## **FISCAL YEAR 2015**

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
		MILEODO LIEA TILO MEDIONI, INO	
A.	AFFILIATE NAME	MILFORD HEALTH & MEDICAL, INC.	
1	Affiliate Description	MANAGEMENT - PARENT CORPORATION	
2	Affiliate type of service	Parent Corporation	
3	Tax Status	Not for Profit	
4	Street Address	300 SEASIDE AVENUE	
5	Town	Milford	
6	State	Connecticut	
	Zip Code	06460 -	
	CEO Name	Joseph Pelaccia	
	CEO Title	President	
	CT Agent Name	Jospeh Pelaccia	
	CT Agent Company CT Agent Company Street Address	Milford Hospital, Inc. 300 Seaside Avenue	
	CT Agent Company Street Address CT Agent Town	Milford	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent State CT Agent Zip Code	06460 -	
1.0	or rigorit zip codo		
B.	AFFILIATE NAME	HOME CARE PLUS, INC.	
	Affiliate Description	HOME HEALTH CARE: SKILLED NURSING, HOME HEALTH AIDE AND VARIOUS THERAPIES	
2	Affiliate type of service	Outpatient Care	
3	Tax Status	Not for Profit	
	Street Address Town	309 Seaside Avenue Milford	
6	State	Connecticut	
	Zip Code	06460 -	
	CEO Name	Joseph Pelaccia	
	CEO Title	President	
	CT Agent Name	Joseph Pelaccia	
	CT Agent Company	Milford Hospital, Inc.	
	CT Agent Company Street Address	309 Seaside Avenue	
13	CT Agent Town	Milford	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06460 -	
		MILEODD HEALTHOADE OF DIVIOES IN C	
C.	AFFILIATE NAME	MILFORD HEALTHCARE SERVICES, INC.	
1	Affiliate Description	INCREASE AND COORDINATE HEALTH CARE SERVICES IN COMMUNITY	
2	Affiliate type of service	Fund Raising/Management	
	Tax Status	Not for Profit	
4	Street Address	300 SEASIDE AVENUE	
5	Town	Milford	
	State	Connecticut	
	Zip Code	06460 -	
	CEO Name	Joseph Pelaccia	
9	CEO Title	President	
	CT Agent Name	Joseph Pelaccia	
11	CT Agent Company	Milford Hospital, Inc.	

## **FISCAL YEAR 2015**

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
	CT Agent Company Street Address	300 Seaside Avenue
	CT Agent Town	Milford
	CT Agent State	Connecticut
15	CT Agent Zip Code	06460 -
D.	AFFILIATE NAME	MILFORD HOSPITAL FOUNDATION
<u>.                                    </u>	AFFICIATE NAIVIE	INILI OND HOOF TALL OUNDATION
1	Affiliate Description	FUND RAISING FOR MILFORD HOSPITAL
2	Affiliate type of service	Fund Raising/Management
3	Tax Status	Not for Profit
4	Street Address	300 SEASIDE AVENUE
5	Town	Milford
6	State	Connecticut
7	Zip Code	06460 -
8	CEO Name	Joseph Pelaccia
9	CEO Title	President
10	CT Agent Name	Joseph Pelaccia
11	CT Agent Company	Milford Hospital, Inc.
12	CT Agent Company Street Address	300 Seaside Avenue
13	CT Agent Town	Milford
14	CT Agent State	Connecticut
	CT Agent Zip Code	06460 -
E.	AFFILIATE NAME	MILFORD MEDICAL LAB, INC.
1	Affiliate Description	MEDICAL LABORATORY
2	Affiliate Description Affiliate type of service	MEDICAL LABORATORY Lab
3	Tax Status	For Profit
4	Street Address	2068 Bridgeport Avenue
5		Milford
6	Town	Connecticut
7	State Zip Code	06460 -
	i ·	
8	CEO Name CEO Title	Joseph Pelaccia President
	CT Agent Name	Joseph Pelaccia Milford Hospital, Inc.
11	CT Agent Company	Milford Hospital, Inc.
	CT Agent Company Street Address	300 Seaside Ave
	CT Agent Town	Milford
	CT Agent State	Connecticut 06460 -
15	CT Agent Zip Code	VO+VO -
F.	AFFILIATE NAME	SBAC, LLC
Hi-		
1	Affiliate Description	Aesthetic care, dematology and cosmetic surgery services
2		Other HealthCare Svcs(Specify)
	Affiliate type of service	
	Affiliate type of service Tax Status	
3	Tax Status	For Profit
3 4	Tax Status Street Address	For Profit 300 Seaside Avenue
3	Tax Status	For Profit

## **FISCAL YEAR 2015**

(1)	(2)	(3)
LINE	DESCRIPTION	AFEIL LATE INFORMATION
		AFFILIATE INFORMATION
	Zip Code	06460 -
_	CEO Name	Joseph Pelaccia President
	CEO Title	1.134.44.11
	CT Agent Name	Joseph Pelaccia
	CT Agent Company	Milford Hospital, Inc.
	CT Agent Company Street Address	300 Seaside Avenue
	CT Agent Town CT Agent State	Milford  Connecticut
	CT Agent State CT Agent Zip Code	06460 -
15	C1 Agent Zip Code	00400 -
G.	AFFILIATE NAME	SBDI ASSOCIATES LLC
1	Affiliate Description	Leasing Company
2	Affiliate type of service	Real Estate
3	Tax Status	For Profit
4	Street Address	300 Seaside Avenue
5	Town	Milford
6	State	Connecticut
	Zip Code	06460 -
	CEO Name	Joseph Pelaccia
	CEO Title	President
	CT Agent Name	Joseph Pelaccia
	CT Agent Company	Milford Hospital, Inc.
	CT Agent Company Street Address	300 Seaside Avenue
	CT Agent Town	Milford
	CT Agent State	Connecticut
15	CT Agent Zip Code	06460 -
H.	AFFILIATE NAME	SBDI HOLDING LLC
1	Affiliate Description	Leasing Company
2	Affiliate type of service	Imaging Equipment
3	Tax Status	For Profit
4	Street Address	300 Seaside Avenue
5	Town	Milford
6	State	Connecticut
7	Zip Code	06460 -
	CEO Name	Joseph Pelaccia
	CEO Title	President
	CT Agent Name	Joseph Pelaccia
	CT Agent Company	Milford Hospital, Inc.
12	CT Agent Company Street Address	300 Seaside Avenue
	CT Agent Town	Milford
	CT Agent State	Connecticut
15	CT Agent Zip Code	06460 -
I.	AFFILIATE NAME	SEABRIDGE CORPORATION
1	Affiliate Description	HEALTHCARE: Parent of Milford Medical Lab and partner in S.B.D.I. and SBAC LLC
		and the second s

## **FISCAL YEAR 2015**

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

<sup>\*</sup> P.O. BOX IS UNACCEPTABLE WITHOUT A

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

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2015
Α.	MILFORD HOSPITAL		
1	WHEI ORD HOOF ITAE	Unrestricted	(\$22,867,574)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$826,677
4		Permanently Restricted by Donor	\$673,763
5		Intercompany Eliminations	\$0
		Total:	(\$21,367,134)
	ANI SORRI LISAL TU O MERICAL INC		
<b>B</b> .	MILFORD HEALTH & MEDICAL, INC.	Unrestricted	\$11,423,613
2		Temporarily Restricted by Donor	\$11,423,613
3		Temporarily Restricted by Borlor  Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$1,842,576)
		Total:	\$9,581,037
	HOME CARE PLUS, INC.	Harantii sta d	<b>#504.000</b>
1		Unrestricted	\$581,280
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
Ť		Total:	\$581,280
			<del>, , , , , , , , , , , , , , , , , , , </del>
D.	MILFORD HEALTHCARE SERVICES, INC.		
1		Unrestricted	(\$770,234)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	· ·
		Total:	(\$770,234)
E.	MILFORD HOSPITAL FOUNDATION		
1		Unrestricted	(\$13,799)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$840,476
4		Permanently Restricted by Donor	\$119,763
5		Intercompany Eliminations	\$0
		Total:	\$946,440
F.	MILFORD MEDICAL LAB, INC.		
<u>г.</u> 1	mili OND MILDIOAL LAD, MO.	Unrestricted	(\$10,627,737)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$10,627,737)
	2010		
G.	SBAC, LLC	Horoctrists d	40
1		Unrestricted	\$0 \$0
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0

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

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2015
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
Н.	SBDI ASSOCIATES LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
Ι.	SBDI HOLDING LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0 \$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
J.	SEABRIDGE CORPORATION		
1		Unrestricted	\$570,298
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$570,298
Κ.	SEASIDE INDEMNITY ALLIANCE COMPANY, LTD.		·
1		Unrestricted	\$1,470,218
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	
		Total:	\$1,470,218
	TORRY CORRORATION		
L.	TORRY CORPORATION		40.070.17
1		Unrestricted	\$6,373,157
2		Temporarily Restricted by Donor	\$0 \$0
3		Temporarily Restricted by Board	\$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
5			
		Total:	\$6,373,157
	Total of all Affiliates (before Intercompany Eliminations)	Fund Dales	(644, 400, 000)
<u> </u>	Intercompany Eliminations	Fund Balance:	(\$11,400,099)
	Total of all Affiliates		(\$1,842,576)
	Total of all Allillates	Fund Balance:	(\$13,242,675)

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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
_	MILFORD HEALTH & MEDICAL, INC.			
Α.	MILFORD REALTH & MEDICAL, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$62,308
- 1		administrative support	09/30/2015	
1		Transfer of Funds	09/30/2015	\$27,335
3			09/30/2015	(\$2,442,974) \$2,326,526
4		Cash Payments		
		Reclassify Due from Hospital	09/30/2015 09/30/2015	\$609,430
5		Salary Transfer		\$55,820
6 7		Employee Benefits	09/30/2015	\$32,705
/		Misc Expense	09/30/2015 <b>9/30/2015</b>	\$588
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$671,738
В.	HOME CARE PLUS, INC.			
<u> </u>	HOME OAKE I 200; INO.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$45,630
1		Transfer of Salary and Non-Salary Expenses	09/30/2015	(\$68,364)
2		Salary	09/30/2015	\$44,313
3		Employee Benefits	09/30/2015	\$23,435
4		Cash Payments	09/30/2015	(\$24,861)
5		administrative support	09/30/2016	\$13,037
6		Cleaning Services	09/30/2015	\$1,750
7		Allocated Expenses	09/30/2015	\$1,175
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$36,115
C.	MILFORD HEALTHCARE SERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$1,450
1		Transfer of Salary and Non-Salary Expenses	09/30/2015	(\$3,223)
2		Salary	09/30/2015	\$2,306
3		Employee Benefits	09/30/2015	\$2,300 \$721
4		Misc Expense	09/30/2015	\$196
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$1,450
		Ending Officonsolidated intercompany Balance.	3/30/2013	\$1,430
D.	MILFORD HOSPITAL FOUNDATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$16,893
1		Transfer of Salary and Non-Salary Expenses	09/30/2015	(\$44,610)
2		Salary	09/30/2015	\$26,978
3		Employee Benefits	09/30/2015	\$8,972
4		Misc Expense	09/30/2015	\$759

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

(1)	(2)	(3)	(4)	(5)
	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
5		Cash Payments	09/30/2015	(\$49,433)
6		Administrative Services	09/30/2015	
		Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$4,695)
_	MILEODD MEDICAL LAD ING			
E.	MILFORD MEDICAL LAB, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$259,265
1		administrative support	09/30/2015	\$14,786
2		Information services	09/30/2015	
3		Maintenance Expenses	09/30/2015	
4		Employee Benefits	09/30/2015	
5		Salary	09/30/2015	
<u>6</u> 7		Sales/Purchases of Services	09/30/2015 09/30/2015	
		Cash Payments	09/30/2015	
8		Lab Fees Driver	09/30/2015	
10		Bad Debt Provision	09/30/2015	
11		Misc Expense	09/30/2015	
12		Transfer of Salary and Non-Salary Expenses	09/30/2015	(\$88,278)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$203,234
		1 /		
F.	SBAC, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report	0/00/0045	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
_				
G.	SBDI ASSOCIATES LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	*0
		Nothing to Report	9/30/2014	<b>\$0</b> \$0
-		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$ <b>0</b>
		Ending officonsolidated intercompany balance.	9/30/2013	40
Н.	SBDI HOLDING LLC			
п.	28DI HOLDING LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report	3/30/2014	<b>\$0</b>
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
			3/33/2013	40
	SEABRIDGE CORPORATION			
l .	SEABILIDGE CONFORMATION			

## 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
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$65,344
1		Transfer of Salary and Non-Salary Expenses	09/30/2015	(\$33,225)
2		Salary	09/30/2015	\$17,217
3		Employee Benefits	09/30/2015	\$10,247
4		Misc Expense	09/30/2015	\$294
5		Cash Payments	09/30/2015	(\$65,344)
6		administrative support	09/30/2015	\$5,467
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
J.	SEASIDE INDEMNITY ALLIANCE COMPANY, LTD.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
1		administrative support	09/30/2015	\$86,913
2		Salary	09/30/2015	\$149,875
3		Employee Benefits	09/30/2015	\$88,255
4		Misc Expense	09/30/2015	\$98
_		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$325,141
		Ending onconsolidated intercompany Balance.	3/30/2013	<b>\$523,141</b>
K.	TORRY CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	(\$31,818)
1		Rent	09/30/2015	(\$106,098)
2		Insurance	09/30/2015	\$8,599
3		Salary	09/30/2015	\$85,413
4		Employee Benefits	09/30/2015	\$46,073
5		Misc Expense	09/30/2015	\$965
6		Transfer of Salary and Non-Salary Expenses	09/30/2015	(\$159,792)
7		Administrative Services	09/30/2015	\$35,746
8		Maintenance	09/30/2015	\$4,944
9		Accounts Payable/Other Expenses	09/30/2015	\$1,371
		Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$114,597)
			Grand Total:	\$1,118,386

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#### REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
	AFFILIATE TO ANGEED DING FUNDS	AFFILIATE DECENTING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER  Beginning Unconsolidated	DATE	AMOUNT
			Intercompany Balance	10/01/2014	\$12,588,425
A.	MILFORD HEALTH & MEDICAL, INC.				
			Nothing to Report	0/00/0045	\$0 <b>\$0</b>
			Total:	9/30/2015	\$0
B.	HOME CARE PLUS, INC.				
1		TORRY CORPORATION	Rent	09/30/2015	\$31,800
			Total:	9/30/2015	\$31,800
C.	MILFORD HEALTHCARE SERVICES, INC.				
1		MILFORD HEALTH & MEDICAL, INC.	Interest	09/30/2015	\$11,259
			Total:	9/30/2015	\$11,259
D.	MILFORD HOSPITAL FOUNDATION				
<u> </u>	MILL OND HOSFITAL I CONDATION		Nothing to Report		\$0
			Total:	9/30/2015	\$0
	MILEODD MEDION LAD INO				
E.	MILFORD MEDICAL LAB, INC.		Nothing to Report		\$0
			Total:	9/30/2015	\$ <b>0</b>
F.	SBAC, LLC		Nothing to Report		ФО.
			Total:	9/30/2015	\$0 <b>\$0</b>
					7.
G.	SBDI ASSOCIATES LLC				•
			Nothing to Report  Total:	9/30/2015	\$0 <b>\$0</b>
			ı otal.	3/30/2013	<u> </u>
H.	SBDI HOLDING LLC				
			Nothing to Report	0/20/2045	\$0
			Total:	9/30/2015	\$0
I.	SEABRIDGE CORPORATION				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
J.	SEASIDE INDEMNITY ALLIANCE COMPANY, LTD.				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
1/	TORRY CORPORATION				
K.	TORRY CORPORATION		Nothing to Report		\$0
			Nothing to Report		\$0

#### REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Total:	9/30/2015	\$0
			Ending Unconsolidated		
			Intercompany Balance	9/30/2015	\$12,631,484

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

(1)	(2)		(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE		AMOUNT	DATE
Α.	MILFORD HEALTH & MEDICAL, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2015
В.	HOME CARE PLUS, INC.			
0	Nothing to Report		\$0	
	3 3 4 4	Total:	\$0	9/30/2015
C.	MILFORD HEALTHCARE SERVICES, INC.		•	
0	Nothing to Report	Total	\$0	0/00/0045
		Total:	\$0	9/30/2015
D.	MILFORD HOSPITAL FOUNDATION			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2015
E.	MILFORD MEDICAL LAB, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2015
_	0040 110			
<b>F</b> .	SBAC, LLC Nothing to Report		0	
-	Nothing to Report	Total:	\$0 <b>\$0</b>	9/30/2015
			Ψ.	3/00/2010
G.	SBDI ASSOCIATES LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2015
H.	SBDI HOLDING LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2015
I.	SEABRIDGE CORPORATION			
0	Nothing to Report		\$0	
_	Treating to respect	Total:	\$0	9/30/2015
J.	SEASIDE INDEMNITY ALLIANCE COMPANY, LTD.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2015
K.	TORRY CORPORATION			
0	Nothing to Report		\$0	
Ĕ	Housing to Report	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.	MILFORD HEALTH & MEDICAL, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	HOME CARE PLUS, INC.	0	0
0	Nothing to Report  Total:	\$0 <b>\$0</b>	0
	i Otal.	\$0	
	MILFORD HEALTHCARE SERVICES, INC.		
<b>C</b> .	Nothing to Report	\$0	0
	Total:	\$0	S
		,,	
D.	MILFORD HOSPITAL FOUNDATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	MILFORD MEDICAL LAB, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	SBAC, LLC	0	0
0	Nothing to Report	\$0	0
	Total:	\$0	
	CDDI ACCOCIATEC LL C		
<b>G</b> .	SBDI ASSOCIATES LLC  Nothing to Report	\$0	0
	Total:	\$0	S
		**	
Н.	SBDI HOLDING LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
I.	SEABRIDGE CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	SEASIDE INDEMNITY ALLIANCE COMPANY, LTD.	60	0
0	Nothing to Report  Total:	\$0 \$0	0
	I otal:	\$0	
1/	TORRY CORRODATION		
<b>K.</b>	TORRY CORPORATION  Nothing to Report	\$0	0
U	Morning to report	ΦΟ	U

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
	Total:	\$0	
	Grand Total:	\$0	

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

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

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	MILEORD LICORITAL	
	MILFORD HOSPITAL	
	ANNUAL REPORTING	
	FISCAL YEAR 2015	
REP	ORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERI	ED BY THE HOSPITAL
A. Patient Activity		
(1)	(2)	(3)
<u>Patient</u>	Name of Hospital Bed Fund (FULL NAME)	Amount
<ol> <li>Number of Applications</li> </ol>	for Hospital Bed Funds	0
	Grand Total	\$0.00

	MILFORD HOS	PITAL		
	ANNUAL REPO	RTING		
	FISCAL YEAR	2015		
REPORT 17B - HOSPITA	L BED FUNDS HELD (	OR ADMINISTERED B	BY THE HOSPITAL	
D FUND ACTIVITY				
(2)	(3)	(4)	(5)	(6)
	FMV of Principal	Actual Earnings	<b>Earnings Reinvested</b>	Earnings Available
Name of Hospital Bed Fund				
Fair Market Value of the Principal of each	individual Hospital Be	d Fund, or the Princi	pal attributable to each	Hospital Bed
Total Actual Earnings for each Hospital Bo	ed Fund or the Earning	gs attributable to eac	h Hospital Bed Fund.	
Actual Dollar Amount of Earnings reinvest	ted as Principal, if any	•		
-				
Actual Dollar Amount of Earnings availabl	e for Patient Care.			
Total Bed Funds :	\$0.00	\$0.00	\$0.00	\$0.00
	Name of Hospital Bed Fund  Fair Market Value of the Principal of each  Total Actual Earnings for each Hospital Be  Actual Dollar Amount of Earnings available	ANNUAL REPO FISCAL YEAR REPORT 17B - HOSPITAL BED FUNDS HELD CO FUND ACTIVITY  (2) (3) FMV of Principal Name of Hospital Bed Fund  Fair Market Value of the Principal of each individual Hospital Bed Total Actual Earnings for each Hospital Bed Fund or the Earning Actual Dollar Amount of Earnings reinvested as Principal, if any Actual Dollar Amount of Earnings available for Patient Care.	ANNUAL REPORTING FISCAL YEAR 2015 REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BED FUND ACTIVITY  (2) (3) (4) FMV of Principal Actual Earnings Name of Hospital Bed Fund  Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal Actual Earnings Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Actual Dollar Amount of Earnings reinvested as Principal, if any.  Actual Dollar Amount of Earnings available for Patient Care.	ANNUAL REPORTING FISCAL YEAR 2015 REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL  O FUND ACTIVITY  (2) (3) (4) (5) FMV of Principal Actual Earnings Earnings Reinvested Name of Hospital Bed Fund  Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund.  Actual Dollar Amount of Earnings available for Patient Care.

## REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I.	GENERAL COLLECTION PROCESSES AND PROCEDURES	
Α.	Hospital's processes and policies for assigning a debt to a Collection Agent	The statements and credit letters are computer generated. Accounts will be transferred to the appropriate billing class whenever payments or rejections are received from third party payers.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	The collection agency/law firm forwards all money collected to the hospital. The hospital then reimburses the collection agency.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	14.76%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
Α	Collection Agent	
1	Collection Agent Name	Marcarelli-Naizby Law Firm
2	Collection Agent Type	Attorney
	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	The statements and credit letters are computer generated. Accounts will be transferred to the appropriate billing class whenever payments or rejections are received from third party payers.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	The collection agency/law firm forwards all money collected to the hospital. The hospital then reimburses the collection agency.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	24.78%
	Collection Agent	
B 1	Collection Agent Name	American Adjustment Purceu
2	Collection Agent Name Collection Agent Type	American Adjustment Bureau  Collection Agency
	Politection Agent Type	Collection Agency

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## REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
3	Related / Not Related Entity	Not Related
	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	The statements and credit letters are computer generated. Accounts will be transferred to the appropriate billing class whenever payments or rejections are received from third party payers.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	The collection agency/law firm forwards all money collected to the hospital. The hospital then reimburses the collection agency.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	10.49%
C	Collection Agent	Consulta Constant III C
1	Collection Agent Name	Credit Center, LLC
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.	The statements and credit letters are computer generated. Accounts will be transferred to the appropriate billing class whenever payments or rejections are received from third party payers.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	The collection agency/law firm forwards all money collected to the hospital. The hospital then reimburses the collection agency.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	1.86%

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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.	VP Medical Affairs, Chief OPERATING OFFICER	Dr. Loyd Friedman	\$454,437	\$360,819	\$815,256
2.	President	Joseph Pelaccia	\$498,807	\$306,334	\$805,141
3.	Pathologist	Dr. Anitha Kamath	\$325,339	\$46,216	\$371,555
4.	Hospitalist	Dr. Magdalen Mauriello	\$330,251	\$39,868	\$370,119
5.	Hospitalist	Dr. Michael B. Rudolph	\$254,920	\$44,993	\$299,913
6.	Hospitalist	Dr. Resul Dalipi	\$249,954	\$44,822	\$294,776
7.	Hospitalist	Dr. Mamta Patel	\$234,449	\$29,704	\$264,153
8.	Vice President Finance, CFO	Laura Smith	\$157,528	\$62,630	\$220,158
9.	Vice President Nursing	Beverly Lyon	\$173,876	\$41,442	\$215,318
10.	Director Human Resources	Jeffrey Komornik	\$173,225	\$41,420	\$214,645
		Grand Total:	\$2,852,786	\$1,018,248	\$3,871,034

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# MILFORD HEALTH & MEDICAL, INC. 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.	VP Medical Affairs, Chief OPERATING OFFICER	Dr. Lloyd Friedman, Hospital & Affiliates	\$562,178	\$446,364	\$1,008,542
2.	President	Joseph Pelaccia, Hospital & Affiliates	\$609,001	\$374,008	\$983,009
3.	Pathologist	Dr. Anitha Kamath Milford Hospital & MML	\$325,339	\$46,216	\$371,555
4.	Physician Hospitalist Director	Dr. Magdalen Mauriello, Milford Hosp.	\$330,251	\$39,868	\$370,119
5.	Hospitalist	Dr. Michael B. Rudolph, Milford Hosp.	\$254,920	\$44,993	\$299,913
6.	Hospitalist	Dr. Resul Dalipi, Milford Hospital	\$249,954	\$44,822	\$294,776
7.	Vice President Finance, CFO	Laura Smith, Milf Hosp and Affiliates	\$199,898	\$79,475	\$279,373
8.	Hospitalist	Mamta Patel, Milford Hospital	\$234,449	\$29,704	\$264,153
9.	Vice President Nursing	Beverly Lyon, Milford Hospital	\$173,876	\$41,442	\$215,318
10.	Director Human Resources	Jeffrey Komornik, Milford Hospital	\$173,225	\$41,420	\$214,645
		Grand Total:	\$3,113,091	\$1,188,312	\$4,301,403

#### **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 <sup>A</sup> (DirectI	
LINE	DESCRIPTION	Indirectly) <sup>C</sup>	y or Indirectly) <sup>C</sup>	TOTAL
		a cony,	y or manostry	
Α.	MILFORD HEALTH & MEDICAL, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$55,820	\$32,705	\$88,525
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
В.	HOME CARE PLUS, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$44,313	\$23,435	\$67,748
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
С.	MILFORD HEALTHCARE SERVICES, INC.	•		• • • • •
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$2,306	\$721	\$3,027
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
	MILEORD HOSPITAL FOUNDATION			
D.	MILFORD HOSPITAL FOUNDATION  Paid by the Entity Listed Above to Hospital Employees(B)	\$26,978	\$8,972	\$35,950
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0,972	\$55,950 \$0
	l ald by the Hospital to Employees of the Entity Listed Above		ΨΟ	ΨΟ
Ε.	MILFORD MEDICAL LAB, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$549,870	\$181,195	\$731,065
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
			**	1
F.	SBAC, 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
G.	SBDI ASSOCIATES LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$1,467	\$459	\$1,926
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
	OPPLIED PINO LLO	_		
Η.	SBDI HOLDING LLC	Φ0		ФО.
1	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0 \$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Ι.	SEABRIDGE CORPORATION			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$17,217	\$10,247	\$27,464
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
	and any man respired to Employees of the Entity Elected risets	Ψ0	,	Ψ •
J .	SEASIDE INDEMNITY ALLIANCE COMPANY, LTD.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$149,875	\$88,255	\$238,130
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Κ.	TORRY CORPORATION			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$85,413	\$46,073	\$131,486
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	
	Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or	
1.	Functions.	N/A
	Description of each Transfer of Assets or Operations or Change of Control involving Hospital	
2.	Clinical or Nonclinical Services or Functions.	N/A
	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved	
3.	in a change of control.	N/A
١.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital	21/2
4.	Clinical or Nonclinical Services or Functions occurred.	N/A
_	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital	•
5.	Clinical or Nonclinical Services or Functions.	\$0

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		HOSPITAL REPORTING			
		AL YEAR 2015			
	REPORT 23 - CHARITY CARE AND REDUCED		PROVIDED BY	THE HOSPITAL	
	REFORT 20 OFFICE FIRE REDOCED	OCCI CERVICES	THOUBED BY	1112 11001 11712	
(1)	(2)	(3)	(4)	(5)	(6)
( · /	(-)	FY 2014	FY 2015	AMOUNT	<del>%</del>
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
		<u> </u>	<u></u>		
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial S	Statement Notes)			
1.	Number of Applicants	1,024	364	(660)	-649
2.	Number of Approved Applicants	271	78	(193)	-719
3.	Total Charges (A)	\$579,794	\$245,354	(\$334,440)	-589
	Average Charges	\$2,139	\$3,146	\$1,006	47'
			•		
4.	Ratio of Cost to Charges (RCC)	0.408005	0.36282	(0.045185)	-11
	Total Cost	\$236,559	\$89,019	(\$147,540)	-62
	Average Cost	\$873	\$1,141	\$268	319
5.	Charity Care - Inpatient Charges	\$216,130	\$144,239	(\$71,891)	-339
<u>J.</u>	Charity Care - Impatient Charges  Charity Care - Outpatient Emergency Department	Ψ2 10,130	Ψ144,239	(\$7.1,091)	-33
6.	Charges	286,685	74,188	(212,497)	-749
	Charity Care - Outpatient Charges (Excludes ED	,			
7.	Charges)	76,979	26,927	(50,052)	-659
	Total Charges (A)	\$579,794	\$245,354	(\$334,440)	-589
	Obarity Cons. Number of Batisms Bayes	404		(00)	F0(
8.	Charity Care - Number of Patient Days	161	68	(93)	-58
9. 10.	Charity Care - Number of Discharges Charity Care - Number of Outpatient ED Visits	27 198	17 70	(10)	-37
10.	Charity Care - Number of Outpatient ED Visits  Charity Care - Number of Outpatient Visits (Excludes ED	190	70	(128)	-65
11.	Visits)	52	23	(29)	-56°
				(=0)	
(A) The	e total amount must agree with the total amount listed in	the Hospital Aud	lited Financial S	tatement Notes.	
			lited Financial S	tatement Notes.	
(A) The	e total amount must agree with the total amount listed in  Hospital Bed Funds (see Hospital Reporting System -		lited Financial S	tatement Notes.	
	Hospital Bed Funds (see Hospital Reporting System - Number of Applicants		lited Financial S	tatement Notes.	0,
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System -		lited Financial S	tatement Notes.	
1. 2.	Hospital Bed Funds (see Hospital Reporting System - Number of Applicants Number of Approved Applicants	Report 17) - -	-	-	0'
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - Number of Applicants Number of Approved Applicants Total Charges (B)	Report 17)	- - \$0	- - - \$0	0'
1. 2.	Hospital Bed Funds (see Hospital Reporting System - Number of Applicants Number of Approved Applicants	Report 17) - -	-	-	0,
1. 2. 3.	Hospital Bed Funds (see Hospital Reporting System - Number of Applicants Number of Approved Applicants  Total Charges (B) Average Charges	Report 17)	\$0 \$0	- - \$0 <b>\$0</b>	0,
1. 2.	Hospital Bed Funds (see Hospital Reporting System - Number of Applicants Number of Approved Applicants Total Charges (B)	Report 17)	\$0 \$0	- - - \$0	0,0
1. 2. 3.	Hospital Bed Funds (see Hospital Reporting System -  Number of Applicants  Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)	Report 17)	\$0 \$0	\$0 \$0 \$0	0° 0° 0° 0°
1. 2. 3.	Hospital Bed Funds (see Hospital Reporting System -  Number of Applicants  Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)  Total Cost	\$0 \$0 \$0 \$0	\$0 \$0 \$0	\$0 \$0 \$0 0.000000 \$0	0' 0' 0'
B. 1. 2. 3. 4. 5.	Hospital Bed Funds (see Hospital Reporting System -  Number of Applicants  Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)  Total Cost  Average Cost  Bed Funds - Inpatient Charges	\$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0	0.000000 \$0 \$0 \$0 \$0	0' 0' 0'
1. 2. 3. 4.	Hospital Bed Funds (see Hospital Reporting System -  Number of Applicants Number of Approved Applicants  Total Charges (B) Average Charges  Ratio of Cost to Charges (RCC) Total Cost Average Cost  Bed Funds - Inpatient Charges  Bed Funds - Outpatient Emergency Department Charges	\$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0	0.000000 \$0 \$0 \$0 \$0	0' 0' 0' 0'
B. 1. 2. 3. 4. 5.	Hospital Bed Funds (see Hospital Reporting System -  Number of Applicants Number of Approved Applicants  Total Charges (B) Average Charges  Ratio of Cost to Charges (RCC) Total Cost Average Cost  Bed Funds - Inpatient Charges  Bed Funds - Outpatient Emergency Department Charges  Bed Funds - Outpatient Charges (Excludes ED Charges)	\$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0	0.000000 \$0 \$0 \$0 \$0	0°
B. 1. 2. 3. 4. 5. 6.	Hospital Bed Funds (see Hospital Reporting System -  Number of Applicants Number of Approved Applicants  Total Charges (B) Average Charges  Ratio of Cost to Charges (RCC) Total Cost Average Cost  Bed Funds - Inpatient Charges  Bed Funds - Outpatient Emergency Department Charges	\$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0	0.000000 \$0 \$0 \$0 \$0	0' 0' 0' 0' 0' 0' 0'
B. 1. 2. 3. 4. 5. 6.	Hospital Bed Funds (see Hospital Reporting System - 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)	\$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	0.000000 0.000000 \$0 \$0 \$0 \$0	0' 0' 0' 0' 0' 0' 0'
B.         1.         2.         3.         4.         5.         6.         7.         8.	Hospital Bed Funds (see Hospital Reporting System -  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	\$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0	0.000000 0.000000 \$0 \$0 \$0 0 0	0' 0' 0' 0' 0' 0' 0' 0'
B.         1.         2.         3.         4.         5.         6.         7.         8.         9.	Hospital Bed Funds (see Hospital Reporting System -  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	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0	0.000000 0.0000000 \$0 \$0 \$0 0 0 0	0' 0' 0' 0' 0' 0' 0' 0'
B.         1.         2.         3.         4.         5.         6.         7.         8.	Hospital Bed Funds (see Hospital Reporting System -  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	\$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0	0.000000 0.000000 \$0 \$0 \$0 0 0	0' 0' 0' 0' 0' 0' 0' 0'
B.         1.         2.         3.         4.         5.         6.         7.         8.         9.	Hospital Bed Funds (see Hospital Reporting System -  Number of Applicants Number of Approved Applicants  Total Charges (B) Average Charges  Ratio of Cost to Charges (RCC) Total Cost Average Cost  Bed Funds - Inpatient Charges  Bed Funds - Outpatient Emergency Department Charges  Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B)  Bed Funds - Number of Patient Days Bed Funds - Number of Discharges Bed Funds - Number of Outpatient ED Visits	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0	0.000000 0.0000000 \$0 \$0 \$0 0 0 0	0' 0' 0' 0'

MILFORD HOSPITAL					
ANNUAL REPORTING					
FISCAL YEAR 2015					
REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015	AMOUNT	%
LINE	<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>AMOUNT</u>	DIFFERENCE	DIFFERENCE