2)	(3)	(4)	(5)	(6)			
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT			
			Beginning Unconsolidated					
	TRINITY USALTU NEW ENGLAND ING (FORMER) YOUR EDANGE OARE		Intercompany Balance	10/01/2015	\$17,675			
A.	TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)							
			Nothing to Report		\$0			
			Total:	9/30/2016	\$0			
B.	DIAGNOSTIC IMAGING OF SOUTHBURY, LLC							
<u>"</u>	DIAGROUND IIIIAGING OF GOOTTIDONT, LLG		Nothing to Report		\$0			
			Total:	9/30/2016	\$0			
	EDANICI IN MEDICAL OPOUR DO							
C.	FRANKLIN MEDICAL GROUP, PC.		Nothing to Report		\$0			
			Total:	9/30/2016	\$0			
D.	HAROLD LEEVER REGIONAL CANCER CENTER, INC.		Nothing to Depart					
			Nothing to Report Total:	9/30/2016	\$0 \$0			
			Total.	3/30/2010	ψυ			
E.	HEART CENTER OF GREATER WATERBURY, INC.							
1		FRANKLIN MEDICAL GROUP, PC.	Purchase of Goods & services Total:	09/30/2016 9/30/2016	(\$7,181) (\$7,181)			
			l otal:	9/30/2016	(\$7,181)			
F.	NAUGATUCK VALLEY MRI, LLC							
			Nothing to Report		\$0			
			Total:	9/30/2016	\$0			
G.	NAUGATUCK VALLEY MRI, LP							
			Nothing to Report		\$0			
			Total:	9/30/2016	\$0			
H.	SAINT MARY'S INDEMNITY COMPANY, LLC							
	, , , , , , , , , , , , , , , , , , , ,		Nothing to Report		\$0			
			Total:	9/30/2016	\$0			
l.	SAINT MARY'S PHYSICIAN PARTNERS, LLC							
1	WAIRT MART OF THORONAY PARTIELING, ELO	FRANKLIN MEDICAL GROUP, PC.	Purchase of Goods & services	09/30/2016	\$1,247			
			Total:	9/30/2016	\$1,247			
	CAINT MADVC UEALTH CYCTEM INC							
J.	SAINT MARY'S HEALTH SYSTEM, INC.		Nothing to Report		\$0			
			Total:	9/30/2016	\$0			
K.	SAINT MARY'S HOSPITAL FOUNDATION, INC.		Nothing to Report		\$0			
			Total:	9/30/2016	\$0			
					40			
			Ending Unconsolidated		644 744			
			Intercompany Balance	9/30/2016	\$11,741			
			<u> </u>					

	SAINT MARY'S HOSPITAL		
	ANNUAL REPORTING		
	FISCAL YEAR 2016		
	REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIO	ONS FOR THE BENEFIT OF THE HOSPIT	AL
(1)	(2)	(3)	(4)
` '	AFFILIATE NAME &		, ,
LINE	DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
	TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)		
0	Nothing to Report	\$0	0/00/00/0
	Total:	\$0	9/30/2016
B.	DIAGNOSTIC IMAGING OF SOUTHBURY, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
C.	FRANKLIN MEDICAL GROUP, PC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	HAROLD LEEVER REGIONAL CANCER CENTER, INC.		
1	GRANT Total:	\$1,515,000 \$1,515,000	09/30/2016 9/30/2016
	1 Octain	Ψ1,313,000	9/30/2010
E.	HEART CENTER OF GREATER WATERBURY, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
F.	NAUGATUCK VALLEY MRI, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	NAUGATUCK VALLEY MRI, LP		
0	Nothing to Report Total:	\$0 \$0	9/30/2016
	i otali.	40	3/30/2010
Н.	SAINT MARY'S INDEMNITY COMPANY, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
I.	SAINT MARY'S PHYSICIAN PARTNERS, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	SAINT MARY'S HEALTH SYSTEM, INC.		
0	Nothing to Report Total:	\$0 \$0	9/30/2016
	1 ordi.	40	3/30/2010
K.	SAINT MARY'S HOSPITAL FOUNDATION, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	Grand Total:	\$1,515,000	9/30/2016
		7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7	

	SAINT MARY'S HOSPITAL							
	ANNUAL REPORTING FISCAL YEAR 2016							
	REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS							
(1)	(2) AFFILIATE NAME &	(3)	(4)					
LINE	DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS					
A.	TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)							
0	Nothing to Report	\$0	0					
	Total:	\$0						
B.	DIAGNOSTIC IMAGING OF SOUTHBURY, LLC							
0	Nothing to Report	\$0	0					
	Total:	\$0						
C.	FRANKLIN MEDICAL GROUP, PC.							
0	Nothing to Report	\$0	0					
	Total:	\$0						
-	HAROLD LEGISER REGIONAL CANCER CENTER INC							
D.	HAROLD LEEVER REGIONAL CANCER CENTER, INC. Nothing to Report	\$0	0					
	Total:	\$0	-					
E.	HEART CENTER OF GREATER WATERBURY, INC.	40						
0	Nothing to Report Total:	\$0 \$0	0					
	I otul.	40						
F.	NAUGATUCK VALLEY MRI, LLC							
0	Nothing to Report	\$0	0					
	Total:	\$0						
G.	NAUGATUCK VALLEY MRI, LP							
0	Nothing to Report	\$0	0					
	Total:	\$0						
Н.	SAINT MARY'S INDEMNITY COMPANY, LLC							
0	Nothing to Report	\$0	0					
	Total:	\$0						
I.	SAINT MARY'S PHYSICIAN PARTNERS, LLC Nothing to Report	\$0	0					
U	Total:	\$0 \$0	0					

J.	SAINT MARY'S HEALTH SYSTEM, INC.							
0	Nothing to Report Total:	\$0 \$0	0					
	i otal:	\$0						
K.	SAINT MARY'S HOSPITAL FOUNDATION, INC.							
0	Nothing to Report	\$0	0					
	Total:	\$0						
	Grand Total:	\$0						
	Grand Total.	φ0						

		SAINT MARY`S HOS	PDITAL					
	ANNUAL REPORTING							
	ANNUAL REPORTING FISCAL YEAR 2016 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR							
		INDIGENT CARE AND FO						
		INDIGENT CARE AND F	REE BEDS					
(1)	(2)	(3)	(4)	(5)	(6)			
` '	` '	FY 2015	FY 2016	` '				
LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE			
LINE	DESCRIPTION	ACTUAL	ACTUAL	AWOON DITENTICE	70 DII I EKENCE			
Α.	Indigent Care							
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%			
1	Donations	\$0.00	\$0.00	\$0.00	0%			
2	Income	\$0.00	\$0.00	\$0.00	0%			
3	Expenditures	\$0.00	\$0.00	\$0.00	0%			
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%			
	Ending Balance	\$0.00	\$0.00	\$0.00	0%			
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%			
В.	Free Beds							
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%			
1	Donations	\$0.00	\$0.00	\$0.00	0%			
2	Income	\$0.00	\$0.00	\$0.00	0%			
3	Expenditures	\$0.00	\$0.00	\$0.00	0%			
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%			
	Ending Balance	\$0.00	\$0.00	\$0.00	0%			
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%			
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	\$0.00	0%			
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%			
	Ending Balance	\$0.00	\$0.00	\$0.00	0%			
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%			

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SAINT MARY'S HOSPITAL								
ANNUAL REPORTING								
	FISCAL YEAR 2016							
DEDORT 4	7A - HOSPITAL BED FUNDS HELD OR ADMINISTERE	D BY THE HOSPITAL						
REPORT I	7A - HOSPITAL BED FUNDS HELD OK ADMINISTERE	D BT THE HOSPITAL						
A. Patient Activity								
(1)	(2)	(3)						
<u>Patient</u>	Name of Hospital Bed Fund (FULL NAME)	Amount						
 Number of Applications for Ho 	ospital Bed Funds	0						
	Grand Total \$0.00							

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	SAINT MARY'S HOSPITAL						
		ANNUAL REPO	RTING				
		FISCAL YEAR	R 2016				
	REPORT 17B - HOSPITA	AL 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 Princip	al attributable to each	Hospital Bed Fund		
(4)	Total Actual Earnings for each Hospital B	ed Fund or the Earning	s attributable to each	Hospital Bed Fund.			
(5)	Actual Dollar Amount of Earnings reinves	ted as Principal, if any	•				
(6)	(6) Actual Dollar Amount of Earnings available for Patient Care.						
` ,	<u> </u>						
	Total Bed Funds :	\$0.00	\$0.00	\$0.00	\$0.00		
	Total Dea Fallas .	\$0.00	\$0.00	φ0.00	Ψ		

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	SAINT MARY'S HOSPITAL					
	ANNUAL REPORTING					
FISCAL YEAR 2016 REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION						
	REPORT 18 - HOSPITAL COLLECTION PLACEME	ENT POLICIES AND COLLECTION AGENT INFORMATION				
(1)	(2)	(3)				
	DESCRIPTION	COLLECTION INFORMATION				
,,,	DECORAL FICK	OCELEO HON IN ON MATTER				
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.				
В.	Hospital's processes and policies for compensating a Collection	account within the last 120 days before it can be transferred to bad debt.				
	Agent for services rendered	Direct collections 12-15%, Legal collections 20-24%				
C.	Total Recovery Rate on accounts assigned (excluding Medicare					
	accounts) to Collection Agents	9.53%				
TT	SPECIFIC COLLECTION AGENT INFORMATION					
II.	Collection Agent					
1	Collection Agent Name	Parallon				
	Collection Agent Name	Collection Agency				
3	Related / Not Related Entity	Not Related				
	If the Hospital follows the same processes and policies described	140t Notated				
	in Section I, for assigning debt with this Collection Agent?	All accounts with a self-pay balance due AFTER an insurance payment has been				
	indicate "Same as General Processes and Policies" Otherwise	received MUST have received a minimum of four(4) patient statements over a				
	Provide Details.	period of greater than 120 days, and have NOT had a payment posted to the				
		account within the last 120 days before it can be transferred to bad debt.				
5	If the Hospital follows the same processes and policies described					
	in Section I, for compensating this Collection Agent? indicate					
	"Same as General Processes and Policies" Otherwise Provide					
	Details.	Direct cells of a control of least cells of a control of the contr				
6	Recovery Rate on Accounts Assigned (excluding Medicare	Direct collections - 15%, Legal collections - 20%				
U	accounts) to Collection Agent.	11.20%				
	decounts) to concettor rigent.	11.2070				
В	Collection Agent					
1	Collection Agent Name	American Adjustment Bureau				
2	Collection Agent Type	Collection Agency				
3	Related / Not Related Entity	Not Related				
4	If the Hospital follows the same processes and policies described					
	in Section I, for assigning debt with this Collection Agent?	All accounts with a self-pay balance due AFTER an insurance payment has been				
	indicate "Same as General Processes and Policies" Otherwise	received MUST have received a minimum of four(4) patient statements over a				
	Provide Details.	period of greater than 120 days, and have NOT had a payment posted to the				
_		account within the last 120 days before it can be transferred to bad debt.				
5	If the Hospital follows the same processes and policies described					
	in Section I, for compensating this Collection Agent? indicate					
	"Same as General Processes and Policies" Otherwise Provide					
	Details.	Direct collections - 12%, Legal collections - 24%				
6	Recovery Rate on Accounts Assigned (excluding Medicare	Direct conections - 1270, Legal conections - 2470				
3	accounts) to Collection Agent.	7.79%				
	second to Conconon rigoria.					

		CAINT MADV'S HOS	PDITAL						
	SAINT MARY`S HOSPITAL ANNUAL REPORTING								
	FISCAL YEAR 2016								
	REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL EMPLOYEES								
LINE	POSITION TITLE	EMPLOYEE NAME	SALARY	FRINGE BENEFITS	TOTAL				
				•	**				
1.	President & CEO	Chad W Wable	\$726,523	\$248,186	\$974,709				
2.	Vice President & Chief Medical Officer	Steve Schneider	\$509,657	\$59,493	\$569,150				
<u> </u>	vice i resident à Criter Medical Officer	Steve Schillelder	φ509,057	φυθ,49υ	φ309,130				
3.	Vice President and Chief Financial Officer	Ralph Becker	\$405,910	\$56,933	\$462,843				
			• •	. , ,	·				
4.	Chief Operating Officer	Charles Flinn	\$409,970	\$40,110	\$450,080				
	N. D. O 001: (1 (0")	INACCIO CINICOLO	#200.054	0.40.000	***				
5.	Vice Pres. Operations & Chief Information Officer	Michael Novak	\$333,851	\$48,239	\$382,090				
6.	Chief Marketing Officer	Joseph Connolly	\$277,306	\$46,197	\$323,503				
<u> </u>	erner marrieding erneer	occopii comicny	Ψ277,000	Ψ10,107	4010,000				
7.	Vice President and Chief Nursing Officer	James Tucker	\$277,171	\$40,542	\$317,713				
8.	Vice President Human Resources	Clark M Kearney	\$217,879	\$10,690	\$228,569				
	Director of Pharmany	Daniel Cullivan	¢470.044	¢25.045	¢242.00c				
9.	Director of Pharmacy	Daniel Sullivan	\$178,041	\$35,945	\$213,986				
10.	Corporate Director of Finance	Chris Hayes	\$190,464	\$21,963	\$212,427				
1.5.	1	- ···· · · · · · · · · · · · · · · · ·	ψ. 30, 10 T	+=1,000	, ·				
		Grand Total:	\$3,526,772	\$608,298	\$4,135,070				

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		TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CA ANNUAL REPORTING	ARE, INC.)		
		FISCAL YEAR 2016			
	REPORT 19B -	- SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HEALTH	H SYSTEM EMPLOYEES	3	
LINE	POSITION TITLE	EMPLOYEE NAME AND COMPANY	SALARY	FRINGE BENEFITS	TOTAL
1.	President and Chief Executive Officer - THNE	Christopher M. Dadlez; Trinity Health - NE	\$1,685,526	\$146,818	\$1,832,344
2.	President, St. Francis Hospital and Medical Center	John F. Rodis, MD; Saint Francis Hospital and Medical Center	\$1,204,152	\$112,429	\$1,316,581
3.	Director of Minimally Invasive Cardiac Surgery	William V. Martinez Jr., MD; Saint Francis Medical Group	\$1,215,278	\$60,256	\$1,275,534
4.	Neurosurgeon	Bruce S. Chozick., MD; Saint Francis Medical Group	\$1,165,323	\$65,772	\$1,231,095
5.	Neurosurgeon	David Spiro, MD; Saint Francis Medical Group	\$1,122,612	\$55,929	\$1,178,54
6.	Plastic Surgeon	Leo R. Otake, MD; Saint Francis Medical Group	\$1,062,176	\$56,013	\$1,118,189
7.	Plastic Surgeon	Samuel D. Buonocore, MD; Saint Francis Medical Group	\$969,909	\$62,896	\$1,032,805
8.	President, St Marys Hospital	Chad W. Wable; St Marys Hospital	\$726,523	\$240,465	\$966,988
9.	General Surgeon	Shady Macaron, MD; Franklin Medical Group, PC	\$907,869	\$57,042	\$964,911
10.	Senior Vice President, Chief Physician Executive	Steven T. Ruby, MD; Trinity Health - NE	\$835,877	\$79,495	\$915,372
		Grand Total:	\$10,895,245	\$937,115	\$11,832,360

			AINT MARY'S HOSPIT					
ANNUAL REPORTING FISCAL YEAR 2016								
REPORT 19C - FINANCIAL GAINS REALIZED FROM A TRANSFER OF OWNERSHIP CON								
LINE	NAME	POSITION TYPE	SALARY	SEVERANCE PAYMENT	STOCK OFFERING VALUE	OTHER FINANCIAL GAIN	TOTAL	
	Not applicable		\$0	\$0	\$0	\$0		
2.			\$0				\$0	
3. 4.			\$0 \$0		\$0 \$0			
5.			\$0				\$(
6.			\$0		\$0		\$0	
7.			\$0		\$0		\$0	
8.			\$0	\$0	\$0	\$0	\$0	
9.			\$0		\$0		\$0	
10. 11.			\$0 \$0		\$0 \$0			
12.			\$0				\$0	
13.			\$0		\$0			
14.			\$0	\$0	\$0	\$0	\$0	
15.			\$0		\$0		\$0	
16.			\$0		\$0		\$0	
17. 18.			\$0 \$0		\$0 \$0			
19.			\$0				\$0	
20.			\$0		\$0		\$0	
21.			\$0		\$0		\$0	
22.			\$0		\$0			
23. 24.			\$0 \$0	\$0 \$0	\$0 \$0		\$0	
25.			\$0		\$0			
26.			\$0				\$0	
27.			\$0		\$0		\$0	
28.			\$0		\$0		\$0	
29.			\$0		\$0			
30. 31.			\$0 \$0	\$0 \$0	\$0 \$0		\$0	
32.			\$0		\$0		\$0	
33.			\$0		\$0		\$0	
34.			\$0	\$0	\$0	\$0	\$0	
35.			\$0		\$0		\$0	
36. 37.			\$0 \$0		\$0 \$0			
38.			\$0		\$0		\$0	
39.			\$0		\$0		\$0	
40.			\$0	\$0	\$0	\$0	\$0	
41.			\$0	\$0	\$0		\$0	
42. 43.			\$0 \$0		\$0 \$0	\$0 \$0		
43. 44.			\$0 \$0		\$0		\$0	
45.			\$0				\$0	
46.			\$0				\$0	
47.			\$0	\$0	\$0	\$0	\$(
48.			\$0		\$0		\$(
49. 50.			\$0 \$0		\$0 \$0		\$(
50.		Const Tarrel	\$0 \$0					
		Grand Total:	\$0	\$0	\$0	ψ	þ	

	SAINT MARY'S HOS ANNUAL REPORT			
	FISCAL YEAR 20			
	REPORT 21- HOSPITAL SALARIES A		S	
	PAID BY JOINT VENTURES, AFFILIATES AN	D RELATED CORPOR	RATIONS	
745	(0)	(0)	//	(F)
(1)	(2)	(3)	(4)	(5)
		SALARIES	FRINGE	
		(Directly or	BENEFITS ^A (Directl	
LINE	DESCRIPTION	Indirectly) ^C	y or Indirectly) ^C	TOTAL
	TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT			
Α.	FRANCIS CARE, INC.)			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
		_		
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
		_		
С.	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
	HARALE LEGISTE DEGISTED AND A STATE OF THE S	_		
D.	HAROLD LEEVER REGIONAL CANCER CENTER, INC.	4-		
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
_	HEADT OFFITED OF ODEATED WATERDAYS INC.	_		
Ε.	HEART CENTER OF GREATER WATERBURY, INC.	Φ0	1 00	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
_	NAME AT LOCK WALLEY MODELLE O			
F	NAUGATUCK VALLEY MRI, LLC	ФО	C O	ФО.
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 \$0
	Paid by the Hospital to Employees of the Entity Listed Above	φ0	φυ	φ0
G.	NAUGATUCK VALLEY MRI, LP	\neg		
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
	Taid by the Hospital to Employees of the Entity Listed Above	ΨΟ	ΨΟ	ΨΟ
Η.	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 \$0
	and the second s	Ψ	, , , , , , , , , , , , , , , , , , ,	¥-
Ι.	SAINT MARY'S PHYSICIAN PARTNERS, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
J.	SAINT MARY'S HEALTH SYSTEM, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Κ.	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 compensat	ion as described in Se	ection 19a-643-206-(b)(21)	, including t
	fair market value where appropriate.			
	B - A hospital employee is anyone who provides a service which incur	s an expense for the he related entities.	nospital.	

	SAINT MARY'S HOSPITAL	
	ANNUAL REPORTING	
	FISCAL YEAR 2016	
	REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR	
	CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTIT	Y
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2016
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
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
	Description of an electrical Obstacles Manufactured Operation of Francisco Computer Association	
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 2016			
	REPORT 23 - CHARITY CARE AND REDUCED		PROVIDED BY	THE HOSPITAL	
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	<u>AMOUNT</u>	<u>AMOUNT</u>	DIFFERENCE	DIFFERENCE
Α.	Hospital Charity Care (see Hospital Audited Financial S	Statement Notes			
<u> </u>	Tiospital Charity Care (see Hospital Addited Financial C	Statement Notes)			
1.	Number of Applicants	902	2,970	2,068	2299
2.	Number of Approved Applicants	879	2,894	2,015	2299
3.	Total Charges (A)	\$3,174,277	\$6,949,752	\$3,775,475	1199
	Average Charges	\$3,611	\$2,401	(\$1,210)	-349
	Attorago onal goo	ψο,στι	Ψ2,101	(\$1,210)	0.
4.	Ratio of Cost to Charges (RCC)	0.337796	0.319737	(0.018059)	-59
	Total Cost	\$1,072,258	\$2,222,093	\$1,149,835	1079
	Average Cost	\$1,220	\$768	(\$452)	-379
		04.450.440	** ** ** ** ** ** ** **	* 400 0 = 0	
5.	Charity Care - Inpatient Charges	\$1,158,143	\$1,558,496	\$400,353	359
6	Charity Care - Outpatient Emergency Department	1 002 222	2 525 220	2 452 006	2260
6.	Charges Charity Care - Outpatient Charges (Excludes ED	1,083,233	3,535,329	2,452,096	2269
7.	Charges)	932,901	1,855,927	923,026	999
- ' -	Total Charges (A)	\$3,174,277	\$6,949,752	\$3,775,475	1199
	Jean Stanger (14)	40,1111,211	¥ = , = : = , = = =	40,000,000	
8.	Charity Care - Number of Patient Days	165	194	29	189
9.	Charity Care - Number of Discharges	49	71	22	459
10.	Charity Care - Number of Outpatient ED Visits	666	2,311	1,645	2479
	Charity Care - Number of Outpatient Visits (Excludes ED				
11.	Visits)	506	1,638	1,132	224%
(A) Th	e total amount must agree with the total amount listed in	n the Hospital Aud	lited Financial S	tatement Notes.	
	Hamital Bad Funda (see Hamital Banantin Contant	2			
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System -	Report 17)			
1.	Number of Applicants	-	-	-	0%
2.	Number of Approved Applicants	-	-	-	0%
3.	Total Charges (B)	\$0	\$0	\$0	09
	Average Charges	\$0	\$0	\$0	0%
4.	Ratio of Cost to Charges (RCC)	0	0.337796	0.337796	0%
	Total Cost	\$0	\$0	\$0	0%
	Average Cost	\$0	\$0	\$0	0%
5.	Bed Funds - Inpatient Charges	\$0	\$0	\$0	09
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	09
			-		
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	0	0	0	09
	Total Charges (B)	\$0	\$0	\$0	09
	Ded Funds - Number of Deticat Dev			_	
8.	Bed Funds - Number of Patient Days	0	0	0	09
9.	Bed Funds - Number of Discharges	0	0	0	09
10.	Bed Funds - Number of Outpatient ED Visits Bed Funds - Number of Outpatient Visits(Excludes ED	0	0	0	00
11.	Visits)	0	0	0	09
					0,
(B) Th	e total amount must agree with the total amount listed o	n Hospital Report	ing System - Re	port 17.	