GRIFFIN HOSPITAL

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	
	DECORII HOR	ALTERIAL INI GRANATION	
A.	AFFILIATE NAME	GRIFFIN HEALTH SERVICES CORPORATION	
	Affiliate Description Affiliate type of service	PARENT COMPANY Parent Corporation	
	Tax Status	Not for Profit	
	Street Address	130 DIVISION ST	
	Town	Derby	
	State	Connecticut 06418 -	
	Zip Code CEO Name	PATRICK CHARMEL	
	CEO Title	PRESIDENT, CHIEF EXECUTIVE OFFICER	
	CT Agent Name	PATRICK CHARMEL	
	CT Agent Company	Griffin Health Services Corp.	
	CT Agent Company Street Address	130 DIVISION ST,	
	CT Agent Town	Derby	
	CT Agent State	Connecticut 06418 -	
15	CT Agent Zip Code	U0418 -	
В.	AFFILIATE NAME	G.H. VENTURES, INC.	
1	Affiliate Description	FOR PROFIT ENTITY CARRIES OUT BIO MED, HOME CARE, SOUTHFORD MEDICAL CENTER, FAMILY HEALTHCARE AND OTHER HEALTH RELATED FUNCTIONS.	
	Affiliate type of service	Real Estate	
	Tax Status	For Profit	
	Street Address	130 DIVISION ST	
	Town	Derby Connecticut	
	State 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	
12	CT Agent Company Street Address	130 DIVISION ST	
	CT Agent Town	Derby	
	CT Agent State CT Agent Zip Code	Connecticut 06418 -	
13	CT Agent Zip Code		
C.	AFFILIATE NAME	GRIFFIN FACULTY PRACTICE PLAN	
	Affiliate Description	A NOT-FOR-PROFIT ENTITY FOR THE PURPOSE OF PROVIDING MEDICAL SERVICES AND TO CHARGE FOR SERVICES PERFORMED BY PHYSICIANS AS SUPERVISORS OF INTERNS.	
	Affiliate type of service	Physicians Services	
	Tax Status	Not for Profit	
4	Street Address	130 DIVISION ST	
	Town	Derby	
	State	Connecticut	
	Zip Code	06418 -	
	CEO Name CEO Title	PATRICK CHARMEL CEO	
	CT Agent Name	PATRICK CHARMEL	
	CT Agent Company	Griffin Faculty Practice Plan	
	CT Agent Company Street Address	130 DIVISION ST,	
	CT Agent Town	Derby	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06418 -	

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GRIFFIN HOSPITAL

ANNUAL REPORTING

FISCAL YEAR 2015

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

(1)	(2)	(3)	
	DESCRIPTION	AFFILIATE INFORMATION	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
D.	AFFILIATE NAME	GRIFFIN HOSPITAL DEVELOPMENT FUND	
1	Affiliate Description	FUND RAISING ORGANIZATION FORN THE GRIFFIN HEALTH SERVICES.	
	Affiliate type of service	Fund Raising/Management	
3	Tax Status	Not for Profit	
4	Street Address	130 DIVISION ST	
5	Town	Derby	
6	State	Connecticut	
7 8	Zip Code CEO Name	06418 - PATRICK CHARMEL	
	CEO Title	PRESIDENT, CHIEF EXECUTIVE OFFICER	
	CT Agent Name	PATRICK CHARMEL	
	CT Agent Company	Griffin Hospital Development Fund	
12	CT Agent Company Street Address	130 DIVISION ST	
	CT Agent Town	Derby	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06418 -	
E.	AFFILIATE NAME	GRIFFIN PHARMACY & GIFT SHOP	
	ALL IEME	S. A. T. H. T. I. J. H. H. G.	
	Affiliate Description	SELLING PHARMACEUTICALS AND GIFTS	
	Affiliate type of service	Pharmacy Net for Profit	
3	Tax Status Street Address	Not for Profit 130 DIVISION ST	
5	Town	Derby	
6	State	Connecticut	
7	Zip Code	06418 -	
8	CEO Name	PATRICK CHARMEL	
9	CEO Title	CEO	
	CT Agent Name	PATRICK CHARMEL	
	CT Agent Company CT Agent Company Street Address	Griffin Pharmacy & Gift Shop 130 DIVISION ST,	
	CT Agent Company Street Address CT Agent Town	Derby	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent Zip Code	06418 -	
	9		
F.	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 Zin Code	Connecticut	
7 8	Zip Code CEO Name	06418 - PATRICK CHARMEL	
9	CEO Title	PRESIDENT, CHIEF EXECUTIVE OFFICER	
	CT Agent Name	PATRICK CHARMEL	
	CT Agent Company	Healthcare Alliance Insurance Co LTD	
12	CT Agent Company Street Address	130 DIVISION ST	
	CT Agent Town	Derby	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06418 -	

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GRIFFIN HOSPITAL 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	NAUGATUCK VALLEY WEIGHT LOSS LLC Naugatuck Valley Weight Loss Center, LLC (NVWLC) is a for-profit company with its principle place of		
		business in Orange, CT. G.H. Ventures, Inc. owns a 30% equity interest. NVWLC is not a subsidiary of		
	Affiliate Description	G.H. Ventures, Inc. but is being shown here to refl		
2	Affiliate type of service	For Profit Services (Specify)		
3	Tax Status Street Address	For Profit		
5	Town	330 BRIDGEPORT AVENUE SHELTON		
6	State	Connecticut		
7	Zip Code	06484 -		
8	CEO Name	PATRICK CHARMEL \EDWARD KALOUST		
9	CEO Title	MANAGING MEMBER		
	CT Agent Name	R&C SERVICES COMPANY		
	CT Agent Company	R&C SERVICES COMPANY		
	CT Agent Town	280 TRUMBULL ST		
	CT Agent Town CT Agent State	HARTFORD Connecticut		
	CT Agent State CT Agent Zip Code	06103 -		
	or rigonic Exp code			
H.	AFFILIATE NAME	NUVAL, LLC		
		NuVal, LLC (NVWLC) is a for-profit company with its principle place of business in Quincy, MA. G.H.		
1	Affiliate Description	Ventures, Inc. holds an equity interest of less than 3%. NuVal, LLC is not a subsidiary of G.H. Ventures, Inc. but is being shown here to reflect the own		
2	Affiliate type of service	For Profit Services (Specify)		
3	Tax Status	For Profit		
4	Street Address	1 Rex Drive		
5	Town	Braintree		
6	State	Massachusetts		
7	Zip Code	02184 -		
8	CEO Name	Nancy Mcdermott		
9	CEO Title CT Agent Name	President none designated		
	CT Agent Company	none designated		
	CT Agent Company Street Address	1 Rex Drive		
13	CT Agent Town	Braintree		
14	CT Agent State	Massachusetts		
15	CT Agent Zip Code	02184 -		
١.	APPHIATE NAME	DI ANETDEE INC		
1.	AFFILIATE NAME	PLANETREE INC		
1	Affiliate Description	PATIENT FOCUSED CARE PHILOSOPHY		
2	Affiliate type of service	Other HealthCare Svcs(Specify)		
3	Tax Status	Not for Profit		
4 5	Street Address	130 DIVISION ST		
6	Town State	Derby Connecticut		
	Zip Code	06418 -		
8	CEO Name	PAT CHARMEL		
	CEO Title	PRESIDENT, CHIEF EXECUTIVE OFFICER		
	CT Agent Name	PATRICK CHARMEL		
	CT Agent Company	Planetree		
	CT Agent Company Street Address	130 DIVISION ST		
	CT Agent Town	Derby		
	CT Agent State	Connecticut 06418 -		
15	CT Agent Zip Code	J00410 -		

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

(1)	(2)	(3)		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
J.	AFFILIATE NAME	VALUE CARE ALLIANCE, LLC		
1	Affiliate Description	Value Care Alliance, LLC (VCA) is a for-profit company with its principle place of business in Derby, CT. Griffin Hospital is a partial equity owner of VCA. VCA is not a subsidiary of Griffin Hospital but is being shown here to reflect the ownership int		
2	Affiliate type of service	Affilate Support Services		
3	Tax Status	For Profit		
4	Street Address	130 Division Street		
5	Town	Derby		
6	State	Connecticut		
7	Zip Code	04618 -		
8	CEO Name	Jeanne O'Brien		
9	CEO Title	Chief Executive Officer		
10	CT Agent Name	Value Care Alliance, LLC		
11	CT Agent Company	Patrick Charmel		
12	CT Agent Company Street Address	130 Division Street		
13	CT Agent Town	Derby		
14	CT Agent State	Connecticut		
15	CT Agent Zip Code	06418 -		

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

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STREET ADDRESS FOR EACH AGENT COMPANY

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2015
Α.	GRIFFIN HOSPITAL		
1		Unrestricted	(\$39,254,442)
2		Temporarily Restricted by Donor	\$4,067,571
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$5,610,488
5		Intercompany Eliminations	(\$8,800,729)
		Total:	(\$38,377,112)
В.	GRIFFIN HEALTH SERVICES CORPORATION		
1		Unrestricted	\$4,949,481
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$4,949,481
C.	G.H. VENTURES, INC.		
1		Unrestricted	(\$814,183)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$814,183)
D.	GRIFFIN FACULTY PRACTICE PLAN		
1		Unrestricted	\$1,361,825
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,361,825
Ε.	GRIFFIN HOSPITAL DEVELOPMENT FUND		
1		Unrestricted	\$3,806,724
2		Temporarily Restricted by Donor	\$3,251,389
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$1,742,616
5		Intercompany Eliminations	\$0
		Total:	\$8,800,729
F.	GRIFFIN PHARMACY & GIFT SHOP		
1		Unrestricted	(\$909,309)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$909,309)
G.	HEALTHCARE ALLIANCE INSURANCE COMPANY LTD		
1		Unrestricted	\$1,471,835
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$1,284,550)
		Total:	\$187,285
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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1) (2) FUND DESCRIPTION FUND PURPOSE H. NAUGATUCK VALLEY WEIGHT LOSS LLC 1 Unrestricted 2 Temporarily Restricted by Done Temporarily Restricted by Boar Permanently Restricted by Don Intercompany Eliminations Total: 1. NUVAL, LLC 1 Unrestricted 2 Temporarily Restricted by Done Total: 1. NUVAL, LLC 1 Unrestricted 2 Temporarily Restricted by Done Total: J. PLANETREE INC 1 Unrestricted 2 Temporarily Restricted by Done Tempor	9/30/2015 \$0 If \$0
1 Unrestricted 2 Temporarily Restricted by Donc 3 Temporarily Restricted by Boar 4 Permanently Restricted by Don 5 Intercompany Eliminations Total: 1. NUVAL, LLC 1 Unrestricted 2 Temporarily Restricted by Donc 3 Temporarily Restricted by Donc 4 Permanently Restricted by Donc 5 Temporarily Restricted by Donc 6 Intercompany Eliminations 7 Total: J. PLANETREE INC 1 Unrestricted 2 Temporarily Restricted by Donc 6 Intercompany Eliminations 7 Total: J. PLANETREE INC 1 Unrestricted 2 Temporarily Restricted by Donc 7 Temporarily Restricted by Donc 8 Temporarily Restricted by Donc 9 Temporarily Restricted by Donc 1 Temporarily Restricted by Donc	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$
1 Unrestricted 2 Temporarily Restricted by Donc 3 Temporarily Restricted by Boar 4 Permanently Restricted by Don 5 Intercompany Eliminations Total: 1. NUVAL, LLC 1 Unrestricted 2 Temporarily Restricted by Donc 3 Temporarily Restricted by Donc 4 Permanently Restricted by Donc 5 Temporarily Restricted by Donc 6 Intercompany Eliminations 7 Total: J. PLANETREE INC 1 Unrestricted 2 Temporarily Restricted by Donc 6 Intercompany Eliminations 7 Total: J PLANETREE INC 1 Unrestricted 2 Temporarily Restricted by Donc 7 Temporarily Restricted by Donc 8 Temporarily Restricted by Donc 9 Temporarily Restricted by Donc 1 Temporarily Restricted by Donc	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$
Temporarily Restricted by Dono Temporarily Restricted by Boar Permanently Restricted by Dono Intercompany Eliminations Total: I. NUVAL, LLC Unrestricted Temporarily Restricted by Dono Temporarily Restricted by Dono Temporarily Restricted by Dono Temporarily Restricted by Boar Permanently Restricted by Dono Intercompany Eliminations Total: J. PLANETREE INC Unrestricted Temporarily Restricted by Dono Intercompany Eliminations Total: J. PLANETREE INC Temporarily Restricted by Dono Tempora	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$
3 Temporarily Restricted by Boar 4 Permanently Restricted by Don 5 Intercompany Eliminations Total: 1. NUVAL, LLC 1 Unrestricted 2 Temporarily Restricted by Don 3 Temporarily Restricted by Boar 4 Permanently Restricted by Don 5 Intercompany Eliminations Total: J. PLANETREE INC 1 Unrestricted 2 Temporarily Restricted by Don 5 Intercompany Eliminations Total: Total: 1 Temporarily Restricted by Don 5 Intercompany Eliminations Total: Temporarily Restricted by Don 6 Temporarily Restricted by Don 7 Temporarily Restricted by Don 8 Temporarily Restricted by Don 9 Temporarily Restricted by Don 1 Temporarily Restricted by Don 2 Temporarily Restricted by Don 3 Temporarily Restricted by Don 3 Temporarily Restricted by Don	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1 \$0 \$1 \$0 \$2 \$3 \$4 \$5 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6
4 Permanently Restricted by Don Intercompany Eliminations Total: I. NUVAL, LLC 1 Unrestricted 2 Temporarily Restricted by Done Temporarily Restricted by Boar Permanently Restricted by Done Intercompany Eliminations Total: J. PLANETREE INC 1 Unrestricted 2 Unrestricted 4 Permanently Restricted by Done Intercompany Eliminations Total: 5 Temporarily Restricted by Done Intercompany Eliminations Total: 1 Unrestricted 2 Permanently Restricted by Done Intercompany Eliminations Temporarily Restricted by Done Intercompany Eliminations Total:	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1 \$0 \$1 \$0 \$2 \$3 \$4 \$5 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6
5 Intercompany Eliminations Total: I. NUVAL, LLC 1 Unrestricted 2 Temporarily Restricted by Done 3 Temporarily Restricted by Board 4 Permanently Restricted by Done 5 Intercompany Eliminations Total: J. PLANETREE INC 1 Unrestricted 2 Temporarily Restricted by Done 3 Temporarily Restricted by Done 4 Permanently Restricted by Done 5 Intercompany Eliminations Total: Temporarily Restricted by Done 5 Permanently Restricted by Done 5 Intercompany Eliminations Total:	\$0 \$0 \$0 \$0 \$0 \$1 \$2 \$3 \$4 \$5 \$5 \$5 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6
I. NUVAL, LLC 1 Unrestricted 2 Temporarily Restricted by Donc 3 Temporarily Restricted by Boar 4 Permanently Restricted by Don 5 Intercompany Eliminations Total: J. PLANETREE INC 1 Unrestricted 2 Temporarily Restricted by Donc 3 Temporarily Restricted by Donc 3 Temporarily Restricted by Donc 5 Temporarily Restricted by Donc 6 Permanently Restricted by Donc 7 Temporarily Restricted by Donc 8 Temporarily Restricted by Donc 9 Temporarily Restricted by Donc 1 Temporarily Restricted by Donc 1 Temporarily Restricted by Donc 1 Total:	\$0 \$0 or \$0 d \$0 or \$0
I. NUVAL, LLC 1 Unrestricted 2 Temporarily Restricted by Donc 3 Temporarily Restricted by Boar 4 Permanently Restricted by Don 5 Intercompany Eliminations Total: J. PLANETREE INC 1 Unrestricted 2 Temporarily Restricted by Donc 3 Temporarily Restricted by Donc 4 Temporarily Restricted by Donc 5 Temporarily Restricted by Donc 6 Temporarily Restricted by Donc 7 Temporarily Restricted by Donc 8 Temporarily Restricted by Donc 9 Temporarily Restricted by Donc 1 Total:	\$0 or \$0 d \$0 or \$0
1 Unrestricted 2 Temporarily Restricted by Donc 3 Temporarily Restricted by Boar 4 Permanently Restricted by Don 5 Intercompany Eliminations Total: J. PLANETREE INC 1 Unrestricted 2 Temporarily Restricted by Donc 3 Temporarily Restricted by Donc 4 Permanently Restricted by Donc 5 Temporarily Restricted by Donc 6 Temporarily Restricted by Donc 7 Temporarily Restricted by Donc 8 Temporarily Restricted by Donc 9 Temporarily Restricted by Donc 1 Total:	or \$0 d \$0 or \$0
1 Unrestricted 2 Temporarily Restricted by Donc 3 Temporarily Restricted by Boar 4 Permanently Restricted by Don 5 Intercompany Eliminations Total: J. PLANETREE INC 1 Unrestricted 2 Temporarily Restricted by Donc 3 Temporarily Restricted by Donc 4 Permanently Restricted by Donc 5 Temporarily Restricted by Donc 6 Temporarily Restricted by Donc 7 Temporarily Restricted by Donc 8 Temporarily Restricted by Donc 9 Temporarily Restricted by Donc 1 Total:	or \$0 d \$0 or \$0
2 Temporarily Restricted by Donc 3 Temporarily Restricted by Boar 4 Permanently Restricted by Donc 5 Intercompany Eliminations Total: J. PLANETREE INC 1 Unrestricted 2 Temporarily Restricted by Donc 3 Temporarily Restricted by Donc 4 Permanently Restricted by Donc 5 Temporarily Restricted by Donc 6 Permanently Restricted by Donc 7 Intercompany Eliminations 7 Intercompany Eliminations 7 Total:	or \$0 d \$0 or \$0
3 Temporarily Restricted by Boar 4 Permanently Restricted by Don 5 Intercompany Eliminations Total: J. PLANETREE INC 1 Unrestricted 2 Temporarily Restricted by Don 3 Temporarily Restricted by Boar 4 Permanently Restricted by Don 5 Intercompany Eliminations Total:	or \$0 d \$0 or \$0
4 Permanently Restricted by Don Intercompany Eliminations Total: J. PLANETREE INC 1 Unrestricted 2 Temporarily Restricted by Donc Temporarily Restricted by Donc Temporarily Restricted by Boar Permanently Restricted by Donc Intercompany Eliminations Total:	or \$0 \$0
5 Intercompany Eliminations Total: J. PLANETREE INC 1 Unrestricted 2 Temporarily Restricted by Donc 3 Temporarily Restricted by Boar 4 Permanently Restricted by Don 5 Intercompany Eliminations Total:	
Total: J. PLANETREE INC 1 Unrestricted 2 Temporarily Restricted by Donc 3 Temporarily Restricted by Boar 4 Permanently Restricted by Don 5 Intercompany Eliminations Total:	
J. PLANETREE INC 1 Unrestricted 2 Temporarily Restricted by Donc 3 Temporarily Restricted by Boar 4 Permanently Restricted by Don 5 Intercompany Eliminations Total:	n2
1 Unrestricted 2 Temporarily Restricted by Donc 3 Temporarily Restricted by Boar 4 Permanently Restricted by Don 5 Intercompany Eliminations Total:	ΨU
1 Unrestricted 2 Temporarily Restricted by Donc 3 Temporarily Restricted by Boar 4 Permanently Restricted by Don 5 Intercompany Eliminations Total:	
2 Temporarily Restricted by Dono 3 Temporarily Restricted by Boar 4 Permanently Restricted by Don 5 Intercompany Eliminations Total:	
3 Temporarily Restricted by Boar 4 Permanently Restricted by Don 5 Intercompany Eliminations Total:	\$149,953
4 Permanently Restricted by Don 5 Intercompany Eliminations Total:	r \$32,497
5 Intercompany Eliminations Total:	d \$0
Total:	
	\$0
W WALLIE CARE ALLIANCE I.I.O.	\$182,450
V VALUE CARE ALLIANCE LLC	
K. VALUE CARE ALLIANCE, LLC	
1 Unrestricted	\$0
2 Temporarily Restricted by Dono	
3 Temporarily Restricted by Boar	
4 Permanently Restricted by Don	or \$0
5 Intercompany Eliminations	\$0
Total:	\$0
Total of all Affiliates (before Intercompany Eliminations) Fund Balance:	
Intercompany Eliminations	(\$14,533,555)
Total of all Affiliates Fund Balance:	(\$14,533,555) (\$10,085,279)

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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
LINE	ATTEME NAME	DESCRIPTION OF TRANSPER	DAIL	HOSFITAL
Α.	GRIFFIN HEALTH SERVICES CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$531,235
1		Transfer of Funds	09/30/2015	(\$807,870)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$276,635)
В.	G.H. VENTURES, INC.		0/00/0044	04.070.700
L_		Beginning Unconsolidated Intercompany Balance: Transfer of Funds	9/30/2014 09/30/2015	\$1,979,739 \$0
1		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$1,979,739
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$1,979,739
C.	GRIFFIN FACULTY PRACTICE PLAN			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
1		Transfer of Funds	09/30/2015	\$127,790
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$127,790
D.	GRIFFIN HOSPITAL DEVELOPMENT FUND			•=
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$56,859
1		Transfer of Funds	09/30/2015	(\$35,742)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$21,117
E.	GRIFFIN PHARMACY & GIFT SHOP			
<u> </u>	CINITIAN MACT & CILT ONCI	Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$197,610
1		Transfer of Funds	09/30/2015	(\$112,293)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$85,317
F.	HEALTHCARE ALLIANCE INSURANCE COMPANY LTD			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$1,958,746
1		401K	09/30/2015	\$785,668
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$2,744,414
G.	NAUGATUCK VALLEY WEIGHT LOSS LLC			
G.	INAUGATUGN VALLET WEIGHT LOSS LLG	Beginning Unconsolidated Intercompany Balance:	9/30/2014	¢o.
-		Nothing to Report	9/30/2014	\$0
		Induming to Keport		ΦU

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
Н.	NUVAL, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
I.	PLANETREE INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$1,505,823
1		Transfer of Funds	09/30/2015	\$12,294
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$1,518,117
J.	VALUE CARE ALLIANCE, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
			Grand Total:	\$6,199,859

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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated		
			Intercompany Balance	10/01/2014	\$0
Α.	GRIFFIN HEALTH SERVICES CORPORATION				
			Nothing to Report	0/00/0045	\$0
			Total:	9/30/2015	\$0
В.	G.H. VENTURES, INC.				
Ь.	G.H. VENTURES, INC.		Nothing to Report		\$0
			Total:	9/30/2015	\$0
			Totali	0/00/2010	4 0
C.	GRIFFIN FACULTY PRACTICE PLAN				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
D.	GRIFFIN HOSPITAL DEVELOPMENT FUND				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
E.	GRIFFIN PHARMACY & GIFT SHOP		Nothing to Depart		# 0
			Nothing to Report Total:	9/30/2015	\$0 \$0
			i otai.	9/30/2015	\$ 0
F.	HEALTHCARE ALLIANCE INSURANCE COMPANY LTD				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
					·
G.	NAUGATUCK VALLEY WEIGHT LOSS LLC				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
H.	NUVAL, LLC		Nothing to Dozost		
			Nothing to Report	0/20/0045	\$0 \$0
			Total:	9/30/2015	\$0
l.	PLANETREE INC				
-	I EMETIVE IIIV		Nothing to Report		\$0
			Total:	9/30/2015	\$0
					**
J.	VALUE CARE ALLIANCE, LLC				
			Nothing to Report		\$0
			Total:	9/30/2015	\$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
LINE	ALTIERTE MANGIEMMOTORES		Ending Unconsolidated	DAIL	AMOUNT
			Intercompany Balance	9/30/2015	\$0

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

(1)	(2)		(3)	(4)
l <u> </u>	AFFILIATE NAME &			
LINE	DESCRIPTION OF EXPENDITURE		AMOUNT	DATE
Α.	GRIFFIN HEALTH SERVICES CORPORATION			
0	Nothing to Report		\$0	
_	Nothing to Report	Total:	\$0	9/30/2015
		. ••••	40	3/30/2013
В.	G.H. VENTURES, INC.			
0	Nothing to Report		\$0	
Ľ	rouning to report	Total:	\$0	9/30/2015
			40	3/30/2013
C.	GRIFFIN FACULTY PRACTICE PLAN			
0	Nothing to Report		\$0	
	<u> </u>	Total:	\$0	9/30/2015
D.	GRIFFIN HOSPITAL DEVELOPMENT FUND			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2015
E.	GRIFFIN PHARMACY & GIFT SHOP			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2015
F.	HEALTHCARE ALLIANCE INSURANCE COMPANY LTD			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2015
G.	NAUGATUCK VALLEY WEIGHT LOSS LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2015
	NUVAL, LLC			
0	Nothing to Report	T-1-1	\$0	-1-1-1-1
		Total:	\$0	9/30/2015
	DI ANICTOCCINO			
I.	PLANETREE INC Nothing to Report		¢ο	
-	Nothing to Report	Total:	\$0 \$0	9/30/2015
		rotai.	\$0	9/30/2015
J.	VALUE CARE ALLIANCE, LLC			
0.	Nothing to Report		\$0	
Ė		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)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
A.	GRIFFIN HEALTH SERVICES CORPORATION	# O	0
0	Nothing to Report Total:	\$0 \$0	0
	I Otal.	30	
В.	G.H. VENTURES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	GRIFFIN FACULTY PRACTICE PLAN		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	GRIFFIN HOSPITAL DEVELOPMENT FUND		
0	Nothing to Report	\$0	0
	Total:	\$0	
_			
E .	GRIFFIN PHARMACY & GIFT SHOP Nothing to Report	\$0	0
	Total:		0
	ı otal.	40	
F.	HEALTHCARE ALLIANCE INSURANCE COMPANY LTD		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	NAUGATUCK VALLEY WEIGHT LOSS LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	NUVAL, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	DI ANIFTREE INO		
I.	PLANETREE INC Nothing to Report	\$0	0
-	Total:	\$0 \$0	•
	l Otal.		
J.	VALUE CARE ALLIANCE, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

GRIFFIN HOSPITAL ANNUAL REPORTING FISCAL YEAR 2015 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR INDIGENT CARE AND FREE BEDS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 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	\$0.00	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	\$236,865.48	\$237,289.48	\$424.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$7,244.00	\$6,150.74	(\$1,093.26)	-15%
3	Expenditures	\$16,041.00	\$3,439.00	(\$12,602.00)	-79%
4	Unrealized Gains and Losses	\$9,221.00	(\$11,850.91)	(\$21,071.91)	-229%
	Ending Balance	\$237,289.48	\$228,150.31	(\$9,139.17)	-4%
5	Projected Interest Income	\$7,713.00	\$7,713.00	\$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	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

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	GRIFFIN HOSPITAL	
	ANNUAL REPORTING	
	FISCAL YEAR 2015	
REPORT 17A	- HOSPITAL BED FUNDS HELD OR ADMINISTERED BY 1	THE HOSPITAL
A. Patient Activity		
(1)	(2)	(3)
<u>Patient</u>	Name of Hospital Bed Fund (FULL NAME)	Amount
 Number of Applications for 	Hospital Bed Funds	2
2. A. Number of Patients receiving		2
2. B. The Actual Total Dollar Amo	ount provided to all patients from Hospital Bed Funds:	\$3,439.00
1	eno fund	\$700.00
2	pine trust	\$2,739.00
_	Grand Total	\$3,439.00

		GRIFFIN HOS			
		ANNUAL REPO			
		FISCAL YEAR	2015		
	REPORT 17B - HOSPI	TAL BED FUNDS HELD C	OR ADMINISTERED BY	THE HOSPITAL	
B. BE	D 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 ea	ch individual Hospital Be	ed Fund, or the Principa	al attributable to ead	h Hospital Bed
(-,	μ				
(4)	Total Actual Earnings for each Hospital	Red Fund or the Farning	as attributable to each	Hospital Red Fund	
(4)	Total Actual Carnings for each flospital	Dea runa or the Larring	gs attributable to each	nospitai bea i una.	
/E\	Actual Dallar Amount of Famines vain	ented on Drivning I if on			
(5)	Actual Dollar Amount of Earnings reinv	ested as Principal, if any	/ .		
(-)					
(6)	Actual Dollar Amount of Earnings avail	able for Patient Care.			
(6)	Actual Dollar Amount of Earnings avail	able for Patient Care.			
(6)	Actual Dollar Amount of Earnings avail pine trust	able for Patient Care.	(\$6,404.00)	(\$6,404.00)	\$93,069.00
(6)			(\$6,404.00) (\$2,311.00)	(\$6,404.00) (\$2,311.00)	· · · · · · · · · · · · · · · · · · ·

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I.	GENERAL COLLECTION PROCESSES AND PROCEDURES	
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	After the third attempt to collect on a self pay account, If no payment is made the account will be referred to an outside collection agency. The data mailer includes all free care and uninsurred information which is made available at Griffin Hospital.
B.	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	21.74%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
Α	Collection Agent	
1	Collection Agent Name	OUTSIURCE GROUP- PARALLON
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.	15.00%

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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	AMERICAN ADJUSTMENT BUREAU
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.
	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.	28.47%

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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.	CHIEF EXECUTIVE OFFICER	Charmel, Patrick	\$506,728	\$50,429	\$557,157
2.	CHIEF FINANCIAL OFFICER	ONeill, Mark	\$300,779	\$7,580	\$308,359
3.	CHIEF, PSYCHIATRIC PHYSICIAN	Zigun, Benjamin J.	\$265,528	\$18,300	\$283,828
4.	PSYCHIATRIC PHYSICIAN	Halstead, Edward G.	\$245,673	\$26,616	\$272,289
5.	CHIEF, PULMONARY PHYSICIAN	Dobular, Kenneth	\$251,981	\$8,883	\$260,864
6.	VP ANCILLARY SERVICES	Deegan, Margaret	\$229,752	\$26,352	\$256,104
7.	VICE PRESIDENT, NURSING	Stumpo, Barbara J.	\$220,649	\$26,864	\$247,513
8.	PSYCHIATRIC PHYSICIAN	Boran M.D., Mihaela	\$212,235	\$23,236	\$235,471
9.	VP, ACCOUNTABLE CARE	Liu, Todd	\$190,737	\$21,272	\$212,009
10.	VP PATIENT SAFETY	Martin, Kathleen	\$179,697	\$26,787	\$206,484
		Grand Total:	\$2,603,759	\$236,319	\$2,840,078

GRIFFIN HEALTH SERVICES 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.	PHYSICIAN GASTROENTEROLOGY	Practice Plan	\$554,576	\$25,266	\$579,842
			•	•	
2.	CHIEF EXECUTIVE OFFICER	Charmel, Patrick - Griffin Hospital	\$506,728	\$50,429	\$557,157
	T				
3.	PHYSICIAN GASTROENTEROLOGY	Practice Plan	\$491,236	\$10,518	\$501,754
	DUVCIOIANI LIDOLOGY	Dunation Diag	**	# 00.050	£407.440
4.	PHYSICIAN UROLOGY	Practice Plan	\$440,868	\$26,250	\$467,118
5.	PHYSICIAN GASTROENTEROLOGY	Practice Plan	\$384,772	\$18,300	\$403,072
			· · ·	· , · ,	
6.	ASST PROGRAM DIRECTOR	Plan	\$335,619	\$22,371	\$357,990
7.	V.P. MEDICAL AFFAIRS	Hospital Practice Plan	\$322,243	\$15,450	\$337,693
8.	PHYSICIAN CHIEF,SURGERY	Practice Plan	\$306,206	\$26,131	\$332,337
9.	RESIDENTS	Practice Plan	\$310,547	\$10,111	\$320,658
10.	PHYSICIAN SURGERY	Practice Plan	\$290,397	\$25,266	\$315,663
		Grand Total:	\$3,943,192	\$230,092	\$4,173,284

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GRIFFIN HOSPITAL 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.	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
В.	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
С.	GRIFFIN FACULTY PRACTICE PLAN			
	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
	Paid by the Hospital to Employees of the Entity Listed Above	Φυ	Φ0	Φ0
D.	GRIFFIN HOSPITAL DEVELOPMENT FUND			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Ε.	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
	HEALTHCARE ALLIANCE INSURANCE COMPANY LTD			
F.				<u>Ф</u> О
2	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0 \$0	\$0 \$0
	Faid by the Hospital to Employees of the Entity Listed Above	φυ	φυ	φυ
G.	NAUGATUCK VALLEY WEIGHT LOSS 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.	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
	DI ANETDEE INO			
1.	PLANETREE INC	ФО.	1 00	C
2	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0 \$0	\$0 \$0
	r aid by the Hospital to Employees of the Entity Listed Above	Ι Φυ	μ	φυ
J .	VALUE CARE ALLIANCE, 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
_	, and the state of	T T		, -

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	
1	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
	i wholiotic.	1973
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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1. Number 2. Number 3. Total Control C	(2) CRIPTION Dital Charity Care (see Hospital Audited Financial States of Applicants States of Applicants Suber of Applicants Suber of Approved Applicants Suber of Approved Applicants Suber of Cost to Charges (RCC)	(3) FY 2014 <u>AMOUNT</u>	(4) FY 2015 AMOUNT 195 150 \$3,122,500 \$20,817 0.267952 \$836,680 \$5,578 \$1,405,125 999,200	(5) AMOUNT DIFFERENCE (83) (56) (\$662,478) \$2,443 (0.016815) (\$241,157) \$346 \$525,449	(6) % <u>DIFFERENC</u> -3 -2 -1 1
A. Hospit 1. Number 2. Number 3. Total Control Contro	(2) CRIPTION Dital Charity Care (see Hospital Audited Financial State of Applicants State of Applicants Der of Approved Applicants I Charges (A) Tage Charges Of Cost to Charges (RCC) I Cost Tage Cost Tity Care - Inpatient Charges Tity Care - Outpatient Emergency Department Triges Tity Care - Outpatient Charges (Excludes ED Triges)	(3) FY 2014 AMOUNT Statement Notes) 278 206 \$3,784,978 \$18,374 0.284767 \$1,077,837 \$5,232 \$879,676 1,740,973	(4) FY 2015 AMOUNT 195 150 \$3,122,500 \$20,817 0.267952 \$836,680 \$5,578 \$1,405,125	(5) AMOUNT DIFFERENCE (83) (56) (\$662,478) \$2,443 (0.016815) (\$241,157) \$346	-3 -2 -1 1
A. Hospit 1. Number 2. Number 3. Total Control Contro	CRIPTION pital Charity Care (see Hospital Audited Financial State of Applicants State of Applicants I Charges (A) rage Charges O of Cost to Charges (RCC) I Cost rage Cost rity Care - Inpatient Charges rity Care - Outpatient Emergency Department rges rity Care - Outpatient Charges (Excludes ED rges)	FY 2014 AMOUNT Statement Notes) 278 206 \$3,784,978 \$18,374 0.284767 \$1,077,837 \$5,232 \$879,676 1,740,973	\$3,122,500 \$3,122,500 \$20,817 0.267952 \$836,680 \$5,578	(83) (56) (\$662,478) \$2,443 (0.016815) (\$241,157) \$346	-3 -2 -1 1
A. Hospit 1. Number 2. Number 3. Total Control Contro	CRIPTION pital Charity Care (see Hospital Audited Financial State of Applicants State of Applicants I Charges (A) rage Charges O of Cost to Charges (RCC) I Cost rage Cost rity Care - Inpatient Charges rity Care - Outpatient Emergency Department rges rity Care - Outpatient Charges (Excludes ED rges)	FY 2014 AMOUNT Statement Notes) 278 206 \$3,784,978 \$18,374 0.284767 \$1,077,837 \$5,232 \$879,676 1,740,973	\$3,122,500 \$3,122,500 \$20,817 0.267952 \$836,680 \$5,578	(83) (56) (\$662,478) \$2,443 (0.016815) (\$241,157) \$346	-3 -2 -1 1
1. Number 2. Number 3. Total Control C	pital Charity Care (see Hospital Audited Financial Suber of Applicants suber of Approved Applicants I Charges (A) Tage Charges Of Cost to Charges (RCC) I Cost Tage Cost Trity Care - Inpatient Charges Trity Care - Outpatient Emergency Department triges Trity Care - Outpatient Charges (Excludes ED triges)	\$3,784,978 \$18,374 0.284767 \$1,077,837 \$5,232 \$879,676	195 150 \$3,122,500 \$20,817 0.267952 \$836,680 \$5,578	(83) (56) (\$662,478) \$2,443 (0.016815) (\$241,157) \$346	-3 -2 -1 1
1. Number 2. Number 3. Total Control C	pital Charity Care (see Hospital Audited Financial Suber of Applicants suber of Approved Applicants I Charges (A) Tage Charges Of Cost to Charges (RCC) I Cost Tage Cost Trity Care - Inpatient Charges Trity Care - Outpatient Emergency Department triges Trity Care - Outpatient Charges (Excludes ED triges)	\$3,784,978 \$18,374 0.284767 \$1,077,837 \$5,232 \$879,676 1,740,973	195 150 \$3,122,500 \$20,817 0.267952 \$836,680 \$5,578	(83) (56) (\$662,478) \$2,443 (0.016815) (\$241,157) \$346	-3 -2 -1 1
1. Number 2. Number 3. Total Control C	ber of Applicants ber of Approved Applicants I Charges (A) rage Charges o of Cost to Charges (RCC) I Cost rage Cost rity Care - Inpatient Charges rity Care - Outpatient Emergency Department rges rity Care - Outpatient Charges (Excludes ED rges)	278 206 \$3,784,978 \$18,374 0.284767 \$1,077,837 \$5,232 \$879,676 1,740,973	\$3,122,500 \$20,817 0.267952 \$836,680 \$5,578	(\$662,478) \$2,443 (0.016815) (\$241,157) \$346	-2 -1 1 -
2. Number 3. Total C Average Charity Charity Charity Charity 7. Charge Total C Charity 9. Charity 9. Charity 11. Visits) A) The total a B. Hospit 1. Number 2. Number 2. Number 3. Total C Average 4. Ratio C Average 5. Bed Full Control C Average 5. Bed Full C Average 5. Bed Fu	ber of Approved Applicants I Charges (A) rage Charges o of Cost to Charges (RCC) I Cost rage Cost rity Care - Inpatient Charges rity Care - Outpatient Emergency Department rges rity Care - Outpatient Charges (Excludes ED rges)	\$3,784,978 \$18,374 0.284767 \$1,077,837 \$5,232 \$879,676 1,740,973	\$3,122,500 \$20,817 0.267952 \$836,680 \$5,578	(\$662,478) \$2,443 (0.016815) (\$241,157) \$346	-2 -1 1 -
2. Number 3. Total C Average Charity Charity Charity Charity 7. Charge Total C Charity 9. Charity 9. Charity 11. Visits) A) The total a B. Hospit 1. Number 2. Number 2. Number 3. Total C Average 4. Ratio C Average 5. Bed Full Control C Average 5. Bed Full C Average 5. Bed Fu	ber of Approved Applicants I Charges (A) rage Charges o of Cost to Charges (RCC) I Cost rage Cost rity Care - Inpatient Charges rity Care - Outpatient Emergency Department rges rity Care - Outpatient Charges (Excludes ED rges)	\$3,784,978 \$18,374 0.284767 \$1,077,837 \$5,232 \$879,676 1,740,973	\$3,122,500 \$20,817 0.267952 \$836,680 \$5,578	(\$662,478) \$2,443 (0.016815) (\$241,157) \$346	-2 -1 1
4. Ratio of Total Charity 6. Charity 7. Charge Total Charity 9. Charity 10. Charity 11. Visits) A) The total a B. Hospit 1. Numbe 2. Numbe 3. Total Charity 4. Ratio of Average 4. Ratio of Average 5. Bed Fu	rage Charges of Cost to Charges (RCC) I Cost rage Cost rity Care - Inpatient Charges rity Care - Outpatient Emergency Department rges rity Care - Outpatient Charges (Excludes ED rges)	\$18,374 0.284767 \$1,077,837 \$5,232 \$879,676 1,740,973	\$20,817 0.267952 \$836,680 \$5,578 \$1,405,125	\$2,443 (0.016815) (\$241,157) \$346	1
4. Ratio of Total Charity 6. Charity 7. Charge Total Charity 9. Charity 10. Charity 11. Visits) A) The total a B. Hospit 1. Numbe 2. Numbe 3. Total Charity 4. Ratio of Average 4. Ratio of Average 5. Bed Fu	rage Charges of Cost to Charges (RCC) I Cost rage Cost rity Care - Inpatient Charges rity Care - Outpatient Emergency Department rges rity Care - Outpatient Charges (Excludes ED rges)	\$18,374 0.284767 \$1,077,837 \$5,232 \$879,676 1,740,973	\$20,817 0.267952 \$836,680 \$5,578 \$1,405,125	\$2,443 (0.016815) (\$241,157) \$346	1
5. Charity Charity Charity 7. Charge Total C 8. Charity 9. Charity 10. Charity Charity 11. Visits) A) The total a B. Hospit 1. Numbe 2. Numbe 3. Total C Average 4. Ratio c Total C Average 5. Bed Fu	rity Care - Inpatient Charges rity Care - Outpatient Emergency Department rges rity Care - Outpatient Charges (Excludes ED rges)	\$1,077,837 \$5,232 \$879,676 1,740,973	\$836,680 \$5,578 \$1,405,125	(\$241,157) \$346	
5. Charity Charity Charity 7. Charge Total C 8. Charity 9. Charity 10. Charity Charity 11. Visits) A) The total a B. Hospit 1. Numbe 2. Numbe 3. Total C Average 4. Ratio c Total C Average 5. Bed Fu	rity Care - Inpatient Charges rity Care - Outpatient Emergency Department rges rity Care - Outpatient Charges (Excludes ED rges)	\$5,232 \$879,676 1,740,973	\$836,680 \$5,578 \$1,405,125	(\$241,157) \$346	
5. Charity Charity Charity 6. Charge Charity 7. Charge Total C 8. Charity 9. Charity 10. Charity 11. Visits) A) The total a B. Hospit 1. Numbe 2. Numbe 3. Total C Average 4. Ratio co Total C Average 5. Bed Fu	rity Care - Inpatient Charges rity Care - Outpatient Emergency Department rges rity Care - Outpatient Charges (Excludes ED rges)	\$5,232 \$879,676 1,740,973	\$5,578 \$1,405,125	\$346	
Charity Charge Charity Total C 8. Charity 9. Charity Charity Charity 11. Visits) A) The total a B. Hospit 1. Numbe 2. Numbe 3. Total C Average 4. Ratio c Total C Average 5. Bed Fu	rity Care - Outpatient Emergency Department rges rity Care - Outpatient Charges (Excludes ED rges)	1,740,973		\$525,449	
Charity Charge Charity Charge Total C 8. Charity 9. Charity Charity Charity Charity Charity The total a B. Hospit 1. Numbe 2. Numbe 3. Total C Average 4. Ratio c Total C Average 5. Bed Fu	rity Care - Outpatient Emergency Department rges rity Care - Outpatient Charges (Excludes ED rges)	1,740,973		φο2ο, 11ο	(
7. Charity Charge Total C 8. Charity 9. Charity 10. Charity Charity 11. Visits) A) The total a B. Hospit 1. Numbe 2. Numbe 3. Total C Average 4. Ratio c Total C Average 5. Bed Fu	rity Care - Outpatient Charges (Excludes ED rges)		999,200		`
7. Charge Total C 8. Charity 9. Charity 10. Charity 11. Visits) A) The total a B. Hospit 1. Numbe 2. Numbe 2. Numbe 4. Ratio c Total C Average 5. Bed Fu	rges)	1 164 329		(741,773)	
8. Charity 9. Charity 10. Charity 11. Visits) A) The total a B. Hospit 1. Numbe 2. Numbe 3. Total C Averag 4. Ratio c Total C Averag 5. Bed Fu			718,175	(446,154)	-:
9. Charity 10. Charity Charity 11. Visits) A) The total a B. Hospit 1. Numbe 2. Numbe 3. Total C Averag 4. Ratio c Total C Averag 5. Bed Fu	i Changes (A)	\$3,784,978	\$3,122,500	(\$662,478)	
9. Charity 10. Charity Charity 11. Visits) A) The total a B. Hospit 1. Numbe 2. Numbe 3. Total C Averag 4. Ratio c Total C Averag 5. Bed Fu					
10. Charity Charity Charity Charity Charity In Charity	rity Care - Number of Patient Days	8,491	10,048	1,557	
Charity 11. Visits) A) The total a B. Hospit 1. Number 2. Number 3. Total Control of Average 4. Ratio of Average 5. Bed Fu	rity Care - Number of Discharges	546	439	(107)	-2
11. Visits) A) The total a B. Hospit 1. Number 2. Number 3. Total Control of Average 4. Ratio of Average 5. Bed Fu	rity Care - Number of Outpatient ED Visits	4,695	6,893	2,198	4
A) The total a B. Hospit 1. Number 2. Number 3. Total Control Cont	rity Care - Number of Outpatient Visits (Excludes ED			()	
B. Hospit 1. Numbe 2. Numbe 3. Total C Averag 4. Ratio c Total C Averag 5. Bed Fu	5)	3,253	2,716	(537)	
1. Number 2. Number 3. Total Control C	I amount must agree with the total amount listed in	the Hospital Aud	lited Financial S	tatement Notes.	
1. Number 2. Number 3. Total Control C	pital Bed Funds (see Hospital Reporting System - F	Poport 17)			
Number Total Control Average Average Average Bed Full	pitai beu runus (see nospitai keporting System - k	Report 17)			
3. Total C Average 4. Ratio c Total C Average 5. Bed Fu	ber of Applicants	6	2	(4)	-(
4. Ratio of Total C Average 5. Bed Fu	ber of Approved Applicants	6	2	(4)	-
4. Ratio of Total C Average 5. Bed Fu	I Charges (B)	\$16,041	\$3,439	(\$12,602)	
Total C Average 5. Bed Fu	age Charges	\$2,674	\$1,720	(\$954)	-:
5. Bed Fu	o of Cost to Charges (RCC)	0.284767	0.267952	(0.016815)	
5. Bed Fu		\$4,568	\$921	(\$3,646)	
	rage Cost	\$761	\$461	(\$301)	-:
6. Bed Fu	Funds - Inpatient Charges	\$8,960	\$700	(\$8,260)	-!
	Funds - Outpatient Emergency Department Charges	2,650	456	(2,194)	-8
_			0.000		
7. Bed Fu		4,431 \$16,041	2,283 \$3,439	(2,148) (\$12,602)	
	Funds - Outpatient Charges (Excludes ED Charges)				
	Funds - Outpatient Charges (Excludes ED Charges) I Charges (B)	34	5	(29)	-8
	Funds - Outpatient Charges (Excludes ED Charges) I Charges (B) Funds - Number of Patient Days	_	1	(2)	-(
	Funds - Outpatient Charges (Excludes ED Charges) I Charges (B) Funds - Number of Patient Days Funds - Number of Discharges	3	2	(8)	-{
	Funds - Outpatient Charges (Excludes ED Charges) I Charges (B) Funds - Number of Patient Days Funds - Number of Discharges Funds - Number of Outpatient ED Visits	10	4.5		
11. Visits)	Funds - Outpatient Charges (Excludes ED Charges) I Charges (B) Funds - Number of Patient Days Funds - Number of Discharges Funds - Number of Outpatient ED Visits Funds - Number of Outpatient Visits(Excludes ED		10	(11)	