MILFORD HOSPITAL

ANNUAL REPORTING

FISCAL YEAR 2016

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

| (1) | (2) | (3) |
|------|-------------------------------------------------|---------------------------------------------------------------------------|
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| LINE | DESCRIPTION | ALFIELD IN ONMATION |
| Α. | AFFILIATE NAME | MILFORD HEALTH & MEDICAL, INC. |
| Α. | AFFILIATE NAME | MILI OND HEALTH & MILDIOAL, INC. |
| | A 600 | MANAGEMENT, PARENT CORROR ATION |
| | Affiliate Description Affiliate type of service | MANAGEMENT - PARENT CORPORATION Parent Corporation |
| | Tax Status | Not for Profit |
| | Street Address | 300 SEASIDE AVENUE |
| 5 | Town | Milford |
| | State | Connecticut |
| | Zip Code | 06460 - |
| | CEO Name | Joseph Pelaccia |
| | CEO Title CT Agent Name | President Jospeh Pelaccia |
| | CT Agent Name CT Agent Company | Milford Hospital, Inc. |
| | CT Agent Company Street Address | 300 Seaside Avenue |
| | CT Agent Town | Milford |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06460 - |
| | | |
| В. | AFFILIATE NAME | HOME CARE PLUS, INC. |
| Ь. | AFFILIATE NAME | HOME CARE FLOS, INC. |
| | | |
| | Affiliate Description | HOME HEALTH CARE: SKILLED NURSING, HOME HEALTH AIDE AND VARIOUS THERAPIES |
| | Affiliate type of service | Outpatient Care |
| | Tax Status | Not for Profit |
| | Street Address Town | 309 Seaside Avenue Milford |
| | State | Connecticut |
| | Zip Code | 06460 - |
| 8 | CEO Name | Joseph Pelaccia |
| | CEO Title | President |
| | CT Agent Name | Joseph Pelaccia |
| | CT Agent Company | Milford Hospital, Inc. |
| | CT Agent Company Street Address CT Agent Town | 309 Seaside Avenue Milford |
| | CT Agent Town CT Agent State | Connecticut |
| | CT Agent Zip Code | 06460 - |
| | | |
| | | |
| C. | AFFILIATE NAME | MILFORD HEALTHCARE SERVICES, INC. |
| | | |
| 1 | Affiliate Description | INCREASE AND COORDINATE HEALTH CARE SERVICES IN COMMUNITY |
| | Affiliate type of service | Fund Raising/Management |
| 3 | Tax Status | Not for Profit |
| | Street Address | 300 SEASIDE AVENUE |
| | Town | Milford |
| | State Zin Code | Connecticut 06460 - |
| | Zip Code 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 - |

REPORT 20 1 OF 26 9/20/2017,8:35 AM

MILFORD HOSPITAL

ANNUAL REPORTING

FISCAL YEAR 2016

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

| (1) | (2) | (3) |
|------|--------------------------------------------------|-----------------------------------------------------------|
| | | |
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| | | |
| D. | AFFILIATE NAME | MILFORD HOSPITAL FOUNDATION |
| | , , , , , <u> </u> | |
| 4 | Arriva Book at | ELINID DAIGNIG FOR AN FORD LICORITAL |
| | Affiliate Description Affiliate type of service | FUND RAISING FOR MILFORD HOSPITAL Fund Raising/Management |
| | Tax Status | Not for Profit |
| | Street Address | 300 SEASIDE AVENUE |
| | Town | Milford |
| | State | Connecticut |
| | Zip Code | 06460 - |
| | CEO Name | Joseph Pelaccia |
| | CEO Title CT Agent Name | President |
| | CT Agent Name CT Agent Company | Joseph Pelaccia Milford Hospital, Inc. |
| | CT Agent Company CT Agent Company Street Address | 300 Seaside Avenue |
| | CT Agent Town | Milford |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06460 - |
| | | |
| _ | A = = 1 | MILEORD MEDICAL LAR INC |
| E. | AFFILIATE NAME | MILFORD MEDICAL LAB, INC. |
| | | |
| | Affiliate Description | MEDICAL LABORATORY |
| | Affiliate type of service | Lab |
| | Tax Status | For Profit |
| | Street Address | 2068 Bridgeport Avenue |
| | Town State | Milford Connecticut |
| | Zip Code | 06460 - |
| | CEO Name | Joseph Pelaccia |
| 9 | CEO Title | President |
| | CT Agent Name | Joseph Pelaccia |
| | CT Agent Company | Milford Hospital, Inc. |
| | CT Agent Company Street Address | 300 Seaside Ave |
| | CT Agent Town | Milford |
| | CT Agent State CT Agent Zip Code | Connecticut 06460 - |
| 15 | OT Agent Zip Code | 100-100 |
| | | |
| F. | AFFILIATE NAME | SBDI ASSOCIATES LLC |
| | | |
| 1 | Affiliate Description | Leasing Company |
| 2 | Affiliate type of service | Real Estate |
| | Tax Status | For Profit |
| | Street Address | 300 Seaside Avenue |
| 5 | Town | Milford |
| | State | Connecticut |
| | Zip Code | 06460 - |
| | CEO Name | Joseph Pelaccia |
| | CEO Title | President Least Palasia |
| | CT Agent Name CT Agent Company | Joseph Pelaccia 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 State | Connecticut |
| | CT Agent Zip Code | 06460 - |
| | | |

REPORT 20 2 OF 26 9/20/2017,8:35 AM

MILFORD HOSPITAL

ANNUAL REPORTING

FISCAL YEAR 2016

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

| (1) | (2) | (3) |
|---------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| | | |
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| | | |
| G. | AFFILIATE NAME | SBDI HOLDING LLC |
| | | |
| 1 | Affiliate Description | Locaing Company |
| | Affiliate Description Affiliate type of service | Leasing Company Imaging Equipment |
| | Tax Status | For Profit |
| | Street Address | 300 Seaside Avenue |
| | Town | Milford |
| 6 | State | Connecticut |
| | Zip Code | 06460 - |
| | CEO Name CEO Title | Joseph Pelaccia 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 - |
| | | |
| Н. | AFFILIATE NAME | SEABRIDGE CORPORATION |
| | | |
| | | |
| | Affiliate Description Affiliate type of service | HEALTHCARE: Parent of Milford Medical Lab and partner in S.B.D.I. and SBAC LLC |
| | Tax Status | For Profit Services (Specify) For Profit |
| 4 | Street Address | 300 SEASIDE AVENUE |
| | Town | Milford |
| 6 | State | Connecticut |
| | Zip Code | 06460 - |
| | CEO Name | Joseph Pelaccia |
| | CEO Title | President Least Palaccia |
| | CT Agent Name CT Agent Company | Joseph Pelaccia Milford Hospital, Inc. |
| | CT Agent Company Street Address | 300 Seaside Avenue |
| | CT Agent Town | Milford |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06460 - |
| | | |
| I | AEEII IATE NAME | SEASIDE INDEMNITY ALLIANCE COMPANY, LTD. |
| I. | AFFILIATE NAME | SEASINE INDENNITT ALLIANCE COMITANT, LTD. |
| | | Company's activities are the direct insurance of the hospital's professional and comprehensive general |
| | Affiliate Description | liability risk together with the physician liability risks of certain of the hospital's affiliated physicians. |
| 2 | Affiliate type of service | Insurance |
| | Tax Status Stroot Address | For Profit |
| <u>4</u> 5 | Street Address Town | 300 Seaside Avenue Milford |
| 6 | State | Cayman Islands |
| | Zip Code | 06460 - |
| 8 | CEO Name | Joseph Pelaccia |
| | CEO Title | CEO CEO |
| | CT Agent Name | Joesph Pelaccia |
| | CT Agent Company | Milford Health and Medical |
| | CT Agent Company Street Address CT Agent Town | 300 Seaside Avenue Milford |
| | CT Agent Town CT Agent State | Connecticut |
| | CT Agent Zip Code | 06460 - |
| | · · | |

REPORT 20 3 OF 26 9/20/2017,8:35 AM

MILFORD HOSPITAL ANNUAL REPORTING FISCAL YEAR 2016 REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

| (1) | (2) | (3) |
|------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| | | |
| J. | AFFILIATE NAME | TORRY CORPORATION |
| 1 | Affiliate Description | HEALTHCARE PROPERTY MANAGEMENT. TORRY CORPORATION OWNS VARIOUS PROPERTIES THAT ARE LOCATIONS FOR THE HOSPITAL'S WALK-IN CENTER, AFFILIATED CORPORATIONS AND COMMUNITY PHYSICIAN OFFICES. |
| 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 |
| 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 |
| 15 | CT Agent Zip Code | 06460 - |

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

STREET ADDRESS FOR EACH AGENT COMPANY

REPORT 20 4 OF 26 9/20/2017,8:35 AM

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

| (1) | (2) | (3) | (4) |
|---------------|-----------------------------------|-----------------------------------------------------------------|----------------|
| (- / | (-/ | FUND DESCRIPTION / | BALANCE AS OF |
| LINE | AFFILIATE NAME | FUND PURPOSE | 9/30/2016 |
| | | | |
| Α. | MILFORD HOSPITAL | | |
| 1 | | Unrestricted | (\$29,978,671) |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$1,097,163 |
| 4 | | Permanently Restricted by Donor | \$673,763 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | (\$28,207,745) |
| В | MILEORD HEALTH & MEDICAL INC | | |
| B . | MILFORD HEALTH & MEDICAL, INC. | Liprostrictod | \$12,177,951 |
| 2 | | Unrestricted Temporarily Restricted by Donor | \$12,177,951 |
| 3 | | Temporarily Restricted by Board | \$0 \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | (\$1,679,936) |
| | | Total: | \$10,498,015 |
| | | | |
| C. | HOME CARE PLUS, INC. | | |
| 1 | | Unrestricted | \$396,879 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$396,879 |
| | | | |
| D. | MILFORD HEALTHCARE SERVICES, INC. | | (0=00.4.40) |
| 1 | | Unrestricted | (\$782,140) |
| 3 | | Temporarily Restricted by Donor Temporarily Restricted by Board | \$0 \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 \$0 |
| Ť | | Total: | (\$782,140) |
| | | Total. | (ψ1 02,140) |
| E. | MILFORD HOSPITAL FOUNDATION | | |
| 1 | | Unrestricted | \$0 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$1,097,163 |
| 4 | | Permanently Restricted by Donor | \$119,763 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$1,216,926 |
| | | | |
| F. | MILFORD MEDICAL LAB, INC. | | |
| 1 | | Unrestricted | (\$11,080,227) |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| <u>4</u> 5 | | Permanently Restricted by Donor | \$0 \$0 |
| | | Intercompany Eliminations | |
| | | Total: | (\$11,080,227) |
| G. | SBDI ASSOCIATES LLC | | |
| 1 | JUN AJJUCIATES LLU | Unrestricted | \$0 |
| 2 | | Temporarily Restricted by Donor | \$0 \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$0 |
| | | | ΨΟ |

REPORT 5 5 OF 26 9/20/2017, 8:35 AM

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

| (1) | (2) | (3) | (4) |
|------|--------------------------------------------------------------------------------------|------------------------------------|---------------------------------|
| LINE | AFFILIATE NAME | FUND DESCRIPTION / FUND PURPOSE | BALANCE AS OF 9/30/2016 |
| | | | |
| Н. | SBDI HOLDING LLC | | |
| 1 | | Unrestricted | \$0 |
| 2 | | Temporarily Restricted by Donor | \$0 \$0 \$0 \$0 \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | |
| | | Total: | \$0 |
| 1. | SEABRIDGE CORPORATION | | |
| 1 | | Unrestricted | \$260,262 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$260,262 |
| | | | |
| J. | SEASIDE INDEMNITY ALLIANCE COMPANY, LTD. | | |
| 1 | | Unrestricted | \$1,470,218 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$1,470,218 |
| Κ. | TORRY CORPORATION | | |
| 1 | | Unrestricted | \$6,282,364 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$6,282,364 |
| | Total of all Affiliator (hafora Intercompany Eliminations) | | |
| | Total of all Affiliates (before Intercompany Eliminations) Intercompany Eliminations | Fund Balance: | (\$18,265,512) |
| | Total of all Affiliates | | (\$1,679,936) |
| | Total OF all Attiliates | Fund Balance: | (\$19,945,448) |

REPORT 5 6 OF 26 9/20/2017, 8:35 AM

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

| (1) | (2) | (3) | (4) | (5) |
|-----------------|-----------------------------------|------------------------------------------------------------------|--------------------------------|----------------------------|
| LINE | AFFILIATE NAME | DESCRIPTION OF TRANSFER | DESCRIPTION OF TRANSFER DATE | |
| _ | MILFORD HEALTH & MEDICAL, INC. | | | |
| Α. | MILFORD HEALTH & MEDICAL, INC. | | | |
| | | Parinning Unconcellidated Intercompany Delance | 0/20/2045 | ¢674.720 |
| 1 | | Beginning Unconsolidated Intercompany Balance: Transfer of Funds | 9/30/2015 09/30/2016 | \$671,738 (\$1,985,880) |
| ' | | Cash Payments | | |
| 2 | | | 09/30/2016 | \$1,783,992 |
| 3 | | Physician Transfer | 09/30/2016 | (\$609,430) |
| 4 | | Salary Transfer | 09/30/2016 | \$109,048 |
| 5 | | Employee Benefits | 09/30/2016 | \$36,886 |
| 6 | | administrative support | 09/30/2016 | \$55,954 |
| 7 | | Audit fees | 09/30/2016 | \$20,000 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$82,308 |
| В. | HOME CARE PLUS, INC. | | | |
| В. | HOWE CARE FLOS, INC. | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$36,115 |
| 1 | | Transfer of Salary and Non-Salary Expenses | 09/30/2016 | (\$94,461) |
| 2 | | Salary | 09/30/2016 | \$68,849 |
| 3 | | Employee Benefits | 09/30/2016 | \$25,307 |
| 4 | | administrative support | 09/30/2016 | \$11,238 |
| 5 | | Cash Payments | 09/30/2016 | (\$18,123) |
| 6 | | Cleaning Services | 09/30/2016 | \$7,430 |
| 7 | | Allocated Expenses | 09/30/2016 | \$306 |
| <u> </u> | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$36,661 |
| | | | | |
| C. | MILFORD HEALTHCARE SERVICES, INC. | | | |
| | | Desiration the consultated between many Delegation | 0/00/0045 | *4.450 |
| _ | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$1,450 |
| 1 | | Tranfer of Funds | 09/30/2016 | (\$2,884) |
| 2 | | Salary | 09/30/2016 | \$2,159 |
| 3 | | Employee Benefits Misc Expense | 09/30/2016 09/30/2016 | \$557 \$168 |
| 4 | | | | |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$1,450 |
| D. | MILFORD HOSPITAL FOUNDATION | | | |
| ان . | INICIONAL PORIDATION | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | (\$4,695) |
| 1 | | Transfer of Salary and Non-Salary Expenses | 09/30/2016 | (\$14,463) |
| 2 | | Employee Benefits | 09/30/2016 | \$6,681 |
| 3 | | Salary | 09/30/2016 | \$21,872 |
| 4 | | Cash Payments | 09/30/2016 | (\$14,979) |

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 | | administrative support | 09/30/2016 | \$798 |
| 6 | | Mileage Reimb | 09/30/2016 | \$24 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | (\$4,762) |
| | | | | |
| E. | MILFORD MEDICAL LAB, INC. | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$203,234 |
| 1 | | Repairs & Maintenance Expenses | 09/30/2016 | \$34 |
| 2 | | Employee Benefits | 09/30/2016 | \$181,290 |
| 3 | | Salary | 09/30/2016 | \$502,644 |
| 4 | | Sales/Purchases of Services | 09/30/2016 | (\$40,143) |
| 5 | | Cash Payments | 09/30/2016 | (\$288,474) |
| 6 | | Lab Fees | 09/30/2016 | \$439,999 |
| 7 | | Driver | 09/30/2016 | \$20,313 |
| 8 9 | | Bad Debt Provision administrative support | 09/30/2016 09/30/2016 | (\$433,166) \$65,920 |
| 10 | | Transfer of Salary and Non-Salary Expenses | 09/30/2016 | \$65,920 (\$186,767) |
| 10 | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$464,884 |
| | | Litaling Officerisolidated intercompany Balance. | 3/30/2010 | \$404,00 4 |
| F. | SBDI ASSOCIATES LLC | | | |
| Г. | SBDI ASSOCIATES LLC | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$0 |
| | | Nothing to Report | 0/00/0040 | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$0 |
| | | | | |
| G. | SBDI HOLDING LLC | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$0 |
| | | Nothing to Report | 0/00/00:0 | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$0 |
| | | | | |
| Н. | SEABRIDGE CORPORATION | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$0 |
| 1 | | Cash Payments | 09/30/2016 | (\$397) |
| 2 | | administrative support | 09/30/2016 | \$8,691 |
| 3 | | Transfer of Salary and Non-Salary Expenses | 09/30/2016 | (\$44,335) |
| 4 | | Employee Benefits | 09/30/2016 | \$9,614 |
| 5 | | Salary | 09/30/2016 | \$26,343 |
| 6 | | Misc Expense | 09/30/2016 | \$84 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$0 |

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 |
| | | | | |
| I. | SEASIDE INDEMNITY ALLIANCE COMPANY, LTD. | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$325,141 |
| 1 | | Salary | 09/30/2016 | \$52,269 |
| 2 | | Employee Benefits | 09/30/2016 | \$17,024 |
| 3 | | administrative support | 09/30/2016 | \$48,822 |
| 4 | | Tranfer of Funds | 09/30/2016 | (\$325,141) |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$118,115 |
| | | | | |
| J. | TORRY CORPORATION | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | (\$114,597) |
| 1 | | Rent | 09/30/2016 | (\$107,690) |
| 2 | | Insurance | 09/30/2016 | \$8,851 |
| 3 | | Cash Payments | 09/30/2016 | \$166,410 |
| 4 | | Postage | 09/30/2016 | \$123 |
| 5 | | Salary | 09/30/2016 | \$114,035 |
| 6 | | Employee Benefits | 09/30/2016 | \$33,414 |
| 7 | | administrative support | 09/30/2016 | \$45,702 |
| 8 | | Transfer of Salary and Non-Salary Expenses | 09/30/2016 | (\$168,213) |
| 9 | | Repairs & Maintenance Expenses | 09/30/2016 | \$1,940 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | (\$20,025) |
| | | | | |
| | | | Grand Total: | \$678,631 |

REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

| Beginning Unconsolidated | (1) | (2) | (3) | (4) | (5) | (6) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------|-----------------------------------|----------------------|------------|-----------------------------|
| A. MILFORD HEALTH & MEDICAL, INC. SEABRIDGE CORPORATION Loan 0930/2016 | | | | | | |
| A. MILFORD HEALTH & MEDICAL, INC. SEABRIDGE CORPORATION Loan 0930/2016 | | | | | | |
| A. MILFORD HEALTH & MEDICAL, INC: SEABRIDGE CORPORATION Loan 0.8930/2016 | LINE | AFFILIATE TRANSFERRING FUNDS | AFFILIATE RECEIVING FUNDS | | DATE | AMOUNT |
| A. MILFORD HEALTH & MEDICAL, INC. SEABRIDGE CORPORATION Loan 99/30/2016 | | | | | | |
| SEABRIDGE CORPORATION Loan 09/30/2016 | _ | MILEORD LIEALTH & MEDICAL INC | | Intercompany Balance | 10/01/2015 | \$12,631,484 |
| MILFORD HEALTHCARE SERVICES, INC. Legal Expenses 09/30/2016 | | MILFORD REALTH & MEDICAL, INC. | SEARRINGE CORRORATION | Loop | 00/20/2016 | \$24,500 |
| B. HOME CARE PLUS, INC. TORRY CORPORATION Rent 09/30/2016 | | | MILEORD HEALTHCARE SERVICES, INC. | Legal Expenses | 09/30/2016 | \$1,957 |
| B. HOME CARE PLUS, INC. TORRY CORPORATION Rent 09/30/2016 | | | | | | \$26,457 |
| TORRY CORPORATION Rent 09/30/2016 | | | | | | , , , |
| C. MILFORD HEALTHCARE SERVICES, INC. MILFORD HEALTH & MEDICAL, INC. Interest 09/30/2016 | B. | HOME CARE PLUS, INC. | | | | |
| C. MILFORD HEALTHCARE SERVICES, INC. 1 | 1 | | TORRY CORPORATION | Į. | | \$31,800 |
| MILFORD HEALTH & MEDICAL, INC. | | | | Total: | 9/30/2016 | \$31,800 |
| MILFORD HEALTH & MEDICAL, INC. | | | | | | |
| D. MILFORD HOSPITAL FOUNDATION Nothing to Report | | MILFORD HEALTHCARE SERVICES, INC. | MILEODD LIEALTH & MEDICAL INC | laters at | 00/00/0040 | 044.007 |
| D. MILFORD HOSPITAL FOUNDATION Nothing to Report 9/30/2016 | 1 | | MILFORD HEALTH & MEDICAL, INC. | | | \$11,907 \$11,907 |
| Nothing to Report 9/30/2016 | | | | i otai: | 9/30/2016 | \$11,907 |
| Nothing to Report 9/30/2016 | D | MILEORD HOSPITAL FOLINDATION | | | | |
| E. MILFORD MEDICAL LAB, INC. Nothing to Report | <u> </u> | INICIONO NACIONDANON | | Nothing to Report | | \$0 |
| E. MILFORD MEDICAL LAB, INC. Nothing to Report F. SBDI ASSOCIATES LLC 1 SEABRIDGE CORPORATION Distribution O9/30/2016 G. SBDI HOLDING LLC 1 SEABRIDGE CORPORATION Distribution O9/30/2016 Total: 9/30/2016 SEABRIDGE CORPORATION Distribution O9/30/2016 Total: 9/30/2016 H. SEABRIDGE CORPORATION MILFORD HEALTH & MEDICAL, INC. Tranfer of Funds O9/30/2016 Total: 9/30/2016 I. SEASIDE INDEMNITY ALLIANCE COMPANY, LTD. Nothing to Report Total: 9/30/2016 Nothing to Report | 1 | | | | 9/30/2016 | \$0 |
| Nothing to Report Total: 9/30/2016 | | | | | | , - |
| Total: 9/30/2016 | E. | MILFORD MEDICAL LAB, INC. | | | | |
| F. SBDI ASSOCIATES LLC 1 | | | | Nothing to Report | | \$0 |
| SEABRIDGE CORPORATION Distribution 09/30/2016 | | | | Total: | 9/30/2016 | \$0 |
| SEABRIDGE CORPORATION Distribution 09/30/2016 | | | | | | |
| Total: 9/30/2016 | | SBDI ASSOCIATES LLC | OF ARRIVATION AT ION | Bi dili di | | |
| G. SBDI HOLDING LLC SEABRIDGE CORPORATION Distribution 09/30/2016 | 1 | | SEABRIDGE CORPORATION | Į. | | \$175,000 |
| SEABRIDGE CORPORATION Distribution 09/30/2016 | | | | I otal: | 9/30/2016 | \$175,000 |
| SEABRIDGE CORPORATION Distribution 09/30/2016 | G | SRDI HOLDING LLC | | | | |
| Total: 9/30/2016 | | OBBITIOEDING EEG | SEABRIDGE CORPORATION | Distribution | 09/30/2016 | \$125,000 |
| H. SEABRIDGE CORPORATION 1 MILFORD HEALTH & MEDICAL, INC. Tranfer of Funds 09/30/2016 Total: 9/30/2016 I. SEASIDE INDEMNITY ALLIANCE COMPANY, LTD. Nothing to Report J. TORRY CORPORATION Nothing to Report | - '- | | SENSING SECOND STORMS | | | \$125,000 |
| MILFORD HEALTH & MEDICAL, INC. Tranfer of Funds 09/30/2016 | | | | | 0.00,000 | V 1=2,000 |
| Total: 9/30/2016 | H. | SEABRIDGE CORPORATION | | | | |
| I. SEASIDE INDEMNITY ALLIANCE COMPANY, LTD. Nothing to Report Total: 9/30/2016 J. TORRY CORPORATION Nothing to Report Nothing to Report | 1 | | MILFORD HEALTH & MEDICAL, INC. | Tranfer of Funds | | (\$272,200) |
| Nothing to Report | | | | Total: | 9/30/2016 | (\$272,200) |
| Nothing to Report | | | | | | |
| J. TORRY CORPORATION Nothing to Report | l. | SEASIDE INDEMNITY ALLIANCE COMPANY, LTD. | | Nulli de B | | |
| J. TORRY CORPORATION Nothing to Report | | | | | 0/00/0040 | \$0 |
| Nothing to Report | | | | Total: | 9/30/2016 | \$0 |
| Nothing to Report | | TORRY CORRORATION | | | | |
| | J. | TOTAL CONFORMIUN | | Nothing to Report | | \$0 |
| 10tai. 3/00/2010 | — | | | | 9/30/2016 | \$0 |
| | | | | . Otal. | 0,00,2010 | \$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 |
| | | | Ending Unconsolidated | | |
| | | | Intercompany Balance | 9/30/2016 | \$12,729,448 |

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 |
| | | | | |
| A. | MILFORD HEALTH & MEDICAL, INC. | | 20 | |
| 0 | Nothing to Report | Total: | \$0 \$0 | 9/30/2016 |
| | | Total. | \$0 | 9/30/2016 |
| В. | HOME CARE PLUS, INC. | | | |
| 0 | Nothing to Report | | \$0 | |
| | g .eop e | Total: | \$0 | 9/30/2016 |
| | | | | |
| C. | MILFORD HEALTHCARE SERVICES, INC. | | | |
| 0 | Nothing to Report | | \$0 | |
| | | Total: | \$0 | 9/30/2016 |
| | | | | |
| D. | MILFORD HOSPITAL FOUNDATION | | | |
| 0 | Nothing to Report | | \$0 | |
| | | Total: | \$0 | 9/30/2016 |
| _ | MILEODD MEDICAL LAD INC | | | |
| E. | MILFORD MEDICAL LAB, INC. Nothing to Report | | * | |
| 0 | Nothing to Report | Total: | \$0 \$0 | 9/30/2016 |
| | | Total. | 40 | 9/30/2010 |
| F. | SBDI ASSOCIATES LLC | | | |
| 0 | Nothing to Report | | \$0 | |
| | | Total: | \$0 | 9/30/2016 |
| | | | | |
| G. | SBDI HOLDING LLC | | | |
| 0 | Nothing to Report | | \$0 | |
| | | Total: | \$0 | 9/30/2016 |
| | | | | |
| H. | SEABRIDGE CORPORATION | | | |
| 0 | Nothing to Report | Total: | \$0 | 0/00/0040 |
| | | Total: | \$0 | 9/30/2016 |
| I. | SEASIDE INDEMNITY ALLIANCE COMPANY, LTD. | | | |
| 0 | Nothing to Report | | \$0 | |
| Ť | reduining to resport | Total: | \$0 \$0 | 9/30/2016 |
| | | | 40 | 5,53/2010 |
| J. | TORRY CORPORATION | | | |
| 0 | Nothing to Report | | \$0 | |
| | | Total: | \$0 | 9/30/2016 |
| | | | | |
| | | Grand Total: | \$0 | 9/30/2016 |

REPORT 7 12 OF 26 9/20/2017, 8:35 AM

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 |
| • | MU FORD UEAU TU O MEDIONI, INO | | |
| A. | MILFORD HEALTH & MEDICAL, INC. Nothing to Report | \$0 | 0 |
| - 0 | Total: | \$ 0 | U. |
| | ı otal. | 40 | |
| В. | HOME CARE PLUS, INC. | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| | | | |
| C. | MILFORD HEALTHCARE SERVICES, INC. | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| | | | |
| D. | MILFORD HOSPITAL FOUNDATION | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| | | | |
| | MILFORD MEDICAL LAB, INC. | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| _ | | | |
| F . | SBDI ASSOCIATES LLC Nothing to Report | \$0 | 0 |
| - 0 | Total: | \$0 \$0 | 0 |
| | I Otal. | 40 | |
| G. | SBDI HOLDING LLC | | |
| 0. | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | Ç |
| | | ¥- | |
| Н. | SEABRIDGE CORPORATION | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| | | | |
| I. | SEASIDE INDEMNITY ALLIANCE COMPANY, LTD. | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| | | | |
| J. | TORRY CORPORATION | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| | | | |

REPORT 8 13 OF 27 9/20/2017,8:35 AM

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 |
| | Grand Total: | \$0 | |

MILFORD HOSPITAL ANNUAL REPORTING FISCAL YEAR 2016 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR INDIGENT CARE AND FREE BEDS

| (1) | (2) | (3) | (4) | (5) | (6) |
|------|-----------------------------|---------|---------|-------------------|--------------|
| | | FY 2015 | FY 2016 | | |
| 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 | \$0.00 | 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 | \$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% |
| 5 | Projected Interest Income | \$0.00 | \$0.00 | \$0.00 | 0% |
| | | | | | |
| С. | Other | | | | |
| | Beginning Balance | \$0.00 | \$0.00 | \$0.00 | 0% |
| 1 | Donations | \$0.00 | \$0.00 | \$0.00 | 0% |
| 2 | Income | \$0.00 | \$0.00 | \$0.00 | 0% |
| 3 | Expenditures | \$0.00 | \$0.00 | \$0.00 | 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% |
| | | | | | |

REPORT 16 15 OF 27 9/20/2017, 8:35 AM

| MII FORD HOSPITAI | | | | | | |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| ANNUAL REPORTING | | | | | | |
| FISCAL YEAR 2016 | | | | | | |
| PORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERI | ED BY THE HOSPITAL | | | | | |
| | | | | | | |
| (2) | (3) | | | | | |
| Name of Hospital Bed Fund (FULL NAME) | Amount | | | | | |
| ns for Hospital Bed Funds | 0 | | | | | |
| | | | | | | |
| Grand Total | \$0.00 | | | | | |
| | | | | | | |
| | | | | | | |
| | FISCAL YEAR 2016 PORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERE (2) Name of Hospital Bed Fund (FULL NAME) Is for Hospital Bed Funds | | | | | |

| | | MILFORD HOS | | | |
|-------|--------------------------------------------|---------------------------|--------------------------|------------------------|--------------------|
| | | ANNUAL REPO | DRTING | | |
| | | FISCAL YEAR | R 2016 | | |
| | REPORT 17B - HOSPIT | TAL BED FUNDS HELD | OR ADMINISTERED BY | THE HOSPITAL | |
| | | | | | |
| B. BE | 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 B | ed Fund, or the Princip | pal attributable to ea | ch Hospital Bed |
| | | | | | - |
| (4) | Total Actual Earnings for each Hospital | Bed Fund or the Earnin | ngs attributable to each | n Hospital Bed Fund. | |
| | | | | | |
| (5) | Actual Dollar Amount of Earnings reinv | ested as Principal, if an | ٧. | | |
| | | <u> </u> | • | | |
| (6) | Actual Dollar Amount of Earnings avails | able for Patient Care. | | | |
| | 3 | | | | |
| | Total Bed Funds : | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | Total Boa Fallas . | \$0.00 | \$0.00 | ψ0.00 | ψ0.00 |

REPORT 17B FUND ACTIVITY 17 OF 28 9/20/2017, 8:35 AM

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 | 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 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 | 17.70% |
| II. | SPECIFIC COLLECTION AGENT INFORMATION | |
| A | Collection Agent | |
| 1 | Collection Agent Name | CREDIT CENTER, LLC |
| 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. | Same as General Processes and Policies. |
| 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. | Same as General Processes and Policies. Same as General Processes and Policies. |
| 6 | Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent. | 1.70% |
| В | Collection Agent | |
| 1 | Collection Agent Name | American Adjustment Bureau |

REPORT 18 18 OF 28 9/20/2017,8:35 AM

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

| (1) | (2) | (3) |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| LINE | DESCRIPTION | COLLECTION INFORMATION |
| 2 | Collection Agent Type | Collection Agency |
| 3 | Related / Not Related Entity | Not Related |
| | If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details. | |
| | Frovide Details. | Same as General Processes and Policies |
| 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. | |
| | | Same as General Processes and Policies |
| 6 | Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent. | 40.30% |
| | | |

REPORT 18 19 OF 28 9/20/2017,8:35 AM

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

| LINE | POSITION TITLE | EMPLOYEE NAME | SALARY | FRINGE BENEFITS | TOTAL |
|------|--------------------------------|----------------------|-------------|-----------------|-------------|
| 1. | President | PELACCIA, JOSEPH | \$498,866 | \$282,438 | \$781,304 |
| 2. | V.P. Medical Affairs | FRIEDMAN, LLOYD, DR. | \$454,776 | \$119,382 | \$574,158 |
| 3. | E.R. Physician | BLOCH, MICHAEL | \$465,044 | \$47,405 | \$512,449 |
| 4. | PhysicianDir.E.R. | GENNINO, CHRISTOPHER | \$461,084 | \$42,484 | \$503,568 |
| 5. | E.R. Physician | SCARFO, JOHN | \$422,099 | \$41,537 | \$463,636 |
| 6. | Physician Hospitalist Director | MAURIELLO, MAGDALEN | \$335,724 | \$41,193 | \$376,917 |
| 7. | Hospitalist | DALIPI, RESUL | \$323,505 | \$45,256 | \$368,761 |
| 8. | E.R. Physician | MEJIA, JOSE | \$332,196 | \$26,672 | \$358,868 |
| 9. | CHIEF PATHOLOGIST | KAMATH, ANATH | \$312,799 | \$42,608 | \$355,407 |
| 10. | Hospitalist | RUDOLPH, MICHAEL | \$284,388 | \$44,701 | \$329,089 |
| | | Grand Total: | \$3,890,481 | \$733,676 | \$4,624,157 |

REPORT 19 20 OF 28 9/20/2017, 8:35 AM

MILFORD HEALTH & MEDICAL, INC. ANNUAL REPORTING FISCAL YEAR 2016

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. | President | PELACCIA, JOSEPH Hospital & Affiliates | \$609,362 | \$344,997 | \$954,359 |
| 2. | V.P. Medical Affairs | FRIEDMAN, LLOYD DR. Hosp & Affil. | \$562,510 | \$147,663 | \$710,173 |
| 3. | E.R. Physician | Bloch, Michael Hospital | \$465,044 | \$47,405 | \$512,449 |
| 4. | PhysicianDir.E.R. | Gennino, ChristopherHospital | \$461,084 | \$42,484 | \$503,568 |
| 5. | E.R. Physician | Scarfo, John Hospital | \$422,099 | \$41,537 | \$463,636 |
| 6. | Physician Hospitalist Director | Mauriello, Magdalen Hospital | \$335,724 | \$41,193 | \$376,917 |
| 7. | Pathologist | Kamath, Anitha Hospital & MML | \$329,262 | \$43,020 | \$372,282 |
| 8. | Hospitalist | Dalipi, Resul Hospital | \$323,505 | \$45,256 | \$368,761 |
| 9. | E.R. Physician | Mejia, Jose Hospital | \$332,196 | \$26,672 | \$358,868 |
| 10. | Hospitalist | Rudolph, Michael Hospital | \$284,388 | \$44,701 | \$329,089 |
| | | Grand Total: | \$4,125,174 | \$824,928 | \$4,950,102 |

REPORT 19C - FINANCIAL GAINS REALIZED FROM A TRANSFER OF OWNERSHIP CON

| LINE | NAME | POSITION TYPE | SALARY | SEVERANCE PAYMENT | STOCK OFFERING VALUE | OTHER FINANCIAL GAIN | TOTAL |
|------|------|---------------|--------|----------------------|-------------------------|----------------------|-------------------|
| | | | | | | | |
| 1. | N/A | | \$0 | \$0 | | | \$0 |
| 2. | | | \$0 | \$0 | | | \$0 |
| 3. | | | \$0 | \$0 | \$0 | | \$0 |
| 4. | | | \$0 | \$0 | \$0 | | \$0 \$0 |
| 5. | | | \$0 | \$0 | \$0 | | \$0 |
| 6. | | | \$0 | \$0 | \$0 | | \$0 |
| 7. | | | \$0 | \$0 | | | \$0 |
| 8. | | | \$0 | \$0 | | | \$0 |
| 9. | | | \$0 | \$0 | \$0 | | \$0 |
| 10. | | | \$0 | \$0 | \$0 | | \$0 \$0 |
| 11. | | | \$0 | \$0 | \$0 | | \$0 |
| 12. | | | \$0 | \$0 | \$0 | | \$0 |
| 13. | | | \$0 | \$0 | \$0 | | \$0 |
| 14. | | | \$0 | \$0 | \$0 | | \$0 |
| 15. | | | \$0 | \$0 | \$0 | | \$0 |
| 16. | | | \$0 | \$0 | \$0 | | \$0 \$0 |
| 17. | | | \$0 | \$0 | \$0 | | \$0 |
| 18. | | | \$0 | \$0 | \$0 | | \$0 |
| 19. | | | \$0 | \$0 | | | \$0 \$0 |
| 20. | | | \$0 | \$0 | \$0 | | \$0 |
| 21. | | | \$0 | \$0 | \$0 | | \$0 |
| 22. | | | \$0 | \$0 | \$0 | | \$0 |
| 23. | | | \$0 | \$0 | \$0 | | \$0 |
| 24. | | | \$0 | \$0 | | | \$0 \$0 \$0 |
| 25. | | | \$0 | \$0 | \$0 | | \$0 |
| 26. | | | \$0 | \$0 | \$0 | | \$0 |
| 27. | | | \$0 | \$0 | \$0 | | \$0 |
| 28. | | | \$0 | \$0 | \$0 | | \$0 \$0 |
| 29. | | | \$0 | \$0 | \$0 | | \$0 |
| 30. | | | \$0 | \$0 | \$0 | | \$0 \$0 |
| 31. | | | \$0 | \$0 | | | \$0 |
| 32. | | | \$0 | \$0 | \$0 | | \$0 |
| 33. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 34. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 35. | | | \$0 | \$0 | \$0 | \$0 | \$0 |

REPORT 19C 22 OF 28 9/20/2017, 8:35 AM

REPORT 19C - FINANCIAL GAINS REALIZED FROM A TRANSFER OF OWNERSHIP CON

| LINE | NAME | POSITION TYPE | SALARY | SEVERANCE PAYMENT | STOCK OFFERING VALUE | OTHER FINANCIAL GAIN | TOTAL |
|------|------|---------------|------------|----------------------|-------------------------|-------------------------|-------|
| 36. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 37. | | | \$0 \$0 | \$0 \$0 | \$0 | \$0 | \$0 |
| 38. | | | \$0 | \$0 \$0 | \$0 | \$0 | \$0 |
| 39. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 40. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 41. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 42. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 43. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 44. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 45. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 46. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 47. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 48. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 49. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 50. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| | | Grand Total: | \$0 | \$0 | \$0 | \$0 | \$0 |

REPORT 19C 23 OF 28 9/20/2017, 8:35 AM

REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS

PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

| (1) | (2) | (3) | (4) | (5) |
|----------------|------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------|------------------|
| | | SALARIES (Directly or | FRINGE BENEFITS ^A (DirectI | |
| LINE | DESCRIPTION | Indirectly) ^C | y or Indirectly) ^C | TOTAL |
| Α. | MILFORD HEALTH & MEDICAL, INC. | \neg | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$109,048 | \$36,886 | \$145,934 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| | Train by the Freehold to Employees of the Emily Eleted Floore | Ψ | Ψΰ | Ψ3 |
| В. | HOME CARE PLUS, INC. | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$68,849 | \$25,307 | \$94,156 |
| 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) | \$2,159 | \$557 | \$2,716 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| | | | | |
| D. | MILFORD HOSPITAL FOUNDATION | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$21,872 | \$6,681 | \$28,553 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| | | | | |
| Ε. | MILFORD MEDICAL LAB, INC. | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$502,644 | \$181,290 | \$683,934 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| | | | | |
| F. | SBDI ASSOCIATES LLC | | <u> </u> | |
| 11 | 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 HOLDING LLC | | | <u> </u> |
| 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 |
| | SEARDIDGE CORRORATION | | | |
| H | SEABRIDGE CORPORATION Delid by the Entitle Listed Above to Heavital Englished (D) | COC 040 | CO C4.4 | ¢25.057 |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$26,343 | \$9,614 | \$35,957 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| 1 | SEASIDE INDEMNITY ALLIANCE COMPANY, LTD. | | | |
| <u>l.</u> | Paid by the Entity Listed Above to Hospital Employees(B) | \$52,269 | \$17,024 | \$69,293 |
| <u>1</u> 2 | Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above | \$52,269 \$0 | \$17,024 | \$69,293 \$0 |
| | raid by the nospital to Employees of the Entity Listed Above | φυ | | φυ |
| J . | TORRY CORPORATION | | | |
| <u>J.</u> 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$114,035 | \$33,414 | \$147,449 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$114,035 | \$0 | \$147,449 \$0 |
| | i and by the Hospital to Employees of the Entity Listed Above | | Ψ | ΨΟ |

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

REPORT 21 24 OF 28 9/20/2017,8:35 AM

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 2016 |
| | | |
| 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 |
| | | |
| | Date that each Transfer of Assets or Operations or Change of Control involving Hospital | |
| 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 |

REPORT 22 25 OF 28 9/20/2017,8:35 AM

| | ANNUAL | HOSPITAL REPORTING | | | |
|-------------|-------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------|-----------------------|------------------------|
| | FISC REPORT 23 - CHARITY CARE AND REDUCED | AL YEAR 2016 COST SERVICES | PROVIDED BY | THE HOSPITAL | |
| | REFORT 20 OFFICE THE REBOOLS | OCCI CERTICES | T KOVIDED BY | THE HOO! TIME | |
| (1) LINE | DESCRIPTION (2) | (3) FY 2015 AMOUNT | (4) FY 2016 <u>AMOUNT</u> | (5) AMOUNT DIFFERENCE | (6) % DIFFERENCE |
| <u>A.</u> | Hospital Charity Care (see Hospital Audited Financial S | Statement Notes) | | | |
| | Number of Applicants | 364 | 183 | (181) | -50% |
| 1. 2. | Number of Applicants Number of Approved Applicants | 78 | 48 | (30) | -38% |
| | | | | (| |
| 3. | Total Charges (A) | \$245,354 | \$300,473 | \$55,119 | 22% |
| | Average Charges | \$3,146 | \$6,260 | \$3,114 | 99% |
| 4. | Ratio of Cost to Charges (RCC) | 0.36282 | 0.340074 | (0.022746) | -6% |
| | Total Cost | \$89,019 | \$102,183 | \$13,164 | 15% |
| | Average Cost | \$1,141 | \$2,129 | \$988 | 87% |
| | | | | | |
| 5. | Charity Care - Inpatient Charges | \$144,239 | \$153,743 | \$9,504 | 7% |
| 6. | Charity Care - Outpatient Emergency Department Charges | 74,188 | 97,037 | 22,849 | 31% |
| 7. | Charity Care - Outpatient Charges (Excludes ED Charges) | 26,927 | 49,693 | 22,766 | 85% |
| | Total Charges (A) | \$245,354 | \$300,473 | \$55,119 | 22% |
| | , | , ,,,,, | , , | , , , , | |
| 8. | Charity Care - Number of Patient Days | 68 | 77 | 9 | 13% |
| 9. | Charity Care - Number of Discharges | 17 | 19 | 2 | 12% |
| 10. | Charity Care - Number of Outpatient ED Visits Charity Care - Number of Outpatient Visits (Excludes ED | 70 | 84 | 14 | 20% |
| 11. | Visits) | 23 | 51 | 28 | 122% |
| (A) The | e total amount must agree with the total amount listed in | n the Hospital Auc | dited Financial S | Statement Notes. | |
| | | · | | | |
| <u>B.</u> | Hospital Bed Funds (see Hospital Reporting System - | Report 17) | | | |
| 1. | Number of Applicants | _ | | _ | 0% |
| 2. | Number of Approved Applicants | - | - | - | 0% |
| | | | | | |
| 3. | Total Charges (B) | \$0 | \$0 | \$0 | 0% |
| | Average Charges | \$0 | \$0 | \$0 | 0% |
| 4. | Ratio of Cost to Charges (RCC) | 0 | 0 | 0.000000 | 0% |
| | Total Cost | \$0 | \$0 | \$0 | 0% |
| | Average Cost | \$0 | \$0 | \$0 | 0% |
| 5. | Bed Funds - Inpatient Charges | \$0 | \$0 | \$0 | 0% |
| 6. | Bed Funds - Outpatient Emergency Department Charges | 0 | 0 | 0 | 0% |
| | | | | | |
| 7. | Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) | 0 \$0 | <u>0</u> \$0 | 0 \$0 | 0% 0 % |
| | rotal Ollarges (D) | Ψ | Ψ | ΨΟ | 370 |
| | | | | _ | 00/ |
| 8. | Bed Funds - Number of Patient Days | 0 | 0 | 0 | |
| 9. | Bed Funds - Number of Discharges | 0 | 0 | 0 | 0% |
| | Bed Funds - Number of Discharges Bed Funds - Number of Outpatient ED Visits | | | | 0% |
| 9. | Bed Funds - Number of Discharges | 0 | 0 | 0 | 0% 0% 0% |

| | MILFORD HOSPITAL | | | | | | | | | |
|-----------------------------------------------------------------------------|------------------|---------|---------|------------|------------|--|--|--|--|--|
| ANNUAL REPORTING | | | | | | | | | | |
| FISCAL YEAR 2016 | | | | | | | | | | |
| REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL | | | | | | | | | | |
| | | | | | | | | | | |
| (1) | (2) | (3) | (4) | (5) | (6) | | | | | |
| | | FY 2015 | FY 2016 | AMOUNT | % | | | | | |
| LINE | DESCRIPTION | AMOUNT | AMOUNT | DIFFERENCE | DIFFERENCE | | | | | |
| | | | | | | | | | | |