### ANNUAL REPORTING

### **FISCAL YEAR 2009**

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

(1)	1) (2) (3)			
LINE	DESCRIPTION	AFFILIATE INFORMATION		
	AFFILIATE NAME	EASTERN CONNECTICUT HEALTH NETWORK,INC.		
Α.	AFFILIATE NAME	PARENT CORPORATION AND PROVIDES OVERALL DIRECTION AND CONTROL		
1	Affiliate Description	TO ALL OTHER CORPORATIONS		
	Affiliate type of service	Parent Corporation		
	Tax Status	Not for Profit		
	Street Address	71 HAYNES STREET, MANCHESTER, CT		
5	Town	Manchester		
	State	Connecticut		
	Zip Code	06040 -		
	CEO Name	PETER J. KARL		
	CEO Title	PRESIDENT & CEO Carol Freeman		
10	CT Agent Name CT Agent Company	ECHN		
12	CT Agent Company Street Address	71 HAYNES STREET, MANCHESTER, CT		
	CT Agent Town	Manchester		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06040 -		
		AFTNA AMBUL ANOF OFBUIDES INC		
	AFFILIATE NAME	AETNA AMBULANCE SERVICES, INC.		
	Affiliate Description	PROVIDES AMBULANCE TRANSPORTATION SERVICES		
	Affiliate type of service Tax Status	Ambulatory Services For Profit		
	Street Address	140 Van Block Avenue		
	Town	Hartford		
	State	Connecticut		
7	Zip Code	06103 -		
	CEO Name	Wayne Wright		
	CEO Title	President		
	CT Agent Name	Winship Service Corporation		
	CT Agent Company	c/o Shipman and Goodwin LLP		
	CT Agent Company Street Address CT Agent Town	One Constitution Plaza Hartford		
	CT Agent Town CT Agent State	Connecticut		
15	CT Agent Zip Code	06103 -		
	3-1-1			
	AFFILIATE NAME	AMBULANCE SERVICE OF MANCHESTER, LLC		
	Affiliate Description	PROVIDE TRANSPORTATION SERVICES		
	Affiliate type of service	Ambulatory Services		
	Tax Status	For Profit		
5	Street Address	275 New State Road, Manchester, CT Manchester		
	Town State	Connecticut		
	Zip Code	06040 -		
	CEO Name	Wayne Wright		
	CEO Title	President		
	CT Agent Name	Winship Service Corporation		
	CT Agent Company	c/o Shipman and Goodwin LLP		
	CT Agent Company Street Address	One Constitution Plaza		
	CT Agent State	Hartford Connecticut		
	CT Agent State CT Agent Zip Code	Connecticut 06103 -		
ıυ	O I Agent Zip Oude	in zip code   00 103 -		
D.	AFFILIATE NAME	CONNECTICUT HEALTHCARE INSURANCE CO.		
	Affiliate Description	ECHN's Malpractice Insurance Co.		
	Affiliate type of service	Insurance		
3	Tax Status	Not for Profit		
4	4 Street Address 71 Haynes St.			

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### **FISCAL YEAR 2009**

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

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
5	Town	Manchester	
6	State	Connecticut	
	Zip Code	06040 -	
	CEO Name	Peter Karl	
	CEO Title	President	
	CT Agent Name	Lloyd Pelletier	
	CT Agent Company	ECHN	
	CT Agent Company Street Address		
	CT Agent Town	Grand Cayman	
	CT Agent State	Cayman Islands	
	CT Agent Zip Code	06040 -	
10	or rigoric z.ip code		
E.	AFFILIATE NAME	CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC	
	74 TEDATE TO MILE	PROVIDES OCCUPATIONAL HEALTH SERVICES TO ITS MEMBERS AND	
		AFFILIATE MEMBERS INCLUDING; CORP CARE, ST. FRANCIS MED PROGRAM	
	Affiliate Description		
	Affiliate Description	AND BRISTOL HOSPITAL MEDWORKS.	
	Affiliate type of service	Occupational Heath	
	Tax Status	For Profit	
	Street Address	1000 Asylum Ave, Suite 4302	
5	Town	Hartford	
	State	Connecticut	
	Zip Code	06105 -	
	CEO Name	HUNTER GIROUX	
	CEO Title	CHIEF EXECTUTIVE OFFICER	
	CT Agent Name	HUNTER GIROUX	
	CT Agent Company	CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC	
	CT Agent Company Street Address		
	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06105 -	
F.	AFFILIATE NAME	EASTERN CT PHO	
F.	AFFILIATE NAME	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE	
1	Affiliate Description		
1		PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE	
1	Affiliate Description	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS	
1 2	Affiliate Description Affiliate type of service	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affiliate Support Services	
1 2 3	Affiliate Description Affiliate type of service Tax Status	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit	
1 2 3 4	Affiliate Description Affiliate type of service Tax Status Street Address	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit c/o Eastern Connecticut Health	
1 2 3 4 5	Affiliate Description Affiliate type of service Tax Status Street Address Town	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit c/o Eastern Connecticut Health Manchester	
1 2 3 4 5 6 7	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit c/o Eastern Connecticut Health Manchester Connecticut 06040 -	
1 2 3 4 5 6 7	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit c/o Eastern Connecticut Health Manchester Connecticut 06040 - Peter J. Karl	
1 2 3 4 5 6 7 8	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit c/o Eastern Connecticut Health Manchester Connecticut 06040 - Peter J. Karl President and Chief Executive Officer	
1 2 3 4 5 6 7 8 9	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit c/o Eastern Connecticut Health Manchester Connecticut 06040 - Peter J. Karl President and Chief Executive Officer Robinson and Cole	
1 2 3 4 5 6 7 8 9 10	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit c/o Eastern Connecticut Health Manchester Connecticut 06040 - Peter J. Karl President and Chief Executive Officer Robinson and Cole Robinson & Cole	
1 2 3 4 5 6 7 8 9 10 11	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit c/o Eastern Connecticut Health Manchester Connecticut 06040 - Peter J. Karl President and Chief Executive Officer Robinson and Cole Robinson & Cole 280 Trumbull Street, Hartford, Ct	
1 2 3 4 5 6 7 8 9 10 11 12 13	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit c/o Eastern Connecticut Health Manchester Connecticut 06040 - Peter J. Karl President and Chief Executive Officer Robinson and Cole Robinson & Cole 280 Trumbull Street, Hartford, Ct Hartford	
1 2 3 4 5 6 7 8 9 10 11 12 13 14	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Town CT Agent Town CT Agent Town CT Agent State	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit c/o Eastern Connecticut Health Manchester Connecticut 06040 - Peter J. Karl President and Chief Executive Officer Robinson and Cole Robinson & Cole 280 Trumbull Street, Hartford, Ct Hartford Connecticut	
1 2 3 4 5 6 7 8 9 10 11 12 13	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit c/o Eastern Connecticut Health Manchester Connecticut 06040 - Peter J. Karl President and Chief Executive Officer Robinson and Cole Robinson & Cole 280 Trumbull Street, Hartford, Ct Hartford	
1 2 3 4 5 6 7 8 9 10 11 12 13 14	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Town CT Agent Town CT Agent Town CT Agent State	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit c/o Eastern Connecticut Health Manchester Connecticut 06040 - Peter J. Karl President and Chief Executive Officer Robinson and Cole Robinson & Cole 280 Trumbull Street, Hartford, Ct Hartford Connecticut	
1 2 3 4 5 6 7 8 9 10 11 12 13 14	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent State CT Agent State CT Agent Zip Code	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit c/o Eastern Connecticut Health Manchester Connecticut 06040 - Peter J. Karl President and Chief Executive Officer Robinson and Cole Robinson and Cole 280 Trumbull Street, Hartford, Ct Hartford Connecticut 06103 -	
1 2 3 4 5 6 7 8 9 10 11 12 13 14	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Town CT Agent Town CT Agent Town CT Agent State	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit c/o Eastern Connecticut Health Manchester Connecticut 06040 - Peter J. Karl President and Chief Executive Officer Robinson and Cole Robinson and Cole 280 Trumbull Street, Hartford, Ct Hartford Connecticut 06103 -  ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 G.	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Town CT Agent Town CT Agent State CT Agent State CT Agent Zip Code	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit c/o Eastern Connecticut Health Manchester Connecticut 06040 - Peter J. Karl President and Chief Executive Officer Robinson and Cole Robinson and Cole 280 Trumbull Street, Hartford, Ct Hartford Connecticut 06103 -  ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. TO RAISE FUNDS FOR THE BENEFIT OF EXEMPT ORGANIZATIONS ASSOCIATED	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 <b>G.</b>	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code  AFFILIATE NAME  Affiliate Description	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit c/o Eastern Connecticut Health Manchester Connecticut 06040 - Peter J. Karl President and Chief Executive Officer Robinson and Cole Robinson and Cole Robinson & Cole 280 Trumbull Street, Hartford, Ct Hartford Connecticut 06103 -  ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. TO RAISE FUNDS FOR THE BENEFIT OF EXEMPT ORGANIZATIONS ASSOCIATED WITH ECHN,INC.	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 G.	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code  AFFILIATE NAME  Affiliate Description Affiliate type of service	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit c/o Eastern Connecticut Health Manchester Connecticut 06040 - Peter J. Karl President and Chief Executive Officer Robinson and Cole Robinson & Cole 280 Trumbull Street, Hartford, Ct Hartford Connecticut 06103 -  ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. TO RAISE FUNDS FOR THE BENEFIT OF EXEMPT ORGANIZATIONS ASSOCIATED WITH ECHN,INC. Fund Raising/Management	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 G.	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code  AFFILIATE NAME  Affiliate Description Affiliate type of service Tax Status	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit c/o Eastern Connecticut Health Manchester Connecticut 06040 - Peter J. Karl President and Chief Executive Officer Robinson and Cole Robinson & Cole 280 Trumbull Street, Hartford, Ct Hartford Connecticut 06103 -  ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. TO RAISE FUNDS FOR THE BENEFIT OF EXEMPT ORGANIZATIONS ASSOCIATED WITH ECHN,INC. Fund Raising/Management Not for Profit	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 G.	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code  AFFILIATE NAME  Affiliate Description Affiliate type of service Tax Status Street Address	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit c/o Eastern Connecticut Health Manchester Connecticut 06040 - Peter J. Karl President and Chief Executive Officer Robinson and Cole Robinson & Cole 280 Trumbull Street, Hartford, Ct Hartford Connecticut 06103 -  ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. TO RAISE FUNDS FOR THE BENEFIT OF EXEMPT ORGANIZATIONS ASSOCIATED WITH ECHN,INC. Fund Raising/Management Not for Profit 71 Haynes Street	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 G.	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code  AFFILIATE NAME  Affiliate Description Affiliate type of service Tax Status Street Address Town	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit c/o Eastern Connecticut Health Manchester Connecticut 06040 - Peter J. Karl President and Chief Executive Officer Robinson and Cole Robinson & Cole 280 Trumbull Street, Hartford, Ct Hartford Connecticut 06103 -  ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. TO RAISE FUNDS FOR THE BENEFIT OF EXEMPT ORGANIZATIONS ASSOCIATED WITH ECHN,INC. Fund Raising/Management Not for Profit 71 Haynes Street Manchester	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 G.	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code  AFFILIATE NAME  Affiliate Description Affiliate type of service Tax Status Street Address	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit c/o Eastern Connecticut Health Manchester Connecticut 06040 - Peter J. Karl President and Chief Executive Officer Robinson and Cole Robinson & Cole 280 Trumbull Street, Hartford, Ct Hartford Connecticut 06103 -  ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. TO RAISE FUNDS FOR THE BENEFIT OF EXEMPT ORGANIZATIONS ASSOCIATED WITH ECHN,INC. Fund Raising/Management Not for Profit 71 Haynes Street	

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

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
	CEO Name	PETER J. KARL	
	CEO Title	PRESIDENT & CEO	
	CT Agent Name	Carol Freeman	
	CT Agent Company	ECHN	
12	CT Agent Company Street Address		
	CT Agent Town	Manchester	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06040 -	
10	O 1 7 Igoni E.p Codo		
H.	AFFILIATE NAME	ECHN ELDERCARE SERVICES, INC.	
		TO INITIATE, DEVELOP, OPERATE, AND MAINTAIN PROGRAMS DIRECTED	
		TOWARD IMPROVING EFFICIENCY OF UTILIZATION OF HEALTH CARE.	
		FACILIITIES AND SERVICES IN EASTERN CT AND PROVIDING COST EFFECTIVE	
1	Affiliate Description	HEALTH CARE TO PUBLIC WHILE MAINTAINING A HIGH QUALITY OF CARE. C	
	Affiliate type of service	Long Term Care	
	Tax Status	Not for Profit	
	Street Address	26 SHENIPSIT LAKE ROAD, TOLLAND, CT	
5	Town	Tolland	
6	State	Connecticut	
	Zip Code	06084 -	
	CEO Name	PETER J. KARL	
	CEO Title	PRESIDENT CEO	
	CT Agent Name	Carol Freeman	
	CT Agent Name CT Agent Company	ECHN	
	CT Agent Company Street Address		
	CT Agent Company Street Address CT Agent Town	Manchester	
	CT Agent Town CT Agent State	Connecticut	
15	CT Agent State CT Agent Zip Code	06040 -	
10	OT Agent Zip Gode		
I.	AFFILIATE NAME	ECHN ENTERPRISES, INC.	
		ECHN ENTERPRISES, INC. IS AN ORGANIZATION ESTABLISHED TO MANAGE	
1	Affiliate Description	MEDICAL OFFICE BUILDINGS.	
	Affiliate type of service	Affilate Support Services	
3	Tax Status	For Profit	
4	Street Address	71 HAYNES STREET, MANCHESTER, CT	
5	Town	Manchester	
6	State	Connecticut	
7	Zip Code	06040 -	
	CEO Name	PETER J. KARL	
	CEO Title	PRESIDENT & CEO	
	CT Agent Name	Carol Freeman	
11	CT Agent Company	ECHN	
		71 Haynes Street,	
	CT Agent Town	Manchester	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06040 -	
J.	AFFILIATE NAME	ECHN HEALTH SERVICES,INC.	
		ECHN HEALTH SERVICES,INC.IS A NOT-FOR-PROFIT ORGANIZATION	
1			
	Affiliate type of service	Outpatient Care	
	Tax Status	Not for Profit	
4	Street Address	71 HAYNES STREET, MANCHESTER, CT	
5	Town	Manchester Manchester, Wandriester, GT	
6	State	Connecticut	
	Zip Code	06040 -	
	CEO Name	PETER J. KARL	
9	CEO Title	PRESIDENT & CEO	

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

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
10	CT Agent Name	Carol Freeman	
11	CT Agent Company	ECHN	
	CT Agent Company Street Address		
	CT Agent Town	Manchester	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06040 -	
<sub> </sub>	AFFILIATE NAME	ECHN WELLNESS SERVICES, INC.	
K.	AFFILIATE NAME	TO INITIATE, DEVELOP, OPERATE, AND MAINTAIN PROGRAMS DIRECTED	
		TOWARD IMPROVING EFFICIENCY OF UTILIZATION OF HEALTH CARE	
		FACILITIES AND SERVICES IN EASTERN CT AND PROVIDING COST EFFECTIVE	
1	Affiliate Description	HEALTH CARE TO PUBLIC WHILE MAINTAINING A HIGH QUALITY OF CARE. CU	
	Affiliate type of service	Women's Health Services	
3	Tax Status	Not for Profit	
4	Street Address	2800 Tamarack Avenue	
5	Town	South Windsor	
6	State	Connecticut	
7	Zip Code	06074 -	
8	CEO Name	PETER J. KARL	
9	CEO Title	PRESIDENT & CEO	
	CT Agent Name	Carol Freeman	
11	CT Agent Company	ECHN	
12	CT Agent Company Street Address	71 Haynes Street,	
	CT Agent Town	Manchester	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06040 -	
L.	AFFILIATE NAME	EVERGREEN ENDOSCOPY CENTER, LLC	
	Affiliate Description	Joint venture with community GI physicians	
	Affiliate type of service	Ambulatory Services	
3	Tax Status	For Profit	
4	Street Address	2400 Tamarack Avenue	
5	Town	South Windsor	
6	State	Connecticut	
7	Zip Code	06074 -	
8	CEO Name	Kevin Murphy	
9	CEO Title	Pres.	
	CT Agent Name	Gregory J. Pepe, Esq.	
11	CT Agent Company	ECHN	
	CT Agent Company Street Address		
13	CT Agent State	New Haven	
	CT Agent State CT Agent Zip Code	Connecticut 06510 -	
10	O I Agent Zip Oute		
М.	AFFILIATE NAME	EVERGREEN IMAGING CENTER, LLC	
1	Affiliate Description	Joint venture with imaging group to provide outpatient diagnostic imaging services	
2	Affiliate type of service	Imaging Services	
3	Tax Status	Not for Profit	
4	Street Address	2800 Tamarack Avenue, South Windsor, CT	
5	Town	South Windsor	
6	State	Connecticut	
7	Zip Code	06074 -	
8	CEO Name	Dennis McConville	
9	CEO Title	Manager	
	CT Agent Company	Bennett Bernblum, Wiggin & Dana, LLP	
11	CT Agent Company CT Agent Company Street Address	Wiggin and Dana LLP Century Tower, 265 Church Stre	
12	CT Agent Company Street Address CT Agent Town	New Haven	
13	IO I Agent Town	HOW HAVOI	

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### **FISCAL YEAR 2009**

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

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
	CT Agent State	Connecticut	
	CT Agent State CT Agent Zip Code		
13	C i Agent Zip Code		
N.	AFFILIATE NAME	EVERGREEN MEDICAL ASSOCIATES II, LLC	
IN.	AFFILIATE NAME	·	
		Owns and operates the Evergreen II Medical Building in South Windsor adjacent to the	
	Affiliate Description	ECHN Medical Building at Evergreen Walk	
	Affiliate type of service	Real Estate	
	Tax Status	For Profit	
4	Street Address	c/o Grove Property Fund LLC, 9	
5	Town	Glastonbury	
6	State	Connecticut	
	Zip Code	06033 -	
	CEO Name	David Sessions	
	CEO Title	Manager	
	CT Agent Name	Joseph R. Labrosse	
11	CT Agent Company	c/o Grove Properaty Fund LLC	
12	CT Agent Company Street Address		
13	CT Agent Town	Glastonbury	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06033 -	
Ο.	AFFILIATE NAME	EVERGREEN MEDICAL ASSOCIATES, LLC	
		JOINT VENTURE TO DEVELOPE AND MANAGE ECHN MEDICAL BUILDING AT	
1	Affiliate Description	EVERGREEN WALK IN MANCHESTER.	
	Affiliate type of service	Real Estate	
	Tax Status	For Profit	
	Street Address	c/o Grove Property Fund LLC, 9	
5	Town	Glastonbury	
6	State	Connecticut	
	Zip Code	06033 -	
8	CEO Name	David Sessions	
	CEO Title	Manager	
	CT Agent Name	Joseph R. Labrosse	
	CT Agent Name CT Agent Company	c/o Grove Properaty Fund LLC	
12	CT Agent Company Street Address	05 Clastophury Blyd Suite 214	
13	CT Agent Company Street Address CT Agent Town	Glastonbury  Glastonbury	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent State CT Agent Zip Code	06033 -	
15	C i Agent zip Code	00000 -	
_ B	AFFILIATE NAME	HAYNES STREET MEDICAL ASSOCIATES II, LLC	
P.	AFFILIATE NAME	•	
	Affiliate Decembris	Joint venture with plans to develop, own and operate a medical office bulding at 94	
	Affiliate Description	Haynes Street in Manchester	
	Affiliate type of service	Real Estate	
3	Tax Status	For Profit	
4	Street Address	c/o Grove Property Fund LLC, 9	
5	Town	Glastonbury	
6	State	Connecticut	
7	Zip Code	06033 -	
8	CEO Name	David Sessions	
9	CEO Title	Manager	
10	CT Agent Name	Joseph R. Labrosse	
11	CT Agent Company	c/o Grove Properaty Fund LLC	
	CT Agent Company Street Address	95 Glastonbury Blvd, Suite 214	
	CT Agent Town	Glastonbury	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06033 -	

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(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
	A = = 1	HAYNES STREET MEDICAL ASSOCIATES, LLC	
Q.	AFFILIATE NAME	Joint venture owns and operates a medical office building at 17-29 Haynes Street in	
1	Affiliate Description	Manchester	
	Affiliate type of service	Real Estate	
3	Tax Status	For Profit	
	Street Address	c/o Grove Property Fund LLC, 9	
5	Town	Glastonbury	
	State	Connecticut	
	Zip Code	06033 -	
	CEO Name	David Sessions	
9	CEO Title	Manager	
10	CT Agent Name CT Agent Company	Joseph R. Labrosse c/o Grove Properaty Fund LLC	
11 12		95 Glastonbury Blvd, Suite 214,	
13	CT Agent Company Street Address CT Agent Town	Glastonbury	
14	CT Agent State	Connecticut	
	CT Agent Zip Code	06033 -	
R.	AFFILIATE NAME	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC.	
		PREVIOUSLY ORGANIZED PHO WHICH IS NO LONGER OPERATING.	
		DOCUMENTS AND OTHER PAPERWORK ARE UNABLE TO BE FOUND AND	
		DISOLUTION IS THEN NOT POSSIBLE AND HAD NOT OCCURED. NO ACTIVITY	
	Affiliate Description	AT ALL FOR YEARS, INCLUDING 2008.	
	Affiliate type of service	Affilate Support Services	
	Tax Status	Not for Profit	
	Street Address	105 East Center Street , Manchester, CT	
	Town	Manchester	
	State	Connecticut	
	Zip Code	06045 -	
	CEO Name	Patricia A. Balzer	
	CEO Title	CEO	
	CT Agent Name CT Agent Company	Patricia Balzer	
12	CT Agent Company Street Address	Patricia Balzer 105 East Center Street, Manchester, CT	
	CT Agent Company Street Address  CT Agent Town	Manchester	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06045 -	
	0 1		
S.	AFFILIATE NAME	METRO WHEELCHAIR SERVICE, INC	
		PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME	
	Affiliate Description	LIVERY SERVICES FOR MEDIAL APPOINTMENTS.	
	Affiliate type of service	Ambulatory Services	
	Tax Status	For Profit	
	Street Address	275 New State Road, Manchester, CT	
5	Town	Manchester	
	State	Connecticut	
	Zip Code	06040 - Wayna Wright	
	7 0		
	CT Agent Company Street Address	One Constitution Plaza	
	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06103 -	
T.	AFFILIATE NAME	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)	
	·	· · · · · · · · · · · · · · · · · · ·	

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### 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		
		A NON-FOR-PROFIT ORGANIZATION PROVIDING MANY SERVICES ALONG WITH		
2	Affiliate type of service	Outpatient Care		
	Tax Status	Not for Profit		
4	Street Address Town	THE JOHN DEQUATTRO COMMUNITY C, 73A HAYNES STREET, MANCHESTER, Manchester		
5 6	State	Connecticut		
	Zip Code	06040 -		
	CEO Name	Kevin G. Murphy		
9	CEO Title	President		
	CT Agent Name	Peter Kuzmickas		
11	CT Agent Company	ECHN		
		71 HAYNES STREET		
	CT Agent Town	Manchester		
	CT Agent State CT Agent Zip Code	Connecticut 06040 -		
15	C i Agent Zip Code	00040 -		
U.	AFFILIATE NAME	ROCKVILLE GENERAL HOSPITAL		
		SERVES THE SICK, INFIRMED, DISABLED AND THOSE IN NEED OF MEDICAL		
		ATTENTION IT IS RELATED TO MMH BECAUSE IT HAS THE SAME PARENT		
1	Affiliate Description	ORGANIZATION		
	Affiliate type of service	Hospital		
	Tax Status	Not for Profit		
4	Street Address	31 UNION STREET, ROCKVILLE, CT		
5	Town	Vernon Rockville		
	State	Connecticut		
	Zip Code	06066 -		
	CEO Name	PETER J. KARL		
	CEO Title	PRESIDENT & CEO		
	CT Agent Name	Carol Freeman ECHN		
11 12	CT Agent Company CT Agent Company Street Address	71 Haynes Street,		
	CT Agent Company Street Address  CT Agent Town	Manchester		
14	CT Agent State	Connecticut		
	CT Agent Zip Code	06040 -		
٧.	AFFILIATE NAME	TOLLAND IMAGING CENTER		
	Affiliate Description	Joint venture to provide outpatient diagnostic imaging services		
2	Affiliate type of service Tax Status	Imaging Services Not for Profit		
3	Street Address	2800 Tamarack Ave		
5	Town	South Windsor		
6	State	Connecticut		
7	Zip Code	06103 -		
8	CEO Name	Dennis P. McConville		
9	CEO Title	President		
	CT Agent Name	R&C Service Company		
	CT Agent Company	R&C Service Company		
	CT Agent Town	Hartford		
	CT Agent Zip Code	Connecticut		
15	CT Agent Zip Code	06103 -		
w.	AFFILIATE NAME	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.		
		TO PROVIDE AND COORDINATE NURSING AND OTHER HEALTH AND RELATED		
		SERVICES FOR THOSE IN NEED OF PREVENTATIVE, ACUTE, INTERMITTENT		
1	Affiliate Description	AND/OR TERMINAL CARE AT HOME AND IN THE COMMUNITY.		
2	Affiliate type of service	Other HealthCare Svcs(Specify)		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

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## 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	
3	Tax Status	Not for Profit	
4	Street Address	8 Keynote Drive , Vernon, CT	
5	Town	Vernon Rockville	
6	State	Connecticut	
7	Zip Code	06066 -	
8	CEO Name	Todd Rose	
9	CEO Title	President/Chief Executive Officer	
10	CT Agent Name	Todd Rose	
11	CT Agent Company	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT,	
12	CT Agent Company Street Address	8 Keynote Drive, Vernon, CT	
13	CT Agent Town	Vernon Rockville	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06066 -	

<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
Α.	MANCHESTER MEMORIAL HOSPITAL		
1	MANORESTER MEMORIAE HOSI ITAE	Unrestricted	\$12,898,050
2		Temporarily Restricted by Donor	\$1,262,823
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$7,766,994
5		Intercompany Eliminations	\$0
		Total:	\$21,927,867
B.	EASTERN CONNECTICUT HEALTH NETWORK,INC.		
1	EASTERN COMPLETION THEAETH NETWORKS.	Unrestricted	\$5,055,246
2		Temporarily Restricted by Donor	\$1,648,390
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$6,703,636
C.	AETNA AMBULANCE SERVICES, INC.	Unactional	00.475.404
1		Unrestricted	\$2,175,181
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 (\$2,175,181)
3		Total:	(φ2,173,181) <b>\$0</b>
D.	AMBULANCE SERVICE OF MANCHESTER, LLC		
1		Unrestricted	\$6,968,504
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4 5		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations Total:	(\$6,968,504) <b>\$0</b>
			,,,
E.	CONNECTICUT HEALTHCARE INSURANCE CO.		
1		Unrestricted	\$3,377,946
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations Total:	\$0 \$3,377,046
		Total.	\$3,377,946
F.	CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC		
1	., .	Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
•	EASTEDNICT DUO		
<b>G</b> .	EASTERN CT PHO	Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
Ť		Total:	\$0
			Ţ

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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
Н.	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.		
1		Unrestricted	\$1,704,485
2		Temporarily Restricted by Donor	\$8,304,835
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$1,567,312
5		Intercompany Eliminations	(\$10,309,333)
		Total:	\$1,267,299
			<b>*</b> 1,201,200
I.	ECHN ELDERCARE SERVICES, INC.		
1		Unrestricted	\$3,432,410
2		Temporarily Restricted by Donor	\$236,176
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
Ť		Total:	\$3,668,586
			, , , , , , , ,
J.	ECHN ENTERPRISES, INC.		
1		Unrestricted	\$840,453
2		Temporarily Restricted by Donor	\$040,453
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
Ť		Total:	\$840,453
			<b>40.03.00</b>
K.	ECHN HEALTH SERVICES,INC.		
1	ESTIT TEAETH SERVISES,ING.	Unrestricted	(\$27,691)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$27,691)
			(+=:,00:)
L.	ECHN WELLNESS SERVICES, INC.		
1	ECHN WELLINESS SERVICES, INC.	Unrestricted	\$1.200 E02
		Unrestricted	\$1,208,503
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$4,862 \$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
<u> </u>		Total:	\$1,213,365
		. 3 6 11	ψ1,210,000
M.	EVERGREEN ENDOSCOPY CENTER, LLC		
	LATINGINEEN ENDOSCOPT CENTER, LLC	Uprostricted	\$474,712
1		Unrestricted Tomporarily Postricted by Donor	
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
		Permanently Restricted by Board  Permanently Restricted by Donor	\$0 \$0
<u>4</u> 5		Intercompany Eliminations	(\$474,712)
$\vdash$		Total:	\$0
		. 3 6 11	***
N.	EVERGREEN IMAGING CENTER, LLC		
	LVERGREEN IMAGING CENTER, LEG	Uprostricted	¢424_440
1		Unrestricted Temporarily Restricted by Donor	\$431,448
2		Temporarily Restricted by Board	\$0 \$0
3		Permanently Restricted by Board  Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	(\$431,448)
ب		Total:	(\$451,446)
i .		. • • • • • • • • • • • • • • • • • • •	ΨΟ

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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
	EVERGREEN MEDICAL ASSOCIATES II, LLC		
1		Unrestricted	\$1,252,897
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0 \$0
4 5		Permanently Restricted by Donor Intercompany Eliminations	(\$1,252,897)
3		Total:	(ψ1,232,091) <b>\$0</b>
P.	EVERGREEN MEDICAL ASSOCIATES, LLC		
1		Unrestricted	\$698,308
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$698,308)
		Total:	\$0
Q.	HAYNES STREET MEDICAL ASSOCIATES II, LLC		
1	TIATIVE OTTEET MEDICAL ACCOUNTED II, LEC	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
R.	HAYNES STREET MEDICAL ASSOCIATES, LLC		
1		Unrestricted	\$422,235
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$422,235)
		Total:	\$0
S.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC.		
1	MANGILETER I ITTOICIAN TIOSI ITAL ORGANIZATION, INC.	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
	METRO WHEELCHAIR SERVICE, INC		
1		Unrestricted	\$397,657
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0 \$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 (\$397,657)
J		Total:	(\$397,657) <b>\$0</b>
	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK,		
U.	INC. (NRRON)		
1		Unrestricted	\$10,015,584
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$10,015,584)
		Total:	\$0

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2009
٧.	ROCKVILLE GENERAL HOSPITAL		
1		Unrestricted	\$31,533,927
2		Temporarily Restricted by Donor	\$1,502,364
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$3,425,924
5		Intercompany Eliminations	\$0
		Total:	\$36,462,215
W.	TOLLAND IMAGING CENTER		
1		Unrestricted	(\$29,279)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$29,279
		Total:	\$0
X.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.		
1		Unrestricted	\$5,413,861
2		Temporarily Restricted by Donor	\$1,390,610
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$6,804,471)
		Total:	\$0
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$115,354,727
	Intercompany Eliminations		(\$39,921,051)
	Total of all Affiliates	Fund Balance:	\$75,433,676

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(1)	(2)	(3)	(4)	(5)
				TDANSEED TO / FDOM
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
				11001117.12
Α.	EASTERN CONNECTICUT HEALTH NETWORK,INC.			
	·	Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$11,711,824
1		Allocation of Investment Income/Loss	09/30/2009	\$1,083,757
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$12,795,581
В.	AETNA AMBULANCE SERVICES, INC.			
<u> </u>	ALTIVA AMBOLANCE SERVICES, INC.	Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$1,191,540
1		Allocation of Investment Income/Loss	09/30/2009	\$65,365
<u> </u>		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$1,256,905
C.	AMBULANCE SERVICE OF MANCHESTER, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$3,529,088
1		Allocation of Investment Income/Loss	09/30/2009	\$226,331
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$3,755,419
D.	CONNECTICUT HEALTHCARE INSURANCE CO.			
<u>Б.</u>	CONNECTICUT REALTHCARE INSURANCE CO.	Designing Hasen selidated Intercompany Delay se	0/20/2000	\$1,782,706
1		Beginning Unconsolidated Intercompany Balance: Accounting Fees	<b>9/30/2008</b> 09/30/2009	\$1,782,700 \$581,856
<u> </u>		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$2,364,562
			5.03.200	
E.	CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$20,000
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$20,000
F.	EASTERN CT PHO			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
G.	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.			
<del>  •</del>	LOTIN COMMINION I HEALTHCARE FOUNDATION, INC.	Beginning Unconsolidated Intercompany Balance:	9/30/2008	(\$736,991)
1		Transfer of Donated Assets	09/30/2009	\$600,102
		Ending Unconsolidated Intercompany Balance:	9/30/2009	(\$136,889)
	FOLIN EL DEDOADE CEDVICES INO			
Ι п.	ECHN ELDERCARE SERVICES, INC.			

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$945,548
1		Salary and Non-Salary Operating Expenses	09/30/2009	(\$1,860,439)
- '		Ending Unconsolidated Intercompany Balance:	9/30/2009	(\$914,891)
		Ending officerisonated intercompany Bulance.	9/30/2009	(ψ514,051)
I.	ECHN ENTERPRISES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$1,449,472
1		Non Salary Expense	09/30/2009	\$355,369
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$1,804,841
J.	ECHN HEALTH SERVICES,INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	(\$3,386,540)
1		Accounting Fees	09/30/2009	(\$3,447,156)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	(\$6,833,696)
1/				
K.	ECHN WELLNESS SERVICES, INC.			(0.404)
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	(\$481)
1		Salary and Non-Salary Operating Expenses	09/30/2009	\$8,646
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$8,165
	EVERGREEN ENDOSCOPY CENTER, LLC			
	EVERGREEN ENDOSCOT I CENTER, EEC	Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$250,000
1		Allocation of Investment Income/Loss	09/30/2009	\$150,000
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$400,000
		and the second and th	9/30/2009	<b>V</b> 100,000
М.	EVERGREEN IMAGING CENTER, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$176,576
1		Allocation of Investment Income/Loss	09/30/2009	\$40,159
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$216,735
N.	EVERGREEN MEDICAL ASSOCIATES II, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
0.	EVERGREEN MEDICAL ASSOCIATES, LLC	Desiration House editated by terroring D. I.	0/00/0000	<b>*</b>
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0

(1)	(2)	(3)	(4)	(5)
				TRANSFER TO / FROM
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	HOSPITAL
				40
-		Nothing to Report  Ending Unconsolidated Intercompany Balance:	0/00/0000	\$0 <b>\$0</b>
		Ending officonsolidated intercompany balance.	9/30/2009	\$0
P.	HAYNES STREET MEDICAL ASSOCIATES II, LLC			
	TIATIVES OTKEET MEDICAL ACCOUNTED II, EEC	Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report	0,00,200	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
Q.	HAYNES STREET MEDICAL ASSOCIATES, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
_		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
R.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC.			
K.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC.	Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report	9/30/2006	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
S.	METRO WHEELCHAIR SERVICE, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$237,372
1		Allocation of Investment Income/Loss	09/30/2009	(\$12,812)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$224,560
-				
Т.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK,		0/20/2000	\$1,905,411
1		Beginning Unconsolidated Intercompany Balance: Allocation of Investment Income/Loss	<b>9/30/2008</b> 09/30/2009	\$598,485
-		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$2,503,896
			3/30/2003	<b>V</b> =,000,000
U.	ROCKVILLE GENERAL HOSPITAL			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	(\$11,753,749)
1		Transfer of Salary and Non-Salary Expenses	09/30/2009	\$1,226,100
		Ending Unconsolidated Intercompany Balance:	9/30/2009	(\$10,527,649)
٧.	TOLLAND IMAGING CENTER			<b>A</b> 122 222
<u> </u>		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$120,098
1		Allocation of Investment Income/Loss	09/30/2009	(\$120,098)

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Ending Officerisondated intercompany Balance.	9/30/2009	ΨΟ
W.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT,	INC.		
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$2,564,343
1		Allocation of Investment Income/Loss	09/30/2009	(\$145,302)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$2,419,041
			Grand Total:	\$9,356,580

### 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	(\$3,544,598)
Α.	EASTERN CONNECTICUT HEALTH NETWORK,INC.		intercempany Datanee	10/01/2000	(ψυ,υ-ι-,υυυ)
			Allocation of ECHN Expenses		
1		ECHN ELDERCARE SERVICES, INC.	to Subsidy	09/30/2009	(\$6,787)
· ·		ECHN COMMUNITY HEALTHCARE	Allocation of ECHN Expenses	00/00/2000	(\$0,101)
2		FOUNDATION, INC.	to Subsidy	09/30/2009	\$325,963
			Allocation of ECHN Expenses		Ψ==,,,,,
3		ECHN HEALTH SERVICES,INC.	to Subsidy	09/30/2009	(\$149,652)
		,	Allocation of ECHN Expenses		( , , , , , , , , , , , , , , , , , , ,
4		ECHN WELLNESS SERVICES, INC.	to Subsidy	09/30/2009	\$5,584
			Allocation of Investment		
5		ROCKVILLE GENERAL HOSPITAL	Income/Loss	09/30/2009	(\$187,348)
			Total:	9/30/2009	(\$12,240)
B.	AETNA AMBULANCE SERVICES, INC.				
1		ROCKVILLE GENERAL HOSPITAL	Allocation of Income/Loss	09/30/2009	\$28,013
			Total:	9/30/2009	\$28,013
C.	AMBULANCE SERVICE OF MANCHESTER, LLC				
			Allocation of Investment		
1		ROCKVILLE GENERAL HOSPITAL	Income/Loss	09/30/2009	\$96,999
			Total:	9/30/2009	\$96,999
					. ,
D.	CONNECTICUT HEALTHCARE INSURANCE CO.				
			Allocation of Shareholders		
1		ROCKVILLE GENERAL HOSPITAL	Equity	09/30/2009	\$249,367
			Total:	9/30/2009	\$249,367
					. ,
E.	CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
			. Juan	2.23,200	Ψ-
F.	EASTERN CT PHO				
		EASTERN CONNECTICUT HEALTH	Salary and Non-Salary		
1		NETWORK,INC.	Operating Expenses	09/30/2009	\$10,562
<u> </u>		,	Total:	9/30/2009	\$10,562
	l .		Total.	3/00/2003	ψ10,302

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
G.	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.				
1	ECHN COMMONITY HEALTHCARE FOUNDATION, INC.	ECHN ELDERCARE SERVICES, INC.	Transfer of Donated Assets	09/30/2009	(\$486)
2		ECHN WELLNESS SERVICES, INC.	Transfer of Donated Assets	09/30/2009	\$5,011
3		ROCKVILLE GENERAL HOSPITAL	Transfer of Donated Assets	09/30/2009	(\$77,429)
٣		TO STATE SERVE TO SET TIME	Total:	9/30/2009	(\$72,904)
H.	ECHN ELDERCARE SERVICES, INC.				
1		ECHN HEALTH SERVICES,INC.	Note Receivable	09/30/2009	(\$12,149)
			Total:	9/30/2009	(\$12,149)
I.	ECHN ENTERPRISES, INC.				
<u> </u>			Non Salary Operating		
1		ROCKVILLE GENERAL HOSPITAL	Expenses	09/30/2006	\$260
			Total:	9/30/2009	\$260
J.	ECHN HEALTH SERVICES,INC.				
			Salary and Non-Salary		
1		ROCKVILLE GENERAL HOSPITAL	Operating Expenses	09/30/2009	(\$1,728,542)
			Total:	9/30/2009	(\$1,728,542)
К.	ECHN WELLNESS SERVICES, INC.				
	ECHN WELLNESS SERVICES, INC.		Salary and Non-Salary		
1		ROCKVILLE GENERAL HOSPITAL	Operating Expenses	09/30/2009	\$6,635
<u> </u>		TOOK TEEL GENERAL TIGGT TIVE	Total:	9/30/2009	\$6,635
				0,00,200	<b>\$3,000</b>
L.	EVERGREEN ENDOSCOPY CENTER, LLC				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
M.	EVERGREEN IMAGING CENTER, LLC				
		DOOLANI E CENEDAL LICEDITAL	Allocation of Investment	00/00/000	0.40.00=
1		ROCKVILLE GENERAL HOSPITAL	Income/Loss	09/30/2009	\$42,287
			Total:	9/30/2009	\$42,287
N.	EVERGREEN MEDICAL ASSOCIATES II, LLC				

### 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
			Allocation of Investment		
1		ECHN ENTERPRISES, INC.	Income/Loss	09/30/2008	\$6,026
			Total:	9/30/2009	\$6,026
О.	EVERGREEN MEDICAL ASSOCIATES, LLC		All C (I		
		ECHN ENTERPRISES, INC.	Allocation of Investment Income/Loss	00/00/0000	<b>04.755</b>
1		ECHN ENTERPRISES, INC.		09/30/2009	\$4,755
			Total:	9/30/2009	\$4,755
P.	HAYNES STREET MEDICAL ASSOCIATES II, LLC				
- ' -	TIATIVES STREET MEDICAL ASSOCIATES II, LEC		Allocation of Investment		
1		ECHN ENTERPRISES, INC.	Income/Loss	09/30/2009	\$354,868
<u> </u>			Total:	9/30/2009	\$354,868
			101411	0/00/2000	<b>400</b> 1,000
Q.	HAYNES STREET MEDICAL ASSOCIATES, LLC				
	,		Allocation of Investment		
1		ECHN ENTERPRISES, INC.	Income/Loss	09/30/2009	\$7,375
			Total:	9/30/2009	\$7,375
R.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC.				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
S.	METRO WHEELCHAIR SERVICE, INC				
		DOOLG WILL OF NEDAL LICODITAL	Allocation of Investment		
1		ROCKVILLE GENERAL HOSPITAL	Income/Loss	09/30/2009	(\$5,491)
			Total:	9/30/2009	(\$5,491)
	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.				
т.	(NRRON)				
<b>—"</b>	(Michielle)		Allocation of Investment		
1		ROCKVILLE GENERAL HOSPITAL	Income/Loss	09/30/2009	\$598,079
<u> </u>			Total:	9/30/2009	\$598,079
			101011	5,55,2500	755,010
U.	ROCKVILLE GENERAL HOSPITAL				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
V.	TOLLAND IMAGING CENTER				
1		ROCKVILLE GENERAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2009	(\$120,098)
			Total:	9/30/2009	(\$120,098)
W.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.				
1		ROCKVILLE GENERAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2009	(\$62,272)
			Total:	9/30/2009	(\$62,272)
			Ending Unconsolidated		
			Intercompany Balance	9/30/2009	(\$4,153,068)

### MANCHESTER 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 & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
	DESCRIPTION OF EXPENDITURE	Ameen	DATE.
Α.	EASTERN CONNECTICUT HEALTH NETWORK,INC.		
0	Nothing to Report	\$0	0/00/0000
	Tota	\$0	9/30/2009
В.	AETNA AMBULANCE SERVICES, INC.		
0	Nothing to Report	\$0	
	Tota	l: \$0	9/30/2009
C.	AMBULANCE SERVICE OF MANCHESTER, LLC		
0	Nothing to Report	\$0	
	Tota	: \$0	9/30/2009
	CONNECTION THE A THOUSE INCHES AND THE		
<b>D.</b>	CONNECTICUT HEALTHCARE INSURANCE CO.  Nothing to Report	\$0	
	Tota		9/30/2009
	CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC		
0	Nothing to Report  Tota	\$0 : <b>\$0</b>	9/30/2009
			3/30/2003
	EASTERN CT PHO		
0	Nothing to Report	\$0	
	Tota	\$0	9/30/2009
G.	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.		
0	Nothing to Report	\$0	
	Tota	: \$0	9/30/2009
	FOUN EL DEDOADE GERVIGEG INO		
<b>H.</b>	ECHN ELDERCARE SERVICES, INC.  Nothing to Report	\$0	
	Tota		9/30/2009
<b>I.</b>	ECHN ENTERPRISES, INC.	00	
	Nothing to Report  Tota	\$0 : <b>\$0</b>	9/30/2009
		**	
	ECHN HEALTH SERVICES,INC.		
0	Nothing to Report  Tota	\$0 : <b>\$0</b>	9/30/2009
	Tota	50	9/30/2009
K.	ECHN WELLNESS SERVICES, INC.		
0	Nothing to Report	\$0	
	Tota	\$0	9/30/2009
L.	EVERGREEN ENDOSCOPY CENTER, LLC		
0	Nothing to Report	\$0	
	Tota	: \$0	9/30/2009
	EVED O DEEN IMA ONLO OFNITED LLO		
<b>M</b> .	EVERGREEN IMAGING CENTER, LLC  Nothing to Report	\$0	
	Tota		9/30/2009
<b>N.</b>	EVERGREEN MEDICAL ASSOCIATES II, LLC	\$0	
9	Nothing to Report  Tota		9/30/2009
			3,33,2300
	EVERGREEN MEDICAL ASSOCIATES, LLC		
0	Nothing to Report  Tota	\$0 : <b>\$0</b>	9/30/2009
	Tota	\$0	9/30/2009
P.	HAYNES STREET MEDICAL ASSOCIATES II, LLC		
0	Nothing to Report	\$0	
	Tota	50	9/30/2009
Q.	HAYNES STREET MEDICAL ASSOCIATES, LLC		
0	Nothing to Report	\$0	
	Tota		9/30/2009

### MANCHESTER 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
R.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
S.	METRO WHEELCHAIR SERVICE, INC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
T.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
U.	ROCKVILLE GENERAL HOSPITAL		
0	Nothing to Report	\$0	
$\vdash$	Total:	\$0	9/30/2009
V.	TOLL AND IMAGING OFNITED		
<b>v</b> .	TOLLAND IMAGING CENTER  Nothing to Report	\$0	
Ě	Total:	\$0	9/30/2009
		Ψ	3/30/2003
W.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.		
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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
_			
<b>A.</b>	EASTERN CONNECTICUT HEALTH NETWORK,INC.  Nothing to Report	\$0	0
	Total:	\$0	
	1.51,	**	
В.	AETNA AMBULANCE SERVICES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	AMBULANCE SERVICE OF MANCHESTER, LLC	60	
0	Nothing to Report  Total:	\$0 <b>\$0</b>	
	Total.	40	
D.	CONNECTICUT HEALTHCARE INSURANCE CO.		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	
F.	EASTERN CT PHO		
0	Nothing to Report  Total:	\$0	
	i otai:	\$0	
	EQUIN COMMUNITY LIFE LITTLE A PE FOLINDATION INC		
<b>G</b> .	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.  Nothing to Report	\$0	0
<u> </u>	Total:	\$0	
Н.	ECHN ELDERCARE SERVICES, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	
l.	ECHN ENTERPRISES, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	
<b>J</b> .	ECHN HEALTH SERVICES,INC.  Nothing to Report	\$0	n
<u> </u>	Total:	\$0	
	i otali	<b>4</b> 0	

### 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
K.	ECHN WELLNESS SERVICES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
L. 1	EVERGREEN ENDOSCOPY CENTER, LLC  Capital Contribution	£450,000	0
<u>'</u>	Capital Contribution  Total:	\$150,000 <b>\$150,000</b>	0
	Total	<b>\$130,000</b>	
М.	EVERGREEN IMAGING CENTER, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
N.	EVERGREEN MEDICAL ASSOCIATES II, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
0.	EVERGREEN MEDICAL ASSOCIATES, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
_			
<b>P.</b>	HAYNES STREET MEDICAL ASSOCIATES II, LLC Nothing to Report	\$0	0
	Total:	\$0	3
Q.	HAYNES STREET MEDICAL ASSOCIATES, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
R.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
<b>S.</b>	METRO WHEELCHAIR SERVICE, INC	60	
U	Nothing to Report  Total:	\$0 <b>\$0</b>	0
	Total	ΨΟ	
T.	MODITUEAST DECIONAL DADIATION ONCOLOGY METALORY, INC. (MDDOM)		
0	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)  Nothing to Report	\$0	0
	Total:	\$0	
U.	ROCKVILLE GENERAL 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
0	Nothing to Report	\$0	0
	Total:	\$0	
٧.	TOLLAND IMAGING CENTER		
1	Contribution from MMH and RGH 50/50	\$70,000	0
	Total:	\$70,000	
W.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$220,000	

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

## INDIGENT CARE AND FREE BEDS

(1)	(2)	(3)	(4)	(5) AMOUNT	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
LINE	DESCRIPTION	ACTUAL	ACTUAL	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%
3	Expenditures	\$0.00	· · · · · · · · · · · · · · · · · · ·	\$0.00	0%
4	Unrealized Gains and Losses	\$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	\$551,447.00	·	•	-27%
1	Donations	\$0.00	Ŧ	\$0.00	0%
2	Income	\$59,585.00		(\$45,107.18)	-76%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	(\$206,580.00)	\$2,774.07	\$209,354.07	-101%
	Ending Balance	\$404,452.00	\$421,703.89	\$17,251.89	4%
5	Projected Interest Income	\$50,000.00	\$50,000.00	\$0.00	0%
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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	MANCHESTER MEMORIAL HOSPITAL	·
	ANNUAL REPORTING	·
	FISCAL YEAR 2009	
REPORT 1	7 - HOSPITAL BED FUNDS HELD OR ADMINISTER	ED BY THE HOSPITAL
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1.Number of Applications for H	lospital Bed Funds	0
2. A. Number of Patients recei	ving Hospital Bed Fund Grants	0
2. B. The Actual Total Dollar A	mount provided to all patients from Hospital Bed F	\$0.00
	Grand Total	\$0.00

	M	ANCHESTER MEMO	RIAL HOSPITAL		
		ANNUAL REPO	ORTING		
		FISCAL YEAR			
	REPORT 17 - HOSPITAL	BED FUNDS HELD (	OR ADMINISTERED B	Y THE HOSPITAL	
B. B	ED FUND ACTIVITY				
(1)	(2)	(3)	(4)	(5)	(6)
		FMV of Principal	Actual Earnings	Earnings	Earnings
Line	Name of Hospital Bed Fund			Reinvested	Available
(3)	Fair Market Value of the Principal of ea	ach individual Hospit	al Bed Fund, or the P	rincipal attributable	to each Hospital
(4)	Total Actual Earnings for each Hospita	al Bed Fund or the Ea	arnings attributable to	each Hospital Bed	Fund.
(5)	Actual Dollar Amount of Earnings rein	vested as Principal, i	if any.		
(6)	Actual Dollar Amount of Earnings avail	ilable for Patient Care	Э.		
	Erna Loomis	\$198,225.33	\$4,604.26	\$4,604.26	\$4,604.26
	Elsie Cheney Disher	\$249,300.34	\$5,790.60	\$5,790.60	\$5,790.60
	Loren Garner	\$42,927.67	\$997.10	\$997.10	\$997.10
	Mattie Hills Preston	\$23,086.91	\$536.25	\$536.25	\$536.25
	P O Boynton	\$3,815.98	\$88.64	\$88.64	\$88.64
		\$40E 0E4 4C	\$2.460.07	\$2,460.97	•
	Drake Bed Fund	\$105,951.16	\$2,460.97	\$2,460.97	\$2,460.97

### 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	ECHN offers options and will not bill, refer to a coll, a SP pat prior to giving opp to fin assist or choose a pay option that fits needs. If pat does not request an appt for fin aid within 10 days, they have 120 days to pay acct in full. If acct remain
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	ECHN has agreements with Coll Agencies to initiate collection efforts on those accts that ECHN refers to them. If pay schedules are not kept, accts will be transferred from coll agents to secondary collections attorneys for follow-up. Coll Agents are pa
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	19.00%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
	Collection Agent	
1	Collection Agent Name	American Adjustment Bureau
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	ECHN offers options and will not bill, refer to a coll, a SP pat prior to giving opp to fin assist or choose a pay option that fits needs. If pat does not request an appt for fin aid within 10 days, they have 120 days to pay acct in full. If acct remain
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.	ECHN has agreements with Coll Agencies to initiate collection efforts on those accts that ECHN refers to them. If pay schedules are not kept, accts will be transferred from coll agents to secondary collections attorneys for follow-up. Coll Agents are pa

### **ANNUAL REPORTING**

### **FISCAL YEAR 2009**

### 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.	19.00%

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

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	CEO	\$486,986	\$22,204	\$509,190
		-		
2.	Emergency Room MD	\$350,373	\$11,527	\$361,900
3.	CFO	\$312,817	\$22,265	\$335,082
4.	Emergency Room MD	\$312,270	\$19,206	\$331,476
5.	Medical Director ED	\$302,040	\$13,198	\$315,238
6.	Emergency Room MD	\$302,009	\$28,922	\$330,931
7.	Emergency Room MD	\$301,257	\$20,011	\$321,268
8.	Emergency Room MD	\$296,763	\$19,697	\$316,460
9.	Emergency Room MD	\$295,977	\$31,600	\$327,577
10.	Emergency Room MD	\$295,876	\$20,175	\$316,051
	Grand Total:	\$3,256,368	\$208,805	\$3,465,173

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## REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
. ,			, ,	ν-,
			FRINGE BENEFITS <sup>A</sup>	
		SALARIES (Directly	(Directly or	
LINE	DESCRIPTION	or Indirectly) <sup>C</sup>	Indirectly) <sup>C</sup>	TOTAL
Α.	EASTERN CONNECTICUT HEALTH NETWORK,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
В.	AETNA AMBULANCE SERVICES, INC.		<b>A</b> 0	Φ0
2	Paid by the Entity Listed Above to Hospital Employees(B)	\$0 \$0	\$0 \$0	\$0 \$0
	Paid by the Hospital to Employees of the Entity Listed Above	\$0	Φυ	Φ0
C .	AMBULANCE SERVICE OF MANCHESTER, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
	CONNECTICUT LIEAL TUCADE INCLIDANCE CO			
D .	CONNECTICUT HEALTHCARE INSURANCE CO. 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
_		ΨΟ		<del>+-</del>
Ε.	CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F.	EASTERN CT PHO			
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
			7-	
G.	ECHN COMMUNITY HEALTHCARE 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
Н.	ECHN ELDERCARE SERVICES, 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
1.	ECHN ENTERPRISES, INC.		<b>A</b> 0	Φ0
2	Paid by the Entity Listed Above to Hospital Employees(B)  Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0 \$0	\$0 \$0
	Paid by the Hospital to Employees of the Entity Listed Above	\$0	φυ	φυ
J .	ECHN HEALTH SERVICES,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
I/	ECUNI WELL NESS SERVICES INC			
K.	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 the second s		+-	+-
L.	EVERGREEN ENDOSCOPY CENTER, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
М.	EVERGREEN IMAGING CENTER, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
N.	EVERGREEN MEDICAL ASSOCIATES II, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
0.	EVERGREEN MEDICAL ASSOCIATES, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
P.	HAYNES STREET MEDICAL ASSOCIATES II, LLC	0.0		**
2	Paid by the Entity Listed Above to Hospital Employees(B)	\$0 \$0	\$0 \$0	\$0 \$0
	Paid by the Hospital to Employees of the Entity Listed Above	φυ	φυ	\$0
Q.	HAYNES STREET MEDICAL ASSOCIATES, LLC			
	•			

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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
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
	MANAGUESTER RUNGISIAN HOORITAL ORGANIZATION INC	_		
R.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC	00	20	
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
S.	METRO WHEELCHAIR SERVICE, 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
_	and by the Hospital to Employees of the Emity Listed Above	ψ0	Ψ0	ΨΟ
Τ.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, 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
	ROCKVILLE GENERAL HOSPITAL	·		
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
٧.	TOLLAND IMAGING CENTER			
V .	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 \$0
	and by the mospital to Employees of the Emity Listed Above		φυ	φυ
W.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, 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
		, , , , , , , , , , , , , , , , , , , ,		

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.

# MANCHESTER 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	
1.	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
	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

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	MANCHESTER ME	REPORTING	AL		
		EAR 2009			
	REPORT 23 - CHARITY CARE AND REDUCED (		PROVIDED BY	THE HOSPITAL	
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENC
Α.	Hospital Charity Care (see Hospital Audited Financial St	atement Notes)			
1.	Number of Applicants	667	731	64	10
2.	Number of Approved Applicants	615	686	71	1
3.	Total Charges (A)	\$1,886,079	\$1,418,730	(\$467,349)	-2
ა.	Average Charges	\$3,067	\$2,068	(\$999)	-2
	Average onlinges	ψ3,001	Ψ2,000	(ψ333)	
4.	Ratio of Cost to Charges (RCC)	0.432905	0.386067	(0.046838)	-1
	Total Cost	\$816,493	\$547,725	(\$268,768)	-3
	Average Cost	\$1,328	\$798	(\$529)	-4
5.	Charity Care - Inpatient Charges	\$808,885	\$639,114	(\$169,771)	-2
6.	Charity Care - Outpatient Emergency Department Charges	250,793	202,461	(48,332)	-1
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	826,401	577,155	(249,246)	-3
	Total Charges (A)	\$1,886,079	\$1,418,730	(\$467,349)	-2
8.	Charity Care - Number of Patient Days	511	490	(21)	
9.	Charity Care - Number of Discharges	165	135	(30)	
10.	Charity Care - Number of Outpatient ED Visits	671	515	(156)	-2
	Charity Care - Number of Outpatient Visits (Excludes ED			(100)	<u> </u>
11.	Visits)	1,219	965	(254)	-2
A) Th	e total amount must agree with the total amount listed in	the Hospital Aud	ited Financial S	tatement Notes	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	total amount made agree with the total amount notes in	ino ricopitai riaa		Tatomont Notool	
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - Re	eport 17)			
1.	Number of Applicants	-		_	
2.	Number of Approved Applicants	-	-	-	
3.	Total Charges (B)	\$0	\$0	\$0	
	Average Charges	\$0	\$0	\$0	
4.	Ratio of Cost to Charges (RCC)	0.432905	0.386067	(0.046838)	-
	Total Cost	\$0	\$0	\$0	
	Average Cost	\$0	\$0	\$0	
5.	Bed Funds - Inpatient Charges	\$0	\$0	\$0	
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	0	0	0	
	Total Charges (B)	\$0	\$0	\$0	-
	Red Funds - Number of Potient Dave		^	^	
0	Bed Funds - Number of Patient Days	0	0	0	
8.	Red Funde - Number of Discharges	U	U		
9.	Bed Funds - Number of Discharges  Bed Funds - Number of Outpatient FD Visits		Λ	Λ	
	Bed Funds - Number of Outpatient ED Visits	0	0	0	
9.			0	0	

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