#### LAWRENCE AND MEMORIAL HOSPITAL

### ANNUAL REPORTING

#### **FISCAL YEAR 2009**

## REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(1) (2)			
LINE	DESCRIPTION	AFFILIATE INFORMATION		
١,	AFFILIATE NAME	L&M CORPORATION		
	Affiliate Description	PARENT CORPORATION		
	Affiliate type of service	Parent Corporation		
	Tax Status	Not for Profit		
	Street Address	365 MONTAUK AVE		
5	Town	New London		
	State	Connecticut		
	Zip Code	06320 -		
	CEO Name	BRUCE D. CUMMINGS		
	CEO Title CT Agent Name	PRESIDENT & CEO BRUCE D. CUMMINGS		
	CT Agent Name CT Agent Company	L&M Hosp. or N/A		
12		365 MONTAUK AVE		
13	CT Agent Town	New London		
	CT Agent State	Connecticut		
	CT Agent Zip Code	06320 -		
		ACCOMMEND OF CONTRACTOR ACCOMMENDATION TO THE		
	AFFILIATE NAME	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.		
	Affiliate Description	Professional Caregiver/Physician Organization		
	Affiliate type of service Tax Status	Physicians Hospital Org. (PHO) Not for Profit		
	Street Address	2 Lorenz Industrial Parkway		
	Town	Ledvard		
	State	Connecticut		
7	Zip Code	06339 -		
	CEO Name	Daniel Rissi, MD		
	CEO Title	President & CEO		
	CT Agent Name	Daniel Rissi, MD		
	CT Agent Company	Lawrence & Memorial Hospital		
	CT Agent Company Street Address CT Agent Town	Ledyard		
	CT Agent State	Connecticut		
	CT Agent Zip Code	06339 -		
	AFFILIATE NAME	L&M FOUNDATION INC.		
	Affiliate Description	FOUNDATION ENTITY - NOT ACTIVE		
	Affiliate type of service	Inactive		
3	Tax Status Street Address	Not for Profit 365 MONTAUK AVE		
	Town	New London		
	State	Connecticut		
	Zip Code	06320 -		
8	CEO Name	BRUCE D. CUMMINGS		
	CEO Title	PRESIDENT & CEO		
	CT Agent Name	BRUCE D. CUMMINGS		
	CT Agent Company	L&M Corporation		
	CT Agent Company Street Address			
	CT Agent Town CT Agent State	New London Connecticut		
	CT Agent State CT Agent Zip Code	06320 -		
	J   OT Again Zip Code			
D.	AFFILIATE NAME	L&M HEALTHCARE INC.		
	Affiliate Description	HEALTHCARE RELATED BUSINESS ENTITIES		
	Affiliate type of service	Inactive		
3	Tax Status	Not for Profit		
4	Street Address	365 MONTAUK AVE		
5	Town	New London		

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#### LAWRENCE AND MEMORIAL HOSPITAL

### ANNUAL REPORTING

#### **FISCAL YEAR 2009**

## REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)		
	DESCRIPTION	AFFILIATE INFORMATION		
6	State	Connecticut		
7	Zip Code CEO Name	06320 - BRUCE D. CUMMINGS		
8	CEO Title	PRESIDENT & CEO		
	CT Agent Name	BRUCE D. CUMMINGS		
11	CT Agent Company	L&M Corporation		
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 -		
E.	AFFILIATE NAME	L&M PHYSICIAN ASSOCIATION, INC.		
1	Affiliate Description	Physician Practice		
	Affiliate type of service	Physicians Services		
3	Tax Status	For Profit		
4	Street Address	2 Lorenz Industrial Parkway		
5	Town	Ledyard		
6	State	Connecticut		
	Zip Code	06339 -		
8	CEO Name	Danile Rissi, MD		
9	CEO Title	Chair		
10	CT Agent Name	Dan Rissi, MD		
11	CT Agent Company CT Agent Company Street Address	Dan Rissi, MD		
12	CT Agent Company Street Address  CT Agent Town	Ledyard		
	CT Agent Town	Connecticut		
15	CT Agent Zip Code	06339 -		
F.	AFFILIATE NAME	L&M SYSTEMS INC		
		PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE		
1	Affiliate Description	ENTITIES  Madisol Brooking		
3	Affiliate type of service Tax Status	Medical Practices For Profit		
4	Street Address	365 MONTAUK AVE		
5	Town	New London		
6	State	Connecticut		
	Zip Code	06320 -		
8	CEO Name	BRUCE D. CUMMINGS		
9	CEO Title	PRESIDENT & CEO		
	CT Agent Name	BRUCE D. CUMMINGS		
11	CT Agent Company	L&M Corporation		
	CT Agent Company Street Address			
	CT Agent Town	New London		
14 15	CT Agent State CT Agent Zip Code	Connecticut 06320 -		
15	O i Agent Zip Code	00020		
G.	AFFILIATE NAME	SOUTHEAST CT PARTNERS INC.		
1	Affiliate Description	Service Organization		
2	Affiliate type of service	Inactive		
3	Tax Status	Not for Profit		
4	Street Address	365 Montuak Avenue		
5	Town	New London		
6	State	Connecticut		
	Zip Code	06320 -		
8	CEO Name	Daniel Rissi, MD		
9	CEO Title CT Agent Name	CEO Daniel Rissi, MD		
11	CT Agent Name CT Agent Company	Daniel Rissi, MD		
1 11	TO LAGOIL COMPANY			
12	CT Agent Company Street Address	365 Montuak Avenue		

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#### LAWRENCE AND MEMORIAL HOSPITAL

## ANNUAL REPORTING FISCAL YEAR 2009

### REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
13	CT Agent Town	New London
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06320 -
н.	AFFILIATE NAME	VNA OF SOUTHEASTERN CT
1	Affiliate Description	VISITING NURSES ASSOCIATION
2	Affiliate type of service	Home Health/VNAs
3	Tax Status	Not for Profit
4	Street Address	403 NORTH FRONTGAE RD
5	Town	Waterford
6	State	Connecticut
7	Zip Code	06385 -
8	CEO Name	BRUCE D. CUMMINGS
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	BRUCE D. CUMMINGS
11	CT Agent Company	BRUCE D. CUMMINGS
12	CT Agent Company Street Address	403 NORTH FRONTAGE ROAD
13	CT Agent Town	Waterford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06385 -

<sup>\*</sup> P.O. BOX IS UNACCEPTABLE WITHOUT A STREET ADDRESS FOR EACH AGENT COMPANY

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

(1) (2) (3)	(4)
FUND DESCRIPTION /	BALANCE AS OF
LINE AFFILIATE NAME FUND PURPOSE	9/30/2009
A. LAWRENCE AND MEMORIAL HOSPITAL	
1 Unrestricted	\$141,020,827
2 Temporarily Restricted by Donor	\$17,210,797
3 Temporarily Restricted by Board	\$0
4 Permanently Restricted by Donor	\$5,545,113
5 Intercompany Eliminations	\$0
Total:	\$163,776,737
B. L&M CORPORATION	
1 Unrestricted	\$62,973,886
2 Temporarily Restricted by Donor	\$547,118
Temporarily Restricted by Board	\$0
4 Permanently Restricted by Donor	\$0
5 Intercompany Eliminations Total:	\$0
Total:	\$63,521,004
ACCOCIATED OFFICIALISTS OF COUTUE ACTEDA	
ASSOCIATED SPECIALISTS OF SOUTHEASTERN	
C. CONNECTICUT, INC.	(0.11.000.000)
1 Unrestricted	(\$11,399,603)
2 Temporarily Restricted by Donor	\$1,040
3 Temporarily Restricted by Board	\$0 \$0
4 Permanently Restricted by Donor 5 Intercompany Eliminations	\$0
Total:	(\$11,398,563)
Total.	(\$11,000,000)
D. L&M FOUNDATION INC.	
	0.0
1 Unrestricted 2 Temporarily Restricted by Donor	\$0 \$0
3 Temporarily Restricted by Board	\$0
4 Permanently Restricted by Donor	\$0
5 Intercompany Eliminations	\$0 \$0
Total:	\$0
	·
E. L&M HEALTHCARE INC.	
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
F. L&M PHYSICIAN ASSOCIATION, INC.	
1 Unrestricted	\$0
2 Temporarily Restricted by Donor	\$0
Temporarily Restricted by Board	\$0
4 Permanently Restricted by Donor	\$0
5 Intercompany Eliminations	\$0
Total:	\$0
G. L&M SYSTEMS INC	
1 Unrestricted	\$1,116,234
2 Temporarily Restricted by Donor	\$0
Tomporani, Hadinoted by Bonor	
3 Temporarily Restricted by Board	\$0
3 Temporarily Restricted by Board 4 Permanently Restricted by Donor	\$0
3 Temporarily Restricted by Board	

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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 9/30/2009
H.	SOUTHEAST CT PARTNERS INC.		
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.	VNA OF SOUTHEASTERN CT		
1		Unrestricted	\$10,622,917
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$27,000
5		Intercompany Eliminations	\$0
		Total:	\$10,649,917
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$227,665,329
	Intercompany Eliminations		\$0
	Total of all Affiliates	Fund Balance:	\$227,665,329

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

(1)	(2)	(3)	(4)	(5)
				TDANSEED TO / FDOM
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
				HOOFTIAL
Α.	L&M CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$5,572,880
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$5,572,880
В.	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTIC			40
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report Ending Unconsolidated Intercompany Balance:		\$0 <b>\$0</b>
		Ending Unconsolidated Intercompany Balance:	9/30/2009	20
C.	L&M FOUNDATION INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
D.	L&M HEALTHCARE INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
E.	L&M PHYSICIAN ASSOCIATION, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report	0,00,200	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
F.	L&M SYSTEMS INC			•
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
G.	SOUTHEAST CT PARTNERS INC.			
<del></del>	OCCUPACION OF TAKING INC.	Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
1		401K	09/30/2009	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
Н.	VNA OF SOUTHEASTERN CT			

#### 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
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
			Grand Total:	\$5,572,880

#### 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	10/01/2008	\$5,929,793
Α.	L&M CORPORATION				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
B.	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
C.	L&M FOUNDATION INC.				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
_					
D.	L&M HEALTHCARE INC.				
			Nothing to Report		\$0 <b>\$0</b>
			Total:	9/30/2009	\$0
_					
E.	L&M PHYSICIAN ASSOCIATION, INC.		N. d. J. S. d.		
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
F.	L&M SYSTEMS INC	LOM CODDODATION	Familian and Calet	00/00/000	<b>A A A A A A A A A A</b>
1		L&M CORPORATION	Forgiviness of Debt	09/30/2009	\$2,987,065
			Total:	9/30/2009	\$2,987,065
	COLITIES OF OF DADTHERS INC				
G.	SOUTHEAST CT PARTNERS INC.		Nothing to Donort		Φ0.
			Nothing to Report	0/20/2022	\$0 <b>\$0</b>
			Total:	9/30/2009	\$0
Ш	VALA OF COLITHEACTERN CT				
H.	VNA OF SOUTHEASTERN CT		Nothing to Depart		Φ0
-			Nothing to Report	9/30/2009	\$0 <b>\$0</b>
			Total:	9/30/2009	\$0
			Ending Unconsolidated		
			Intercompany Balance	0/00/000	\$8,916,858
			intercompany balance	9/30/2009	\$6,816,838

#### LAWRENCE AND MEMORIAL HOSPITAL ANNUAL REPORTING

## FISCAL YEAR 2009 REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)	(3)	(4)
	AFFILIATE NAME &	(-)	( )
LINE	DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
Α.	L&M CORPORATION		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
C.	L&M FOUNDATION INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
<b>D.</b>	L&M HEALTHCARE INC.		
U	Nothing to Report  Total:	\$0	0/00/0000
	Total.	\$0	9/30/2009
E.	L&M PHYSICIAN ASSOCIATION, INC.		
0	Nothing to Report	\$0	
Ľ	Total:	\$0	9/30/2009
	. • • • • • • • • • • • • • • • • • • •	Ψ0	3/30/2003
F.	L&M SYSTEMS INC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
G.	SOUTHEAST CT PARTNERS INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
Н.	VNA OF SOUTHEASTERN CT		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	Grand Total:	\$0	9/30/2009

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

		(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
-			
<b>A.</b> L	L&M CORPORATION  Nothing to Report	\$0	0
- 0	Total:	\$0	0
	ı olu.	Ψ0	
В. А	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
C. L	L&M FOUNDATION INC.		
0	Nothing to Report	\$0	O
	Total:	\$0	
	L&M HEALTHCARE INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
<b>E</b> . L	L&M PHYSICIAN ASSOCIATION, INC.	60	0
U	Nothing to Report  Total:	\$0 <b>\$0</b>	U
	ı otal.	40	
	ALL OVERTENA IN O		
<b>F</b> . L	L&M SYSTEMS INC  Nothing to Report	\$0	0
	Total:	\$0	S
G. 5	SOUTHEAST CT PARTNERS INC.		
0.	Nothing to Report	\$0	0
	Total:	\$0	
Н. \	VNA OF SOUTHEASTERN CT		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

# LAWRENCE AND MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2009 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR

### INDIGENT CARE AND FREE BEDS

(1)	(2)	(3)	(4) FY 2009	(5)	(6)
LINE	DESCRIPTION	FY`2008 ACTUAL	FY 2009 ACTUAL	AMOÚNT DIFFERENCE	% DIFFERENCE
Α.	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%
В.	Free Beds				
	Beginning Balance	\$1,282,267.00	\$998,010.00	(\$284,257.00)	-22%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$68,822.00	\$60,423.00	(\$8,399.00)	-12%
3	Expenditures	\$55,937.00	\$41,253.00	(\$14,684.00)	-26%
4	Unrealized Gains and Losses	(\$297,142.00)	(\$332,314.00)	(\$35,172.00)	12%
	Ending Balance	\$998,010.00	\$684,866.00	(\$313,144.00)	-31%
5	Projected Interest Income	\$50,000.00	\$58,000.00	\$8,000.00	16%
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%

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	LAWRENCE AND MEMORIAL HOSPITAL	
	ANNUAL REPORTING	
	FISCAL YEAR 2009	
R	EPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY T	HE HOSPITAL
A. Patient Activity		
(1)	(2)	(3)
Patient_	Name of Hospital Bed Fund (FULL NAME)	Amount
1.Number of Applicati	ons for Hospital Bed Funds	1,523
2. A. Number of Patie	nts receiving Hospital Bed Fund Grants	19
2. B. The Actual Total	Dollar Amount provided to all patients from Hospital Bed F	\$41,253.00
1	William S Thomas Trust	\$5,000.00
2	William S Thomas Trust	\$5,000.00
3	William S Thomas Trust	\$579.00
4	William S Thomas Trust	\$7,601.75
5	Brockington, Samuel	\$889.02
ô	William S Thomas Trust	\$1,676.71
7	William S Thomas Trust	\$1,253.00
3	William S Thomas Trust	\$5,000.00
9	Brockington, Samuel	\$615.70
10	Sherman, Miranda H	\$1,123.68
11	William S Thomas Trust	\$3,435.03
12	Brockington, Samuel	\$1,650.55
13	Brockington, Samuel	\$500.00
14	William S Thomas Trust	\$919.77
15	William S Thomas Trust	\$1,295.20
16	Matson, Harriet H	\$490.00
17	William S Thomas Trust	\$636.00
18	Brockington, Samuel	\$531.00
19	Brockington, Samuel	\$3,056.59
	Grand Total	\$41,253.00

	LA	WRENCE AND MEMO			
		ANNUAL REPO			
		FISCAL YEAR			
	REPORT 17 - HOSPITAL	BED FUNDS HELD C	OR ADMINISTERED E	BY THE HOSPITAL	
	ED FUND ACTIVITY	(0)	(4)	(F)	(0)
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
					71741141515
(3)	Fair Market Value of the Principal of ea	ch individual Hospita	al Bed Fund, or the F	Principal attributable	to each Hospital
		•		-	•
(4)	Total Actual Earnings for each Hospita	I Bed Fund or the Ea	rnings attributable to	o each Hospital Bed	Fund.
(5)	Actual Dollar Amount of Earnings rein	vested as Principal, i	f any.		
(-)					
(6)	Actual Dollar Amount of Earnings avail	lable for Patient Care	). 		
-	American Elizabeth O	<b>A</b> = ( a= a a a	<b>47</b>	40.00	40.00
-	Armstrong, Elizabeth C	\$54,326.00	\$1,763.00	\$0.00	\$0.00
	Brockington, Samuel	\$268,796.00	\$8,722.00	\$0.00	\$0.00
	Crawford, Marion G	\$15,313.00	\$497.00	\$0.00	\$0.00
	Eunice Harding Marvin Fund	\$54,326.00	\$1,763.00	\$0.00	\$0.00
	Ferrin, Carlisle Dr. F	\$28,773.00	\$934.00	\$0.00	\$0.00
	Harkness, Edward S	\$46,970.00	\$1,524.00	\$0.00	\$0.00
	Hobson, DR & Mrs. Albert	\$23,465.00	\$761.00	\$0.00	\$0.00
	Matson, Harriet H	\$22,756.00	\$738.00	\$0.00	\$0.00
	May, Elizabeth & John Dr.	\$13,024.00	\$423.00	\$0.00	\$0.00
	Shepard, Cecelia S	\$22,883.00	\$741.00	\$0.00	\$0.00
	Sherman, Miranda H	\$103,166.00	\$3,348.00	\$0.00	\$0.00
	Strickland Duval, Mary E	\$20,396.00	\$662.00	\$0.00	\$0.00
	Webb-Fairbanks, Annie J	\$46,970.00	\$1,524.00	\$0.00	\$0.00
	Lyman & Emma Turner Allyn	\$247,957.00	\$8,046.00	\$0.00	\$0.00
	William S Thomas Trust	\$792,830.00	\$28,977.00	\$0.00	\$0.00
	Total Bed Funds :	\$1,761,951.00	\$60,423.00	\$0.00	\$0.00

#### 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	PT Accts beginning with the letters A-L go to Century & M-Z go to Medical Bureau. Acct meets the criteria of collection by receiving 3 statements and final letter. At apprx 135 days the acct is referred to collection agency if the patient doesn't contact L&M or make payment
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	L&M reimburses Century & Medconn/Med Bureau collection payments received directly at L&M. L&M Notifies agencies of payments received daily. Collectionn 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	16.28%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
	Collection Agent	
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.	PT Accts beginning with the letters A-L go to Century & M-Z go to Medical Bureau. Acct meets the criteria of collection by receiving 3 statements and final letter. At apprx 135 days the acct is referred to collection agency if the patient doesnt contact L&M or make payment
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 Century & Medconn/Med Bureau collection payments received directly at L&M. L&M Notifies agencies of payments received daily. Collectionn agencies send a monthly statement to L&M of payments received directly by them.

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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.	16.92%
	Online Com Amont	
1	Collection Agent	Market Day of Francisco
	Collection Agent Name	Medical Bureau of Economics
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
	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.	PT Accts beginning with the letters A-L go to Century & M-Z go to Medical Bureau. Acct meets the criteria of collection by receiving 3 statements and final letter. At apprx 135 days the acct is referred to collection agency if the patient doesnt contact L&M or make payment
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 Century & Medconn/Med Bureau collection payments received directly at L&M. L&M Notifies agencies of payments received daily. Collectionn 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.	15.46%
	Collection Agent	
1	Collection Agent Name	Howard Lee Schiff, PC
2	Collection Agent Type	Attorney
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	The accounts referred to Attorney Schiff are sent via the collection agency. The collection agency places the Lawrence & Memorial (L&M) Accounts with Howard Lee Schiff, PC once the listing is reviewed by L&M and approved for further litigation.

#### REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
5	General Processes and Policies" Otherwise Provide Details.	L&M reimburses Century & Med Bureau collection payments received directly at L&M. L&M notifies agencies of payments received daily. Collection agencies send monthly statement of payments received directly to L&M. Statements include deductions for fees per agreements.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	16.73%

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

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	President, CEO	\$646,225	\$36,283	\$682,508
2.	VP. COO	\$395,443	\$31,007	\$426,450
3.	Vice President, CFO	\$351,312	\$33,643	\$384,955
4.	Medical Director Physician	\$323,475	\$28,462	\$351,937
5.	ER Physician	\$262,072	\$30,826	\$292,898
6.	ER Physician	\$262,501	\$29,748	\$292,249
7.	ER Physician	\$272,268	\$15,832	\$288,100
8.	ER Physician	\$253,626	\$29,557	\$283,183
9.	ER Physician	\$246,062	\$21,528	\$267,590
10.	ER Physician	\$234,471	\$32,525	\$266,996
	Grand Total:	\$3,247,455	\$289,411	\$3,536,866

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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> (Directly or Indirectly) <sup>C</sup>	TOTAL
	LOW CORPORATION			
Α.	L&M CORPORATION	<b>(</b> *0	<b></b>	<b>C</b> O
1 2	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
В.	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.	7		
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
_		**	4.	**
С.	L&M FOUNDATION INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
D.	L&M HEALTHCARE 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
_	LOW DUVOICIAN ACCOCIATION INC	_		
Ε.	L&M PHYSICIAN ASSOCIATION, INC.	<b>#</b> 0	<b>(</b> **)	<b>C</b> O
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0 \$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F.	L&M SYSTEMS INC	7		
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
	and your angles of a great state of the stat			
G.	SOUTHEAST CT PARTNERS 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
Н.	VNA OF SOUTHEASTERN CT			
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
ĺ				

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

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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 2009 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 2009
Α	Transfer of Assets or Operations	
	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	
1.	Nonclinical Services or Functions.	N/A
	Description of each Transfer of Assets or Operations or Change of Control involving	21/2
2.	Hospital Clinical or Nonclinical Services or Functions.	N/A
	Description of each Heavital Clinical or Nevellainel Comice or Franctica transferred or	
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or	N/A
3.	involved in a change of control.	IN/A
	Data that each Transfer of Access or Operations or Change of Control involving Hamital	
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
4.	Official of Noticiffical Services of Functions occurred.	IVA
	Amount of each Transfer of Assets or Operations or Change of Control involving	
5.	Hospital Clinical or Nonclinical Services or Functions.	\$0

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	LAWRENCE AND M		IAL		
		REPORTING			
		'EAR 2009			
	REPORT 23 - CHARITY CARE AND REDUCED	COST SERVICES	PROVIDED BY	THE HOSPITAL	
		(2)		, <u> </u>	
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
<u>INE</u>	DESCRIPTION	<u>AMOUNT</u>	AMOUNT	DIFFERENCE	DIFFERENC
Α.	Hospital Charity Care (see Hospital Audited Financial St	atement Notes)			
1.	Number of Applicants	1,823	1,523	(300)	-16
2.	Number of Approved Applicants	1,764	1,190	(574)	-3:
3.	Total Charges (A)	\$4,316,428	\$4,820,444	\$504,016	1:
J.	Average Charges	\$2,447			6
	Average Charges	<b>\$2,447</b>	\$4,051	\$1,604	0
4.	Ratio of Cost to Charges (RCC)	0.54841	0.523741	(0.024669)	
	Total Cost	\$2,367,172	\$2,524,664	\$157,492	,
	Average Cost	\$1,342	\$2,122	\$780	5
			•		
5.	Charity Care - Inpatient Charges	\$749,850	\$919,959	\$170,109	2
6.	Charity Care - Outpatient Emergency Department Charges	700,062	630,921	(69,141)	-1
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	2,866,516	3,269,564	403,048	1
	Total Charges (A)	\$4,316,428	\$4,820,444	\$504,016	1
	Total Ollarges (A)	ψτ,510,720	ψτ,020,τττ	ψ30 <del>-1</del> ,010	
0	Charity Care Number of Datient Days	250	240	00	3
8.	Charity Care - Number of Patient Days	259	349	90	
9.	Charity Care - Number of Discharges	56	67	11	2
10.	Charity Care - Number of Outpatient ED Visits	974	676	(298)	-3
	Charity Care - Number of Outpatient Visits (Excludes ED				
11.	Visits)	2,719	1,614	(1,105)	-4
۱) The	e total amount must agree with the total amount listed in	the Hospital Aud	ited Financial St	atement Notes.	
() The	e total amount must agree with the total amount listed in	the Hospital Aud	ited Financial St	atement Notes.	
			ited Financial St	atement Notes.	
	e total amount must agree with the total amount listed in  Hospital Bed Funds (see Hospital Reporting System - Re		ited Financial St	atement Notes.	
			ited Financial St	atement Notes.	-1
<mark>В.</mark> 1.	Hospital Bed Funds (see Hospital Reporting System - Re	eport 17)			
<b>B.</b> 1. 2.	Hospital Bed Funds (see Hospital Reporting System - Rounds of Applicants Number of Approved Applicants	1,823 31	1,523 19	(300)	4
<b>B.</b> 1. 2.	Hospital Bed Funds (see Hospital Reporting System - Rounds of Applicants Number of Approved Applicants Total Charges (B)	1,823 31 \$55,937	1,523 19 \$41,253	(300) (12) (\$14,684)	-3 -2
<b>B.</b> 1. 2.	Hospital Bed Funds (see Hospital Reporting System - Rounds of Applicants Number of Approved Applicants	1,823 31	1,523 19	(300)	-3 -2
1. 2.	Hospital Bed Funds (see Hospital Reporting System - Rounds of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges	1,823 31 \$55,937 \$1,804	1,523 19 \$41,253 <b>\$2,171</b>	(300) (12) (\$14,684) \$367	-2 2
1. 2.	Hospital Bed Funds (see Hospital Reporting System - Rounds of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC)	1,823 31 \$55,937 \$1,804	1,523 19 \$41,253 <b>\$2,171</b> 0.523741	(300) (12) (\$14,684) \$367 (0.024669)	-3 -2 2
1. 2.	Hospital Bed Funds (see Hospital Reporting System - Rown Number of Applicants Number of Applicants Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)  Total Cost	\$55,937 \$1,804 0.54841 \$30,676	1,523 19 \$41,253 <b>\$2,171</b> 0.523741 <b>\$21,606</b>	(300) (12) (\$14,684) \$367 (0.024669) (\$9,071)	-2 2 2
1. 2.	Hospital Bed Funds (see Hospital Reporting System - Rounds of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC)	1,823 31 \$55,937 \$1,804	1,523 19 \$41,253 <b>\$2,171</b> 0.523741	(300) (12) (\$14,684) \$367 (0.024669)	-2 2 2
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - Rown Number of Applicants Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)  Total Cost  Average Cost	\$55,937 \$1,804 0.54841 \$30,676 \$990	1,523 19 \$41,253 \$2,171 0.523741 \$21,606 \$1,137	(300) (12) (\$14,684) \$367 (0.024669) (\$9,071) \$148	-1 -3 -2 2 -3 -1
1. 2. 3. 4.	Hospital Bed Funds (see Hospital Reporting System - Rown Number of Applicants Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)  Total Cost  Average Cost  Bed Funds - Inpatient Charges	\$55,937 \$1,804 0.54841 \$30,676 \$990	1,523 19 \$41,253 \$2,171 0.523741 \$21,606 \$1,137	(300) (12) (\$14,684) \$367 (0.024669) (\$9,071) \$148	-3 -2 2 -3 -3
1. 2. 3. 4.	Hospital Bed Funds (see Hospital Reporting System - Rown Number of Applicants Number of Applicants Number of Approved Applicants  Total Charges (B) Average Charges  Ratio of Cost to Charges (RCC) Total Cost Average Cost  Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges	\$55,937 \$1,804 0.54841 \$30,676 \$990 \$27,052 12,682	1,523 19 \$41,253 \$2,171 0.523741 \$21,606 \$1,137 \$15,000 17,650	(300) (12) (\$14,684) \$367 (0.024669) (\$9,071) \$148 (\$12,052) 4,968	-3 -2 -3 -3 -4 -4 -3
B. 1. 2. 3. 4. 5. 6.	Hospital Bed Funds (see Hospital Reporting System - Rown Number of Applicants Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)  Total Cost  Average Cost  Bed Funds - Inpatient Charges	\$55,937 \$1,804 0.54841 \$30,676 \$990	1,523 19 \$41,253 \$2,171 0.523741 \$21,606 \$1,137	(300) (12) (\$14,684) \$367 (0.024669) (\$9,071) \$148	-3 -2 -3 -3 -4
B. 1. 2. 3. 4. 5. 6.	Hospital Bed Funds (see Hospital Reporting System - Rownward Report Repo	\$55,937 \$1,804 0.54841 \$30,676 \$990 \$27,052 12,682 16,203	1,523 19 \$41,253 \$2,171 0.523741 \$21,606 \$1,137 \$15,000 17,650 8,603	(300) (12) (\$14,684) \$367 (0.024669) (\$9,071) \$148 (\$12,052) 4,968 (7,600)	
1. 2. 3.	Hospital Bed Funds (see Hospital Reporting System - Rownward Report Repo	\$55,937 \$1,804 0.54841 \$30,676 \$990 \$27,052 12,682 16,203	1,523 19 \$41,253 \$2,171 0.523741 \$21,606 \$1,137 \$15,000 17,650 8,603	(300) (12) (\$14,684) \$367 (0.024669) (\$9,071) \$148 (\$12,052) 4,968 (7,600)	-2 2 2 -3 1 -4 3
1. 22. 33. 44. 55. 66. 77.	Hospital Bed Funds (see Hospital Reporting System - Rownward Reporting System - Rownward Reporting System - Rownward Reporting System - Rownward Report Repo	\$55,937 \$1,804 0.54841 \$30,676 \$990 \$27,052 12,682 16,203 \$55,937	1,523 19 \$41,253 \$2,171 0.523741 \$21,606 \$1,137 \$15,000 17,650 8,603 \$41,253	(300) (12) (\$14,684) \$367 (0.024669) (\$9,071) \$148 (\$12,052) 4,968 (7,600) (\$14,684)	
B. 1. 2. 3. 4. 5. 6. 7. 8. 9.	Hospital Bed Funds (see Hospital Reporting System - Rownward Reporting System - Rownward Reporting System - Rownward Reporting System - Rownward Report Repo	\$55,937 \$1,804 0.54841 \$30,676 \$990 \$27,052 12,682 16,203 \$55,937	1,523 19 \$41,253 \$2,171 0.523741 \$21,606 \$1,137 \$15,000 17,650 8,603 \$41,253	(300) (12) (\$14,684) \$367 (0.024669) (\$9,071) \$148 (\$12,052) 4,968 (7,600) (\$14,684)	
1. 22. 3. 4. 5. 6. 7.	Hospital Bed Funds (see Hospital Reporting System - Rownward Reporting System - Rownward Reporting System - Rownward Reporting System - Rownward Report Repo	\$55,937 \$1,804 0.54841 \$30,676 \$990 \$27,052 12,682 16,203 \$55,937	1,523 19 \$41,253 \$2,171 0.523741 \$21,606 \$1,137 \$15,000 17,650 8,603 \$41,253	(300) (12) (\$14,684) \$367 (0.024669) (\$9,071) \$148 (\$12,052) 4,968 (7,600) (\$14,684)	-4 -2 -4 -4 -4 -4
5. 6. 6. 7. 88. 99.	Hospital Bed Funds (see Hospital Reporting System - Rownward Reporting System - Rownward Reporting System - Rownward Reporting System - Rownward Report Repo	\$55,937 \$1,804 0.54841 \$30,676 \$990 \$27,052 12,682 16,203 \$55,937	1,523 19 \$41,253 \$2,171 0.523741 \$21,606 \$1,137 \$15,000 17,650 8,603 \$41,253	(300) (12) (\$14,684) \$367 (0.024669) (\$9,071) \$148 (\$12,052) 4,968 (7,600) (\$14,684)	