

GRIFFIN 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 | | GRIFFIN HEALTH SERVICES CORPORATION |
| 1 | Affiliate Description | PARENT COMPANY |
| 2 | Affiliate type of service | Parent Corporation |
| 3 | Tax Status | Not for Profit |
| 4 | Street Address | 130 DIVISION ST |
| 5 | Town | Derby |
| 6 | State | Connecticut |
| 7 | Zip Code | 06418 - |
| 8 | CEO Name | PATRICK CHARMEL |
| 9 | CEO Title | PRESIDENT, CHIEF EXECUTIVE OFFICER |
| 10 | CT Agent Name | PATRICK CHARMEL |
| 11 | CT Agent Company | Griffin Health Services Corp. |
| 12 | CT Agent Company Street Address | 130 DIVISION ST, |
| 13 | CT Agent Town | Derby |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06418 - |
| B. | | |
| AFFILIATE NAME | | G.H. VENTURES, INC. |
| 1 | Affiliate Description | FOR PROFIT ENTITY CARRIES OUT BIO MED, HOME CARE, SOUTHFORD MEDICAL CENTER, FAMILY HEALTHCARE AND OTHER HEALTH RELATED FUNCTIONS. |
| 2 | Affiliate type of service | Real Estate |
| 3 | Tax Status | For Profit |
| 4 | Street Address | 130 DIVISION ST |
| 5 | Town | Derby |
| 6 | State | Connecticut |
| 7 | Zip Code | 06418 - |
| 8 | CEO Name | PATRICK CHARMEL |
| 9 | CEO Title | PRESIDENT, CHIEF EXECUTIVE OFFICER |
| 10 | CT Agent Name | PATRICK CHARMEL |
| 11 | CT Agent Company | G.H Ventures, Inc |
| 12 | CT Agent Company Street Address | 130 DIVISION ST |
| 13 | CT Agent Town | Derby |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06418 - |
| C. | | |
| AFFILIATE NAME | | GRIFFIN FACULTY PRACTICE PLAN |
| 1 | Affiliate Description | A NOT-FOR-PROFIT ENTITY FOR THE PURPOSE OF PROVIDING MEDICAL SERVICES AND TO CHARGE FOR SERVICES PERFORMED BY PHYSICIANS AS SUPERVISORS OF INTERNS. |
| 2 | Affiliate type of service | Physicians Services |
| 3 | Tax Status | Not for Profit |
| 4 | Street Address | 130 DIVISION ST |
| 5 | Town | Derby |
| 6 | State | Connecticut |
| 7 | Zip Code | 06418 - |
| 8 | CEO Name | PATRICK CHARMEL |
| 9 | CEO Title | CEO |
| 10 | CT Agent Name | PATRICK CHARMEL |
| 11 | CT Agent Company | Griffin Faculty Practice Plan |

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| (1) | (2) | (3) |
|------|---------------------------------|-----------------------|
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| 12 | CT Agent Company Street Address | 130 DIVISION ST, |
| 13 | CT Agent Town | Derby |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06418 - |

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| (1) | (2) | (3) |
|--|---------------------------------|--|
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| D. AFFILIATE NAME GRIFFIN HOSPITAL DEVELOPMENT FUND | | |
| 1 | Affiliate Description | FUND RAISING ORGANIZATION FOR THE GRIFFIN HEALTH SERVICES. |
| 2 | Affiliate type of service | Fund Raising/Management |
| 3 | Tax Status | Not for Profit |
| 4 | Street Address | 130 DIVISION ST |
| 5 | Town | Derby |
| 6 | State | Connecticut |
| 7 | Zip Code | 06418 - |
| 8 | CEO Name | PATRICK CHARMEL |
| 9 | CEO Title | PRESIDENT, CHIEF EXECUTIVE OFFICER |
| 10 | CT Agent Name | PATRICK CHARMEL |
| 11 | CT Agent Company | Griffin Hospital Development Fund |
| 12 | CT Agent Company Street Address | 130 DIVISION ST |
| 13 | CT Agent Town | Derby |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06418 - |
| E. AFFILIATE NAME GRIFFIN PHARMACY & GIFT SHOP | | |
| 1 | Affiliate Description | SELLING PHARMACEUTICALS AND GIFTS |
| 2 | Affiliate type of service | Pharmacy |
| 3 | Tax Status | Not for Profit |
| 4 | Street Address | 130 DIVISION ST |
| 5 | Town | Derby |
| 6 | State | Connecticut |
| 7 | Zip Code | 06418 - |
| 8 | CEO Name | PATRICK CHARMEL |
| 9 | CEO Title | CEO |
| 10 | CT Agent Name | PATRICK CHARMEL |
| 11 | CT Agent Company | Griffin Pharmacy & Gift Shop |
| 12 | CT Agent Company Street Address | 130 DIVISION ST, |
| 13 | CT Agent Town | Derby |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06418 - |
| F. AFFILIATE NAME HEALTHCARE ALLIANCE INSURANCE COMPANY LTD | | |
| 1 | Affiliate Description | A FOR-PROFIT OFF-SHORE CAPTIVE INSURANCE COMPANY WHICH PROVIDES CERTAIN INSURANCE COVERAGE TO GHSC AND ITS SUBSIDIARIES. |
| 2 | Affiliate type of service | Insurance |
| 3 | Tax Status | For Profit |
| 4 | Street Address | 130 DIVISION ST |
| 5 | Town | Derby |
| 6 | State | Connecticut |
| 7 | Zip Code | 06418 - |
| 8 | CEO Name | PATRICK CHARMEL |
| 9 | CEO Title | PRESIDENT, CHIEF EXECUTIVE OFFICER |
| 10 | CT Agent Name | PATRICK CHARMEL |
| 11 | CT Agent Company | Healthcare Alliance Insurance Co LTD |

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| (1) | (2) | (3) |
|------|---------------------------------|-----------------------|
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| 12 | CT Agent Company Street Address | 130 DIVISION ST |
| 13 | CT Agent Town | Derby |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06418 - |

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| (1) | (2) | (3) |
|-----------|---------------------------------|---|
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| G. | | |
| | AFFILIATE NAME | NAUGATUCK VALLEY WEIGHT LOSS LLC |
| 1 | Affiliate Description | Naugatuck Valley Weight Loss Center, LLC (NVWLC) is a for-profit company with its principle place of business in Orange, CT. G.H. Ventures, Inc. owns a 30% equity interest. NVWLC is not a subsidiary of G.H. Ventures, Inc. but is being shown here to refl |
| 2 | Affiliate type of service | For Profit Services (Specify) |
| 3 | Tax Status | For Profit |
| 4 | Street Address | 330 BRIDGEPORT AVENUE |
| 5 | Town | SHELTON |
| 6 | State | Connecticut |
| 7 | Zip Code | 06484 - |
| 8 | CEO Name | PATRICK CHARMEL IEDWARD KALOUST |
| 9 | CEO Title | MANAGING MEMBER |
| 10 | CT Agent Name | R&C SERVICES COMPANY |
| 11 | CT Agent Company | R&C SERVICES COMPANY |
| 12 | CT Agent Company Street Address | 280 TRUMBULL ST |
| 13 | CT Agent Town | HARTFORD |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06103 - |
| H. | | |
| | AFFILIATE NAME | NUVAL, LLC |
| 1 | Affiliate Description | NuVal, LLC (NVWLC) is a for-profit company with its principle place of business in Quincy, MA. G.H. Ventures, Inc. holds an equity interest of less than 3%. NuVal, LLC is not a subsidiary of G.H. Ventures, Inc. but is being shown here to reflect the own |
| 2 | Affiliate type of service | For Profit Services (Specify) |
| 3 | Tax Status | For Profit |
| 4 | Street Address | 1 Rex Drive |
| 5 | Town | Braintree |
| 6 | State | Massachusetts |
| 7 | Zip Code | 02184 - |
| 8 | CEO Name | Nancy Mcdermott |
| 9 | CEO Title | President |
| 10 | CT Agent Name | none designated |
| 11 | CT Agent Company | none designated |
| 12 | CT Agent Company Street Address | 1 Rex Drive |
| 13 | CT Agent Town | Braintree |
| 14 | CT Agent State | Massachusetts |
| 15 | CT Agent Zip Code | 02184 - |
| I. | | |
| | AFFILIATE NAME | PLANETREE INC |
| 1 | Affiliate Description | PATIENT FOCUSED CARE PHILOSOPHY |
| 2 | Affiliate type of service | Other HealthCare Svcs(Specify) |
| 3 | Tax Status | Not for Profit |
| 4 | Street Address | 130 DIVISION ST |
| 5 | Town | Derby |
| 6 | State | Connecticut |
| 7 | Zip Code | 06418 - |
| 8 | CEO Name | PAT CHARMEL |
| 9 | CEO Title | PRESIDENT, CHIEF EXECUTIVE OFFICER |
| 10 | CT Agent Name | PATRICK CHARMEL |
| 11 | CT Agent Company | Planetree |

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| (1) | (2) | (3) |
|------|---------------------------------|-----------------------|
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| 12 | CT Agent Company Street Address | 130 DIVISION ST |
| 13 | CT Agent Town | Derby |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06418 - |

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| (1) | (2) | (3) |
|-----------|---------------------------------|---|
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| J. | AFFILIATE NAME | VALUE CARE ALLIANCE, LLC |
| 1 | Affiliate Description | Value Care Alliance, LLC (VCA) is a for-profit company with its principle place of business in Derby, CT. Griffin Hospital is a partial equity owner of VCA. VCA is not a subsidiary of Griffin Hospital but is being shown here to reflect the ownership int |
| 2 | Affiliate type of service | Affiliate Support Services |
| 3 | Tax Status | For Profit |
| 4 | Street Address | 130 Division Street |
| 5 | Town | Derby |
| 6 | State | Connecticut |
| 7 | Zip Code | 04618 - |
| 8 | CEO Name | Jeanne O'Brien |
| 9 | CEO Title | Chief Executive Officer |
| 10 | CT Agent Name | Value Care Alliance, LLC |
| 11 | CT Agent Company | Patrick Charmel |
| 12 | CT Agent Company Street Address | 130 Division Street |
| 13 | CT Agent Town | Derby |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06418 - |

* P.O. BOX IS UNACCEPTABLE WITHOUT A

STREET ADDRESS FOR EACH AGENT COMPANY

**GRIFFIN 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 . GRIFFIN HOSPITAL | | | |
| 1 | | Unrestricted | (\$38,610,232) |
| 2 | | Temporarily Restricted by Donor | \$2,732,629 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$5,742,115 |
| 5 | | Intercompany Eliminations | (\$7,834,670) |
| | | Total: | (\$37,970,158) |
| B . GRIFFIN HEALTH SERVICES CORPORATION | | | |
| 1 | | Unrestricted | \$4,861,202 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | (\$1,350,156) |
| | | Total: | \$3,511,046 |
| C . G.H. VENTURES, INC. | | | |
| 1 | | Unrestricted | \$698,097 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$698,097 |
| D . GRIFFIN FACULTY PRACTICE PLAN | | | |
| 1 | | Unrestricted | \$1,895,137 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | (\$1,895,137) |
| | | Total: | \$0 |
| E . GRIFFIN HOSPITAL DEVELOPMENT FUND | | | |
| 1 | | Unrestricted | \$4,266,668 |
| 2 | | Temporarily Restricted by Donor | \$1,825,386 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$1,742,616 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$7,834,670 |
| F . GRIFFIN PHARMACY & GIFT SHOP | | | |
| 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 |
| G . HEALTHCARE ALLIANCE INSURANCE COMPANY LTD | | | |
| 1 | | Unrestricted | \$482,859 |
| 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 / FUND PURPOSE | BALANCE AS OF 9/30/2016 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$482,859 |

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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 . NAUGATUCK VALLEY WEIGHT LOSS 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 . NUVAL, 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 . PLANETREE INC | | | |
| 1 | | Unrestricted | \$197,838 |
| 2 | | Temporarily Restricted by Donor | \$32,497 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$230,335 |
| K . VALUE CARE ALLIANCE, 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: | (\$14,133,188) |
| | Intercompany Eliminations | | (\$11,079,963) |
| | Total of all Affiliates | Fund Balance: | (\$25,213,151) |

**GRIFFIN 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. | GRIFFIN HEALTH SERVICES CORPORATION | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | (\$276,635) |
| 1 | | Transfer of Funds | 09/30/2016 | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | (\$276,635) |
| B. | G.H. VENTURES, INC. | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$1,979,739 |
| 1 | | Transfer of Funds | 09/30/2016 | (\$152,907) |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$1,826,832 |
| C. | GRIFFIN FACULTY PRACTICE PLAN | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$127,790 |
| 1 | | Transfer of Funds | 09/30/2016 | (\$127,790) |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$0 |
| D. | GRIFFIN HOSPITAL DEVELOPMENT FUND | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$21,117 |
| 1 | | Transfer of Funds | 09/30/2016 | \$14,874 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$35,991 |
| E. | GRIFFIN PHARMACY & GIFT SHOP | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$85,317 |
| 1 | | Transfer of Funds | 09/30/2016 | \$93,399 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$178,716 |
| F. | HEALTHCARE ALLIANCE INSURANCE COMPANY LTD | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$2,744,414 |
| 1 | | Transfer of Funds | 09/30/2016 | \$1,535,098 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$4,279,512 |
| G. | NAUGATUCK VALLEY WEIGHT LOSS LLC | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$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 |
| | | Nothing to Report | | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$0 |
| H. | NUVAL, LLC | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$0 |
| | | Nothing to Report | | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$0 |
| I. | PLANETREE INC | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$1,518,117 |
| 1 | | TANSFER OF FUNDS | 09/30/2016 | \$2,822 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$1,520,939 |
| J. | VALUE CARE ALLIANCE, LLC | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$0 |
| | | Nothing to Report | | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$0 |
| | | | | |
| | | | Grand Total: | \$7,565,355 |

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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 | \$0 |
| A. | GRIFFIN HEALTH SERVICES CORPORATION | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| B. | G.H. VENTURES, INC. | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| C. | GRIFFIN FACULTY PRACTICE PLAN | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| D. | GRIFFIN HOSPITAL DEVELOPMENT FUND | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| E. | GRIFFIN PHARMACY & GIFT SHOP | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| F. | HEALTHCARE ALLIANCE INSURANCE COMPANY LTD | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| G. | NAUGATUCK VALLEY WEIGHT LOSS LLC | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| H. | NUVAL, LLC | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| I. | PLANETREE INC | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| J. | VALUE CARE ALLIANCE, LLC | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| | | | Ending Unconsolidated Intercompany Balance | 9/30/2016 | \$0 |

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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. GRIFFIN HEALTH SERVICES CORPORATION | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2016 |
| B. G.H. VENTURES, INC. | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2016 |
| C. GRIFFIN FACULTY PRACTICE PLAN | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2016 |
| D. GRIFFIN HOSPITAL DEVELOPMENT FUND | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2016 |
| E. GRIFFIN PHARMACY & GIFT SHOP | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2016 |
| F. HEALTHCARE ALLIANCE INSURANCE COMPANY LTD | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2016 |
| G. NAUGATUCK VALLEY WEIGHT LOSS LLC | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2016 |
| H. NUVAL, LLC | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2016 |
| I. PLANETREE INC | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2016 |
| J. VALUE CARE ALLIANCE, 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) | (2) | (3) | (4) |
|-----------|--|------------|---------------|
| LINE | AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT | AMOUNT | TERM IN YEARS |
| A. | GRIFFIN HEALTH SERVICES CORPORATION | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| B. | G.H. VENTURES, INC. | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| C. | GRIFFIN FACULTY PRACTICE PLAN | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| D. | GRIFFIN HOSPITAL DEVELOPMENT FUND | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| E. | GRIFFIN PHARMACY & GIFT SHOP | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| F. | HEALTHCARE ALLIANCE INSURANCE COMPANY LTD | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| G. | NAUGATUCK VALLEY WEIGHT LOSS LLC | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| H. | NUVAL, LLC | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| I. | PLANETREE INC | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| J. | VALUE CARE ALLIANCE, LLC | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| | Grand Total: | \$0 | |

**GRIFFIN HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2016
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 | \$237,289.48 | \$228,150.31 | (\$9,139.17) | -4% |
| 1 | Donations | \$0.00 | \$0.00 | \$0.00 | 0% |
| 2 | Income | \$6,150.74 | \$5,713.14 | (\$437.60) | -7% |
| 3 | Expenditures | \$3,439.00 | \$3,990.00 | \$551.00 | 16% |
| 4 | Unrealized Gains and Losses | (\$11,850.91) | \$14,084.27 | \$25,935.18 | -219% |
| | Ending Balance | \$228,150.31 | \$243,957.72 | \$15,807.41 | 7% |
| 5 | Projected Interest Income | \$7,713.00 | \$5,713.00 | (\$2,000.00) | -26% |
| 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% |

| GRIFFIN HOSPITAL ANNUAL REPORTING FISCAL YEAR 2016 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 | | 1 |
| 2. A. Number of Patients receiving Hospital Bed Fund Grants | | 1 |
| 2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed Funds: | | \$3,990.00 |
| | | |
| 1 | eno fund | \$3,990.00 |
| | Grand Total | \$3,990.00 |

| GRIFFIN HOSPITAL ANNUAL REPORTING FISCAL YEAR 2016 | | | | | |
|---|---|---------------------|--------------------|---------------------|---------------------|
| 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. | | | | |
| | pine trust | \$56,739.00 | \$7,450.00 | \$3,460.00 | \$33,488.00 |
| | eno fund | \$91,607.00 | \$8,968.00 | \$7,363.00 | \$100,432.00 |
| | Total Bed Funds : | \$148,346.00 | \$16,418.00 | \$10,823.00 | \$133,920.00 |

**GRIFFIN HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2016**

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 | After the third attempt to collect on a self pay account, If no payment is made the account will be referred to an outside collection agency. The data mailer includes all free care and uninsured information which is made available at Griffin Hospital. |
| B. | Hospital's processes and policies for compensating a Collection Agent for services rendered | currently have two active outside collection agencies. The contracts stipulate agency fees. The compensation paid are expensed to a collection fee line item. |
| C. | Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents | 22.65% |
| II. SPECIFIC COLLECTION AGENT INFORMATION | | |
| A | Collection Agent | |
| 1 | Collection Agent Name | OUTSOURCE GROUP- PARALLON |
| 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. | After the third attempt to collect on a self pay account, If no payment is made the account will be referred to an outside collection agency. The data mailer includes all free care and uninsured information which is made available at Griffin Hospital. |
| 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. | currently have two active outside collection agencies. The contracts stipulate agency fees. The compensation paid are expensed to a collection fee line item. |
| 6 | Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent. | 15.70% |
| B | Collection Agent | |
| 1 | Collection Agent Name | AMERICAN ADJUSTMENT BUREAU |

**GRIFFIN HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2016**

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. | After the third attempt to collect on a self pay account, If no payment is made the account will be referred to an outside collection agency. The data mailer includes all free care and uninsured information which is made available at Griffin Hospital. |
| 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. | currently have two active outside collection agencies. The contracts stipulate agency fees. The compensation paid are expensed to a collection fee line item. |
| 6 | Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent. | 29.59% |
| | | |

**GRIFFIN HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2016**

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

| LINE | POSITION TITLE | EMPLOYEE NAME | SALARY | FRINGE BENEFITS | TOTAL |
|-------------|---------------------------------|----------------------|--------------------|------------------------|--------------------|
| 1. | CHIEF EXECUTIVE OFFICER | Charmel, Patrick | \$555,354 | \$25,388 | \$580,742 |
| 2. | CHIEF FINANCIAL OFFICER | ONeill, Mark | \$311,412 | \$7,428 | \$318,840 |
| 3. | CHIEF, DEPARTMENT OF PSYCHIATRY | Zigun, Benjamin J. | \$268,961 | \$22,418 | \$291,379 |
| 4. | CHIEF, PULMONARY DISEASE | Dobular, Kenneth | \$283,394 | \$6,277 | \$289,671 |
| 5. | VP ANCILLARY SERVICES | Deegan, Margaret | \$238,752 | \$24,452 | \$263,204 |
| 6. | PSYCHIATRIC PHYSICIAN | Halstead, Edward G. | \$236,638 | \$24,433 | \$261,071 |
| 7. | VICE PRESIDENT, NURSING | Stumpo, Barbara J. | \$229,794 | \$24,472 | \$254,266 |
| 8. | VP, ACCOUNTABLE CARE | Liu, Todd | \$217,295 | \$22,953 | \$240,248 |
| 9. | PSYCHIATRIC PHYSICIAN | Boran, M.D., Mihaela | \$210,872 | \$23,040 | \$233,912 |
| 10. | VP PATIENT SAFETY | Martin, Kathleen | \$187,233 | \$24,223 | \$211,456 |
| | | Grand Total: | \$2,739,705 | \$205,084 | \$2,944,789 |

**GRIFFIN HEALTH SERVICES CORPORATION
ANNUAL REPORTING
FISCAL YEAR 2016
REPORT 19B - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HEALTH SYSTEM EMPLOYEES**

| LINE | POSITION TITLE | EMPLOYEE NAME AND COMPANY | SALARY | FRINGE BENEFITS | TOTAL |
|---------------------|---|---|--------------------|------------------|--------------------|
| 1. | PHYSICIAN GASTROENTEROLOGY | Simon, Jonathan T. - Griffin Hospital Practice Plan | \$624,859 | \$27,046 | \$651,905 |
| 2. | CHIEF EXECUTIVE OFFICER | Charmel, Patrick - Griffin Hospital | \$555,354 | \$25,388 | \$580,742 |
| 3. | PHYSICIAN GASTROENTEROLOGY | Dreznick, Jeffrey - Griffin Hospital Practice Plan | \$468,185 | \$10,518 | \$478,703 |
| 4. | PHYSICIAN UROLOGY | Camilleri Jr M.D., Joseph A. - Griffin Hospital Practice Plan | \$390,657 | \$26,173 | \$416,830 |
| 5. | V.P. MEDICAL AFFAIRS | Browne M.D., Frederick A. - Griffin Hospital Practice Plan | \$379,687 | \$24,073 | \$403,760 |
| 6. | PHYSICIAN SURGERY | Soto, III, Leland J. - Griffin Hospital Practice Plan | \$318,450 | \$27,709 | \$346,159 |
| 7. | PHYSICIAN CHIEF, SURGERY | Salzano Jr., Richard P. - Griffin Hospital Practice Plan | \$313,611 | \$27,045 | \$340,656 |
| 8. | PHYSICIAN PRIMARY CARE | Mathias, Elliot - Griffin Hospital Practice Plan | \$325,733 | \$10,067 | \$335,800 |
| 9. | PHYSICIAN SURGERY | Barajas, Denise - Griffin Hospital Practice Plan | \$296,076 | \$26,013 | \$322,089 |
| 10. | PROGRAM DIRECTOR, PREVENTATIVE MEDICINE | Nawaz, Haq - Griffin Hospital Practice Plan | \$294,138 | \$26,073 | \$320,211 |
| Grand Total: | | | \$3,966,750 | \$230,105 | \$4,196,855 |

**GRIFFIN 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. | NA | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 2. | NA | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 3. | NA | | \$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 |
| 34. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 35. | | | \$0 | \$0 | \$0 | \$0 | \$0 |

**GRIFFIN 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 |
|------|------|---------------------|------------|----------------------|-------------------------|-------------------------|------------|
| 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 |

**GRIFFIN 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 . GRIFFIN HEALTH SERVICES CORPORATION | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| B . G.H. VENTURES, 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 |
| C . GRIFFIN FACULTY PRACTICE PLAN | | | | |
| 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 . GRIFFIN HOSPITAL DEVELOPMENT FUND | | | | |
| 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 . GRIFFIN PHARMACY & GIFT SHOP | | | | |
| 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 . HEALTHCARE ALLIANCE INSURANCE COMPANY LTD | | | | |
| 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 . NAUGATUCK VALLEY WEIGHT LOSS 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 . NUVAL, 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 . PLANETREE 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 |
| J . VALUE CARE ALLIANCE, 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.