

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER**  
**ANNUAL REPORTING**  
**FISCAL YEAR 2015**  
**REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP**  
**AND CORPORATION RELATED TO THE HOSPITAL**

| (1)       | (2)                             | (3)                                                                                                                                                                                                                |
|-----------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LINE      | DESCRIPTION                     | AFFILIATE INFORMATION                                                                                                                                                                                              |
| <b>A.</b> |                                 |                                                                                                                                                                                                                    |
|           | <b>AFFILIATE NAME</b>           | <b>TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)</b>                                                                                                                                      |
| 1         | Affiliate Description           | PARENT CORPORATION OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER. OVERSEES AND COORDINATES THE STRATEGIC PLANNING, FINANCIAL PLANNING AND OTHER ACTIVITIES OF SAINT FRANCIS HOSPITAL AND SAINT FRANCIS' AFFILIATES. |
| 2         | Affiliate type of service       | Parent Corporation                                                                                                                                                                                                 |
| 3         | Tax Status                      | Not for Profit                                                                                                                                                                                                     |
| 4         | Street Address                  | 114 Woodland Street                                                                                                                                                                                                |
| 5         | Town                            | Hartford                                                                                                                                                                                                           |
| 6         | State                           | Connecticut                                                                                                                                                                                                        |
| 7         | Zip Code                        | 06105 -                                                                                                                                                                                                            |
| 8         | CEO Name                        | Christopher M. Dadlez, FACHE                                                                                                                                                                                       |
| 9         | CEO Title                       | President                                                                                                                                                                                                          |
| 10        | CT Agent Name                   | CT Corporation System                                                                                                                                                                                              |
| 11        | CT Agent Company                | c/o CT Corporation System                                                                                                                                                                                          |
| 12        | CT Agent Company Street Address | One Corporate Center                                                                                                                                                                                               |
| 13        | CT Agent Town                   | Hartford                                                                                                                                                                                                           |
| 14        | CT Agent State                  | Connecticut                                                                                                                                                                                                        |
| 15        | CT Agent Zip Code               | 06103 - 3220                                                                                                                                                                                                       |
| <b>B.</b> |                                 |                                                                                                                                                                                                                    |
|           | <b>AFFILIATE NAME</b>           | <b>ASYLUM HILL FAMILY MEDICINE CENTER, INC.</b>                                                                                                                                                                    |
| 1         | Affiliate Description           | PROVIDES PROFESSIONAL AND MEDICAL SERVICES AND RELATED RESEARCH ACTIVITIES.                                                                                                                                        |
| 2         | Affiliate type of service       | Medical Practices                                                                                                                                                                                                  |
| 3         | Tax Status                      | Not for Profit                                                                                                                                                                                                     |
| 4         | Street Address                  | 99 Woodland Street                                                                                                                                                                                                 |
| 5         | Town                            | Hartford                                                                                                                                                                                                           |
| 6         | State                           | Connecticut                                                                                                                                                                                                        |
| 7         | Zip Code                        | 06105 -                                                                                                                                                                                                            |
| 8         | CEO Name                        | Adam R. Silverman, MD                                                                                                                                                                                              |
| 9         | CEO Title                       | President                                                                                                                                                                                                          |
| 10        | CT Agent Name                   | c/o CT Corporation System                                                                                                                                                                                          |
| 11        | CT Agent Company                | CT Corporation System                                                                                                                                                                                              |
| 12        | CT Agent Company Street Address | One Corporate Center                                                                                                                                                                                               |
| 13        | CT Agent Town                   | Hartford                                                                                                                                                                                                           |
| 14        | CT Agent State                  | Connecticut                                                                                                                                                                                                        |
| 15        | CT Agent Zip Code               | 06103 - 3220                                                                                                                                                                                                       |
| <b>C.</b> |                                 |                                                                                                                                                                                                                    |
|           | <b>AFFILIATE NAME</b>           | <b>COLLABORATIVE LABORATORY SERVICES, LLC</b>                                                                                                                                                                      |
| 1         | Affiliate Description           | TO PROVIDE LABORATORY SERVICES                                                                                                                                                                                     |
| 2         | Affiliate type of service       | Lab                                                                                                                                                                                                                |
| 3         | Tax Status                      | For Profit                                                                                                                                                                                                         |
| 4         | Street Address                  | 1000 Asylum Avenue                                                                                                                                                                                                 |
| 5         | Town                            | Hartford                                                                                                                                                                                                           |
| 6         | State                           | Connecticut                                                                                                                                                                                                        |
| 7         | Zip Code                        | 06105 -                                                                                                                                                                                                            |
| 8         | CEO Name                        | John F. Rodis, MD; MBA                                                                                                                                                                                             |
| 9         | CEO Title                       | President                                                                                                                                                                                                          |
| 10        | CT Agent Name                   | Jeanne Christine Lubin-Szafranski, JD                                                                                                                                                                              |
| 11        | CT Agent Company                | Saint Francis Hospital and Medical Center                                                                                                                                                                          |

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| (1)       | (2)                             | (3)                                                                                                               |
|-----------|---------------------------------|-------------------------------------------------------------------------------------------------------------------|
| LINE      | DESCRIPTION                     | AFFILIATE INFORMATION                                                                                             |
| 12        | CT Agent Company Street Address | 114 Woodland Street                                                                                               |
| 13        | CT Agent Town                   | Hartford                                                                                                          |
| 14        | CT Agent State                  | Connecticut                                                                                                       |
| 15        | CT Agent Zip Code               | 06105 -                                                                                                           |
|           |                                 |                                                                                                                   |
| <b>D.</b> | <b>AFFILIATE NAME</b>           | <b>COLLINS MEDICAL ASSOCIATES 2, P.C.</b>                                                                         |
| 1         | Affiliate Description           | Medical practice consisting of primary care and other specialty physicians providing professional medical care    |
| 2         | Affiliate type of service       | Physicians Services                                                                                               |
| 3         | Tax Status                      | For Profit                                                                                                        |
| 4         | Street Address                  | 95 Woodland Street, 4th Floor                                                                                     |
| 5         | Town                            | Hartford                                                                                                          |
| 6         | State                           | Connecticut                                                                                                       |
| 7         | Zip Code                        | 06105 -                                                                                                           |
| 8         | CEO Name                        | Bechara Barrak, MD                                                                                                |
| 9         | CEO Title                       | President                                                                                                         |
| 10        | CT Agent Name                   | Mark Belsky, M.D.                                                                                                 |
| 11        | CT Agent Company                | Mark Belsky, M.D.                                                                                                 |
| 12        | CT Agent Company Street Address | 675 Tower Avenue                                                                                                  |
| 13        | CT Agent Town                   | Hartford                                                                                                          |
| 14        | CT Agent State                  | Connecticut                                                                                                       |
| 15        | CT Agent Zip Code               | 06112 -                                                                                                           |
|           |                                 |                                                                                                                   |
| <b>E.</b> | <b>AFFILIATE NAME</b>           | <b>CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC</b>                                                            |
| 1         | Affiliate Description           | Provides management and marketing services to the occupational health programs at each of the members' hospitals. |
| 2         | Affiliate type of service       | Occupational Health                                                                                               |
| 3         | Tax Status                      | For Profit                                                                                                        |
| 4         | Street Address                  | 1000 Asylum Avenue, Suite 4302                                                                                    |
| 5         | Town                            | Hartford                                                                                                          |
| 6         | State                           | Connecticut                                                                                                       |
| 7         | Zip Code                        | 06105 -                                                                                                           |
| 8         | CEO Name                        | Derrick Amato                                                                                                     |
| 9         | CEO Title                       | Chief Executive Officer                                                                                           |
| 10        | CT Agent Name                   | Jeanne Christine Lubin-Szafranski, JD                                                                             |
| 11        | CT Agent Company                | Saint Francis Hospital & Medical Center                                                                           |
| 12        | CT Agent Company Street Address | 114 Woodland Street                                                                                               |
| 13        | CT Agent Town                   | Hartford                                                                                                          |
| 14        | CT Agent State                  | Connecticut                                                                                                       |
| 15        | CT Agent Zip Code               | 06105 -                                                                                                           |
|           |                                 |                                                                                                                   |
| <b>F.</b> | <b>AFFILIATE NAME</b>           | <b>GREATER HARTFORD LITHOTRIPSY, LLC</b>                                                                          |
| 1         | Affiliate Description           | Provides lithotripsy services at the three member hospitals under agreement with each hospital                    |
| 2         | Affiliate type of service       | Other HealthCare Svcs(Specify)                                                                                    |
| 3         | Tax Status                      | For Profit                                                                                                        |
| 4         | Street Address                  | 263 Farmington Avenue                                                                                             |
| 5         | Town                            | Farmington                                                                                                        |
| 6         | State                           | Connecticut                                                                                                       |

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| (1)       | (2)                             | (3)                                                                                                                                                                          |
|-----------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LINE      | DESCRIPTION                     | AFFILIATE INFORMATION                                                                                                                                                        |
| 7         | Zip Code                        | 06030 -                                                                                                                                                                      |
| 8         | CEO Name                        | James S. Thibeault                                                                                                                                                           |
| 9         | CEO Title                       | Chairman                                                                                                                                                                     |
| 10        | CT Agent Name                   | Saint Francis Hospital & Medical Center                                                                                                                                      |
| 11        | CT Agent Company                | Saint Francis Hospital & Medical Center                                                                                                                                      |
| 12        | CT Agent Company Street Address | 114 Woodland Street                                                                                                                                                          |
| 13        | CT Agent Town                   | Hartford                                                                                                                                                                     |
| 14        | CT Agent State                  | Connecticut                                                                                                                                                                  |
| 15        | CT Agent Zip Code               | 06105 -                                                                                                                                                                      |
| <b>G.</b> |                                 |                                                                                                                                                                              |
|           | <b>AFFILIATE NAME</b>           | <b>MASONICARE PARTNERS HOME HEALTH AND HOSPICE, INC.</b>                                                                                                                     |
| 1         | Affiliate Description           | Provides a full array of home health and hospice services to people living in the greater Hartford and Tolland counties                                                      |
| 2         | Affiliate type of service       | Home Health/VNAs                                                                                                                                                             |
| 3         | Tax Status                      | Not for Profit                                                                                                                                                               |
| 4         | Street Address                  | 111 Founders Plaza, Suite 200                                                                                                                                                |
| 5         | Town                            | East Hartford                                                                                                                                                                |
| 6         | State                           | Connecticut                                                                                                                                                                  |
| 7         | Zip Code                        | 06108 -                                                                                                                                                                      |
| 8         | CEO Name                        | Jon Paul Venoit                                                                                                                                                              |
| 9         | CEO Title                       | Chairperson                                                                                                                                                                  |
| 10        | CT Agent Name                   | Murtha Cullina LLP                                                                                                                                                           |
| 11        | CT Agent Company                | MCR&P Service Corporation                                                                                                                                                    |
| 12        | CT Agent Company Street Address | CityPlace I, 185 Asylum Street                                                                                                                                               |
| 13        | CT Agent Town                   | Hartford                                                                                                                                                                     |
| 14        | CT Agent State                  | Connecticut                                                                                                                                                                  |
| 15        | CT Agent Zip Code               | 06103 -                                                                                                                                                                      |
| <b>H.</b> |                                 |                                                                                                                                                                              |
|           | <b>AFFILIATE NAME</b>           | <b>MEDWORKS, LLC</b>                                                                                                                                                         |
| 1         | Affiliate Description           | To provide occupational health services, develop occupational health sites, and market occupational health services to primary care medical practices throughout the region. |
| 2         | Affiliate type of service       | Occupational Health                                                                                                                                                          |
| 3         | Tax Status                      | For Profit                                                                                                                                                                   |
| 4         | Street Address                  | 375 East Cedar Street                                                                                                                                                        |
| 5         | Town                            | Newington                                                                                                                                                                    |
| 6         | State                           | Connecticut                                                                                                                                                                  |
| 7         | Zip Code                        | 06111 -                                                                                                                                                                      |
| 8         | CEO Name                        | Derrick Amato                                                                                                                                                                |
| 9         | CEO Title                       | CEO                                                                                                                                                                          |
| 10        | CT Agent Name                   | Jeanne Christine Lubin- Szafranski, JD                                                                                                                                       |
| 11        | CT Agent Company                | Saint Francis Hospital & Medical Center                                                                                                                                      |
| 12        | CT Agent Company Street Address | 114 Woodland Street                                                                                                                                                          |
| 13        | CT Agent Town                   | Hartford                                                                                                                                                                     |
| 14        | CT Agent State                  | Connecticut                                                                                                                                                                  |
| 15        | CT Agent Zip Code               | 06105 -                                                                                                                                                                      |
| <b>I.</b> |                                 |                                                                                                                                                                              |
|           | <b>AFFILIATE NAME</b>           | <b>MOUNT SINAI HOSPITAL FOUNDATION, INC</b>                                                                                                                                  |
| 1         | Affiliate Description           | To operate exclusively for charitable, scientific and educational purposes                                                                                                   |

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|-----------|---------------------------------|--------------------------------------------------------------------------------------|
| LINE      | DESCRIPTION                     | AFFILIATE INFORMATION                                                                |
| 2         | Affiliate type of service       | Fund Raising/Management                                                              |
| 3         | Tax Status                      | Not for Profit                                                                       |
| 4         | Street Address                  | 500 Blue Hills Avenue                                                                |
| 5         | Town                            | Hartford                                                                             |
| 6         | State                           | Connecticut                                                                          |
| 7         | Zip Code                        | 06112 -                                                                              |
| 8         | CEO Name                        | Robert B. Bruner                                                                     |
| 9         | CEO Title                       | President                                                                            |
| 10        | CT Agent Name                   | Jeanne Christine Lubin-Szafranski, JD                                                |
| 11        | CT Agent Company                | Saint Francis Hospital & Medical Center                                              |
| 12        | CT Agent Company Street Address | 114 Woodland Street                                                                  |
| 13        | CT Agent Town                   | Hartford                                                                             |
| 14        | CT Agent State                  | Connecticut                                                                          |
| 15        | CT Agent Zip Code               | 06105 -                                                                              |
|           |                                 |                                                                                      |
| <b>J.</b> | <b>AFFILIATE NAME</b>           | <b>MOUNT SINAI REHABILITATION HOSPITAL INC.</b>                                      |
| 1         | Affiliate Description           | OPERATES THE MOUNT SINAI REHABILITATION HOSPITAL                                     |
| 2         | Affiliate type of service       | Rehabilitation Facility                                                              |
| 3         | Tax Status                      | Not for Profit                                                                       |
| 4         | Street Address                  | 490 Blue Hills Avenue                                                                |
| 5         | Town                            | Hartford                                                                             |
| 6         | State                           | Connecticut                                                                          |
| 7         | Zip Code                        | 06112 -                                                                              |
| 8         | CEO Name                        | Robert Krug, MD                                                                      |
| 9         | CEO Title                       | President and Chief Executive Officer                                                |
| 10        | CT Agent Name                   | CT Corporation System                                                                |
| 11        | CT Agent Company                | CT Corporation System                                                                |
| 12        | CT Agent Company Street Address | One Corporate Center                                                                 |
| 13        | CT Agent Town                   | Hartford                                                                             |
| 14        | CT Agent State                  | Connecticut                                                                          |
| 15        | CT Agent Zip Code               | 06103 - 3220                                                                         |
|           |                                 |                                                                                      |
| <b>K.</b> | <b>AFFILIATE NAME</b>           | <b>NEW DIRECTIONS, INC. OF NORTH CENTRAL CONN. (FORMERLY PEOPLE FOR YOUTH, INC.)</b> |
| 1         | Affiliate Description           | To operate exclusively for charitable, scientific and educational purposes           |
| 2         | Affiliate type of service       | Mental Health Services                                                               |
| 3         | Tax Status                      | Not for Profit                                                                       |
| 4         | Street Address                  | 113 Elm Street, Suite 203                                                            |
| 5         | Town                            | Enfield                                                                              |
| 6         | State                           | Connecticut                                                                          |
| 7         | Zip Code                        | 06082 -                                                                              |
| 8         | CEO Name                        | Christopher J. Leary                                                                 |
| 9         | CEO Title                       | President & CEO                                                                      |
| 10        | CT Agent Name                   | Attorney Jeffrey L. Kline                                                            |
| 11        | CT Agent Company                | Attorney Jeffrey L. Kline                                                            |
| 12        | CT Agent Company Street Address | 5300 Bigelow Commons                                                                 |
| 13        | CT Agent Town                   | Enfield                                                                              |
| 14        | CT Agent State                  | Connecticut                                                                          |
| 15        | CT Agent Zip Code               | 06026 -                                                                              |
|           |                                 |                                                                                      |

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| (1)       | (2)                             | (3)                                                                                                                                                                                                                                     |
|-----------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LINE      | DESCRIPTION                     | AFFILIATE INFORMATION                                                                                                                                                                                                                   |
| <b>L.</b> | <b>AFFILIATE NAME</b>           | <b>ONE THOUSAND CORPORATION (FORMERLY NEW ONE THOUSAND CORPORATION)</b>                                                                                                                                                                 |
| 1         | Affiliate Description           | THE PURPOSE OF THE CORPORATION SHALL BE TO ACQUIRE, HOLD TITLE TO; MANAGE AND COLLECT INCOME FROM REAL PROPERTY                                                                                                                         |
| 2         | Affiliate type of service       | Real Estate                                                                                                                                                                                                                             |
| 3         | Tax Status                      | Not for Profit                                                                                                                                                                                                                          |
| 4         | Street Address                  | 1000 Asylum Avenue                                                                                                                                                                                                                      |
| 5         | Town                            | Hartford                                                                                                                                                                                                                                |
| 6         | State                           | Connecticut                                                                                                                                                                                                                             |
| 7         | Zip Code                        | 06105 -                                                                                                                                                                                                                                 |
| 8         | CEO Name                        | Christopher M. Dadlez                                                                                                                                                                                                                   |
| 9         | CEO Title                       | President & CEO                                                                                                                                                                                                                         |
| 10        | CT Agent Name                   | Jeanne Christine Lubin-Szafranski, JD                                                                                                                                                                                                   |
| 11        | CT Agent Company                | Saint Francis Hospital and Medical Center                                                                                                                                                                                               |
| 12        | CT Agent Company Street Address | 114 Woodland Street                                                                                                                                                                                                                     |
| 13        | CT Agent Town                   | Hartford                                                                                                                                                                                                                                |
| 14        | CT Agent State                  | Connecticut                                                                                                                                                                                                                             |
| 15        | CT Agent Zip Code               | 06105 -                                                                                                                                                                                                                                 |
| <b>M.</b> | <b>AFFILIATE NAME</b>           | <b>SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P.C. (FORMERLY PSYCHOLOGICAL ALTERNATIVES TO HOSPITALIZATION,</b>                                                                                                                             |
| 1         | Affiliate Description           | TO RENDER PROFESSIONAL PSYCHOLOGICAL SERVICES TO PERSONS IN NEED OF SUCH SERVICES. Formerly known as PATH, the new name became effective 9/1/09                                                                                         |
| 2         | Affiliate type of service       | Mental Health Services                                                                                                                                                                                                                  |
| 3         | Tax Status                      | For Profit                                                                                                                                                                                                                              |
| 4         | Street Address                  | 500 Blue Hills Avenue                                                                                                                                                                                                                   |
| 5         | Town                            | Hartford                                                                                                                                                                                                                                |
| 6         | State                           | Connecticut                                                                                                                                                                                                                             |
| 7         | Zip Code                        | 06112 -                                                                                                                                                                                                                                 |
| 8         | CEO Name                        | John F. Rodis, M.D.; MBA                                                                                                                                                                                                                |
| 9         | CEO Title                       | Executive Vice President                                                                                                                                                                                                                |
| 10        | CT Agent Name                   | Jeanne Christine Lubin-Szafranski, JD                                                                                                                                                                                                   |
| 11        | CT Agent Company                | Saint Francis Hospital and Medical Center                                                                                                                                                                                               |
| 12        | CT Agent Company Street Address | 114 Woodland Street                                                                                                                                                                                                                     |
| 13        | CT Agent Town                   | Hartford                                                                                                                                                                                                                                |
| 14        | CT Agent State                  | Connecticut                                                                                                                                                                                                                             |
| 15        | CT Agent Zip Code               | 06105 -                                                                                                                                                                                                                                 |
| <b>N.</b> | <b>AFFILIATE NAME</b>           | <b>SAINT FRANCIS CARE MEDICAL GROUP, P.C. (FORMERLY COLLINS MEDICAL ASSOCIATES, P.C.)</b>                                                                                                                                               |
| 1         | Affiliate Description           | THE PURPOSES FOR WHICH THE CORPORATION IS ORGANIZED IS TO PRACTICE, THROUGH INDIVIDUALS AUTHORIZED BY LAW, THE PROFESSION OF MEDICINE, AND IN FURTHERANCE OF THE FOREGOING, TO ENGAGE IN SUCH OTHER ACTIVITIES AS ARE PERMITTED BY LAW. |
| 2         | Affiliate type of service       | Medical Practices                                                                                                                                                                                                                       |
| 3         | Tax Status                      | For Profit                                                                                                                                                                                                                              |
| 4         | Street Address                  | 114 Woodland Street                                                                                                                                                                                                                     |
| 5         | Town                            | Hartford                                                                                                                                                                                                                                |
| 6         | State                           | Connecticut                                                                                                                                                                                                                             |
| 7         | Zip Code                        | 06105 -                                                                                                                                                                                                                                 |
| 8         | CEO Name                        | Surendra Khera, M.D.                                                                                                                                                                                                                    |
| 9         | CEO Title                       | President                                                                                                                                                                                                                               |
| 10        | CT Agent Name                   | Jeanne Christine Lubin-Szafranski, JD                                                                                                                                                                                                   |
| 11        | CT Agent Company                | Saint Francis Hospital and Medical Center                                                                                                                                                                                               |
| 12        | CT Agent Company Street Address | 114 Woodland Street                                                                                                                                                                                                                     |

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|-----------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LINE      | DESCRIPTION                     | AFFILIATE INFORMATION                                                                                                                                                                                               |
| 13        | CT Agent Town                   | Hartford                                                                                                                                                                                                            |
| 14        | CT Agent State                  | Connecticut                                                                                                                                                                                                         |
| 15        | CT Agent Zip Code               | 06105 -                                                                                                                                                                                                             |
|           |                                 |                                                                                                                                                                                                                     |
| <b>O.</b> | <b>AFFILIATE NAME</b>           | <b>SAINT FRANCIS EMERGENCY MEDICAL GROUP, INC. (A SUBSIDIARY OF SAINT FRANCIS MEDICAL GROUP, INC.)</b>                                                                                                              |
| 1         | Affiliate Description           | TO ENGAGE IN TEACHING AND EDUCAT OF MED STUDENTS, RESIDENTS,FELLOWS. TO PERFORM MEDICAL AND RELATED RESEARCH ACTIVITIES. TO RENDER PROF MED SVCS TO PERSONS IN NEED OF SUCH SVCS, ESPECIALLY EMERGENCY MEDICAL CARE |
| 2         | Affiliate type of service       | Physicians Services                                                                                                                                                                                                 |
| 3         | Tax Status                      | Not for Profit                                                                                                                                                                                                      |
| 4         | Street Address                  | 114 Woodland Street                                                                                                                                                                                                 |
| 5         | Town                            | Hartford                                                                                                                                                                                                            |
| 6         | State                           | Connecticut                                                                                                                                                                                                         |
| 7         | Zip Code                        | 06105 -                                                                                                                                                                                                             |
| 8         | CEO Name                        | John F. Rodis, MD. MBA                                                                                                                                                                                              |
| 9         | CEO Title                       | President                                                                                                                                                                                                           |
| 10        | CT Agent Name                   | Jeanne Christine Lubin-Szafranski, JD                                                                                                                                                                               |
| 11        | CT Agent Company                | Saint Francis Hospital and Medical Center                                                                                                                                                                           |
| 12        | CT Agent Company Street Address | 114 Woodland Street                                                                                                                                                                                                 |
| 13        | CT Agent Town                   | Hartford                                                                                                                                                                                                            |
| 14        | CT Agent State                  | Connecticut                                                                                                                                                                                                         |
| 15        | CT Agent Zip Code               | 06105 -                                                                                                                                                                                                             |
|           |                                 |                                                                                                                                                                                                                     |
| <b>P.</b> | <b>AFFILIATE NAME</b>           | <b>SAINT FRANCIS GI ENDOSCOPY, LLC</b>                                                                                                                                                                              |
| 1         | Affiliate Description           | Provides endoscopy services to patients in its Windsor, Connecticut location.                                                                                                                                       |
| 2         | Affiliate type of service       | Physicians Services                                                                                                                                                                                                 |
| 3         | Tax Status                      | For Profit                                                                                                                                                                                                          |
| 4         | Street Address                  | 360 Bloomfield Avenue., Suite 204                                                                                                                                                                                   |
| 5         | Town                            | Windsor                                                                                                                                                                                                             |
| 6         | State                           | Connecticut                                                                                                                                                                                                         |
| 7         | Zip Code                        | 06095 -                                                                                                                                                                                                             |
| 8         | CEO Name                        | Anthony T. Zaldonis, M.D.                                                                                                                                                                                           |
| 9         | CEO Title                       | Medical Director                                                                                                                                                                                                    |
| 10        | CT Agent Name                   | Anthony T. Zaldonis, M.D.                                                                                                                                                                                           |
| 11        | CT Agent Company                | Anthony T. Zaldonis, M.D.                                                                                                                                                                                           |
| 12        | CT Agent Company Street Address | 44 Dale Road                                                                                                                                                                                                        |
| 13        | CT Agent Town                   | Avon                                                                                                                                                                                                                |
| 14        | CT Agent State                  | Connecticut                                                                                                                                                                                                         |
| 15        | CT Agent Zip Code               | 06001 -                                                                                                                                                                                                             |
|           |                                 |                                                                                                                                                                                                                     |
| <b>Q.</b> | <b>AFFILIATE NAME</b>           | <b>SAINT FRANCIS HEALTHCARE PARTNERS ACO, INC</b>                                                                                                                                                                   |
| 1         | Affiliate Description           | ARRANGING FOR THE HEALTH CARE SERVICES TO PERSONS RESIDING IN CONN. AND PROVIDE VARIOUS MANAGEMENT SERVICES TO DOCTORS AND DENTISTS                                                                                 |
| 2         | Affiliate type of service       | Physicians Hospital Org. (PHO)                                                                                                                                                                                      |
| 3         | Tax Status                      | Not for Profit                                                                                                                                                                                                      |
| 4         | Street Address                  | 114 Woodland Street                                                                                                                                                                                                 |
| 5         | Town                            | Hartford                                                                                                                                                                                                            |
| 6         | State                           | Connecticut                                                                                                                                                                                                         |
| 7         | Zip Code                        | 06105 -                                                                                                                                                                                                             |

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| (1)       | (2)                             | (3)                                                                                                                                                                                                                                                            |
|-----------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LINE      | DESCRIPTION                     | AFFILIATE INFORMATION                                                                                                                                                                                                                                          |
| 8         | CEO Name                        | Jess Kupec                                                                                                                                                                                                                                                     |
| 9         | CEO Title                       | President                                                                                                                                                                                                                                                      |
| 10        | CT Agent Name                   | Jess Kupec                                                                                                                                                                                                                                                     |
| 11        | CT Agent Company                | R&C Service Company                                                                                                                                                                                                                                            |
| 12        | CT Agent Company Street Address | 280 Trumbull Street                                                                                                                                                                                                                                            |
| 13        | CT Agent Town                   | Hartford                                                                                                                                                                                                                                                       |
| 14        | CT Agent State                  | Connecticut                                                                                                                                                                                                                                                    |
| 15        | CT Agent Zip Code               | 06103 -                                                                                                                                                                                                                                                        |
|           |                                 |                                                                                                                                                                                                                                                                |
| <b>R.</b> | <b>AFFILIATE NAME</b>           | <b>SAINT FRANCIS HEALTHCARE PARTNERS INC.(FORMERLY SAINT FRANCIS/MOUNT SINAI PHYSICIAN - HOSPITAL ORGAN</b>                                                                                                                                                    |
| 1         | Affiliate Description           | ARRANGING FOR THE HEALTH CARE SERVICES TO PERSONS RESIDING IN CONNECTICUT AND PROVIDE VARIOUS MANAGEMENT SERVICES TO DOCTORS AND DENTISTS. Formerly known as St. Francis /Mt. Sinai Physician Hospital Organization, Inc., the name change became eff. 1/27/09 |
| 2         | Affiliate type of service       | Physicians Hospital Org. (PHO)                                                                                                                                                                                                                                 |
| 3         | Tax Status                      | For Profit                                                                                                                                                                                                                                                     |
| 4         | Street Address                  | 95 Woodland Street, 4th Floor                                                                                                                                                                                                                                  |
| 5         | Town                            | Hartford                                                                                                                                                                                                                                                       |
| 6         | State                           | Connecticut                                                                                                                                                                                                                                                    |
| 7         | Zip Code                        | 06105 -                                                                                                                                                                                                                                                        |
| 8         | CEO Name                        | Jess Kupec                                                                                                                                                                                                                                                     |
| 9         | CEO Title                       | President                                                                                                                                                                                                                                                      |
| 10        | CT Agent Name                   | Jess Kuped                                                                                                                                                                                                                                                     |
| 11        | CT Agent Company                | JeSaint Francis HealthCare Partners, Inc.                                                                                                                                                                                                                      |
| 12        | CT Agent Company Street Address | 95 Woodland Street, 4th Floor                                                                                                                                                                                                                                  |
| 13        | CT Agent Town                   | Hartford                                                                                                                                                                                                                                                       |
| 14        | CT Agent State                  | Connecticut                                                                                                                                                                                                                                                    |
| 15        | CT Agent Zip Code               | 06105 -                                                                                                                                                                                                                                                        |
|           |                                 |                                                                                                                                                                                                                                                                |
| <b>S.</b> | <b>AFFILIATE NAME</b>           | <b>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER FOUNDATION, INC.</b>                                                                                                                                                                                              |
| 1         | Affiliate Description           | TO OPERATE EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC & EDUCATIONAL PURPOSES                                                                                                                                                                                       |
| 2         | Affiliate type of service       | Foundation                                                                                                                                                                                                                                                     |
| 3         | Tax Status                      | Not for Profit                                                                                                                                                                                                                                                 |
| 4         | Street Address                  | 114 Woodland Street                                                                                                                                                                                                                                            |
| 5         | Town                            | Hartford                                                                                                                                                                                                                                                       |
| 6         | State                           | Connecticut                                                                                                                                                                                                                                                    |
| 7         | Zip Code                        | 06105 -                                                                                                                                                                                                                                                        |
| 8         | CEO Name                        | Peter G. Kelly, Esq                                                                                                                                                                                                                                            |
| 9         | CEO Title                       | Chairman                                                                                                                                                                                                                                                       |
| 10        | CT Agent Name                   | Teresa M. Bolton, Esq.                                                                                                                                                                                                                                         |
| 11        | CT Agent Company                | Saint Francis Hospital and Medical Center                                                                                                                                                                                                                      |
| 12        | CT Agent Company Street Address | 114 Woodland Street                                                                                                                                                                                                                                            |
| 13        | CT Agent Town                   | Hartford                                                                                                                                                                                                                                                       |
| 14        | CT Agent State                  | Connecticut                                                                                                                                                                                                                                                    |
| 15        | CT Agent Zip Code               | 06105 -                                                                                                                                                                                                                                                        |
|           |                                 |                                                                                                                                                                                                                                                                |
| <b>T.</b> | <b>AFFILIATE NAME</b>           | <b>SAINT FRANCIS INDEMNITY COMPANY, LLC</b>                                                                                                                                                                                                                    |
| 1         | Affiliate Description           | Vermont limited liability company for the purpose of writing & reinsurance as a captive insurance company                                                                                                                                                      |
| 2         | Affiliate type of service       | Insurance                                                                                                                                                                                                                                                      |

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER**  
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**REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP**  
**AND CORPORATION RELATED TO THE HOSPITAL**

| (1)       | (2)                             | (3)                                                                                                                                                                                                                                       |
|-----------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LINE      | DESCRIPTION                     | AFFILIATE INFORMATION                                                                                                                                                                                                                     |
| 3         | Tax Status                      | For Profit                                                                                                                                                                                                                                |
| 4         | Street Address                  | 76 Paul Street, Suite 500                                                                                                                                                                                                                 |
| 5         | Town                            | Burlington                                                                                                                                                                                                                                |
| 6         | State                           | Vermont                                                                                                                                                                                                                                   |
| 7         | Zip Code                        | 05401 -                                                                                                                                                                                                                                   |
| 8         | CEO Name                        | Christopher M. Dadlez                                                                                                                                                                                                                     |
| 9         | CEO Title                       | Chairman & President                                                                                                                                                                                                                      |
| 10        | CT Agent Name                   | Stephanie J. Mapes                                                                                                                                                                                                                        |
| 11        | CT Agent Company                | Paul Frank & Collins, P.C.                                                                                                                                                                                                                |
| 12        | CT Agent Company Street Address | One Church Street                                                                                                                                                                                                                         |
| 13        | CT Agent Town                   | Burlington                                                                                                                                                                                                                                |
| 14        | CT Agent State                  | Vermont                                                                                                                                                                                                                                   |
| 15        | CT Agent Zip Code               | 05402 - 1307                                                                                                                                                                                                                              |
|           |                                 |                                                                                                                                                                                                                                           |
| <b>U.</b> | <b>AFFILIATE NAME</b>           | <b>SAINT FRANCIS MEDICAL GROUP, INC. (FORMERLY WOODLAND PHYSICIANS ASSOCIATES, INC.)</b>                                                                                                                                                  |
| 1         | Affiliate Description           | TO ENGAGE IN THE TEACHING AND EDUCAT OF MEDICAL STUDENTS, RESIDENTS AND FELLOWS. TO PERFORM MEDICAL AND RELATED RESEARCH ACTIVITIES. TO RENDER PROFESSIONAL MED. SVCS. Formerly known as Woodland Phys Assoc, the name change became eff. |
| 2         | Affiliate type of service       | Physicians Services                                                                                                                                                                                                                       |
| 3         | Tax Status                      | Not for Profit                                                                                                                                                                                                                            |
| 4         | Street Address                  | 114 Woodland Street                                                                                                                                                                                                                       |
| 5         | Town                            | Hartford                                                                                                                                                                                                                                  |
| 6         | State                           | Connecticut                                                                                                                                                                                                                               |
| 7         | Zip Code                        | 06105 -                                                                                                                                                                                                                                   |
| 8         | CEO Name                        | John F. Rodis, MD., MBA                                                                                                                                                                                                                   |
| 9         | CEO Title                       | President                                                                                                                                                                                                                                 |
| 10        | CT Agent Name                   | CT Corporation System                                                                                                                                                                                                                     |
| 11        | CT Agent Company                | CT Corporation System                                                                                                                                                                                                                     |
| 12        | CT Agent Company Street Address | One Corporate Center                                                                                                                                                                                                                      |
| 13        | CT Agent Town                   | Hartford                                                                                                                                                                                                                                  |
| 14        | CT Agent State                  | Connecticut                                                                                                                                                                                                                               |
| 15        | CT Agent Zip Code               | 06103 - 3220                                                                                                                                                                                                                              |
|           |                                 |                                                                                                                                                                                                                                           |
| <b>V.</b> | <b>AFFILIATE NAME</b>           | <b>SAINT FRANCIS PHO FOUNDATION, INC.</b>                                                                                                                                                                                                 |
| 1         | Affiliate Description           | THE PURPOSES OF THE CORPORATION ARE TO ASSESS AND IMPROVE THE QUALITY AND SAFETY OF HEALTH CARE DELIVERED TO PATIENTS, AND TO IMPLEMENT CHANGE TO IMPROVE THE EFFICIENCY AND COST EFFECTIVENESS OF THE HEALTH CARE DELIVERY SYSTEM        |
| 2         | Affiliate type of service       | Foundation                                                                                                                                                                                                                                |
| 3         | Tax Status                      | Not for Profit                                                                                                                                                                                                                            |
| 4         | Street Address                  | 95 Woodland Street, 4th Floor                                                                                                                                                                                                             |
| 5         | Town                            | HARTFORD                                                                                                                                                                                                                                  |
| 6         | State                           | Connecticut                                                                                                                                                                                                                               |
| 7         | Zip Code                        | 06105 -                                                                                                                                                                                                                                   |
| 8         | CEO Name                        | JESS KUPEC                                                                                                                                                                                                                                |
| 9         | CEO Title                       | PRESIDENT                                                                                                                                                                                                                                 |
| 10        | CT Agent Name                   | Jess Kupec                                                                                                                                                                                                                                |
| 11        | CT Agent Company                | R&C Service Company                                                                                                                                                                                                                       |
| 12        | CT Agent Company Street Address | 280 TRUMBULL STREET                                                                                                                                                                                                                       |
| 13        | CT Agent Town                   | HARTFORD                                                                                                                                                                                                                                  |
| 14        | CT Agent State                  | Connecticut                                                                                                                                                                                                                               |
| 15        | CT Agent Zip Code               | 06103 - 3597                                                                                                                                                                                                                              |
|           |                                 |                                                                                                                                                                                                                                           |



**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER**  
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**AND CORPORATION RELATED TO THE HOSPITAL**

| (1)       | (2)                             | (3)                                                                                                                                 |
|-----------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| LINE      | DESCRIPTION                     | AFFILIATE INFORMATION                                                                                                               |
| <b>W.</b> | <b>AFFILIATE NAME</b>           | <b>SFH/FF, LLC</b>                                                                                                                  |
| 1         | Affiliate Description           | Engaged in the development, acquisition, and operation of free standing physical therapy facilities in the State of Connecticut     |
| 2         | Affiliate type of service       | Rehabilitation Services                                                                                                             |
| 3         | Tax Status                      | For Profit                                                                                                                          |
| 4         | Street Address                  | 1000 Asylum Avenue                                                                                                                  |
| 5         | Town                            | Hartford                                                                                                                            |
| 6         | State                           | Connecticut                                                                                                                         |
| 7         | Zip Code                        | 06105 -                                                                                                                             |
| 8         | CEO Name                        | David Slivka                                                                                                                        |
| 9         | CEO Title                       | Manager                                                                                                                             |
| 10        | CT Agent Name                   | David C. Stone, Esq.                                                                                                                |
| 11        | CT Agent Company                | Saint Francis Hospital & Medical Center                                                                                             |
| 12        | CT Agent Company Street Address | 114 Woodland Street                                                                                                                 |
| 13        | CT Agent Town                   | Hartford                                                                                                                            |
| 14        | CT Agent State                  | Connecticut                                                                                                                         |
| 15        | CT Agent Zip Code               | 06105 -                                                                                                                             |
|           |                                 |                                                                                                                                     |
| <b>X.</b> | <b>AFFILIATE NAME</b>           | <b>THE CONNECTICUT CARE ALLIANCE, LLC</b>                                                                                           |
| 1         | Affiliate Description           | Contract anagement services for accountable care functions                                                                          |
| 2         | Affiliate type of service       | Managed Care                                                                                                                        |
| 3         | Tax Status                      | For Profit                                                                                                                          |
| 4         | Street Address                  | 95 Woodland Street, 4th Floor                                                                                                       |
| 5         | Town                            | Hartford                                                                                                                            |
| 6         | State                           | Connecticut                                                                                                                         |
| 7         | Zip Code                        | 06105 -                                                                                                                             |
| 8         | CEO Name                        | Jess Kupec                                                                                                                          |
| 9         | CEO Title                       | Manager                                                                                                                             |
| 10        | CT Agent Name                   | Lisa M. Boyle                                                                                                                       |
| 11        | CT Agent Company                | Cummings & Lockwood                                                                                                                 |
| 12        | CT Agent Company Street Address | 185 Asylum Street                                                                                                                   |
| 13        | CT Agent Town                   | Hartford                                                                                                                            |
| 14        | CT Agent State                  | Connecticut                                                                                                                         |
| 15        | CT Agent Zip Code               | 06103 -                                                                                                                             |
|           |                                 |                                                                                                                                     |
| <b>Y.</b> | <b>AFFILIATE NAME</b>           | <b>TOTAL HEALTH CONNECTICUT, LLC</b>                                                                                                |
| 1         | Affiliate Description           | ARRANGING FOR THE HEALTH CARE SERVICES TO PERSONS RESIDING IN CONN. AND PROVIDE VARIOUS MANAGEMENT SERVICES TO DOCTORS AND DENTISTS |
| 2         | Affiliate type of service       | Physicians Hospital Org. (PHO)                                                                                                      |
| 3         | Tax Status                      | For Profit                                                                                                                          |
| 4         | Street Address                  | 711 Centerville Road, Suite 400                                                                                                     |
| 5         | Town                            | Wilmington                                                                                                                          |
| 6         | State                           | Delaware                                                                                                                            |
| 7         | Zip Code                        | 19808 -                                                                                                                             |
| 8         | CEO Name                        | TBD                                                                                                                                 |
| 9         | CEO Title                       | TBD                                                                                                                                 |
| 10        | CT Agent Name                   | Corporation Service Company                                                                                                         |
| 11        | CT Agent Company                | Corporation Service Company                                                                                                         |
| 12        | CT Agent Company Street Address | 2711 Centerville Road, Suite 400                                                                                                    |

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**AND CORPORATION RELATED TO THE HOSPITAL**

| (1)        | (2)                             | (3)                                                                                                                                                                  |
|------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LINE       | DESCRIPTION                     | AFFILIATE INFORMATION                                                                                                                                                |
| 13         | CT Agent Town                   | Wilmington                                                                                                                                                           |
| 14         | CT Agent State                  | Delaware                                                                                                                                                             |
| 15         | CT Agent Zip Code               | 19808 -                                                                                                                                                              |
|            |                                 |                                                                                                                                                                      |
| <b>Z.</b>  | <b>AFFILIATE NAME</b>           | <b>TOTAL LAUNDRY COLLABORATIVE, LLC</b>                                                                                                                              |
| 1          | Affiliate Description           | The purpose of the company shall be to provide laundry services                                                                                                      |
| 2          | Affiliate type of service       | Other HealthCare Svcs(Specify)                                                                                                                                       |
| 3          | Tax Status                      | For Profit                                                                                                                                                           |
| 4          | Street Address                  | 114 Woodland Street                                                                                                                                                  |
| 5          | Town                            | Hartford                                                                                                                                                             |
| 6          | State                           | Connecticut                                                                                                                                                          |
| 7          | Zip Code                        | 06105 -                                                                                                                                                              |
| 8          | CEO Name                        | David Crowell                                                                                                                                                        |
| 9          | CEO Title                       | Chief Operating Officer                                                                                                                                              |
| 10         | CT Agent Name                   | Jeanne Christine Lubin-Szafranski, JD                                                                                                                                |
| 11         | CT Agent Company                | Saint Francis Hospital and Medical Center                                                                                                                            |
| 12         | CT Agent Company Street Address | 114 Woodland Street                                                                                                                                                  |
| 13         | CT Agent Town                   | Hartford                                                                                                                                                             |
| 14         | CT Agent State                  | Connecticut                                                                                                                                                          |
| 15         | CT Agent Zip Code               | 06105 -                                                                                                                                                              |
|            |                                 |                                                                                                                                                                      |
| <b>AA.</b> | <b>AFFILIATE NAME</b>           | <b>WOMEN'S AUXILIARY OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER, INC. (FORMERLY THE WOMEN'S AUXILIARY</b>                                                          |
| 1          | Affiliate Description           | Supporting Saint Francis Hospital & Medical Center's mission of care and caring throughout the community and providing services that meet the needs of the Hospital. |
| 2          | Affiliate type of service       | Auxiliary                                                                                                                                                            |
| 3          | Tax Status                      | Not for Profit                                                                                                                                                       |
| 4          | Street Address                  | 114 Woodland Street                                                                                                                                                  |
| 5          | Town                            | Hartford                                                                                                                                                             |
| 6          | State                           | Connecticut                                                                                                                                                          |
| 7          | Zip Code                        | 06105 -                                                                                                                                                              |
| 8          | CEO Name                        | Antoinette Carrabba                                                                                                                                                  |
| 9          | CEO Title                       | President                                                                                                                                                            |
| 10         | CT Agent Name                   | Jeanne Christine Lubin-Szafranski, JD                                                                                                                                |
| 11         | CT Agent Company                | Saint Francis Hospital & Medical Center                                                                                                                              |
| 12         | CT Agent Company Street Address | 114 Woodland Street                                                                                                                                                  |
| 13         | CT Agent Town                   | Hartford                                                                                                                                                             |
| 14         | CT Agent State                  | Connecticut                                                                                                                                                          |
| 15         | CT Agent Zip Code               | 06105 -                                                                                                                                                              |

\* P.O. BOX IS UNACCEPTABLE WITHOUT A

STREET ADDRESS FOR EACH AGENT COMPANY

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER**  
**ANNUAL REPORTING**  
**FISCAL YEAR 2015**  
**REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

| (1)                                                                               | (2)            | (3)                                | (4)                        |
|-----------------------------------------------------------------------------------|----------------|------------------------------------|----------------------------|
| LINE                                                                              | AFFILIATE NAME | FUND DESCRIPTION /<br>FUND PURPOSE | BALANCE AS OF<br>9/30/2015 |
| <b>A . SAINT FRANCIS HOSPITAL AND MEDICAL CENTER</b>                              |                |                                    |                            |
| 1                                                                                 |                | Unrestricted                       | \$52,342,474               |
| 2                                                                                 |                | Temporarily Restricted by Donor    | \$24,417,140               |
| 3                                                                                 |                | Temporarily Restricted by Board    | \$0                        |
| 4                                                                                 |                | Permanently Restricted by Donor    | \$53,179,288               |
| 5                                                                                 |                | Intercompany Eliminations          | (\$1,504,775)              |
|                                                                                   |                | <b>Total:</b>                      | <b>\$128,434,127</b>       |
| <b>B . TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)</b> |                |                                    |                            |
| 1                                                                                 |                | Unrestricted                       | \$16,562,041               |
| 2                                                                                 |                | Temporarily Restricted by Donor    | \$0                        |
| 3                                                                                 |                | Temporarily Restricted by Board    | \$0                        |
| 4                                                                                 |                | Permanently Restricted by Donor    | \$0                        |
| 5                                                                                 |                | Intercompany Eliminations          | (\$24,241,407)             |
|                                                                                   |                | <b>Total:</b>                      | <b>(\$7,679,366)</b>       |
| <b>C . ASYLUM HILL FAMILY MEDICINE CENTER, INC.</b>                               |                |                                    |                            |
| 1                                                                                 |                | Unrestricted                       | (\$846,927)                |
| 2                                                                                 |                | Temporarily Restricted by Donor    | \$0                        |
| 3                                                                                 |                | Temporarily Restricted by Board    | \$0                        |
| 4                                                                                 |                | Permanently Restricted by Donor    | \$0                        |
| 5                                                                                 |                | Intercompany Eliminations          | \$0                        |
|                                                                                   |                | <b>Total:</b>                      | <b>(\$846,927)</b>         |
| <b>D . COLLABORATIVE LABORATORY SERVICES, LLC</b>                                 |                |                                    |                            |
| 1                                                                                 |                | Unrestricted                       | (\$440,991)                |
| 2                                                                                 |                | Temporarily Restricted by Donor    | \$0                        |
| 3                                                                                 |                | Temporarily Restricted by Board    | \$0                        |
| 4                                                                                 |                | Permanently Restricted by Donor    | \$0                        |
| 5                                                                                 |                | Intercompany Eliminations          | \$0                        |
|                                                                                   |                | <b>Total:</b>                      | <b>(\$440,991)</b>         |
| <b>E . COLLINS MEDICAL ASSOCIATES 2, P.C.</b>                                     |                |                                    |                            |
| 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                        |
|                                                                                   |                | <b>Total:</b>                      | <b>\$0</b>                 |
| <b>F . CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC</b>                        |                |                                    |                            |
| 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                        |
|                                                                                   |                | <b>Total:</b>                      | <b>\$0</b>                 |
| <b>G . GREATER HARTFORD LITHOTRIPTY, LLC</b>                                      |                |                                    |                            |
| 1                                                                                 |                | Unrestricted                       | \$0                        |

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

| (1)       | (2)                                                                                      | (3)                                | (4)                        |
|-----------|------------------------------------------------------------------------------------------|------------------------------------|----------------------------|
| LINE      | AFFILIATE NAME                                                                           | FUND DESCRIPTION /<br>FUND PURPOSE | BALANCE AS OF<br>9/30/2015 |
| 2         |                                                                                          | Temporarily Restricted by Donor    | \$0                        |
| 3         |                                                                                          | Temporarily Restricted by Board    | \$0                        |
| 4         |                                                                                          | Permanently Restricted by Donor    | \$0                        |
| 5         |                                                                                          | Intercompany Eliminations          | \$0                        |
|           |                                                                                          | <b>Total:</b>                      | <b>\$0</b>                 |
| <b>H.</b> | <b>MASONICARE PARTNERS HOME HEALTH AND HOSPICE, INC.</b>                                 |                                    |                            |
| 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                        |
|           |                                                                                          | <b>Total:</b>                      | <b>\$0</b>                 |
| <b>I.</b> | <b>MEDWORKS, LLC</b>                                                                     |                                    |                            |
| 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                        |
|           |                                                                                          | <b>Total:</b>                      | <b>\$0</b>                 |
| <b>J.</b> | <b>MOUNT SINAI HOSPITAL FOUNDATION, INC</b>                                              |                                    |                            |
| 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                        |
|           |                                                                                          | <b>Total:</b>                      | <b>\$0</b>                 |
| <b>K.</b> | <b>MOUNT SINAI REHABILITATION HOSPITAL INC.</b>                                          |                                    |                            |
| 1         |                                                                                          | Unrestricted                       | \$21,161,025               |
| 2         |                                                                                          | Temporarily Restricted by Donor    | \$1,762,678                |
| 3         |                                                                                          | Temporarily Restricted by Board    | \$0                        |
| 4         |                                                                                          | Permanently Restricted by Donor    | \$0                        |
| 5         |                                                                                          | Intercompany Eliminations          | \$0                        |
|           |                                                                                          | <b>Total:</b>                      | <b>\$22,923,703</b>        |
| <b>L.</b> | <b>NEW DIRECTIONS, INC. OF NORTH CENTRAL CONN.<br/>(FORMERLY PEOPLE FOR YOUTH, INC.)</b> |                                    |                            |
| 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                        |
|           |                                                                                          | <b>Total:</b>                      | <b>\$0</b>                 |
| <b>M.</b> | <b>ONE THOUSAND CORPORATION (FORMERLY NEW ONE<br/>THOUSAND CORPORATION)</b>              |                                    |                            |
| 1         |                                                                                          | Unrestricted                       | \$20,497,482               |
| 2         |                                                                                          | Temporarily Restricted by Donor    | \$0                        |
| 3         |                                                                                          | Temporarily Restricted by Board    | \$0                        |

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

| (1)        | (2)                                                                                                                 | (3)                                | (4)                        |
|------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------|
| LINE       | AFFILIATE NAME                                                                                                      | FUND DESCRIPTION /<br>FUND PURPOSE | BALANCE AS OF<br>9/30/2015 |
| 4          |                                                                                                                     | Permanently Restricted by Donor    | \$0                        |
| 5          |                                                                                                                     | Intercompany Eliminations          | \$0                        |
|            |                                                                                                                     | <b>Total:</b>                      | <b>\$20,497,482</b>        |
| <b>N .</b> | <b>SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P.C.<br/>(FORMERLY PSYCHOLOGICAL ALTERNATIVES TO<br/>HOSPITALIZATION,</b> |                                    |                            |
| 1          |                                                                                                                     | Unrestricted                       | (\$6,243,699)              |
| 2          |                                                                                                                     | Temporarily Restricted by Donor    | \$0                        |
| 3          |                                                                                                                     | Temporarily Restricted by Board    | \$0                        |
| 4          |                                                                                                                     | Permanently Restricted by Donor    | \$0                        |
| 5          |                                                                                                                     | Intercompany Eliminations          | \$0                        |
|            |                                                                                                                     | <b>Total:</b>                      | <b>(\$6,243,699)</b>       |
| <b>O .</b> | <b>SAINT FRANCIS CARE MEDICAL GROUP, P.C. (FORMERLY<br/>COLLINS MEDICAL ASSOCIATES, P.C.)</b>                       |                                    |                            |
| 1          |                                                                                                                     | Unrestricted                       | (\$529)                    |
| 2          |                                                                                                                     | Temporarily Restricted by Donor    | \$0                        |
| 3          |                                                                                                                     | Temporarily Restricted by Board    | \$0                        |
| 4          |                                                                                                                     | Permanently Restricted by Donor    | \$0                        |
| 5          |                                                                                                                     | Intercompany Eliminations          | \$0                        |
|            |                                                                                                                     | <b>Total:</b>                      | <b>(\$529)</b>             |
| <b>P .</b> | <b>SAINT FRANCIS EMERGENCY MEDICAL GROUP, INC. (A<br/>SUBSIDIARY OF SAINT FRANCIS MEDICAL GROUP, INC.)</b>          |                                    |                            |
| 1          |                                                                                                                     | Unrestricted                       | (\$7,878,095)              |
| 2          |                                                                                                                     | Temporarily Restricted by Donor    | \$0                        |
| 3          |                                                                                                                     | Temporarily Restricted by Board    | \$0                        |
| 4          |                                                                                                                     | Permanently Restricted by Donor    | \$0                        |
| 5          |                                                                                                                     | Intercompany Eliminations          | \$0                        |
|            |                                                                                                                     | <b>Total:</b>                      | <b>(\$7,878,095)</b>       |
| <b>Q .</b> | <b>SAINT FRANCIS GI ENDOSCOPY, LLC</b>                                                                              |                                    |                            |
| 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                        |
|            |                                                                                                                     | <b>Total:</b>                      | <b>\$0</b>                 |
| <b>R .</b> | <b>SAINT FRANCIS HEALTHCARE PARTNERS ACO, INC</b>                                                                   |                                    |                            |
| 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                        |
|            |                                                                                                                     | <b>Total:</b>                      | <b>\$0</b>                 |
| <b>S .</b> | <b>SAINT FRANCIS HEALTHCARE PARTNERS INC.(FORMERLY<br/>SAINT FRANCIS/MOUNT SINAI PHYSICIAN - HOSPITAL ORGAN</b>     |                                    |                            |
| 1          |                                                                                                                     | Unrestricted                       | \$0                        |
| 2          |                                                                                                                     | Temporarily Restricted by Donor    | \$0                        |

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER  
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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

| (1)  | (2)                                                                                          | (3)                                | (4)                        |
|------|----------------------------------------------------------------------------------------------|------------------------------------|----------------------------|
| LINE | AFFILIATE NAME                                                                               | FUND DESCRIPTION /<br>FUND PURPOSE | BALANCE AS OF<br>9/30/2015 |
| 3    |                                                                                              | Temporarily Restricted by Board    | \$0                        |
| 4    |                                                                                              | Permanently Restricted by Donor    | \$0                        |
| 5    |                                                                                              | Intercompany Eliminations          | \$0                        |
|      |                                                                                              | <b>Total:</b>                      | <b>\$0</b>                 |
|      |                                                                                              |                                    |                            |
| T .  | <b>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER<br/>FOUNDATION, INC.</b>                        |                                    |                            |
| 1    |                                                                                              | Unrestricted                       | (\$341,287)                |
| 2    |                                                                                              | Temporarily Restricted by Donor    | \$9,180,736                |
| 3    |                                                                                              | Temporarily Restricted by Board    | \$0                        |
| 4    |                                                                                              | Permanently Restricted by Donor    | \$213,452                  |
| 5    |                                                                                              | Intercompany Eliminations          | \$0                        |
|      |                                                                                              | <b>Total:</b>                      | <b>\$9,052,901</b>         |
|      |                                                                                              |                                    |                            |
| U .  | <b>SAINT FRANCIS INDEMNITY COMPANY, LLC</b>                                                  |                                    |                            |
| 1    |                                                                                              | Unrestricted                       | \$24,251,343               |
| 2    |                                                                                              | Temporarily Restricted by Donor    | \$0                        |
| 3    |                                                                                              | Temporarily Restricted by Board    | \$0                        |
| 4    |                                                                                              | Permanently Restricted by Donor    | \$0                        |
| 5    |                                                                                              | Intercompany Eliminations          | \$0                        |
|      |                                                                                              | <b>Total:</b>                      | <b>\$24,251,343</b>        |
|      |                                                                                              |                                    |                            |
| V .  | <b>SAINT FRANCIS MEDICAL GROUP, INC. (FORMERLY<br/>WOODLAND PHYSICIANS ASSOCIATES, INC.)</b> |                                    |                            |
| 1    |                                                                                              | Unrestricted                       | (\$2,919,387)              |
| 2    |                                                                                              | Temporarily Restricted by Donor    | \$0                        |
| 3    |                                                                                              | Temporarily Restricted by Board    | \$0                        |
| 4    |                                                                                              | Permanently Restricted by Donor    | \$0                        |
| 5    |                                                                                              | Intercompany Eliminations          | \$0                        |
|      |                                                                                              | <b>Total:</b>                      | <b>(\$2,919,387)</b>       |
|      |                                                                                              |                                    |                            |
| W .  | <b>SAINT FRANCIS PHO FOUNDATION, INC.</b>                                                    |                                    |                            |
| 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                        |
|      |                                                                                              | <b>Total:</b>                      | <b>\$0</b>                 |
|      |                                                                                              |                                    |                            |
| X .  | <b>SFH/FF, LLC</b>                                                                           |                                    |                            |
| 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                        |
|      |                                                                                              | <b>Total:</b>                      | <b>\$0</b>                 |
|      |                                                                                              |                                    |                            |
| Y .  | <b>THE CONNECTICUT CARE ALLIANCE, LLC</b>                                                    |                                    |                            |
| 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                        |

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER  
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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

| (1)         | (2)                                                                                                             | (3)                                | (4)                        |
|-------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------|
| LINE        | AFFILIATE NAME                                                                                                  | FUND DESCRIPTION /<br>FUND PURPOSE | BALANCE AS OF<br>9/30/2015 |
|             |                                                                                                                 | <b>Total:</b>                      | <b>\$0</b>                 |
| <b>Z .</b>  | <b>TOTAL HEALTH CONNECTICUT, LLC</b>                                                                            |                                    |                            |
| 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                        |
|             |                                                                                                                 | <b>Total:</b>                      | <b>\$0</b>                 |
| <b>AA .</b> | <b>TOTAL LAUNDRY COLLABORATIVE, LLC</b>                                                                         |                                    |                            |
| 1           |                                                                                                                 | Unrestricted                       | \$1,504,775                |
| 2           |                                                                                                                 | Temporarily Restricted by Donor    | \$0                        |
| 3           |                                                                                                                 | Temporarily Restricted by Board    | \$0                        |
| 4           |                                                                                                                 | Permanently Restricted by Donor    | \$0                        |
| 5           |                                                                                                                 | Intercompany Eliminations          | \$0                        |
|             |                                                                                                                 | <b>Total:</b>                      | <b>\$1,504,775</b>         |
| <b>AB .</b> | <b>WOMEN'S AUXILIARY OF SAINT FRANCIS HOSPITAL AND<br/>MEDICAL CENTER, INC. (FORMERLY THE WOMEN'S AUXILIARY</b> |                                    |                            |
| 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                        |
|             |                                                                                                                 | <b>Total:</b>                      | <b>\$0</b>                 |
|             | <b>Total of all Affiliates (before Intercompany Eliminations)</b>                                               | <b>Fund Balance:</b>               | <b>\$206,401,519</b>       |
|             | <b>Intercompany Eliminations</b>                                                                                |                                    | <b>(\$25,746,182)</b>      |
|             | <b>Total of all Affiliates</b>                                                                                  | <b>Fund Balance:</b>               | <b>\$180,655,337</b>       |

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER  
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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 |
| A.   | TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.) |                                                       |                  |                             |
|      |                                                                        | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2014</b> | <b>\$0</b>                  |
| 1    |                                                                        | Correction to Beginning Balance                       | 09/30/2014       | (\$505,998)                 |
| 2    |                                                                        | Purchased Services                                    | 09/30/2015       | \$244,379                   |
|      |                                                                        | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2015</b> | <b>(\$261,619)</b>          |
| B.   | ASYLUM HILL FAMILY MEDICINE CENTER, INC.                               |                                                       |                  |                             |
|      |                                                                        | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2014</b> | <b>\$980,508</b>            |
| 1    |                                                                        | Purchase of Services                                  | 09/30/2015       | (\$325,000)                 |
| 2    |                                                                        | Transfer of Funds                                     | 09/30/2015       | (\$607,500)                 |
| 3    |                                                                        | Purchased Services                                    | 09/30/2015       | \$235,458                   |
|      |                                                                        | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2015</b> | <b>\$283,466</b>            |
| C.   | COLLABORATIVE LABORATORY SERVICES, LLC                                 |                                                       |                  |                             |
|      |                                                                        | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2014</b> | <b>(\$4,247,133)</b>        |
| 1    |                                                                        | Purchased Services                                    | 09/30/2015       | \$16,873,257                |
| 2    |                                                                        | Purchase of Services                                  | 09/30/2015       | (\$11,615,564)              |
| 3    |                                                                        | Salaries & Benefits charged to Hospital               | 09/30/2015       | (\$9,863,582)               |
| 4    |                                                                        | Salary & Benefits charged to Affiliate by Hospital    | 09/30/2015       | \$55,527                    |
| 5    |                                                                        | Payments                                              | 09/30/2015       | \$9,100,000                 |
| 6    |                                                                        | Transfer of Funds                                     | 09/30/2015       | (\$3,854,125)               |
|      |                                                                        | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2015</b> | <b>(\$3,551,620)</b>        |
| D.   | COLLINS MEDICAL ASSOCIATES 2, P.C.                                     |                                                       |                  |                             |
|      |                                                                        | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2014</b> | <b>\$0</b>                  |
|      |                                                                        | Nothing to Report                                     |                  | \$0                         |
|      |                                                                        | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2015</b> | <b>\$0</b>                  |
| E.   | CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC                        |                                                       |                  |                             |
|      |                                                                        | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2014</b> | <b>\$0</b>                  |
|      |                                                                        | Nothing to Report                                     |                  | \$0                         |
|      |                                                                        | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2015</b> | <b>\$0</b>                  |
| F.   | GREATER HARTFORD LITHOTRIPSY, LLC                                      |                                                       |                  |                             |



**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER  
ANNUAL REPORTING  
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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 |
|           |                                                                                      | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2014</b> | <b>\$0</b>                  |
|           |                                                                                      | Nothing to Report                                     |                  | \$0                         |
|           |                                                                                      | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2015</b> | <b>\$0</b>                  |
| <b>G.</b> | <b>MASONICARE PARTNERS HOME HEALTH AND HOSPICE, INC.</b>                             |                                                       |                  |                             |
|           |                                                                                      | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2014</b> | <b>\$0</b>                  |
|           |                                                                                      | Nothing to Report                                     |                  | \$0                         |
|           |                                                                                      | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2015</b> | <b>\$0</b>                  |
| <b>H.</b> | <b>MEDWORKS, LLC</b>                                                                 |                                                       |                  |                             |
|           |                                                                                      | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2014</b> | <b>\$0</b>                  |
|           |                                                                                      | Nothing to Report                                     |                  | \$0                         |
|           |                                                                                      | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2015</b> | <b>\$0</b>                  |
| <b>I.</b> | <b>MOUNT SINAI HOSPITAL FOUNDATION, INC</b>                                          |                                                       |                  |                             |
|           |                                                                                      | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2014</b> | <b>\$0</b>                  |
|           |                                                                                      | Nothing to Report                                     |                  | \$0                         |
|           |                                                                                      | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2015</b> | <b>\$0</b>                  |
| <b>J.</b> | <b>MOUNT SINAI REHABILITATION HOSPITAL INC.</b>                                      |                                                       |                  |                             |
|           |                                                                                      | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2014</b> | <b>(\$1,224,792)</b>        |
| 1         |                                                                                      | Purchased Services                                    | 09/30/2015       | \$14,417,197                |
| 2         |                                                                                      | Salaries & Benefits charged to Hospital               | 09/30/2015       | (\$2,618,745)               |
| 3         |                                                                                      | Salary & Benefits charged to Affiliate by Hospital    | 09/30/2015       | \$1,753,935                 |
| 4         |                                                                                      | Transfer of Funds                                     | 09/30/2015       | (\$15,840,588)              |
|           |                                                                                      | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2015</b> | <b>(\$3,512,993)</b>        |
| <b>K.</b> | <b>NEW DIRECTIONS, INC. OF NORTH CENTRAL CONN. (FORMERLY PEOPLE FOR YOUTH, INC.)</b> |                                                       |                  |                             |
|           |                                                                                      | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2014</b> | <b>\$0</b>                  |
|           |                                                                                      | Nothing to Report                                     |                  | \$0                         |
|           |                                                                                      | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2015</b> | <b>\$0</b>                  |

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER  
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| (1)  | (2)                                                                                                         | (3)                                                   | (4)              | (5)                         |
|------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------|-----------------------------|
| LINE | AFFILIATE NAME                                                                                              | DESCRIPTION OF TRANSFER                               | DATE             | TRANSFER TO / FROM HOSPITAL |
| L.   | <b>ONE THOUSAND CORPORATION (FORMERLY NEW ONE THOUSAND CORPORATION)</b>                                     |                                                       |                  |                             |
|      |                                                                                                             | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2014</b> | <b>(\$2,744,216)</b>        |
| 1    |                                                                                                             | Salaries charged to Affiliate                         | 09/30/2015       | \$146,824                   |
| 2    |                                                                                                             | Purchased services                                    | 09/30/2015       | \$260,860                   |
| 3    |                                                                                                             | Purchase of Services                                  | 09/30/2015       | (\$442,737)                 |
|      |                                                                                                             | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2015</b> | <b>(\$2,779,269)</b>        |
| M.   | <b>SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P.C. (FORMERLY PSYCHOLOGICAL ALTERNATIVES TO HOSPITALIZATION,</b> |                                                       |                  |                             |
|      |                                                                                                             | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2014</b> | <b>\$4,867,288</b>          |
| 1    |                                                                                                             | Purchase of Services                                  | 09/30/2015       | (\$2,162,766)               |
| 2    |                                                                                                             | Transfer of Funds                                     | 09/30/2015       | \$3,138,760                 |
| 3    |                                                                                                             | Salaries & Benefits charged to Hospital               | 09/30/2015       | (\$27,349)                  |
| 4    |                                                                                                             | Salary & Benefits charged to Affiliate by Hospital    | 09/30/2015       | \$50,285                    |
| 5    |                                                                                                             | Purchased Services                                    | 09/30/2015       | \$895,302                   |
|      |                                                                                                             | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2015</b> | <b>\$6,761,520</b>          |
| N.   | <b>SAINT FRANCIS CARE MEDICAL GROUP, P.C. (FORMERLY COLLINS MEDICAL ASSOCIATES, P.C.)</b>                   |                                                       |                  |                             |
|      |                                                                                                             | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2014</b> | <b>(\$207,522)</b>          |
| 1    |                                                                                                             | Transfer of Funds                                     | 09/30/2015       | \$643,637                   |
| 2    |                                                                                                             | Purchase of Services                                  | 09/30/2015       | (\$700,000)                 |
| 3    |                                                                                                             | Purchased Services                                    | 09/30/2015       | \$68,257                    |
|      |                                                                                                             | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2015</b> | <b>(\$195,628)</b>          |
| O.   | <b>SAINT FRANCIS EMERGENCY MEDICAL GROUP, INC. (A SUBSIDIARY OF SAINT FRANCIS MEDICAL GROUP, INC.)</b>      |                                                       |                  |                             |
|      |                                                                                                             | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2014</b> | <b>(\$5,410,046)</b>        |
| 1    |                                                                                                             | Correction to prior year opening balance              | 09/30/2014       | \$10,820,093                |
| 2    |                                                                                                             | Income from Services                                  | 09/30/2015       | (\$2,705,905)               |
| 3    |                                                                                                             | Transfer of Funds                                     | 09/30/2015       | \$5,100,000                 |
| 4    |                                                                                                             | Purchased Services                                    | 09/30/2015       | \$27,250                    |
|      |                                                                                                             | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2015</b> | <b>\$7,831,392</b>          |
| P.   | <b>SAINT FRANCIS GI ENDOSCOPY, LLC</b>                                                                      |                                                       |                  |                             |

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER  
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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 |
|           |                                                                                                             | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2014</b> | <b>\$0</b>                  |
|           |                                                                                                             | Nothing to Report                                     |                  | \$0                         |
|           |                                                                                                             | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2015</b> | <b>\$0</b>                  |
| <b>Q.</b> | <b>SAINT FRANCIS HEALTHCARE PARTNERS ACO, INC</b>                                                           |                                                       |                  |                             |
|           |                                                                                                             | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2014</b> | <b>\$0</b>                  |
|           |                                                                                                             | Nothing to Report                                     |                  | \$0                         |
|           |                                                                                                             | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2015</b> | <b>\$0</b>                  |
| <b>R.</b> | <b>SAINT FRANCIS HEALTHCARE PARTNERS INC.(FORMERLY SAINT FRANCIS/MOUNT SINAI PHYSICIAN - HOSPITAL ORGAN</b> |                                                       |                  |                             |
|           |                                                                                                             | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2014</b> | <b>(\$305,413)</b>          |
| 1         |                                                                                                             | Purchased Services                                    | 09/30/2015       | \$412,510                   |
| 2         |                                                                                                             | Purchase of Services                                  | 09/30/2015       | (\$1,282,044)               |
| 3         |                                                                                                             | Payments                                              | 09/30/2015       | \$1,440,283                 |
|           |                                                                                                             | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2015</b> | <b>\$265,336</b>            |
| <b>S.</b> | <b>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER FOUNDATION, INC.</b>                                           |                                                       |                  |                             |
|           |                                                                                                             | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2014</b> | <b>\$0</b>                  |
| 1         |                                                                                                             | Donations to Hospital                                 | 09/30/2015       | (\$6,745,591)               |
| 2         |                                                                                                             | Accounts Payable charged to Affiliate by Hospital     | 09/30/2015       | \$967,939                   |
| 3         |                                                                                                             | Transfer of Funds                                     | 09/30/2015       | \$4,607,924                 |
| 4         |                                                                                                             | Salary & Benefits charged to Affiliate by Hospital    | 09/30/2015       | \$1,169,728                 |
|           |                                                                                                             | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2015</b> | <b>\$0</b>                  |
| <b>T.</b> | <b>SAINT FRANCIS INDEMNITY COMPANY, LLC</b>                                                                 |                                                       |                  |                             |
|           |                                                                                                             | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2014</b> | <b>(\$4,033,544)</b>        |
|           |                                                                                                             | Nothing to Report                                     |                  | \$0                         |
|           |                                                                                                             | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2015</b> | <b>(\$4,033,544)</b>        |
| <b>U.</b> | <b>SAINT FRANCIS MEDICAL GROUP, INC. (FORMERLY WOODLAND PHYSICIANS ASSOCIATES, INC.)</b>                    |                                                       |                  |                             |
|           |                                                                                                             | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2014</b> | <b>\$9,512,537</b>          |
| 1         |                                                                                                             | Income from Services                                  | 09/30/2015       | (\$4,193,059)               |

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER  
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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 |
| 2          |                                                                                                             | Transfer of Funds                                     | 09/30/2015       | \$34,350,000                |
| 3          |                                                                                                             | Payments for Physician & PA services                  | 09/30/2015       | (\$32,722,148)              |
| 4          |                                                                                                             | Purchase of Services                                  | 09/30/2015       | (\$6,743,071)               |
|            |                                                                                                             | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2015</b> | <b>\$204,259</b>            |
| <b>V.</b>  | <b>SAINT FRANCIS PHO FOUNDATION, INC.</b>                                                                   |                                                       |                  |                             |
|            |                                                                                                             | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2014</b> | <b>\$0</b>                  |
|            |                                                                                                             | Nothing to Report                                     |                  | \$0                         |
|            |                                                                                                             | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2015</b> | <b>\$0</b>                  |
| <b>W.</b>  | <b>SFH/FF, LLC</b>                                                                                          |                                                       |                  |                             |
|            |                                                                                                             | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2014</b> | <b>\$0</b>                  |
|            |                                                                                                             | Nothing to Report                                     |                  | \$0                         |
|            |                                                                                                             | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2015</b> | <b>\$0</b>                  |
| <b>X.</b>  | <b>THE CONNECTICUT CARE ALLIANCE, LLC</b>                                                                   |                                                       |                  |                             |
|            |                                                                                                             | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2014</b> | <b>\$0</b>                  |
|            |                                                                                                             | Nothing to Report                                     |                  | \$0                         |
|            |                                                                                                             | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2015</b> | <b>\$0</b>                  |
| <b>Y.</b>  | <b>TOTAL HEALTH CONNECTICUT, LLC</b>                                                                        |                                                       |                  |                             |
|            |                                                                                                             | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2014</b> | <b>\$0</b>                  |
|            |                                                                                                             | Nothing to Report                                     |                  | \$0                         |
|            |                                                                                                             | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2015</b> | <b>\$0</b>                  |
| <b>Z.</b>  | <b>TOTAL LAUNDRY COLLABORATIVE, LLC</b>                                                                     |                                                       |                  |                             |
|            |                                                                                                             | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2014</b> | <b>\$1,702,300</b>          |
| 1          |                                                                                                             | Salaries & Benefits charged to Affiliate by Hospital  | 09/30/2015       | \$1,714,916                 |
| 2          |                                                                                                             | Purchase of Services                                  | 09/30/2015       | (\$3,273,650)               |
| 3          |                                                                                                             | Purchased Services                                    | 09/30/2015       | \$1,171,644                 |
|            |                                                                                                             | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2015</b> | <b>\$1,315,210</b>          |
| <b>AA.</b> | <b>WOMEN'S AUXILIARY OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER, INC. (FORMERLY THE WOMEN'S AUXILIARY</b> |                                                       |                  |                             |

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER  
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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 |
|      |                | <b>Beginning Unconsolidated Intercompany Balance:</b> | 9/30/2014           | \$0                         |
|      |                | Nothing to Report                                     |                     | \$0                         |
|      |                | <b>Ending Unconsolidated Intercompany Balance:</b>    | 9/30/2015           | \$0                         |
|      |                |                                                       |                     |                             |
|      |                |                                                       | <b>Grand Total:</b> | <b>\$2,326,510</b>          |

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER  
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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS**

| (1)  | (2)                                                                    | (3)                                                                               | (4)                                           | (5)        | (6)          |
|------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------|------------|--------------|
| LINE | AFFILIATE TRANSFERRING FUNDS                                           | AFFILIATE RECEIVING FUNDS                                                         | DESCRIPTION OF TRANSFER                       | DATE       | AMOUNT       |
|      |                                                                        |                                                                                   | Beginning Unconsolidated Intercompany Balance | 10/01/2014 | \$28,495,468 |
| A.   | TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.) |                                                                                   | Nothing to Report                             |            | \$0          |
|      |                                                                        |                                                                                   | Total:                                        | 9/30/2015  | \$0          |
| B.   | ASYLUM HILL FAMILY MEDICINE CENTER, INC.                               |                                                                                   | Nothing to Report                             |            | \$0          |
|      |                                                                        |                                                                                   | Total:                                        | 9/30/2015  | \$0          |
| C.   | COLLABORATIVE LABORATORY SERVICES, LLC                                 |                                                                                   | Nothing to Report                             |            | \$0          |
|      |                                                                        |                                                                                   | Total:                                        | 9/30/2015  | \$0          |
| D.   | COLLINS MEDICAL ASSOCIATES 2, P.C.                                     |                                                                                   | Nothing to Report                             |            | \$0          |
|      |                                                                        |                                                                                   | Total:                                        | 9/30/2015  | \$0          |
| E.   | CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC                        |                                                                                   | Nothing to Report                             |            | \$0          |
|      |                                                                        |                                                                                   | Total:                                        | 9/30/2015  | \$0          |
| F.   | GREATER HARTFORD LITHOTRIPSY, LLC                                      |                                                                                   | Nothing to Report                             |            | \$0          |
|      |                                                                        |                                                                                   | Total:                                        | 9/30/2015  | \$0          |
| G.   | MASONICARE PARTNERS HOME HEALTH AND HOSPICE, INC.                      |                                                                                   | Nothing to Report                             |            | \$0          |
|      |                                                                        |                                                                                   | Total:                                        | 9/30/2015  | \$0          |
| H.   | MEDWORKS, LLC                                                          |                                                                                   | Nothing to Report                             |            | \$0          |
|      |                                                                        |                                                                                   | Total:                                        | 9/30/2015  | \$0          |
| I.   | MOUNT SINAI HOSPITAL FOUNDATION, INC                                   |                                                                                   | Nothing to Report                             |            | \$0          |
|      |                                                                        |                                                                                   | Total:                                        | 9/30/2015  | \$0          |
| J.   | MOUNT SINAI REHABILITATION HOSPITAL INC.                               |                                                                                   |                                               |            |              |
| 1    |                                                                        | SAINT FRANCIS MEDICAL GROUP, INC. (FORMERLY WOODLAND PHYSICIANS ASSOCIATES, INC.) | various payments                              | 09/30/2015 | \$2,794      |

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER  
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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS**

| (1)  | (2)                                                                                                     | (3)                                                                                     | (4)                     | (5)              | (6)              |
|------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------|------------------|------------------|
| LINE | AFFILIATE TRANSFERRING FUNDS                                                                            | AFFILIATE RECEIVING FUNDS                                                               | DESCRIPTION OF TRANSFER | DATE             | AMOUNT           |
| 2    |                                                                                                         | SAINT FRANCIS MEDICAL GROUP, INC.<br>(FORMERLY WOODLAND PHYSICIANS<br>ASSOCIATES, INC.) | Physician Assistants    | 09/30/2015       | \$122,951        |
| 3    |                                                                                                         | SAINT FRANCIS MEDICAL GROUP, INC.<br>(FORMERLY WOODLAND PHYSICIANS<br>ASSOCIATES, INC.) | Physician Services      | 09/30/2015       | \$96,072         |
| 4    |                                                                                                         | COLLABORATIVE LABORATORY SERVICES,<br>LLC                                               | various payments        | 09/30/2015       | \$22,802         |
|      |                                                                                                         |                                                                                         | <b>Total:</b>           | <b>9/30/2015</b> | <b>\$244,619</b> |
| K.   | NEW DIRECTIONS, INC. OF NORTH CENTRAL CONN. (FORMERLY PEOPLE<br>FOR YOUTH, INC.)                        |                                                                                         |                         |                  |                  |
|      |                                                                                                         |                                                                                         | Nothing to Report       |                  | \$0              |
|      |                                                                                                         |                                                                                         | <b>Total:</b>           | <b>9/30/2015</b> | <b>\$0</b>       |
| L.   | ONE THOUSAND CORPORATION (FORMERLY NEW ONE THOUSAND<br>CORPORATION)                                     |                                                                                         |                         |                  |                  |
|      |                                                                                                         |                                                                                         | Nothing to Report       |                  | \$0              |
|      |                                                                                                         |                                                                                         | <b>Total:</b>           | <b>9/30/2015</b> | <b>\$0</b>       |
| M.   | SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P.C. (FORMERLY<br>PSYCHOLOGICAL ALTERNATIVES TO HOSPITALIZATION, |                                                                                         |                         |                  |                  |
| 1    |                                                                                                         | MOUNT SINAI REHABILITATION HOSPITAL INC.                                                | salaries and benefits   | 09/30/2015       | \$71,508         |
|      |                                                                                                         |                                                                                         | <b>Total:</b>           | <b>9/30/2015</b> | <b>\$71,508</b>  |
| N.   | SAINT FRANCIS CARE MEDICAL GROUP, P.C. (FORMERLY COLLINS<br>MEDICAL ASSOCIATES, P.C.)                   |                                                                                         |                         |                  |                  |
|      |                                                                                                         |                                                                                         | Nothing to Report       |                  | \$0              |
|      |                                                                                                         |                                                                                         | <b>Total:</b>           | <b>9/30/2015</b> | <b>\$0</b>       |
| O.   | SAINT FRANCIS EMERGENCY MEDICAL GROUP, INC. (A SUBSIDIARY OF<br>SAINT FRANCIS MEDICAL GROUP, INC.)      |                                                                                         |                         |                  |                  |
| 1    |                                                                                                         | SAINT FRANCIS MEDICAL GROUP, INC.<br>(FORMERLY WOODLAND PHYSICIANS<br>ASSOCIATES, INC.) | various payments        | 09/30/2015       | \$60,082         |
|      |                                                                                                         |                                                                                         | <b>Total:</b>           | <b>9/30/2015</b> | <b>\$60,082</b>  |
| P.   | SAINT FRANCIS GI ENDOSCOPY, LLC                                                                         |                                                                                         |                         |                  |                  |
|      |                                                                                                         |                                                                                         | Nothing to Report       |                  | \$0              |
|      |                                                                                                         |                                                                                         | <b>Total:</b>           | <b>9/30/2015</b> | <b>\$0</b>       |
| Q.   | SAINT FRANCIS HEALTHCARE PARTNERS ACO, INC                                                              |                                                                                         |                         |                  |                  |
|      |                                                                                                         |                                                                                         | Nothing to Report       |                  | \$0              |
|      |                                                                                                         |                                                                                         | <b>Total:</b>           | <b>9/30/2015</b> | <b>\$0</b>       |

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER  
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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS**

| (1)  | (2)                                                                                                  | (3)                                                                                             | (4)                     | (5)              | (6)              |
|------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------|------------------|------------------|
| LINE | AFFILIATE TRANSFERRING FUNDS                                                                         | AFFILIATE RECEIVING FUNDS                                                                       | DESCRIPTION OF TRANSFER | DATE             | AMOUNT           |
| R.   | SAINT FRANCIS HEALTHCARE PARTNERS INC.(FORMERLY SAINT FRANCIS/MOUNT SINAI PHYSICIAN - HOSPITAL ORGAN |                                                                                                 |                         |                  |                  |
|      |                                                                                                      |                                                                                                 | Nothing to Report       |                  | \$0              |
|      |                                                                                                      |                                                                                                 | <b>Total:</b>           | <b>9/30/2015</b> | <b>\$0</b>       |
| S.   | SAINT FRANCIS HOSPITAL AND MEDICAL CENTER FOUNDATION, INC.                                           |                                                                                                 |                         |                  |                  |
|      |                                                                                                      |                                                                                                 | Nothing to Report       |                  | \$0              |
|      |                                                                                                      |                                                                                                 | <b>Total:</b>           | <b>9/30/2015</b> | <b>\$0</b>       |
| T.   | SAINT FRANCIS INDEMNITY COMPANY, LLC                                                                 |                                                                                                 |                         |                  |                  |
|      |                                                                                                      |                                                                                                 | Nothing to Report       |                  | \$0              |
|      |                                                                                                      |                                                                                                 | <b>Total:</b>           | <b>9/30/2015</b> | <b>\$0</b>       |
| U.   | SAINT FRANCIS MEDICAL GROUP, INC. (FORMERLY WOODLAND PHYSICIANS ASSOCIATES, INC.)                    |                                                                                                 |                         |                  |                  |
| 1    |                                                                                                      | SAINT FRANCIS EMERGENCY MEDICAL GROUP, INC. (A SUBSIDIARY OF SAINT FRANCIS MEDICAL GROUP, INC.) | Revenue from Services   | 09/30/2015       | \$271,263        |
| 2    |                                                                                                      | SAINT FRANCIS CARE MEDICAL GROUP, P.C. (FORMERLY COLLINS MEDICAL ASSOCIATES, P.C.)              | various payments        | 09/30/2015       | \$1,706          |
| 3    |                                                                                                      | MOUNT SINAI REHABILITATION HOSPITAL INC.                                                        | Rental Income           | 09/30/2015       | \$27,697         |
| 4    |                                                                                                      | MOUNT SINAI REHABILITATION HOSPITAL INC.                                                        | various payments        | 09/30/2015       | \$3,513          |
| 5    |                                                                                                      | MOUNT SINAI REHABILITATION HOSPITAL INC.                                                        | salaries and benefits   | 09/30/2015       | \$116,253        |
|      |                                                                                                      |                                                                                                 | <b>Total:</b>           | <b>9/30/2015</b> | <b>\$420,432</b> |
| V.   | SAINT FRANCIS PHO FOUNDATION, INC.                                                                   |                                                                                                 |                         |                  |                  |
|      |                                                                                                      |                                                                                                 | Nothing to Report       |                  | \$0              |
|      |                                                                                                      |                                                                                                 | <b>Total:</b>           | <b>9/30/2015</b> | <b>\$0</b>       |
| W.   | SFH/FF, LLC                                                                                          |                                                                                                 |                         |                  |                  |
|      |                                                                                                      |                                                                                                 | Nothing to Report       |                  | \$0              |
|      |                                                                                                      |                                                                                                 | <b>Total:</b>           | <b>9/30/2015</b> | <b>\$0</b>       |
| X.   | THE CONNECTICUT CARE ALLIANCE, LLC                                                                   |                                                                                                 |                         |                  |                  |
|      |                                                                                                      |                                                                                                 | Nothing to Report       |                  | \$0              |
|      |                                                                                                      |                                                                                                 | <b>Total:</b>           | <b>9/30/2015</b> | <b>\$0</b>       |
| Y.   | TOTAL HEALTH CONNECTICUT, LLC                                                                        |                                                                                                 |                         |                  |                  |
|      |                                                                                                      |                                                                                                 | Nothing to Report       |                  | \$0              |



**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER  
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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS**

| (1)  | (2)                                                                                                  | (3)                       | (4)                                        | (5)       | (6)          |
|------|------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------|-----------|--------------|
| LINE | AFFILIATE TRANSFERRING FUNDS                                                                         | AFFILIATE RECEIVING FUNDS | DESCRIPTION OF TRANSFER                    | DATE      | AMOUNT       |
|      |                                                                                                      |                           | Total:                                     | 9/30/2015 | \$0          |
|      |                                                                                                      |                           |                                            |           |              |
| Z.   | TOTAL LAUNDRY COLLABORATIVE, LLC                                                                     |                           |                                            |           |              |
|      |                                                                                                      |                           | Nothing to Report                          |           | \$0          |
|      |                                                                                                      |                           | Total:                                     | 9/30/2015 | \$0          |
|      |                                                                                                      |                           |                                            |           |              |
| AA.  | WOMEN'S AUXILIARY OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER, INC. (FORMERLY THE WOMEN'S AUXILIARY |                           |                                            |           |              |
|      |                                                                                                      |                           | Nothing to Report                          |           | \$0          |
|      |                                                                                                      |                           | Total:                                     | 9/30/2015 | \$0          |
|      |                                                                                                      |                           |                                            |           |              |
|      |                                                                                                      |                           | Ending Unconsolidated Intercompany Balance | 9/30/2015 | \$29,292,109 |

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER  
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**REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL**

| (1)<br>LINE | (2)<br>AFFILIATE NAME &<br>DESCRIPTION OF EXPENDITURE                                                          | (3)<br>AMOUNT | (4)<br>DATE      |
|-------------|----------------------------------------------------------------------------------------------------------------|---------------|------------------|
|             | <b>A. TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)</b>                               |               |                  |
| 0           | Nothing to Report                                                                                              | \$0           |                  |
|             | <b>Total:</b>                                                                                                  | <b>\$0</b>    | <b>9/30/2015</b> |
|             | <b>B. ASYLUM HILL FAMILY MEDICINE CENTER, INC.</b>                                                             |               |                  |
| 0           | Nothing to Report                                                                                              | \$0           |                  |
|             | <b>Total:</b>                                                                                                  | <b>\$0</b>    | <b>9/30/2015</b> |
|             | <b>C. COLLABORATIVE LABORATORY SERVICES, LLC</b>                                                               |               |                  |
| 0           | Nothing to Report                                                                                              | \$0           |                  |
|             | <b>Total:</b>                                                                                                  | <b>\$0</b>    | <b>9/30/2015</b> |
|             | <b>D. COLLINS MEDICAL ASSOCIATES 2, P.C.</b>                                                                   |               |                  |
| 0           | Nothing to Report                                                                                              | \$0           |                  |
|             | <b>Total:</b>                                                                                                  | <b>\$0</b>    | <b>9/30/2015</b> |
|             | <b>E. CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC</b>                                                      |               |                  |
| 0           | Nothing to Report                                                                                              | \$0           |                  |
|             | <b>Total:</b>                                                                                                  | <b>\$0</b>    | <b>9/30/2015</b> |
|             | <b>F. GREATER HARTFORD LITHOTRIpsy, LLC</b>                                                                    |               |                  |
| 0           | Nothing to Report                                                                                              | \$0           |                  |
|             | <b>Total:</b>                                                                                                  | <b>\$0</b>    | <b>9/30/2015</b> |
|             | <b>G. MASONICARE PARTNERS HOME HEALTH AND HOSPICE, INC.</b>                                                    |               |                  |
| 0           | Nothing to Report                                                                                              | \$0           |                  |
|             | <b>Total:</b>                                                                                                  | <b>\$0</b>    | <b>9/30/2015</b> |
|             | <b>H. MEDWORKS, LLC</b>                                                                                        |               |                  |
| 0           | Nothing to Report                                                                                              | \$0           |                  |
|             | <b>Total:</b>                                                                                                  | <b>\$0</b>    | <b>9/30/2015</b> |
|             | <b>I. MOUNT SINAI HOSPITAL FOUNDATION, INC</b>                                                                 |               |                  |
| 0           | Nothing to Report                                                                                              | \$0           |                  |
|             | <b>Total:</b>                                                                                                  | <b>\$0</b>    | <b>9/30/2015</b> |
|             | <b>J. MOUNT SINAI REHABILITATION HOSPITAL INC.</b>                                                             |               |                  |
| 0           | Nothing to Report                                                                                              | \$0           |                  |
|             | <b>Total:</b>                                                                                                  | <b>\$0</b>    | <b>9/30/2015</b> |
|             | <b>K. NEW DIRECTIONS, INC. OF NORTH CENTRAL CONN. (FORMERLY PEOPLE FOR YOUTH, INC.)</b>                        |               |                  |
| 0           | Nothing to Report                                                                                              | \$0           |                  |
|             | <b>Total:</b>                                                                                                  | <b>\$0</b>    | <b>9/30/2015</b> |
|             | <b>L. ONE THOUSAND CORPORATION (FORMERLY NEW ONE THOUSAND CORPORATION)</b>                                     |               |                  |
| 0           | Nothing to Report                                                                                              | \$0           |                  |
|             | <b>Total:</b>                                                                                                  | <b>\$0</b>    | <b>9/30/2015</b> |
|             | <b>M. SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P.C. (FORMERLY PSYCHOLOGICAL ALTERNATIVES TO HOSPITALIZATION,</b> |               |                  |
| 0           | Nothing to Report                                                                                              | \$0           |                  |
|             | <b>Total:</b>                                                                                                  | <b>\$0</b>    | <b>9/30/2015</b> |
|             | <b>N. SAINT FRANCIS CARE MEDICAL GROUP, P.C. (FORMERLY COLLINS MEDICAL ASSOCIATES, P.C.)</b>                   |               |                  |

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER  
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**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             |
| 0    | Nothing to Report                                                                                               | \$0        |                  |
|      | <b>Total:</b>                                                                                                   | <b>\$0</b> | <b>9/30/2015</b> |
|      | <b>O. SAINT FRANCIS EMERGENCY MEDICAL GROUP, INC. (A SUBSIDIARY OF SAINT FRANCIS MEDICAL GROUP, INC.)</b>       |            |                  |
| 0    | Nothing to Report                                                                                               | \$0        |                  |
|      | <b>Total:</b>                                                                                                   | <b>\$0</b> | <b>9/30/2015</b> |
|      | <b>P. SAINT FRANCIS GI ENDOSCOPY, LLC</b>                                                                       |            |                  |
| 0    | Nothing to Report                                                                                               | \$0        |                  |
|      | <b>Total:</b>                                                                                                   | <b>\$0</b> | <b>9/30/2015</b> |
|      | <b>Q. SAINT FRANCIS HEALTHCARE PARTNERS ACO, INC</b>                                                            |            |                  |
| 0    | Nothing to Report                                                                                               | \$0        |                  |
|      | <b>Total:</b>                                                                                                   | <b>\$0</b> | <b>9/30/2015</b> |
|      | <b>R. SAINT FRANCIS HEALTHCARE PARTNERS INC.(FORMERLY SAINT FRANCIS/MOUNT SINAI PHYSICIAN - HOSPITAL ORGAN</b>  |            |                  |
| 0    | Nothing to Report                                                                                               | \$0        |                  |
|      | <b>Total:</b>                                                                                                   | <b>\$0</b> | <b>9/30/2015</b> |
|      | <b>S. SAINT FRANCIS HOSPITAL AND MEDICAL CENTER FOUNDATION, INC.</b>                                            |            |                  |
| 0    | Nothing to Report                                                                                               | \$0        |                  |
|      | <b>Total:</b>                                                                                                   | <b>\$0</b> | <b>9/30/2015</b> |
|      | <b>T. SAINT FRANCIS INDEMNITY COMPANY, LLC</b>                                                                  |            |                  |
| 0    | Nothing to Report                                                                                               | \$0        |                  |
|      | <b>Total:</b>                                                                                                   | <b>\$0</b> | <b>9/30/2015</b> |
|      | <b>U. SAINT FRANCIS MEDICAL GROUP, INC. (FORMERLY WOODLAND PHYSICIANS ASSOCIATES, INC.)</b>                     |            |                  |
| 0    | Nothing to Report                                                                                               | \$0        |                  |
|      | <b>Total:</b>                                                                                                   | <b>\$0</b> | <b>9/30/2015</b> |
|      | <b>V. SAINT FRANCIS PHO FOUNDATION, INC.</b>                                                                    |            |                  |
| 0    | Nothing to Report                                                                                               | \$0        |                  |
|      | <b>Total:</b>                                                                                                   | <b>\$0</b> | <b>9/30/2015</b> |
|      | <b>W. SFH/FF, LLC</b>                                                                                           |            |                  |
| 0    | Nothing to Report                                                                                               | \$0        |                  |
|      | <b>Total:</b>                                                                                                   | <b>\$0</b> | <b>9/30/2015</b> |
|      | <b>X. THE CONNECTICUT CARE ALLIANCE, LLC</b>                                                                    |            |                  |
| 0    | Nothing to Report                                                                                               | \$0        |                  |
|      | <b>Total:</b>                                                                                                   | <b>\$0</b> | <b>9/30/2015</b> |
|      | <b>Y. TOTAL HEALTH CONNECTICUT, LLC</b>                                                                         |            |                  |
| 0    | Nothing to Report                                                                                               | \$0        |                  |
|      | <b>Total:</b>                                                                                                   | <b>\$0</b> | <b>9/30/2015</b> |
|      | <b>Z. TOTAL LAUNDRY COLLABORATIVE, LLC</b>                                                                      |            |                  |
| 0    | Nothing to Report                                                                                               | \$0        |                  |
|      | <b>Total:</b>                                                                                                   | <b>\$0</b> | <b>9/30/2015</b> |
|      | <b>AA. WOMEN'S AUXILIARY OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER, INC. (FORMERLY THE WOMEN'S AUXILIARY</b> |            |                  |
| 0    | Nothing to Report                                                                                               | \$0        |                  |
|      | <b>Total:</b>                                                                                                   | <b>\$0</b> | <b>9/30/2015</b> |

## SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

## ANNUAL REPORTING

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

| (1)  | (2)                                            | (3)    | (4)       |
|------|------------------------------------------------|--------|-----------|
| LINE | AFFILIATE NAME &<br>DESCRIPTION OF EXPENDITURE | AMOUNT | DATE      |
|      | Grand Total:                                   | \$0    | 9/30/2015 |

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER  
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REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS**

| (1)       | (2)                                                                                  | (3)        | (4)           |
|-----------|--------------------------------------------------------------------------------------|------------|---------------|
| LINE      | AFFILIATE NAME &<br>DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT                 | AMOUNT     | TERM IN YEARS |
| <b>A.</b> | <b>TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)</b>        |            |               |
| 0         | Nothing to Report                                                                    | \$0        | 0             |
|           | <b>Total:</b>                                                                        | <b>\$0</b> |               |
| <b>B.</b> | <b>ASYLUM HILL FAMILY MEDICINE CENTER, INC.</b>                                      |            |               |
| 0         | Nothing to Report                                                                    | \$0        | 0             |
|           | <b>Total:</b>                                                                        | <b>\$0</b> |               |
| <b>C.</b> | <b>COLLABORATIVE LABORATORY SERVICES, LLC</b>                                        |            |               |
| 0         | Nothing to Report                                                                    | \$0        | 0             |
|           | <b>Total:</b>                                                                        | <b>\$0</b> |               |
| <b>D.</b> | <b>COLLINS MEDICAL ASSOCIATES 2, P.C.</b>                                            |            |               |
| 0         | Nothing to Report                                                                    | \$0        | 0             |
|           | <b>Total:</b>                                                                        | <b>\$0</b> |               |
| <b>E.</b> | <b>CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC</b>                               |            |               |
| 0         | Nothing to Report                                                                    | \$0        | 0             |
|           | <b>Total:</b>                                                                        | <b>\$0</b> |               |
| <b>F.</b> | <b>GREATER HARTFORD LITHOTRIpsy, LLC</b>                                             |            |               |
| 0         | Nothing to Report                                                                    | \$0        | 0             |
|           | <b>Total:</b>                                                                        | <b>\$0</b> |               |
| <b>G.</b> | <b>MASONICARE PARTNERS HOME HEALTH AND HOSPICE, INC.</b>                             |            |               |
| 0         | Nothing to Report                                                                    | \$0        | 0             |
|           | <b>Total:</b>                                                                        | <b>\$0</b> |               |
| <b>H.</b> | <b>MEDWORKS, LLC</b>                                                                 |            |               |
| 0         | Nothing to Report                                                                    | \$0        | 0             |
|           | <b>Total:</b>                                                                        | <b>\$0</b> |               |
| <b>I.</b> | <b>MOUNT SINAI HOSPITAL FOUNDATION, INC</b>                                          |            |               |
| 0         | Nothing to Report                                                                    | \$0        | 0             |
|           | <b>Total:</b>                                                                        | <b>\$0</b> |               |
| <b>J.</b> | <b>MOUNT SINAI REHABILITATION HOSPITAL INC.</b>                                      |            |               |
| 0         | Nothing to Report                                                                    | \$0        | 0             |
|           | <b>Total:</b>                                                                        | <b>\$0</b> |               |
| <b>K.</b> | <b>NEW DIRECTIONS, INC. OF NORTH CENTRAL CONN. (FORMERLY PEOPLE FOR YOUTH, INC.)</b> |            |               |

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER  
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**REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS**

| (1)       | (2)                                                                                                         | (3)        | (4)           |
|-----------|-------------------------------------------------------------------------------------------------------------|------------|---------------|
| LINE      | AFFILIATE NAME &<br>DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT                                        | AMOUNT     | TERM IN YEARS |
| 0         | Nothing to Report                                                                                           | \$0        | 0             |
|           | <b>Total:</b>                                                                                               | <b>\$0</b> |               |
|           |                                                                                                             |            |               |
| <b>L.</b> | <b>ONE THOUSAND CORPORATION (FORMERLY NEW ONE THOUSAND CORPORATION)</b>                                     |            |               |
| 0         | Nothing to Report                                                                                           | \$0        | 0             |
|           | <b>Total:</b>                                                                                               | <b>\$0</b> |               |
|           |                                                                                                             |            |               |
| <b>M.</b> | <b>SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P.C. (FORMERLY PSYCHOLOGICAL ALTERNATIVES TO HOSPITALIZATION,</b> |            |               |
| 0         | Nothing to Report                                                                                           | \$0        | 0             |
|           | <b>Total:</b>                                                                                               | <b>\$0</b> |               |
|           |                                                                                                             |            |               |
| <b>N.</b> | <b>SAINT FRANCIS CARE MEDICAL GROUP, P.C. (FORMERLY COLLINS MEDICAL ASSOCIATES, P.C.)</b>                   |            |               |
| 0         | Nothing to Report                                                                                           | \$0        | 0             |
|           | <b>Total:</b>                                                                                               | <b>\$0</b> |               |
|           |                                                                                                             |            |               |
| <b>O.</b> | <b>SAINT FRANCIS EMERGENCY MEDICAL GROUP, INC. (A SUBSIDIARY OF SAINT FRANCIS MEDICAL GROUP, INC.)</b>      |            |               |
| 0         | Nothing to Report                                                                                           | \$0        | 0             |
|           | <b>Total:</b>                                                                                               | <b>\$0</b> |               |
|           |                                                                                                             |            |               |
| <b>P.</b> | <b>SAINT FRANCIS GI ENDOSCOPY, LLC</b>                                                                      |            |               |
| 0         | Nothing to Report                                                                                           | \$0        | 0             |
|           | <b>Total:</b>                                                                                               | <b>\$0</b> |               |
|           |                                                                                                             |            |               |
| <b>Q.</b> | <b>SAINT FRANCIS HEALTHCARE PARTNERS ACO, INC</b>                                                           |            |               |
| 0         | Nothing to Report                                                                                           | \$0        | 0             |
|           | <b>Total:</b>                                                                                               | <b>\$0</b> |               |
|           |                                                                                                             |            |               |
| <b>R.</b> | <b>SAINT FRANCIS HEALTHCARE PARTNERS INC.(FORMERLY SAINT FRANCIS/MOUNT SINAI PHYSICIAN - HOSPITAL ORGAN</b> |            |               |
| 0         | Nothing to Report                                                                                           | \$0        | 0             |
|           | <b>Total:</b>                                                                                               | <b>\$0</b> |               |
|           |                                                                                                             |            |               |
| <b>S.</b> | <b>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER FOUNDATION, INC.</b>                                           |            |               |
| 0         | Nothing to Report                                                                                           | \$0        | 0             |
|           | <b>Total:</b>                                                                                               | <b>\$0</b> |               |
|           |                                                                                                             |            |               |
| <b>T.</b> | <b>SAINT FRANCIS INDEMNITY COMPANY, LLC</b>                                                                 |            |               |
| 0         | Nothing to Report                                                                                           | \$0        | 0             |
|           | <b>Total:</b>                                                                                               | <b>\$0</b> |               |

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER  
ANNUAL REPORTING  
FISCAL YEAR 2015  
REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS**

| (1)        | (2)                                                                                                          | (3)        | (4)           |
|------------|--------------------------------------------------------------------------------------------------------------|------------|---------------|
| LINE       | AFFILIATE NAME &<br>DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT                                         | AMOUNT     | TERM IN YEARS |
| <b>U.</b>  | <b>SAINT FRANCIS MEDICAL GROUP, INC. (FORMERLY WOODLAND PHYSICIANS ASSOCIATES, INC.)</b>                     |            |               |
| 0          | Nothing to Report                                                                                            | \$0        | 0             |
|            | <b>Total:</b>                                                                                                | <b>\$0</b> |               |
| <b>V.</b>  | <b>SAINT FRANCIS PHO FOUNDATION, INC.</b>                                                                    |            |               |
| 0          | Nothing to Report                                                                                            | \$0        | 0             |
|            | <b>Total:</b>                                                                                                | <b>\$0</b> |               |
| <b>W.</b>  | <b>SFH/FF, LLC</b>                                                                                           |            |               |
| 0          | Nothing to Report                                                                                            | \$0        | 0             |
|            | <b>Total:</b>                                                                                                | <b>\$0</b> |               |
| <b>X.</b>  | <b>THE CONNECTICUT CARE ALLIANCE, LLC</b>                                                                    |            |               |
| 0          | Nothing to Report                                                                                            | \$0        | 0             |
|            | <b>Total:</b>                                                                                                | <b>\$0</b> |               |
| <b>Y.</b>  | <b>TOTAL HEALTH CONNECTICUT, LLC</b>                                                                         |            |               |
| 0          | Nothing to Report                                                                                            | \$0        | 0             |
|            | <b>Total:</b>                                                                                                | <b>\$0</b> |               |
| <b>Z.</b>  | <b>TOTAL LAUNDRY COLLABORATIVE, LLC</b>                                                                      |            |               |
| 0          | Nothing to Report                                                                                            | \$0        | 0             |
|            | <b>Total:</b>                                                                                                | <b>\$0</b> |               |
| <b>AA.</b> | <b>WOMEN'S AUXILIARY OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER, INC. (FORMERLY THE WOMEN'S AUXILIARY)</b> |            |               |
| 0          | Nothing to Report                                                                                            | \$0        | 0             |
|            | <b>Total:</b>                                                                                                | <b>\$0</b> |               |
|            | <b>Grand Total:</b>                                                                                          | <b>\$0</b> |               |

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER  
ANNUAL REPORTING  
FISCAL YEAR 2015  
REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR  
INDIGENT CARE AND FREE BEDS**

| (1)                      | (2)                         | (3)                 | (4)                 | (5)                  | (6)          |
|--------------------------|-----------------------------|---------------------|---------------------|----------------------|--------------|
| LINE                     | DESCRIPTION                 | FY 2014<br>ACTUAL   | FY 2015<br>ACTUAL   | AMOUNT DIFFERENCE    | % DIFFERENCE |
| <b>A . Indigent Care</b> |                             |                     |                     |                      |              |
|                          | <b>Beginning Balance</b>    | <b>\$0.00</b>       | <b>\$0.00</b>       | <b>\$0.00</b>        | <b>0%</b>    |
| 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%           |
|                          | <b>Ending Balance</b>       | <b>\$0.00</b>       | <b>\$0.00</b>       | <b>\$0.00</b>        | <b>0%</b>    |
| 5                        | Projected Interest Income   | \$0.00              | \$0.00              | \$0.00               | 0%           |
| <b>B . Free Beds</b>     |                             |                     |                     |                      |              |
|                          | <b>Beginning Balance</b>    | <b>\$974,302.00</b> | <b>\$962,673.00</b> | <b>(\$11,629.00)</b> | <b>-1%</b>   |
| 1                        | Donations                   | \$0.00              | \$0.00              | \$0.00               | 0%           |
| 2                        | Income                      | \$15,578.00         | \$23,583.00         | \$8,005.00           | 51%          |
| 3                        | Expenditures                | \$32,585.00         | \$2,196.00          | (\$30,389.00)        | -93%         |
| 4                        | Unrealized Gains and Losses | \$5,378.00          | (\$24,484.00)       | (\$29,862.00)        | -555%        |
|                          | <b>Ending Balance</b>       | <b>\$962,673.00</b> | <b>\$959,576.00</b> | <b>(\$3,097.00)</b>  | <b>0%</b>    |
| 5                        | Projected Interest Income   | \$20,000.00         | \$20,000.00         | \$0.00               | 0%           |
| <b>C . Other</b>         |                             |                     |                     |                      |              |
|                          | <b>Beginning Balance</b>    | <b>\$0.00</b>       | <b>\$0.00</b>       | <b>\$0.00</b>        | <b>0%</b>    |
| 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%           |
|                          | <b>Ending Balance</b>       | <b>\$0.00</b>       | <b>\$0.00</b>       | <b>\$0.00</b>        | <b>0%</b>    |
| 5                        | Projected Interest Income   | \$0.00              | \$0.00              | \$0.00               | 0%           |



| <b>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER</b><br><b>ANNUAL REPORTING</b><br><b>FISCAL YEAR 2015</b><br><b>REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL</b> |                                                |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------|
| <b>A. Patient Activity</b>                                                                                                                                                            |                                                |                   |
| (1)                                                                                                                                                                                   | (2)                                            | (3)               |
| <u>Patient</u>                                                                                                                                                                        | Name of Hospital Bed Fund ( <u>FULL NAME</u> ) | Amount            |
| 1. Number of Applications for Hospital Bed Funds                                                                                                                                      |                                                | 2                 |
| 2. A. Number of Patients receiving Hospital Bed Fund Grants                                                                                                                           |                                                | 2                 |
| 2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed Funds:                                                                                                |                                                | \$2,196.00        |
|                                                                                                                                                                                       |                                                |                   |
| 1                                                                                                                                                                                     | Free Bed Fund                                  | \$670.00          |
| 2                                                                                                                                                                                     | Free Bed Fund                                  | \$1,526.00        |
|                                                                                                                                                                                       | <b>Grand Total</b>                             | <b>\$2,196.00</b> |

| SAINT FRANCIS HOSPITAL AND MEDICAL CENTER                            |                                                                                                                             |                     |                    |                     |                    |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------------|--------------------|
| 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.                                                                |                     |                    |                     |                    |
|                                                                      | Israel Dubrow                                                                                                               | \$226.00            | \$8.00             | \$0.00              | \$0.00             |
|                                                                      | Suisman                                                                                                                     | \$12,000.00         | \$442.00           | \$0.00              | \$0.00             |
|                                                                      | Mary Carroll Garvan                                                                                                         | \$5,000.00          | \$184.00           | \$0.00              | \$0.00             |
|                                                                      | Patrick Garvan                                                                                                              | \$5,000.00          | \$184.00           | \$0.00              | \$0.00             |
|                                                                      | Mother Angeline Garvan                                                                                                      | \$5,000.00          | \$184.00           | \$0.00              | \$0.00             |
|                                                                      | Mary Hooker                                                                                                                 | \$10,000.00         | \$369.00           | \$0.00              | \$0.00             |
|                                                                      | Anne B. Fischer                                                                                                             | \$5,000.00          | \$184.00           | \$0.00              | \$0.00             |
|                                                                      | Charles Dillon                                                                                                              | \$10,000.00         | \$369.00           | \$0.00              | \$0.00             |
|                                                                      | John and Ellen Lorden                                                                                                       | \$5,000.00          | \$184.00           | \$0.00              | \$0.00             |
|                                                                      | Dr. Phillip Kennedy                                                                                                         | \$5,000.00          | \$184.00           | \$0.00              | \$0.00             |
|                                                                      | Reverend Tierney                                                                                                            | \$10,000.00         | \$369.00           | \$0.00              | \$0.00             |
|                                                                      | Moses Fox                                                                                                                   | \$20,000.00         | \$737.00           | \$0.00              | \$0.00             |
|                                                                      | Juliette McLean                                                                                                             | \$60,000.00         | \$2,212.00         | \$0.00              | \$0.00             |
|                                                                      | Charles J. Reardon                                                                                                          | \$6,000.00          | \$221.00           | \$0.00              | \$0.00             |
|                                                                      | F.W. Swindell                                                                                                               | \$50,000.00         | \$1,844.00         | \$0.00              | \$0.00             |
|                                                                      | Katherine Nugent                                                                                                            | \$1,000.00          | \$37.00            | \$0.00              | \$0.00             |
|                                                                      | Ladies of Charity                                                                                                           | \$20,000.00         | \$737.00           | \$0.00              | \$0.00             |
|                                                                      | Monsignor Routhier                                                                                                          | \$33,897.00         | \$1,250.00         | \$0.00              | \$0.00             |
|                                                                      | Marcellus B. Wilcox                                                                                                         | \$10,000.00         | \$369.00           | \$0.00              | \$0.00             |
|                                                                      | Alice F. Noonan                                                                                                             | \$352.00            | \$13.00            | \$0.00              | \$0.00             |
|                                                                      | Rene Landry                                                                                                                 | \$1,365.00          | \$50.00            | \$0.00              | \$0.00             |
|                                                                      | Terry Steam                                                                                                                 | \$48,259.00         | \$1,779.00         | \$0.00              | \$0.00             |
|                                                                      | Mary Brady                                                                                                                  | \$1,000.00          | \$37.00            | \$0.00              | \$0.00             |
|                                                                      | Solomon and Katie Wohl                                                                                                      | \$5,000.00          | \$184.00           | \$0.00              | \$0.00             |
|                                                                      | Edward Dillon                                                                                                               | \$40,000.00         | \$1,475.00         | \$0.00              | \$0.00             |
|                                                                      | Mark Hanlon                                                                                                                 | \$5,000.00          | \$184.00           | \$0.00              | \$0.00             |
|                                                                      | Samuel and Tillie Cheiffetz                                                                                                 | \$9,758.00          | \$360.00           | \$0.00              | \$0.00             |
|                                                                      | Dr. and Mrs. John OFlaherty                                                                                                 | \$10,000.00         | \$369.00           | \$0.00              | \$0.00             |
|                                                                      | St. Francis Hospital Womens Auxiliary                                                                                       | \$14,200.00         | \$524.00           | \$0.00              | \$0.00             |
|                                                                      | Ellen OBrien Lyons                                                                                                          | \$5,000.00          | \$184.00           | \$0.00              | \$0.00             |
|                                                                      | Anna C. Goodrich                                                                                                            | \$5,000.00          | \$184.00           | \$0.00              | \$0.00             |
|                                                                      | General Free Bed Fund                                                                                                       | \$230,716.00        | \$8,172.00         | \$0.00              | \$0.00             |
|                                                                      | <b>Total Bed Funds :</b>                                                                                                    | <b>\$648,773.00</b> | <b>\$23,583.00</b> | <b>\$0.00</b>       | <b>\$0.00</b>      |

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER  
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**REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

| (1)                                                   | (2)                                                                                                                                                                                                         | (3)                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LINE                                                  | DESCRIPTION                                                                                                                                                                                                 | COLLECTION INFORMATION                                                                                                                                                                                                                                                          |
| <b>I. GENERAL COLLECTION PROCESSES AND PROCEDURES</b> |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                 |
| A.                                                    | Hospital's processes and policies for assigning a debt to a Collection Agent                                                                                                                                | An automatic write off to a collection agency is based on the # of stmts sent to the patient, age & value of account, or if deemed uncollectible. See our automatic write off policy. Once the account is deemed uncollectible, account may be considered for second placement. |
| B.                                                    | Hospital's processes and policies for compensating a Collection Agent for services rendered                                                                                                                 | Collection agencies are compensated based on percentage of dollars collected. In addition, collection attorneys are paid on an hourly rate for specific accounts requiring legal intervention                                                                                   |
| C.                                                    | Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents                                                                                                                 | 0.00%                                                                                                                                                                                                                                                                           |
| <b>II. SPECIFIC COLLECTION AGENT INFORMATION</b>      |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                 |
| <b>A</b>                                              | <b>Collection Agent</b>                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                 |
| 1                                                     | Collection Agent Name                                                                                                                                                                                       | Nair & Levin                                                                                                                                                                                                                                                                    |
| 2                                                     | Collection Agent Type                                                                                                                                                                                       | Attorney                                                                                                                                                                                                                                                                        |
| 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. | An automatic write off to a collection agency is based on the # of stmts sent to the patient, age & value of account, or if deemed uncollectible. See our automatic write off policy. Once the account is deemed uncollectible, account may be considered for second placement. |
| 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.        | Collection agencies are compensated based on percentage of dollars collected. In addition, collection attorneys are paid on an hourly rate for specific accounts requiring legal intervention                                                                                   |
| 6                                                     | Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.                                                                                                                       | 0.00%                                                                                                                                                                                                                                                                           |
| <b>B</b>                                              | <b>Collection Agent</b>                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                 |
| 1                                                     | Collection Agent Name                                                                                                                                                                                       | American Adjustment Bureau                                                                                                                                                                                                                                                      |

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**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                                                                                                                                                                                                                                                                     |
| 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. | An automatic write off to a collection agency is based on the # of stmts sent to the patient, age & value of account, or if deemed uncollectible. See our automatic write off policy. Once the account is deemed uncollectible, account may be considered for second placement. |
| 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.        | Collection agencies are compensated based on percentage of dollars collected. In addition, collection attorneys are paid on an hourly rate for specific accounts requiring legal intervention                                                                                   |
| 6    | Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.                                                                                                                       | 0.00%                                                                                                                                                                                                                                                                           |
|      |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                 |

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

| <b>LINE</b> | <b>POSITION TITLE</b>                             | <b>EMPLOYEE NAME</b>     | <b>SALARY</b>      | <b>FRINGE BENEFITS</b> | <b>TOTAL</b>       |
|-------------|---------------------------------------------------|--------------------------|--------------------|------------------------|--------------------|
| 1.          | President and Chief Executive Officer             | Christopher Dadlez       | \$1,614,924        | \$207,476              | <b>\$1,822,400</b> |
| 2.          | Executive Vice President and COO                  | John Rodis, MD           | \$899,675          | \$110,094              | <b>\$1,009,769</b> |
| 3.          | Former Executive VP, Chief Administrative Officer | John Giamalis            | \$701,684          | \$86,070               | <b>\$787,754</b>   |
| 4.          | Department Chairman - Surgery                     | Steven Ruby, MD          | \$663,123          | \$79,670               | <b>\$742,793</b>   |
| 5.          | Former Senior VP, Chief Academic Officer          | Gregory Makoul           | \$543,375          | \$69,952               | <b>\$613,327</b>   |
| 6.          | Former Senior VP, Chief Development Officer       | E. Merritt McDonough Jr. | \$498,982          | \$65,816               | <b>\$564,798</b>   |
| 7.          | Senior Vice President and CFO                     | David Bittner            | \$477,440          | \$61,622               | <b>\$539,062</b>   |
| 8.          | Senior Vice President - Planning                  | R. Christopher Hartley   | \$364,859          | \$67,547               | <b>\$432,406</b>   |
| 9.          | President, JMMC                                   | Stuart Rosenberg         | \$366,354          | \$50,786               | <b>\$417,140</b>   |
| 10.         | Senior Vice President, Human Resources            | Dawn Bryant              | \$328,987          | \$46,808               | <b>\$375,795</b>   |
|             |                                                   | <b>Grand Total:</b>      | <b>\$6,459,403</b> | <b>\$845,841</b>       | <b>\$7,305,244</b> |

**TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)**  
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**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 and CEO                                 | Christopher Dadlez; Saint Francis Hospital | \$1,614,924        | \$207,476        | <b>\$1,822,400</b> |
| 2.   | Neurosurgeon                                      | Bruce Chozick, MD; SFMG                    | \$1,165,036        | \$54,644         | <b>\$1,219,680</b> |
| 3.   | Executive Vice President and COO                  | John Rodis, MD; Saint Francis Hospital     | \$899,675          | \$110,094        | <b>\$1,009,769</b> |
| 4.   | Director of Minimally Invasive Cardiac Surgery    | William Martinez, Jr. MD; SFMG             | \$890,909          | \$34,414         | <b>\$925,323</b>   |
| 5.   | Orthopedic Oncology Surgery                       | Eric Siverstein, MD; SFMG                  | \$815,860          | \$47,326         | <b>\$863,186</b>   |
| 6.   | Neurosurgeon                                      | David Spiro, MD; SFMG                      | \$800,891          | \$51,332         | <b>\$852,223</b>   |
| 7.   | Former Executive VP, Chief Administrative Officer | John Giamalis; Saint Francis Hospital      | \$701,684          | \$86,070         | <b>\$787,754</b>   |
| 8.   | Critical Care and Trauma Surgeon                  | William Marshall, DO; SFMG                 | \$715,219          | \$48,929         | <b>\$764,148</b>   |
| 9.   | Department Chairman - Surgery                     | Steven Ruby, MD; Saint Francis Hospital    | \$663,123          | \$79,670         | <b>\$742,793</b>   |
| 10.  | Plastic Surgeon                                   | Leo Otake, MD; SFMG                        | \$663,386          | \$49,853         | <b>\$713,239</b>   |
|      |                                                   | <b>Grand Total:</b>                        | <b>\$8,930,707</b> | <b>\$769,808</b> | <b>\$9,700,515</b> |

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER**  
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**REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS**  
**PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

| (1)  | (2)                                                                                  | (3)                                                  | (4)                                                                       | (5)         |
|------|--------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------|-------------|
| LINE | DESCRIPTION                                                                          | SALARIES<br>(Directly or<br>Indirectly) <sup>C</sup> | FRINGE<br>BENEFITS <sup>A</sup> (Directl<br>y or Indirectly) <sup>C</sup> | TOTAL       |
| A .  | <b>TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)</b>        |                                                      |                                                                           |             |
| 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 .  | <b>ASYLUM HILL FAMILY MEDICINE CENTER, INC.</b>                                      |                                                      |                                                                           |             |
| 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         |
| C .  | <b>COLLABORATIVE LABORATORY SERVICES, LLC</b>                                        |                                                      |                                                                           |             |
| 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 .  | <b>COLLINS MEDICAL ASSOCIATES 2, P.C.</b>                                            |                                                      |                                                                           |             |
| 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 .  | <b>CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC</b>                               |                                                      |                                                                           |             |
| 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         |
| F .  | <b>GREATER HARTFORD LITHOTRIpsy, LLC</b>                                             |                                                      |                                                                           |             |
| 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 .  | <b>MASONICARE PARTNERS HOME HEALTH AND HOSPICE, INC.</b>                             |                                                      |                                                                           |             |
| 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         |
| H .  | <b>MEDWORKS, LLC</b>                                                                 |                                                      |                                                                           |             |
| 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         |
| I .  | <b>MOUNT SINAI HOSPITAL FOUNDATION, INC</b>                                          |                                                      |                                                                           |             |
| 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         |
| J .  | <b>MOUNT SINAI REHABILITATION HOSPITAL INC.</b>                                      |                                                      |                                                                           |             |
| 1    | Paid by the Entity Listed Above to Hospital Employees(B)                             | \$1,365,110                                          | \$388,825                                                                 | \$1,753,935 |
| 2    | Paid by the Hospital to Employees of the Entity Listed Above                         | \$1,644,038                                          | \$974,707                                                                 | \$2,618,745 |
| K .  | <b>NEW DIRECTIONS, INC. OF NORTH CENTRAL CONN. (FORMERLY PEOPLE FOR YOUTH, INC.)</b> |                                                      |                                                                           |             |
| 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         |
| L .  | <b>ONE THOUSAND CORPORATION (FORMERLY NEW ONE THOUSAND CORPORATION)</b>              |                                                      |                                                                           |             |
| 1    | Paid by the Entity Listed Above to Hospital Employees(B)                             | \$146,824                                            | \$0                                                                       | \$146,824   |
| 2    | Paid by the Hospital to Employees of the Entity Listed Above                         | \$0                                                  | \$0                                                                       | \$0         |

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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS**

**PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

| (1)  | (2)                                                                                                         | (3)                                                  | (4)                                                                       | (5)          |
|------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------|--------------|
| LINE | DESCRIPTION                                                                                                 | SALARIES<br>(Directly or<br>Indirectly) <sup>C</sup> | FRINGE<br>BENEFITS <sup>A</sup> (Directl<br>y or Indirectly) <sup>C</sup> | TOTAL        |
| M .  | <b>SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P.C. (FORMERLY PSYCHOLOGICAL ALTERNATIVES TO HOSPITALIZATION,</b> |                                                      |                                                                           |              |
| 1    | Paid by the Entity Listed Above to Hospital Employees(B)                                                    | \$39,597                                             | \$10,688                                                                  | \$50,285     |
| 2    | Paid by the Hospital to Employees of the Entity Listed Above                                                | \$27,349                                             | \$0                                                                       | \$27,349     |
| N .  | <b>SAINT FRANCIS CARE MEDICAL GROUP, P.C. (FORMERLY COLLINS MEDICAL ASSOCIATES, P.C.)</b>                   |                                                      |                                                                           |              |
| 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          |
| O .  | <b>SAINT FRANCIS EMERGENCY MEDICAL GROUP, INC. (A SUBSIDIARY OF SAINT FRANCIS MEDICAL GROUP, INC.)</b>      |                                                      |                                                                           |              |
| 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          |
| P .  | <b>SAINT FRANCIS GI ENDOSCOPY, LLC</b>                                                                      |                                                      |                                                                           |              |
| 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          |
| Q .  | <b>SAINT FRANCIS HEALTHCARE PARTNERS ACO, INC</b>                                                           |                                                      |                                                                           |              |
| 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          |
| R .  | <b>SAINT FRANCIS HEALTHCARE PARTNERS INC.(FORMERLY SAINT FRANCIS/MOUNT SINAI PHYSICIAN - HOSPITAL ORGAN</b> |                                                      |                                                                           |              |
| 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          |
| S .  | <b>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER FOUNDATION, INC.</b>                                           |                                                      |                                                                           |              |
| 1    | Paid by the Entity Listed Above to Hospital Employees(B)                                                    | \$906,766                                            | \$262,962                                                                 | \$1,169,728  |
| 2    | Paid by the Hospital to Employees of the Entity Listed Above                                                | \$0                                                  | \$0                                                                       | \$0          |
| T .  | <b>SAINT FRANCIS INDEMNITY COMPANY, LLC</b>                                                                 |                                                      |                                                                           |              |
| 1    | Paid by the Entity Listed Above to Hospital Employees(B)                                                    | \$0                                                  | \$0                                                                       | \$0          |
| 2    | Paid by the Hospital to Employees of the Entity Listed Above                                                | \$0                                                  | \$0                                                                       | \$0          |
| U .  | <b>SAINT FRANCIS MEDICAL GROUP, INC. (FORMERLY WOODLAND PHYSICIANS ASSOCIATES, INC.)</b>                    |                                                      |                                                                           |              |
| 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                                                | \$28,906,492                                         | \$3,815,656                                                               | \$32,722,148 |
| V .  | <b>SAINT FRANCIS PHO FOUNDATION, INC.</b>                                                                   |                                                      |                                                                           |              |
| 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          |
| W .  | <b>SFH/FF, LLC</b>                                                                                          |                                                      |                                                                           |              |
| 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          |
| X .  | <b>THE CONNECTICUT CARE ALLIANCE, LLC</b>                                                                   |                                                      |                                                                           |              |



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**PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

| (1)  | (2)                                                                                                             | (3)                                                  | (4)                                                                       | (5)         |
|------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------|-------------|
| LINE | DESCRIPTION                                                                                                     | SALARIES<br>(Directly or<br>Indirectly) <sup>C</sup> | FRINGE<br>BENEFITS <sup>A</sup> (Directl<br>y or Indirectly) <sup>C</sup> | TOTAL       |
| 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         |
| Y .  | <b>TOTAL HEALTH CONNECTICUT, LLC</b>                                                                            |                                                      |                                                                           |             |
| 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         |
| Z .  | <b>TOTAL LAUNDRY COLLABORATIVE, LLC</b>                                                                         |                                                      |                                                                           |             |
| 1    | Paid by the Entity Listed Above to Hospital Employees(B)                                                        | \$1,350,328                                          | \$364,588                                                                 | \$1,714,916 |
| 2    | Paid by the Hospital to Employees of the Entity Listed Above                                                    | \$0                                                  | \$0                                                                       | \$0         |
| AA . | <b>WOMEN'S AUXILIARY OF SAINT FRANCIS HOSPITAL AND<br/>MEDICAL CENTER, INC. (FORMERLY THE WOMEN'S AUXILIARY</b> |                                                      |                                                                           |             |
| 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.

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER  
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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 |
| <b>A</b> | <b>Transfer of Assets or Operations</b>                                                                                                                                                                |                |
| 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            |

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER  
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**REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL**

| (1)                                                                                                                    | (2)                                                             | (3)                 | (4)                 | (5)                  | (6)             |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------|---------------------|----------------------|-----------------|
| LINE                                                                                                                   | DESCRIPTION                                                     | FY 2014<br>AMOUNT   | FY 2015<br>AMOUNT   | AMOUNT<br>DIFFERENCE | %<br>DIFFERENCE |
| <b>A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)</b>                                       |                                                                 |                     |                     |                      |                 |
| 1.                                                                                                                     | Number of Applicants                                            | 6,687               | 940                 | (5,747)              | -86%            |
| 2.                                                                                                                     | Number of Approved Applicants                                   | 6,226               | 579                 | (5,647)              | -91%            |
| 3.                                                                                                                     | Total Charges (A)                                               | \$18,918,000        | \$14,120,000        | (\$4,798,000)        | -25%            |
|                                                                                                                        | <b>Average Charges</b>                                          | <b>\$3,039</b>      | <b>\$24,387</b>     | <b>\$21,348</b>      | <b>703%</b>     |
| 4.                                                                                                                     | Ratio of Cost to Charges (RCC)                                  | 0.339601            | 0.330563            | (0.009038)           | -3%             |
|                                                                                                                        | <b>Total Cost</b>                                               | <b>\$6,424,572</b>  | <b>\$4,667,550</b>  | <b>(\$1,757,022)</b> | <b>-27%</b>     |
|                                                                                                                        | <b>Average Cost</b>                                             | <b>\$1,032</b>      | <b>\$8,061</b>      | <b>\$7,030</b>       | <b>681%</b>     |
| 5.                                                                                                                     | Charity Care - Inpatient Charges                                | \$5,645,847         | \$3,973,855         | (\$1,671,992)        | -30%            |
| 6.                                                                                                                     | Charity Care - Outpatient Emergency Department Charges          | 7,444,569           | 5,762,647           | (1,681,922)          | -23%            |
| 7.                                                                                                                     | Charity Care - Outpatient Charges (Excludes ED Charges)         | 5,827,584           | 4,383,498           | (1,444,086)          | -25%            |
|                                                                                                                        | <b>Total Charges (A)</b>                                        | <b>\$18,918,000</b> | <b>\$14,120,000</b> | <b>(\$4,798,000)</b> | <b>-25%</b>     |
| 8.                                                                                                                     | Charity Care - Number of Patient Days                           | 2,133               | 818                 | (1,315)              | -62%            |
| 9.                                                                                                                     | Charity Care - Number of Discharges                             | 501                 | 162                 | (339)                | -68%            |
| 10.                                                                                                                    | Charity Care - Number of Outpatient ED Visits                   | 4,267               | 1,854               | (2,413)              | -57%            |
| 11.                                                                                                                    | Charity Care - Number of Outpatient Visits (Excludes ED Visits) | 7,313               | 431                 | (6,882)              | -94%            |
| <b>(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.</b> |                                                                 |                     |                     |                      |                 |
| <b>B. Hospital Bed Funds (see Hospital Reporting System - Report 17)</b>                                               |                                                                 |                     |                     |                      |                 |
| 1.                                                                                                                     | Number of Applicants                                            | 11                  | 2                   | (9)                  | -82%            |
| 2.                                                                                                                     | Number of Approved Applicants                                   | 11                  | 2                   | (9)                  | -82%            |
| 3.                                                                                                                     | Total Charges (B)                                               | \$32,585            | \$2,196             | (\$30,389)           | -93%            |
|                                                                                                                        | <b>Average Charges</b>                                          | <b>\$2,962</b>      | <b>\$1,098</b>      | <b>(\$1,864)</b>     | <b>-63%</b>     |
| 4.                                                                                                                     | Ratio of Cost to Charges (RCC)                                  | 0.339601            | 0.330563            | (0.009038)           | -3%             |
|                                                                                                                        | <b>Total Cost</b>                                               | <b>\$11,066</b>     | <b>\$726</b>        | <b>(\$10,340)</b>    | <b>-93%</b>     |
|                                                                                                                        | <b>Average Cost</b>                                             | <b>\$1,006</b>      | <b>\$363</b>        | <b>(\$643)</b>       | <b>-64%</b>     |
| 5.                                                                                                                     | Bed Funds - Inpatient Charges                                   | \$22,255            | \$0                 | (\$22,255)           | -100%           |
| 6.                                                                                                                     | Bed Funds - Outpatient Emergency Department Charges             | 2,933               | 0                   | (2,933)              | -100%           |
| 7.                                                                                                                     | Bed Funds - Outpatient Charges (Excludes ED Charges)            | 7,397               | 2,196               | (5,201)              | -70%            |
|                                                                                                                        | <b>Total Charges (B)</b>                                        | <b>\$32,585</b>     | <b>\$2,196</b>      | <b>(\$30,389)</b>    | <b>-93%</b>     |
| 8.                                                                                                                     | Bed Funds - Number of Patient Days                              | 4                   | 0                   | (4)                  | -100%           |
| 9.                                                                                                                     | Bed Funds - Number of Discharges                                | 4                   | 0                   | (4)                  | -100%           |
| 10.                                                                                                                    | Bed Funds - Number of Outpatient ED Visits                      | 3                   | 0                   | (3)                  | -100%           |
| 11.                                                                                                                    | Bed Funds - Number of Outpatient Visits(Excludes ED Visits)     | 6                   | 2                   | (4)                  | -67%            |
| <b>(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.</b>          |                                                                 |                     |                     |                      |                 |

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

| (1)         | (2)                | (3)            | (4)            | (5)               | (6)               |
|-------------|--------------------|----------------|----------------|-------------------|-------------------|
| <u>LINE</u> | <u>DESCRIPTION</u> | <u>FY 2014</u> | <u>FY 2015</u> | <u>AMOUNT</u>     | <u>%</u>          |
|             |                    | <u>AMOUNT</u>  | <u>AMOUNT</u>  | <u>DIFFERENCE</u> | <u>DIFFERENCE</u> |
|             |                    |                |                |                   |                   |