FISCAL YEAR 2013

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
A.	AFFILIATE NAME	MILFORD HEALTH & MEDICAL, INC.
1	Affiliate Description	MANAGEMENT - PARENT CORPORATION
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	300 SEASIDE AVENUE
5	Town	Milford
	State	Connecticut
7	Zip Code	06460 -
	CEO Name	Joseph Pelaccia
	CEO Title	President
	CT Agent Name	Jospeh Pelaccia
	CT Agent Company	Milford Hospital, Inc.
	CT Agent Company Street Address	300 Seaside Avenue
	CT Agent Town	Milford
	CT Agent State	Connecticut
15	CT Agent Zip Code	100460 -
В.	AFFILIATE NAME	HOME CARE PLUS, INC.
<u> </u>	ALLIENTE NAME	Thomas of the Page 1
	Affiliate Description	HOME HEALTH CARE: SKILLED NURSING, HOME HEALTH AIDE AND VARIOUS THERAPIES
2	Affiliate type of service	Outpatient Care
3	Tax Status	Not for Profit
4	Street Address	309 Seaside Avenue
5	Town	Milford
	State	Connecticut
	Zip Code	06460 -
	CEO Name	Joseph Pelaccia
	CEO Title	President
	CT Agent Name	Joseph Pelaccia
	CT Agent Company	Milford Hospital, Inc.
	CT Agent Company Street Address CT Agent Town	300 Seaside Ave Milford
	CT Agent Town CT Agent State	Connecticut
	CT Agent State CT Agent Zip Code	06460 -
13	- Agont Zip Oode	
C.	AFFILIATE NAME	MILFORD HEALTHCARE SERVICES, INC.
	<u>-</u>	· · · · · · · · · · · · · · · · · · ·
	Affiliate Description	INCREASE AND COORDINATE HEALTH CARE SERVICES IN COMMUNITY
2	Affiliate type of service	Fund Raising/Management
3	Tax Status	Not for Profit
	Street Address	300 SEASIDE AVENUE
	Town	Milford
	State Zin Code	Connecticut
	Zip Code	06460 -
8 9	CEO Name CEO Title	Joseph Pelaccia President
	CT Agent Name	Joseph Pelaccia
	CT Agent Name CT Agent Company	Milford Hospital, Inc.
	o i rigorit company	minora ricopian, mo.

FISCAL YEAR 2013

(1)	(2)	(3)
l		
	DESCRIPTION	AFFILIATE INFORMATION
	CT Agent Company Street Address	300 Seaside Avenue
	CT Agent Town	Milford
	CT Agent State	Connecticut 06460 -
15	CT Agent Zip Code	00400 -
D.	AFFILIATE NAME	MILFORD HOSPITAL FOUNDATION
<u> </u>	7.0.1.12.7.7.2.10.40.2	
	Affiliate Description	FUND RAISING FOR MILFORD HOSPITAL
2	Affiliate type of service	Fund Raising/Management
3	Tax Status	Not for Profit
4	Street Address	300 SEASIDE AVENUE
5	Town	Milford
6	State	Connecticut
7	Zip Code	06460 -
	CEO Name	Joseph Pelaccia
	CEO Title	President Joseph Pelaccia
	CT Agent Name	Milford Hospital, Inc.
	CT Agent Company CT Agent Company Street Address	300 Seaside Avenue
	CT Agent Company Street Address CT Agent Town	Milford
	CT Agent Town CT Agent State	Connecticut
	CT Agent State CT Agent Zip Code	06460 -
10	er rigent zip dode	
E.	AFFILIATE NAME	MILFORD MEDICAL LAB, INC.
	Affiliate Description	MEDICAL LABORATORY
2	Affiliate type of service	Lab
3	Tax Status	For Profit
4	Street Address	2068 Bridgeport Avenue
	Town	Milford
6 7	State Zip Code	Connecticut 06460 -
8	CEO Name	Joseph Pelaccia
9	CEO Title	President President
	CT Agent Name	Joseph Pelaccia
	CT Agent Name CT Agent Company	Milford Hospital, Inc.
	CT Agent Company Street Address	300 Seaside Ave
	CT Agent Town	Milford
	CT Agent State	Connecticut
	CT Agent Zip Code	06460 -
F.	AFFILIATE NAME	SBAC, LLC
	Affiliate Description	Apathatic care demotelacy and compating surrounding
	Affiliate Description	Aesthetic care, dematology and cosmetic surgery services
2	Affiliate type of service	Other HealthCare Svcs(Specify) For Profit
3	Tax Status	
4	Street Address	300 Seaside Avenue
5 6	Town State	Milford
0	State	Connecticut

FISCAL YEAR 2013

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
7	Zip Code	06460 -
	CEO Name	Joseph Pelaccia
	CEO Title	President
	CT Agent Name	Joseph Pelaccia
	CT Agent Company	Milford Hospital, Inc.
	CT Agent Company Street Address	300 Seaside Avenue
13	CT Agent Town	Milford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06460 -
G.	AFFILIATE NAME	SBDI ASSOCIATES LLC
	Affiliate December	Leading Comment
	Affiliate Description	Leasing Company
	Affiliate type of service Tax Status	Real Estate For Profit
4	Street Address	300 Seaside Avenue
5		Milford
	Town State	Connecticut
	Zip Code	06460 -
	CEO Name	Joseph Pelaccia
	CEO Title	President President
	CT Agent Name	Joseph Pelaccia
	CT Agent Name CT Agent Company	Milford Hospital, Inc.
	CT Agent Company CT Agent Company Street Address	300 Seaside Avenue
	CT Agent Town	Milford
	CT Agent Town CT Agent State	Connecticut
	CT Agent State CT Agent Zip Code	06460 -
10	or Agent Zip Gode	
н.	AFFILIATE NAME	SBDI HOLDING LLC
<u> </u>		
	Affiliate Description	Leasing Company
	Affiliate type of service	Imaging Equipment
	Tax Status	For Profit
4	Street Address	300 Seaside Avenue
	Town	Milford
6	State	Connecticut
	Zip Code	06460 -
	CEO Name	Joseph Pelaccia
	CEO Title	President
	CT Agent Name	Joseph Pelaccia
	CT Agent Company	Milford Hospital, Inc.
	CT Agent Company Street Address	300 Seaside Avenue
	CT Agent Town	Milford
	CT Agent State	Connecticut 06460 -
15	CT Agent Zip Code	U040U -
ı.	AFFILIATE NAME	SEABRIDGE CORPORATION
 	AI FILIATE IVAIVIE	OLABRIDOL GORI GRATION
1		
1	Affiliate Description	HEALTHCARE: Parent of Milford Medical Lab and partner in S.B.D.I. and SBAC LLC
-		· · · · · · · · · · · · · · · · · · ·

FISCAL YEAR 2013

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
2	Affiliate type of service	For Profit Services (Specify)	
3	Tax Status	For Profit	
4	Street Address	300 SEASIDE AVENUE	
5	Town	Milford	
6	State	Connecticut	
7	Zip Code	06460 -	
8	CEO Name	Joseph Pelaccia	
	CEO Title	President	
	CT Agent Name	Joseph Pelaccia	
	CT Agent Company	Milford Hospital, Inc.	
12	CT Agent Company Street Address	300 Seaside Avenue	
	CT Agent Town	Milford	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06460 -	
J.	AFFILIATE NAME	SEASIDE INDEMNITY ALLIANCE COMPANY, LTD.	
1	Affiliate Description	Company's activities are the direct insurance of the hospital's professional and comprehensive general liability risk together with the physician liability risks of certain of the hospital's affiliated physicians.	
2	Affiliate type of service	Insurance	
3	Tax Status	For Profit	
4	Street Address	300 Seaside Avenue	
5	Town	Milford	
6	State	Cayman Islands	
7	Zip Code	06460 -	
	CEO Name	Joseph Pelaccia	
9	CEO Title	CEO	
10	CT Agent Name	Joesph Pelaccia	
11	CT Agent Company	Milford Health and Medical	
	CT Agent Company Street Address	300 Seaside Avenue	
	CT Agent Town	Milford	
14	CT Agent State	Connecticut	
	CT Agent Zip Code	06460 -	
K.	AFFILIATE NAME	TORRY CORPORATION	
4	AMILIA Decembring	HEALTHCARE PROPERTY MANAGEMENT. TORRY CORPORATION OWNS VARIOUS PROPERTIES THAT ARE LOCATIONS FOR THE HOSPITAL'S WALK-IN CENTER, AFFILIATED CORPORATIONS	
1	Affiliate Description	AND COMMUNITY PHYSICIAN OFFICES. For Profit Songices (Specify)	
2	Affiliate type of service	For Profit Services (Specify) For Profit	
3 4	Tax Status		
	Street Address	300 Seaside Avenue	
5 6	Town State	Milford Connecticut	
	Zip Code	06460 -	
	CEO Name	Joseph Pelaccia	
	CEO Title	President	
		Joseph Pelaccia	
	CT Agent Name CT Agent Company	Milford Hospital, Inc.	
	CT Agent Company CT Agent Company Street Address	300 Seaside Avenue	
	CT Agent Company Street Address CT Agent Town	Milford	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent State CT Agent Zip Code	06460 -	
	OV IS LINACCEPTABLE WITHOUT A	STREET ADDRESS FOR EACH AGENT COMPANY	

^{*} P.O. BOX IS UNACCEPTABLE WITHOUT A

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
l		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2013
Α.	MILFORD HOSPITAL		
1	mile one moor male	Unrestricted	\$10,788,243
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$774,510
4		Permanently Restricted by Donor	\$673,763
5		Intercompany Eliminations	\$0
		Total:	\$12,236,516
В.	MILFORD HEALTH & MEDICAL, INC.		<u> </u>
1		Unrestricted	\$11,813,784
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$1,428,263)
		Total:	\$10,385,521
C.	HOME CARE PLUS, INC.		
1		Unrestricted	\$805,797
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$805,797
D.	MILFORD HEALTHCARE SERVICES, INC.		
1		Unrestricted	(\$747,666)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
3		Total:	(\$747,666)
		i otal.	(\$747,000)
Ε.	MILFORD HOSPITAL FOUNDATION		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$774,510
4		Permanently Restricted by Donor	\$119,763
5		Intercompany Eliminations	\$0
		Total:	\$894,273
_			
F.	MILFORD MEDICAL LAB, INC.	Here of the L	(40, 107, 007)
1		Unrestricted	(\$9,497,895)
2		Temporarily Restricted by Donor	\$0
3 4		Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	\$0
J		Total:	(\$9,497,895)
		ı otal.	(ФЭ,4Э1,0ЭЭ)
G.	SBAC, LLC		
1	, -	Unrestricted	\$0
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)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2013
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
ш	CDDI ACCOCIATEC I I C		
Η.	SBDI ASSOCIATES LLC	I leve etri et e d	C O
1		Unrestricted	\$0 \$0
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0
			\$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0
5			\$0
		Total:	\$0
Ι.	SBDI HOLDING 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
	SEABRIDGE CORPORATION		
1		Unrestricted	\$315,109
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$315,109
Κ.	SEASIDE INDEMNITY ALLIANCE COMPANY, LTD.		
1	,	Unrestricted	\$1,470,218
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,470,218
	TORRY CORPORATION		
<u>L.</u>	TORK I CORPORATION	I lava atriata d	Φ0.077.400
1		Unrestricted	\$8,677,406
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0
<u>4</u> 5		Intercompany Eliminations	\$0 \$0
		Total:	\$8,677,406
			Ψο,σ. ε , τοσ
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$25,967,542
	Intercompany Eliminations		(\$1,428,263)
	Total of all Affiliates	Fund Balance:	\$24,539,279

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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
	MU FORD UEAL THE MEDICAL INC			
A.	MILFORD HEALTH & MEDICAL, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$364,864
1		Tranfer of Funds	09/30/2013	(\$2,260,752)
2				(\$3,753,243)
3		Salary	Malpractice Payments 09/30/2013 Salary 09/30/2013	
4		Employee Benefits	09/30/2013	\$31,381 \$9,097
5		Cash Payments	09/30/2013	\$5,587,550
6		Bank Fee	09/30/2013	\$50
		Ending Unconsolidated Intercompany Balance:	9/30/2013	(\$21,053)
B.	HOME CARE PLUS, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$34,776
1		Salary	09/30/2013	\$45,817
2		Employee Benefits	09/30/2013	\$16,608
3		Cleaning Services	09/30/2013	\$7,248
4		Cash Payments	09/30/2013	(\$66,549)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$37,900
C.	MILFORD HEALTHCARE SERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$1,400
1		Cash Payments	09/30/2013	(\$50)
2		Bank Fee	09/30/2013	\$50
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$1,400
D.	MILFORD HOSPITAL FOUNDATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$6,771
1		Salary	09/30/2013	\$12,114
2		Employee Benefits 09/30/2013		\$3,711
3		Supplies and other	09/30/2013	\$979
4		Cash Payments Ending Unconsolidated Intercompany Balance:	09/30/2013 9/30/2013	(\$29,211)
		Ending Onconsolidated Intercompany Balance:	9/30/2013	(\$5,636)
E.	MILFORD MEDICAL LAB, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$221,204
1		Salary	09/30/2013	\$564,669

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

(1)	(2)	(3)	(4)	(5)
				TRANSFER TO / FROM
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	HOSPITAL
2		Employee Benefits	09/30/2013	\$213,137
3		Lab Fees	09/30/2013	\$684,642
4		Sales/Purchases of Services	09/30/2013	(\$44,608)
5		Expense transfer	09/30/2013	\$324
6		Cash Payments	09/30/2013	(\$715,962)
7		Bad Debt Provision	09/30/2013	(\$700,017)
8		Driver	09/30/2013	\$24,815
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$248,204
_	0040 110			
F.	SBAC, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$78,691
1		Legal Expenses	09/30/2013	\$54,164
2		Bank Fee	09/30/2013	\$20
		Capital contribution from settlement agreement with partner		
3			09/30/2013	(\$132,875)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
G.	SBDI ASSOCIATES LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
Н.	SBDI HOLDING LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
l.	SEABRIDGE CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$25,054
1		Salary	09/30/2013	\$17,018
2		Employee Benefits	09/30/2013	\$5,584
3		Bank Fee	09/30/2013	\$150
4		Cash Payment	09/30/2013 9/30/2013	(\$150) \$47.656
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$47,656
J.	SEASIDE INDEMNITY ALLIANCE COMPANY, LTD.			

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER DATE		TRANSFER TO / FROM HOSPITAL
		Beginning Unconsolidated Intercompany Balance: Nothing to Report	9/30/2012	\$0 \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
K.	TORRY CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	(\$11,100)
2		Salary Employee Benefits	09/30/2013 09/30/2013	\$50,739 \$16,490
3		Repairs & Maintenance Expenses	09/30/2013	\$5,919
5		Insurance Rent	09/30/2013 09/30/2013	\$7,927 (\$102,986)
6		Cash Payments Ending Unconsolidated Intercompany Balance:	09/30/2013 9/30/2013	\$18,995 (\$14,016)
		Liming officonsolidated intercompany balance.	9/30/2013	(\$14,010)
			Grand Total:	\$294,455

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	10/01/2012	\$11,642,375
	MILFORD HEALTH & MEDICAL, INC.	MILFORD HEALTH & MEDICAL, INC.	Capital Contribution	00/00/0040	#050.000
1		MILFORD HEALTH & MEDICAL, INC.	Total:	09/30/2013 9/30/2013	\$859,932 \$859,932
			Total.	9/30/2013	Ф 039,932
B.	HOME CARE PLUS, INC.				
1		TORRY CORPORATION	Rent	09/30/2013	\$31,800
			Total:	9/30/2013	\$31,800
	MILFORD HEALTHCARE SERVICES, INC.	AND SORD LISTAL THE MEDICAL THE			• • • • • •
1		MILFORD HEALTH & MEDICAL, INC.	Interest	09/30/2013	\$11,259
			Total:	9/30/2013	\$11,259
D.	MILFORD HOSPITAL FOUNDATION				
<u> Б.</u>	MILLORD HOSFITAL LOONDATION		Nothing to Report		\$0
			Total:	9/30/2013	\$0
					**
E.	MILFORD MEDICAL LAB, INC.				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
_					
F.	SBAC, LLC		Nething to Donast		Φ0
			Nothing to Report Total:	9/30/2013	\$0 \$0
			Total.	9/30/2013	\$0
G.	SBDI ASSOCIATES LLC				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
H.	SBDI HOLDING LLC				
			Nothing to Report	0/00/00/10	\$0
			Total:	9/30/2013	\$0
1.	SEABRIDGE CORPORATION				
- '-	SEADINGE CONFORMION		Nothing to Report		\$0
			Total:	9/30/2013	\$0
			. Ottaii	5.55.25.3	70
J.	SEASIDE INDEMNITY ALLIANCE COMPANY, LTD.				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
K.	TORRY CORPORATION		Nothing 1 D		,
			Nothing to Report		\$0

REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Total:	9/30/2013	\$0
			Ending Unconsolidated		
			Intercompany Balance	9/30/2013	\$12,545,366

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

(1)	(2)		(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE		AMOUNT	DATE
A.	MILFORD HEALTH & MEDICAL, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
В.	HOME CARE PLUS, INC.			
0	Nothing to Report		\$0	
	3.4.4	Total:	\$0	9/30/2013
C.	MILFORD HEALTHCARE SERVICES, INC.			
0	Nothing to Report	Total	\$0	0/00/0040
		Total:	\$0	9/30/2013
D.	MILFORD HOSPITAL FOUNDATION			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
E.	MILFORD MEDICAL LAB, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
_	0040 110	_		
F.	SBAC, LLC Nothing to Report		# 0	
-	Nothing to Report	Total:	\$0 \$0	9/30/2013
			**	3/00/2010
G.	SBDI ASSOCIATES LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
H.	SBDI HOLDING LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
1.	SEABRIDGE CORPORATION			
0	Nothing to Report		\$0	
	Treating to respect	Total:	\$ 0	9/30/2013
J.	SEASIDE INDEMNITY ALLIANCE COMPANY, LTD.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
K.	TORRY CORPORATION			
0	Nothing to Report		\$0	
Ĕ	Trouting to respon	Total:	\$0 \$0	9/30/2013
		Grand Total:	\$0	9/30/2013

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
A.	MILFORD HEALTH & MEDICAL, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	HOME CARE PLUS, INC.	0	0
0	Nothing to Report Total:	\$0 \$0	0
	i Otal.	\$0	
	MILFORD HEALTHCARE SERVICES, INC.		
C .	Nothing to Report	\$0	0
	Total:	\$0	S
		,,	
D.	MILFORD HOSPITAL FOUNDATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	MILFORD MEDICAL LAB, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	SBAC, LLC	0	0
0	Nothing to Report	\$0	0
	Total:	\$0	
	CDDI ACCOCIATEC LL C		
G .	SBDI ASSOCIATES LLC Nothing to Report	\$0	0
	Total:	\$0	S
		**	
Н.	SBDI HOLDING LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
I.	SEABRIDGE CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	SEASIDE INDEMNITY ALLIANCE COMPANY, LTD.	60	0
0	Nothing to Report Total:	\$0 \$0	0
	I otal:	\$0	
1/	TORRY CORRODATION		
K.	TORRY CORPORATION Nothing to Report	\$0	0
U	Morning to report	ΦΟ	U

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
	Total:	\$0	
	Grand Total:	\$0	

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

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012	FY 2013		
LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
Α.	Indigent Care				
	Beginning Balance	\$0.00	\$0.00		0%
1	Donations	\$0.00	\$0.00		0%
2	Income	\$0.00	\$0.00		0%
3	Expenditures	\$0.00	\$0.00		0%
4	Unrealized Gains and Losses	\$0.00	\$0.00		0%
	Ending Balance	\$0.00	\$0.00		0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
В.	Free Beds				
	Beginning Balance	\$0.00	\$0.00		0%
1	Donations	\$0.00	\$0.00		0%
2	Income	\$0.00	\$0.00	-	0%
3	Expenditures	\$0.00	\$0.00		0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	-	0%
	Ending Balance	\$0.00	\$0.00		0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
С.	Other				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00		0%
4	Unrealized Gains and Losses	\$0.00			0%
	Ending Balance	\$0.00	\$0.00		0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

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	MILEORD HOODITAL						
MILFORD HOSPITAL							
	ANNUAL REPORTING						
	FISCAL YEAR 2013						
REF	PORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERI	ED BY THE HOSPITAL					
A. Patient Activity							
(1)	(2)	(3)					
Patient_	Name of Hospital Bed Fund (FULL NAME)	Amount					
 Number of Application 	s for Hospital Bed Funds	0					
	Grand Total	\$0.00					

		MILFORD HOS	SPITAL		
		ANNUAL REPO	RTING		
		FISCAL YEAR	R 2013		
	REPORT 17B - HOSPITA	L BED FUNDS HELD (OR ADMINISTERED E	BY THE HOSPITAL	
B. BE	D FUND ACTIVITY				
(1)	(2)	(3)	(4)	(5)	(6)
		FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
Line	Name of Hospital Bed Fund				
(3)	Fair Market Value of the Principal of each	individual Hospital Be	d Fund, or the Princi	pal attributable to each	Hospital Bed
(4)	Total Actual Earnings for each Hospital B	ed Fund or the Earning	gs attributable to eac	h Hospital Bed Fund.	
	-			-	
(5)	Actual Dollar Amount of Earnings reinves	ted as Principal, if any	' .		
		• •			
(6)	Actual Dollar Amount of Earnings availab	le for Patient Care.			
\ '-'	3				
	Total Bed Funds :	\$0.00	\$0.00	\$0.00	\$0.00
		\$0.00	ψ0.00	ψ0.00	V 0.00

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	The statements and credit letters are computer generated. Accounts will be transferred to the appropriate billing class whenever payments or rejections are received from third party payers.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	The collection agency/law firm forwards all money collected to the hospital. The hospital then reimburses the collection agency.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	11.09%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
Α	Collection Agent	
	Collection Agent Name	Marcarelli-Naizby Law Firm
	Collection Agent Type	Attorney
	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.	The statements and credit letters are computer generated. Accounts will be transferred to the appropriate billing class whenever payments or rejections are received from third party payers.
	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.	The collection agency/law firm forwards all money collected to the hospital. The hospital then reimburses the collection agency.
	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	12.74%
_	Collection Amont	
B 1	Collection Agent	American Adjustment Purceu
2	Collection Agent Name Collection Agent Type	American Adjustment Bureau
	Collection Agent Type	Collection Agency

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
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.	The statements and credit letters are computer generated. Accounts will be transferred to the appropriate billing class whenever payments or rejections are received from third party payers.
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.	The collection agency/law firm forwards all money collected to the hospital. The hospital then reimburses the collection agency.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	20.17%
С	Collection Agent	
1	Collection Agent Name	The 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.	The statements and credit letters are computer generated. Accounts will be transferred to the appropriate billing class whenever payments or rejections are received from third party payers.
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.	The collection agency/law firm forwards all money collected to the hospital. The hospital then reimburses the collection agency.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	1.92%

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

LINE POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1. President	\$473,513	\$122,935	\$596,448
PHYSICIAN CHIEF OPERATING OFFICER	\$430,485	\$126,257	\$556,742
0 IED BI ::	****	007.005	***
3. E.R. Physician	\$335,659	\$37,385	\$373,044
4. Hospitalist	\$326,182	\$37,248	\$363,430
ii respirance	\$620,10Z	40.7 ,2.10	+ + + + + + + + + + + + + + + + + + +
5. E.R. Physician	\$322,161	\$37,189	\$359,350
6. Pathologist	\$307,720	\$36,980	\$344,700
7. E.R. Physician	\$301,909	\$37,346	\$339,255
7. E.N. FIIYSICIATI	\$301,909	\$37,340	\$339,233
8. E.R. Physician	\$302,199	\$36,900	\$339,099
		· · · ·	
9. E.R. Physician	\$319,246	\$16,468	\$335,714
10 ED BI ::	4000 000	004.070	4005 000
10. E.R. Physician	\$300,239	\$34,970	\$335,209
Grand Total:	\$3,419,313	\$523,678	\$3,942,991
Granu rotai.	ΨΟ,ΤΙΟ,ΟΙΟ	Ψ020,010	ψ0,072,001

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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS

PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
		SALARIES	FRINGE	
		(Directly or	BENEFITS ^A (Directl	
LINE	DESCRIPTION	indirectly) ^c	y or Indirectly) ^c	TOTAL
	DECORITION	mancony)	y or maneomy)	TOTAL
Α.	MILFORD HEALTH & MEDICAL, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$31,381	\$9,097	\$40,478
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
В.	HOME CARE PLUS, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$45,817	\$16,608	\$62,425
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
С.	MILFORD HEALTHCARE SERVICES, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
D.	MILFORD HOSPITAL FOUNDATION	A 15 111		A45.55
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$12,114	\$3,711	\$15,825
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
_	MILEODD MEDICAL LAD INC			
Ε.	MILFORD MEDICAL LAB, INC.	#500.544	Ф000 440	# 000 004
1	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$582,511	\$220,110 \$0	\$802,621
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	φυ	\$0
F.	SBAC, 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) Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0 \$0
	and by the Hospital to Employees of the Emity Eisted Above	ΨΟ	ΨΟ	ΨΟ
G.	SBDI ASSOCIATES LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
_				·
Н.	SBDI HOLDING 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
۱.	SEABRIDGE 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
,	CEACIDE INDEMNITY ALLIANCE COMPANY LTD			
J.	SEASIDE INDEMNITY ALLIANCE COMPANY, LTD.	(C)	1 60	C C
1	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0 \$0	\$0 \$0
2	raid by the mospital to Employees of the Entity Listed Above	Φ0		φυ
Κ.	TORRY CORPORATION			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$50,739	\$16,490	\$67,229
	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
2	TE AIU DV LITE FIUSDILAI LU ETIIDIOVEES OF THE ETIIIIV FISIEU ADOVE			

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

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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	
1.	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.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

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		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	72	512	440	6119
2.	Number of Approved Applicants	32	123	91	2849
3.	Total Charges (A)	\$192,533	\$643,601	\$451,068	2349
	Average Charges	\$6,017	\$5,233	(\$784)	-13
4.	Ratio of Cost to Charges (RCC)	0.46323	0.472501	0.009271	29
	Total Cost	\$89,187	\$304,102	\$214,915	2419
	Average Cost	\$2,787	\$2,472	(\$315)	-119
5.	Charity Care - Inpatient Charges	\$99,912	\$424,743	\$324,831	3259
5.	Charity Care - Inpatient Charges Charity Care - Outpatient Emergency Department	φ99,91Z	Φ424,143	Ψ324,031	323
6.	Charges	75,869	113,004	37,135	499
	Charity Care - Outpatient Charges (Excludes ED				
7.	Charges)	16,752	105,854	89,102	5329
	Total Charges (A)	\$192,533	\$643,601	\$451,068	2349
8.	Charity Care - Number of Patient Days	22	75	53	2419
9.	Charity Care - Number of Discharges	8	24	16	2009
<u>9.</u> 	Charity Care - Number of Discharges Charity Care - Number of Outpatient ED Visits	62	76	14	239
10.	Charity Care - Number of Outpatient Visits (Excludes ED	02	70	17	20
11.	Visits)	5	15	10	2009
(A) Th	e total amount must agree with the total amount listed in	the Hospital Aud	lited Financial S	tatement Notes.	
B	Hospital Red Funds (see Hospital Reporting System -	Report 17)			
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - I	Report 17)			
B.	Number of Applicants	Report 17)	-	-	0,
		Report 17)	- -	-	
1. 2.	Number of Applicants Number of Approved Applicants	-	-	-	0
1.	Number of Applicants Number of Approved Applicants Total Charges (B)	- - - \$0	- - - \$0	- - - \$0	0.
1. 2.	Number of Applicants Number of Approved Applicants	-	- - - \$0 \$0	\$0 \$0	0,
1. 2.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges	- - - \$0		\$0	0°
1. 2. 3.	Number of Applicants Number of Approved Applicants Total Charges (B)	\$0 \$0	\$0	·	0.
1. 2. 3.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC)	\$0 \$0	\$0	0.000000	0 ₀ 0 ₀ 0 ₀
1. 2. 3.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost	\$0 \$0 \$0	\$0 0 \$0	0.000000 \$0	00 00 00 00
1. 2. 3. 4.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges	\$0 \$0 \$0 \$0 \$0 \$0	\$0 0 \$0 \$0	0.000000 \$0 \$0 \$0	0' 0' 0'
1. 2. 3. 4. 5.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges	\$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0	0.000000 \$0 \$0 \$0	0' 0' 0' 0'
1. 2. 3. 4.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges)	- - - \$0 \$0 \$0 \$0 0	\$0 \$0 \$0 \$0	0.000000 \$0 \$0 \$0 0	0°
1. 2. 3. 4.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges	\$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0	0.000000 \$0 \$0 \$0	0' 0' 0' 0' 0'
1. 2. 3. 4.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B)	- - - \$0 \$0 \$0 \$0 0	\$0 \$0 \$0 \$0	0.000000 \$0 \$0 \$0 0	0' 0' 0' 0' 0'
1. 2. 3. 4. 5. 6.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges)	\$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 0 \$0	0.000000 \$0 \$0 \$0 0 \$0	0°
1. 2. 3. 4. 5. 6. 7.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days	\$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 0 \$0	\$0 0.000000 \$0 \$0 \$0 0 \$0	0' 0' 0' 0' 0' 0' 0' 0'
1. 2. 3. 4. 5. 6. 7.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	\$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 0 \$0	0.000000 \$0 \$0 \$0 0 0 0 0 0	0' 0' 0' 0' 0' 0' 0' 0' 0'
1. 2. 3. 4. 5. 6. 7.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges Bed Funds - Number of Outpatient ED Visits	\$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 0 \$0	0.000000 \$0 \$0 \$0 0 0 0 0 0	0°

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	MILFORD 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	<u>AMOUNT</u>	<u>AMOUNT</u>	DIFFERENCE	DIFFERENCE		