FISCAL YEAR 2013

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

(1)	(2)	(3)		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
A.	AFFILIATE NAME	GRIFFIN HEALTH SERVICES CORPORATION		
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 -		
	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,		
	CT Agent Town	Derby		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06418 -		
B.	AFFILIATE NAME	G.H. VENTURES, INC.		
		FOR PROFIT ENTITY CARRIES OUT BIO MEDI HOME CARE SOUTHEORD MEDICAL CENTER		
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 -		
	CEO Name	PATRICK CHARMEL		
	CEO Title	PRESIDENT, CHIEF EXECUTIVE OFFICER		
	CT Agent Name	PATRICK CHARMEL		
	CT Agent Company	G.H Ventures, Inc		
	CT Agent Company Street Address	130 DIVISION ST		
	CT Agent Town	Derby		
	CT Agent State	Connecticut		
	CT Agent Zip Code	06418 -		
C.	AFFILIATE NAME	GRIFFIN FACULTY PRACTICE PLAN		
	Affiliate Description	A NOT-FOR-PROFIT ENTITY FOR THE PURPOSE OF PROVIDING MEDICAL SERVICES AND TO		
1	Affiliate Description	CHARGE FOR SERVICES PERFORMED BY PHYSICIANS AS SUPERVISORS OF INTERNS.		
2	Affiliate type of service	Physicians Services		
3	Tax Status	Not for Profit 130 DIVISION ST		
4	Street Address Town			
5 6	Town	Derby Connecticut		
	State Zin Code	Connecticut 06418 -		
	Zip Code	PATRICK CHARMEL		
	CEO Titlo	CEO CHARMEL		
9	CEO Title	PATRICK CHARMEL		
10 11	CT Agent Company			
	CT Agent Company	Griffin Faculty Practice Plan		

FISCAL YEAR 2013

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

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
	CT Agent Company Street Address	130 DIVISION ST,	
	CT Agent Town	Derby	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06418 -	
D.	AFFILIATE NAME	GRIFFIN HOSPITAL	
D.	AFFICIATE NAME	ONIT IN TIOU TIAL	
1	Affiliate Description	ACUTE CARE HOSPITAL TO PROVIDE ACUTE CARE SERVICES TO OUR COMMUNITIES WE SERVE.	
2	Affiliate type of service	Hospital	
	Tax Status	Not for Profit	
4	Street Address	130 DIVISION ST	
	Town	Derby	
6	State	Connecticut	
	Zip Code	06418 -	
	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	
	CT Agent Zip Code	06418 -	
E.	AFFILIATE NAME	GRIFFIN HOSPITAL DEVELOPMENT FUND	
1	Affiliate Description	FUND RAISING ORGANIZATION FORN THE GRIFFIN HEALTH SERVICES.	
2	Affiliate type of service	Fund Raising/Management	
	Tax Status	Not for Profit	
4	Street Address	130 DIVISION ST	
	Town	Derby	
	State	Connecticut	
	Zip Code	06418 -	
	CEO Name	PATRICK CHARMEL	
	CEO Title	PRESIDENT, CHIEF EXECUTIVE OFFICER	
	CT Agent Name	PATRICK CHARMEL	
	_		
	CT Agent Company CT Agent Company Street Address	Griffin Hospital Development Fund 130 DIVISION ST	
	CT Agent Company Street Address CT Agent Town	Derby	
	CT Agent Town CT Agent State	Connecticut	
		06418 -	
10	CT Agent Zip Code	VOT 10	
F.	AFFILIATE NAME	GRIFFIN PHARMACY & GIFT SHOP	
1			
1	Affiliate Description	SELLING PHARMACEUTICALS AND GIFTS	
2	Affiliate type of service	Pharmacy	
	Tax Status	Not for Profit	
4	Street Address	130 DIVISION ST	
5	Town	Derby	
5	TOWIT		
	State	Connecticut	

FISCAL YEAR 2013

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

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
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 -
G.	AFFILIATE NAME	HEALTHCARE ALLIANCE INSURANCE COMPANY LTD
		A FOR-PROFIT OFF-SHORE CAPTIVE INSURANCE COMPANY WHICH PROVIDES CERTAIN
1	Affiliate Description	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
7	Zip Code	06418 -
8	CEO Name	PATRICK CHARMEL
9	CEO Title	PRESIDENT, CHIEF EXECUTIVE OFFICER
	CT Agent Name	PATRICK CHARMEL
11	CT Agent Company	Healthcare Alliance Insurance Co LTD
	CT Agent Company Street Address	130 DIVISION ST
	CT Agent Town	Derby
	CT Agent State	Connecticut
15	CT Agent Zip Code	06418 -
Н.	AFFILIATE NAME	NUVAL, LLC
,	Affiliate Description	For profit limited liability company owned by Griffin Hospital Ventures, INC and TN Ventures, LLC for the
2	Affiliate Description	purpose of pursuing commercial opportunities associated with the Overall Nutritional Quality Index. For Profit Services (Specify)
3	Affiliate type of service Tax Status	For Profit
4	Street Address	1 Rex Drive
5	_	Braintree
6	Town State	Massachusetts
7	Zip Code	02184 -
8	CEO Name	Nancy Mcdermott
9	CEO Title	President
10	CT Agent Name	none designated
11	CT Agent Name CT Agent Company	none designated
	CT Agent Company CT Agent Company Street Address	1 Rex Drive
	CT Agent Company Street Address CT Agent Town	Braintree
14	CT Agent Town CT Agent State	Massachusetts
15	CT Agent State CT Agent Zip Code	02184 -
13	o i rigorii zip oode	
I.	AFFILIATE NAME	PLANETREE INC
1	Affiliate Description	PATIENT FOCUSED CARE PHILOSOPHY
	· · · · · · · · · · · · · · · · · · ·	

FISCAL YEAR 2013

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

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
2	Affiliate type of service	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 CHARMEL
9	CEO Title	PRESIDENT, CHIEF EXECUTIVE OFFICER
10	CT Agent Name	PATRICK CHARMEL
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

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2013
Α.	GRIFFIN HOSPITAL		
1	GRIFFIN HOSFITAL	Unrestricted	(\$22,179,759)
2		Temporarily Restricted by Donor	\$2,641,381
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$5,831,203
5		Intercompany Eliminations	(\$6,969,448)
		Total:	(\$20,676,623)
В.	GRIFFIN HEALTH SERVICES CORPORATION		•
1		Unrestricted	\$4,669,729
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
		Total:	\$4,669,729
		Total:	\$4,009,729
C.	G.H. VENTURES, INC.		
1		Unrestricted	(\$3,365,605)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$3,365,605)
D.	GRIFFIN FACULTY PRACTICE PLAN		A
1		Unrestricted	\$465,940
2		Temporarily Restricted by Donor	\$0
3 4		Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	\$0
		Total:	\$465,940
		Total.	\$403,940
E.	GRIFFIN HOSPITAL		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	\$0
		Total:	\$0
_	CRIEFIN HOSPITAL DEVELOPMENT SUND		
F.	GRIFFIN HOSPITAL DEVELOPMENT FUND	Unrestricted	¢2 254 700
2		Temporarily Restricted by Donor	\$3,354,700 \$1,872,132
3		Temporarily Restricted by Board	\$1,072,132
4		Permanently Restricted by Donor	\$1,742,616
5		Intercompany Eliminations	\$0
<u> </u>		Total:	\$6,969,448
			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
G.	GRIFFIN PHARMACY & GIFT SHOP		
1		Unrestricted	(\$909,309)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
` ,	· ·	FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2013
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$909,309)
Н.	HEALTHCARE ALLIANCE INSURANCE COMPANY LTD		
1		Unrestricted	\$780,915
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$565,562)
		Total:	\$215,353
I.	NUVAL, 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
	PLANETREE INC		
J .	PLANETREE INC	Unrestricted	\$505,298
2		Temporarily Restricted by Donor	\$32,497
3		Temporarily Restricted by Board	\$52,497
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$537,795
		i Otal.	φυσ <i>1,19</i> 5
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	(\$4,558,262)
	Intercompany Eliminations		(\$7,535,010)
	Total of all Affiliates	Fund Balance:	(\$12,093,272)

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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
	GRIFFIN HEALTH SERVICES CORPORATION			
Α.	GRIFFIN HEALTH SERVICES CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
1		Tranfer of Funds	09/30/2013	\$306,847
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$306,847
В.	G.H. VENTURES, INC.			
В.	G.H. VENTURES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$1,542,941
1		Tranfer of Funds	09/30/2013	\$436,798
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$1,979,739
C.	GRIFFIN FACULTY PRACTICE PLAN			
U.	GRIFFIN FACULTY PRACTICE PLAN			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report	0,00,2012	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
D.	GRIFFIN HOSPITAL			
D.	CINITIN HOOF HAL			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
_	ODIFFIN HOODITAL DEVELOPMENT FUND			
E.	GRIFFIN HOSPITAL DEVELOPMENT FUND			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	(\$196,466)
1		Transfer of Funds	09/30/2013	\$1,139,114
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$942,648
F.	GRIFFIN PHARMACY & GIFT SHOP			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$325,989
1		Transfer of Funds	09/30/2013	(\$212,293)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$113,696
G.	HEALTHCARE ALLIANCE INSURANCE COMPANY LTD			
٥.	TEACHIOANE ALLIANGE INCONANCE COMITANT LID			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$5,463,889

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
1		Tranfer of Funds	09/30/2013	(\$5,101,427)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$362,462
Н.	NUVAL, LLC			
		Beginning Unconsolidated Intercompany Balance: Nothing to Report	9/30/2012	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$ 0
I.	PLANETREE INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$644,696
1		Transfer of Funds	09/30/2013	\$252,482
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$897,178
			Grand Total:	\$4,602,570

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	40/04/0040	* 0
A.	GRIFFIN HEALTH SERVICES CORPORATION		Intercompany Balance	10/01/2012	\$0
	GRIFTIN TIERETTI SERVICES CORFORATION		Nothing to Report		\$0
			Total:	9/30/2013	\$0
				3,55,25	
B.	G.H. VENTURES, INC.				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
C.	GRIFFIN FACULTY PRACTICE PLAN		Nulli (B)		Φ.2
			Nothing to Report Total:	9/30/2013	\$0 \$0
			i otai:	9/30/2013	\$ U
D.	GRIFFIN HOSPITAL				
	51.11.11.11.11.11.11.11.11.11.11.11.11.1		Nothing to Report		\$0
			Total:	9/30/2013	\$0
E.	GRIFFIN HOSPITAL DEVELOPMENT FUND				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
F.	GRIFFIN PHARMACY & GIFT SHOP		Nothing to Depart		ФО.
			Nothing to Report Total:	9/30/2013	\$0 \$0
			i otal.	9/30/2013	φ0
G.	HEALTHCARE ALLIANCE INSURANCE COMPANY LTD				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
H.	NUVAL, LLC				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
	DI ANISTREE INC				
I.	PLANETREE INC		Nothing to Report		\$0
-			Total:	9/30/2013	\$0 \$0
			i Otal.	3/30/2013	\$0
			Ending Unconsolidated		
			Intercompany Balance	9/30/2013	\$0

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.	GRIFFIN HEALTH SERVICES CORPORATION			
0	Nothing to Report	Total:	\$0	0/00/0040
		iotai:	\$0	9/30/2013
В.	G.H. VENTURES, INC.			
0	Nothing to Report		\$0	
	Nothing to Report	Total:	\$0	9/30/2013
			40	0/00/2010
C.	GRIFFIN FACULTY PRACTICE PLAN			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
D.	GRIFFIN HOSPITAL			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
E.	GRIFFIN HOSPITAL DEVELOPMENT FUND		•	
0	Nothing to Report	Total:	\$0 \$0	0/20/2042
		iotai.	20	9/30/2013
F.	GRIFFIN PHARMACY & GIFT SHOP	_		
0	Nothing to Report		\$0	
	gp	Total:	\$0	9/30/2013
			,	
G.	HEALTHCARE ALLIANCE INSURANCE COMPANY LTD			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
H.	NUVAL, LLC			
0	Nothing to Report	Total	\$0	0/00/0040
		Total:	\$0	9/30/2013
	PLANETREE INC			
I. 0	Nothing to Report		\$0	
٣	Trouming to respon	Total:	\$0 \$0	9/30/2013
				5,15/2010
		Grand Total:	\$0	9/30/2013

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
	ODIFFINALIF ALTIL OF DATION		
A.	GRIFFIN HEALTH SERVICES CORPORATION Nothing to Report	\$0	0
U	Total:	\$0	0
	1 Otal.	40	
	O II VENTUREO INO		
B .	G.H. VENTURES, INC. Nothing to Report	\$0	0
- 0	Total:	\$0 \$0	0
	Total.	40	
	ODJETIN FACILITY DRACTICS DI AN		
C .	GRIFFIN FACULTY PRACTICE PLAN Nothing to Report	\$0	0
0	Total:	\$0 \$0	8
	i Otal:	\$0	
D.	GRIFFIN HOSPITAL	(0)	0
0	Nothing to Report	\$0	U
	Total:	\$0	
	GRIFFIN HOSPITAL DEVELOPMENT FUND	Ф0	0
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	GRIFFIN PHARMACY & GIFT SHOP	0.0	
0	Nothing to Report	\$0	0
	Total:	\$0	
	HEALTHCARE ALLIANCE INSURANCE COMPANY LTD		
0	Nothing to Report	\$0	0
	Total:	\$0	
	NUVAL, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	PLANETREE INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

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

A . Indigent Care \$0.00 \$0.00 \$0.00 1 Donations \$0.00 \$0.00 \$0.00 2 Income \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00 5 Projected Interest Income \$0.00 \$0.00 \$0.00 B . Free Beds \$230,819.48 \$231,556.48 \$737.00 B Donations \$0.00 \$0.00 \$0.00 2 Income \$10,769.00 \$8,181.00 \$2,588.00 - 3 Expenditures \$28,443.00 \$8,650.00 \$19,793.00 -	(1)	(2)	(3)	(4)	(5)	(6)
A. Indigent Care \$0.00 \$0.00 \$0.00 Beginning Balance \$0.00 \$0.00 \$0.00 1 Donations \$0.00 \$0.00 \$0.00 2 Income \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00 5 Projected Interest Income \$0.00 \$0.00 8 Free Beds \$0.00 \$0.00 8 Beginning Balance \$230,819.48 \$231,556.48 \$737.00 1 Donations \$0.00 \$0.00 \$0.00 2 Income \$10,769.00 \$8,181.00 \$2,588.00 3 Expenditures \$28,443.00 \$8,650.00 \$19,793.00 4 Unrealized Gains and Losses \$18,411.00 \$5,778.00 \$12,633.00 5 Projected Interest Income \$2,500.00 \$2,500.00			FY 2012	FY 2013		
Beginning Balance	LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
Beginning Balance						
1 Donations \$0.00 \$0.00 \$0.00	Α.	Indigent Care				
2 Income		Beginning Balance				0%
Separation Sep	1	Donations				0%
4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00 5 Projected Interest Income \$0.00 \$0.00 8 Free Beds	2	Income		\$0.00		0%
Ending Balance	3	Expenditures	\$0.00	\$0.00	\$0.00	0%
5 Projected Interest Income \$0.00 \$0.00 B. Free Beds \$230,819.48 \$231,556.48 \$737.00 1 Donations \$0.00 \$0.00 \$0.00 2 Income \$10,769.00 \$8,181.00 (\$2,588.00) - 3 Expenditures \$28,443.00 \$8,650.00 (\$19,793.00) - 4 Unrealized Gains and Losses \$18,411.00 \$5,778.00 (\$12,633.00) - Ending Balance \$231,556.48 \$236,865.48 \$5,309.00 - 5 Projected Interest Income \$2,500.00 \$0.00 \$0.00 C. Other \$0.00 \$0.00 \$0.00 Beginning Balance \$0.00 \$0.00 \$0.00 1 Donations \$0.00 \$0.00 \$0.00 2 Income \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00	4					0%
B . Free Beds Beginning Balance \$230,819.48 \$231,556.48 \$737.00 1 Donations \$0.00 \$0.00 \$0.00 2 Income \$10,769.00 \$8,181.00 \$2,588.00 3 Expenditures \$28,443.00 \$8,650.00 \$19,793.00 4 Unrealized Gains and Losses \$18,411.00 \$5,778.00 \$12,633.00 Ending Balance \$231,556.48 \$236,865.48 \$5,309.00 5 Projected Interest Income \$2,500.00 \$0.00 C . Other \$0.00 \$0.00 \$0.00 Beginning Balance \$0.00 \$0.00 \$0.00 1 Donations \$0.00 \$0.00 \$0.00 2 Income \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00			•			0%
Beginning Balance	5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
Beginning Balance						
1 Donations \$0.00 \$0.00 \$0.00 2 Income \$10,769.00 \$8,181.00 (\$2,588.00) - 3 Expenditures \$28,443.00 \$8,650.00 (\$19,793.00) - 4 Unrealized Gains and Losses \$18,411.00 \$5,778.00 (\$12,633.00) - Ending Balance \$231,556.48 \$236,865.48 \$5,309.00 5 Projected Interest Income \$2,500.00 \$0.00 \$0.00 C Other \$0.00 \$0.00 \$0.00 \$0.00 1 Donations \$0.00 \$0.00 \$0.00 \$0.00 2 Income \$0.00 \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	В.	Free Beds				
2 Income \$10,769.00 \$8,181.00 (\$2,588.00) - 3 Expenditures \$28,443.00 \$8,650.00 (\$19,793.00) - 4 Unrealized Gains and Losses \$18,411.00 \$5,778.00 (\$12,633.00) - Ending Balance \$231,556.48 \$236,865.48 \$5,309.00 \$0.00 5 Projected Interest Income \$2,500.00 \$0.00 \$0.00 C Other \$0.00 \$0.00 \$0.00 1 Donations \$0.00 \$0.00 \$0.00 2 Income \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00		Beginning Balance				0%
3 Expenditures \$28,443.00 \$8,650.00 (\$19,793.00) - 4 Unrealized Gains and Losses \$18,411.00 \$5,778.00 (\$12,633.00) - Ending Balance \$231,556.48 \$236,865.48 \$5,309.00 5 Projected Interest Income \$2,500.00 \$0.00 C Other \$0.00 \$0.00 1 Donations \$0.00 \$0.00 2 Income \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 Ending Balance \$0.00 \$0.00	1		-		-	0%
4 Unrealized Gains and Losses \$18,411.00 \$5,778.00 (\$12,633.00) - Ending Balance \$231,556.48 \$236,865.48 \$5,309.00 5 Projected Interest Income \$2,500.00 \$0.00 C . Other \$0.00 \$0.00 \$0.00 1 Donations \$0.00 \$0.00 2 Income \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 Ending Balance \$0.00 \$0.00						-24%
Ending Balance \$231,556.48 \$236,865.48 \$5,309.00 5 Projected Interest Income \$2,500.00 \$0.00 C . Other \$0.00 \$0.00 \$0.00 Beginning Balance \$0.00 \$0.00 \$0.00 1 Donations \$0.00 \$0.00 \$0.00 2 Income \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00 \$0.00						-70%
5 Projected Interest Income \$2,500.00 \$0.00 C . Other \$0.00 \$0.00 Beginning Balance \$0.00 \$0.00 1 Donations \$0.00 \$0.00 2 Income \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 Ending Balance \$0.00 \$0.00	4					-69%
C . Other \$0.00 \$0.00 \$0.00 Beginning Balance \$0.00 \$0.00 \$0.00 1 Donations \$0.00 \$0.00 \$0.00 2 Income \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00		Ending Balance				2%
Beginning Balance \$0.00 \$0.00 1 Donations \$0.00 \$0.00 2 Income \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 Ending Balance \$0.00 \$0.00	5	Projected Interest Income	\$2,500.00	\$2,500.00	\$0.00	0%
Beginning Balance \$0.00 \$0.00 1 Donations \$0.00 \$0.00 2 Income \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 Ending Balance \$0.00 \$0.00						
1 Donations \$0.00 \$0.00 \$0.00 2 Income \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00	С.	Other				
1 Donations \$0.00 \$0.00 \$0.00 2 Income \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00		Beginning Balance	\$0.00	\$0.00	\$0.00	0%
3 Expenditures \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 Ending Balance \$0.00 \$0.00	1		\$0.00	\$0.00	\$0.00	0%
4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00	2	Income	\$0.00	\$0.00	\$0.00	0%
Ending Balance \$0.00 \$0.00 \$0.00	3	Expenditures	\$0.00	\$0.00	\$0.00	0%
	4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
5 Projected Interest Income \$0.00 \$0.00 \$0.00		Ending Balance	\$0.00	\$0.00	\$0.00	0%
	5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

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	GRIFFIN HOSPITAL						
	ANNUAL REPORTING						
	FISCAL YEAR 2013						
REPORT 1	7A - HOSPITAL BED FUNDS HELD OR ADMINISTERE	ED BY THE HOSPITAL					
A. Patient Activity							
(1)	(2)	(3)					
<u>Patient</u>	Name of Hospital Bed Fund (FULL NAME)	Amount					
 Number of Applications for H 	ospital Bed Funds	3					
2. A. Number of Patients receiving	Hospital Bed Fund Grants	3					
2. B. The Actual Total Dollar Amou	nt provided to all patients from Hospital Bed Funds:	\$8,650.22					
1	eno fund	\$200.94					
2	pine trust	\$6,035.20					
3	pine trust	\$2,414.08					
	Grand Total	\$8,650.22					

					1				
		GRIFFIN HOS							
		ANNUAL REPO	RTING						
		FISCAL YEAR	R 2013						
	REPORT 17B - HOSPITA	AL BED FUNDS HELD C	OR ADMINISTERED E	BY THE HOSPITAL					
B. BE	D FUND ACTIVITY								
(1)	(2)	(3)	(4)	(5)	(6)				
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available				
(2)	Fair Market Value of the Bringing of each	individual Haspital Da	d Fund or the Drinei	nal attributable te esek	Heenitel Bod				
(3)	Fair Market Value of the Principal of each	i iliulviuuai nospilai be	a runa, or the Princi	pai attributable to eaci	і поѕрітаї вец				
(4)	Total Actual Earnings for each Hospital B	Bed Fund or the Earninເ	gs attributable to eac	h Hospital Bed Fund.					
(5)	Actual Dollar Amount of Earnings reinves	sted as Principal, if any							
	<u> </u>								
(6)	Actual Dollar Amount of Earnings available for Patient Care.								
(-,	y rotati Penai ranganter zamingo aranasio ier ranom euro								
	pine trust	\$91,607.00	\$9,335.00	\$0.00	\$98,447.00				
	eno fund	\$56,739.00	\$4,625.00	\$0.00	\$25,180.00				
	Total Bed Funds : \$148,346.00 \$13,960.00 \$0.00 \$123,627.00								

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I.	GENERAL COLLECTION PROCESSES AND PROCEDURES	
Α.	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 uninsurred information which is made available at Griffin Hospital.
В.	Hospital's processes and policies for compensating a Collection Agent for services rendered	currenlty have two active outide 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	16.00%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
Α	Collection Agent	
1	Collection Agent Name	Connecticut Credit -Outsource Group
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 uninsurred 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.	currenlty have two active outide 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.	16.00%
В	Collection Agent	
1	Collection Agent Name	American Adjustment Bureau

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not 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.	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 uninsurred 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.	currenlty have two active outide 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.	13.00%

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

LINE POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
CHIEF EXECUTIVE OFFICER	\$433,128	\$66,156	\$499,284
2. CHAIR, PREVENTATIVE MEDICINE	\$308,397	\$28,762	\$337,159
3. CHIEF, DEPARTMENT OF PSYCHIATRY	\$200 F04	фоо одо!	¢220.277
3. CHIEF, DEPARTMENT OF PSYCHIATRY	\$296,564	\$23,813	\$320,377
4. STAFF PSYCHIATRIST	\$234,031	\$76,047	\$310,078
5. PROGRAM DIRECTOR, PREVENTATIVE MEDICINE	\$272,248	\$9,921	\$282,169
,	* / -	****	, ,
6. CHIEF, PULMONARY DISEASE	\$233,667	\$47,152	\$280,819
7. CHIEF FINANCIAL OFFICER	\$245,456	\$11,227	\$256,683
8. CHIEF MEDICAL DIRECTOR	\$175,783	\$68,698	\$244,481
9. VICE PRESIDENT ANCILLARY SERVICES	\$187,737	\$39,481	\$227,218
10. VICE PRESIDENT SUPPORT SERVICES	\$169,897	\$49,995	\$219,892
Grand Total:	\$2,556,908	\$421,252	\$2,978,160

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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS

PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

A. GRIFFIN HEALTH SERVICES CORPORATION 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.H. VENTURES, INC. 1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 2 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 2 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0 C. GRIFFIN FACULTY PRACTICE PLAN 1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 2 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0 D. GRIFFIN HOSPITAL. 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 50 \$0 \$0 E. GRIFFIN HOSPITAL DEVELOPMENT FUND 1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 E. GRIFFIN HOSPITAL DEVELOPMENT FUND 1 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0 F. GRIFFIN HARMACY & GIFT SHOP 1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 S0 \$0 \$0 G. HEALTHCARE ALLIANCE INSURANCE COMPANY LTD 1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 S0 \$0 \$0 F. Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0 Pa	(1)	(2)	(3)	(4)	(5)
LINE DESCRIPTION Indirectly) ^C y or Indirectly) ^C TOTA A. GRIFFIN HEALTH SERVICES CORPORATION 1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 \$0 2 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0 \$0 B. G.H. VENTURES, INC. 1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 \$0 2 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0 \$0 C. GRIFFIN FACULTY PRACTICE PLAN 1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 \$0 2 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0 \$0 2 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0 \$0 2 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0 \$0 50 \$0 \$0 \$0 \$0 C. GRIFFIN HOSPITAL 1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 \$0 2 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0 50 \$0 \$0 E. GRIFFIN HOSPITAL DEVELOPMENT FUND 1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 \$0 2 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0 50 \$0 \$0 50 \$0 \$0 50 \$0 \$0 50 \$0 \$0 50 \$0 \$0 50 \$0 \$0 50 \$0 \$0 50 \$0 \$0 50 \$0 \$0 50 \$0 \$0 50 \$0 50 \$0 \$0 50 \$0 50 \$0 \$0 50 \$0 50 \$0 \$0 50 \$0 \$0 50 \$0 50 \$0 \$0 50 \$0 50 \$0 \$0 50 \$0 50 \$0 50 \$0 \$0 50 \$0			SALARIES	FRINGE	
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A. GRIFFIN HEALTH SERVICES CORPORATION 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.H. VENTURES, 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. GRIFFIN FACULTY PRACTICE PLAN 1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 2 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0 D. GRIFFIN HOSPITAL 1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 D. GRIFFIN HOSPITAL 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 50 \$0 \$0 F. GRIFFIN HOSPITAL DEVELOPMENT FUND 1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 F. GRIFFIN PHARMACY & GIFT SHOP 1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 G. HEALTHCARE ALLIANCE INSURANCE COMPANY LTD 1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0 S0 \$0 \$0 F. Death of the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 S0 \$0 \$0 F. Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0 Paid by the Hospital	LINE	DESCRIPTION	Indirectly) ^C	y or Indirectly) ^C	TOTAL
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F. GRIFFIN PHARMACY & GIFT SHOP 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. HEALTHCARE ALLIANCE INSURANCE COMPANY LTD 1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 2 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0 H. NUVAL, LLC 1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 2 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 50 \$0 \$0 1. PLANETREE INC	2				\$0
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2 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0 G. HEALTHCARE ALLIANCE INSURANCE COMPANY LTD 1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 2 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0 H. NUVAL, 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 1. PLANETREE INC	F.	GRIFFIN PHARMACY & GIFT SHOP			
G . HEALTHCARE ALLIANCE INSURANCE COMPANY LTD 1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 2 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0 H . NUVAL, 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 1 PLANETREE INC	1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 2 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0 H . NUVAL, 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 1 PLANETREE INC	2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 2 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0 H . NUVAL, 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 1 PLANETREE INC					
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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	2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
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I. PLANETREE INC	-				
	2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
		DI ANETDEE INC			
	-		ФО	T #0	ФО.
	1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0 \$0	\$0 \$0	\$0 \$0
2 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0	2	Paid by the hospital to employees of the entity Listed Above	J \$0	J \$U	\$ υ

For each entity listed on Report 20, complete Report 21.

A - Fringe benefits shall represent the value of all forms of compensation as described in Section 19a-643-206-(b)(21), including the fair market value where appropriate.

B - A hospital employee is anyone who provides a service which incurs an expense for the hospital.

C - Indirect payments include but are not limited to payments made to related entities.

REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2013
Α	Transfer of Assets or Operations	
	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of	
	Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or	
1.	Functions.	N/A
	Description of each Transfer of Assets on Occaptions on Change of Occaptable with a User its	
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

REPORT 22 19 OF 20 7/28/2014,2:46 PM

		HOSPITAL REPORTING			
		AL YEAR 2013			
	REPORT 23 - CHARITY CARE AND REDUCED		PROVIDED BY	THE HOSPITAL	
(1)	(2)	(3)	(4)	(5)	(6)
(-/	(-/	FY 2012	FY 2013	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial S	Statement Notes)			
1.	Number of Applicants	275	307	32	129
2.	Number of Approved Applicants	207	248	41	200
3.	Total Charges (A)	\$6,785,012	\$4,849,739	(\$1,935,273)	-299
J.	Average Charges	\$32,778	\$19,555	(\$13,222)	-29 -40°
	Average Charges	Ψ3Z,110	ψ13,333	(\$13,222)	-40
4.	Ratio of Cost to Charges (RCC)	0.316892	0.304706	(0.012186)	-49
	Total Cost	\$2,150,116	\$1,477,745	(\$672,371)	-319
	Average Cost	\$10,387	\$5,959	(\$4,428)	-43°
	Average oost	Ψ10,507	ψο,σσσ	(ψ4,420)	70
5.	Charity Care - Inpatient Charges	\$2,353,271	\$1,309,816	(\$1,043,455)	-449
	Charity Care - Outpatient Emergency Department				
6.	Charges	1,313,727	2,466,587	1,152,860	889
	Charity Care - Outpatient Charges (Excludes ED				
7.	Charges)	3,118,014	1,073,336	(2,044,678)	-669
	Total Charges (A)	\$6,785,012	\$4,849,739	(\$1,935,273)	-299
8.	Charity Care - Number of Patient Days	8,628	8,403	(225)	-30
9.	Charity Care - Number of Discharges	3,495	717	(2,778)	-79°
10.	Charity Care - Number of Outpatient ED Visits	1,813	4,175	2,362	1309
	Charity Care - Number of Outpatient Visits (Excludes ED				
11.	Visits)	3,320	3,511	191	69
		3,320	3,311	131	<u> </u>
					0.
	e total amount must agree with the total amount listed in				0
(A) The	e total amount must agree with the total amount listed in	the Hospital Aud			0
		the Hospital Aud			0
(A) The	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - I	the Hospital Aud	lited Financial S	Statement Notes.	
(A) The B.	e total amount must agree with the total amount listed in	the Hospital Aud		Statement Notes.	-409
(A) The	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - I Number of Applicants	n the Hospital Aud Report 17)	lited Financial S	Statement Notes.	-40°
(A) The B.	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - I Number of Applicants Number of Approved Applicants	Report 17)	lited Financial S	Statement Notes. (2)	-40°
(A) The B.	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - I Number of Applicants	n the Hospital Aud Report 17)	lited Financial S	Statement Notes.	-40° -40°
(A) The B. 1. 2. 3.	Hospital Bed Funds (see Hospital Reporting System - I Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges	1 the Hospital Aud Report 17) 5 5 5 \$28,443 \$5,689	3 3 3 \$8,650 \$2,883	(2) (2) (2) (\$19,793) (\$2,805)	-409 - 40 9 -709 - 49 9
(A) The B.	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - I Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC)	1 the Hospital Aud Report 17) 5 5 5 \$28,443 \$5,689	3 3 3 \$8,650 \$2,883	(2) (2) (\$19,793) (\$2,805)	-409 - 40 9 -709 - 49 9
(A) The B. 1. 2. 3.	Hospital Bed Funds (see Hospital Reporting System - I Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost	\$28,443 \$5,689 0.316892 \$9,013	3 3 3 \$8,650 \$2,883 0.304706 \$2,636	(2) (2) (2) (\$19,793) (\$2,805) (0.012186) (\$6,378)	-409 -409 -709 -499
(A) The B. 1. 2. 3. 4.	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - I Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost	\$28,443 \$5,689 0.316892 \$9,013 \$1,803	3 3 3 \$8,650 \$2,883 0.304706 \$2,636 \$879	(2) (2) (2) (\$19,793) (\$2,805) (0.012186) (\$6,378) (\$924)	-40° -40° -49° -41° -71° -51°
(A) The B. 1. 2. 3.	Hospital Bed Funds (see Hospital Reporting System - I Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost	\$28,443 \$5,689 0.316892 \$9,013	3 3 3 \$8,650 \$2,883 0.304706 \$2,636	(2) (2) (2) (\$19,793) (\$2,805) (0.012186) (\$6,378)	-40° -40° -70° -49° -4" -71° -51°
(A) The B. 1. 2. 3. 4.	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - I Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost	\$28,443 \$5,689 0.316892 \$9,013 \$1,803	3 3 3 \$8,650 \$2,883 0.304706 \$2,636 \$879	(2) (2) (2) (\$19,793) (\$2,805) (0.012186) (\$6,378) (\$924)	-40° -70° -49° -4° -71° -51°
(A) The B. 1. 2. 3. 4. 5. 6.	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - I 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	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3 3 3 \$8,650 \$2,883 0.304706 \$2,636 \$879 \$8,562	(2) (2) (2) (\$19,793) (\$2,805) (0.012186) (\$6,378) (\$924) \$8,562	-40° -70° -49° -41° -71° -51° 0° -100°
(A) The B. 1. 2. 3. 4.	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - I 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)	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3 3 3 \$8,650 \$2,883 0.304706 \$2,636 \$879 \$8,562	(2) (2) (2) (\$19,793) (\$2,805) (0.012186) (\$6,378) (\$924) \$8,562 (22,707)	-40° -70° -49° -41° -71° -51° 0° -100°
(A) The B. 1. 2. 3. 4. 5. 6.	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - I 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	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3 3 3 \$8,650 \$2,883 0.304706 \$2,636 \$879 \$8,562	(2) (2) (2) (\$19,793) (\$2,805) (0.012186) (\$6,378) (\$924) \$8,562	-40° -70° -49° -41° -71° -51° 0° -100°
(A) The B. 1. 2. 3. 4. 5. 6.	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - I 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)	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3 3 3 \$8,650 \$2,883 0.304706 \$2,636 \$879 \$8,562	(2) (2) (2) (\$19,793) (\$2,805) (0.012186) (\$6,378) (\$924) \$8,562 (22,707)	-40° -49° -41° -51° -100° -99° -70°
(A) The B. 1. 2. 3. 4. 5. 6. 7.	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - I 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	\$28,443 \$5,689 0.316892 \$9,013 \$1,803 \$0 22,716 5,727 \$28,443	3 3 3 \$8,650 \$2,883 0.304706 \$2,636 \$879 \$8,562 9	(2) (2) (2) (\$19,793) (\$2,805) (0.012186) (\$6,378) (\$924) \$8,562 (22,707) (5,648) (\$19,793)	-40° -49° -41° -51° -100° -99° -70°
1. 2. 3. 4. 5. 6. 7.	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - I 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	\$28,443 \$5,689 0.316892 \$9,013 \$1,803 \$0 22,716 5,727 \$28,443	3 3 3 \$8,650 \$2,883 0.304706 \$2,636 \$879 \$8,562 9 79 \$8,650	(2) (2) (\$19,793) (\$2,805) (0.012186) (\$6,378) (\$924) \$8,562 (22,707) (5,648) (\$19,793)	-40' -40' -49' -41' -51' -51' 0' -100' -99' -70'
(A) The B. 1. 2. 3. 4. 5. 6. 7. 8. 9.	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - I 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	\$28,443 \$5,689 0.316892 \$9,013 \$1,803 \$0 22,716 5,727 \$28,443	3 3 3 \$8,650 \$2,883 0.304706 \$2,636 \$879 \$8,562 9 79 \$8,650	(2) (2) (\$19,793) (\$2,805) (0.012186) (\$6,378) (\$924) \$8,562 (22,707) (5,648) (\$19,793)	-40° - 40 °
(A) The B. 1. 2. 3. 4. 5. 6. 7. 8. 9.	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - I 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	\$28,443 \$5,689 0.316892 \$9,013 \$1,803 \$0 22,716 5,727 \$28,443	3 3 3 \$8,650 \$2,883 0.304706 \$2,636 \$879 \$8,562 9 79 \$8,650	(2) (2) (\$19,793) (\$2,805) (0.012186) (\$6,378) (\$924) \$8,562 (22,707) (5,648) (\$19,793)	-40° -40° -49° -49° -41° -51° -51° -70° -70° -70°

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	GRIFFIN HOSPITAL							
	ANNUAL	REPORTING						
	FISC	AL YEAR 2013						
	REPORT 23 - CHARITY CARE AND REDUCED	COST SERVICE	S PROVIDED BY	THE HOSPITAL				
(1)	(2)	(3)	(4)	(5)	(6)			
		FY 2012	FY 2013	AMOUNT	%			
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE			