

**GRIFFIN HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP  
AND CORPORATION RELATED TO THE HOSPITAL**

| (1)                      | (2)                             | (3)   |
|--------------------------|---------------------------------|---|
| LINE                     | DESCRIPTION                     | AFFILIATE INFORMATION   |
| <b>A. AFFILIATE NAME</b> |                                 |   |
|                          |                                 | <b>GRIFFIN HEALTH SERVICES CORPORATION</b>  |
| 1                        | Affiliate Description           | PARENT COMPANY  |
| 2                        | Affiliate type of service       | Parent Corporation  |
| 3                        | Tax Status                      | Not for Profit  |
| 4                        | Street Address                  | 130 DIVISION ST   |
| 5                        | Town                            | Derby   |
| 6                        | State                           | Connecticut   |
| 7                        | Zip Code                        | 06418 -   |
| 8                        | CEO Name                        | PATRICK CHARMEL   |
| 9                        | CEO Title                       | PRESIDENT, CHIEF EXECUTIVE OFFICER  |
| 10                       | CT Agent Name                   | PATRICK CHARMEL   |
| 11                       | CT Agent Company                | Griffin Health Services Corp.   |
| 12                       | CT Agent Company Street Address | 130 DIVISION ST,  |
| 13                       | CT Agent Town                   | Derby   |
| 14                       | CT Agent State                  | Connecticut   |
| 15                       | CT Agent Zip Code               | 06418 -   |
| <b>B. AFFILIATE NAME</b> |                                 |   |
|                          |                                 | <b>G.H. VENTURES, INC.</b>  |
| 1                        | Affiliate Description           | FOR PROFIT ENTITY CARRIES OUT BIO MED, HOME CARE, SOUTHFORD MEDICAL CENTER, FAMILY HEALTHCARE AND OTHER HEALTH RELATED FUNCTIONS.                   |
| 2                        | Affiliate type of service       | Real Estate   |
| 3                        | Tax Status                      | For Profit  |
| 4                        | Street Address                  | 130 DIVISION ST   |
| 5                        | Town                            | Derby   |
| 6                        | State                           | Connecticut   |
| 7                        | Zip Code                        | 06418 -   |
| 8                        | CEO Name                        | PATRICK CHARMEL   |
| 9                        | CEO Title                       | PRESIDENT, CHIEF EXECUTIVE OFFICER  |
| 10                       | CT Agent Name                   | PATRICK CHARMEL   |
| 11                       | CT Agent Company                | G.H Ventures, Inc   |
| 12                       | CT Agent Company Street Address | 130 DIVISION ST   |
| 13                       | CT Agent Town                   | Derby   |
| 14                       | CT Agent State                  | Connecticut   |
| 15                       | CT Agent Zip Code               | 06418 -   |
| <b>C. AFFILIATE NAME</b> |                                 |   |
|                          |                                 | <b>GRIFFIN FACULTY PRACTICE PLAN</b>  |
| 1                        | Affiliate Description           | A NOT-FOR-PROFIT ENTITY FOR THE PURPOSE OF PROVIDING MEDICAL SERVICES AND TO CHARGE FOR SERVICES PERFORMED BY PHYSICIANS AS SUPERVISORS OF INTERNS. |
| 2                        | Affiliate type of service       | Physicians Services   |
| 3                        | Tax Status                      | Not for Profit  |
| 4                        | Street Address                  | 130 DIVISION ST   |
| 5                        | Town                            | Derby   |
| 6                        | State                           | Connecticut   |
| 7                        | Zip Code                        | 06418 -   |
| 8                        | CEO Name                        | PATRICK CHARMEL   |
| 9                        | CEO Title                       | CEO   |
| 10                       | CT Agent Name                   | PATRICK CHARMEL   |
| 11                       | CT Agent Company                | Griffin Faculty Practice Plan   |
| 12                       | CT Agent Company Street Address | 130 DIVISION ST,  |
| 13                       | CT Agent Town                   | Derby   |
| 14                       | CT Agent State                  | Connecticut   |
| 15                       | CT Agent Zip Code               | 06418 -   |
| <b>D. AFFILIATE NAME</b> |                                 |   |
|                          |                                 | <b>GRIFFIN HOSPITAL</b>   |

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| (1)                      | (2)                             | (3)  |
|--------------------------|---------------------------------|--|
| LINE                     | DESCRIPTION                     | AFFILIATE INFORMATION  |
| 1                        | Affiliate Description           | ACUTE CARE HOSPITAL TO PROVIDE ACUTE CARE SERVICES TO OUR COMMUNITIES WE SERVE.  |
| 2                        | Affiliate type of service       | Hospital   |
| 3                        | Tax Status                      | Not for Profit   |
| 4                        | Street Address                  | 130 DIVISION ST  |
| 5                        | Town                            | Derby  |
| 6                        | State                           | Connecticut  |
| 7                        | Zip Code                        | 06418 -  |
| 8                        | CEO Name                        | PATRICK CHARMEL  |
| 9                        | CEO Title                       | CHIEF EXECUTIVE OFFICER  |
| 10                       | CT Agent Name                   | PATRICK CHARMEL  |
| 11                       | CT Agent Company                | Griffin Hospital   |
| 12                       | CT Agent Company Street Address | 130 DIVISION ST  |
| 13                       | CT Agent Town                   | Derby  |
| 14                       | CT Agent State                  | Connecticut  |
| 15                       | CT Agent Zip Code               | 06418 -  |
| <b>E. AFFILIATE NAME</b> |                                 |  |
| <b>AFFILIATE NAME</b>    |                                 | <b>GRIFFIN HOSPITAL DEVELOPMENT FUND</b>   |
| 1                        | Affiliate Description           | FUND RAISING ORGANIZATION FOR THE GRIFFIN HEALTH SERVICES.   |
| 2                        | Affiliate type of service       | Fund Raising/Management  |
| 3                        | Tax Status                      | Not for Profit   |
| 4                        | Street Address                  | 130 DIVISION ST  |
| 5                        | Town                            | Derby  |
| 6                        | State                           | Connecticut  |
| 7                        | Zip Code                        | 06418 -  |
| 8                        | CEO Name                        | PATRICK CHARMEL  |
| 9                        | CEO Title                       | PRESIDENT, CHIEF EXECUTIVE OFFICER   |
| 10                       | CT Agent Name                   | PATRICK CHARMEL  |
| 11                       | CT Agent Company                | Griffin Hospital Development Fund  |
| 12                       | CT Agent Company Street Address | 130 DIVISION ST  |
| 13                       | CT Agent Town                   | Derby  |
| 14                       | CT Agent State                  | Connecticut  |
| 15                       | CT Agent Zip Code               | 06418 -  |
| <b>F. AFFILIATE NAME</b> |                                 |  |
| <b>AFFILIATE NAME</b>    |                                 | <b>GRIFFIN PHARMACY &amp; GIFT SHOP</b>  |
| 1                        | Affiliate Description           | SELLING PHARMACEUTICALS AND GIFTS  |
| 2                        | Affiliate type of service       | Pharmacy   |
| 3                        | Tax Status                      | Not for Profit   |
| 4                        | Street Address                  | 130 DIVISION ST  |
| 5                        | Town                            | Derby  |
| 6                        | State                           | Connecticut  |
| 7                        | Zip Code                        | 06418 -  |
| 8                        | CEO Name                        | PATRICK CHARMEL  |
| 9                        | CEO Title                       | CEO  |
| 10                       | CT Agent Name                   | PATRICK CHARMEL  |
| 11                       | CT Agent Company                | Griffin Pharmacy & Gift Shop   |
| 12                       | CT Agent Company Street Address | 130 DIVISION ST,   |
| 13                       | CT Agent Town                   | Derby  |
| 14                       | CT Agent State                  | Connecticut  |
| 15                       | CT Agent Zip Code               | 06418 -  |
| <b>G. AFFILIATE NAME</b> |                                 |  |
| <b>AFFILIATE NAME</b>    |                                 | <b>HEALTHCARE ALLIANCE INSURANCE COMPANY LTD</b>   |
| 1                        | Affiliate Description           | A FOR-PROFIT OFF-SHORE CAPTIVE INSURANCE COMPANY WHICH PROVIDES CERTAIN INSURANCE COVERAGE TO GHSC AND ITS SUBSIDIARIES. |
| 2                        | Affiliate type of service       | Insurance  |
| 3                        | Tax Status                      | For Profit   |
| 4                        | Street Address                  | 130 DIVISION ST  |
| 5                        | Town                            | Derby  |
| 6                        | State                           | Connecticut  |

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| (1)                      | (2)                             | (3)   |
|--------------------------|---------------------------------|---|
| LINE                     | DESCRIPTION                     | AFFILIATE INFORMATION   |
| 7                        | Zip Code                        | 06418 -   |
| 8                        | CEO Name                        | PATRICK CHARMELE  |
| 9                        | CEO Title                       | PRESIDENT, CHIEF EXECUTIVE OFFICER  |
| 10                       | CT Agent Name                   | PATRICK CHARMELE  |
| 11                       | CT Agent Company                | Healthcare Alliance Insurance Co LTD  |
| 12                       | CT Agent Company Street Address | 130 DIVISION ST   |
| 13                       | CT Agent Town                   | Derby   |
| 14                       | CT Agent State                  | Connecticut   |
| 15                       | CT Agent Zip Code               | 06418 -   |
| <b>H. AFFILIATE NAME</b> |                                 |   |
|                          | <b>AFFILIATE NAME</b>           | <b>NUVAL, LLC</b>   |
| 1                        | Affiliate Description           | For profit limited liability company owned by Griffin Hospital Ventures, INC and TN Ventures, LLC for the purpose of pursuing commercial opportunities associated with the Overall Nutritional Quality Index. |
| 2                        | Affiliate type of service       | For Profit Services (Specify)   |
| 3                        | Tax Status                      | For Profit  |
| 4                        | Street Address                  | 1 Rex Drive   |
| 5                        | Town                            | Braintree   |
| 6                        | State                           | Massachusetts   |
| 7                        | Zip Code                        | 02184 -   |
| 8                        | CEO Name                        | Nancy Mcdermott   |
| 9                        | CEO Title                       | President   |
| 10                       | CT Agent Name                   | none designated   |
| 11                       | CT Agent Company                | none designated   |
| 12                       | CT Agent Company Street Address | 1 Rex Drive   |
| 13                       | CT Agent Town                   | Braintree   |
| 14                       | CT Agent State                  | Massachusetts   |
| 15                       | CT Agent Zip Code               | 02184 -   |
| <b>I. AFFILIATE NAME</b> |                                 |   |
|                          | <b>AFFILIATE NAME</b>           | <b>PLANETREE INC</b>  |
| 1                        | Affiliate Description           | PATIENT FOCUSED CARE PHILOSOPHY   |
| 2                        | Affiliate type of service       | Other HealthCare Svcs(Specify)  |
| 3                        | Tax Status                      | Not for Profit  |
| 4                        | Street Address                  | 130 DIVISION ST   |
| 5                        | Town                            | Derby   |
| 6                        | State                           | Connecticut   |
| 7                        | Zip Code                        | 06418 -   |
| 8                        | CEO Name                        | PATRICK CHARMELE  |
| 9                        | CEO Title                       | PRESIDENT, CHIEF EXECUTIVE OFFICER  |
| 10                       | CT Agent Name                   | PATRICK CHARMELE  |
| 11                       | CT Agent Company                | Planetree   |
| 12                       | CT Agent Company Street Address | 130 DIVISION ST   |
| 13                       | CT Agent Town                   | Derby   |
| 14                       | CT Agent State                  | Connecticut   |
| 15                       | CT Agent Zip Code               | 06418 -   |

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

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

| (1)   | (2)            | (3)                                | (4)                        |
|---|----------------|------------------------------------|----------------------------|
| LINE  | AFFILIATE NAME | FUND DESCRIPTION /<br>FUND PURPOSE | BALANCE AS OF<br>9/30/2012 |
| <b>A. GRIFFIN HOSPITAL</b>                    |                |                                    |                            |
| 1   |                | Unrestricted                       | (\$38,049,002)             |
| 2   |                | Temporarily Restricted by Donor    | \$2,203,003                |
| 3   |                | Temporarily Restricted by Board    | \$0                        |
| 4   |                | Permanently Restricted by Donor    | \$5,810,354                |
| 5   |                | Intercompany Eliminations          | (\$5,952,786)              |
|   |                | <b>Total:</b>                      | <b>(\$35,988,431)</b>      |
| <b>B. GRIFFIN HEALTH SERVICES CORPORATION</b> |                |                                    |                            |
| 1   |                | Unrestricted                       | \$4,422,340                |
| 2   |                | Temporarily Restricted by Donor    | \$0                        |
| 3   |                | Temporarily Restricted by Board    | \$0                        |
| 4   |                | Permanently Restricted by Donor    | \$0                        |
| 5   |                | Intercompany Eliminations          | \$0                        |
|   |                | <b>Total:</b>                      | <b>\$4,422,340</b>         |
| <b>C. G.H. VENTURES, INC.</b>                 |                |                                    |                            |
| 1   |                | Unrestricted                       | (\$3,996,871)              |
| 2   |                | Temporarily Restricted by Donor    | \$0                        |
| 3   |                | Temporarily Restricted by Board    | \$0                        |
| 4   |                | Permanently Restricted by Donor    | \$0                        |
| 5   |                | Intercompany Eliminations          | \$0                        |
|   |                | <b>Total:</b>                      | <b>(\$3,996,871)</b>       |
| <b>D. GRIFFIN FACULTY PRACTICE PLAN</b>       |                |                                    |                            |
| 1   |                | Unrestricted                       | \$611,099                  |
| 2   |                | Temporarily Restricted by Donor    | \$0                        |
| 3   |                | Temporarily Restricted by Board    | \$0                        |
| 4   |                | Permanently Restricted by Donor    | \$0                        |
| 5   |                | Intercompany Eliminations          | \$0                        |
|   |                | <b>Total:</b>                      | <b>\$611,099</b>           |
| <b>E. GRIFFIN HOSPITAL</b>                    |                |                                    |                            |
| 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                        |
|   |                | <b>Total:</b>                      | <b>\$0</b>                 |
| <b>F. GRIFFIN HOSPITAL DEVELOPMENT FUND</b>   |                |                                    |                            |
| 1   |                | Unrestricted                       | \$2,737,657                |
| 2   |                | Temporarily Restricted by Donor    | \$1,472,513                |
| 3   |                | Temporarily Restricted by Board    | \$0                        |
| 4   |                | Permanently Restricted by Donor    | \$1,742,616                |
| 5   |                | Intercompany Eliminations          | \$0                        |
|   |                | <b>Total:</b>                      | <b>\$5,952,786</b>         |
| <b>G. GRIFFIN PHARMACY &amp; GIFT SHOP</b>    |                |                                    |                            |
| 1   |                | Unrestricted                       | \$0                        |
| 2   |                | Temporarily Restricted by Donor    | (\$909,309)                |
| 3   |                | Temporarily Restricted by Board    | \$0                        |
| 4   |                | Permanently Restricted by Donor    | \$0                        |
| 5   |                | Intercompany Eliminations          | \$0                        |
|   |                | <b>Total:</b>                      | <b>(\$909,309)</b>         |

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

| (1)  | (2)   | (3)                                | (4)                        |
|------|---|------------------------------------|----------------------------|
| LINE | AFFILIATE NAME  | FUND DESCRIPTION /<br>FUND PURPOSE | BALANCE AS OF<br>9/30/2012 |
|      | <b>H. HEALTHCARE ALLIANCE INSURANCE COMPANY LTD</b>               |                                    |                            |
| 1    |   | Unrestricted                       | \$2,034,435                |
| 2    |   | Temporarily Restricted by Donor    | \$0                        |
| 3    |   | Temporarily Restricted by Board    | \$0                        |
| 4    |   | Permanently Restricted by Donor    | \$0                        |
| 5    |   | Intercompany Eliminations          | \$1,520,178                |
|      |   | <b>Total:</b>                      | <b>\$3,554,613</b>         |
|      | <b>I. NUVAL, LLC</b>  |                                    |                            |
| 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                        |
|      |   | <b>Total:</b>                      | <b>\$0</b>                 |
|      | <b>J. PLANETREE INC</b>   |                                    |                            |
| 1    |   | Unrestricted                       | \$157,680                  |
| 2    |   | Temporarily Restricted by Donor    | \$51,822                   |
| 3    |   | Temporarily Restricted by Board    | \$0                        |
| 4    |   | Permanently Restricted by Donor    | \$0                        |
| 5    |   | Intercompany Eliminations          | \$0                        |
|      |   | <b>Total:</b>                      | <b>\$209,502</b>           |
|      | <b>Total of all Affiliates (before Intercompany Eliminations)</b> | <b>Fund Balance:</b>               | <b>(\$21,711,663)</b>      |
|      | <b>Intercompany Eliminations</b>                                  |                                    | <b>(\$4,432,608)</b>       |
|      | <b>Total of all Affiliates</b>                                    | <b>Fund Balance:</b>               | <b>(\$26,144,271)</b>      |

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

| (1)       | (2)  | (3)   | (4)              | (5)                         |
|-----------|--|---|------------------|-----------------------------|
| LINE      | AFFILIATE NAME                                   | DESCRIPTION OF TRANSFER                               | DATE             | TRANSFER TO / FROM HOSPITAL |
| <b>A.</b> | <b>GRIFFIN HEALTH SERVICES CORPORATION</b>       |   |                  |                             |
|           |  | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2011</b> | <b>\$0</b>                  |
|           |  | Nothing to Report                                     |                  | \$0                         |
|           |  | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2012</b> | <b>\$0</b>                  |
| <b>B.</b> | <b>G.H. VENTURES, INC.</b>                       |   |                  |                             |
|           |  | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2011</b> | <b>\$1,159,661</b>          |
| 1         |  | 401K  | 09/30/2012       | \$383,280                   |
|           |  | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2012</b> | <b>\$1,542,941</b>          |
| <b>C.</b> | <b>GRIFFIN FACULTY PRACTICE PLAN</b>             |   |                  |                             |
|           |  | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2011</b> | <b>\$0</b>                  |
|           |  | Nothing to Report                                     |                  | \$0                         |
|           |  | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2012</b> | <b>\$0</b>                  |
| <b>D.</b> | <b>GRIFFIN HOSPITAL</b>                          |   |                  |                             |
|           |  | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2011</b> | <b>\$0</b>                  |
|           |  | Nothing to Report                                     |                  | \$0                         |
|           |  | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2012</b> | <b>\$0</b>                  |
| <b>E.</b> | <b>GRIFFIN HOSPITAL DEVELOPMENT FUND</b>         |   |                  |                             |
|           |  | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2011</b> | <b>\$0</b>                  |
| 1         |  | 401K  | 09/30/2012       | (\$196,466)                 |
|           |  | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2012</b> | <b>(\$196,466)</b>          |
| <b>F.</b> | <b>GRIFFIN PHARMACY &amp; GIFT SHOP</b>          |   |                  |                             |
|           |  | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2011</b> | <b>(\$61,988)</b>           |
| 1         |  | 401K  | 09/30/2012       | \$387,977                   |
|           |  | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2012</b> | <b>\$325,989</b>            |
| <b>G.</b> | <b>HEALTHCARE ALLIANCE INSURANCE COMPANY LTD</b> |   |                  |                             |
|           |  | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2011</b> | <b>\$4,252,041</b>          |
| 1         |  | 401K  | 09/30/2012       | \$1,211,848                 |
|           |  | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2012</b> | <b>\$5,463,889</b>          |
| <b>H.</b> | <b>NUVAL, LLC</b>                                |   |                  |                             |
|           |  | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2011</b> | <b>\$0</b>                  |

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

| (1)       | (2)                  | (3)   | (4)                 | (5)                            |
|-----------|----------------------|---|---------------------|--------------------------------|
| LINE      | AFFILIATE NAME       | DESCRIPTION OF TRANSFER                               | DATE                | TRANSFER TO / FROM<br>HOSPITAL |
|           |                      | Nothing to Report                                     |                     | \$0                            |
|           |                      | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2012</b>    | <b>\$0</b>                     |
| <b>I.</b> | <b>PLANETREE INC</b> |   |                     |                                |
|           |                      | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2011</b>    | <b>(\$5,633)</b>               |
| 1         |                      | 401K  | 09/30/2012          | \$650,329                      |
|           |                      | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2012</b>    | <b>\$644,696</b>               |
|           |                      |   |                     |                                |
|           |                      |   | <b>Grand Total:</b> | <b>\$7,781,049</b>             |

GRIFFIN 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 | 10/01/2011 | \$0    |
| <b>A.</b> | <b>GRIFFIN HEALTH SERVICES CORPORATION</b>       |                           |   |            |        |
|           |  |                           | Nothing to Report                             |            | \$0    |
|           |  |                           | Total:  | 9/30/2012  | \$0    |
| <b>B.</b> | <b>G.H. VENTURES, INC.</b>                       |                           |   |            |        |
|           |  |                           | Nothing to Report                             |            | \$0    |
|           |  |                           | Total:  | 9/30/2012  | \$0    |
| <b>C.</b> | <b>GRIFFIN FACULTY PRACTICE PLAN</b>             |                           |   |            |        |
|           |  |                           | Nothing to Report                             |            | \$0    |
|           |  |                           | Total:  | 9/30/2012  | \$0    |
| <b>D.</b> | <b>GRIFFIN HOSPITAL</b>                          |                           |   |            |        |
|           |  |                           | Nothing to Report                             |            | \$0    |
|           |  |                           | Total:  | 9/30/2012  | \$0    |
| <b>E.</b> | <b>GRIFFIN HOSPITAL DEVELOPMENT FUND</b>         |                           |   |            |        |
|           |  |                           | Nothing to Report                             |            | \$0    |
|           |  |                           | Total:  | 9/30/2012  | \$0    |
| <b>F.</b> | <b>GRIFFIN PHARMACY &amp; GIFT SHOP</b>          |                           |   |            |        |
|           |  |                           | Nothing to Report                             |            | \$0    |
|           |  |                           | Total:  | 9/30/2012  | \$0    |
| <b>G.</b> | <b>HEALTHCARE ALLIANCE INSURANCE COMPANY LTD</b> |                           |   |            |        |
|           |  |                           | Nothing to Report                             |            | \$0    |
|           |  |                           | Total:  | 9/30/2012  | \$0    |
| <b>H.</b> | <b>NUVAL, LLC</b>                                |                           |   |            |        |
|           |  |                           | Nothing to Report                             |            | \$0    |
|           |  |                           | Total:  | 9/30/2012  | \$0    |
| <b>I.</b> | <b>PLANETREE INC</b>                             |                           |   |            |        |
|           |  |                           | Nothing to Report                             |            | \$0    |
|           |  |                           | Total:  | 9/30/2012  | \$0    |



GRIFFIN 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 |
|      |                              |                           |  |           |        |
|      |                              |                           | Ending Unconsolidated Intercompany Balance | 9/30/2012 | \$0    |

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

| (1)<br>LINE   | (2)<br>AFFILIATE NAME &<br>DESCRIPTION OF EXPENDITURE | (3)<br>AMOUNT | (4)<br>DATE      |
|---|---|---------------|------------------|
| <b>A. GRIFFIN HEALTH SERVICES CORPORATION</b>       |   |               |                  |
| 0   | Nothing to Report                                     | \$0           |                  |
|   | <b>Total:</b>   | <b>\$0</b>    | <b>9/30/2012</b> |
| <b>B. G.H. VENTURES, INC.</b>                       |   |               |                  |
| 0   | Nothing to Report                                     | \$0           |                  |
|   | <b>Total:</b>   | <b>\$0</b>    | <b>9/30/2012</b> |
| <b>C. GRIFFIN FACULTY PRACTICE PLAN</b>             |   |               |                  |
| 0   | Nothing to Report                                     | \$0           |                  |
|   | <b>Total:</b>   | <b>\$0</b>    | <b>9/30/2012</b> |
| <b>D. GRIFFIN HOSPITAL</b>                          |   |               |                  |
| 0   | Nothing to Report                                     | \$0           |                  |
|   | <b>Total:</b>   | <b>\$0</b>    | <b>9/30/2012</b> |
| <b>E. GRIFFIN HOSPITAL DEVELOPMENT FUND</b>         |   |               |                  |
| 0   | Nothing to Report                                     | \$0           |                  |
|   | <b>Total:</b>   | <b>\$0</b>    | <b>9/30/2012</b> |
| <b>F. GRIFFIN PHARMACY &amp; GIFT SHOP</b>          |   |               |                  |
| 0   | Nothing to Report                                     | \$0           |                  |
|   | <b>Total:</b>   | <b>\$0</b>    | <b>9/30/2012</b> |
| <b>G. HEALTHCARE ALLIANCE INSURANCE COMPANY LTD</b> |   |               |                  |
| 0   | Nothing to Report                                     | \$0           |                  |
|   | <b>Total:</b>   | <b>\$0</b>    | <b>9/30/2012</b> |
| <b>H. NUVAL, LLC</b>                                |   |               |                  |
| 0   | Nothing to Report                                     | \$0           |                  |
|   | <b>Total:</b>   | <b>\$0</b>    | <b>9/30/2012</b> |
| <b>I. PLANETREE INC</b>                             |   |               |                  |
| 0   | Nothing to Report                                     | \$0           |                  |
|   | <b>Total:</b>   | <b>\$0</b>    | <b>9/30/2012</b> |
|   | <b>Grand Total:</b>                                   | <b>\$0</b>    | <b>9/30/2012</b> |

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

| (1)   | (2)  | (3)        | (4)           |
|---|--|------------|---------------|
| LINE  | AFFILIATE NAME &<br>DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT | AMOUNT     | TERM IN YEARS |
| <b>A. GRIFFIN HEALTH SERVICES CORPORATION</b>       |  |            |               |
| 0   | Nothing to Report  | \$0        | 0             |
|   | <b>Total:</b>  | <b>\$0</b> |               |
| <b>B. G.H. VENTURES, INC.</b>                       |  |            |               |
| 0   | Nothing to Report  | \$0        | 0             |
|   | <b>Total:</b>  | <b>\$0</b> |               |
| <b>C. GRIFFIN FACULTY PRACTICE PLAN</b>             |  |            |               |
| 0   | Nothing to Report  | \$0        | 0             |
|   | <b>Total:</b>  | <b>\$0</b> |               |
| <b>D. GRIFFIN HOSPITAL</b>                          |  |            |               |
| 0   | Nothing to Report  | \$0        | 0             |
|   | <b>Total:</b>  | <b>\$0</b> |               |
| <b>E. GRIFFIN HOSPITAL DEVELOPMENT FUND</b>         |  |            |               |
| 0   | Nothing to Report  | \$0        | 0             |
|   | <b>Total:</b>  | <b>\$0</b> |               |
| <b>F. GRIFFIN PHARMACY &amp; GIFT SHOP</b>          |  |            |               |
| 0   | Nothing to Report  | \$0        | 0             |
|   | <b>Total:</b>  | <b>\$0</b> |               |
| <b>G. HEALTHCARE ALLIANCE INSURANCE COMPANY LTD</b> |  |            |               |
| 0   | Nothing to Report  | \$0        | 0             |
|   | <b>Total:</b>  | <b>\$0</b> |               |
| <b>H. NUVAL, LLC</b>                                |  |            |               |
| 0   | Nothing to Report  | \$0        | 0             |
|   | <b>Total:</b>  | <b>\$0</b> |               |
| <b>I. PLANETREE INC</b>                             |  |            |               |
| 0   | Nothing to Report  | \$0        | 0             |
|   | <b>Total:</b>  | <b>\$0</b> |               |
|   | <b>Grand Total:</b>  | <b>\$0</b> |               |

**GRIFFIN 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 2011<br>ACTUAL   | FY 2012<br>ACTUAL   | AMOUNT<br>DIFFERENCE | % DIFFERENCE |
| <b>A. Indigent Care</b> |                             |                     |                     |                      |              |
|                         | <b>Beginning Balance</b>    | <b>\$0.00</b>       | <b>\$0.00</b>       | <b>\$0.00</b>        | <b>0%</b>    |
| 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%           |
|                         | <b>Ending Balance</b>       | <b>\$0.00</b>       | <b>\$0.00</b>       | <b>\$0.00</b>        | <b>0%</b>    |
| 5                       | Projected Interest Income   | \$0.00              | \$0.00              | \$0.00               | 0%           |
| <b>B. Free Beds</b>     |                             |                     |                     |                      |              |
|                         | <b>Beginning Balance</b>    | <b>\$239,494.00</b> | <b>\$230,819.48</b> | <b>(\$8,674.52)</b>  | <b>-4%</b>   |
| 1                       | Donations                   | \$0.00              | \$0.00              | \$0.00               | 0%           |
| 2                       | Income                      | \$7,532.34          | \$10,769.00         | \$3,236.66           | 43%          |
| 3                       | Expenditures                | \$8,419.18          | \$28,443.00         | \$20,023.82          | 238%         |
| 4                       | Unrealized Gains and Losses | (\$7,787.68)        | \$18,411.00         | \$26,198.68          | -336%        |
|                         | <b>Ending Balance</b>       | <b>\$230,819.48</b> | <b>\$231,556.48</b> | <b>\$737.00</b>      | <b>0%</b>    |
| 5                       | Projected Interest Income   | \$2,500.00          | \$2,500.00          | \$0.00               | 0%           |
| <b>C. Other</b>         |                             |                     |                     |                      |              |
|                         | <b>Beginning Balance</b>    | <b>\$0.00</b>       | <b>\$0.00</b>       | <b>\$0.00</b>        | <b>0%</b>    |
| 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%           |
|                         | <b>Ending Balance</b>       | <b>\$0.00</b>       | <b>\$0.00</b>       | <b>\$0.00</b>        | <b>0%</b>    |
| 5                       | Projected Interest Income   | \$0.00              | \$0.00              | \$0.00               | 0%           |

| GRIFFIN HOSPITAL   |                                       |                    |
|--|---------------------------------------|--------------------|
| ANNUAL REPORTING   |                                       |                    |
| FISCAL YEAR 2012   |                                       |                    |
| REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL                      |                                       |                    |
| A. Patient Activity  |                                       |                    |
| (1)  | (2)                                   | (3)                |
| Patient  | Name of Hospital Bed Fund (FULL NAME) | Amount             |
| <b>1.Number of Applications for Hospital Bed Funds</b>                                   |                                       | <b>5</b>           |
| <b>2. A. Number of Patients receiving Hospital Bed Fund Grants</b>                       |                                       | <b>5</b>           |
| <b>2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F</b> |                                       | <b>\$28,443.00</b> |
| 1  | pine trust                            | \$1,756.00         |
| 2  | pine trust                            | \$4,629.00         |
| 3  | pine trust                            | \$13,586.00        |
| 4  | pine trust                            | \$7,818.00         |
| 5  | pine trust                            | \$654.00           |
| <b>Grand Total</b>   |                                       | <b>\$28,443.00</b> |
|  |                                       |                    |
|  |                                       |                    |

| GRIFFIN HOSPITAL  |  |                     |                    |                     |                     |
|---|--|---------------------|--------------------|---------------------|---------------------|
| ANNUAL REPORTING  |  |                     |                    |                     |                     |
| FISCAL YEAR 2012  |  |                     |                    |                     |                     |
| REPORT 17 - 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 |                     |                    |                     |                     |
| (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.   |                     |                    |                     |                     |
|   | pine trust   | \$91,607.00         | \$20,655.00        | \$0.00              | \$97,015.00         |
|   | eno fund   | \$56,739.00         | \$8,524.00         | \$0.00              | \$21,103.00         |
|   | <b>Total Bed Funds :</b>   | <b>\$148,346.00</b> | <b>\$29,179.00</b> | <b>\$0.00</b>       | <b>\$118,118.00</b> |

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

| (1)   | (2)   | (3)   |
|---|---|---|
| LINE  | DESCRIPTION   | COLLECTION INFORMATION  |
| <b>I. GENERAL COLLECTION PROCESSES AND PROCEDURES</b> |   |   |
| A.  | Hospital's processes and policies for assigning a debt to a Collection Agent  | After the third attempt to collect on a self pay account, If no payment is made the account will be referred to an outside collection agency. The data mailer includes all free care and uninsured information which is made available at Griffin Hospital. |
| B.  | Hospital's processes and policies for compensating a Collection Agent for services rendered   | currently have two active outside collection agencies. The contracts stipulate agency fees. The compensation paid are expensed to a collection fee line item.   |
| C.  | Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents   | 9.00%   |
| <b>II. SPECIFIC COLLECTION AGENT INFORMATION</b>      |   |   |
| <b>Collection Agent</b>                               |   |   |
| 1   | Collection Agent Name   | Connecticut Credit  |
| 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. | After the third attempt to collect on a self pay account, If no payment is made the account will be referred to an outside collection agency. The data mailer includes all free care and uninsured information which is made available at Griffin Hospital. |
| 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.        | currently have two active outside collection agencies. The contracts stipulate agency fees. The compensation paid are expensed to a collection fee line item.   |

**GRIFFIN HOSPITAL  
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**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.   | 9.00%   |
|      | <b>Collection Agent</b>   |   |
| 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. | After the third attempt to collect on a self pay account, If no payment is made the account will be referred to an outside collection agency. The data mailer includes all free care and uninsured information which is made available at Griffin Hospital. |
| 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.        | currently have two active outside collection agencies. The contracts stipulate agency fees. The compensation paid are expensed to a collection fee line item.   |
| 6    | Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.   | 9.00%   |



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

| <b>LINE</b> | <b>POSITION TITLE</b>             | <b>SALARY</b>      | <b>FRINGE BENEFITS</b> | <b>TOTAL</b>       |
|-------------|-----------------------------------|--------------------|------------------------|--------------------|
| 1.          | CHIEF EXECUTIVE OFFICER           | \$492,387          | \$66,156               | \$558,543          |
| 2.          | CHIEF, PSYCHIATRIC PHYSICIAN      | \$290,606          | \$23,813               | \$314,419          |
| 3.          | DIRECTOR, PREVENTATIVE MEDICINE   | \$279,795          | \$28,762               | \$308,557          |
| 4.          | PSYCHIATRIC PHYSICIAN             | \$227,512          | \$76,047               | \$303,559          |
| 5.          | CHIEF, PULMONARY PHYSICIAN        | \$232,023          | \$47,152               | \$279,175          |
| 6.          | CHIEF MEDICAL DIRECTOR            | \$202,330          | \$68,698               | \$271,028          |
| 7.          | VICE PRESIDENT ANCILLARY SERVICES | \$216,399          | \$39,481               | \$255,880          |
| 8.          | VICE PRESIDENT COMMUNICATION      | \$194,008          | \$49,995               | \$244,003          |
| 9.          | VICE PRESIDENT, NURSING           | \$182,454          | \$48,863               | \$231,317          |
| 10.         | PSYCHIATRIC PHYSICIAN             | \$203,502          | \$22,119               | \$225,621          |
|             | <b>Grand Total:</b>               | <b>\$2,521,016</b> | <b>\$471,086</b>       | <b>\$2,992,102</b> |

**GRIFFIN 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) <sup>C</sup> | FRINGE BENEFITS <sup>A</sup> (Directly or Indirectly) <sup>C</sup> | TOTAL |
| <b>A . GRIFFIN HEALTH SERVICES CORPORATION</b>       |  |  |  |       |
| 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>B . G.H. VENTURES, INC.</b>                       |  |  |  |       |
| 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>C . GRIFFIN FACULTY PRACTICE PLAN</b>             |  |  |  |       |
| 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>D . GRIFFIN HOSPITAL</b>                          |  |  |  |       |
| 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>E . GRIFFIN HOSPITAL DEVELOPMENT FUND</b>         |  |  |  |       |
| 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>F . GRIFFIN PHARMACY &amp; GIFT SHOP</b>          |  |  |  |       |
| 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>G . HEALTHCARE ALLIANCE INSURANCE COMPANY LTD</b> |  |  |  |       |
| 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>H . NUVAL, LLC</b>                                |  |  |  |       |
| 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>I . PLANETREE INC</b>                             |  |  |  |       |
| 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.

**GRIFFIN HOSPITAL  
ANNUAL REPORTING  
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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 2012 |
| <b>A</b> | <b>Transfer of Assets or Operations</b>  |                |
| 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. | 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.  | 01/01/2012     |
| 5.       | Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.   | \$0            |

| GRIFFIN HOSPITAL   |   |                    |                    |                    |             |
|--|---|--------------------|--------------------|--------------------|-------------|
| ANNUAL REPORTING   |   |                    |                    |                    |             |
| FISCAL YEAR 2012   |   |                    |                    |                    |             |
| REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL  |   |                    |                    |                    |             |
| (1)  | (2)   | (3)                | (4)                | (5)                | (6)         |
|  |   | FY 2011            | FY 2012            | AMOUNT             | %           |
| LINE   | DESCRIPTION   | AMOUNT             | AMOUNT             | DIFFERENCE         | DIFFERENCE  |
| <b>A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)</b>                                       |   |                    |                    |                    |             |
| 1.   | Number of Applicants  | 382                | 275                | (107)              | -28%        |
| 2.   | Number of Approved Applicants                                   | 328                | 207                | (121)              | -37%        |
| 3.   | Total Charges (A)   | \$7,580,152        | \$6,785,012        | (\$795,140)        | -10%        |
|  | <b>Average Charges</b>  | <b>\$23,110</b>    | <b>\$32,778</b>    | <b>\$9,668</b>     | <b>42%</b>  |
| 4.   | Ratio of Cost to Charges (RCC)                                  | 0.312949           | 0.316892           | 0.003943           | 1%          |
|  | <b>Total Cost</b>   | <b>\$2,372,201</b> | <b>\$2,150,116</b> | <b>(\$222,085)</b> | <b>-9%</b>  |
|  | <b>Average Cost</b>   | <b>\$7,232</b>     | <b>\$10,387</b>    | <b>\$3,155</b>     | <b>44%</b>  |
| 5.   | Charity Care - Inpatient Charges                                | \$1,364,427        | \$2,353,271        | \$988,844          | 72%         |
| 6.   | Charity Care - Outpatient Emergency Department Charges          | 4,851,297          | 1,313,727          | (3,537,570)        | -73%        |
| 7.   | Charity Care - Outpatient Charges (Excludes ED Charges)         | 1,364,428          | 3,118,014          | 1,753,586          | 129%        |
|  | <b>Total Charges (A)</b>  | <b>\$7,580,152</b> | <b>\$6,785,012</b> | <b>(\$795,140)</b> | <b>-10%</b> |
| 8.   | Charity Care - Number of Patient Days                           | 6,401              | 8,628              | 2,227              | 35%         |
| 9.   | Charity Care - Number of Discharges                             | 1,134              | 3,495              | 2,361              | 208%        |
| 10.  | Charity Care - Number of Outpatient ED Visits                   | 1,150              | 1,813              | 663                | 58%         |
| 11.  | Charity Care - Number of Outpatient Visits (Excludes ED Visits) | 4,117              | 3,320              | (797)              | -19%        |
| <b>(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.</b> |   |                    |                    |                    |             |
| <b>B. Hospital Bed Funds (see Hospital Reporting System - Report 17)</b>   |   |                    |                    |                    |             |
| 1.   | Number of Applicants  | 3                  | 5                  | 2                  | 67%         |
| 2.   | Number of Approved Applicants                                   | 3                  | 5                  | 2                  | 67%         |
| 3.   | Total Charges (B)   | \$8,419            | \$28,443           | \$20,024           | 238%        |
|  | <b>Average Charges</b>  | <b>\$2,806</b>     | <b>\$5,689</b>     | <b>\$2,882</b>     | <b>103%</b> |
| 4.   | Ratio of Cost to Charges (RCC)                                  | 0.312949           | 0.316892           | 0.003943           | 1%          |
|  | <b>Total Cost</b>   | <b>\$2,635</b>     | <b>\$9,013</b>     | <b>\$6,379</b>     | <b>242%</b> |
|  | <b>Average Cost</b>   | <b>\$878</b>       | <b>\$1,803</b>     | <b>\$924</b>       | <b>105%</b> |
| 5.   | Bed Funds - Inpatient Charges                                   | \$6,988            | \$0                | (\$6,988)          | -100%       |
| 6.   | Bed Funds - Outpatient Emergency Department Charges             | 1,250              | 22,716             | 21,466             | 1717%       |
| 7.   | Bed Funds - Outpatient Charges (Excludes ED Charges)            | 181                | 5,727              | 5,546              | 3064%       |
|  | <b>Total Charges (B)</b>  | <b>\$8,419</b>     | <b>\$28,443</b>    | <b>\$20,024</b>    | <b>238%</b> |
| 8.   | Bed Funds - Number of Patient Days                              | 9                  | 0                  | (9)                | -100%       |
| 9.   | Bed Funds - Number of Discharges                                | 3                  | 0                  | (3)                | -100%       |
| 10.  | Bed Funds - Number of Outpatient ED Visits                      | 3                  | 22                 | 19                 | 633%        |
| 11.  | Bed Funds - Number of Outpatient Visits (Excludes ED Visits)    | 3                  | 5                  | 2                  | 67%         |
| <b>(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.</b>          |   |                    |                    |                    |             |