## BRISTOL HOSPITAL ANNUAL REPORTING

#### FISCAL YEAR 2011

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

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
Α.	AFFILIATE NAME	BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.
1	Affiliate Description	BH&HCG IS THE PARENT CORPORATION.
2	Affiliate type of service	Parent Corporation
	Tax Status	Not for Profit
4	Street Address Town	Brewster Road Bristol
5 6	State	Connecticut
7	Zip Code	06011 -
8	CEO Name	Kurt Barwis
9	CEO Title	President
	CT Agent Name	Kurt Barwis
11	CT Agent Company CT Agent Company Street Address	Bristol Hospital, Inc.
12 13	CT Agent Company Street Address CT Agent Town	Bristol
	CT Agent State	Connecticut
	CT Agent Zip Code	06010 -
В.	AFFILIATE NAME	BRISTOL HEALTH CARE INC.
	A Killing to December the se	BRISTOL HEALTH CARE PROVIDES LONG TERM CARE AND ADULT DAY CARE
2	Affiliate Description Affiliate type of service	SERVICES. 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 10	CEO Title CT Agent Name	President Kurt Barwis
	CT Agent Name CT Agent Company	Bristol Hospital, Inc.
	CT Agent Company Street Address	
	CT Agent Town	Bristol
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06010 -
C.	AFFILIATE NAME	BRISTOL HEALTH SERVICES, INC.
1	Affiliate Description	HOLDING COMPANY FOR EMS.
2	Affiliate type of service	Other HealthCare Svcs(Specify)
3	Tax Status	Not for Profit
	Street Address	Brewster Road
5	Town	Bristol Connecticut
6	State	Connecticut 06011 -
	Zip Code CEO Name	Kurt Bawis
	CEO Title	President
	CT Agent Name	Kurt Barwis
11	CT Agent Company	Bristol Hospital, Inc.
12	CT Agent Company Street Address	Brewster Road
	CT Agent Town	Bristol Connecticut
14 15	CT Agent State CT Agent Zip Code	Connecticut 06010 -
15	TO I Agent Zip Code	
D.	AFFILIATE NAME	BRISTOL HOSPITAL DEVELOPMENT FOUNDATION, INC.
	Affiliate Description	BRISTOL HOSPITAL DEVELOPMENT FOUNDATION PROVIDES FUND RAISING
1	Affiliate Description Affiliate type of service	AND MANAGEMENT SERVICES. Fund Raising/Management
3	Tax Status	Not for Profit
	- an Olalao	1.01.0.1.10m

## BRISTOL HOSPITAL ANNUAL REPORTING

#### **FISCAL YEAR 2011**

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

(1)	(2)	(3)
	DECODINE ON	AFFILIATE INFORMATION
	DESCRIPTION	AFFILIATE INFORMATION
<u>4</u> 5	Street Address Town	Brewster Road Bristol
6	State	Connecticut
7	Zip Code	06011 -
8	CEO Name	Kurt Barwis
9	CEO Title	President
	CT Agent Name	Kurt Barwis
	CT Agent Company	Bristol Hospital, Inc.
		Brewster Rd
	CT Agent Town CT Agent State	Bristol Connecticut
15	CT Agent State CT Agent Zip Code	06010 -
13	OT Agent Zip Gode	
E.	AFFILIATE NAME	BRISTOL HOSPITAL EMS, LLC.
	Affiliate Description	EMS-AMBULANCE SERVICE
	Affiliate type of service	Other HealthCare Svcs(Specify)
3	Tax Status	For Profit
4	Street Address	Brewster Road
5	Town	Bristol
6	State	Connecticut
	Zip Code	06011 -
	CEO Name	Kurt Barwis President
9	CEO Title CT Agent Name	Kurt Barwis
11	CT Agent Name CT Agent Company	Bristol Hospital, Inc.
		Brewster Road
	CT Agent Town	Bristol
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06010 -
F.	AFFILIATE NAME	BRISTOL HOSPITAL MULTISPECIALTY GROUP, INC
F.	AFFILIATE NAME	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
1	Affiliate Description	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
	CEO Title CT Agent Name	President MCR&P SERVICE CORPORATION
	CT Agent Name CT Agent Company	INIONAL DELIVIOE DOIN ONATION
	CT Agent Company Street Address	C/O MURTHA CULLINA LLP,, CITYPLACE 1, 185 ASYLUM STREET
	CT Agent Town	HARTFORD
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 3469
	AFFILIATE NAME	BRISTOL MSO, LLC
1	Affiliate Description	PROVIDES RADIOLOGY SERVICE
	Affiliate type of service	Imaging Services
3	Tax Status	For Profit
<u>4</u> 5	Street Address Town	Brewster Rd Bristol
6	State	Connecticut
7	Zip Code	06010 -
8	CEO Name	John Walker MD
9	CEO Title	President

## BRISTOL HOSPITAL ANNUAL REPORTING

#### **FISCAL YEAR 2011**

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

(1)	(2)	(3)	
	DESCRIPTION	AFFILIATE INFORMATION	
	CT Agent Name CT Agent Company	Kurt Barwis	
11 12	CT Agent Company CT Agent Company Street Address	Radiologic Associates, PC	
	CT Agent Company Street Address CT Agent Town	Bristol	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06010 -	
10	o i rigoni zip oddo		
	AFFILIATE NAME	CENTRAL CONNECTICUT ENDOSCOPY CENTER, LLC	
1	Affiliate Description	Provide Endoscopy Services	
	Affiliate type of service	Ambulatory Services	
	Tax Status	For Profit 40 Hart Street	
<u>4</u> 5	Street Address Town	New Britian	
	State	Connecticut	
7	Zip Code	06052 -	
8	CEO Name	Mark R. Versland, MD	
	CEO Title	Manager	
10	CT Agent Name	Mark F. Korber	
11	CT Agent Company	MCR&P Service Corporation	
12	CT Agent Company Street Address		
	CT Agent Town	Hartford	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06103 - 3469	
l 1.	AFFILIATE NAME	CONNECTICUT OCCUPATIONAL MEDICAL PARTNERS	
	Affiliate Description	Manage and Market Occupational Health Services	
	Affiliate type of service	Occupational Heath	
	Tax Status	For Profit	
4	Street Address	1000 Asylum Avenue	
5	Town	Hartford	
6	State	Connecticut	
	Zip Code	06105 -	
	CEO Name	Hunter Giroux	
	CEO Title	President	
	CT Agent Name	Hunter Giroux	
	CT Agent Company CT Agent Company Street Address	Connecticut Occupational Medical Partners	
	CT Agent Company Street Address CT Agent Town	Hartford	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06105 -	
	· · · .		
	AFFILIATE NAME	HEALTH CONNECTICUT	
1	Affiliate Description	Service Company Managed Core	
2	Affiliate type of service	Managed Care	
3	Tax Status Street Address	For Profit 110 Barnes Road, Box 1802	
5	Town	Wallingford	
	State	Connecticut	
	Zip Code	06492 - 1802	
8	CEO Name	Thomas D. Kennedy	
9	CEO Title	CEO CEO	
	CT Agent Name	Thomas D. Kennedy	
	CT Agent Company	Health Connecticut	
		110 Barnes Road, Box 1802	
13	CT Agent Town	Wallingford	
14	CT Agent Zip Code	Connecticut 06492 - 1802	
15	CT Agent Zip Code	UU432 - 1002	

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

(1)	(2)	(3)
` '	• •	, ,
LINE	DESCRIPTION	AFFILIATE INFORMATION
		MEDCONN COLLECTION AGENCY, LLC
	Affiliate Description	COLLECTION AGENCY
	Affiliate type of service	Collection Agency
		For Profit
		2049 Silas Deane Highway, 3rd
5		Rocky Hill
	State	Connecticut
	Zip Code	06067 -
	CEO Name	Daniel Cass Executive Director
		Stephen J. Anderson
	CT Agent Company CT Agent Company Street Address	MedConn Collection Agency
		New Britain
		Connecticut
15	CT Agent State CT Agent Zip Code	06050 -
ıΰ	OT Agent Zip Oode	
L.	AFFILIATE NAME	MEDWORKS, LLC
		PROVIDES OCCUPATIONAL HEALTH SERVICES.
	Affiliate type of service	Occupational Heath
		For Profit
	Street Address	375 E. Cedar Street
5		Newington Newington
	State	Connecticut
	Zip Code	06111 -
		Hunter Giroux
		President & CEO
10	CT Agent Name	David C. Stone
11		Medworks, LLC
12		114 Woodland Street
		Hartford
	CT Agent State	Connecticut
15	CT Agent Zip Code	06105 -
	AFFILIATE NAME	TOTAL LAUNDRY COLLABORATIVE, LLC
		Provide laundry services to Members, Members' Affiliates, and others.
		Affilate Support Services
3	7 0117 0 1011010	For Profit
4	Street Address	114 Woodland Street
		Hartford
6	State	Connecticut
	Zip Code	06105 -
	CEO Name	David Crowell Chair Counting Officer
	CEO Title	Cheif Operating Officer Target M. Relton
	CT Agent Name	Teresa M. Bolton Total Laundry Collaborative, LLC
	CT Agent Company CT Agent Company Street Address	114 Woodland Street
		Hartford
	CT Agent Town CT Agent State	Connecticut
	CT Agent State CT Agent Zip Code	06105 -
		STREET ADDRESS FOR EACH AGENT COMPANY

<sup>\*</sup> P.O. BOX IS UNACCEPTABLE WITHOUT A STREET ADDRESS FOR EACH AGENT COMPANY

REPORT 20 4 OF 26 6/27/2012,3:54 PM

#### REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
	( )	FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2011
Α.	BRISTOL HOSPITAL		A 10= 100
1		Unrestricted	\$427,122
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$1,021,495 \$0
4		Permanently Restricted by Donor	\$6,567,071
5		Intercompany Eliminations	\$0,507,071
		Total:	\$8,015,688
B.	BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.		
1		Unrestricted	\$15,890,231
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$21,827,300)
		Total:	(\$5,937,069)
C.	BRISTOL HEALTH CARE INC.		
1	BRISTOE HEALTH CARE INC.	Unrestricted	(\$73,730)
2		Temporarily Restricted by Donor	\$62,398
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$11,332)
	PRICTOL HEALTH CERVICES, INC.		
<b>D</b> .	BRISTOL HEALTH SERVICES, INC.	Unrestricted	£4 E94 406
2		Temporarily Restricted by Donor	\$1,581,196 \$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,581,196
E.	BRISTOL HOSPITAL DEVELOPMENT FOUNDATION, INC.		
1	BRISTOL HOSPITAL DEVELOPMENT FOUNDATION, INC.	Unrestricted	\$4 GGE 04G
2		Temporarily Restricted by Donor	\$4,665,946 \$1,166,519
3		Temporarily Restricted by Board	\$1,100,519
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$5,832,465
_	DDIOTOL HOODITAL FING LLO		
F.	BRISTOL HOSPITAL EMS, LLC.		D4 504 400
1		Unrestricted	\$1,581,196
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
_		Total:	\$1,581,196
	PRICTOL HOCRITAL MULTICRECIAL TV CROUP, INC.		
<b>G</b> .	BRISTOL HOSPITAL MULTISPECIALTY GROUP, INC	Unrestricted	¢422.270
2		Temporarily Restricted by Donor	\$433,270 \$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$433,270
	I		1

#### REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2011
H.	BRISTOL MSO, LLC		
	BRISTOL WISO, LLC	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
	CENTRAL CONNECTICUT ENDOSCOPY CENTER, LLC		
	CENTRAL CONNECTICUT ENDOSCOPT CENTER, LLC	Llaractriated	<b>C</b> O
2		Unrestricted	\$0 \$0
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
Ů		Total:	\$0
	CONNECTICUT OCCUPATIONAL MEDICAL PARTNERS		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4 5		Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations  Total:	\$0
		Total.	40
K.	HEALTH CONNECTICUT		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations  Total:	\$0 <b>\$0</b>
		Total.	\$0
L.	MEDCONN COLLECTION AGENCY, 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
M.	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 \$0
		Total:	\$0
	TOTAL LAUNDRY COLLABORATIVE, LLC		<b>A</b> -
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0 \$0
3		Temporarily Restricted by Board	\$0
4 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
J		Total:	\$0
		i otal.	<b>\$</b> 0

#### REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2011
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$33,322,714
	Intercompany Eliminations		(\$21,827,300)
	Total of all Affiliates	Fund Balance:	\$11,495,414

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
Α.	BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.			
Α.	BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.	Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$8,220,533
1		Net Asset Transfer	09/30/2011	(\$204,845)
- '		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$8,015,688
		Ending offconsondated intercompany balance.	9/30/2011	\$0,013,000
В.	PRICTOL LIEALTH CARE INC			
В.	BRISTOL HEALTH CARE INC.	Denimina Unconcelidated Intercomposis Delegaci	0/20/2040	¢4 150 999
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$1,150,888
1		Payments	09/30/2011	(\$1,325,293)
2		Sale of Services	09/30/2011	\$492,464
3		Interest	09/30/2011	\$767,541
4		Employee Benefits	09/30/2011	\$86,726
5		Rent Ending Unconsolidated Intercompany Balance:	09/30/2011	(\$28,644)
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$1,143,682
C.	BRISTOL HEALTH SERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
D.	BRISTOL HOSPITAL DEVELOPMENT FOUNDATION, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$4,848,002
1		Payments	09/30/2011	(\$175,648)
2		Interest	09/30/2011	\$132,455
3		Rent	09/30/2011	\$6,000
4		Salaries & Benefits	09/30/2011	\$338,819
5		Purchase of Services	09/30/2011	\$268,558
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$5,418,186
E.	BRISTOL HOSPITAL EMS, LLC.			
	·	Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$73,320
1		Rent	09/30/2011	\$49,000
2		Purchase of Services	09/30/2011	\$14,551
3		Payments	09/30/2011	(\$226,848)
4		Salaries & Benefits	09/30/2011	\$203,492
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$113,515
F.	BRISTOL HOSPITAL MULTISPECIALTY GROUP, INC			
1	DINOTOL HOU HAL MOLHOL LOIALT TONOOT, INO			

#### 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
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
1		Salaries & Benefits	09/30/2011	\$93,261
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$93,261
G.	BRISTOL MSO, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
Н.	CENTRAL CONNECTICUT ENDOSCOPY CENTER, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
I.	CONNECTICUT OCCUPATIONAL MEDICAL PARTNERS			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
J.	HEALTH CONNECTICUT			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report	0,00,2010	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
K.	MEDCONN COLLECTION AGENCY, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report	0,00,2010	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
L.	MEDWORKS, LLC			
	millottottto, Leo	Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
M.	TOTAL LAUNDRY COLLABORATIVE, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0

#### 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
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
			Grand Total:	\$14,784,332

#### 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	10/01/2010	\$8,549,830
A.	BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.			10,01,2010	<del>+ + + + + + + + + + + + + + + + + + + </del>
			Parent Compnay Investment		
1		BRISTOL HOSPITAL EMS, LLC.	in Subsidiary Net Assets	09/30/2011	\$363,025
<u> </u>		BRISTOL HOSPITAL DEVELOPMENT	Parent Company Investment	00/00/2011	φοσο,σ2σ
2		FOUNDATION, INC.	in Subsidiary Net Assets	09/30/2011	(\$88,900)
			Parent Company Investment		(+ / /
3		BRISTOL HEALTH CARE INC.	in Subsidiary Net Assets	09/30/2011	\$422,906
			Parent Company Investment		, ,
4		BRISTOL HEALTH SERVICES, INC.	in Subsidiary Net Assets	09/30/2011	(\$263,337)
		BRISTOL HOSPITAL MULTISPECIALTY	Parent Company Investment		,
5		GROUP, INC	in Subsidiary Net Assets	09/30/2011	\$433,271
			Total:	9/30/2011	\$866,965
B.	BRISTOL HEALTH CARE INC.				
			Nothing to Report		\$0
			Total:	9/30/2011	\$0
C.	BRISTOL HEALTH SERVICES, INC.				
			Nothing to Report		\$0
			Total:	9/30/2011	\$0
D.	BRISTOL HOSPITAL DEVELOPMENT FOUNDATION, INC.				
			Nothing to Report		\$0
			Total:	9/30/2011	\$0
E.	BRISTOL HOSPITAL EMS, LLC.				
	,		Nothing to Report		\$0
			Total:	9/30/2011	\$0
			. Juan		Ψ
F.	BRISTOL HOSPITAL MULTISPECIALTY GROUP, INC				
			Nothing to Report		\$0
			Total:	9/30/2011	\$0
			. Stail	3,33,23.11	Ψ0
G.	BRISTOL MSO, LLC				
<del></del>			Nothing to Report		\$0
<u> </u>			rtotiling to report		ΦΟ

#### 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:	9/30/2011	\$0
	OCNITO AL CONNECTICUT ENDOCCODY OFNITED LLO				
Н.	CENTRAL CONNECTICUT ENDOSCOPY CENTER, LLC		Nothing to Report		\$0
-			Total:	9/30/2011	\$0
			. Ottaii	0,00,2011	<b>4</b> 0
I.	CONNECTICUT OCCUPATIONAL MEDICAL PARTNERS				
			Nothing to Report		\$0
			Total:	9/30/2011	\$0
	HEALTH CONNECTICUT				
J.	HEALTH CONNECTICUT		Nothing to Report		\$0
			Total:	9/30/2011	\$0 \$0
			7.513	0,00,2011	**
K.	MEDCONN COLLECTION AGENCY, LLC				
			Nothing to Report		\$0
			Total:	9/30/2011	\$0
	MEDWORKS, LLC				
L.	MEDWORKS, LLC		Nothing to Report		\$0
			Total:	9/30/2011	\$0
M.	TOTAL LAUNDRY COLLABORATIVE, LLC				
			Nothing to Report		\$0
			Total:	9/30/2011	\$0
			Ending Unconsolidated		
			Intercompany Balance	9/30/2011	\$9,416,795

REPORT 6A 12 OF 26 6/27/2012,3:54 PM

## **BRISTOL HOSPITAL**

## ANNUAL REPORTING FISCAL YEAR 2011 REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)		(3)	(4)
	AFFILIATE NAME &			
LINE	DESCRIPTION OF EXPENDITURE		AMOUNT	DATE
Α.	BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.			
0	Nothing to Report		\$0	
	Houring to Hoport	Total:	\$0	9/30/2011
В.	BRISTOL HEALTH CARE INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2011
	DDIOTOL LIEALTH OFFINIOSO INO			
<b>C</b> .	BRISTOL HEALTH SERVICES, INC.  Nothing to Report		\$0	
Ů	Nothing to Report	Total:	\$0	9/30/2011
			**	5,55,2511
D.	BRISTOL HOSPITAL DEVELOPMENT FOUNDATION, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2011
Ε.	BRISTOL HOSPITAL EMS, LLC.		40	
0	Nothing to Report	Total:	\$0 <b>\$0</b>	9/30/2011
		i Otai.	\$0	9/30/2011
F.	BRISTOL HOSPITAL MULTISPECIALTY GROUP, INC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2011
	BRISTOL MSO, LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2011
	CENTRAL CONNECTION ENDOSCORY CENTER 110			
<b>H.</b>	CENTRAL CONNECTICUT ENDOSCOPY CENTER, LLC  Nothing to Report		\$0	
Ů	rectaining to respon	Total:	\$0	9/30/2011
			**	
I.	CONNECTICUT OCCUPATIONAL MEDICAL PARTNERS			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2011
<b>J</b> .	HEALTH CONNECTICUT		0.0	
-	Nothing to Report	Total:	\$0 <b>\$0</b>	9/30/2011
		ı otalı	40	3/30/2011
K.	MEDCONN COLLECTION AGENCY, LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2011
_	MEDWORKS, LLC			
0	Nothing to Report	Tatala	\$0	
		Total:	\$0	9/30/2011
N#	TOTAL LAUNDRY COLLABORATIVE LLC			
<b>M.</b>	TOTAL LAUNDRY COLLABORATIVE, LLC  Nothing to Report		\$0	
Ė	Housing to Report	Total:	\$0	9/30/2011
			**	5,55,2611
		Grand Total:	\$0	9/30/2011

#### 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
_			
<b>A.</b>	BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.  Nothing to Report	\$0	O
	Total:	\$0	
В.	BRISTOL HEALTH CARE INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	BRISTOL HEALTH SERVICES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
_			
<b>D.</b>	BRISTOL HOSPITAL DEVELOPMENT FOUNDATION, INC.  Nothing to Report	\$0	0
0	Nothing to Keport  Total:	\$0	Ů
	Total.	Ψ0	
E.	BRISTOL HOSPITAL EMS, LLC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	BRISTOL HOSPITAL MULTISPECIALTY GROUP, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	BRISTOL MSO, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
<b>H.</b>	CENTRAL CONNECTICUT ENDOSCOPY CENTER, LLC  Nothing to Report	\$0	n
	Total:	\$0	o o
		***	
l.	CONNECTICUT OCCUPATIONAL MEDICAL PARTNERS		
0	Nothing to Report	\$0	0
	Total:	\$0	
	HEALTH CONNECTICUT		
0	Nothing to Report	\$0	0
	Total:	\$0	
K.	MEDCONN COLLECTION AGENCY, LLC		

REPORT 8 14 OF 26 6/27/2012,3:54 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
0	Nothing to Report	\$0	0
	Total:	\$0	
L.	MEDWORKS, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
M.	TOTAL LAUNDRY COLLABORATIVE, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

# BRISTOL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2011 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR INDIGENT CARE AND FREE BEDS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 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%
В.	Free Beds				
<del></del>		£4 004 500 00	£4 200 040 00	\$400 F40 00	400/
	Beginning Balance	\$1,261,506.00	\$1,390,048.00	\$128,542.00	
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$13,854.00	\$23,503.00	\$9,649.00	
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$114,688.00	(\$74,612.00)	(\$189,300.00)	-165%
	Ending Balance	\$1,390,048.00	\$1,338,939.00	(\$51,109.00)	-4%
5	Projected Interest Income	\$20,000.00	\$20,000.00	\$0.00	0%
C.	Other				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

REPORT 16 16 OF 26 6/27/2012, 3:54 PM

## REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR INDIGENT CARE AND FREE BEDS

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE

	BRISTOL HOSPITAL						
	ANNUAL REPORTING						
FISCAL YEAR 2011							
REPORT 17 -	HOSPITAL BED FUNDS HELD OR ADMINISTERS	D BY THE HOSPITAL					
A. Patient Activity							
(1)	(1) (2) (3)						
<u>Patient</u>	Name of Hospital Bed Fund (FULL NAME)	Amount					
1.Number of Applications for Hos	spital Bed Funds	0					
2. A. Number of Patients receiving	ng Hospital Bed Fund Grants	0					
2. B. The Actual Total Dollar Ame	ount provided to all patients from Hospital Bed F	\$0.00					
	Grand Total \$0.00						

	BRISTOL HOSPITAL						
	ANNUAL REPORTING						
	FISCAL YEAR 2011						
	REPORT 17 - HOSPITAI			Y THE HOSPITAL			
B. BI	ED FUND ACTIVITY						
(1)	(2)	(3)	(4)	(5)	(6)		
		FMV of Principal	Actual Earnings	Earnings	Earnings		
Line	Name of Hospital Bed Fund			Reinvested	Available		
(3)	Fair Market Value of the Principal of	each individual Hospi	tal Bed Fund, or the I	Principal attributable	to each		
				-			
(4)	Total Actual Earnings for each Hospi	tal Bed Fund or the E	arnings attributable t	o each Hospital Bed	Fund.		
(5)	Actual Dollar Amount of Earnings rei	nvested as Principal,	if any.				
(6)	(6) Actual Dollar Amount of Earnings available for Patient Care.						
	Meader Fund \$1,338,939.00 (\$40,751.00) \$0.00 \$10,358.00						
	Total Bed Funds: \$1,338,939.00 (\$40,751.00) \$0.00 \$10,358.00						

#### REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I.	GENERAL COLLECTION PROCESSES AND PROCEDURES	
А.	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	24% on Regular Accounts, 40% on Legal Accounts, 50% on Out of State Legal Accounts, 25% on Medicare Accounts, 14% on Compensation Accounts.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	8.10%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
	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 the accounts in common categories and will encompass accounts with patients last names beginning with the letter A through L totaling 50% of total dollars deemed delinquent in Hospital 1.
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.	25% on Regular Accounts, 40% on Legal Accounts, 50% on Out of State Legal Accounts, 25% on Medicare Accounts.

#### REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	10.37%
	Collection Agent	
1	Collection Agent Name	MedConn Collection Agency, LLC
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Related
	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 the accounts in common categories and will encompass accounts with patients last names beginning with the letters M through Z totaling 90% of dollars deemed delinquent in Hospital I and 100% of total dollars deemed delinquent in Hospital II.
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.	24% on Regular Accounts, 40% on Legal Accounts, 50% on Out of State Legal Accounts, 14% on Compensation Accounts.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	5.12%

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

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1	President & CEO	\$451,238	\$44,061	\$495,299
١.	i resident d ded	Ψ+31,230	Ψ44,001	Ψ+30,233
2.	Sr. Vice President, Chief Medical Officer	\$355,580	\$36,894	\$392,474
3.	Sr. Vice President, Patient Care Services & CNO	\$208,005	\$29,196	\$237,201
4.	Assistant Vice President, Information Services	\$164,610	\$32,539	\$197,149
5.	Assistant V.P., Human Resources & Support Svcs	\$168,961	\$26,931	\$195,892
6.	Controller	\$167,895	\$13,174	\$181,069
7.	Staff Psychiatrist	\$153,358	\$20,801	\$174,159
8.	Assistant Vice President, Chief Development Office	\$147,672	\$20,968	\$168,640
9.	Director, Clinical Operations	\$140,605	\$27,593	\$168,198
10.	Director, Diagnostic Imaging	\$137,350	\$30,756	\$168,106
	Grand Total:	\$2,095,274	\$282,913	\$2,378,187

## 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) <sup>C</sup>	FRINGE BENEFITS <sup>A</sup> (Directly or Indirectly) <sup>C</sup>	TOTAL
Λ	DDISTOL HOSDITAL & HEALTH CADE COOLID INC			
A .	BRISTOL HOSPITAL & HEALTH CARE GROUP, INC. 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
_	Tala by the mospital to Employees of the Emity Elsted Above	ΨΟ	ΨΟ	ΨΟ
В.	BRISTOL HEALTH 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
C .	BRISTOL HEALTH SERVICES, 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
_	Tala by the Hoophar to Employees of the Emity Eleted Above	Ψ.	Ψΰ	ΨΟ
D.	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
Ε.	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
	l l l l l l l l l l l l l l l l l l l		**	, .
F.	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
G.	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
Н.	CENTRAL CONNECTICUT ENDOSCOPY CENTER, LLC	•	T	
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
Ι.	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
	UE II TU ADAMETTOUT			
J.	HEALTH CONNECTICUT	<b>C</b> O	<b>CO</b>	<b>#</b> 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 \$0
	i aid by the Hospital to Employees of the Effitty Listed Above		φυ	φυ
Κ.	MEDCONN COLLECTION AGENCY, 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
L.	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 \$0
_	. als by the respirat to Employees of the Emity Elected /19076	Ψ~	Ψ.	Ψ0
М.	TOTAL LAUNDRY COLLABORATIVE, 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.

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

[	(1)	(2)	(3)	(4)	(5)
			SALARIES (Directly	FRINGE BENEFITS <sup>A</sup> (Directly or	
	LINE	DESCRIPTION	or Indirectly) <sup>C</sup>	Indirectly) <sup>C</sup>	TOTAL
ŀ			oacoy,		

## 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 2011
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	
1.	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

		HOSPITAL			
		REPORTING			
		YEAR 2011			
	REPORT 23 - CHARITY CARE AND REDUCED	COST SERVICES	PROVIDED BY	THE HOSPITAL	
743	(2)	(0)	44)	(5)	(0)
(1)	(2)	(3)	(4)	(5)	(6)
TA IF	DECORPTION	FY 2010	FY 2011	AMOUNT	%
INE	DESCRIPTION	<u>AMOUNT</u>	<u>AMOUNT</u>	DIFFERENCE	DIFFERENCE
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial St	atement Notes)			
1.	Number of Applicants	122	82	(40)	-33
2.	Number of Approved Applicants	113	79	(34)	-30
3.	Total Charges (A)	\$259,103	\$223,751	(\$35,352)	-14
<u>J.</u>	Average Charges	\$2,293	\$2,832	\$539	24
	Average onarges	<b>V</b> 2,200	¥=,00=	<b>400</b> 5	
4.	Ratio of Cost to Charges (RCC)	0.357001	0.357944	0.000943	0
	Total Cost	\$92,500	\$80,090	(\$12,410)	-13
	Average Cost	\$819	\$1,014	\$195	24
5.	Charity Care - Inpatient Charges	\$112,925	\$110,509	(\$2,416)	-2
6.	Charity Care - Outpatient Emergency Department Charges	39,134	37,015	(2,119)	-:
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	107,044	76,227	(30,817)	-2
	Total Charges (A)	\$259,103	\$223,751	(\$35,352)	-1-
0	Charity Care Number of Dations David	15	10	1	
8.	Charity Care - Number of Patient Days	15	16	1 (5)	7
9.	Charity Care - Number of Discharges	7 43	2	(5)	-7
10.	Charity Care - Number of Outpatient ED Visits	43	32	(11)	-2
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	130	62	(68)	-5:
11.	Visits)	130	02	(00)	-0,
4) The	e total amount must agree with the total amount listed in	the Hospital Audi	ited Financial St	atement Notes.	
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - Re	eport 17)			
		eport 17)			
1.	Number of Applicants	eport 17)	-	-	
1.		eport 17)	-	-	
1. 2.	Number of Applicants Number of Approved Applicants	-	-		
1.	Number of Applicants Number of Approved Applicants  Total Charges (B)	eport 17) \$0 \$0		- - \$0 <b>\$0</b>	
1.	Number of Applicants Number of Approved Applicants	\$0	\$0	\$0	
1. 2.	Number of Applicants Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)	\$0	\$0	\$0	
1. 2. 3.	Number of Applicants Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)  Total Cost	\$0 \$0	\$0 <b>\$0</b>	\$0 <b>\$0</b>	
1. 2. 3.	Number of Applicants Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)	\$0 \$0 \$0	\$0 <b>\$0</b> 0.357944	\$0 <b>\$0</b> 0.000943	
1. 2. 3.	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 0.357001 \$0 \$0	\$0 \$0 \$0 0.357944 \$0 \$0	\$0 \$0 0.000943 \$0 \$0	
1. 2. 3. 4.	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	\$0 \$0 \$0 0.357001 \$0 \$0	\$0 \$0 \$0 0.357944 \$0 \$0	\$0 \$0 0.000943 \$0 \$0	
1. 2. 3. 4.	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	0.357001 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 0.357944 \$0 \$0 \$0	\$0 \$0 0.000943 \$0 \$0 \$0	
1. 2. 3. 4.	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  Bed Funds - Outpatient Charges (Excludes ED Charges)	0.357001 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 0.357944 \$0 \$0 0 0	\$0 \$0 0.000943 \$0 \$0 \$0	
1. 2. 3. 4. 5. 6.	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	0.357001 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 0.357944 \$0 \$0 \$0	\$0 \$0 0.000943 \$0 \$0 \$0	
1. 2. 3. 4. 5. 6. 7.	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  Bed Funds - Outpatient Charges (Excludes ED Charges)  Total Charges (B)	\$0 \$0 \$0 0.357001 \$0 \$0 0 0	\$0 \$0 \$0 0.357944 \$0 \$0 0 0 \$0	\$0 \$0 0.000943 \$0 \$0 \$0 0 0	
1. 2. 3. 4. 5. 6. 7.	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 Bed Funds - Outpatient Charges (Excludes ED Charges)  Total Charges (B)  Bed Funds - Number of Patient Days	\$0 \$0 \$0 0.357001 \$0 \$0 0 0 0	\$0 \$0 \$0 0.357944 \$0 \$0 0 0 \$0	\$0 \$0 0.000943 \$0 \$0 0 0 \$0	
1. 2. 3. 4. 5. 6. 7. 8. 9.	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 Bed Funds - Outpatient Charges (Excludes ED Charges)  Total Charges (B)  Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	\$0 \$0 \$0 0.357001 \$0 \$0 0 0 0	\$0 \$0 \$0 0.357944 \$0 \$0 0 0 \$0	\$0 \$0 0.000943 \$0 \$0 0 0 \$0	
1. 2. 3. 4. 5. 6. 7.	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 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 0.357001 \$0 \$0 0 0 0	\$0 \$0 \$0 0.357944 \$0 \$0 0 0 \$0	\$0 \$0 0.000943 \$0 \$0 0 0 \$0	
1. 2. 3. 4. 5. 6. 7.	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 Bed Funds - Outpatient Charges (Excludes ED Charges)  Total Charges (B)  Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	\$0 \$0 \$0 0.357001 \$0 \$0 0 0 0	\$0 \$0 \$0 0.357944 \$0 \$0 0 0 \$0	\$0 \$0 0.000943 \$0 \$0 0 0 \$0	