

**LAWRENCE AND MEMORIAL 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
<b>A. AFFILIATE NAME</b>		
		<b>LAWRENCE +MEMORIAL CORPORATION</b>
1	Affiliate Description	PARENT CORPORATION
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	365 MONTAUK AVE
5	Town	New London
6	State	Connecticut
7	Zip Code	06320 -
8	CEO Name	BRUCE D. CUMMINGS
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	Lawrence + Memorial Hospital
11	CT Agent Company	N/A
12	CT Agent Company Street Address	365 MONTAUK AVE
13	CT Agent Town	New London
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06320 -
<b>B. AFFILIATE NAME</b>		
		<b>ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.</b>
1	Affiliate Description	Professional Caregiver/Physician Organization
2	Affiliate type of service	Physicians Services
3	Tax Status	Not for Profit
4	Street Address	365 Montauk Avenue
5	Town	New London
6	State	Connecticut
7	Zip Code	06320 -
8	CEO Name	Bruce D. Cummings
9	CEO Title	President & CEO
10	CT Agent Name	Lawrence + Memorial Corporation
11	CT Agent Company	N/A
12	CT Agent Company Street Address	365 Montauk Avenue
13	CT Agent Town	New London
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06320 -
<b>C. AFFILIATE NAME</b>		
		<b>L + M HEALTH CARE, INC.</b>
1	Affiliate Description	HEALTHCARE RELATED BUSINESS ENTITIES
2	Affiliate type of service	Inactive
3	Tax Status	Not for Profit
4	Street Address	365 MONTAUK AVE
5	Town	New London
6	State	Connecticut
7	Zip Code	06320 -
8	CEO Name	BRUCE D. CUMMINGS
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	Lawrence + Memorial Coporation
11	CT Agent Company	N/A
12	CT Agent Company Street Address	365 MONTAUK AVE
13	CT Agent Town	New London
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06320 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>D. AFFILIATE NAME L&amp;M HOME CARE SERVICES, INC.</b>		
1	Affiliate Description	Home Care Services
2	Affiliate type of service	For Profit Services (Specify)
3	Tax Status	For Profit
4	Street Address	365 Montauk Avenue
5	Town	New London
6	State	Connecticut
7	Zip Code	06320 -
8	CEO Name	Bruce D. Cummings
9	CEO Title	President & CEO
10	CT Agent Name	Lawrence + Memorial Corporation
11	CT Agent Company	N/A
12	CT Agent Company Street Address	365 Montauk Avenue
13	CT Agent Town	New London
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06320 -
<b>E. AFFILIATE NAME L&amp;M INDEMNITY COMPANY, LTD.</b>		
1	Affiliate Description	Insurance Business Insurance Business and Assurance Business
2	Affiliate type of service	Insurance
3	Tax Status	For Profit
4	Street Address	23 Lime Tree Bay Avenue, PO Box 1159
5	Town	Grand Cayman
6	State	Cayman Islands
7	Zip Code	11102 -
8	CEO Name	None
9	CEO Title	None
10	CT Agent Name	None
11	CT Agent Company	None
12	CT Agent Company Street Address	None, None
13	CT Agent Town	None
14	CT Agent State	Cayman Islands
15	CT Agent Zip Code	11102 -
<b>F. AFFILIATE NAME L&amp;M SYSTEMS, INC</b>		
1	Affiliate Description	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES
2	Affiliate type of service	Medical Practices
3	Tax Status	For Profit
4	Street Address	365 MONTAUK AVE
5	Town	New London
6	State	Connecticut
7	Zip Code	06320 -
8	CEO Name	BRUCE D. CUMMINGS
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	Lawrence + Memorial Corporation
11	CT Agent Company	N/A
12	CT Agent Company Street Address	365 MONTAUK AVE
13	CT Agent Town	New London
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06320 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>G. AFFILIATE NAME L+M PHYSICIAN ASSOCIATION, INC.</b>		
1	Affiliate Description	Physician Practices
2	Affiliate type of service	Physicians Services
3	Tax Status	Not for Profit
4	Street Address	194 Howard Street
5	Town	New London
6	State	Connecticut
7	Zip Code	06320 -
8	CEO Name	Christpher M. Lehrach, MD
9	CEO Title	President
10	CT Agent Name	Lawrence +Memorial Corporation
11	CT Agent Company	N/A
12	CT Agent Company Street Address	365 Montauk Avenue
13	CT Agent Town	New London
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06320 -
<b>H. AFFILIATE NAME LAWRENCE &amp; MEMORIAL FOUNDATION INC.</b>		
1	Affiliate Description	FOUNDATION ENTITY - NOT ACTIVE
2	Affiliate type of service	Inactive
3	Tax Status	Not for Profit
4	Street Address	365 MONTAUK AVE
5	Town	New London
6	State	Connecticut
7	Zip Code	06320 -
8	CEO Name	BRUCE D. CUMMINGS
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	Lawrence + Memorial Corporation
11	CT Agent Company	N/A
12	CT Agent Company Street Address	365 MONTAUK AVE
13	CT Agent Town	New London
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06320 -
<b>I. AFFILIATE NAME LMW HEALTHCARE INC.</b>		
1	Affiliate Description	Healthcare related Business Entity/Acute Hospital
2	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	25 Wells Street
5	Town	Westerly
6	State	Rhode Island
7	Zip Code	02891 -
8	CEO Name	Bruce D. Cummings
9	CEO Title	President
10	CT Agent Name	Stephen D. Zubiago, Esq.
11	CT Agent Company	Nixon Peabody, LLP
12	CT Agent Company Street Address	One Citizens Plaza, Suite 500
13	CT Agent Town	Providence
14	CT Agent State	Rhode Island
15	CT Agent Zip Code	02903 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>J.</b>	<b>AFFILIATE NAME</b>	<b>LMW PHYSICIANS, INC.</b>
1	Affiliate Description	Physician Services
2	Affiliate type of service	Inactive
3	Tax Status	Not for Profit
4	Street Address	One Citizens Plaza, Suite 500
5	Town	Providence
6	State	Rhode Island
7	Zip Code	02903 -
8	CEO Name	Bruce D. Cummings
9	CEO Title	President
10	CT Agent Name	Stephen D. Zubiago, Esq.
11	CT Agent Company	Nixon Peabody, LLP
12	CT Agent Company Street Address	One Citizens Plaza, Suite 500
13	CT Agent Town	Providence
14	CT Agent State	Rhode Island
15	CT Agent Zip Code	02903 -
<b>K.</b>	<b>AFFILIATE NAME</b>	<b>SOUTHEASTERN CONNECICUT HEALTH PARTNERS, INC.</b>
1	Affiliate Description	Service Organization
2	Affiliate type of service	Inactive
3	Tax Status	Not for Profit
4	Street Address	365 Montauk Avenue
5	Town	New London
6	State	Connecticut
7	Zip Code	06320 -
8	CEO Name	Daniel Rissi, MD
9	CEO Title	CEO
10	CT Agent Name	Lawrence + Memorial Corporation
11	CT Agent Company	N/A
12	CT Agent Company Street Address	365 Montauk Avenue
13	CT Agent Town	New London
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06320 -
<b>L.</b>	<b>AFFILIATE NAME</b>	<b>THE WESTERLY HOSPITAL AUXILIARY, INC.</b>
1	Affiliate Description	Fostering the community's understanding of LMW Healthcare, Inc. promoting greater involvement in the service of the hospital.
2	Affiliate type of service	Auxiliary
3	Tax Status	Not for Profit
4	Street Address	25 Wells Street
5	Town	Westerly
6	State	Rhode Island
7	Zip Code	02891 -
8	CEO Name	Bruce Cummings
9	CEO Title	CEO
10	CT Agent Name	Bruce Cummings
11	CT Agent Company	N/A
12	CT Agent Company Street Address	LMW Healthcare Inc, 25 Wells Street
13	CT Agent Town	Westerly
14	CT Agent State	Rhode Island
15	CT Agent Zip Code	02891 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>M.</b>	<b>AFFILIATE NAME</b>	<b>THE WESTERLY HOSPITAL FOUNDATION</b>
1	Affiliate Description	To promote the charitable, educational and scientific purposes of LMW Healthcare Inc.
2	Affiliate type of service	Foundation
3	Tax Status	Not for Profit
4	Street Address	25 Wells Street
5	Town	Westerly
6	State	Rhode Island
7	Zip Code	02891 -
8	CEO Name	Bruce Cummings
9	CEO Title	CEO
10	CT Agent Name	Nicholas J. Stahl
11	CT Agent Company	N/A
12	CT Agent Company Street Address	25 Wells Street
13	CT Agent Town	Westerly
14	CT Agent State	Rhode Island
15	CT Agent Zip Code	02891 -

**LAWRENCE AND MEMORIAL 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
<b>A . LAWRENCE AND MEMORIAL HOSPITAL</b>			
1		Unrestricted	\$86,150,497
2		Temporarily Restricted by Donor	\$20,326,874
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$6,124,455
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$112,601,826</b>
<b>B . LAWRENCE +MEMORIAL CORPORATION</b>			
1		Unrestricted	\$67,297,320
2		Temporarily Restricted by Donor	\$219,503
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$17,713,550)
		<b>Total:</b>	<b>\$49,803,273</b>
<b>C . ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.</b>			
1		Unrestricted	(\$660,087)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>(\$660,087)</b>
<b>D . L + M HEALTH CARE, INC.</b>			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$0</b>
<b>E . L&amp;M HOME CARE SERVICES, INC.</b>			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$0</b>
<b>F . L&amp;M INDEMNITY COMPANY, LTD.</b>			
1		Unrestricted	(\$316,078)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>(\$316,078)</b>
<b>G . L&amp;M SYSTEMS, INC</b>			
1		Unrestricted	\$2,838,797
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$2,838,797</b>

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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
	<b>H . L+M PHYSICIAN ASSOCIATION, INC.</b>		
1		Unrestricted	\$231,953
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$231,953</b>
	<b>I . LAWRENCE &amp; MEMORIAL FOUNDATION INC.</b>		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$0</b>
	<b>J . LMW HEALTHCARE INC.</b>		
1		Unrestricted	\$27,535,245
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$9,727,527
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$37,262,772</b>
	<b>K . THE WESTERLY HOSPITAL AUXILIARY, INC.</b>		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$0</b>
	<b>L . THE WESTERLY HOSPITAL FOUNDATION</b>		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$0</b>
	<b>M . VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC.</b>		
1		Unrestricted	\$21,379,803
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$27,000
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$21,406,803</b>
	<b>N . WESTERLY HOSPITAL ENERGY COMPANY, LLC</b>		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$0</b>

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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
	<b>Total of all Affiliates (before Intercompany Eliminations)</b>	<b>Fund Balance:</b>	<b>\$240,882,809</b>
	<b>Intercompany Eliminations</b>		<b>(\$17,713,550)</b>
	<b>Total of all Affiliates</b>	<b>Fund Balance:</b>	<b>\$223,169,259</b>



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**REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
<b>A. LAWRENCE +MEMORIAL CORPORATION</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$13,668,970</b>
1		Allocation of Income/Loss	09/30/2016	(\$11,733,361)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2016</b>	<b>\$1,935,609</b>
<b>B. ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>(\$27,575,956)</b>
1		Allocation of Income/Loss	09/30/2016	\$27,682,656
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2016</b>	<b>\$106,700</b>
<b>C. L + M HEALTH CARE, INC.</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2016</b>	<b>\$0</b>
<b>D. L&amp;M HOME CARE SERVICES, INC.</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2016</b>	<b>\$0</b>
<b>E. L&amp;M INDEMNITY COMPANY, LTD.</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>(\$2,673,733)</b>
1		Allocation of Income/Loss	09/30/2016	\$2,673,733
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2016</b>	<b>\$0</b>
<b>F. L&amp;M SYSTEMS, INC</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>(\$68,974)</b>
1		Allocation of Income/Loss	09/30/2016	(\$2,769,823)

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(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$2,838,797)
<b>G.</b>	<b>L+M PHYSICIAN ASSOCIATION, INC.</b>			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	(\$82,127,240)
1		Allocation of Income/Loss	09/30/2016	\$85,868,240
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$3,741,000
<b>H.</b>	<b>LAWRENCE &amp; MEMORIAL FOUNDATION INC.</b>			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
<b>I.</b>	<b>LMW HEALTHCARE INC.</b>			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	(\$8,884,907)
1		Allocation of Income/Loss	09/30/2016	\$19,977,271
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$11,092,364
<b>J.</b>	<b>LMW PHYSICIANS, INC.</b>			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
<b>K.</b>	<b>SOUTHEASTERN CONNECICUT HEALTH PARTNERS, INC.</b>			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
<b>L.</b>	<b>THE WESTERLY HOSPITAL AUXILIARY, INC.</b>			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0

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(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
<b>M.</b>	<b>THE WESTERLY HOSPITAL FOUNDATION</b>			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
<b>N.</b>	<b>VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC.</b>			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
<b>O.</b>	<b>WESTERLY HOSPITAL ENERGY COMPANY, LLC</b>			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
			<b>Grand Total:</b>	<b>\$14,036,876</b>

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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
			<b>Beginning Unconsolidated Intercompany Balance</b>	<b>10/01/2015</b>	<b>\$12,381,019</b>
<b>A.</b>	<b>LAWRENCE +MEMORIAL CORPORATION</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2016</b>	<b>\$0</b>
<b>B.</b>	<b>ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2016</b>	<b>\$0</b>
<b>C.</b>	<b>L + M HEALTH CARE, INC.</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2016</b>	<b>\$0</b>
<b>D.</b>	<b>L&amp;M HOME CARE SERVICES, INC.</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2016</b>	<b>\$0</b>
<b>E.</b>	<b>L&amp;M INDEMNITY COMPANY, LTD.</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2016</b>	<b>\$0</b>
<b>F.</b>	<b>L&amp;M SYSTEMS, INC</b>				
1		LAWRENCE +MEMORIAL CORPORATION	Transfer of Funds	09/30/2016	\$5,078
			<b>Total:</b>	<b>9/30/2016</b>	<b>\$5,078</b>
<b>G.</b>	<b>L+M PHYSICIAN ASSOCIATION, INC.</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2016</b>	<b>\$0</b>
<b>H.</b>	<b>LAWRENCE &amp; MEMORIAL FOUNDATION INC.</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2016</b>	<b>\$0</b>
<b>I.</b>	<b>LMW HEALTHCARE INC.</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2016</b>	<b>\$0</b>
<b>J.</b>	<b>LMW PHYSICIANS, INC.</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2016</b>	<b>\$0</b>
<b>K.</b>	<b>SOUTHEASTERN CONNECICUT HEALTH PARTNERS, INC.</b>				

**LAWRENCE AND MEMORIAL HOSPITAL  
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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
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2016</b>	<b>\$0</b>
<b>L.</b>	<b>THE WESTERLY HOSPITAL AUXILIARY, INC.</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2016</b>	<b>\$0</b>
<b>M.</b>	<b>THE WESTERLY HOSPITAL FOUNDATION</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2016</b>	<b>\$0</b>
<b>N.</b>	<b>VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC.</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2016</b>	<b>\$0</b>
<b>O.</b>	<b>WESTERLY HOSPITAL ENERGY COMPANY, LLC</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2016</b>	<b>\$0</b>
			<b>Ending Unconsolidated Intercompany Balance</b>	<b>9/30/2016</b>	<b>\$12,386,097</b>

**LAWRENCE AND MEMORIAL 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
<b>A. LAWRENCE +MEMORIAL CORPORATION</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>B. ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>C. L + M HEALTH CARE, INC.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>D. L&amp;M HOME CARE SERVICES, INC.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>E. L&amp;M INDEMNITY COMPANY, LTD.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>F. L&amp;M SYSTEMS, INC</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>G. L+M PHYSICIAN ASSOCIATION, INC.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>H. LAWRENCE &amp; MEMORIAL FOUNDATION INC.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>I. LMW HEALTHCARE INC.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>J. LMW PHYSICIANS, INC.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>K. SOUTHEASTERN CONNECICUT HEALTH PARTNERS, INC.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>L. THE WESTERLY HOSPITAL AUXILIARY, INC.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>M. THE WESTERLY HOSPITAL FOUNDATION</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>N. VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>O. WESTERLY HOSPITAL ENERGY COMPANY, LLC</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
	<b>Grand Total:</b>	<b>\$0</b>	<b>9/30/2016</b>

**LAWRENCE AND MEMORIAL HOSPITAL  
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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
<b>A.</b>	<b>LAWRENCE +MEMORIAL CORPORATION</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>B.</b>	<b>ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>C.</b>	<b>L + M HEALTH CARE, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>D.</b>	<b>L&amp;M HOME CARE SERVICES, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>E.</b>	<b>L&amp;M INDEMNITY COMPANY, LTD.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>F.</b>	<b>L&amp;M SYSTEMS, INC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>G.</b>	<b>L+M PHYSICIAN ASSOCIATION, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>H.</b>	<b>LAWRENCE &amp; MEMORIAL FOUNDATION INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>I.</b>	<b>LMW HEALTHCARE INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>J.</b>	<b>LMW PHYSICIANS, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	

LAWRENCE AND MEMORIAL HOSPITAL  
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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
<b>K.</b>	<b>SOUTHEASTERN CONNECICUT HEALTH PARTNERS, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>L.</b>	<b>THE WESTERLY HOSPITAL AUXILIARY, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>M.</b>	<b>THE WESTERLY HOSPITAL FOUNDATION</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>N.</b>	<b>VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>O.</b>	<b>WESTERLY HOSPITAL ENERGY COMPANY, LLC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
	<b>Grand Total:</b>	<b>\$0</b>	



**LAWRENCE AND MEMORIAL 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
<b>A . Indigent Care</b>					
	<b>Beginning Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	<b>Ending Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
<b>B . Free Beds</b>					
	<b>Beginning Balance</b>	<b>\$1,334,646.00</b>	<b>\$1,356,805.55</b>	<b>\$22,159.55</b>	<b>2%</b>
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$49,805.00	\$60,614.00	\$10,809.00	22%
3	Expenditures	\$72,830.96	\$51,042.00	(\$21,788.96)	-30%
4	Unrealized Gains and Losses	\$45,185.51	\$16,417.00	(\$28,768.51)	-64%
	<b>Ending Balance</b>	<b>\$1,356,805.55</b>	<b>\$1,382,794.55</b>	<b>\$25,989.00</b>	<b>2%</b>
5	Projected Interest Income	\$51,000.00	\$55,000.00	\$4,000.00	8%
<b>C . Other</b>					
	<b>Beginning Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	<b>Ending Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

LAWRENCE AND MEMORIAL HOSPITAL		
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REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		584
2. A. Number of Patients receiving Hospital Bed Fund Grants		42
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed Funds:		\$51,041.97
1	Lyman & Emma Turner Allyn Fund	\$1,886.00
2	Lyman & Emma Turner Allyn Fund	\$1,575.00
3	Lyman & Emma Turner Allyn Fund	\$811.00
4	Lyman & Emma Turner Allyn Fund	\$1,922.00
5	Lyman & Emma Turner Allyn Fund	\$372.00
6	Lyman & Emma Turner Allyn Fund	\$1,480.00
7	Armstrong, Elizabeth C Fund	\$1,763.00
8	Crawford, Marion G Fund	\$497.00
9	Strickland Duval, Mary E Fund	\$294.00
10	Strickland Duval, Mary E Fund	\$368.00
10	Hobron, Albert Dr. & Mrs. Fund	\$761.00
10	Shepard, Cecelia S Fund	\$741.00
11	Ferrin, Carlisle Dr. F Fund	\$271.00
12	Ferrin, Carlisle Dr. F Fund	\$663.00
13	Harkness, Edwards S Fund	\$1,524.00
14	Eunice Harding Marvin Fund	\$566.00
15	Eunice Harding Marvin Fund	\$1,197.00
16	May, Elizabeth & John Dr. Fund	\$423.00
17	Sherman, Miranda H Fund	\$3,348.00
17	William S Thomas Fund	\$4,038.00
18	William S Thomas Fund	\$163.00
19	William S Thomas Fund	\$1,729.00
20	William S Thomas Fund	\$730.82
21	William S Thomas Fund	\$246.35
22	William S Thomas Fund	\$373.00
23	William S Thomas Fund	\$1,260.00
24	William S Thomas Fund	\$526.06
25	William S Thomas Fund	\$50.41
26	William S Thomas Fund	\$62.55
27	William S Thomas Fund	\$348.00
28	William S Thomas Fund	\$7,296.82
29	William S Thomas Fund	\$644.00
30	William S Thomas Fund	\$184.00
31	William S Thomas Fund	\$221.00
32	William S Thomas Fund	\$123.66
33	William S Thomas Fund	\$30.50
34	William S Thomas Fund	\$30.50
35	William S Thomas Fund	\$2,336.00
36	William S Thomas Fund	\$30.50
37	William S Thomas Fund	\$518.56
38	William S Thomas Fund	\$7,254.50
39	William S Thomas Fund	\$47.74
40	William S Thomas Fund	\$811.00
41	Webb-Fairbanks, Annie J Fund	\$981.00
42	Webb-Fairbanks, Annie J Fund	\$543.00
	<b>Grand Total</b>	<b>\$51,041.97</b>

LAWRENCE AND MEMORIAL 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				
(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.				
	Armstrong, Elizabeth C	\$77,516.00	\$1,055.00	\$0.00	\$1,055.00
	Brockington, Samuel	\$383,532.00	\$5,219.00	\$0.00	\$5,219.00
	Crawford, Marion G	\$21,849.00	\$297.00	\$0.00	\$297.00
	Eunice Harding Marvin Fund	\$77,516.00	\$1,055.00	\$0.00	\$1,055.00
	Ferrin, Carlisle Dr. F	\$41,055.00	\$559.00	\$0.00	\$559.00
	Harkness, Edward S	\$67,020.00	\$912.00	\$0.00	\$912.00
	Hobson, DR & Mrs. Albert	\$33,481.00	\$456.00	\$0.00	\$456.00
	Matson, Harriet H	\$32,470.00	\$442.00	\$0.00	\$442.00
	May, Elizabeth & John Dr.	\$18,584.00	\$253.00	\$0.00	\$253.00
	Shepard, Cecelia S	\$32,651.00	\$444.00	\$0.00	\$444.00
	Sherman, Miranda H	\$147,203.00	\$2,003.00	\$0.00	\$2,003.00
	Strickland Duval, Mary E	\$29,102.00	\$396.00	\$0.00	\$396.00
	Webb-Fairbanks, Annie J	\$67,020.00	\$912.00	\$0.00	\$912.00
	Lyman & Emma Turner Allyn	\$353,798.00	\$4,814.00	\$0.00	\$4,814.00
	William S Thomas Trust	\$0.00	\$41,799.00	\$0.00	\$41,799.00
	<b>Total Bed Funds :</b>	<b>\$1,382,797.00</b>	<b>\$60,616.00</b>	<b>\$0.00</b>	<b>\$60,616.00</b>

**LAWRENCE AND MEMORIAL HOSPITAL  
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**REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
<b>I. GENERAL COLLECTION PROCESSES AND PROCEDURES</b>		
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	In FY15 the hospital assign bad debt to collection agents based on the 1st letter of the patients last name. Letters A-G went to Century, H-L Atlantic, & M-Z Marcam.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	L+M reimburses its collection agencies based on payments posted to patients' accounts in L+M's billing system. For payments sent directly to L+M, L+M sends a daily file of payments to agencies. Collection agencies send a monthly statement to L+M of payments received directly by them.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	16.32%
<b>II. SPECIFIC COLLECTION AGENT INFORMATION</b>		
<b>A</b>	<b>Collection Agent</b>	
1	Collection Agent Name	Century
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.	In FY15 the hospital assign bad debt to collection agents based on the 1st letter of the patients last name. Letters A-G went to Century, H-L Atlantic, & M-Z Marcam.
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.	L+M reimburses its collection agencies based on payments posted to patients accounts in L+Ms billing system. For payments sent directly to L+M, L+M sends a daily file of payments to agencies. Collection agencies send a monthly statement to L+M of payments received directly by them.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	16.94%

**LAWRENCE AND MEMORIAL HOSPITAL  
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**REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
<b>B Collection Agent</b>		
1	Collection Agent Name	Marcum Associates
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.	In FY15 the hospital assign bad debt to collection agents based on the 1st letter of the patients last name. Letters A-G went to Century, H-L Atlantic, & M-Z Marcam.
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.	L+M reimburses its collection agencies based on payments posted to patients accounts in L+Ms billing system. For payments sent directly to L+M, L+M sends a daily file of payments to agencies. Collection agencies send a monthly statement to L+M of payments received directly by them.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	12.37%
<b>C Collection Agent</b>		
1	Collection Agent Name	Atlantic
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.	In FY15 the hospital assign bad debt to collection agents based on the 1st letter of the patients last name. Letters A-G went to Century, H-L Atlantic, & M-Z Marcam.
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.	L+M reimburses its collection agencies based on payments posted to patients accounts in L+Ms billing system. For payments sent directly to L+M, L+M sends a daily file of payments to agencies. Collection agencies send a monthly statement to L+M of payments received directly by them.

LAWRENCE AND MEMORIAL HOSPITAL  
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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	24.68%

**LAWRENCE AND MEMORIAL HOSPITAL  
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**REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION

**LAWRENCE AND MEMORIAL 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	Bruce Cummings	\$958,866	\$76,550	<b>\$1,035,416</b>
2.	Chief Operating Officer	Daniel Rissi	\$561,937	\$66,499	<b>\$628,436</b>
3.	Vice President, Chief Transformation Officer	Christopher Leherach	\$493,734	\$74,066	<b>\$567,800</b>
4.	Vice President, CFO	Seth Van Essendelft	\$456,341	\$65,890	<b>\$522,231</b>
5.	Chief Legal Officer	Maureen Anderson	\$366,588	\$59,006	<b>\$425,594</b>
6.	Chief Information Officer	Kimberly Kalajainen	\$374,108	\$46,892	<b>\$421,000</b>
7.	Vice President, Patient Care	Lauren Williams	\$337,543	\$26,739	<b>\$364,282</b>
8.	Contracted Executive Performance Improvement	David Gladstone	\$336,250	\$14,253	<b>\$350,503</b>
9.	Vice President, Human Resources	Donna Epps	\$283,460	\$24,613	<b>\$308,073</b>
10.	Vice President, Development	William Stanley	\$247,807	\$50,815	<b>\$298,622</b>
		<b>Grand Total:</b>	<b>\$4,416,634</b>	<b>\$505,323</b>	<b>\$4,921,957</b>



**LAWRENCE +MEMORIAL CORPORATION**  
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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.	Physician Neurosurgery	Patrick Doherty-Lawrence Memorial Physician Association	\$1,097,095	\$13,377	\$1,110,472
2.	President, CEO	Bruce Cummings- L+M Hospital	\$958,866	\$76,550	\$1,035,416
3.	Physician Pain Management	Adrian Hamburger-Lawrence Memorial Physician Association	\$755,963	\$59,644	\$815,607
4.	Physician Cardiology	Jon Gaudio-Lawrence Memorial Physician Association	\$687,356	\$42,776	\$730,132
5.	Chief Operating Officer	Daniel Rissi-L+M Hospital	\$561,937	\$66,499	\$628,436
6.	Physician Cardiology	Roshanak Bagheri-Lawrence Memorial Physician Association	\$570,704	\$50,141	\$620,845
7.	Physician Dermatology	Michael Harwood-Lawrence Memorial Physician Association	\$554,655	\$38,248	\$592,903
8.	Vice President, Chief Transformation Officer	Christoper Leherach-L+M Hospital	\$493,734	\$74,066	\$567,800
9.	Vice President, CFO	Seth Van Essendelft-L+M Hospital	\$456,341	\$65,890	\$522,231
10.	Physician Sleep Medicine	Amit Khanna-Lawrence Memorial Physician Association	\$491,642	\$24,878	\$516,520
		<b>Grand Total:</b>	<b>\$6,628,293</b>	<b>\$512,069</b>	<b>\$7,140,362</b>

**LAWRENCE AND MEMORIAL HOSPITAL  
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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
34.			\$0	\$0	\$0	\$0	\$0
35.			\$0	\$0	\$0	\$0	\$0

**LAWRENCE AND MEMORIAL 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
		<b>Grand Total:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**LAWRENCE AND MEMORIAL HOSPITAL  
ANNUAL REPORTING  
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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS  
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) <sup>C</sup>	FRINGE BENEFITS <sup>A</sup> (Directl y or Indirectly) <sup>C</sup>	TOTAL
<b>A . LAWRENCE +MEMORIAL CORPORATION</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>B . ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>C . L + M HEALTH CARE, INC.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>D . L&amp;M HOME CARE SERVICES, INC.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>E . L&amp;M INDEMNITY COMPANY, LTD.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>F . L&amp;M SYSTEMS, INC</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>G . L+M PHYSICIAN ASSOCIATION, INC.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>H . LAWRENCE &amp; MEMORIAL FOUNDATION INC.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>I . LMW HEALTHCARE INC.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>J . LMW PHYSICIANS, INC.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>K . SOUTHEASTERN CONNECICUT HEALTH PARTNERS, INC.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>L . THE WESTERLY HOSPITAL AUXILIARY, INC.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>M . THE WESTERLY HOSPITAL FOUNDATION</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

**LAWRENCE AND MEMORIAL 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) <sup>C</sup>	FRINGE BENEFITS <sup>A</sup> (Directl y or Indirectly) <sup>C</sup>	TOTAL
N .	<b>VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC.</b>			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
O .	<b>WESTERLY HOSPITAL ENERGY COMPANY, LLC</b>			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

*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.*

**LAWRENCE AND MEMORIAL 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
<b>A</b>	<b>Transfer of Assets or Operations</b>	
1.	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

## LAWRENCE AND MEMORIAL HOSPITAL

## ANNUAL REPORTING

FISCAL YEAR 2016

## REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 AMOUNT	FY 2016 AMOUNT	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)</b>					
1.	Number of Applicants	675	584	(91)	-13%
2.	Number of Approved Applicants	545	492	(53)	-10%
3.	Total Charges (A)	\$5,405,542	\$5,374,494	(\$31,048)	-1%
	<b>Average Charges</b>	<b>\$9,918</b>	<b>\$10,924</b>	<b>\$1,005</b>	<b>10%</b>
4.	Ratio of Cost to Charges (RCC)	0.426204	0.402387	(0.023817)	-6%
	<b>Total Cost</b>	<b>\$2,303,864</b>	<b>\$2,162,627</b>	<b>(\$141,237)</b>	<b>-6%</b>
	<b>Average Cost</b>	<b>\$4,227</b>	<b>\$4,396</b>	<b>\$168</b>	<b>4%</b>
5.	Charity Care - Inpatient Charges	\$581,988	\$807,981	\$225,993	39%
6.	Charity Care - Outpatient Emergency Department Charges	545,274	724,172	178,898	33%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	4,278,280	3,842,341	(435,939)	-10%
	<b>Total Charges (A)</b>	<b>\$5,405,542</b>	<b>\$5,374,494</b>	<b>(\$31,048)</b>	<b>-1%</b>
8.	Charity Care - Number of Patient Days	129	155	26	20%
9.	Charity Care - Number of Discharges	38	36	(2)	-5%
10.	Charity Care - Number of Outpatient ED Visits	334	381	47	14%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	869	1,055	186	21%
<b>(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.</b>					
<b>B. Hospital Bed Funds (see Hospital Reporting System - Report 17)</b>					
1.	Number of Applicants	675	584	(91)	-13%
2.	Number of Approved Applicants	24	42	18	75%
3.	Total Charges (B)	\$72,831	\$51,042	(\$21,789)	-30%
	<b>Average Charges</b>	<b>\$3,035</b>	<b>\$1,215</b>	<b>(\$1,819)</b>	<b>-60%</b>
4.	Ratio of Cost to Charges (RCC)	0.426204	0.402387	(0.023817)	-6%
	<b>Total Cost</b>	<b>\$31,041</b>	<b>\$20,539</b>	<b>(\$10,502)</b>	<b>-34%</b>
	<b>Average Cost</b>	<b>\$1,293</b>	<b>\$489</b>	<b>(\$804)</b>	<b>-62%</b>
5.	Bed Funds - Inpatient Charges	\$5,630	\$1,260	(\$4,370)	-78%
6.	Bed Funds - Outpatient Emergency Department Charges	30,412	14,004	(16,408)	-54%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	36,789	35,778	(1,011)	-3%
	<b>Total Charges (B)</b>	<b>\$72,831</b>	<b>\$51,042</b>	<b>(\$21,789)</b>	<b>-30%</b>
8.	Bed Funds - Number of Patient Days	2	1	(1)	-50%
9.	Bed Funds - Number of Discharges	1	1	0	0%
10.	Bed Funds - Number of Outpatient ED Visits	10	9	(1)	-10%
11.	Bed Funds - Number of Outpatient Visits(Excludes ED Visits)	13	29	16	123%
<b>(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.</b>					

**LAWRENCE AND MEMORIAL 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>