

**TENNESSEE ATTORNEY GENERAL  
AND REPORTER'S  
PUBLIC BENEFIT HOSPITALS  
REQUEST FOR INFORMATION PACKET**



**Office of the Attorney General and Reporter  
Public Interest Division  
Attention: Nonprofit Transactions  
P. O. Box 20207  
Nashville, Tennessee 37202  
Telephone: (615) 741-2516  
Facsimile: (615) 532-6951**



# TENNESSEE ATTORNEY GENERAL AND REPORTER'S REQUEST FOR INFORMATION FORM FOR CERTAIN PUBLIC BENEFIT HOSPITAL TRANSACTIONS

## INSTRUCTIONS AND DEFINITIONS

1. All responses to the Request for Information Form must be filled in electronically, typed or clearly printed in black ink. You must use only the official forms.
2. All documents and appendices must be provided in compliance with the following:
  - a. Responses to this Request for Information Form must be in electronic format, with each document in portable document format (PDF), containing a text searchable optical character recognition (OCR) layer; responses may be on compact disc (CD), digital versatile disc (DVD), flash drive or portable hard drive.
  - b. Each page of each document must be consecutively numbered and labeled along with an abbreviation for the Public Benefit Hospital. *For example, the first page of the first document of a submission by the Public Benefit Hospital X would be labeled X0001.* These initials and numbers should appear in the lower right-hand corner of each document; and
  - c. The file name for each electronic document must identify the document and indicate its number range. *For example, the file name for a PDF file consisting of the Charter of Public Benefit Hospital X responding to Question 4 of this Request for Information Form would be "Charter (X0004 – X0013).pdf."*
  - d. Documents should be produced in electronic folders identified by the request to which the documents respond. The folders should be named to indicate the request of the documents contained therein. *For example, documents responsive to Question 19.a of this Request for Information Packet should be placed in a folder entitled within the folder entitled "Question 19."*
3. All amendments or late-filed documents or responses must be clearly labeled to indicate to which Request they respond and the date of production. Such documents must be submitted in compliance with all other instructions herein.
4. Unless otherwise indicated, documents to be produced pursuant to this Request for Information Form include each and every document prepared, sent, dated, received, in effect, or which otherwise came into existence during the last three (3) years through the date of the production of documents by the Public Benefit Hospital pursuant to this Request.
5. Responses to the Request must be supplemented, corrected, and updated until the close of the Transaction. **The Attorney General and Reporter, at his discretion, may require the production of additional documents.**

6. For each Request calling for the production of documents, produce each and every responsive document in the Public Benefit Hospital and/or Acquirer's care, possession, custody, or control, without regard to the physical location of those documents.
7. If the Public Benefit Hospital and/or Acquirer possess(es) no documents responsive to a paragraph of this Request, the Public Benefit Hospital and/or Acquirer must state this fact, specifying the paragraph(s) or subparagraph(s) concerned, in the response. If the Public Benefit Hospital and/or Acquirer must submit documents at a later date than that set forth in Instruction #10, the following procedure is required: the Public Benefit Hospital and/or Acquirer must state this fact, specify the paragraph(s) or subparagraph(s) concerned, identify the document(s) to be produced, and state the expected date of production.
8. **If the Public Benefit Hospital and/or Acquirer assert(s) a privilege in response to a Request, the Public Benefit Hospital and/or Acquirer must state the privilege, the basis of the privilege, and identify the documents and Request to which the privilege attaches. If the privilege attaches to only a portion of a given document, then the Public Benefit Hospital and/or Acquirer must produce the full document with the privileged portions redacted.**
9. Responses to Requests not requiring the production of documents should be filled in electronically, typed or clearly printed in black on the Request for Information Form. If additional space is required, you should attach additional 8 1/2" x 11" size pages, clearly noting at the top of the page to which Request the additional information is responsive and the identity of the Public Benefit Hospital providing the information. *For example: Public Benefit Hospital X, Continuation to Request #3.*
10. The Attorney General and Reporter must receive a complete response to this initial Request for Information Form, no later than **forty-five (45) days prior to the anticipated close of your Transaction. Failure to timely provide the requested documents may result in the Attorney General and Reporter taking action to enjoin or delay your Transaction.**<sup>1</sup>
11. All responses to this Request for Information shall be sent by United States Mail, hand-delivery, or a nationally recognized express delivery service to the following:

Public Interest Division  
Office of Attorney General and Reporter  
P. O. Box 20207  
Nashville TN 37202
12. The Request for Information Form is not complete or valid without the Certification and Verification Affidavits (Form TNPC3 and Form TNPC5) executed under oath in the presence of a notary and attached to the Request for Information Form.
13. Copies may be submitted in lieu of originals as long as the Public Benefit Hospital and/or Acquirer indicate(s) that the documents are copies, the location of the originals, and the reason for the substitution of copies. All originals must be returned as set forth in the Certification and Verification Affidavits. Additionally, the Public Benefit Hospital and/or

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<sup>1</sup> Pursuant to Tenn. Code Ann. §48-68-208.

Acquirer must sign the Certification and Verification Affidavit(s), agreeing that the documents are authentic for the purposes of Tennessee law.

14. All questions regarding these forms, the scope of any Request, any instruction, or any definitions shall be directed to the following number: (615) 741-2516.
15. This Request for Information Packet should include all of the following forms:
  - a. Form TNPC1: Instructions and Definitions
  - b. Form TNPC2: Request for Information Form
  - c. Form TNPC3: Certification and Verification Affidavit of the Public Benefit Hospital
  - d. Form TNPC4: Affidavit of Officers and Directors
  - e. Form TNPC5: Certification and Verification Affidavit of the Acquirer

**If your packet is missing any of the above listed forms, please contact the Office of the Attorney General and Reporter at (615) 741-2516. Your response to the Request for Information Form is not complete until the Office of the Attorney General and Reporter has received all of the above listed forms, fully completed.**

16. All of the forms in the Request for Information Packet shall be construed in conformity with the Tennessee Public Benefit Hospital Sales and Conveyance Act of 2006, §§ 48-68-201, *et seq.*
17. In the lower right-hand corner of each page of the Request for Information Form, type or print the name of the Public Benefit Hospital in the space provided.
18. **All Public Benefit Hospitals must complete Forms TNPC3, and TNPC4 in addition to form TNPC2.**
19. **The Acquirer must complete Form TNPC5.**
20. If two (2) or more Public Benefit Hospitals are merging, each Public Benefit Hospital must complete the entire Request for Information Packet.

## DEFINITIONS

1. "**Acquirer**" means the entity who gains ownership or control of a public benefit hospital entity as a result of a public benefit hospital conveyance transaction. An "acquirer" may be another public benefit hospital.
2. "**Affiliate**" means any parent, subsidiary or other person controlling, controlled by or under common control with such person. For purposes of this definition, "control" means the possession, direct or indirect, of the power to direct or cause the direction of the management or policies of a person, whether through the ownership of voting securities, by contract, or otherwise.
3. "**Attachment**" means each document or thing sent or provided with any document or thing, and includes each document or thing sent with it, whether a letter, memorandum, contract, document, or other writing or object.
4. "**Document**" means all writings or any other record of any kind, including originals and each and every non-identical copy (if different from the original for any reason). "Documents" includes, but is not limited to:
  - a. correspondence, memoranda, notes, diaries, calendars, statistics, letters, telegrams, minutes, contracts, reports, studies, checks, statements, receipts, returns, summaries, pamphlets, books, and interoffice and intraoffice communications;
  - b. notations (of any sort) of conversations, telephone calls, meetings, and other communications;
  - c. bulletins, printed matter, computer printouts, computer-generated output, teletypes, telefax, electronic mail, invoices, worksheets, drafts, alterations, modifications, changes, and amendments of any kind;
  - d. photographs, charts, graphs, sketches, microfiche, microfilm, analog or digital audio recordings, videotapes, video recordings, digital video, and motion pictures; and
  - e. any electronic or mechanical records or representations of any kind (including, but not limited to: information stored on tapes, cassettes, diskettes, compact disc, digital versatile disc, and computer hard drives and other electronic storage medium).
5. "**Expert**" means one who is knowledgeable in a specialized field, that knowledge being obtained from either education or personal experience. For example, any economist, accountant, financial advisor, investment banker, broker, valuation specialist, or other person who is consulted, relied upon, retained, or used by the Nonprofit and/or Acquirer.
6. "**Financial Statement**" means any compilation or statement (audited, unaudited, or draft) of the Nonprofit's financial position. "Financial Statements" (regardless of precise terminology) include, but are not limited to: tax returns, balance sheets, statements of income and expenses, statements of profit and loss, statements of stockholders equity, and statements of changes in financial position. Each and every financial statement should include each and every related footnote of the respective financial statement.

7. "**Foundation**" means a permanent fund established and maintained by contributions for charitable, educational, religious, or benevolent purposes. See also Tenn. Code Ann. § 48-51-501, as amended from time to time, and Internal Revenue Code § 501(c)(3) and § 509, as amended from time to time.
8. "**Hospital Act**" means the Public Benefit Hospital Sales and Conveyance Act of 2006, Tenn. Code Ann. §§ 48-68-201, *et seq.*
9. "**Person**" means any natural person, public or private corporation (whether or not organized for profit), governmental entity, partnership, company, association, cooperative, joint venture, sole proprietorship, or other legal entity. With respect to the Public Benefit Hospital and/or Acquirer, the term "person" includes any natural person acting formally or informally as an employee, officer, director, agent, attorney, or other representative of the Public Benefit Hospital and/or Acquirer.
10. "**Public Benefit Hospital**" means any public benefit corporation as defined in chapter 51, part 2 of title 48, or any governmental entity that is licensed as a hospital under title 68, chapter 11, part 2, or considered a hospital under title 33, chapter 1, including entities affiliated with any of these through ownership, governance, or membership, such as a holding company or subsidiary.
11. "**Request**" means any request for information pursuant to the Hospital Act or this Request for Information Form.
12. "**Transaction**" means the proposed sale, transfer, lease, exchange, optioning, conveyance or other disposition of a material amount of the assets or operations of any public benefit hospital entity to an entity or person other than another public benefit hospital entity that controls, is controlled by or is under common control with such public benefit hospital entity; the transfer of control or governance of a public benefit hospital entity to an entity or person other than another public benefit hospital entity that controls, is controlled by or is under common control with such public benefit hospital entity; or other action which resulted in the submission of notice to the Attorney General and Reporter pursuant to the or Hospital Act.

**TENNESSEE ATTORNEY GENERAL AND REPORTER'S  
REQUEST FOR INFORMATION FORM FOR CERTAIN PUBLIC  
BENEFIT HOSPITAL TRANSACTIONS**

**PLEASE CAREFULLY REVIEW THE INSTRUCTIONS AND DEFINITIONS FORM (TNPC1) PRIOR TO COMPLETING THIS FORM.**

1. **Name of Public Benefit Hospital Filing this Notice.** Identify the Public Benefit Hospital (including its Federal Employer Identification Number (FEIN)) filing notice pursuant to the Hospital Act:

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2. **Contact Person for Public Benefit Hospital.** Provide the full legal name, title, address, telephone, e-mail and facsimile number for the contact person responsible for completing this Request for Information Form (this individual will also receive any requests for additional information for documents):

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3. **Directors and Officers.** Identify by full legal name and title each and every director and officer of the Public Benefit Hospital, historical and current. If any director or officer has been removed or resigned during the period covered by this Request for Information, please so indicate and provide the reasons for such removal or resignation.

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4. **Organizational Documents.** Attach as Appendix A all organizational documents relating to the Public Benefit Hospital filing this Request. Include organizational documents for all Affiliates. For the purposes of this Request, "organizational documents" means the charter, articles of incorporation, bylaws, or any other governing

document of the Public Benefit Hospital, and any and all amendments to each such governing document.

5. **Name of Acquirer.** Identify the proposed Acquirer (including its Federal Employer Identification Number (FEIN)). Include in your response the identity of any Affiliate of the Acquirer.

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6. **Contact Person for Acquirer.** Provide the full legal name, title, address, telephone, and facsimile number of the contact person for the Acquirer.

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7. **Organizational Documents of Acquirer.** Attach as Appendix B copies of all organizational documents relating to the Acquirer identified in Request 6. See definition of "organizational documents" in Request 4.



8. **Value of Public Benefit Hospital Assets.** What is the aggregate approximate value of the Public Benefit Hospital's assets to be acquired in the Transaction or held by the Public Benefit Hospital to be dissolved?
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9. **Description of Transaction.** Attach as Appendix C a detailed description of the Transaction, including a detailed explanation of what is to be acquired by the Acquirer, what is to be retained by the Public Benefit Hospital, and plans for the resulting funds to be received by the Public Benefit Hospital. This should also include an analysis of the purchase price, based upon the Public Benefit Hospital's interpretation of the letter of intent or definitive contract. The analysis should begin with the Public Benefit Hospital's balance sheet, should consider the impact of any fund balances and/or liabilities to be retained by the resulting foundation, and end with a resulting fund balance for the proposed foundation to be created. This analysis should include reasonable estimates for any proposed purchase price adjustments called for in the letter of intent or definitive agreement. The objective of this analysis is to enable the Office of the Attorney General and Reporter to understand the pricing of the Transaction and the capitalization of any resulting foundation.

If the Transaction is a dissolution, include a detailed explanation of the purpose of the dissolution and how the Public Benefit Hospital's assets will be distributed.

10. **Description of Negotiations of the Transaction.** Attach as Appendix D a detailed description of all discussions and negotiations between the Public Benefit Hospital and the Acquirer resulting in the Transaction. This response should include a summary outline in date sequence of any and all meetings held with the following parties with respect to the Transaction:
- a. With the Public Benefit Hospital's financial advisors, investment bankers or other Experts related to the Transaction (including, but not limited to, management, committees of the board of directors or meetings of the full board);
  - b. With prospective purchasers, networkers, merging partners of the Public Benefit Hospital (or substantially all of the Public Benefit Hospital), together with a brief summary of the results of such meetings;
  - c. With the Acquirer; and
  - d. With other parties deemed significant to the Transaction (including, but not limited to, outside Experts or other consultants).

11. **Closing Date.** What is the expected date of closing of the Transaction?
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12. **Governmental Filings.** Attach as Appendix E all government filings with respect to the Transaction, including all amendments, appendices, and attachments, and each report or document provided to each federal, state, or local governmental entity regarding the Transaction. Include copies of forms provided to each such entity, the answers to

information or questions on such forms, and each attachment submitted in connection therewith.

13. **Meetings with Governmental Officials.** Attach as Appendix F summaries of all meetings with federal, state, or local authorities regarding any filings or documents referenced in Request #12. Also, include each and every document which memorializes or discusses any and all meetings or other communications with the United States Internal Revenue Service or any other state, federal or local governmental entity in connection with the Transaction.
14. **Acquirer's Prior Acquisitions.** Identify all prior acquisitions by the Acquirer within the last three (3) years, including the following information for each:
  - a. Date of acquisition;
  - b. Entity from which assets were acquired, and whether such entity was a Public Benefit Hospital or other nonprofit corporation;
  - c. City/State;
  - d. Brief Description;
  - e. Purchase Price; and
  - f. Form of Consideration.
15. **Letters of Intent.** Attach as Appendix G any and all drafts and final versions of any and all letters of intent, confidentiality agreements, or other documents initiating negotiations, contact, or discussions between the Acquirer and the Public Benefit Hospital.
16. **Contracts or Purchase Agreements.** Attach as Appendix H any and all drafts and final versions of asset purchase agreements, contracts or agreements to purchase assets from the Public Benefit Hospital by the Acquirer. Your response must also include any attachments, amendments, schedules, or appendices to such agreements.
17. **Fairness Opinions.** Attach as Appendix I any and all fairness opinions analyzing the Transaction along with any supplemental analyses prepared by the Public Benefit Hospital or its Experts. Include in your response the name of the company and the person(s) who prepared the opinion, their business telephone numbers and addresses, the agreement or engagement letter with such company or person, and background information regarding the company or person's qualifications.
18. **Meeting Minutes and Other Information.** Attach as Appendix J the following documents with respect to each meeting, whether regular, special, or otherwise, of the board of directors or board of trustees for the Public Benefit Hospital:
  - a. Announcements and the persons to whom the announcements were sent;
  - b. Agenda;
  - c. Minutes and/or resolutions of the board of directors or board of trustees for each of the Public Benefit Hospital and the Acquirer which reflect or discuss the Transaction,

- including those regarding the final vote;
- d. Each written report or document provided to the board or board members, including, but not limited to, each committee report and each Expert's report;
  - e. Each proposal or document referencing or regarding possible or actual sale, merger, acquisition, dissolution, or distribution of assets of the Public Benefit Hospital;
  - f. Each presentation to the board or any committee to the board; and
  - g. Each attachment to (a) through (f).
19. **Valuation Information.** Attach as Appendix K each appraisal (with each attachment), evaluation (with each attachment), and similar document (with each attachment) concerning the valuation during the last three (3) fiscal years of the Public Benefit Hospital, its assets, its properties, their worth as a going concern, their fair market value, or their price for sale. Explain how the Public Benefit Hospital determined that the Transaction represents fair market value for the assets of the Public Benefit Hospital.

This Request shall include, but not be limited to, any appraisals of the common stock of any for-profit subsidiaries of the Public Benefit Hospital, any appraisals of the value of any for-profit subsidiaries of the Public Benefit Hospital, and any real estate appraisals involving property held by the Public Benefit Hospital.

20. **Information Regarding Other Offers.** Attach as Appendix L minutes, reports, letters, memoranda, and other documents (and attachments to each) concerning any negotiation, proposal, or sale either initiated or received by the Public Benefit Hospital regarding a sale of all or substantially all of its assets, a merger, a joint venture, a combination, an arrangement, a partnership, an acquisition, an alliance, an affiliation, or a networking relationship, and the dollar value of each such Transaction.
21. **Mission Statement.** Attach as Appendix M any and all mission statements of the Public Benefit Hospital.
22. **Press Releases and Related Information.** Attach as Appendix N any and all press releases, newspaper articles, radio transcripts, audiotapes and videotapes of any television commercials or reports regarding the Transaction and any other offers identified in Request #21.
23. **Financial Records.** Attach as Appendix O all of the following for the last three (3) fiscal years for both the Public Benefit Hospital and the Acquirer, unless otherwise indicated:
- a. Audited and unaudited financial statements. Audits are sometimes presented in abbreviated form or in fuller form, with detailed supplements. Provide the most detailed form of your audit that is available;
  - b. Consolidating statements (balance sheets and income statements for each fiscal year);
  - c. If separate audited financial statements are prepared for any Affiliates, please provide those audits, together with comparative year-to-date financial statements for each such Affiliated;

- d. Each balance sheet, income statement, profit and loss statement, statement of change in financial position of the above-named parties, any entity or company they control, operate, manage, or are affiliated with;
- e. A detailed schedule of operating expenses, unless already provided with the audits;
- f. An analysis (aging) of accounts receivable by major category of receivables as of the most recent month-end available, indicating the amounts ultimately considered collectable by the parties;
- g. Debts, liens, security interests, mortgages, or other interests of any kind in the assets of the Public Benefit Hospital, including amounts outstanding, the Person to whom the underlying obligation is owed, and whether such Person has participated in decision-making in any way with respect to the Transaction;
- h. Management compensation (salary, bonus, other benefits) for the five (5) officers of the Public Benefit Hospital receiving the greatest amount of compensation;
- i. Identify any material off-balance sheet assets or liabilities (i.e., any assets or liabilities not reflected on the most recent audited financial statements) and provide documentation concerning such assets or liabilities. Examples of such items would include a significant under- or over-funding in the pension plan or a current litigation judgment not reflected in the most recent audit;
- j. Identify all accounting firms, including the name, address, and telephone number of the accountant(s) primarily responsible for accounting and auditing of the above-named parties; and
- k. Form 990s or other tax returns.

24. **Foundation Issues.**

- a. Attach as Appendix P the detailed written plan of the preservation, protection, and use of any and all proceeds from the dissolution of the Public Benefit Hospital, or the sale to or merger with the Acquirer. State and fully explain whether any money, property, or proceeds resulting from the Transaction or the operation of the foundation will benefit any director, officer or for-profit person or entity, directly or indirectly. The detailed plan shall include bylaws, a conflict of interest statement, a defined mission, the proposed investment policy, and granting procedures.
- b. Attach as Appendix Q proof that any asset purchase agreement or other contract, by whatever name, does not incorporate or place any restrictions which any for-profit entity may place on the use of charitable or nonprofit funds and any other funds or property, either now or in the future, by any foundation created or endowed to preserve, disburse, or protect the funds.
- c. Attach as Appendix R a report indicating, showing, explaining, and discussing the properties and assets, whether cash, securities, intangible property, and all other property (listing each encumbrance), available for charitable purposes before and after the Transaction and showing or discussing what entity or person will control, manage, operate, deploy, and use the charitable or nonprofit properties or assets.

Include in your response the full legal name, title, business address, and telephone number of the individual preparing said report.

25. **Existing Foundations or Restricted Donations.** Attach as Appendix S any and all documents reflecting any existing foundations or other restricted donations, including, but not limited to, trusts that are designated or intended to benefit the Public Benefit Hospital. Include a detailed statement setting forth your intention with regard to such restricted donations.
26. **Conflicts of Interest, Self-Interest, and Self-Dealing Issues.**
- a. Attach as Appendix T an affidavit for each officer and director of the Public Benefit Hospital using Form TNPC4, pages 1 - 5.
  - b. Attach as Appendix U any and all documents reflecting any possible conflict of interest, self-interest, or self-dealing of any board member, officer, or director in connection with the Transaction. Such documents shall include evidence of any disclosures or other curative measures taken by the board and any documents suggesting or referencing financial or employment incentives or inducements offered to any board member, director or officer.
  - c. Attach as Appendix V each memorandum, report, letter, or other document suggesting or referencing any employment or position (actual or possible) with the Acquirer for any officer or director of the Public Benefit Hospital after the Transaction is completed, as well as any assets, funds, annuity, deferred compensation or other economic or tangible benefit to be provided, whether or not in exchange for services rendered or to be rendered to the Public Benefit Hospital or the Acquirer.
27. **Persons Involved in Decision Making or Planning.** Attach as Appendix W a list of the full legal names, titles, addresses, and telephone numbers of each and every officer, director, representative, manager, executive, expert or other person having substantial input, at any phase of decision making or planning, into the decision or plan for the Transaction.
28. **Registered Agents for Service of Process.** Identify the registered agent for service of process, including his or her complete address, for the Public Benefit Hospital and for the Acquirer.

For Public Benefit  
Hospital: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For  
Acquirer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29. **Litigation and Proceedings.**

- a. Attach as Appendix Y a summary of all litigation to which the Public Benefit Hospital and/or Acquirer was or is a party, separated by type of litigation (e.g., malpractice, worker's compensation, etc.). The summary should include the case style, date of claim, status of claim, expected loss reserves, and ultimate disposition of the litigation (including damages or awards), as applicable.
- b. Attach as Appendix Z any and all complaints, pleadings, memoranda, orders, settlements, opinions, notices of investigation (including subpoenas, civil investigative demands or other requests for information), of any state, federal, local government department, court, agency, or any other governmental proceedings to which the Public Benefit Hospital and/or Acquirer was or is a party.

30. **Public Benefit Hospital Conveyance Transactions.**<sup>2</sup> Attach as Appendix AA a detailed analysis and explanation of the following:

- a. Whether the Public Benefit Hospital will receive full and fair market value for its charitable or social welfare assets;
- b. Whether the fair market value of the Public Benefit Hospital's assets to be transferred has been manipulated by the actions of the parties in a manner that causes the fair market value of the assets to decrease;
- c. Whether the proceeds of the Transaction will be used consistent with the trust under which the assets are held by the Public Benefit Hospital and whether the proceeds will be controlled as funds independently of the acquiring or related entities;
- d. Whether the proceeds are used by a county or municipality for general or special revenue obligations not expressly provided for when the hospital was established;
- e. Whether the proceeds will be controlled as funds independently of the acquiring or related entities; provided, however, no proceeds shall be returned to any county or municipal government except to the extent necessary to pay lawful obligations to such county or municipal government;
- f. Transaction will result in a breach of fiduciary duty, including conflicts of interest related to payments or benefits to officers, directors, board members, executives and experts employed or retained by the parties;
- g. Whether the governing body of the Public Benefit Hospital exercised due diligence in deciding to dispose of the Public Benefit Hospital's assets, selecting the Acquirer, and negotiating the terms and conditions of the disposition;
- h. Whether the Transaction will result in private inurement to any person;

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<sup>2</sup> See Tenn. Code Ann. § 48-68-206

- i. Whether health care providers will be offered the opportunity to invest or own an interest in the Acquirer or its affiliates, and whether procedures or safeguards are in place to avoid conflict of interest in patient referrals;
  - j. Whether the terms of any management or services contract negotiated in conjunction with the Transaction are reasonable;
  - k. Whether any foundation established to hold the proceeds of the Transaction will be broadly based in the community and be representative of the affected community, taking into consideration the structure and governance of the foundation;
31. **Effect on Availability of Health Care Services.**<sup>3</sup> Attach as Appendix BB a detailed account of the community benefits provided by the Public Benefit Hospital, and an analysis of the impact of the Transaction on those benefits, including, but not limited to:
- a. Whether the Transaction will include sufficient safeguards to ensure access to affordable health care in the affected community;
  - b. Whether the Transaction will create or have the likelihood of creating an adverse effect on the access to or availability or cost of health care services to the community;
  - c. Whether the Acquirer has made a commitment, at least comparable to the Public Benefit Hospital, to provide health care to the disadvantaged, the uninsured and the underinsured, and to provide benefits to the affected community to promote improved health care;
  - d. Whether the Transaction will result in the revocation of hospital privileges;
  - e. Whether sufficient safeguards are included to maintain appropriate capacity for health science research and health care provider education; and
  - f. Whether the Transaction demonstrates that the public interest will be served considering the essential medical services needed to provide safe and adequate treatment, appropriate access and balanced health care delivery to the community

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<sup>3</sup> See Tenn. Code Ann. § 48-68-207

**CERTIFICATION AND VERIFICATION  
AFFIDAVIT OF THE PUBLIC BENEFIT HOSPITAL**

*To be completed by President or Chief Officer*

This Request for Information Form, together with any and all appendices and attachments thereto, was prepared and assembled under my supervision in accordance with the instructions and definitions issued by the Attorney General and Reporter. Subject to the recognition that, where so indicated, reasonable estimates have been made because books and records do not provide the required data, the information is, to the best of my knowledge, true, correct, and complete. If copies were submitted in lieu of originals, the documents submitted are true and exact copies.

I understand that my obligation to provide information pursuant to this Request shall be continuing in nature and shall forthwith notify the Attorney General and Reporter, in writing, of any representations that have been made or that might have been made in accordance with this Request which need to be updated, corrected or modified. The copies also are authentic for the purposes of Tennessee law. If copies were submitted, I also agree to retain the originals under my care, custody, and control, and I will not destroy or alter the originals without the express written consent of the Attorney General and Reporter or his appointed designee.

I certify, upon personal knowledge, that the attached form has been completed with true and accurate information, **under penalty of perjury.**

STATE of \_\_\_\_\_

County of \_\_\_\_\_

Affiant's  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Sworn and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_

Name: _____
Title: _____
Address: _____
_____
_____
Telephone Number: _____
Facsimile Number: _____



**AFFIDAVIT OF OFFICERS AND DIRECTORS**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, after first being duly sworn, do hereby depose and, upon personal knowledge, state as follows:

1. I am an officer/director (circle one) of \_\_\_\_\_  
\_\_\_\_\_ (insert name of Public Benefit Hospital).

2. I have been an officer/director (circle one) since \_\_\_\_\_. Please identify any committees you have served on, the length of service on each committee, and any titles you have held on such committees.

\_\_\_\_\_

3. My home address is  
\_\_\_\_\_  
\_\_\_\_\_

My home telephone number is \_\_\_\_\_

4. My business address is  
\_\_\_\_\_  
\_\_\_\_\_

My business telephone number is: \_\_\_\_\_

My business facsimile number is: \_\_\_\_\_

5. I do/do not (circle appropriate response) own stock or options and/or warrants to purchase stock in

\_\_\_\_\_ (insert name of Acquirer) or any parent, subsidiary, or affiliated company.

6. \_\_\_\_\_ (insert "no one in my immediate family," or the name[s] of family member[s]), own(s) stock or options and/or warrants to purchase stock in \_\_\_\_\_ (insert name of Acquirer or ) or any parent, subsidiary, or affiliated company.

7. I am/am not (circle appropriate response) employed by \_\_\_\_\_ (insert name of Acquirer) or any parent, subsidiary, or affiliate company.

8. \_\_\_\_\_ (insert "no one in my immediate family" or the name[s] of family member[s]) is/are employed by \_\_\_\_\_ (insert name of Acquirer) or any parent, subsidiary, or affiliated company.

9. I will/will not (circle correct response) receive any financial benefit from the Transaction

10. \_\_\_\_\_ (insert "no one in my immediate family," or the name[s] of family member[s]) will receive any financial benefit from the Transaction.

11. I have/have not (circle correct response) been contacted or otherwise requested or been offered a position on the \_\_\_\_\_ (insert name of Acquirer) board or any of its subsidiaries, affiliates, or parent companies, or otherwise been offered employment of any sort with \_\_\_\_\_ (insert name of Acquirer) or any of its subsidiaries, affiliates or parent companies.

12. I am/am not compensated for my service as an officer/director (circle correct response) of \_\_\_\_\_ (insert name of Public Benefit Hospital). If your response is that you are compensated, please state the amount of your compensation per year: \_\_\_\_\_.

13. Briefly describe your educational background:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Briefly describe your business or work experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Explain the reasons why you voted to approve the Transaction.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Please briefly explain any information you had regarding valuation of \_\_\_\_\_ (insert Public Benefit Hospital's name) and other options available to \_\_\_\_\_ (insert Public Benefit Hospital's name) prior to approving the Transaction referenced in Item 15.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. I do/do not (circle appropriate response) plan to become a director or officer of the foundation or other nonprofit entity to be created from the assets resulting from the Transaction. I will/will not (circle appropriate response) receive compensation for my service in such position. If your response is that you will be compensated, please state the amount of the compensation per year:

\_\_\_\_\_  
\_\_\_\_\_

18. I do/do not (circle appropriate response) have any conflict of interest, self-interest, financial interest or other self-dealing with regard to the Transaction. If your answer is yes, please explain such interest in detail.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify, upon personal knowledge, that the information in this affidavit is true, accurate, and complete, **under penalty of perjury.**

FURTHER AFFIANT SAITH NOT.

Affiant's  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_

**CERTIFICATION AND VERIFICATION  
AFFIDAVIT OF THE ACQUIRER**

*To be completed by President or Chief Officer*

This Request for Information Form, together with any and all appendices and attachments thereto, was prepared and assembled under my supervision in accordance with the instructions and definitions issued by the Attorney General and Reporter. Subject to the recognition that, where so indicated, reasonable estimates have been made because books and records do not provide the required data, the information is, to the best of my knowledge, true, correct, and complete. If copies were submitted in lieu of originals, the documents submitted are true and exact copies.

I understand that my obligation to provide information pursuant to this Request shall be continuing in nature and shall forthwith notify the Attorney General and Reporter, in writing, of any representations that have been made or that might have been made in accordance with this Request which need to be updated, corrected or modified. The copies also are authentic for the purposes of Tennessee law. If copies were submitted, I also agree to retain the originals under my care, custody, and control, and I will not destroy or alter the originals without the express written consent of the Attorney General and Reporter or his appointed designee.

I certify, upon personal knowledge, that the attached form has been completed with true and accurate information, **under penalty of perjury.**

STATE of \_\_\_\_\_  
County of \_\_\_\_\_  
Affiant's  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Sworn and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_  
Notary Public  
My Commission expires: \_\_\_\_\_

**To be completed by Affiant:**  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Facsimile Number: \_\_\_\_\_