

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

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
A. AFFILIATE NAME		
		BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.
1	Affiliate Description	BH&HCG IS THE PARENT CORPORATION.
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	Brewster Road
5	Town	Bristol
6	State	Connecticut
7	Zip Code	06011 -
8	CEO Name	Kurt Barwis
9	CEO Title	President
10	CT Agent Name	Kurt Barwis
11	CT Agent Company	Bristol Hospital, Inc.
12	CT Agent Company Street Address	Brewster Rd
13	CT Agent Town	Bristol
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06010 -
B. AFFILIATE NAME		
		BRISTOL HEALTH CARE INC. D/B/A INGRAHAM MANOR
1	Affiliate Description	BRISTOL HEALTH CARE PROVIDES LONG TERM CARE.
2	Affiliate type of service	Long Term Care
3	Tax Status	Not for Profit
4	Street Address	400 North Main Street
5	Town	Bristol
6	State	Connecticut
7	Zip Code	06010 -
8	CEO Name	Kurt Barwis
9	CEO Title	President
10	CT Agent Name	Kurt Barwis
11	CT Agent Company	Bristol Hospital, Inc.
12	CT Agent Company Street Address	Brewster Rd
13	CT Agent Town	Bristol
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06010 -
C. AFFILIATE NAME		
		BRISTOL HOSPITAL DEVELOPMENT FOUNDATION, INC.
1	Affiliate Description	BRISTOL HOSPITAL DEVELOPMENT FOUNDATION PROVIDES FUND RAISING AND MANAGEMENT SERVICES.
2	Affiliate type of service	Fund Raising/Management
3	Tax Status	Not for Profit
4	Street Address	Brewster Road
5	Town	Bristol
6	State	Connecticut
7	Zip Code	06011 -
8	CEO Name	Kurt Barwis
9	CEO Title	President
10	CT Agent Name	Kurt Barwis
11	CT Agent Company	Bristol Hospital, Inc.
12	CT Agent Company Street Address	Brewster Rd
13	CT Agent Town	Bristol
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06010 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
D. AFFILIATE NAME BRISTOL HOSPITAL EMS, LLC.		
1	Affiliate Description	EMS-AMBULANCE SERVICE
2	Affiliate type of service	Other HealthCare Svcs(Specify)
3	Tax Status	For Profit
4	Street Address	Brewster Road
5	Town	Bristol
6	State	Connecticut
7	Zip Code	06011 -
8	CEO Name	Kurt Barwis
9	CEO Title	President
10	CT Agent Name	Kurt Barwis
11	CT Agent Company	Bristol Hospital, Inc.
12	CT Agent Company Street Address	Brewster Road
13	CT Agent Town	Bristol
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06010 -
E. AFFILIATE NAME BRISTOL HOSPITAL MULTISPECIALTY GROUP, INC		
1	Affiliate Description	To practice medicine and provide healthcare services to all persons without regard to their ability to pay and provide support for the tax-exempt charitable missions of Bristol Hospital.
2	Affiliate type of service	Other HealthCare Svcs(Specify)
3	Tax Status	Not for Profit
4	Street Address	240 Main Street
5	Town	Bristol
6	State	Connecticut
7	Zip Code	06010 -
8	CEO Name	Karen Guadagnini, MD
9	CEO Title	President
10	CT Agent Name	MCR&P SERVICE CORPORATION
11	CT Agent Company	
12	CT Agent Company Street Address	C/O MURTHA CULLINA LLP,, CITYPLACE 1, 185 ASYLUM STREET
13	CT Agent Town	HARTFORD
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 3469
F. AFFILIATE NAME BRISTOL MSO, LLC		
1	Affiliate Description	PROVIDES RADIOLOGY SERVICE
2	Affiliate type of service	Imaging Services
3	Tax Status	For Profit
4	Street Address	Brewster Rd
5	Town	Bristol
6	State	Connecticut
7	Zip Code	06010 -
8	CEO Name	John Walker MD
9	CEO Title	President
10	CT Agent Name	Kurt Barwis
11	CT Agent Company	Radiologic Associates, PC
12	CT Agent Company Street Address	Brewtser Rd
13	CT Agent Town	Bristol
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06010 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
G. AFFILIATE NAME		
	AFFILIATE NAME	CENTRAL CONNECTICUT ENDOSCOPY CENTER, LLC
1	Affiliate Description	Provide Endoscopy Services
2	Affiliate type of service	Ambulatory Services
3	Tax Status	For Profit
4	Street Address	40 Hart Street
5	Town	New Britian
6	State	Connecticut
7	Zip Code	06052 -
8	CEO Name	Mark R. Versland, MD
9	CEO Title	Manager
10	CT Agent Name	Mark F. Korber
11	CT Agent Company	MCR&P Service Corporation
12	CT Agent Company Street Address	185 Asylum Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 3469
H. AFFILIATE NAME		
	AFFILIATE NAME	CONNECTICUT HOSPITAL LABORATORY NETWORK, LLC
1	Affiliate Description	Provide lab services to members
2	Affiliate type of service	Lab
3	Tax Status	For Profit
4	Street Address	12C Ledgebrook Drive, Suite 4
5	Town	Mansfield Center
6	State	Connecticut
7	Zip Code	06250 -
8	CEO Name	D. Gregory Weisenberger
9	CEO Title	Executive Director
10	CT Agent Name	Greg Weisenberger
11	CT Agent Company	
12	CT Agent Company Street Address	12C Ledgebrook Drive, Suite 4
13	CT Agent Town	Mansfield Center
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06250 -
I. AFFILIATE NAME		
	AFFILIATE NAME	CONNECTICUT OCCUPATIONAL MEDICAL PARTNERS
1	Affiliate Description	Manage and Market Occupational Health Services
2	Affiliate type of service	Occupational Heath
3	Tax Status	For Profit
4	Street Address	675 Tower Avenue, Suite 404B
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06112 -
8	CEO Name	Derrick Amato
9	CEO Title	President & CEO
10	CT Agent Name	Diane Bertrand
11	CT Agent Company	Connecticut Occupational Medical Partners
12	CT Agent Company Street Address	675 Tower Avenue, Suite 404B
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06112 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
J.	AFFILIATE NAME	MEDWORKS, LLC
1	Affiliate Description	PROVIDES OCCUPATIONAL HEALTH SERVICES.
2	Affiliate type of service	Occupational Heath
3	Tax Status	For Profit
4	Street Address	375 E. Cedar Street
5	Town	Newington
6	State	Connecticut
7	Zip Code	06111 -
8	CEO Name	Derrick Amato
9	CEO Title	President & CEO
10	CT Agent Name	Diane Bertrand
11	CT Agent Company	Medworks, LLC
12	CT Agent Company Street Address	675 Tower Avenue, Suite 404B
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06112 -

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

**BRISTOL HOSPITAL
ANNUAL REPORTING
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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2015
A . BRISTOL HOSPITAL			
1		Unrestricted	\$11,995,043
2		Temporarily Restricted by Donor	\$3,122,057
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$6,790,372
5		Intercompany Eliminations	\$0
		Total:	\$21,907,472
B . BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.			
1		Unrestricted	\$22,895,820
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$28,938,497)
		Total:	(\$6,042,677)
C . BRISTOL HEALTH CARE INC. D/B/A INGRAHAM MANOR			
1		Unrestricted	(\$388,561)
2		Temporarily Restricted by Donor	\$9,071
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$379,490)
D . BRISTOL HOSPITAL DEVELOPMENT FOUNDATION, INC.			
1		Unrestricted	\$6,042,677
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$6,042,677
E . BRISTOL HOSPITAL EMS, LLC.			
1		Unrestricted	\$1,114,680
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,114,680
F . BRISTOL HOSPITAL MULTISPECIALTY GROUP, INC			
1		Unrestricted	\$253,158
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$253,158
G . BRISTOL MSO, LLC			
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

**BRISTOL HOSPITAL
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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2015
H .	CENTRAL CONNECTICUT ENDOSCOPY CENTER, LLC		
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
I .	CONNECTICUT HOSPITAL LABORATORY NETWORK, LLC		
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
J .	CONNECTICUT OCCUPATIONAL MEDICAL PARTNERS		
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
K .	MEDWORKS, LLC		
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
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$51,834,317
	Intercompany Eliminations		(\$28,938,497)
	Total of all Affiliates	Fund Balance:	\$22,895,820

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE
A. BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014
1		Net Asset Transfer	09/30/2015
		Ending Unconsolidated Intercompany Balance:	9/30/2015
B. BRISTOL HEALTH CARE INC. D/B/A INGRAHAM MANOR			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014
1		Payments	09/30/2015
2		Pension and Forgiveness of Debt	09/30/2015
3		Purchase of Services	09/30/2015
4		Salaries & Benefits	09/30/2015
		Ending Unconsolidated Intercompany Balance:	9/30/2015
C. BRISTOL HOSPITAL DEVELOPMENT FOUNDATION, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014
1		Purchase of Services	09/30/2015
2		Rent	09/30/2015
3		Salaries & Benefits	09/30/2015
4		Payments	09/30/2015
		Ending Unconsolidated Intercompany Balance:	9/30/2015
D. BRISTOL HOSPITAL EMS, LLC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014
1		Payments	09/30/2015
2		Purchase of Services	09/30/2015
3		Rent	09/30/2015
4		Salaries & Benefits	09/30/2015
		Ending Unconsolidated Intercompany Balance:	9/30/2015
E. BRISTOL HOSPITAL MULTISPECIALTY GROUP, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014
1		Salaries & Benefits	09/30/2015
2		Rent	09/30/2015

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE
3		Purchase of Services	09/30/2015
4		Cash Transfer	09/30/2015
5		Forgiveness of Debt	09/30/2015
		Ending Unconsolidated Intercompany Balance:	9/30/2015
F.	BRISTOL MSO, LLC		
		Beginning Unconsolidated Intercompany Balance:	9/30/2014
		Nothing to Report	
		Ending Unconsolidated Intercompany Balance:	9/30/2015
G.	CENTRAL CONNECTICUT ENDOSCOPY CENTER, LLC		
		Beginning Unconsolidated Intercompany Balance:	9/30/2014
		Nothing to Report	
		Ending Unconsolidated Intercompany Balance:	9/30/2015
H.	CONNECTICUT HOSPITAL LABORATORY NETWORK, LLC		
		Beginning Unconsolidated Intercompany Balance:	9/30/2014
		Nothing to Report	
		Ending Unconsolidated Intercompany Balance:	9/30/2015
I.	CONNECTICUT OCCUPATIONAL MEDICAL PARTNERS		
		Beginning Unconsolidated Intercompany Balance:	9/30/2014
		Nothing to Report	
		Ending Unconsolidated Intercompany Balance:	9/30/2015
J.	MEDWORKS, LLC		
		Beginning Unconsolidated Intercompany Balance:	9/30/2014
		Nothing to Report	
		Ending Unconsolidated Intercompany Balance:	9/30/2015
		Grand Total:	

(5)
TRANSFER TO / FROM HOSPITAL
\$28,426,954
(\$6,519,482)
\$21,907,472
\$1,848,983
(\$1,750,000)
\$125,244
\$975,619
\$1,004,163
\$2,204,009
\$953,625
\$267,641
\$6,000
\$259,582
(\$1,486,848)
\$0
\$172,541
(\$645,742)
\$374,975
\$25,000
\$398,019
\$324,793
\$0
\$767,591
\$382,555

(5)
TRANSFER TO / FROM HOSPITAL
(\$8,627,758)
\$7,770,000
(\$292,388)
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$24,436,274

**BRISTOL HOSPITAL
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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated Intercompany Balance	10/01/2014	\$7,751,831
A.	BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.				
1		BRISTOL HOSPITAL EMS, LLC.	Parent Company Investment in Subsidiary Net Assets	09/30/2015	\$51,773
2		BRISTOL HOSPITAL DEVELOPMENT FOUNDATION, INC.	Parent Company Investment in Subsidiary Net Assets	09/30/2015	(\$713,744)
3		BRISTOL HEALTH CARE INC. D/B/A INGRAHAM MANOR	Parent Company Investment in Subsidiary Net Assets	09/30/2015	(\$317,406)
4		BRISTOL HOSPITAL MULTISPECIALTY GROUP, INC	Parent Company Investment in Subsidiary Net Assets	09/30/2015	\$258,571
			Total:	9/30/2015	(\$720,806)
B.	BRISTOL HEALTH CARE INC. D/B/A INGRAHAM MANOR				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
C.	BRISTOL HOSPITAL DEVELOPMENT FOUNDATION, INC.				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
D.	BRISTOL HOSPITAL EMS, LLC.				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
E.	BRISTOL HOSPITAL MULTISPECIALTY GROUP, INC				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
F.	BRISTOL MSO, LLC				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
G.	CENTRAL CONNECTICUT ENDOSCOPY CENTER, LLC				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
H.	CONNECTICUT HOSPITAL LABORATORY NETWORK, LLC				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
I.	CONNECTICUT OCCUPATIONAL MEDICAL PARTNERS				
			Nothing to Report		\$0

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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Total:	9/30/2015	\$0
J.	MEDWORKS, LLC		Nothing to Report		\$0
			Total:	9/30/2015	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2015	\$7,031,025

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

(1)	(2)	(3)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT
A. BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.		
0	Nothing to Report	\$0
	Total:	\$0
B. BRISTOL HEALTH CARE INC. D/B/A INGRAHAM MANOR		
0	Nothing to Report	\$0
	Total:	\$0
C. BRISTOL HOSPITAL DEVELOPMENT FOUNDATION, INC.		
0	Nothing to Report	\$0
	Total:	\$0
D. BRISTOL HOSPITAL EMS, LLC.		
0	Nothing to Report	\$0
	Total:	\$0
E. BRISTOL HOSPITAL MULTISPECIALTY GROUP, INC		
0	Nothing to Report	\$0
	Total:	\$0
F. BRISTOL MSO, LLC		
0	Nothing to Report	\$0
	Total:	\$0
G. CENTRAL CONNECTICUT ENDOSCOPY CENTER, LLC		
0	Nothing to Report	\$0
	Total:	\$0
H. CONNECTICUT HOSPITAL LABORATORY NETWORK, LLC		
0	Nothing to Report	\$0
	Total:	\$0
I. CONNECTICUT OCCUPATIONAL MEDICAL PARTNERS		
0	Nothing to Report	\$0
	Total:	\$0
J. MEDWORKS, LLC		
0	Nothing to Report	\$0
	Total:	\$0
	Grand Total:	\$0

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
A.	BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
B.	BRISTOL HEALTH CARE INC. D/B/A INGRAHAM MANOR		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	BRISTOL HOSPITAL DEVELOPMENT FOUNDATION, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	BRISTOL HOSPITAL EMS, LLC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	BRISTOL HOSPITAL MULTISPECIALTY GROUP, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	BRISTOL MSO, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	CENTRAL CONNECTICUT ENDOSCOPY CENTER, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	CONNECTICUT HOSPITAL LABORATORY NETWORK, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
I.	CONNECTICUT OCCUPATIONAL MEDICAL PARTNERS		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	MEDWORKS, LLC		

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

**BRISTOL HOSPITAL
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REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR
INDIGENT CARE AND FREE BEDS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A . Indigent Care					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
B . Free Beds					
	Beginning Balance	\$1,642,531.00	\$1,610,494.00	(\$32,037.00)	-2%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$51,105.00	\$61,657.00	\$10,552.00	21%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	(\$83,142.00)	(\$88,284.00)	(\$5,142.00)	6%
	Ending Balance	\$1,610,494.00	\$1,583,867.00	(\$26,627.00)	-2%
5	Projected Interest Income	\$25,000.00	\$250,000.00	\$225,000.00	900%
C . Other					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

BRISTOL HOSPITAL	
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REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED	
A. Patient Activity	
(1)	(2)
<u>Patient</u>	Name of Hospital Bed Fund (<u>FULL NAME</u>)
1. Number of Applications for Hospital Bed Funds	
	Grand Total

D BY THE HOSPITAL
(3)
Amount
0
\$0.00

BRISTOL HOSPITAL					
ANNUAL REPORTING					
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REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
B. BED FUND ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
(3)	Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each Hospital Bed				
(4)	Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund.				
(5)	Actual Dollar Amount of Earnings reinvested as Principal, if any.				
(6)	Actual Dollar Amount of Earnings available for Patient Care.				
	Meader Fund	\$1,583,867.00	(\$25,360.00)	\$0.00	\$1,267.00
	Total Bed Funds :	\$1,583,867.00	(\$25,360.00)	\$0.00	\$1,267.00

**BRISTOL HOSPITAL
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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I.	GENERAL COLLECTION PROCESSES AND PROCEDURES	
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	Patients who have not paid their balances or complied with payment agreements following 60 days of prior activity will be referred to a collection agency. Patient account balances deemed delinquent by Bristol Hospital will be referred to an agency on a monthly basis.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	13% on Regular Accounts, 26% on Legal Accounts, 50% on Out of State Legal Accounts
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	32.51%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
A	Collection Agent	
1	Collection Agent Name	American Adjustment Bureau
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Each monthly referral will consist of 100% of delinquent accounts in common categories and will encompass all patient accounts.
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.	13% on Regular Accounts, 26% on Legal Accounts, 50% on Out of State Legal Accounts
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	32.51%

**BRISTOL HOSPITAL
ANNUAL REPORTING
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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

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

**BRISTOL HOSPITAL
ANNUAL REPORTING
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REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL EMPLOYEES**

LINE	POSITION TITLE	EMPLOYEE NAME	SALARY	FRINGE BENEFITS	TOTAL
1.	President & CEO	Kurt A. Barwis	\$750,149	\$77,791	\$827,940
2.	Sr. Vice President, Chief Medical Officer	Kenneth K. Rhee, M.D.	\$337,110	\$68,172	\$405,282
3.	Vice President of Finance/CFO	George W. Eighmy	\$322,987	\$37,794	\$360,781
4.	Sr. Vice President, Patient Care Services & CNO	Sheila G. Kempf	\$292,311	\$53,094	\$345,405
5.	Vice President, Human Resources and Support Svcs	Jeanine F. Reckdenwald	\$238,224	\$46,050	\$284,274
6.	Assistant Vice President, Information Services	David M. Rackliffe	\$166,027	\$47,235	\$213,262
7.	Occupational Health Physician	Russell L. Tuverson, M.D.	\$171,079	\$34,495	\$205,574
8.	Systems Director, Quality Improvement	Korrine A. Roth	\$147,466	\$37,445	\$184,911
9.	Director, Diagnostic Services	Rebecca J. Wiesner	\$143,159	\$36,358	\$179,517
10.	Director of Clinical Operations	Ann S. Burch	\$136,609	\$34,948	\$171,557
		Grand Total:	\$2,705,121	\$473,382	\$3,178,503

BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.
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REPORT 19B - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HEALTH SYSTEM EMPLOYEES

LINE	POSITION TITLE	EMPLOYEE NAME AND COMPANY	SALARY	FRINGE BENEFITS	TOTAL
1.	Physician - Surgeon	Makram Gedeon, M.D. - Bristol Hospital Multi-Specialty Group	\$829,032	\$37,109	\$866,141
2.	President & CEO	Kurt A. Barwis - Bristol Hospital	\$750,149	\$77,791	\$827,940
3.	Physician - Surgeon	David A. Rubins, M.D. - Bristol Hospital Multi-Specialty Group	\$696,879	\$21,465	\$718,344
4.	Disease	Richard M. Zweig, M.D. - Bristol Hospital Multi-Specialty Group	\$466,193	\$23,091	\$489,284
5.	Physician - Oncologist	Driola Brahaj, M.D. - Bristol Hospital Multi-Specialty Group	\$411,223	\$32,711	\$443,934
6.	Physician - Urologist	Michael A. Fischman, M.D. - Bristol Hospital Multi-Specialty Group	\$414,225	\$18,807	\$433,032
7.	Physician - Surgeon	Rainer Bagdasarian, M.D. - Bristol Hospital Multi-Specialty Group	\$394,497	\$26,497	\$420,994
8.	Physician - Surgeon	Vanessa Malit, M.D. - Bristol Hospital Multi-Specialty Group	\$389,351	\$26,135	\$415,486
9.	Physician - Oncologist	Sapna Khubchandani, M.D. - Bristol Hospital Multi-Specialty Group	\$381,700	\$26,809	\$408,509
10.	Officer	Kenneth K. Rhee, M.D. - Bristol Hospital	\$337,110	\$68,172	\$405,282
		Grand Total:	\$5,070,359	\$358,587	\$5,428,946

**BRISTOL HOSPITAL
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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directl y or Indirectly) ^C	TOTAL
A . BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
B . BRISTOL HEALTH CARE INC. D/B/A INGRAHAM MANOR				
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 . BRISTOL HOSPITAL DEVELOPMENT 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
D . BRISTOL HOSPITAL EMS, 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
E . BRISTOL HOSPITAL MULTISPECIALTY GROUP, INC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F . BRISTOL MSO, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
G . CENTRAL CONNECTICUT ENDOSCOPY CENTER, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
H . CONNECTICUT HOSPITAL LABORATORY NETWORK, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
I . CONNECTICUT OCCUPATIONAL MEDICAL PARTNERS				
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 . MEDWORKS, 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

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.

**BRISTOL HOSPITAL
ANNUAL REPORTING
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REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR
CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT EN**

(1)	(2)
LINE	DESCRIPTION
A	Transfer of Assets or Operations
1.	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.

TITY

(3)
ACTUAL FY 2015
N/A
N/A
N/A
N/A
\$0

BRISTOL HOSPITAL					
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FISCAL YEAR 2015					
REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 AMOUNT	FY 2015 AMOUNT	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	4,645	3,760	(885)	-19%
2.	Number of Approved Applicants	4,645	3,760	(885)	-19%
3.	Total Charges (A)	\$4,530,623	\$4,092,111	(\$438,512)	-10%
	Average Charges	\$975	\$1,088	\$113	12%
4.	Ratio of Cost to Charges (RCC)	0.300277	0.308769	0.008492	3%
	Total Cost	\$1,360,442	\$1,263,517	(\$96,925)	-7%
	Average Cost	\$293	\$336	\$43	15%
5.	Charity Care - Inpatient Charges	\$639,737	\$1,005,876	\$366,139	57%
6.	Charity Care - Outpatient Emergency Department Charges	2,856,904	2,170,980	(685,924)	-24%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	1,033,982	915,255	(118,727)	-11%
	Total Charges (A)	\$4,530,623	\$4,092,111	(\$438,512)	-10%
8.	Charity Care - Number of Patient Days	149	185	36	24%
9.	Charity Care - Number of Discharges	48	50	2	4%
10.	Charity Care - Number of Outpatient ED Visits	2,674	2,114	(560)	-21%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,774	1,495	(279)	-16%
(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.					
B. Hospital Bed Funds (see Hospital Reporting System - Report 17)					
1.	Number of Applicants	-	-	-	0%
2.	Number of Approved Applicants	-	-	-	0%
3.	Total Charges (B)	\$0	\$0	\$0	0%
	Average Charges	\$0	\$0	\$0	0%
4.	Ratio of Cost to Charges (RCC)	0.300277	0.308769	0.008492	3%
	Total Cost	\$0	\$0	\$0	0%
	Average Cost	\$0	\$0	\$0	0%
5.	Bed Funds - Inpatient Charges	\$0	\$0	\$0	0%
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	0%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	0	0	0	0%
	Total Charges (B)	\$0	\$0	\$0	0%
8.	Bed Funds - Number of Patient Days	0	0	0	0%
9.	Bed Funds - Number of Discharges	0	0	0	0%
10.	Bed Funds - Number of Outpatient ED Visits	0	0	0	0%
11.	Bed Funds - Number of Outpatient Visits(Excludes ED Visits)	0	0	0	0%
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.					