

CHARLOTTE HUNGERFORD HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL

| (1) | (2) | (3) |
|---------------------------------------------------------------------------------|---------------------------------|-----------------------------------|
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| A. AFFILIATE NAME THE CHARLOTTE HUNGERFORD HOSPITAL | | |
| 1 | Affiliate Description | Non Profit Acute Care Hospital |
| 2 | Affiliate type of service | Hospital |
| 3 | Tax Status | Not for Profit |
| 4 | Street Address | 540 Litchfield Street |
| 5 | Town | Torrington |
| 6 | State | Connecticut |
| 7 | Zip Code | 06790 - 0988 |
| 8 | CEO Name | Daniel McIntyre |
| 9 | CEO Title | CEO PRESIDENT |
| 10 | CT Agent Name | Daniel McIntyre |
| 11 | CT Agent Company | The Charlotte Hungerford Hospital |
| 12 | CT Agent Company Street Address | 540 Litchfield Street |
| 13 | CT Agent Town | Torrington |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06790 - 0988 |
| B. AFFILIATE NAME ADVANCED MEDICAL IMAGING OF NORTHWEST CONNECTICUT, LLC | | |
| 1 | Affiliate Description | IMAGING CENTER |
| 2 | Affiliate type of service | Imaging Services |
| 3 | Tax Status | For Profit |
| 4 | Street Address | 57 COMMERCIAL BLVD |
| 5 | Town | Torrington |
| 6 | State | Connecticut |
| 7 | Zip Code | 06790 - |
| 8 | CEO Name | Steven Go, MD |
| 9 | CEO Title | President |
| 10 | CT Agent Name | Andrew C. Glassman |
| 11 | CT Agent Company | Pullman & Comley, LLC |
| 12 | CT Agent Company Street Address | 90 State House Sq. |
| 13 | CT Agent Town | Hartford |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06103 - |
| C. AFFILIATE NAME LITCHFIELD COUNTY HEALTHCARE SERVICES CORPORATION | | |
| 1 | Affiliate Description | PHYSICIAN PRACTICE |
| 2 | Affiliate type of service | Physicians Services |
| 3 | Tax Status | For Profit |
| 4 | Street Address | 540 Litchfield St |
| 5 | Town | Torrington |
| 6 | State | Connecticut |
| 7 | Zip Code | 06790 - |
| 8 | CEO Name | Daniel McIntyre |
| 9 | CEO Title | President |
| 10 | CT Agent Name | Stephen E. Ronai |
| 11 | CT Agent Company | Murtha Cullina Richter |
| 12 | CT Agent Company Street Address | 185 Asylum St. |
| 13 | CT Agent Town | Hartford |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06103 - |

CHARLOTTE HUNGERFORD HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL

| (1) | (2) | (3) |
|----------------------------------------------------------------------|---------------------------------|-----------------------------------|
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| D. AFFILIATE NAME MEDCONN COLLECTION AGENCY LLC | | |
| 1 | Affiliate Description | PATIENT COLLECTION AGENCY |
| 2 | Affiliate type of service | Collection Agency |
| 3 | Tax Status | For Profit |
| 4 | Street Address | 2049 Silas Deane Highway 3rd f |
| 5 | Town | Rocky Hill |
| 6 | State | Connecticut |
| 7 | Zip Code | 06067 - |
| 8 | CEO Name | James Moylan |
| 9 | CEO Title | Executive Director |
| 10 | CT Agent Name | Stephen J. Anderson |
| 11 | CT Agent Company | Anderson, Reynolds & Lynch |
| 12 | CT Agent Company Street Address | 136 West Main St. |
| 13 | CT Agent Town | New Britain |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06050 - |
| E. AFFILIATE NAME UROLOGY CENTER OF NORTHWEST CONNECTICUT LLC | | |
| 1 | Affiliate Description | UROLOGY CENTER |
| 2 | Affiliate type of service | Outpatient Care |
| 3 | Tax Status | For Profit |
| 4 | Street Address | 540 Litchfield ST |
| 5 | Town | Torrington |
| 6 | State | Connecticut |
| 7 | Zip Code | 06790 - |
| 8 | CEO Name | James F. Devanney |
| 9 | CEO Title | Member |
| 10 | CT Agent Name | John J. Capobianco |
| 11 | CT Agent Company | The Charlotte Hungerford Hospital |
| 12 | CT Agent Company Street Address | 540 Litchfield ST |
| 13 | CT Agent Town | Torrington |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06790 - |

* P.O. BOX IS UNACCEPTABLE WITHOUT A

STREET ADDRESS FOR EACH AGENT COMPANY

CHARLOTTE HUNGERFORD HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015
REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

| (1) | (2) | (3) | (4) |
|-----------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------|----------------------------|
| LINE | AFFILIATE NAME | FUND DESCRIPTION / FUND PURPOSE | BALANCE AS OF 9/30/2015 |
| A . CHARLOTTE HUNGERFORD HOSPITAL | | | |
| 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 |
| B . THE CHARLOTTE HUNGERFORD HOSPITAL | | | |
| 1 | | Unrestricted | \$44,560,677 |
| 2 | | Temporarily Restricted by Donor | \$3,245,316 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$23,396,883 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$71,202,876 |
| C . ADVANCED MEDICAL IMAGING OF NORTHWEST CONNECTICUT, LLC | | | |
| 1 | | Unrestricted | \$1,197,046 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | (\$1,197,046) |
| | | Total: | \$0 |
| D . LITCHFIELD COUNTY HEALTHCARE SERVICES CORPORATION | | | |
| 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 |
| E . MEDCONN COLLECTION AGENCY LLC | | | |
| 1 | | Unrestricted | \$490,002 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | (\$490,002) |
| | | Total: | \$0 |
| F . UROLOGY CENTER OF NORTHWEST CONNECTICUT LLC | | | |
| 1 | | Unrestricted | \$68,617 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | (\$68,617) |
| | | Total: | \$0 |
| | Total of all Affiliates (before Intercompany Eliminations) | Fund Balance: | \$72,958,541 |
| | Intercompany Eliminations | | (\$1,755,665) |
| | Total of all Affiliates | Fund Balance: | \$71,202,876 |

**CHARLOTTE HUNGERFORD HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015
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 |
| A. | THE CHARLOTTE HUNGERFORD HOSPITAL | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2014 | \$0 |
| | | Nothing to Report | | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2015 | \$0 |
| B. | ADVANCED MEDICAL IMAGING OF NORTHWEST CONNECTICUT, LLC | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2014 | (\$139,160) |
| 1 | | Pacs storage fees | 09/30/2015 | \$47,500 |
| 2 | | MRI SERVICES | 09/30/2015 | (\$283,070) |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2015 | (\$374,730) |
| C. | LITCHFIELD COUNTY HEALTHCARE SERVICES CORPORATION | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2014 | \$0 |
| | | Nothing to Report | | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2015 | \$0 |
| D. | MEDCONN COLLECTION AGENCY LLC | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2014 | (\$86,523) |
| 1 | | Collection Agency Fees | 09/30/2015 | (\$85,753) |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2015 | (\$172,276) |
| E. | UROLOGY CENTER OF NORTHWEST CONNECTICUT LLC | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2014 | (\$105,523) |
| 1 | | Lithotripsy and Laser Services | 09/30/2015 | (\$47,390) |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2015 | (\$152,913) |
| | | | | |
| | | Grand Total: | | (\$699,919) |

**CHARLOTTE HUNGERFORD HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015
REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS**

| (1) | (2) | (3) | (4) | (5) | (6) |
|------|--------------------------------------------------------|---------------------------|--------------------------------------------------|------------|--------|
| LINE | AFFILIATE TRANSFERRING FUNDS | AFFILIATE RECEIVING FUNDS | DESCRIPTION OF TRANSFER | DATE | AMOUNT |
| | | | Beginning Unconsolidated Intercompany Balance | 10/01/2014 | \$0 |
| A. | THE CHARLOTTE HUNGERFORD HOSPITAL | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2015 | \$0 |
| B. | ADVANCED MEDICAL IMAGING OF NORTHWEST CONNECTICUT, LLC | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2015 | \$0 |
| C. | LITCHFIELD COUNTY HEALTHCARE SERVICES CORPORATION | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2015 | \$0 |
| D. | MEDCONN COLLECTION AGENCY LLC | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2015 | \$0 |
| E. | UROLOGY CENTER OF NORTHWEST CONNECTICUT LLC | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2015 | \$0 |
| | | | Ending Unconsolidated Intercompany Balance | 9/30/2015 | \$0 |

CHARLOTTE HUNGERFORD HOSPITAL

ANNUAL REPORTING

FISCAL YEAR 2015

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

| (1) | (2) | (3) | (4) |
|------|------------------------------------------------------------------|------------|------------------|
| LINE | AFFILIATE NAME & DESCRIPTION OF EXPENDITURE | AMOUNT | DATE |
| | A. THE CHARLOTTE HUNGERFORD HOSPITAL | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2015 |
| | B. ADVANCED MEDICAL IMAGING OF NORTHWEST CONNECTICUT, LLC | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2015 |
| | C. LITCHFIELD COUNTY HEALTHCARE SERVICES CORPORATION | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2015 |
| | D. MEDCONN COLLECTION AGENCY LLC | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2015 |
| | E. UROLOGY CENTER OF NORTHWEST CONNECTICUT LLC | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2015 |
| | Grand Total: | \$0 | 9/30/2015 |

**CHARLOTTE HUNGERFORD HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015
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. THE CHARLOTTE HUNGERFORD HOSPITAL | | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| B. ADVANCED MEDICAL IMAGING OF NORTHWEST CONNECTICUT, LLC | | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| C. LITCHFIELD COUNTY HEALTHCARE SERVICES CORPORATION | | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| D. MEDCONN COLLECTION AGENCY LLC | | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| E. UROLOGY CENTER OF NORTHWEST CONNECTICUT LLC | | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| | Grand Total: | \$0 | |

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

| (1) | (2) | (3) | (4) | (5) | (6) |
|--------------------------|-----------------------------|---------------------|---------------------|-----------------------|--------------|
| LINE | DESCRIPTION | FY 2014 ACTUAL | FY 2015 ACTUAL | AMOUNT DIFFERENCE | % DIFFERENCE |
| A . 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% |
| B . Free Beds | | | | | |
| | Beginning Balance | \$234,648.28 | \$240,541.95 | \$5,893.67 | 3% |
| 1 | Donations | \$31,609.89 | \$0.00 | (\$31,609.89) | -100% |
| 2 | Income | \$9,886.70 | \$9,571.65 | (\$315.05) | -3% |
| 3 | Expenditures | \$5,274.11 | \$3,602.84 | (\$1,671.27) | -32% |
| 4 | Unrealized Gains and Losses | (\$30,328.81) | (\$129,258.51) | (\$98,929.70) | 326% |
| | Ending Balance | \$240,541.95 | \$117,252.25 | (\$123,289.70) | -51% |
| 5 | Projected Interest Income | \$10,413.01 | \$9,265.15 | (\$1,147.86) | -11% |
| C . Other | | | | | |
| | Beginning Balance | \$0.00 | \$0.00 | \$0.00 | 0% |
| 1 | Donations | \$0.00 | \$0.00 | \$0.00 | 0% |
| 2 | Income | \$0.00 | \$0.00 | \$0.00 | 0% |
| 3 | Expenditures | \$0.00 | \$0.00 | \$0.00 | 0% |
| 4 | Unrealized Gains and Losses | \$0.00 | \$0.00 | \$0.00 | 0% |
| | Ending Balance | \$0.00 | \$0.00 | \$0.00 | 0% |
| 5 | Projected Interest Income | \$0.00 | \$0.00 | \$0.00 | 0% |

| CHARLOTTE HUNGERFORD HOSPITAL ANNUAL REPORTING FISCAL YEAR 2015 REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------|
| A. Patient Activity | | |
| (1) | (2) | (3) |
| Patient | Name of Hospital Bed Fund (FULL NAME) | Amount |
| 1. Number of Applications for Hospital Bed Funds | | 23 |
| 2. A. Number of Patients receiving Hospital Bed Fund Grants | | 23 |
| 2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed Funds: | | \$3,603.00 |
| 1 | Bryant | \$197.00 |
| 2 | Bryant | \$279.00 |
| 3 | Bryant | \$200.00 |
| 4 | Bryant | \$116.00 |
| 5 | Bryant | \$133.00 |
| 6 | Bryant | \$130.00 |
| 7 | Bryant | \$50.00 |
| 8 | Bryant | \$270.00 |
| 9 | Bryant | \$963.00 |
| 10 | Mammography Screening Fund | \$28.00 |
| 11 | Mammography Screening Fund | \$28.00 |
| 12 | Mammography Screening Fund | \$28.00 |
| 13 | Mammography Screening Fund | \$12.00 |
| 14 | The Womens Health Fund | \$123.00 |
| 15 | The Womens Health Fund | \$35.00 |
| 16 | The Womens Health Fund | \$146.00 |
| 17 | The Womens Health Fund | \$75.00 |
| 18 | The Womens Health Fund | \$215.00 |
| 19 | The Womens Health Fund | \$48.00 |
| 20 | The Mens Emergency Health Fund | \$68.00 |
| 21 | The Mens Emergency Health Fund | \$146.00 |
| 22 | The Mens Emergency Health Fund | \$139.00 |
| 23 | The Mens Emergency Health Fund | \$174.00 |
| | Grand Total | \$3,603.00 |

| CHARLOTTE HUNGERFORD HOSPITAL | | | | | |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------|---------------------|--------------------|
| ANNUAL REPORTING | | | | | |
| FISCAL YEAR 2015 | | | | | |
| REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL | | | | | |
| B. BED FUND ACTIVITY | | | | | |
| (1) | (2) | (3) | (4) | (5) | (6) |
| Line | Name of Hospital Bed Fund | FMV of Principal | Actual Earnings | Earnings Reinvested | Earnings Available |
| (3) | Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each Hospital Bed | | | | |
| (4) | Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund. | | | | |
| (5) | Actual Dollar Amount of Earnings reinvested as Principal, if any. | | | | |
| (6) | Actual Dollar Amount of Earnings available for Patient Care. | | | | |
| | Dr. Harry B. Chapin Fund | \$349.51 | \$275.97 | \$275.97 | \$275.97 |
| | Elizabeth Migeon Swift Fund | \$48,694.97 | \$799.71 | \$799.71 | \$799.71 |
| | Caroline T. Brooks Fund | \$4,128.90 | \$1,002.65 | \$1,002.65 | \$1,002.65 |
| | Cady and Allyn Fund | \$11,068.79 | \$993.52 | \$993.52 | \$993.52 |
| | Mr. and Mrs. Edward J Kildruff Fund | \$2,747.98 | \$341.57 | \$341.57 | \$341.57 |
| | Don and Sarah Smith Fund | \$518.30 | \$120.49 | \$120.49 | \$120.49 |
| | Marjorie Stearns Turner Fund | \$9,328.84 | \$1,325.24 | \$1,325.24 | \$1,325.24 |
| | Roxanna Hammond Fund | \$2,805.18 | \$296.90 | \$296.90 | \$296.90 |
| | Jane Bryant Fund | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | Brooks Reserve Needy Child | \$2,697.86 | \$15.14 | \$15.14 | \$15.14 |
| | Alice R. Carlisle Fund | \$14,745.56 | \$82.71 | \$82.71 | \$82.71 |
| | Diabetes Outpatient Clinic | \$6,361.32 | \$35.69 | \$35.69 | \$35.69 |
| | Mammography Screening Fund | \$705.01 | \$3.88 | \$3.88 | \$3.88 |
| | The Womens Health Fund | \$649.52 | \$0.79 | \$0.79 | \$0.79 |
| | The Mens Emergency Health Fund | \$518.63 | \$2.54 | \$2.54 | \$2.54 |
| | Pink Rose Fund | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | Newman Hungerford Fund B | \$1,330.21 | \$116.86 | \$116.86 | \$116.86 |
| | Thomas Bryant Fund | \$5,355.54 | \$3,436.95 | \$3,436.95 | \$3,436.95 |
| | Total Bed Funds : | \$112,006.12 | \$8,850.61 | \$8,850.61 | \$8,850.61 |

**CHARLOTTE HUNGERFORD HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015
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 | Accounts are assigned to bad debt after a patient balance has remained unpaid 90 days after the first statement sent |
| B. | Hospital's processes and policies for compensating a Collection Agent for services rendered | The agency is compensated at negotiated rates utilizing monthly reports of payments received. |
| C. | Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents | 27.61% |
| II. SPECIFIC COLLECTION AGENT INFORMATION | | |
| A | Collection Agent | |
| 1 | Collection Agent Name | American Adjustment Bureau |
| 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. | Accounts are assigned to bad debt after a patient balance has remained unpaid 90 days after the first statement sent |
| 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 agency is compensated at negotiated rates utilizing monthly reports of payments received. |
| 6 | Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent. | 33.36% |

**CHARLOTTE HUNGERFORD HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015**

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

| (1) | (2) | (3) |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| LINE | DESCRIPTION | COLLECTION INFORMATION |
| B | Collection Agent | |
| 1 | Collection Agent Name | Medconn Collection Agency |
| 2 | Collection Agent Type | Collection Agency |
| 3 | Related / Not Related Entity | 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. | Accounts are assigned to bad debt after a patient balance has remained unpaid 90 days after the first statement sent |
| 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 agency is compensated at negotiated rates utilizing monthly reports of payments received. |
| 6 | Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent. | 18.59% |
| | | |

**CHARLOTTE HUNGERFORD HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015
REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL EMPLOYEES**

| LINE | POSITION TITLE | EMPLOYEE NAME | SALARY | FRINGE BENEFITS | TOTAL |
|-------------|-----------------------|-----------------------|--------------------|------------------------|--------------------|
| 1. | ORTHOPEDIC SURGEON | David Freccero MD | \$597,011 | \$152,153 | \$749,164 |
| 2. | CEO PRESIDENT | Daniel McIntyre | \$523,316 | \$133,371 | \$656,687 |
| 3. | PHYSICIAN SURGEON | Timothy Gostkowski MD | \$523,120 | \$133,321 | \$656,441 |
| 4. | PHYSICIAN SURGEON | William McGeehin MD | \$500,725 | \$127,613 | \$628,338 |
| 5. | PHYSICIAN SURGEON | Mustafa Ugurlu MD | \$403,502 | \$102,835 | \$506,337 |
| 6. | CARDIOLOGIST | Robert Kahan MD | \$359,961 | \$91,739 | \$451,700 |
| 7. | CARDIOLOGIST | Carrie Wolfberg MD | \$336,763 | \$85,827 | \$422,590 |
| 8. | VP MEDICAL AFFAIRS | Mark Prete MD | \$328,688 | \$83,769 | \$412,457 |
| 9. | CARDIOLOGIST | Joseph Abreu MD | \$325,469 | \$82,948 | \$408,417 |
| 10. | CARDIOLOGIST | Ofer Sagiv MD | \$322,139 | \$82,100 | \$404,239 |
| | | Grand Total: | \$4,220,694 | \$1,075,676 | \$5,296,370 |

**THE CHARLOTTE HUNGERFORD HOSPITAL
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. | ORTHOPEDIC SURGEON | Hungerford Hospital | \$597,011 | \$152,153 | \$749,164 |
| 2. | CEO PRESIDENT | Hospital | \$523,316 | \$133,371 | \$656,687 |
| 3. | PHYSICIAN SURGEON | Hungerford Hospital | \$523,120 | \$133,321 | \$656,441 |
| 4. | PHYSICIAN SURGEON | Hungerford Hospital | \$500,725 | \$127,613 | \$628,338 |
| 5. | PHYSICIAN SURGEON | Hungerford Hospital | \$403,502 | \$102,835 | \$506,337 |
| 6. | CARDIOLOGIST | Hungerford Hospital | \$359,961 | \$91,739 | \$451,700 |
| 7. | CARDIOLOGIST | Hungerford Hospital | \$336,763 | \$85,827 | \$422,590 |
| 8. | VP MEDICAL AFFAIRS | Hospital | \$328,688 | \$83,769 | \$412,457 |
| 9. | PHYSICIAN SURGEON | Hungerford Hospital | \$325,469 | \$82,948 | \$408,417 |
| 10. | CFO | Hospital | \$322,139 | \$82,100 | \$404,239 |
| | | Grand Total: | \$4,220,694 | \$1,075,676 | \$5,296,370 |

**CHARLOTTE HUNGERFORD HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015
REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS**

PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

| (1) | (2) | (3) | (4) | (5) |
|-------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------|----------|
| LINE | DESCRIPTION | SALARIES (Directly or Indirectly) ^C | FRINGE BENEFITS ^A (Directl y or Indirectly) ^C | TOTAL |
| A . THE CHARLOTTE HUNGERFORD HOSPITAL | | | | |
| 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 |
| B . ADVANCED MEDICAL IMAGING OF NORTHWEST CONNECTICUT, 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 | \$79,627 | \$0 | \$79,627 |
| C . LITCHFIELD COUNTY HEALTHCARE SERVICES CORPORATION | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| D . MEDCONN COLLECTION AGENCY 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 |
| E . UROLOGY CENTER OF NORTHWEST CONNECTICUT 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 |

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

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.

**CHARLOTTE HUNGERFORD HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015
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 |
| A | Transfer of Assets or Operations | |
| 1. | Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions. | N/A |
| 2. | Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions. | N/A |
| 3. | Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control. | N/A |
| 4. | Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred. | N/A |
| 5. | Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions. | \$0 |

| CHARLOTTE HUNGERFORD 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 | % |
| <u>LINE</u> | <u>DESCRIPTION</u> | <u>AMOUNT</u> | <u>AMOUNT</u> | <u>DIFFERENCE</u> | <u>DIFFERENCE</u> |
| A. Hospital Charity Care (see Hospital Audited Financial Statement Notes) | | | | | |
| 1. | Number of Applicants | 1,741 | 1,411 | (330) | -19% |
| 2. | Number of Approved Applicants | 1,736 | 1,399 | (337) | -19% |
| 3. | Total Charges (A) | \$2,935,378 | \$1,613,966 | (\$1,321,412) | -45% |
| | Average Charges | \$1,691 | \$1,154 | (\$537) | -32% |
| 4. | Ratio of Cost to Charges (RCC) | 0.465716 | 0.442711 | (0.023005) | -5% |
| | Total Cost | \$1,367,053 | \$714,521 | (\$652,532) | -48% |
| | Average Cost | \$787 | \$511 | (\$277) | -35% |
| 5. | Charity Care - Inpatient Charges | \$1,227,241 | \$442,989 | (\$784,252) | -64% |
| 6. | Charity Care - Outpatient Emergency Department Charges | 762,562 | 564,334 | (198,228) | -26% |
| 7. | Charity Care - Outpatient Charges (Excludes ED Charges) | 945,575 | 606,643 | (338,932) | -36% |
| | Total Charges (A) | \$2,935,378 | \$1,613,966 | (\$1,321,412) | -45% |
| 8. | Charity Care - Number of Patient Days | 243 | 120 | (123) | -51% |
| 9. | Charity Care - Number of Discharges | 46 | 29 | (17) | -37% |
| 10. | Charity Care - Number of Outpatient ED Visits | 1,728 | 1,480 | (248) | -14% |
| 11. | Charity Care - Number of Outpatient Visits (Excludes ED Visits) | 3,983 | 3,023 | (960) | -24% |
| (A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes. | | | | | |
| B. Hospital Bed Funds (see Hospital Reporting System - Report 17) | | | | | |
| 1. | Number of Applicants | 45 | 23 | (22) | -49% |
| 2. | Number of Approved Applicants | 45 | 23 | (22) | -49% |
| 3. | Total Charges (B) | \$5,274 | \$3,603 | (\$1,671) | -32% |
| | Average Charges | \$117 | \$157 | \$39 | 34% |
| 4. | Ratio of Cost to Charges (RCC) | 0.465716 | 0.442711 | (0.023005) | -5% |
| | Total Cost | \$2,456 | \$1,595 | (\$861) | -35% |
| | Average Cost | \$55 | \$69 | \$15 | 27% |
| 5. | Bed Funds - Inpatient Charges | \$250 | \$0 | (\$250) | -100% |
| 6. | Bed Funds - Outpatient Emergency Department Charges | 0 | 0 | 0 | 0% |
| 7. | Bed Funds - Outpatient Charges (Excludes ED Charges) | 5,024 | 3,603 | (1,421) | -28% |
| | Total Charges (B) | \$5,274 | \$3,603 | (\$1,671) | -32% |
| 8. | Bed Funds - Number of Patient Days | 7 | 0 | (7) | -100% |
| 9. | Bed Funds - Number of Discharges | 1 | 0 | (1) | -100% |
| 10. | Bed Funds - Number of Outpatient ED Visits | 0 | 0 | 0 | 0% |

| CHARLOTTE HUNGERFORD 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 | % |
| <u>LINE</u> | <u>DESCRIPTION</u> | <u>AMOUNT</u> | <u>AMOUNT</u> | <u>DIFFERENCE</u> | <u>DIFFERENCE</u> |
| 11. | Bed Funds - Number of Outpatient Visits(Excludes ED Visits) | 44 | 23 | (21) | -48% |
| (B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17. | | | | | |