

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

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
A. AFFILIATE NAME		
		BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.
1	Affiliate Description	BH&HCG IS THE PARENT CORPORATION.
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	Brewster Road
5	Town	Bristol
6	State	Connecticut
7	Zip Code	06011 -
8	CEO Name	Kurt Barwis
9	CEO Title	President
10	CT Agent Name	Kurt Barwis
11	CT Agent Company	Bristol Hospital, Inc.
12	CT Agent Company Street Address	Brewster Rd
13	CT Agent Town	Bristol
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06010 -
B. AFFILIATE NAME		
		BRISTOL HEALTH CARE INC. D/B/A INGRAHAM MANOR
1	Affiliate Description	BRISTOL HEALTH CARE PROVIDES LONG TERM CARE.
2	Affiliate type of service	Long Term Care
3	Tax Status	Not for Profit
4	Street Address	400 North Main Street
5	Town	Bristol
6	State	Connecticut
7	Zip Code	06010 -
8	CEO Name	Kurt Barwis
9	CEO Title	President
10	CT Agent Name	Kurt Barwis
11	CT Agent Company	Bristol Hospital, Inc.
12	CT Agent Company Street Address	Brewster Rd
13	CT Agent Town	Bristol
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06010 -
C. AFFILIATE NAME		
		BRISTOL HOSPITAL DEVELOPMENT FOUNDATION, INC.
1	Affiliate Description	BRISTOL HOSPITAL DEVELOPMENT FOUNDATION PROVIDES FUND RAISING AND MANAGEMENT SERVICES.
2	Affiliate type of service	Fund Raising/Management
3	Tax Status	Not for Profit
4	Street Address	Brewster Road
5	Town	Bristol
6	State	Connecticut
7	Zip Code	06011 -
8	CEO Name	Kurt Barwis

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
9	CEO Title	President
10	CT Agent Name	Kurt Barwis
11	CT Agent Company	Bristol Hospital, Inc.
12	CT Agent Company Street Address	Brewster Rd
13	CT Agent Town	Bristol
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06010 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
D.		
	AFFILIATE NAME	BRISTOL HOSPITAL EMS, LLC.
1	Affiliate Description	EMS-AMBULANCE SERVICE
2	Affiliate type of service	Other HealthCare Svcs(Specify)
3	Tax Status	For Profit
4	Street Address	Brewster Road
5	Town	Bristol
6	State	Connecticut
7	Zip Code	06011 -
8	CEO Name	Kurt Barwis
9	CEO Title	President
10	CT Agent Name	Kurt Barwis
11	CT Agent Company	Bristol Hospital, Inc.
12	CT Agent Company Street Address	Brewster Road
13	CT Agent Town	Bristol
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06010 -
E.		
	AFFILIATE NAME	BRISTOL HOSPITAL MULTISPECIALTY GROUP, INC
1	Affiliate Description	To practice medicine and provide healthcare services to all persons without regard to their ability to pay and provide support for the tax-exempt charitable missions of Bristol Hospital.
2	Affiliate type of service	Other HealthCare Svcs(Specify)
3	Tax Status	Not for Profit
4	Street Address	240 Main Street
5	Town	Bristol
6	State	Connecticut
7	Zip Code	06010 -
8	CEO Name	Vijay Joshi, MD
9	CEO Title	President
10	CT Agent Name	MCR&P SERVICE CORPORATION
11	CT Agent Company	
12	CT Agent Company Street Address	C/O MURTHA CULLINA LLP,, CITYPLACE 1, 185 ASYLUM STREET
13	CT Agent Town	HARTFORD
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 3469
F.		
	AFFILIATE NAME	BRISTOL MSO, LLC
1	Affiliate Description	PROVIDES RADIOLOGY SERVICE
2	Affiliate type of service	Imaging Services
3	Tax Status	For Profit
4	Street Address	25 Collins Road
5	Town	Bristol
6	State	Connecticut
7	Zip Code	06010 -
8	CEO Name	Christopher Leary

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
9	CEO Title	President
10	CT Agent Name	Radiologic Associates, PC
11	CT Agent Company	
12	CT Agent Company Street Address	C/O The Bristol Hospital Inc., Brewster Road
13	CT Agent Town	Bristol
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06010 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
G.		
	AFFILIATE NAME	CENTRAL CONNECTICUT ENDOSCOPY CENTER, LLC
1	Affiliate Description	Provide Endoscopy Services
2	Affiliate type of service	Ambulatory Services
3	Tax Status	For Profit
4	Street Address	440 New Britain Ave.
5	Town	Plainville
6	State	Connecticut
7	Zip Code	06062 -
8	CEO Name	Mark R. Versland, MD
9	CEO Title	Medical Director
10	CT Agent Name	Mark Reider Versland
11	CT Agent Company	
12	CT Agent Company Street Address	1 Liberty Square, 2nd Floor
13	CT Agent Town	New Britain
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06051 -
H.		
	AFFILIATE NAME	CONNECTICUT HOSPITAL LABORATORY NETWORK, LLC
1	Affiliate Description	Provide lab services to members
2	Affiliate type of service	Lab
3	Tax Status	For Profit
4	Street Address	12C Ledgebrook Drive, Suite 4
5	Town	Mansfield Center
6	State	Connecticut
7	Zip Code	06250 -
8	CEO Name	D. Gregory Weisenberger
9	CEO Title	Executive Director
10	CT Agent Name	Greg Weisenberger
11	CT Agent Company	
12	CT Agent Company Street Address	12C Ledgebrook Drive, Suite 4
13	CT Agent Town	Mansfield Center
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06250 -
I.		
	AFFILIATE NAME	CONNECTICUT OCCUPATIONAL MEDICAL PARTNERS
1	Affiliate Description	Manage and Market Occupational Health Services
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

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
9	CEO Title	President & CEO
10	CT Agent Name	Jeanne Christine Lubin-Szafranski
11	CT Agent Company	
12	CT Agent Company Street Address	114 Woodland Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06037 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
J.	AFFILIATE NAME	MEDWORKS, LLC
1	Affiliate Description	PROVIDES OCCUPATIONAL HEALTH SERVICES.
2	Affiliate type of service	Occupational Heath
3	Tax Status	For Profit
4	Street Address	375 E. Cedar Street
5	Town	Newington
6	State	Connecticut
7	Zip Code	06111 -
8	CEO Name	Derrick Amato
9	CEO Title	President & CEO
10	CT Agent Name	Jeanne Christine Lubin-Szafranski
11	CT Agent Company	
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

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2016
A . BRISTOL HOSPITAL			
1		Unrestricted	\$6,457,317
2		Temporarily Restricted by Donor	\$3,144,717
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$6,896,847
5		Intercompany Eliminations	\$0
		Total:	\$16,498,881
B . BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.			
1		Unrestricted	\$19,442,860
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$25,742,670)
		Total:	(\$6,299,810)
C . BRISTOL HEALTH CARE INC. D/B/A INGRAHAM MANOR			
1		Unrestricted	\$748,660
2		Temporarily Restricted by Donor	\$12,696
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$761,356
D . BRISTOL HOSPITAL DEVELOPMENT FOUNDATION, INC.			
1		Unrestricted	\$6,299,810
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$6,299,810
E . BRISTOL HOSPITAL EMS, LLC.			
1		Unrestricted	\$1,671,445
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,671,445
F . BRISTOL HOSPITAL MULTISPECIALTY GROUP, INC			
1		Unrestricted	\$511,180
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$511,180
G . BRISTOL MSO, LLC			
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 / FUND PURPOSE	BALANCE AS OF 9/30/2016
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2016
H. CENTRAL CONNECTICUT ENDOSCOPY CENTER, LLC			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
I. CONNECTICUT HOSPITAL LABORATORY NETWORK, LLC			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
J. CONNECTICUT OCCUPATIONAL MEDICAL PARTNERS			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
K. MEDWORKS, LLC			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$45,185,532
	Intercompany Eliminations		(\$25,742,670)
	Total of all Affiliates	Fund Balance:	\$19,442,862

**BRISTOL HOSPITAL
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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.	BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$21,907,472
1		Net Asset Transfer	09/30/2016	(\$5,408,591)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$16,498,881
B.	BRISTOL HEALTH CARE INC. D/B/A INGRAHAM MANOR			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$2,204,009
1		Payments	09/30/2016	(\$2,500,000)
2		Insurance	09/30/2016	\$53,277
3		Purchase of Services	09/30/2016	\$1,052,077
4		Salaries & Benefits	09/30/2016	\$910,510
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$1,719,873
C.	BRISTOL HOSPITAL DEVELOPMENT FOUNDATION, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
1		Purchase of Services	09/30/2016	\$32,339
2		Rent	09/30/2016	\$6,000
3		Salaries & Benefits	09/30/2016	\$136,615
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$174,954
D.	BRISTOL HOSPITAL EMS, LLC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$324,793
1		Payments	09/30/2016	(\$531,553)
2		Purchase of Services	09/30/2016	(\$179,618)
3		Rent	09/30/2016	\$33,000
4		Salary & Benefits	09/30/2016	\$591,070
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$237,692
E.	BRISTOL HOSPITAL MULTISPECIALTY GROUP, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
1		Salary & Benefits	09/30/2016	\$988,816
2		Rent	09/30/2016	\$383,597
3		Purchase of Services	09/30/2016	(\$11,722,413)
4		Cash Transfer	09/30/2016	\$10,350,000
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
F.	BRISTOL MSO, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0

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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
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
G.	CENTRAL CONNECTICUT ENDOSCOPY CENTER, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
H.	CONNECTICUT HOSPITAL LABORATORY NETWORK, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
I.	CONNECTICUT OCCUPATIONAL MEDICAL PARTNERS			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
J.	MEDWORKS, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
			Grand Total:	\$18,631,400

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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	10/01/2015	\$7,031,025
A.	BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.				
1		BRISTOL HOSPITAL EMS, LLC.	Parent Company Investment in Subsidiary Net Assets	09/30/2016	\$556,765
2		BRISTOL HOSPITAL DEVELOPMENT FOUNDATION, INC.	Parent Company Investment in Subsidiary Net Assets	09/30/2016	\$257,133
3		BRISTOL HEALTH CARE INC. D/B/A INGRAHAM MANOR	Parent Company Investment in Subsidiary Net Assets	09/30/2016	\$1,140,843
4		BRISTOL HOSPITAL MULTISPECIALTY GROUP, INC	Parent Company Investment in Subsidiary Net Assets	09/30/2016	\$258,022
			Total:	9/30/2016	\$2,212,763
B.	BRISTOL HEALTH CARE INC. D/B/A INGRAHAM MANOR				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
C.	BRISTOL HOSPITAL DEVELOPMENT FOUNDATION, INC.				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
D.	BRISTOL HOSPITAL EMS, LLC.				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
E.	BRISTOL HOSPITAL MULTISPECIALTY GROUP, INC				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
F.	BRISTOL MSO, LLC				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
G.	CENTRAL CONNECTICUT ENDOSCOPY CENTER, LLC				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
H.	CONNECTICUT HOSPITAL LABORATORY NETWORK, LLC				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
I.	CONNECTICUT OCCUPATIONAL MEDICAL PARTNERS				
			Nothing to Report		\$0

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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1) LINE	(2) AFFILIATE TRANSFERRING FUNDS	(3) AFFILIATE RECEIVING FUNDS	(4) DESCRIPTION OF TRANSFER	(5) DATE	(6) AMOUNT
			Total:	9/30/2016	\$0
J.	MEDWORKS, LLC				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2016	\$9,243,788

**BRISTOL HOSPITAL
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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
	A. BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	B. BRISTOL HEALTH CARE INC. D/B/A INGRAHAM MANOR		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	C. BRISTOL HOSPITAL DEVELOPMENT FOUNDATION, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	D. BRISTOL HOSPITAL EMS, LLC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	E. BRISTOL HOSPITAL MULTISPECIALTY GROUP, INC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	F. BRISTOL MSO, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	G. CENTRAL CONNECTICUT ENDOSCOPY CENTER, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	H. CONNECTICUT HOSPITAL LABORATORY NETWORK, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	I. CONNECTICUT OCCUPATIONAL MEDICAL PARTNERS		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	J. MEDWORKS, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	Grand Total:	\$0	9/30/2016

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

(1) LINE	(2) AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	(3) AMOUNT	(4) TERM IN YEARS
A.	BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
B.	BRISTOL HEALTH CARE INC. D/B/A INGRAHAM MANOR		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	BRISTOL HOSPITAL DEVELOPMENT FOUNDATION, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	BRISTOL HOSPITAL EMS, LLC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	BRISTOL HOSPITAL MULTISPECIALTY GROUP, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	BRISTOL MSO, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	CENTRAL CONNECTICUT ENDOSCOPY CENTER, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	CONNECTICUT HOSPITAL LABORATORY NETWORK, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
I.	CONNECTICUT OCCUPATIONAL MEDICAL PARTNERS		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	MEDWORKS, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

**BRISTOL HOSPITAL
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REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR
INDIGENT CARE AND FREE BEDS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A .	Indigent Care				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
B .	Free Beds				
	Beginning Balance	\$1,610,494.00	\$1,583,867.00	(\$26,627.00)	-2%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$61,657.00	\$16,280.00	(\$45,377.00)	-74%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	(\$88,284.00)	\$149,814.00	\$238,098.00	-270%
	Ending Balance	\$1,583,867.00	\$1,749,961.00	\$166,094.00	10%
5	Projected Interest Income	\$250,000.00	\$25,000.00	(\$225,000.00)	-90%
C .	Other				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

BRISTOL HOSPITAL		
ANNUAL REPORTING		
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REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
<u>Patient</u>	Name of Hospital Bed Fund (<u>FULL NAME</u>)	Amount
1. Number of Applications for Hospital Bed Funds		0
	Grand Total	\$0.00

BRISTOL HOSPITAL
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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 Fund				
(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.				
	Meader Fund	\$1,749,961.00	\$168,033.00	\$166,094.00	\$1,939.00
	Total Bed Funds :	\$1,749,961.00	\$168,033.00	\$166,094.00	\$1,939.00

**BRISTOL HOSPITAL
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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I.	GENERAL COLLECTION PROCESSES AND PROCEDURES	
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	Patients who have not paid their balances or complied with payment agreements following 60 days of prior activity will be referred to a collection agency. Patient account balances deemed delinquent by Bristol Hospital will be referred to an agency on a monthly basis.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	13% on Regular Accounts, 26% on Legal Accounts, 50% on Out of State Legal Accounts
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	37.79%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
A	Collection Agent	
1	Collection Agent Name	American Adjustment Bureau
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Each monthly referral will consist of 100% of delinquent accounts in common categories and will encompass all patient accounts.
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.	13% on Regular Accounts, 26% on Legal Accounts, 50% on Out of State Legal Accounts
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	37.79%

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

LINE	POSITION TITLE	EMPLOYEE NAME	SALARY	FRINGE BENEFITS	TOTAL
1.	President & CEO	Kurt A. Barwis	\$700,471	\$46,598	\$747,069
2.	Sr. Vice President, Chief Medical Officer	Kenneth K. Rhee, M.D.	\$480,398	\$35,191	\$515,589
3.	Vice President of Finance/CFO	George W. Eighmy	\$310,123	\$35,397	\$345,520
4.	Sr. Vice President, Patient Care Services & CNO	Sheila G. Kempf	\$227,979	\$22,052	\$250,031
5.	Vice President, Human Resources and Support Svcs	Jeanine F. Reckdenwald	\$196,008	\$34,143	\$230,151
6.	Occupational Health Physician	Russell L. Tuverson, M.D.	\$181,365	\$12,209	\$193,574
7.	Vice President, Quality and Safety	Korrine A. Roth	\$157,836	\$31,158	\$188,994
8.	Sr. Vice President, Patient Care Services & CNO	Chris Ann Meaney	\$167,250	\$12,857	\$180,107
9.	Director, Medical Management	Christine M. Babina	\$148,190	\$29,922	\$178,112
10.	Director, Clinical Operations	Ann S. Burch	\$146,942	\$27,250	\$174,192
		Grand Total:	\$2,716,562	\$286,777	\$3,003,339

BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.
ANNUAL REPORTING
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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 & CEO	Kurt A. Barwis - Bristol Hospital	\$700,471	\$46,598	\$747,069
2.	Physician - Surgeon	David A. Rubins, M.D. - Bristol Hospital Multi-Specialty Group	\$711,918	\$21,780	\$733,698
3.	Physician - Surgeon	Makram Gedeon, M.D. - Bristol Hospital Multi-Specialty Group	\$559,485	\$33,454	\$592,939
4.	Physician - Surgeon	Ashish Upadhyay, M.D. - Bristol Hospital Multi-Specialty Group	\$568,461	\$23,676	\$592,137
5.	Physician - Internal Medicine, Infectious Disease	Richard M. Zweig, M.D. - Bristol Hospital Multi-Specialty Group	\$485,954	\$32,523	\$518,477
6.	Sr. Vice President, Chief Medical Officer	Kenneth K. Rhee, M.D. - Bristol Hospital	\$480,398	\$35,191	\$515,589
7.	Physician - Surgeon	Christopher M. Betz, M.D. - Bristol Hospital Multi-Specialty Group	\$492,355	\$22,860	\$515,215
8.	Physician - Surgeon	Vanessa Malit, M.D. - Bristol Hospital Multi-Specialty Group	\$420,160	\$26,844	\$447,004
9.	Physician - Surgeon	Rainer Bagdasarian, M.D. - Bristol Hospital Multi-Specialty Group	\$422,422	\$21,788	\$444,210
10.	Physician - Oncologist	Jane M. Kanowitz, M.D. - Bristol Hospital Multi-Specialty Group	\$426,055	\$14,977	\$441,032
		Grand Total:	\$5,267,679	\$279,691	\$5,547,370

**BRISTOL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2016
REPORT 19C - FINANCIAL GAINS REALIZED FROM A TRANSFER OF OWNERSHIP CON**

LINE	NAME	POSITION TYPE	SALARY	SEVERANCE PAYMENT	STOCK OFFERING VALUE	OTHER FINANCIAL GAIN	TOTAL
1.	Not Applicable		\$0	\$0	\$0	\$0	\$0
2.			\$0	\$0	\$0	\$0	\$0
3.			\$0	\$0	\$0	\$0	\$0
4.			\$0	\$0	\$0	\$0	\$0
5.			\$0	\$0	\$0	\$0	\$0
6.			\$0	\$0	\$0	\$0	\$0
7.			\$0	\$0	\$0	\$0	\$0
8.			\$0	\$0	\$0	\$0	\$0
9.			\$0	\$0	\$0	\$0	\$0
10.			\$0	\$0	\$0	\$0	\$0
11.			\$0	\$0	\$0	\$0	\$0
12.			\$0	\$0	\$0	\$0	\$0
13.			\$0	\$0	\$0	\$0	\$0
14.			\$0	\$0	\$0	\$0	\$0
15.			\$0	\$0	\$0	\$0	\$0
16.			\$0	\$0	\$0	\$0	\$0
17.			\$0	\$0	\$0	\$0	\$0
18.			\$0	\$0	\$0	\$0	\$0
19.			\$0	\$0	\$0	\$0	\$0
20.			\$0	\$0	\$0	\$0	\$0
21.			\$0	\$0	\$0	\$0	\$0
22.			\$0	\$0	\$0	\$0	\$0
23.			\$0	\$0	\$0	\$0	\$0
24.			\$0	\$0	\$0	\$0	\$0
25.			\$0	\$0	\$0	\$0	\$0
26.			\$0	\$0	\$0	\$0	\$0
27.			\$0	\$0	\$0	\$0	\$0
28.			\$0	\$0	\$0	\$0	\$0
29.			\$0	\$0	\$0	\$0	\$0
30.			\$0	\$0	\$0	\$0	\$0
31.			\$0	\$0	\$0	\$0	\$0
32.			\$0	\$0	\$0	\$0	\$0
33.			\$0	\$0	\$0	\$0	\$0

**BRISTOL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2016
REPORT 19C - FINANCIAL GAINS REALIZED FROM A TRANSFER OF OWNERSHIP CON**

LINE	NAME	POSITION TYPE	SALARY	SEVERANCE PAYMENT	STOCK OFFERING VALUE	OTHER FINANCIAL GAIN	TOTAL
34.			\$0	\$0	\$0	\$0	\$0
35.			\$0	\$0	\$0	\$0	\$0
36.			\$0	\$0	\$0	\$0	\$0
37.			\$0	\$0	\$0	\$0	\$0
38.			\$0	\$0	\$0	\$0	\$0
39.			\$0	\$0	\$0	\$0	\$0
40.			\$0	\$0	\$0	\$0	\$0
41.			\$0	\$0	\$0	\$0	\$0
42.			\$0	\$0	\$0	\$0	\$0
43.			\$0	\$0	\$0	\$0	\$0
44.			\$0	\$0	\$0	\$0	\$0
45.			\$0	\$0	\$0	\$0	\$0
46.			\$0	\$0	\$0	\$0	\$0
47.			\$0	\$0	\$0	\$0	\$0
48.			\$0	\$0	\$0	\$0	\$0
49.			\$0	\$0	\$0	\$0	\$0
50.			\$0	\$0	\$0	\$0	\$0
		Grand Total:	\$0	\$0	\$0	\$0	\$0

**BRISTOL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2016
REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directl y or Indirectly) ^C	TOTAL
A . BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
B . BRISTOL HEALTH CARE INC. D/B/A INGRAHAM MANOR				
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 . BRISTOL HOSPITAL DEVELOPMENT FOUNDATION, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
D . BRISTOL HOSPITAL EMS, LLC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
E . BRISTOL HOSPITAL MULTISPECIALTY GROUP, INC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F . BRISTOL MSO, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
G . CENTRAL CONNECTICUT ENDOSCOPY CENTER, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
H . CONNECTICUT HOSPITAL LABORATORY NETWORK, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
I . CONNECTICUT OCCUPATIONAL MEDICAL PARTNERS				
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 . MEDWORKS, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

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

A - Fringe benefits shall represent the value of all forms of compensation as described in Section 19a-643-206-(b)(21), including the fair market value where appropriate.

B - A hospital employee is anyone who provides a service which incurs an expense for the hospital.

C - Indirect payments include but are not limited to payments made to related entities.

**BRISTOL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2016
REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR
CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY**

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2016
A	Transfer of Assets or Operations	
1.	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

BRISTOL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2016 REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2015 AMOUNT</u>	<u>FY 2016 AMOUNT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	3,760	4,160	400	11%
2.	Number of Approved Applicants	3,760	4,160	400	11%
3.	Total Charges (A)	\$4,092,111	\$4,120,176	\$28,065	1%
	Average Charges	\$1,088	\$990	(\$98)	-9%
4.	Ratio of Cost to Charges (RCC)	0.308769	0.305021	(0.003748)	-1%
	Total Cost	\$1,263,517	\$1,256,740	(\$6,777)	-1%
	Average Cost	\$336	\$302	(\$34)	-10%
5.	Charity Care - Inpatient Charges	\$1,005,876	\$904,208	(\$101,668)	-10%
6.	Charity Care - Outpatient Emergency Department Charges	2,170,980	2,053,761	(117,219)	-5%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	915,255	1,162,207	246,952	27%
	Total Charges (A)	\$4,092,111	\$4,120,176	\$28,065	1%
8.	Charity Care - Number of Patient Days	185	159	(26)	-14%
9.	Charity Care - Number of Discharges	50	51	1	2%
10.	Charity Care - Number of Outpatient ED Visits	2,114	2,291	177	8%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,495	1,679	184	12%
(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.					
B. Hospital Bed Funds (see Hospital Reporting System - Report 17)					
1.	Number of Applicants	-	-	-	0%
2.	Number of Approved Applicants	-	-	-	0%
3.	Total Charges (B)	\$0	\$0	\$0	0%
	Average Charges	\$0	\$0	\$0	0%
4.	Ratio of Cost to Charges (RCC)	0.308769	0.305021	(0.003748)	-1%
	Total Cost	\$0	\$0	\$0	0%
	Average Cost	\$0	\$0	\$0	0%
5.	Bed Funds - Inpatient Charges	\$0	\$0	\$0	0%
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	0%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	0	0	0	0%
	Total Charges (B)	\$0	\$0	\$0	0%
8.	Bed Funds - Number of Patient Days	0	0	0	0%
9.	Bed Funds - Number of Discharges	0	0	0	0%
10.	Bed Funds - Number of Outpatient ED Visits	0	0	0	0%

BRISTOL HOSPITAL					
ANNUAL REPORTING					
FISCAL YEAR 2016					
REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>AMOUNT</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
11.	Bed Funds - Number of Outpatient Visits(Excludes ED Visits)	0	0	0	0%
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.					