CT CHILDREN'S MEDICAL CENTER

ANNUAL REPORTING

FISCAL YEAR 2015

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

(1)	(2)	(3)		
	DECORIDATION	AFFILIATE INFORMATION		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
A.	AFFILIATE NAME	CCMC CORPORATION		
		PARENT COMPANY TO CT CHILDREN'S MEDICAL CENTER, CCMC FOUNDATION, CCMC		
1	Affiliate Description	VENTURES, AND COMO AFFLIATES		
	Affiliate type of service	Parent Corporation		
	Tax Status	Not for Profit		
	Street Address Town	282 WASHINGTON ST., HARTFORD, CT. Hartford		
	State	Connecticut		
	Zip Code	06106 -		
	CEO Name	Martin J. Gavin		
9	CEO Title	President & CEO		
10	CT Agent Name	DAVID HADDEN		
	CT Agent Company	ROBINSON & COLE		
	CT Agent Company Street Address	ONE COMMERCIAL PLAZA, HARTFORD, CT		
	CT Agent State	Hartford Connecticut		
	CT Agent State CT Agent Zip Code	Connecticut 06103 -		
	o i rigorit zip oodo			
B.	AFFILIATE NAME	CCMC AFFILIATES		
4	Affiliate Description	CONSIST OF A SCHOOL.		
	Affiliate Description Affiliate type of service	Other HealthCare Svcs(Specify)		
	Tax Status	Other HealthCare Svcs(Specify) Not for Profit		
	Street Address	282 WASHINGTON ST., HARTFORD, CT.		
	Town	Hartford		
6	State	Connecticut		
	Zip Code	06106 -		
	CEO Name	Martin J. Gavin		
	CEO Title	PRESIDENT & CEO		
	CT Agent Company	DAVID HADDEN		
	CT Agent Company CT Agent Company Street Address	ROBINSON & COLE ONE COMMERCIAL PLAZA, HARTFORD, CT		
13	CT Agent Town	Hartford		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06103 -		
		COMO FOUNDATION		
C.	AFFILIATE NAME	CCMC FOUNDATION		
1	Affiliate Description	FUNDRAISING FOR CCMC		
	Affiliate type of service	Foundation		
	Tax Status	Not for Profit		
	Street Address	282 WASHINGTON ST., HARTFORD, CT.		
	Town	Hartford Connecticut		
	State Zip Code	Connecticut 06106 -		
	CEO Name	MARTHA SCHALL		
	CEO Title	PRESIDENT		
	CT Agent Name	DAVID HADDEN		
11	CT Agent Company	ROBINSON & COLE		
	CT Agent Company Street Address	ONE COMMERCIAL PLAZA, HARTFORD, CT		
	CT Agent Town	Hartford		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06103 -		

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CT CHILDREN'S MEDICAL CENTER

ANNUAL REPORTING

FISCAL YEAR 2015

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

(1)	(2)	(3)		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
D.	AFFILIATE NAME	CCMC VENTURES		
4	A(T): 1 D : 1:	CHIPDENITI VINIA CTIVE		
	Affiliate Description Affiliate type of service	CURRENTLY INACTIVE Health Education Services		
	Tax Status	For Profit		
	Street Address	282 WASHINGTON ST., HARTFORD, CT.		
5	Town	Hartford		
	State	Connecticut		
	Zip Code	06106 -		
	CEO Name	Martin J. Gavin		
	CEO Title CT Agent Name	President & CEO		
	CT Agent Name CT Agent Company	DAVID HADDEN ROBINSON & COLE		
	CT Agent Company CT Agent Company Street Address	ONE COMMERCIAL PLAZA, HARTFORD, CT		
	CT Agent Company Street Address CT Agent Town	Hartford		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06103 -		
_				
E.	AFFILIATE NAME	CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT		
		RUNS PROGRAMS WHICH SUPPORT IMPROVEMENT IN PEDIATRIC AND PRIMARY CARE IN		
1	Affiliate Description	CONNECTICUT. PRIMARY FOCUS IS TOWARDS UNDERPRIVILEDGED CHILDREN.		
2	Affiliate type of service	Other HealthCare Svcs(Specify)		
	Tax Status	Not for Profit		
	Street Address	270 Farmington Avenue, Suite 3, Farmington, CT		
	Town	Farmington		
	State	Connecticut		
	Zip Code CEO Name	06032 - Judith Meyers		
	CEO Title	President & CEO		
	CT Agent Name	DAVID HADDEN		
	CT Agent Company	Robinson & Cole		
	CT Agent Company Street Address	One Commercial Plaza, Hartford, CT		
13	CT Agent Town	Hartford		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06103 -		
F.	AFFILIATE NAME	CONNECTICUT CHILDREN'S SPECIALTY GROUP		
г.	AFFILIATE NAIVIE	SOMESTICS OF COMETT GROOT		
	Affiliate Description	PEDIATRIC PHYSICIAN PRACTICE		
	Affiliate type of service	Physicians Services		
	Tax Status	Not for Profit		
	Street Address	282 WASHINGTON ST		
	Town	HARTFORD Connecticut		
	State Zip Code	Connecticut 06106 -		
	CEO Name	Dean Rapoza		
	CEO Title	PRESIDENT		
	CT Agent Name	DAVID HADDEN		
	CT Agent Company	ROBINSON & COLE		
	CT Agent Company Street Address	ONE COMMERCIAL PLAZA		
	CT Agent Town	HARTFORD		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06103 -		

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CT CHILDREN'S MEDICAL CENTER

ANNUAL REPORTING

FISCAL YEAR 2015

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

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
G.	AFFILIATE NAME	NORTHEAST PEDIATRIC SPECIALISTS, INC.	
<u> </u>	ALLEN E NAME		
1	Affiliate Description	Joint venture with Yale New Haven Hospital for Pediatric Cardiothoracic Surgeons	
2	Affiliate type of service	Physicians Services	
3	Tax Status	Not for Profit	
4	Street Address	282 Washington ST	
5	Town	Hartford	
6	State	Connecticut	
7	Zip Code	06106 -	
8	CEO Name	Martin Gavin	
9	CEO Title	President	
10	CT Agent Name	David Hadden	
11	CT Agent Company	Robinson & Cole LLP	
12	CT Agent Company Street Address	One Commercial Plaza	
13	CT Agent Town	Hartford	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06103 -	
		THE OUR DESIGN FUND OF CONNECTION THE	
Н.	AFFILIATE NAME		
1	Affiliate Description		
_			
		, ,	
	Ü		
13 14	CT Agent Town CT Agent State	Hartford Connecticut	

^{*} 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 /	
LINE	AFFILIATE NAME	FUND PURPOSE	BALANCE AS OF 9/30/2015
			0.00.00
Α.	CT CHILDREN'S MEDICAL CENTER		
1	OT OTHEBREIC O MEDICAL CENTER	Unrestricted	\$75,698,045
2		Temporarily Restricted by Donor	\$29,429,877
3		Temporarily Restricted by Board	\$29,429,677
4		Permanently Restricted by Donor	\$93,121,923
5		Intercompany Eliminations	\$93,121,923
			T -
		Total:	\$198,249,845
	COMO CORRORATION		
В.	CCMC CORPORATION		A
1		Unrestricted	\$447,993
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$1,000)
		Total:	\$446,993
С.	CCMC AFFILIATES		
1		Unrestricted	\$4,543,446
2		Temporarily Restricted by Donor	\$73,032
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$4,616,478
D.	CCMC FOUNDATION		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$82,543,206
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$17,836,570
5		Intercompany Eliminations	(\$100,379,776)
		Total:	\$0
		Total.	ų v
Ε.	CCMC VENTURES		
	COMC VENTORES	Unrestricted	(640,402)
1		Temporarily Restricted by Donor	(\$19,103)
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
		Permanently Restricted by Board	
<u>4</u> 5		Intercompany Eliminations	\$0 \$0
5			· ·
_		Total:	(\$19,103)
l _	CHILD HEALTH AND DEVELOPMENT INSTITUTE OF		
F.	CONNECTICUT		
1		Unrestricted	\$423,471
2		Temporarily Restricted by Donor	\$2,961
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$426,432
G.	CONNECTICUT CHILDREN'S SPECIALTY GROUP		
1		Unrestricted	(\$11,964,306)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
F		Total:	(\$11,964,306)
<u> </u>		i Otal.	(Φ11,304,300)

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2015
Н.	NORTHEAST PEDIATRIC SPECIALISTS, INC.		
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
١.	THE CHILDREN'S FUND OF CONNECTICUT, INC.		
1		Unrestricted	\$31,815,621
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	
5		Intercompany Eliminations	\$39,094
		Total:	\$31,854,715
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$323,952,736
	Intercompany Eliminations		(\$100,341,682)
	Total of all Affiliates	Fund Balance:	\$223,611,054

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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	
Α.	CCMC CORPORATION				
- ^.	CONFORATION				
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$191,817	
1		Management Fees	09/30/2015	\$71,690	
2		Cash Transfer	09/30/2015	(\$3,850,000)	
3		Bank Fees	09/30/2015	(\$118,379)	
4		Hospital Cash Received	09/30/2015	\$4,315,105	
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$610,233	
В.	CCMC AFFILIATES				
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	(\$2.407.77E)	
1		Management Fees	09/30/2015	(\$2,407,775) \$171,264	
2		Cash Transfer	09/30/2015	(\$4,550,000)	
3		Paid on Affiliates Behalf	09/30/2015	\$2,170,236	
Ť		Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$4,616,275)	
		, ,			
C.	CCMC FOUNDATION				
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	(\$5,326,132)	
1		Management Fees	09/30/2015	\$113,500	
2		Fund Balance Transfer	09/30/2015	\$7,849,025	
3		Capital Transfers	09/30/2015	(\$12,868,151)	
		Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$10,231,758)	
D.	CCMC VENTURES				
			0/00/00/	***	
		Beginning Unconsolidated Intercompany Balance:	9/30/2014 09/30/2015	\$18,353	
1		CT Corp Tax	9/30/2015 9/30/2015	\$250	
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$18,603	
E.	CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT				
F	CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT				
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0	
		Nothing to Report	3/30/2014	\$0 \$0	
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0	
		3		70	

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

(2)	(3)	(4)	(5)
AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
CONNECTICUT CHILDREN'S SPECIALTY GROUP			
	Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
			(\$8,152,852)
			\$504,876
			\$8,590,000
			(, , , , ,
	Ending Unconsolidated Intercompany Balance:	9/30/2015	\$12,120
NORTHEAST PEDIATRIC SPECIALISTS, INC.			
	Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
	Nothing to Report		\$0
	Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
THE CHILDREN'S FUND OF CONNECTICUT, INC.			
	Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
			\$0
	Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Grand Total:	(\$14,207,077)
	AFFILIATE NAME CONNECTICUT CHILDREN'S SPECIALTY GROUP NORTHEAST PEDIATRIC SPECIALISTS, INC.	AFFILIATE NAME CONNECTICUT CHILDREN'S SPECIALTY GROUP Beginning Unconsolidated Intercompany Balance: Practice Support Rent Paid on Specialty Groups Behalf Cash Transfer Fund Balance Transfer Ending Unconsolidated Intercompany Balance: NORTHEAST PEDIATRIC SPECIALISTS, INC. Beginning Unconsolidated Intercompany Balance: Nothing to Report Ending Unconsolidated Intercompany Balance: Nothing to Report Ending Unconsolidated Intercompany Balance: THE CHILDREN'S FUND OF CONNECTICUT, INC.	AFFILIATE NAME CONNECTICUT CHILDREN'S SPECIALTY GROUP Beginning Unconsolidated Intercompany Balance: 9/30/2014 Practice Support 09/30/2015 Rent 09/30/2015 Paid on Specialty Groups Behalf 09/30/2015 Cash Transfer 09/30/2015 Fund Balance Transfer 09/30/2015 Ending Unconsolidated Intercompany Balance: 9/30/2015 NORTHEAST PEDIATRIC SPECIALISTS, INC. Beginning Unconsolidated Intercompany Balance: 9/30/2015 Ending Unconsolidated Intercompany Balance: 9/30/2015 THE CHILDREN'S FUND OF CONNECTICUT, INC. Beginning Unconsolidated Intercompany Balance: 9/30/2015 The CHILDREN'S FUND OF CONNECTICUT, INC. Beginning Unconsolidated Intercompany Balance: 9/30/2014 Nothing to Report Ending Unconsolidated Intercompany Balance: 9/30/2014 Nothing to Report Ending Unconsolidated Intercompany Balance: 9/30/2014 Nothing to Report Ending Unconsolidated Intercompany Balance: 9/30/2014

REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated		
			Intercompany Balance	10/01/2014	\$10,413,325
A.	CCMC CORPORATION				
1		CCMC FOUNDATION	Cash Transfer	09/30/2015	\$134,000
2		CCMC AFFILIATES CONNECTICUT CHILDREN'S SPECIALTY	Cash Transfer	09/30/2015	\$725,000
3		GROUP	Cash Transfer	09/30/2015	\$5,280,000
		CINOUI	Total:	9/30/2015	\$6,139,000
			Total.	3/30/2013	ψ0,133,000
В.	CCMC AFFILIATES				
	COMO 74 TELATES		Nothing to Report		\$0
			Total:	9/30/2015	\$0
					70
C.	CCMC FOUNDATION				
1		CCMC AFFILIATES	Cash Transfer	09/30/2015	\$400,000
		CONNECTICUT CHILDREN'S SPECIALTY			•
2		GROUP	Cash Transfer	09/30/2015	\$2,350,000
			Total:	9/30/2015	\$2,750,000
D.	CCMC VENTURES		Nui: 1 B		*-
			Nothing to Report	0/00/0045	\$0
			Total:	9/30/2015	\$0
E.	CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT				
<u> </u>	CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT		Nothing to Report		\$0
			Total:	9/30/2015	\$0 \$0
			Total.	3/30/2013	ΨΟ
F.	CONNECTICUT CHILDREN'S SPECIALTY GROUP				
1		CCMC FOUNDATION	Cash Transfer	09/30/2015	\$40,000
			Total:	9/30/2015	\$40,000
G.	NORTHEAST PEDIATRIC SPECIALISTS, INC.				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
H.	THE CHILDREN'S FUND OF CONNECTICUT, INC.				
<u> </u>			Nothing to Report		\$0
			Total:	9/30/2015	\$0
			Ending Unconcelled		
			Ending Unconsolidated Intercompany Balance	9/30/2015	\$19,342,325
			intercompany balance	9/30/2015	ψ13,342,325

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
	2012 22-22 (2012)		
A.	CCMC CORPORATION Nothing to Report	60	
0	Total:	\$0 \$0	9/30/2015
	Total.	\$0	9/30/2013
В.	CCMC AFFILIATES		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
C.	CCMC FOUNDATION		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
D.	CCMC VENTURES		
0	Nothing to Report Total:	\$0	
	i otal:	\$0	9/30/2015
E.	CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT		
0	Nothing to Report	\$0	
_	Total:	\$0	9/30/2015
		40	5/55/2515
F.	CONNECTICUT CHILDREN'S SPECIALTY GROUP		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
G.	NORTHEAST PEDIATRIC SPECIALISTS, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
H.	THE CHILDREN'S FUND OF CONNECTICUT, INC.		
U	Nothing to Report Total:	\$0 \$0	9/30/2015
	Total.	\$0	9/30/2015
	Grand Total:	\$0	9/30/2015

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

(1)	(2)	(3)	(4)
	AFFILIATE NAME &		
LINE	DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
Α.	CCMC CORPORATION		
A.	Nothing to Report	\$0	0
	Total:	\$ 0	Ü
		**	
В.	CCMC AFFILIATES		
	Guarantee of lease payments are landlord, summary of lease highlighting Medical Centers Guarantee		
1	attached	\$816,000	4
	Guarantee of lease payments are landlord, summary of lease highlighting Medical Centers Guarantee		
2	attached	\$942,240	5
3	Guarantee of lease payments are landlord, summary of lease highlighting Medical Centers Guarantee attached	\$1,059,840	5
	attacried Total:	\$1,059,840 \$2,818,080	5
	I Otal.	\$2,010,000	
C.	CCMC FOUNDATION		
0.	Nothing to Report	\$0	0
	Total:	\$0	
		**	
D.	CCMC VENTURES		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	CONNECTICUT CHILDREN'S SPECIALTY GROUP		
0	Nothing to Report	\$0	0
	Total:	\$0	
G .	NORTHEAST PEDIATRIC SPECIALISTS, INC. Nothing to Report	\$0	0
	Nothing to Report Total:	\$0 \$0	0
	l Otal.	\$0	
H.	THE CHILDREN'S FUND OF CONNECTICUT, INC.		
<u>н.</u> 0	Nothing to Report	\$0	n.
	Total:	\$0	5
			
	Grand Total:	\$2,818,080	
	Grand Fotan	72,010,000	

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CT CHILDREN'S MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2015 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR INDIGENT CARE AND FREE BEDS

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015		
LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
Α.	Indigent Care				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00		0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
В.	Free Beds				
	Beginning Balance	\$89,109.00	\$89,109.00		0%
1	Donations	\$0.00	\$0.00		0%
	Income	\$10,433.00	\$5,080.00		-51%
3	Expenditures	\$10,433.00	\$5,080.00		-51%
4	Unrealized Gains and Losses	\$0.00	\$0.00		0%
	Ending Balance	\$89,109.00	\$89,109.00		0%
5	Projected Interest Income	\$2,000.00	\$2,000.00	\$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%
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%

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CT CHILDREN'S MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2015 REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
A. Patient Activity					
(1)	(2)	(3)			
<u>Patient</u>	Name of Hospital Bed Fund (FULL NAME)	Amount			
1. Number of Applications	for Hospital Bed Funds	7			
2. A. Number of Patients rece	iving Hospital Bed Fund Grants	7			
2. B. The Actual Total Dollar	Amount provided to all patients from Hospital Bed Funds:	\$5,080.00			
1	CLAIRE B DAVIS KRAMER FUND	\$2,170.00			
2	CLAIRE B DAVIS KRAMER FUND	\$331.00			
3	CLAIRE B DAVIS KRAMER FUND	\$1,120.00			
4	CLAIRE B DAVIS KRAMER FUND	\$459.00			
5 CLAIRE B DAVIS KRAMER FUND		\$871.00			
6	CLAIRE B DAVIS KRAMER FUND	\$96.00			
7	CLAIRE B DAVIS KRAMER FUND	\$33.00			
	Grand Total	\$5,080.00			

REPORT 17A PATIENT ACTIVITY 12 OF 23 7/20/2016, 11:01 AM

		CT CHILDREN'S MED			
		ANNUAL REPO			
		FISCAL YEAR			
	REPORT 17B - HOSPIT	TAL BED FUNDS HELD (OR ADMINISTERED BY	THE HOSPITAL	
B. B	ED FUND ACTIVITY				
(1)	(2)	(3)	(4)	(5)	(6)
		FMV of Principal	Actual Earnings	Earnings	Earnings Available
Line	Name of Hospital Bed Fund			Reinvested	
(3)	Fair Market Value of the Principal of each	ch individual Hospital Be	ed Fund, or the Princip	al attributable to ead	h Hospital Bed
. ,	·	•	•		•
(4)	Total Actual Earnings for each Hospital	Bed Fund or the Earnin	gs attributable to each	Hospital Bed Fund.	
(4)	Total Actual Earnings for each Hospital	Bed Fund or the Earnin	gs attributable to each	Hospital Bed Fund.	
				Hospital Bed Fund.	
(4)	Total Actual Earnings for each Hospital Actual Dollar Amount of Earnings reinv			Hospital Bed Fund.	
(5)	Actual Dollar Amount of Earnings reinv	ested as Principal, if an		Hospital Bed Fund.	
		ested as Principal, if an		Hospital Bed Fund.	
(5)	Actual Dollar Amount of Earnings reinv Actual Dollar Amount of Earnings availa	ested as Principal, if an	y.		¢5,000,00
(5)	Actual Dollar Amount of Earnings reinv	ested as Principal, if an		Hospital Bed Fund. \$0.00	\$5,080.00 \$5,080.00

REPORT 17B FUND ACTIVITY 13 OF 23 7/20/2016, 11:01 AM

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	All collection agency/law firms: Accounts are sent weekly to the agency based on an alpha split. Transfers to agencies/law firm are done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when internal collection efforts have not resolved the account.
В.	Hospital's processes and policies for compensating a Collection Agent for services rendered	All collection agency/law firms: Billing to the hospital occurs the month after payments are received. Payments to the agencies and/or law firm are based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur and are paid subsequently.
C.	Total Recovery Rate on accounts assigned (excluding Medicare	
	accounts) to Collection Agents	20.62%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
Α	Collection Agent	
1	Collection Agent Name	VIA Health
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.	All collection agency/law firms: Accounts are sent weekly to the agency based on an alpha split. Transfers to agencies/law firm are done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when internal collection efforts have not resolved the account.
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.	All collection agency/law firms: Billing to the hospital occurs the month after payments are received. Payments to the agencies and/or law firm are based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur and are paid subsequently.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	66.52%

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
В	Collection Agent	
1	Collection Agent Name	EOS
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?	All collection agency/law firms: Accounts are sent weekly to the agency based on
	indicate "Same as General Processes and Policies" Otherwise	an alpha split. Transfers to agencies/law firm are done electronically. Accounts
	Provide Details.	are sent when the dunning cycle has been completed unsuccessfully and/or when
		internal collection efforts have not resolved the account.
5	If the Hospital follows the same processes and policies described	
	in Section I, for compensating this Collection Agent? indicate	All collection agency/law firms: Billing to the hospital occurs the month after
	"Same as General Processes and Policies" Otherwise Provide	payments are received. Payments to the agencies and/or law firm are based upon
	Details.	a percentage of the amount collected. Legal fees are billed to the hospital as they
		occur and are paid subsequently.
6	Recovery Rate on Accounts Assigned (excluding Medicare	
	accounts) to Collection Agent.	8.34%
С	Collection Agent	
1	Collection Agent Name	Optimum
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?	All collection agency/law firms: Accounts are sent weekly to the agency based on
	indicate "Same as General Processes and Policies" Otherwise	an alpha split. Transfers to agencies/law firm are done electronically. Accounts
	Provide Details.	are sent when the dunning cycle has been completed unsuccessfully and/or when
		internal collection efforts have not resolved the account.
5	If the Hospital follows the same processes and policies described	
	in Section I, for compensating this Collection Agent? indicate	All collection agency/law firms: Billing to the hospital occurs the month after
	"Same as General Processes and Policies" Otherwise Provide	payments are received. Payments to the agencies and/or law firm are based upon
	Details.	a percentage of the amount collected. Legal fees are billed to the hospital as they
		occur and are paid subsequently.
6	Recovery Rate on Accounts Assigned (excluding Medicare	
	accounts) to Collection Agent.	23.44%

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
D	Collection Agent	
1	Collection Agent Name	Sherloq Solutions (Merchant Association Collection Division)
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.	All collection agency/law firms: Accounts are sent weekly to the agency based on an alpha split. Transfers to agencies/law firm are done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when internal collection efforts have not resolved the account.
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.	All collection agency/law firms: Billing to the hospital occurs the month after payments are received. Payments to the agencies and/or law firm are based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur and are paid subsequently.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	4.11%
E	Collection Agent	
1	Collection Agent Name	Sherlog Solutions (HB) Client CT101
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.	All collection agency/law firms: Accounts are sent weekly to the agency based on an alpha split. Transfers to agencies/law firm are done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when internal collection efforts have not resolved the account.
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.	All collection agency/law firms: Billing to the hospital occurs the month after payments are received. Payments to the agencies and/or law firm are based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur and are paid subsequently.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	20.52%

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
F	Collection Agent	

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
1	Collection Agent Name	AAB
2	Collection Agent Type	Collection Agency
	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.	All collection agency/law firms: Accounts are sent weekly to the agency based on an alpha split. Transfers to agencies/law firm are done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when internal collection efforts have not resolved the account.
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.	All collection agency/law firms: Billing to the hospital occurs the month after payments are received. Payments to the agencies and/or law firm are based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur and are paid subsequently.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	21.28%

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

LINE	POSITION TITLE	EMPLOYEE NAME	SALARY	FRINGE BENEFITS	TOTAL
1.	President & CEO	Martin Gavin	\$617,586	\$160,572	\$778,158
2.	Executive VP Community and Child Health	Paul H Dworkin	\$472,652	\$122,889	\$595,541
3.	Senior VP Quality Improvement & Patient Safety	Andrea L Benin	\$409,844	\$106,560	\$516,404
J.	Senior vi Quanty improvement & Latient Salety	Andrea E Berlin	φ 4 09,044	\$100,500	\$510, 404
4.	Executive VP & Chief Administrative Officer	Ann Taylor	\$389,687	\$101,319	\$491,006
5.	Senior VP, Chief Operating Officer	Patrick J Garvey	\$342,042	\$88,931	\$430,973
					•
6.	Chief Information Officer	Richelle DeMayo	\$302,064	\$78,537	\$380,601
7.	VP Operations & Chief Information Officer	Kelly Styles	\$291,925	\$75,900	\$367,825
8.	Associate General Counsel	Bobby M Vargas	\$267,634	\$69,585	\$337,219
9.	VP Clinical Svcs & Chief RN Officer	Cheryl Hoey	\$258,570	\$67,228	\$325,798
10.	Senior VP Human Resources	Lawrence E Milan	\$255,085	\$66,322	\$321,407
		Grand Total:	\$3,607,089	\$937,843	\$4,544,932

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CCMC CORPORATION ANNUAL REPORTING FISCAL YEAR 2015

REPORT 19B - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HEALTH SYSTEM EMPLOYEES

LINE	POSITION TITLE	EMPLOYEE NAME AND COMPANY	SALARY	FRINGE BENEFITS	TOTAL
1.	Executive VP Chief Physician Executive	Fernando Ferrer Connecticut Childrens Specialty Group	\$902,702	\$207,622	\$1,110,324
	T				
2.	Division Chief Surgery	Christine M Fink Connecticut Childfrens Specialty Group	\$767,774	\$176,588	\$944,362
3.	Division Chief Neurosurgery	Paul Kanev Connecticut Childrens Soecialty Group	\$722,984	\$166,286	\$889,270
4.	Medical Director Orthopaedics	Jeffrey D Thomson Connecticut Childrens Specialty Group	\$686,404	\$157,873	\$844,277
	·			· · · · · · · · · · · · · · · · · · ·	
5.	President & CEO	Martin Gavin Connecticut Childrens Medical Center	\$617,586	\$160,572	\$778,158
6.	General Surgeon	Brendan Campbell Connecticut Childrens Specialty Group	\$629,551	\$144,797	\$774,348
7.	Chief of Pediatric Cardiothoracic Surgery	Paul Kirshbom Norteast Pediatric Specialists	\$615,000	\$141,450	\$756,450
8.	General Surgeon	Richard G Weiss Connecticut Childrens Specialty Group	\$555,265	\$127,711	\$682,976
9.	Neurosurgeon	Jonathan E Martin Connecticut Childrens Specialty Group	\$549,129	\$126,300	\$675,429
10.	Medical Director Urology	Christina K Granger Connecticut Childrens Specialty Group	\$520,755	\$119,774	\$640,529
		Grand Total:	\$6,567,150	\$1,528,973	\$8,096,123

CT CHILDREN'S MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2015 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 (DirectI	
LINE	DESCRIPTION	Indirectly) ^C	y or Indirectly) ^C	TOTAL
Α.	CCMC 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
В.	CCMC AFFILIATES			
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
С.	CCMC FOUNDATION			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0	\$0 \$0
	r aid by the Hospital to Employees of the Entity Listed Above		φυ [ΨΟ
D .	CCMC VENTURES			
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
		<u></u>		
	CHILD HEALTH AND DEVELOPMENT INSTITUTE OF			
Ε.	CONNECTICUT			
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
_	CONNECTION TO THE PREMIS OFFICIAL TV OPOUR	_		
<u>F.</u>	CONNECTICUT CHILDREN'S SPECIALTY GROUP	**	1 00	***
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
G.	NORTHEAST PEDIATRIC SPECIALISTS, 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
_	and a first to a migration of the anner all the anner and the anner anner and the anne		+	**
Н.	THE CHILDREN'S FUND OF CONNECTICUT, 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

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 2015
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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		MEDICAL CENTE REPORTING	:K		
		L YEAR 2015			
	REPORT 23 - CHARITY CARE AND REDUCED		PROVIDED BY	THE HOSPITAL	
(1)	(2)	(3)	(4)	(5)	(6)
	, ,	FY 2014	FY 2015	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial S	tatement Notes)			
1.	Number of Applicants	450	792	342	76%
2.	Number of Approved Applicants	419	760	341	81%
3.	Total Charges (A)	\$1,302,183	\$1,893,788	\$591,605	45%
	Average Charges	\$3,108	\$2,492	(\$616)	-20%
4.	Ratio of Cost to Charges (RCC)	0.44381	0.445587		0%
	Total Cost	\$577,922	\$843,847	\$265,925	46%
	Average Cost	\$1,379	\$1,110	(\$269)	-20%
	Oberit Organization (Oberita	4000 500	0044.005	040.070	00/
5.	Charity Care - Inpatient Charges	\$892,532	\$911,805	\$19,273	2%
•	Charity Care - Outpatient Emergency Department	50.000	0.47.000	400 500	0000/
6.	Charges	53,800	247,338	193,538	360%
-	Charity Care - Outpatient Charges (Excludes ED	055.054	704.045	070 704	4000/
7.	Charges) Total Charges (A)	355,851	734,645	378,794	106%
	Total Charges (A)	\$1,302,183	\$1,893,788	\$591,605	45%
	Charity Care Number of Dationt Days	400	740	244	400/
8.	Charity Care - Number of Patient Days	499 68	743 167	244 99	49% 146%
9.	Charity Care - Number of Discharges				
10.	Charity Care - Number of Outpatient ED Visits	94	365	271	288%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	250	935	677	262%
	VISILS)	258	933	677	20270
11.					
	e total amount must agree with the total amount listed in	the Hospital Aug	dited Financial S	Statement Notes	
	e total amount must agree with the total amount listed in	the Hospital Au	dited Financial S	Statement Notes.	
	e total amount must agree with the total amount listed in	the Hospital Au	dited Financial S	Statement Notes.	
			dited Financial \$	Statement Notes.	
(A) Th	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - F		dited Financial \$	Statement Notes.	
(A) Th			dited Financial \$	Statement Notes.	
(A) Th	Hospital Bed Funds (see Hospital Reporting System - F	eport 17)			
(A) Th	Hospital Bed Funds (see Hospital Reporting System - F Number of Applicants	Report 17)	7	(1)	-13%
(A) Th	Hospital Bed Funds (see Hospital Reporting System - F Number of Applicants	Report 17)	7	(1)	-13%
(A) Th	Hospital Bed Funds (see Hospital Reporting System - F Number of Applicants Number of Approved Applicants	8 8 8	7 7	(1)	-13% -13%
(A) Th	Hospital Bed Funds (see Hospital Reporting System - F Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges	8 8 8 8 \$10,433	7 7 \$5,080	(1) (1) (\$5,353)	-13% -13%
(A) Th	Hospital Bed Funds (see Hospital Reporting System - F Number of Applicants Number of Approved Applicants Total Charges (B)	\$\frac{8}{8}\$ \$\\$10,433\$ \$\\$1,304\$ 0.443808	7 7 \$5,080	(1) (1) (\$5,353)	-13% -13% -51% -44%
(A) Th B. 1. 2. 3.	Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost	8 8 8 8 \$10,433 \$1,304	7 7 \$5,080 \$726	(1) (1) (\$5,353) (\$578) 0.001779 (\$2,367)	-13% -13% -51% -44% 0% -51%
(A) Th B. 1. 2. 3.	Hospital Bed Funds (see Hospital Reporting System - Roumber of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC)	\$\frac{8}{8}\$ \$\\$10,433\$ \$\\$1,304\$ 0.443808	7 7 \$5,080 \$726 0.445587	(1) (1) (\$5,353) (\$578)	-13% -13% -51% -44%
(A) Th B. 1. 2. 3.	Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	7 7 \$5,080 \$726 0.445587 \$2,264 \$323	(1) (1) (\$5,353) (\$578) 0.001779 (\$2,367) (\$255)	-13% -13% -51% -44% 0% -51% -44%
(A) Th B. 1. 2. 3.	Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	7 7 \$5,080 \$726 0.445587 \$2,264	(1) (1) (\$5,353) (\$578) 0.001779 (\$2,367)	-13% -13% -51% -44% 0% -51%
(A) Th B. 1. 2. 3. 4.	Hospital Bed Funds (see Hospital Reporting System - R 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	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	7 7 \$5,080 \$726 0.445587 \$2,264 \$323	(1) (1) (\$5,353) (\$578) 0.001779 (\$2,367) (\$255)	-13% -13% -51% -44% -51% -51%
(A) Th B. 1. 2. 3.	Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	7 7 \$5,080 \$726 0.445587 \$2,264 \$323	(1) (1) (\$5,353) (\$578) 0.001779 (\$2,367) (\$255)	-13% -13% -51% -44% 0% -51% -44%
(A) Th B. 1. 2. 3. 4.	Hospital Bed Funds (see Hospital Reporting System - R 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	\$10,433 \$1,304 0.443808 \$4,630 \$579 \$10,433	7 7 \$5,080 \$726 0.445587 \$2,264 \$323 \$5,080	(1) (1) (\$5,353) (\$578) 0.001779 (\$2,367) (\$255)	-13% -13% -51% -44% -51% -51% -0%
(A) Th B. 1. 2. 3. 4.	Hospital Bed Funds (see Hospital Reporting System - F Number of Applicants Number of 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)	\$\frac{8}{8}\$ \$\\$10,433\$ \$\\$1,304\$ 0.443808 \$\\$4,630\$ \$\\$579\$ \$\\$10,433\$	7 7 \$5,080 \$726 0.445587 \$2,264 \$323 \$5,080 0	(1) (1) (\$5,353) (\$578) 0.001779 (\$2,367) (\$255) (\$5,353)	-13% -13% -51% -44% -51% -40% -51% -0%
(A) Th B. 1. 2. 3. 4.	Hospital Bed Funds (see Hospital Reporting System - R 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	\$10,433 \$1,304 0.443808 \$4,630 \$579 \$10,433	7 7 \$5,080 \$726 0.445587 \$2,264 \$323 \$5,080	(1) (1) (\$5,353) (\$578) 0.001779 (\$2,367) (\$255)	-13% -13% -51% -44% -51% -51% -0%
(A) Th B. 1. 2. 3. 4. 5. 6.	Hospital Bed Funds (see Hospital Reporting System - R 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)	\$\frac{8}{8}\$ \$\\$10,433\$ \$\\$1,304\$ 0.443808 \$\\$4,630\$ \$\\$579 \$\\$10,433\$ 0 \$\\$0\$ \$\\$10,433\$	7 7 \$5,080 \$726 0.445587 \$2,264 \$323 \$5,080 0 \$5,080	(1) (1) (\$5,353) (\$578) 0.001779 (\$2,367) (\$255) (\$5,353)	-13% -13% -51% -51% -44% 0% -51% 0% -51%
(A) Th B. 1. 2. 3. 4. 5. 6. 7.	Hospital Bed Funds (see Hospital Reporting System - R 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	\$\frac{8}{8}\$ \$\\$10,433\$ \$\\$1,304\$ 0.443808 \$\\$4,630\$ \$\\$579\$ \$\\$10,433\$ 0 \$\\$0\$ \$\\$10,433\$	7 7 \$5,080 \$726 0.445587 \$2,264 \$323 \$5,080 0 \$5,080	(1) (1) (\$5,353) (\$578) 0.001779 (\$2,367) (\$255) (\$5,353) 0 (\$5,353)	-13% -13% -51% -44% 0% -51% -44% 0% -51% -44% 1% -51% -44% -514%
(A) Th B. 1. 2. 3. 4. 5. 6. 7.	Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of 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	\$\frac{8}{8}\$ \$\\$10,433\$ \$\\$1,304\$ 0.443808 \$\\$4,630\$ \$\\$579\$ \$\\$10,433\$ 0 \$\\$10,433\$	7 7 \$5,080 \$726 0.445587 \$2,264 \$323 \$5,080 0 0 \$5,080	(1) (1) (\$5,353) (\$578) 0.001779 (\$2,367) (\$255) (\$5,353) 0 (\$5,353)	-13% -13% -51% -44% -51% -0% -51% -44% -514% -13%
(A) Th B. 1. 2. 3. 4. 5. 6. 7.	Hospital Bed Funds (see Hospital Reporting System - R 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	\$\frac{8}{8}\$ \$\\$10,433\$ \$\\$1,304\$ 0.443808 \$\\$4,630\$ \$\\$579\$ \$\\$10,433\$ 0 \$\\$0\$ \$\\$10,433\$	7 7 \$5,080 \$726 0.445587 \$2,264 \$323 \$5,080 0 \$5,080	(1) (1) (\$5,353) (\$578) 0.001779 (\$2,367) (\$255) (\$5,353) 0 (\$5,353)	-13% -13% -51% -44% 0% -51% -44% 0% -51% -44% 1% -51% -44% -514%
(A) Th B. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	Hospital Bed Funds (see Hospital Reporting System - R 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 Bed Funds - Number of Outpatient ED Visits Bed Funds - Number of Outpatient Visits(Excludes ED	\$\frac{8}{8}\$ \$\\$10,433\$ \$\\$1,304\$ 0.443808 \$\\$4,630\$ \$\\$579\$ \$\\$10,433\$ 0 \$\\$0\$ \$\\$10,433\$	7 7 \$5,080 \$726 0.445587 \$2,264 \$323 \$5,080 0 \$5,080 30 7 0	(1) (\$5,353) (\$578) 0.001779 (\$2,367) (\$255) (\$5,353) 0 (\$5,353) (\$5,353)	-13% -13% -13% -51% -44% -51% -0% -51% -14% -13% -14% -13% -10%
(A) Th B. 1. 2. 3. 4. 5. 6. 7.	Hospital Bed Funds (see Hospital Reporting System - R 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	\$\frac{8}{8}\$ \$\\$10,433\$ \$\\$1,304\$ 0.443808 \$\\$4,630\$ \$\\$579\$ \$\\$10,433\$ 0 \$\\$10,433\$	7 7 \$5,080 \$726 0.445587 \$2,264 \$323 \$5,080 0 0 \$5,080	(1) (1) (\$5,353) (\$578) 0.001779 (\$2,367) (\$255) (\$5,353) 0 (\$5,353)	-13% -13% -51% -44% -51% -0% -51% -44% -514% -13%
(A) Th B. 1. 2. 3. 4. 5. 6. 7. 10. 11.	Hospital Bed Funds (see Hospital Reporting System - R 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 Bed Funds - Number of Outpatient ED Visits Bed Funds - Number of Outpatient Visits(Excludes ED	\$\frac{8}{8}\$ \$\\$10,433\$ \$\\$1,304\$ 0.443808 \$\\$4,630\$ \$\\$579\$ \$\\$10,433\$ 0 \$\\$10,433\$ 0 0 \$\\$10,433\$	7 7 \$5,080 \$726 0.445587 \$2,264 \$323 \$5,080 0 \$5,080 30 7 0	(1) (1) (\$5,353) (\$578) 0.001779 (\$2,367) (\$255) (\$5,353) 0 (\$5,353) (5) (1)	-13% -13% -13% -51% -44% -51% -0% -51% -14% -13% -14% -13% -10%