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		
١.	A = = U A = = A A A = =	EASTEDNICT HEALTH NETWORK INC		
Α.	AFFILIATE NAME	PARENT CORP AND PROVIDES OVERALL DIRECTION AND CONTROL TO ALL		
1	Affiliate Description	OTHER CORPORATIONS		
	Affiliate Description Affiliate type of service	Parent Corporation		
3	Tax Status	Not for Profit		
4	Street Address	71 HAYNES STREET, MANCHESTER,CT		
5	Town	Manchester		
	State	Connecticut		
	Zip Code	06040 -		
	CEO Name	PETER J. KARL		
	CEO Title	PRESIDENT & CEO		
	CT Agent Name	Carol Freeman		
	CT Agent Company	ECHN 71 HAYNES STREET, MANCHESTER,CT		
	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 -		
	Cgom Eip Codo			
B.	AFFILIATE NAME	AETNA AMBULANCE SERVICES, INC.		
1	Affiliate Description	PROVIDES AMBULANCE TRANSPORTATION SERVICES		
2	Affiliate type of service	Ambulatory Services		
3	Tax Status	For Profit		
4	Street Address	140 Van Block Ave		
	Town	Hartford		
	State	Connecticut		
	Zip Code CEO Name	06106 - Wayne Wright		
	CEO Title	President		
	CT Agent Name	Winship Service Corp		
	CT Agent Company	c/o Shipman and Goodwin LLP		
		One Constitution Plaza		
	CT Agent Town	Hartford		
14	CT Agent State	Connecticut		
15	CT Agent Zip Code	06103 -		
		AMBULANCE SERVICE OF MANCHESTER, LLC		
	AFFILIATE NAME	·		
2	Affiliate Description Affiliate type of service	PROVIDE TRANSPORTATION SERVICES Ambulatory Services		
3	Tax Status	For Profit		
4	Street Address	275 New State Road, Manchester, CT		
5	Town	Manchester		
6	State	Connecticut		
	Zip Code	06040 -		
	CEO Name	Wayne Wright		
9	CEO Title	President		
	CT Agent Name	Winship Service Corp		
	CT Agent Company	Shipman and Goodwin LLP		
12	CT Agent Company Street Address	Once Constitution Plaza		
	CT Agent State	Hartford Connecticut		
14 15	CT Agent State CT Agent Zip Code	06103 -		
10	OT Agent Zip Oode			
D.	AFFILIATE NAME	CONNECTICUT HEALTHCARE INSURANCE CO.		
1	Affiliate Description	ECHN's Malpractice Insurance Co.		
2	Affiliate type of service	Insurance		
3	Tax Status	Not for Profit		
4	Street Address	100 Main ST		

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	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
5	Town	Cayman	
	State	Cayman Islands	
	Zip Code	06040 -	
	CEO Name	Peter Karl	
	CEO Title	President	
	CT Agent Name	Lloyd T. Pelletier	
11	CT Agent Company CT Agent Company Street Address	ECHN 400 Main ST	
	CT Agent Company Street Address CT Agent Town	Grand Cayman	
14	CT Agent Town CT Agent State	Cayman Islands	
	CT Agent State CT Agent Zip Code	06040 -	
10	OT Agent Zip Code		
E.	AFFILIATE NAME	CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC	
		PROVIDES OCCUPATIONAL HEALTH SERVICES TO ITS MEMBERS AND	
		AFFILIATE MEMBERS INCLUDING; CORP CARE, ST. FRANCIS MED PROGRAM	
1	Affiliate Description	AND BRISTOL HOSPITAL MEDWORKS.	
2	Affiliate type of service	Occupational Heath	
3	Tax Status	For Profit	
4	Street Address	1000 Asylum Ave, Suite 4302	
	Town	Hartford	
	State	Connecticut	
	Zip Code	06105 -	
	CEO Name	Hunter Giroux	
	CEO Title	Manager	
	CT Agent Name	Hunter Giroux	
	CT Agent Company	CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC	
	CT Agent Company Street Address	Hartford	
13 14	CT Agent Town CT Agent State	Connecticut	
15		106105 -	
15	CT Agent Zip Code	06105 -	
15	CT Agent Zip Code	06105 -	
	AFFILIATE NAME	EASTERN CT PHO	
F.		EASTERN CT PHO	
F .	AFFILIATE NAME	EASTERN CT PHO PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE	
F. 1 2 3	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status	EASTERN CT PHO PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit	
F. 1 2 3 4	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address	EASTERN CT PHO PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit c/o Eastern Connecticut Health	
F. 1 2 3 4 5	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town	EASTERN CT PHO PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit c/o Eastern Connecticut Health Manchester	
F. 1 2 3 4 5 6	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State	EASTERN CT PHO PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit c/o Eastern Connecticut Health Manchester Connecticut	
F. 1 2 3 4 5 6 7	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code	EASTERN CT PHO PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit c/o Eastern Connecticut Health Manchester Connecticut 06040 -	
F. 1 2 3 4 5 6 7 8	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name	EASTERN CT PHO 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	
F. 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	EASTERN CT PHO 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	
F. 1 2 3 4 5 6 7 8 9 10	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name	EASTERN CT PHO 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	
F. 1 2 3 4 5 6 7 8 9 10 11	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company	EASTERN CT PHO 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	
F. 1 2 3 4 5 6 7 7 8 9 10 11 12	AFFILIATE NAME 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	EASTERN CT PHO 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	
F. 1 2 3 4 5 6 7 7 8 9 10 11 12 13	AFFILIATE NAME 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	EASTERN CT PHO 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	
F. 1 2 3 4 5 6 7 7 8 9 10 11 12 13 14	AFFILIATE NAME 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 Town CT Agent Town	EASTERN CT PHO 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	
F. 1 2 3 4 5 6 7 7 8 9 10 11 12 13 14	AFFILIATE NAME 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	EASTERN CT PHO 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	
F. 1 2 3 4 5 6 7 7 8 9 10 11 12 13 14	AFFILIATE NAME 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 Town CT Agent Town	EASTERN CT PHO 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	
F. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	AFFILIATE NAME 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 Town CT Agent Town	EASTERN CT PHO 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	
F. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	AFFILIATE NAME 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 Town CT Agent State CT Agent State CT Agent Zip Code	EASTERN CT PHO 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 -	
F. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	AFFILIATE NAME 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 Town CT Agent State CT Agent State CT Agent Zip Code	EASTERN CT PHO 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.	
F. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 G.	AFFILIATE NAME 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 Zip Code	EASTERN CT PHO 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	
F. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 G. 1 2 3	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 Affiliate Description Affiliate type of service Tax Status	EASTERN CT PHO 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 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	
F. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 G. 1 2 3 4	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 Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address	EASTERN CT PHO 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 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, CT	
F. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 G. 1 2 3 4 5	AFFILIATE NAME 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 ST Agent State Affiliate Description Affiliate type of service Tax Status Street Address Town	EASTERN CT PHO 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 WITH ECHN , INC. Fund Raising/Management Not for Profit 71 HAYNES STREET, MANCHESTER, CT Manchester	
F. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 G. 1 2 3 4 5 6	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 Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address	EASTERN CT PHO 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 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, CT	

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(1)	(2)	(3)		
	DESCRIPTION	AFFILIATE INFORMATION		
	CEO Name	PETER J. KARL		
	CEO Title CT Agent Name	PRESIDENT & CEO		
	CT Agent Name CT Agent Company	Carol Freeman ECHN		
		71 HAYNES STREET, MANCHESTER,CT		
	CT Agent Town	Manchester		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06040 -		
Н.	AFFILIATE NAME	ECHN ELDERCARE SERVICES, INC.		
		TO INITIATE, DEVELOP, OPERATE, AND MAINTAIN PROGRAMS DIRECTED		
		TOWARD IMPROVING EFFICIENCY OF UTILIZATION OF HEALTH CARE.		
	A (7)	FACILITIES AND SERVICES IN EASTERN CT AND PROVIDING COST EFFECTIVE		
	Affiliate Description	HEALTH CARE TO PUBLIC WHILE MAINTAINING A HIGH QUALITY OF CARE. C		
	Affiliate type of service Tax Status	Long Term Care Not for Profit		
4	Street Address	26 SHENIPSIT LAKE RD, TOLLAND,CT		
5	Town	Tolland		
	State	Connecticut		
	Zip Code	06084 -		
	CEO Name	PETER J.KARL		
9	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		
15	CT Agent Zip Code	06084 -		
l 1.	AFFILIATE NAME	ECHN ENTERPRISES, INC.		
I.	AFFILIATE NAME	ECHN ENTERPRISES, INC. ECHN ENTERPRISES, INC. IS AN ORGANIZATION ESTABLISHED TO MANAGE		
	Affiliate Name Affiliate Description	·		
1		ECHN ENTERPRISES, INC. IS AN ORGANIZATION ESTABLISHED TO MANAGE		
1 2	Affiliate Description	ECHN ENTERPRISES, INC. IS AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS. Affilate Support Services For Profit		
1 2	Affiliate Description Affiliate type of service	ECHN ENTERPRISES, INC. IS AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS. Affilate Support Services		
1 2 3 4 5	Affiliate Description Affiliate type of service Tax Status Street Address Town	ECHN ENTERPRISES, INC. IS AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS. Affilate Support Services For Profit 71 HAYNES STREET, MANCHESTER,CT Manchester		
1 2 3 4 5 6	Affiliate Description Affiliate type of service Tax Status Street Address Town State	ECHN ENTERPRISES, INC. IS AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS. Affilate Support Services For Profit 71 HAYNES STREET, MANCHESTER,CT Manchester Connecticut		
1 2 3 4 5 6 7	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code	ECHN ENTERPRISES, INC. IS AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS. Affilate Support Services For Profit 71 HAYNES STREET, MANCHESTER,CT Manchester Connecticut 06040 -		
1 2 3 4 5 6 7 8	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name	ECHN ENTERPRISES, INC. IS AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS. Affilate Support Services For Profit 71 HAYNES STREET, MANCHESTER,CT 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	ECHN ENTERPRISES, INC. IS AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS. Affilate Support Services For Profit 71 HAYNES STREET, MANCHESTER,CT Manchester Connecticut 06040 - PETER J. KARL PRESIDENT & CEO		
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	ECHN ENTERPRISES, INC. IS AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS. Affilate Support Services For Profit 71 HAYNES STREET, MANCHESTER,CT Manchester Connecticut 06040 - PETER J. KARL PRESIDENT & CEO Carol Freeman		
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 CT Agent Company	ECHN ENTERPRISES, INC. IS AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS. Affilate Support Services For Profit 71 HAYNES STREET, MANCHESTER,CT Manchester Connecticut 06040 - PETER J. KARL PRESIDENT & CEO Carol Freeman ECHN		
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	ECHN ENTERPRISES, INC. IS AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS. Affilate Support Services For Profit 71 HAYNES STREET, MANCHESTER,CT Manchester Connecticut 06040 - PETER J. KARL PRESIDENT & CEO Carol Freeman ECHN 71 HAYNES STREET, MANCHESTER,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	ECHN ENTERPRISES, INC. IS AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS. Affilate Support Services For Profit 71 HAYNES STREET, MANCHESTER,CT Manchester Connecticut 06040 - PETER J. KARL PRESIDENT & CEO Carol Freeman ECHN 71 HAYNES STREET, MANCHESTER,CT Manchester		
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 CT Agent Town CT Agent State	ECHN ENTERPRISES, INC. IS AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS. Affilate Support Services For Profit 71 HAYNES STREET, MANCHESTER,CT Manchester Connecticut 06040 - PETER J. KARL PRESIDENT & CEO Carol Freeman ECHN 71 HAYNES STREET, MANCHESTER,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	ECHN ENTERPRISES, INC. IS AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS. Affilate Support Services For Profit 71 HAYNES STREET, MANCHESTER,CT Manchester Connecticut 06040 - PETER J. KARL PRESIDENT & CEO Carol Freeman ECHN 71 HAYNES STREET, MANCHESTER,CT Manchester 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 CT Agent Town CT Agent State	ECHN ENTERPRISES, INC. IS AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS. Affilate Support Services For Profit 71 HAYNES STREET, MANCHESTER,CT Manchester Connecticut 06040 - PETER J. KARL PRESIDENT & CEO Carol Freeman ECHN 71 HAYNES STREET, MANCHESTER,CT Manchester Connecticut 06040 -		
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 Town CT Agent State	ECHN ENTERPRISES, INC. IS AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS. Affilate Support Services For Profit 71 HAYNES STREET, MANCHESTER,CT Manchester Connecticut 06040 - PETER J. KARL PRESIDENT & CEO Carol Freeman ECHN 71 HAYNES STREET, MANCHESTER,CT Manchester Connecticut 06040 - ECHN ECHN HEALTH SERVICES,INC.		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 J.	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 Zip Code AFFILIATE NAME	ECHN ENTERPRISES, INC. IS AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS. Affilate Support Services For Profit 71 HAYNES STREET, MANCHESTER,CT Manchester Connecticut 06040 - PETER J. KARL PRESIDENT & CEO Carol Freeman ECHN 71 HAYNES STREET, MANCHESTER,CT Manchester Connecticut 06040 - ECHN HEALTH SERVICES, INC. ECHN HEALTH SERVICES, INC. IS A NOT-FOR-PROFIT ORGANIZATION		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 J.	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 Zip Code AFFILIATE NAME Affiliate Description	ECHN ENTERPRISES, INC. IS AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS. Affilate Support Services For Profit 71 HAYNES STREET, MANCHESTER,CT Manchester Connecticut 06040 - PETER J. KARL PRESIDENT & CEO Carol Freeman ECHN 71 HAYNES STREET, MANCHESTER,CT Manchester Connecticut 06040 - ECHN ECHN ECHN ECHN ECHN ECHN ECHN ECH		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 J.	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	ECHN ENTERPRISES, INC. IS AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS. Affilate Support Services For Profit 71 HAYNES STREET, MANCHESTER,CT Manchester Connecticut 06040 - PETER J. KARL PRESIDENT & CEO Carol Freeman ECHN 71 HAYNES STREET, MANCHESTER,CT Manchester Connecticut 06040 - ECHN ECHN ECHN ECHN ECHN ECHN ECHN ECH		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 J.	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	ECHN ENTERPRISES, INC. IS AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS. Affilate Support Services For Profit 71 HAYNES STREET, MANCHESTER,CT Manchester Connecticut 06040 - PETER J. KARL PRESIDENT & CEO Carol Freeman ECHN 71 HAYNES STREET, MANCHESTER,CT Manchester Connecticut 06040 - ECHN HEALTH SERVICES, INC. ECHN HEALTH SERVICES, INC. IS A NOT-FOR-PROFIT ORGANIZATION ESTABLISHED TO OWN AND MANAGE OPERATING GROUPS OF PHYSICIANS. Outpatient Care Not for Profit		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 J.	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	ECHN ENTERPRISES, INC. IS AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS. Affilate Support Services For Profit 71 HAYNES STREET, MANCHESTER,CT Manchester Connecticut 06040 - PETER J. KARL PRESIDENT & CEO Carol Freeman ECHN 71 HAYNES STREET, MANCHESTER,CT Manchester Connecticut 06040 - ECHN HEALTH SERVICES, INC. ECHN HEALTH SERVICES, INC. IS A NOT-FOR-PROFIT ORGANIZATION ESTABLISHED TO OWN AND MANAGE OPERATING GROUPS OF PHYSICIANS. Outpatient Care Not for Profit 71 HAYNES STREET, MANCHESTER,CT		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 J.	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 Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town	ECHN ENTERPRISES, INC. IS AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS. Affilate Support Services For Profit 71 HAYNES STREET, MANCHESTER,CT Manchester Connecticut 06040 - PETER J. KARL PRESIDENT & CEO Carol Freeman ECHN 71 HAYNES STREET, MANCHESTER,CT Manchester Connecticut 06040 - ECHN HEALTH SERVICES, INC. ECHN HEALTH SERVICES, INC. ECHN HEALTH SERVICES, INC. IS A NOT-FOR-PROFIT ORGANIZATION ESTABLISHED TO OWN AND MANAGE OPERATING GROUPS OF PHYSICIANS. Outpatient Care Not for Profit 71 HAYNES STREET, MANCHESTER,CT		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 J. 1 2 3 4 5 6	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 State	ECHN ENTERPRISES, INC. IS AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS. Affilate Support Services For Profit 71 HAYNES STREET, MANCHESTER,CT Manchester Connecticut 06040 - PETER J. KARL PRESIDENT & CEO Carol Freeman ECHN 71 HAYNES STREET, MANCHESTER,CT Manchester Connecticut 06040 - ECHN HEALTH SERVICES, INC. ECHN HEALTH SERVICES, INC. IS A NOT-FOR-PROFIT ORGANIZATION ESTABLISHED TO OWN AND MANAGE OPERATING GROUPS OF PHYSICIANS. Outpatient Care Not for Profit 71 HAYNES STREET, MANCHESTER,CT Manchester Connecticut		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 J. 1 2 3 4 5 6 7	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 State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code	ECHN ENTERPRISES, INC. IS AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS. Affilate Support Services For Profit 71 HAYNES STREET, MANCHESTER,CT Manchester Connecticut 06040 - PETER J. KARL PRESIDENT & CEO Carol Freeman ECHN 71 HAYNES STREET, MANCHESTER,CT Manchester Connecticut 06040 - ECHN HEALTH SERVICES, INC. ECHN HEALTH SERVICES, INC. IS A NOT-FOR-PROFIT ORGANIZATION ESTABLISHED TO OWN AND MANAGE OPERATING GROUPS OF PHYSICIANS. Outpatient Care Not for Profit 71 HAYNES STREET, MANCHESTER,CT Manchester Connecticut 06040 -		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 J. 1 2 3 4 5 6 7	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 State	ECHN ENTERPRISES, INC. IS AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS. Affilate Support Services For Profit 71 HAYNES STREET, MANCHESTER,CT Manchester Connecticut 06040 - PETER J. KARL PRESIDENT & CEO Carol Freeman ECHN 71 HAYNES STREET, MANCHESTER,CT Manchester Connecticut 06040 - ECHN HEALTH SERVICES, INC. ECHN HEALTH SERVICES, INC. IS A NOT-FOR-PROFIT ORGANIZATION ESTABLISHED TO OWN AND MANAGE OPERATING GROUPS OF PHYSICIANS. Outpatient Care Not for Profit 71 HAYNES STREET, MANCHESTER,CT Manchester Connecticut		

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

(1)	(2)	(3)	
	DESCRIPTION	AFFILIATE INFORMATION	
	CT Agent Name	Carol Freeman	
11	CT Agent Company	ECHN 71 HAYNES STREET, MANCHESTER,CT	
	CT Agent Company Street Address CT Agent Town	Manchester	
	CT Agent Town CT Agent State	Connecticut	
15	CT Agent Zip Code	06040 -	
	,		
		EQUIN WELL NEGO GERWOEG, INC.	
K.	AFFILIATE NAME	ECHN WELLNESS SERVICES , INC.	
		TO INITIATE, DEVELOP, OPERATE AND MAINTAIN PROGRAMS DIRECTED TOWARD IMPROVING THE EFFECIENCY OF THE UTILIZATION OF HEALTH CARE.	
		CURRENTLY, EASTERN CT HEALTH CARE OPERATES A WOMENS HEALTH	
1	Affiliate Description	CENTER D/B/A/ THE WOMENS CENTER FOR WELLNESS.	
	Affiliate type of service	Women's Health Services	
	Tax Status	Not for Profit	
4	Street Address	2800 Tamarack Ave	
5	Town	South Windsor	
<u>6</u> 7	State Zip Code	Connecticut 06074 -	
	CEO Name	PETER J. KARL	
9	CEO Title	PRESIDENT & CEO	
10	CT Agent Name	Carol Freeman	
	CT Agent Company	ECHN	
12	CT Agent Company Street Address		
	CT Agent Town CT Agent State	Manchester Connecticut	
15	CT Agent State CT Agent Zip Code	06040 -	
.0	o : rigent = ip code		
	AFFILIATE NAME	EVERGREEN ENDOSCOPY CENTER, LLC	
	Affiliate Description	Joint Venture with community GI Physicians.	
3	Affiliate type of service Tax Status	Ambulatory Services	
4	Street Address	For Profit 2400 Tamarack Ave	
5	Town	South Windsor	
6	State	Connecticut	
	Zip Code	06510 -	
	CEO Name	Kevin Murphy	
	CEO Title CT Agent Name	President Gregory J. Pepe, Esq	
11	CT Agent Name CT Agent Company	ECHN	
	CT Agent Company Street Address		
	CT Agent Town	New Haven	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06510 -	
М.	AFFILIATE NAME	EVERGREEN IMAGING CORP, LLC	
1	Affiliate Description	JOINT VENTURE WITH IMAGING GROUP	
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 7	State Zip Code	Connecticut 06074 -	
8	CEO Name	Dennis McConville	
9	CEO Title	Manager	
	CT Agent Name	Bennett Bernblum, Wiggin & Dana, LLP	
11	CT Agent Company	EVERGREEN IMAGING CORP, LLC	
		Century Tower 265 Church Stree, New Haven, CT	
13	CT Agent Town	New Haven	

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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		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06510 -		
	A FEW LATE MAME	EVERGREEN MEDICAL ASSOCIATES II, LLC		
	AFFILIATE NAME Affiliate Description	Joint Venture in medical office building		
	Affiliate type of service	Real Estate		
3	Tax Status	For Profit		
	Street Address	c/o Grove Property Fund LLC, 95 Glastonbury Blvd, Suite 214		
5	Town	Glastonbury		
6	State	Connecticut		
	Zip Code	06033 -		
	CEO Name	David Sessions		
	CEO Title	Manager		
	CT Agent Name	Joe R. Labrosse c/o Property Fund LLC		
11	CT Agent Company CT Agent Company Street Address	95 Glastonbury BLVD, Suite 214		
13	CT Agent Company Street Address CT Agent Town	Glastonbury		
14	CT Agent State	Connecticut		
15	CT Agent Zip Code	06033 -		
0.	AFFILIATE NAME	EVERGREEN MEDICAL ASSOCIATES, LLC		
		JOINT VENTURE TO DEVELOPE AND MANAGE ECHN MEDICAL BUILDING AT		
	Affiliate Description	EVERGREEN WALK IN SOUTH WINDSOR.		
	Affiliate type of service	Real Estate		
	Tax Status Street Address	For Profit		
5	Town	c/o Grove Property Fund LLC, 9 Glastonbury		
	State	Connecticut		
	Zip Code	06001 -		
	CEO Name	David Sessions		
9	CEO Title	Manager		
	CT Agent Name	Joseph R. Labrosse		
	CT Agent Company	c/o Grove Properaty Fund LLC		
		95 Glastonbury Blvd, Suite 214,		
	CT Agent Town	Glastonbury		
	CT Agent State CT Agent Zip Code	Connecticut 06033 -		
13	CT Agent Zip Code	00000		
P.	AFFILIATE NAME	HAYNES STREET MEDICAL ASSOCIATES II, LLC		
		Joint Venture To Develop A Medical Office Building Located At 94 Haynes St in		
	Affiliate Description	Manchester		
2	Affiliate type of service	Real Estate		
	Tax Status	For Profit		
	Street Address	c/o Grove Property Fund LLC, 9		
5	Town State	Glastonbury 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	95 Glastonbury Blvd, Suite 214		
	CT Agent Town	Glastonbury		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06033 -		
Q.	AFFILIATE NAME	HAYNES STREET MEDICAL ASSOCIATES, LLC		

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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	
		JOINT VENTURE OWNS AND OPERATES A MEDICAL OFFICE BUILDING LOCATED	
	Affiliate Description	AT 17-19 HAYNES ST IN MANCHESTER	
	Affiliate type of service	Real Estate	
	Tax Status	For Profit	
4	Street Address	c/o Grove Property Fund LLC, 9	
5 6	Town State	Glastonbury Connecticut	
7	Zip Code	06033 -	
	CEO Name	David Sessions	
	CEO Title	Manager	
	CT Agent Name	Joseph R. Labrosse	
	CT Agent Company	c/o Grove Properaty Fund LLC	
		95 Glastonbury Blvd, Suite 214	
	CT Agent Town	Glastonbury	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06033 -	
R.	AFFILIATE NAME	MANCHESTER MEMORIAL HOSPITAL	
IX.	ATTEMATE NAME	NON-PROFIT COMMUNITY HOSPITAL IN THE TOWN OF MANCHESTER, TO	
1	Affiliate Description	PROVIDE MEDICAL CARE ON AN ACUTE BASIS	
	Affiliate type of service	Hospital	
3	Tax Status	Not 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	
	CT Agent Company CT Agent Company Street Address	ECHN	
	CT Agent Company Street Address CT Agent Town	Manchester	
	CT Agent Town	Connecticut	
15	CT Agent Zip Code	06040 -	
S.	AFFILIATE NAME	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION	
		Previously organized PHO which is no longer operating. Documents and other	
	A ffilled a December them	paperwork are unable to be found and disolution is then not possible and has not	
	Affiliate Description	occurred. No activity at all for years, including 2008.	
3	Affiliate type of service Tax Status	Affilate Support Services Not for Profit	
	Street Address	105 East Center Street	
5	Town	Manchester Street	
6	State	Connecticut	
	Zip Code	06045 -	
8	CEO Name	Patricia A. Balzer	
	CEO Title	CEO	
	CT Agent Name	Patricia Balzer	
	CT Agent Company	Patricia Balzer	
		105 East Center Street	
13 14	CT Agent Town CT Agent State	Manchester Connecticut	
15	CT Agent State CT Agent Zip Code	06045 -	
T.	AFFILIATE NAME	METRO WHEELCHAIR SERVICE, INC	
		PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME	
1	Affiliate Description	LIVERY SERVICES FOR MEDIAL APPOINTMENTS.	
2	Affiliate type of service	Ambulatory Services	

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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	
3	Tax Status	For Profit	
4	Street Address	275 New State Road , Manchester, CT	
5	Town	Manchester	
6	State	Connecticut	
	Zip Code	06040 -	
	CEO Name	Wayne Wright	
	CEO Title CT Agent Name	President Winship Service Corporation	
11	CT Agent Name CT Agent Company	c/o Shipman and Goodwin LLP	
	CT Agent Company Street Address	One Constitution Plaza	
13	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06103 -	
	0 1		
U.	AFFILIATE NAME	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON)	
	Affiliate Description	"A NON-FOR-PROFIT ORGANIZATION PROVIDING	
	Affiliate type of service	Outpatient Care	
3	Tax Status	Not for Profit	
4	Street Address	THE JOHN DEQUATTRO COMMUNITY C, 73A HAYNES STREET, MANCHESTER,	
5	Town	Manchester	
	State	Connecticut	
	Zip Code	06040 -	
8	CEO Name CEO Title	Kevin G. Murphy President	
	CT Agent Name	Peter Kuzmickas	
	CT Agent Name CT Agent Company	ECHN	
		71 HAYNES STREET, MANCHESTER, CT	
	CT Agent Company Street Address	Manchester	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06040 -	
	· ·		
٧.	AFFILIATE NAME	TOLLAND IMAGING CENTER	
1	Affiliate Description	Joint venture to provide outpatient diagnostic imaging services	
	Affiliate type of service	Imaging Services	
3	Tax Status	Not for Profit	
4	Street Address Town	2800 Tamarack Ave South Windsor	
5 6	State	Connecticut	
	Zip Code	06103 -	
	CEO Name	Dennis P. McConville	
9	CEO Title	President	
	CT Agent Name	R&C Service Company	
	CT Agent Company	R&C Service Company	
		280 Trumbull Street	
13	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06103 -	
,		WEITING NUIDEE AND UEALTH CEDWICES OF CONVENTATION.	
	AFFILIATE NAME	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, INC.	
	Affiliate Description	Provides at-home nursing care and hospice care.	
	Affiliate type of service	Other HealthCare Svcs(Specify)	
	Tax Status	Not for Profit	
5	Street Address Town	8 Keynote Drive , Vernon, CT. Vernon Rockville	
6	State	Connecticut	
7	Zip Code	06066 -	
8	CEO Name	Todd Rose	
9	CEO Title	Chief Executive Office	
	CT Agent Name	Todd Rose	

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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	
11	CT Agent Company	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT,	
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 -	

^{*} 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) LINE AI	(2)	(3)	(4)
LINE A	•	FUND DESCRIPTION /	BALANCE AS OF
-	FFILIATE NAME	FUND PURPOSE	9/30/2009
A. R	OCKVILLE GENERAL HOSPITAL		
1		Unrestricted	\$36,356,992
2		Temporarily Restricted by Donor	\$1,938,409
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$3,466,667
5		Intercompany Eliminations	\$0
		Total:	\$41,762,068
B. E	ASTERN CT HEALTH NETWORK , INC		
1		Unrestricted	\$5,051,761
2		Temporarily Restricted by Donor	\$2,266,457
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$7,318,218
	ETNA AMBULANCE SERVICES, INC.		
1		Unrestricted	\$1,988,425
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$1,988,425)
		Total:	\$0
	MBULANCE SERVICE OF MANCHESTER, LLC		*
1		Unrestricted	\$6,607,849
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$6,607,849)
$oxed{oxed}$		Total:	\$0
	CANNECTICUT LIEAL THOADE INQUIDANCE CO		
	CONNECTICUT HEALTHCARE INSURANCE CO.		
1		Unrestricted	\$2,546,723
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
3		Total:	\$2,546,723
		Total.	ΨΖ,540,725
F. C	ONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC		
	CHILDRON COOL A HORAL HEALTH FAR INERS, LLC	Unrostricted	# 0
1		Unrestricted	\$0 \$0
		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
2		remporantly restricted by board	
3		Pormanantly Postriated by Daner	ው ር
3 4		Permanently Restricted by Donor	\$0 \$0
3		Intercompany Eliminations	\$0
3 4		Permanently Restricted by Donor Intercompany Eliminations Total:	\$0 \$0 \$0
2 3 4 5	ASTERN CT PHO	Intercompany Eliminations	\$0
2 3 4 5	ASTERN CT PHO	Intercompany Eliminations Total:	\$0 \$0
2 3 4 5 G. E /	ASTERN CT PHO	Intercompany Eliminations Total: Unrestricted	\$0 \$0 \$0
2 3 4 5 5 G. EA	ASTERN CT PHO	Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor	\$0 \$0 \$0 \$0 \$0
2 3 4 5 5 G. EA 1 2 3	ASTERN CT PHO	Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0 \$0 \$0 \$0 \$0
2 3 4 5 5 G. EA	ASTERN CT PHO	Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor	\$0 \$0 \$0 \$0 \$0

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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.		
	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.	Linguistad	(¢442.207)
2		Unrestricted Temporarily Restricted by Donor	(\$413,297) \$9,284,638
3		Temporarily Restricted by Board	\$9,264,636
4		Permanently Restricted by Donor	\$1,566,367
5		Intercompany Eliminations	(\$10,655,067)
		Total:	(\$217,359)
	ECHN ELDERCARE SERVICES, INC.		
1. 1	ECHN ELDERCARE SERVICES, INC.	Liprostrictod	¢2 204 960
		Unrestricted	\$3,294,860 \$328,427
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$320,427
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
Ľ		Total:	\$3,623,287
J.	ECHN ENTERPRISES, INC.		1
1		Unrestricted	\$883,683
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$883,683
K.	ECHN HEALTH SERVICES ,INC.		
1	,	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)
L.	ECHN WELLNESS SERVICES , INC.		
1	LOTIN WELLINESS SERVICES , INC.	Unrestricted	\$954,351
2		Temporarily Restricted by Donor	\$15,406
3		Temporarily Restricted by Board	\$13,400
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
Ť		Total:	\$969,757
	EVERGREEN ENDOSCOPY CENTER, LLC		40
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
3		Total:	\$0 \$0
N.	EVERGREEN IMAGING CORP, LLC		
1		Unrestricted	\$352,832
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$352,832)
		Total:	\$0

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
<u> </u>	,	FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2009
0.	EVERGREEN MEDICAL ASSOCIATES II, LLC		
1	EVEROREEN MEDIOAE ACCOUNTED II, EEC	Unrestricted	\$1,719,489
2		Temporarily Restricted by Donor	\$1,719,489
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$1,719,489)
		Total:	\$0
			**
P.	EVERGREEN MEDICAL ASSOCIATES, LLC		
1	EVEROREEN MEDIOAE ACCOUNTES, EES	Unrestricted	\$955,613
2		Temporarily Restricted by Donor	\$935,613
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$955,613)
Ť		Total:	\$0
			**
Q.	HAYNES STREET MEDICAL ASSOCIATES II, LLC		
1	The state of the s	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
			,,,
R.	HAYNES STREET MEDICAL ASSOCIATES, LLC		
1		Unrestricted	\$597,818
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$597,818)
		Total:	\$0
S.	MANCHESTER MEMORIAL HOSPITAL		
1		Unrestricted	\$28,644,838
2		Temporarily Restricted by Donor	\$2,106,033
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$7,889,025
5		Intercompany Eliminations	\$0
		Total:	\$38,639,896
T.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION		
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
<u> </u>		- Otan	
		i otali	
U.	METRO WHEELCHAIR SERVICE, INC	1900	
U .	METRO WHEELCHAIR SERVICE, INC	Unrestricted	\$434,262
	METRO WHEELCHAIR SERVICE, INC		\$434,262 \$0
1 2 3	METRO WHEELCHAIR SERVICE, INC	Unrestricted	\$0 \$0
1 2	METRO WHEELCHAIR SERVICE, INC	Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor	\$0
1 2 3	METRO WHEELCHAIR SERVICE, INC	Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$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
	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK,		
٧.	INC. (NRRON)		
1		Unrestricted	\$7,418,381
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$7,418,381)
		Total:	\$0
W.	TOLLAND IMAGING CENTER		
1		Unrestricted	\$343,137
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$343,137)
		Total:	\$0
	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT,		
Χ.	INC.		
1		Unrestricted	\$5,815,202
2		Temporarily Restricted by Donor	\$1,347,437
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$7,162,639)
		Total:	\$0
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$133,734,094
	Intercompany Eliminations	i una Balance.	(\$38,235,512)
	Total of all Affiliates	Fund Balanca	And the second of the second
	Total of all Affiliates	Fund Balance:	\$95,498,582

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(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
Α.	EASTERN CT HEALTH NETWORK, INC	Designing Unconcellidated Intercomment Polance	9/30/2008	\$4 292 ED2
1		Beginning Unconsolidated Intercompany Balance:	09/30/2008	\$1,383,592 (\$187,349)
<u> </u>		Allocation of Investment Income/Loss Ending Unconsolidated Intercompany Balance:		\$1,196,243
		Ending onconsolidated intercompany Balance.	9/30/2009	\$1,190,243
В.	AETNA AMBULANCE SERVICES, INC.			
<u> </u>	ALTINA AMBOLANOL OLIVIOLO, INC.	Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$510,660
1		Allocation of Investment Income/Loss	09/30/2009	\$28,013
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$538,673
C.	AMBULANCE SERVICE OF MANCHESTER, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$1,512,466
1		Allocation of Investment Income/Loss	09/30/2009	\$96,999
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$1,609,465
D.	CONNECTICUT HEALTHCARE INSURANCE CO.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$764,017
1		Accounting Fees	09/30/2009	\$249,367
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$1,013,384
_	CONNECTION TO COMPATIONAL HEALTH BARTNERS LLO			
E.	CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC	Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report	9/30/2006	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
			3/30/2003	Ţ.
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.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	(\$667,482)
1		Transfer of Donated Assets	09/30/2009	(\$77,429)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	(\$744,911)
	FOUNT EL DEDOADE GERVIOEG INO			
н.	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	\$243,045
1		Salary and Non-Salary Operating Expenses	09/30/2009	(\$287,089)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	(\$44,044)
ı.	ECHN ENTERPRISES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$29,936
1		Non Salary Expense	09/30/2009	\$258
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$30,194
J.	ECHN HEALTH SERVICES ,INC.			
<u> </u>	EGINT HEALTH GERVIGES ,ING.	Beginning Unconsolidated Intercompany Balance:	9/30/2008	(\$4,529,675)
1		Accounting Fees	09/30/2009	(\$1,728,542)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	(\$6,258,217)
K.	ECHN WELLNESS SERVICES , INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$22,667
1		Salary and Non-Salary Operating Expenses	09/30/2009	\$6,634
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$29,301
L.	EVERGREEN ENDOSCOPY CENTER, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report	5,55,255	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
М.	EVERGREEN IMAGING CORP, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$52,955
1		Allocation of Investment Income/Loss	09/30/2009	(\$52,955)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
N.	EVERGREEN MEDICAL ASSOCIATES II, LLC			
	THE TOTAL MODERNIE II, LEG	Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report	2.20,200	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
0.	EVERGREEN MEDICAL ASSOCIATES, LLC			
 •	THE TOTAL NOODING LO, LLO	Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	HOSPITAL
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
			0,00,200	·
P.	HAYNES STREET MEDICAL ASSOCIATES II, LLC			
	, ,	Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$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
	MANOUESTED MEMORIAL LIGORITAL			
R.	MANCHESTER MEMORIAL HOSPITAL		0/00/0000	¢44.752.750
1		Beginning Unconsolidated Intercompany Balance:	9/30/2008 09/30/2009	\$11,753,750 (\$1,226,101)
1		Transfer of Salary and Non-Salary Expenses Ending Unconsolidated Intercompany Balance:	9/30/2009	\$10,527,649
		Ending offootisondated intercompany balance.	9/30/2009	ψ10,327,043
S.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION			
	MANORESTER TITOISIAN TISSI TIAE SINSANIZATION	Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report	0,00,200	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
T.	METRO WHEELCHAIR SERVICE, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$101,731
1		Allocation of Investment Income/Loss	09/30/2009	(\$5,491)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$96,240
U.	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK,			
L.		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$1,905,817
1		Allocation of Investment Income/Loss	09/30/2009	\$598,079
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$2,503,896
1/	TOUL AND IMACING CENTER			
V.	TOLLAND IMAGING CENTER	Devianian III concellidated Intercomment Deleve	0/20/2022	¢420.000
1		Beginning Unconsolidated Intercompany Balance: Allocation of Investment Income/Loss	9/30/2008 09/30/2009	\$120,098 (\$120,098)
_ '		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 Polance	0/00/000	60
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
W.	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, I	NC.		
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$1,099,004
1		Allocation of Investment Income/Loss	09/30/2009	(\$62,272)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$1,036,732
			Grand Total:	\$11,534,605

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	\$16,360,231
Α.	EASTERN CT HEALTH NETWORK , INC				
			Allocation of ECHN Expenses		
1		MANCHESTER MEMORIAL HOSPITAL	to Subsidy	09/30/2009	\$1,083,757
			Allocation of ECHN Expenses		
2		ECHN ELDERCARE SERVICES, INC.	to Subsidy	09/30/2009	(\$6,787)
		ECHN COMMUNITY HEALTHCARE	Allocation of ECHN Expenses		
3		FOUNDATION, INC.	to Subsidy	09/30/2009	\$325,963
			Allocation of ECHN Expenses		
4		ECHN HEALTH SERVICES ,INC.	to Subsidy Allocation of ECHN Expenses	09/30/2009	(\$149,652)
			Allocation of ECHN Expenses		
5		ECHN WELLNESS SERVICES , INC.	to Subsidy	09/30/2009	\$5,584
			Total:	9/30/2009	\$1,258,865
В.	AETNA AMBULANCE SERVICES, INC.				
1		MANCHESTER MEMORIAL HOSPITAL	Allocation of Income/Loss	09/30/2009	\$65,365
			Total:	9/30/2009	\$65,365
C.	AMBULANCE SERVICE OF MANCHESTER, LLC				
1	, in the second	MANCHESTER MEMORIAL HOSPITAL	Allocation of Income/Loss	09/30/2009	\$226,331
			Total:	9/30/2009	\$226,331
					4==0,00 1
D.	CONNECTICUT HEALTHCARE INSURANCE CO.				
			Allocation of Shareholders		
1		MANCHESTER MEMORIAL HOSPITAL	Equity	09/30/2009	\$581,856
<u> </u>			Total:	9/30/2009	\$581,856
			ı otal.	3,33,233	Ψ301,030
E.	CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC				
<u> </u>	CONTROL COOL ATIONAL HEALTH FACTORIO, LEG		Nothing to Report		\$0
			Total:	9/30/2009	\$0
			i otai:	9/30/2009	\$U
	EASTERN CT PHO				
F.	EASIERN OF PRO		Salary and Non-Salary		
		EASTERN OF HEALTH NETWORK INC		00/00/0000	040.500
1		EASTERN CT HEALTH NETWORK , INC	Expenses	09/30/2009	\$10,562
			Total:	9/30/2009	\$10,562

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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
G.	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.				
1		MANCHESTER MEMORIAL HOSPITAL	Transfer of Donated Assets	09/30/2009	\$600,101
2		ECHN ELDERCARE SERVICES, INC.	Transfer of Donated Assets	09/30/2009	(\$486)
3		ECHN WELLNESS SERVICES , INC.	Transfer of Donated Assets	09/30/2009	\$5,011
			Total:	9/30/2009	\$604,626
H.	ECHN ELDERCARE SERVICES, INC.				
			Salary and Non-Salary		
1		MANCHESTER MEMORIAL HOSPITAL	Expenses	09/30/2009	(\$1,860,438)
2		ECHN HEALTH SERVICES ,INC.	Note Receivable	09/30/2009	(\$12,149)
			Total:	9/30/2009	(\$1,872,587)
I.	ECHN ENTERPRISES, INC.				
			Non Salary Operating		
1		MANCHESTER MEMORIAL HOSPITAL	Expenses	09/30/2009	\$375,712
			Total:	9/30/2009	\$375,712
				5.00.00	40.0,
J.	ECHN HEALTH SERVICES ,INC.				
<u> </u>	LOTIVITEALITY GERVIGES (INC.		Salary and Non-Salary		
1		MANCHESTER MEMORIAL HOSPITAL	Operating Expenses	09/30/2009	\$3,447,157
<u> </u>		WAR AND THE STEEL WESTERN ALL THOSE THE	Total:	9/30/2009	\$3,447,157
			Total.	3/30/2003	ψ3,777,137
K.	ECHN WELLNESS SERVICES , INC.				
r.	LOTIN WELLINESS SERVICES , INC.		Salary and Non-Salary		
1		MANCHESTER MEMORIAL HOSPITAL	Operating Expenses	09/30/2009	\$8,647
<u> </u>		WANGIESTER WEWORIAE 11031 11AE	Total:	9/30/2009	\$8,647
			Total.	9/30/2009	Φ0,04 1
	EVED CREEN ENDOSCODY CENTER LLC				
L.	EVERGREEN ENDOSCOPY CENTER, LLC		Allocation of Investment		
		MANICHESTED MEMORIAL HOSPITAL		00/00/0000	# 400.000
1		MANCHESTER MEMORIAL HOSPITAL	Income/Loss	09/30/2009	\$400,000
			Total:	9/30/2009	\$400,000
	EVED OBEEN IMA ON O CORD I I O				
М.	EVERGREEN IMAGING CORP, LLC		All discount		
l .		MANIGUESTED MEMORIAL LIGGESTA	Allocation of Investment		
1		MANCHESTER MEMORIAL HOSPITAL	Income/Loss	09/30/2009	\$216,735
			Total:	9/30/2009	\$216,735

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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
N.	EVERGREEN MEDICAL ASSOCIATES II, LLC	ATTEMATE RESERVING FORES	BEGGINI HON OF HUMOFER	DATE	741100111
			Allocation of Investment		
1		ECHN ENTERPRISES, INC.	Income/Loss	09/30/2009	\$6,026
			Total:	9/30/2009	\$6,026
Ο.	EVERGREEN MEDICAL ASSOCIATES, LLC				
		501111 51175 BBB1050 1110	Allocation of Investment		
1		ECHN ENTERPRISES, INC.	Income/Loss	09/30/2009	\$4,755
			Total:	9/30/2009	\$4,755
P.	HAYNES STREET MEDICAL ASSOCIATES II, LLC				
1 1	HATNES STREET MEDICAL ASSOCIATES II, LLC	ECHN ENTERPRISES, INC.	Capital Contribution	09/30/2009	(\$354,648)
'		ECHNERITER RISES, INC.	Total:	9/30/2009	(\$354,648)
			Total.	3/30/2003	(ψουτ,υτο)
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 MEMORIAL HOSPITAL				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
	MANCHECTED DIVERSIAN HOSDITAL ODGANIZATION				
S.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION		Nothing to Report		\$0
			Total:	9/30/2009	\$0
			Total.	3/30/2003	ΨΟ
Т.	METRO WHEELCHAIR SERVICE, INC				
			Allocation of Investment		
1		MANCHESTER MEMORIAL HOSPITAL	Income/Loss	09/30/2009	(\$12,812)
			Total:	9/30/2009	(\$12,812)
U.	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON)				
			Allocation of Investment		
1		MANCHESTER MEMORIAL HOSPITAL	Income/Loss	09/30/2009	\$598,485
			Total:	9/30/2009	\$598,485

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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
٧.	TOLLAND IMAGING CENTER				
1		MANCHESTER MEMORIAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2009	(\$120,098)
			Total:	9/30/2009	(\$120,098)
W.	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, INC.				
			Allocation of Investment		
1		MANCHESTER MEMORIAL HOSPITAL	Income/Loss	09/30/2009	(\$145,302)
			Total:	9/30/2009	(\$145,302)
			Ending Unconsolidated		
			Intercompany Balance	9/30/2009	\$21,667,281

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ROCKVILLE GENERAL 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	Autociti	DATE.
Α.	EASTERN CT HEALTH NETWORK , INC		
0	Nothing to Report	\$0	
	Tota	l: \$0	9/30/2009
В.	AETNA AMBULANCE SERVICES, INC.		
0	Nothing to Report	\$0	
	Tota	1: \$0	9/30/2009
	AMPLII ANCE CERVICE OF MANCHESTER 11 C		
C .	AMBULANCE SERVICE OF MANCHESTER, LLC Nothing to Report	\$0	
	Tota		
D .	CONNECTICUT HEALTHCARE INSURANCE CO. Nothing to Report	\$0	
<u> </u>	Total		
		-	3,10,110
	CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC		
0	Nothing to Report Tota	\$0 I: \$0	
	100	ii. \$0	9/30/2009
F.	EASTERN CT PHO		
0	Nothing to Report	\$0	
	Tota	1: \$0	9/30/2009
G.	ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.		
0	Nothing to Report	\$0	
	Tota	1: \$0	9/30/2009
H.	ECHN ELDERCARE SERVICES, INC. Nothing to Report	\$0	
Ť	Total		
I. 0	ECHN ENTERPRISES, INC.	00	
-	Nothing to Report Tota	\$0 I: \$0	
		1.	3,00,200
J.	ECHN HEALTH SERVICES ,INC.		
0	Nothing to Report Tota	\$0	
	100	l: \$0	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	1: \$0	9/30/2009
R.F	EVED O DEEN IMACINO CORDA LLO		
M.	EVERGREEN IMAGING CORP, LLC Nothing to Report	\$0	
	Total		
N.	EVERGREEN MEDICAL ASSOCIATES II, LLC	\$0	
H	Nothing to Report Tota		
			3,33,2300
0.	EVERGREEN MEDICAL ASSOCIATES, LLC		
0	Nothing to Report Tota	\$0 I: \$0	
	Tota	\$0	9/30/2009
P.	HAYNES STREET MEDICAL ASSOCIATES II, LLC		
0	Nothing to Report	\$0	
	Tota	1: \$0	9/30/2009
Q.	HAYNES STREET MEDICAL ASSOCIATES, LLC		
0	Nothing to Report	\$0	
	Tota		

ROCKVILLE GENERAL 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 MEMORIAL HOSPITAL		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
S.	MANOUESTED BUYONGIAN HOSBITAL ORGANIZATION		
3.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION Nothing to Report	\$0	
Ľ	Notining to Report Total:	\$0	9/30/2009
	Totali	\$0	3/30/2003
Т.	METRO WHEELCHAIR SERVICE, INC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
U.	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON)		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
.,			
V .	TOLLAND IMAGING CENTER Nothing to Report	\$0	
l-	Notining to Report Total:	\$0	9/30/2009
		ψ0	3/30/2003
W.	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, 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
Α.	EACTERN OT LIE ALTH NETWORK, INC.		
0 0	EASTERN CT HEALTH NETWORK , INC Nothing to Report	\$0	0
	Total:	\$0	
	AETNA AMBULANCE SERVICES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
C .	AMBULANCE SERVICE OF MANCHESTER, LLC Nothing to Report	80	0
U	Nothing to Report Total:	\$0 \$0	0
	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	0
	Total:	\$0	
F.	EASTERN CT PHO		
0	Nothing to Report	\$0	0
	Total:	\$0	
_			
G .	ECHN COMMUNITY HEALTHCARE FOUNDATION , INC. Nothing to Report	\$0	0
	Total:	\$0	Ü
	1000	4 5	
Н.	ECHN ELDERCARE SERVICES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	ECHN ENTERPRISES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	ECHN HEALTH SERVICES ,INC.	***	
0	Nothing to Report Total:	\$0	0
	l Otal:	\$0	

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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
K.	ECHN WELLNESS SERVICES , INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
L.	EVERGREEN ENDOSCOPY CENTER, LLC	60	0
0	Nothing to Report Total:	\$0 \$0	0
	i Stati.	ΨΟ	
М.	EVERGREEN IMAGING CORP, 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	
P.	HAYNES STREET MEDICAL ASSOCIATES II, LLC Nothing to Report	\$0	0
	Total:	\$0	0
	1000	40	
Q.	HAYNES STREET MEDICAL ASSOCIATES, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
R.	MANCHESTER MEMORIAL HOSPITAL		
0	Nothing to Report	\$0	0
	Total:	\$0	
	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
T.	METRO WHEELCHAIR SERVICE, INC Nothing to Report	\$0	0
	Nothing to Report Total:	\$0 \$0	O
	Total	ψ0	
U.	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON)		
	NOT THEAST REGIONAL RADIATION UNCOLUGINETWORK, INC. (NKKUN)		

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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 OFCONNECTICUT, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$70,000	

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ROCKVILLE GENERAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2009 6 - DONATIONS AND FUNDS RESTRICE

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
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	\$242,445.00	\$198,212.76	(\$44,232.24)	-18%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$8,686.21	(\$12,087.87)	(\$20,774.08)	-239%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	(\$52,918.45)	(\$6,787.43)	\$46,131.02	-87%
	Ending Balance	\$198,212.76	\$179,337.46	(\$18,875.30)	-10%
5	Projected Interest Income	\$10,000.00	\$10,000.00	\$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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	ROCKVILLE GENERAL HOSPITAL	
	ANNUAL REPORTING	
	FISCAL YEAR 2009	
REPOR	T 17 - HOSPITAL BED FUNDS HELD OR ADMINISTER	ED BY THE HOSPITAL
A. Patient Activity		
(1)	(2)	(3)
<u>Patient</u>	Name of Hospital Bed Fund (FULL NAME)	Amount
1.Number of Applications for	or Hospital Bed Funds	0
2. A. Number of Patients re	ceiving Hospital Bed Fund Grants	0
2. B. The Actual Total Dolla	r Amount provided to all patients from Hospital Bed F	\$0.00
	Grand Total	\$0.00

		ROCKVILLE GENER	AL HOSPITAL			
		ANNUAL REPO	ORTING			
		FISCAL YEA	R 2009			
	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 e	ach individual Hospit	al Bed Fund, or the P	rincipal attributable	to each Hospital	
(4)	Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund.					
1.7	Total Atotaal Earnings for Sach Hoopic	al bed Fund of the Ea	arnings attributable to	each Hospital Bed	Fund.	
(' /			-	each Hospital Bed	Fund.	
(5)	Actual Dollar Amount of Earnings rein		-	each Hospital Bed I	Fund.	
. ,	Actual Dollar Amount of Earnings rein	nvested as Principal,	if any.	each Hospital Bed	Fund.	
. ,		nvested as Principal,	if any.	each Hospital Bed	Fund.	
(5)	Actual Dollar Amount of Earnings rein	nvested as Principal,	if any.	each Hospital Bed	Fund.	
(5)	Actual Dollar Amount of Earnings rein	nvested as Principal,	if any.	(\$6,138.65)		
(5)	Actual Dollar Amount of Earnings rein	nvested as Principal, ailable for Patient Card	if any.			
(5)	Actual Dollar Amount of Earnings rein Actual Dollar Amount of Earnings ava Trumbull Chapter	nvested as Principal, allable for Patient Card \$111,630.05	if any. e. (\$6,138.65)	(\$6,138.65)	(\$6,138.65)	
(5)	Actual Dollar Amount of Earnings rein Actual Dollar Amount of Earnings ava Trumbull Chapter CE Prescott	nvested as Principal, allable for Patient Card \$111,630.05 \$72,205.60	(\$6,138.65) (\$3,971.01)	(\$6,138.65) (\$3,971.01)	(\$6,138.65) (\$3,971.01)	
(5)	Actual Dollar Amount of Earnings rein Actual Dollar Amount of Earnings ava Trumbull Chapter CE Prescott Charles Phelps	\$111,630.05 \$72,205.60 \$10,704.70	(\$6,138.65) (\$3,971.01) (\$588.95)	(\$6,138.65) (\$3,971.01) (\$588.95)	(\$6,138.65) (\$3,971.01) (\$588.95)	
(5)	Actual Dollar Amount of Earnings rein Actual Dollar Amount of Earnings ava Trumbull Chapter CE Prescott Charles Phelps Winchell Foster	\$111,630.05 \$72,205.60 \$11,719.37	(\$6,138.65) (\$3,971.01) (\$588.95) (\$644.81)	(\$6,138.65) (\$3,971.01) (\$588.95) (\$644.81)	(\$6,138.65) (\$3,971.01) (\$588.95) (\$644.81)	

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	17.00%
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

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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.	17.00%

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

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	Emergency Room staff MD	\$279,098	\$19,535	\$298,633
2.	OB/GYN	\$250,211	\$3,434	\$253,645
3.	Infection Control Director MD	\$211,382	\$19,700	\$231,082
4.	CEO	\$208,708	\$9,516	\$218,224
5.	Emergency Room staff MD	\$137,497	\$19,128	\$156,625
6.	CFO	\$134,065	\$9,321	\$143,386
7.	Medical Director ED	\$129,446	\$5,656	\$135,102
8.	Admin Director	\$125,885	\$13,119	\$139,004
9.	Senior VP of Medical Affairs	\$122,683	\$11,965	\$134,648
10.	RN ICU	\$113,114	\$19,543	\$132,657
	Grand Total:	\$1,712,089	\$130,917	\$1,843,006

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

(1)	(2)	(3)	(4)	(5)
			FRINGE BENEFITS ^A	
		SALARIES (Directly	(Directly or	
LINE	DESCRIPTION	or Indirectly) ^C	Indirectly) ^C	TOTAL
			,,	
Α.	EASTERN CT 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.	_		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
C.	AMBULANCE SERVICE OF MANCHESTER, LLC			
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	\$0	Φ0
D.	CONNECTICUT HEALTHCARE INSURANCE CO.			
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 OCCUPATIONAL LIEALTH BARTHERS			
E.	CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC Paid by the Entity Listed Above to Hospital Employees(B)	¢0	¢0	90
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0 \$0	\$0 \$0
	ald by the Hospital to Employees of the Emity Listed Above	ΨΟ	ΨΟ	Ψ0
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
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
_		**	4.	**
Η.	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
Ι.	ECHN ENTERPRISES, INC.	_		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
J.	ECHN HEALTH SERVICES ,INC.	•	00	
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	φυ	ΦΟ	ΦΟ
Κ.	ECHN WELLNESS 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	EVED CREEN ENDOSCOPY CENTER 11 C			
L.	EVERGREEN ENDOSCOPY CENTER, LLC 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
_		+5	+-	
Μ.	EVERGREEN IMAGING CORP, 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		00	0.5
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0 \$0	\$0 \$0	\$0 \$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Ρ.	HAYNES STREET 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
	UANGES OFFICE MEDICAL AGGS STORY			
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) ^C	FRINGE BENEFITS ^A (Directly or Indirectly) ^C	TOTAL
	Delid by the Forth Heted Above to Heavitel Forebox on (D)		\$0	*
2	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	**	\$0
	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
R.	MANCHESTER MEMORIAL 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
S.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION			
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
	METRO WHEELCHAIR SERVICE, INC	_		
T. 1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	1 17 17	\$0	\$0 \$0	\$0 \$0
	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
U.	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC.	\neg		
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			
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
10/	WOLTING NUDGE AND HEALTH GEDWIGES GEGONNESTICLET INC			
W.	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, INC.	(0)	\$0	C O
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$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.

ROCKVILLE GENERAL 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	
2.	Hospital Clinical or Nonclinical Services or Functions.	N/A
	Description of each Hospital Clinical or Nonclinical Service or Function transferred or	
3.	involved in a change of control.	N/A
	Date that each Transfer of Assets or Operations or Change of Control involving Hospital	
4.	Clinical or Nonclinical Services or Functions occurred.	N/A
	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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	ROCKVILLE GEN		_		
		REPORTING			
	REPORT 23 - CHARITY CARE AND REDUCED (EAR 2009	PROVIDED BY	THE HOSPITAL	
	REPORT 23 - CHARITT CARE AND REDUCED	COST SERVICES	FROVIDED B1	THE HOSPITAL	
(1)	(2)	(3)	(4)	(5)	(6)
(.,	(=/	FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENC
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial St	atement Notes)			
1.	Number of Applicants	269	214	(55)	-2
2.	Number of Approved Applicants	254	197	(57)	-2
2	Total Charges (A)	£000 474	\$550.007	(0.444.477)	
3.	Total Charges (A)	\$962,474 \$3,789	\$550,997 \$2,797	(\$411,477) (\$992)	-4 -2
	Average Charges	\$3,789	\$2,797	(\$992)	-4
4.	Ratio of Cost to Charges (RCC)	0.464477	0.445073	(0.019404)	
т.	Total Cost	\$447,047	\$245,234	(\$201,813)	-4
	Average Cost	\$1,760	\$1,245	(\$515)	-2
	Average oost	ψ1,700	Ψ1,240	(ψ313)	
5.	Charity Care - Inpatient Charges	\$489,979	\$244,842	(\$245,137)	-{
6.	Charity Care - Outpatient Emergency Department Charges	178,021	146,146	(31,875)	-
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	294,474	160,009	(134,465)	
	Total Charges (A)	\$962,474	\$550,997	(\$411,477)	-
	Total ondigos (7)	ψ002,11·1	4000,001	(Ψ····,···)	
8.	Charity Care - Number of Patient Days	246	214	(32)	-
9.	Charity Care - Number of Discharges	64	58	(6)	
10.	Charity Care - Number of Outpatient ED Visits	334	251	(83)	-
10.	Charity Care - Number of Outpatient Visits (Excludes ED	001	201	(00)	
11.	Visits)	228	142	(86)	-:
				()	
A) Th	e total amount must agree with the total amount listed in	the Hospital Audi	ited Financial St	atement Notes.	
		•			
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - Re				
1.	Number of Applicants		-	-	
1.	Number of Applicants Number of Approved Applicants	eport 17)	-	-	
1.	Number of Applicants Number of Approved Applicants Total Charges (B)	\$0	- - - \$0	- - - \$0	
1.	Number of Applicants Number of Approved Applicants	eport 17)	-	-	
1. 2. 3.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges	**************************************	- - \$0 \$0	- - \$0 \$0	
1.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC)	**************************************	- - - \$0 \$0 0.445073	- - \$0 \$0 (0.019404)	
1. 2. 3.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost	\$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 0.445073	\$0 \$0 \$0 (0.019404)	
1. 2. 3.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC)	**************************************	- - - \$0 \$0 0.445073	- - \$0 \$0 (0.019404)	
1. 2. 3.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost	\$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 0.445073 \$0 \$0	\$0 \$0 \$0 (0.019404) \$0	
1. 2. 3. 4.	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	\$0 \$0 \$0 \$0 0.464477 \$0 \$0	\$0 \$0 \$0 0.445073 \$0 \$0	\$0 \$0 \$0 (0.019404) \$0 \$0	
1. 2. 3. 4. 5. 6.	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	\$0 \$0 \$0 \$0 0.464477 \$0 \$0	- - - \$0 \$0 0.445073 \$0 \$0	\$0 \$0 \$0 (0.019404) \$0 \$0 \$0	
1. 2. 3. 4.	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 Bed Funds - Outpatient Charges (Excludes ED Charges)	\$0 \$0 \$0 \$0 0.464477 \$0 \$0 0	0.445073 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 (0.019404) \$0 \$0 0 0	
1. 2. 3. 4. 5. 6.	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	\$0 \$0 \$0 \$0 0.464477 \$0 \$0	- - - \$0 \$0 0.445073 \$0 \$0	\$0 \$0 \$0 (0.019404) \$0 \$0 \$0	
1. 2. 3. 4. 5. 6. 7.	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 Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B)	\$0 \$0 \$0 \$0 0.464477 \$0 \$0 0 \$0	\$0 \$0 \$0 0.445073 \$0 \$0 0 0	\$0 \$0 \$0 (0.019404) \$0 \$0 0 \$0	
1. 2. 3. 4. 5. 6. 7.	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 Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days	so s	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 (0.019404) \$0 \$0 0 0 0	
1. 2. 3. 4. 5. 6. 7.	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 Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	so s	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 (0.019404) \$0 \$0 0 0 0	
1. 2. 3. 4. 5. 6. 7.	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 Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges Bed Funds - Number of Outpatient ED Visits	so s	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 (0.019404) \$0 \$0 0 0 0	
1. 2. 3. 4. 5. 6. 7. 8. 9.	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 Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	so s	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 (0.019404) \$0 \$0 0 0 0	

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