ANNUAL REPORTING

FISCAL YEAR 2010

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

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
Α.	AFFILIATE NAME	L&M CORPORATION	
1	Affiliate Description	PARENT CORPORATION	
2	Affiliate type of service	Parent Corporation	
	Tax Status	Not for Profit	
<u>4</u> 5	Street Address Town	365 MONTAUK AVE New London	
6	State	Connecticut	
	Zip Code	06320 -	
8	CEO Name	BRUCE D. CUMMINGS	
	CEO Title	PRESIDENT & CEO	
	CT Agent Name	BRUCE D. CUMMINGS	
11	CT Agent Company CT Agent Company Street Address	L&M Hosp. or N/A	
13	CT Agent Company Street Address CT Agent Town	New London	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06320 -	
_	AFFILIATE NAME	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.	
	AFFILIATE NAME Affiliate Description	Professional Caregiver/Physician Organization	
	Affiliate type of service	Physicians Hospital Org. (PHO)	
3	Tax Status	Not for Profit	
	Street Address	2 Lorenz Industrial Parkway	
5	Town	Ledyard	
6	State	Connecticut	
7 8	Zip Code CEO Name	06339 - Daniel Rissi, MD	
9	CEO Title	President & CEO	
	CT Agent Name	Daniel Rissi, MD	
11	CT Agent Company	Lawrence & Memorial Hospital	
	CT Agent Company Street Address		
13	CT Agent Town CT Agent State	Ledyard	
14 15	CT Agent State CT Agent Zip Code	Connecticut 06339 -	
10	o i rigoni zip codo		
	AFFILIATE NAME	L&M FOUNDATION INC.	
	Affiliate Description	FOUNDATION ENTITY - NOT ACTIVE	
3	Affiliate type of service Tax Status	Inactive Not for Profit	
4	Street Address	365 MONTAUK AVE	
5	Town	New London	
6	State	Connecticut	
	Zip Code	06320 -	
	CEO Name	BRUCE D. CUMMINGS	
9	CEO Title CT Agent Name	PRESIDENT & CEO BRUCE D. CUMMINGS	
11	CT Agent Name CT Agent Company	L&M Corporation	
	CT Agent Company Street Address	365 MONTAUK AVE	
13	CT Agent Town	New London	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06320 -	
D.	AFFILIATE NAME	L&M HEALTHCARE INC.	
1	Affiliate Description	HEALTHCARE RELATED BUSINESS ENTITIES	
2	Affiliate type of service	Inactive	
3	Tax Status	Not for Profit	
4	Street Address	365 MONTAUK AVE	
5	Town	New London	

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ANNUAL REPORTING

FISCAL YEAR 2010

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

(1)	(2)	(3)
	DESCRIPTION	AFFILIATE INFORMATION
	State	Connecticut
	Zip Code	06320 -
	CEO Name CEO Title	BRUCE D. CUMMINGS PRESIDENT & CEO
	CT Agent Name	BRUCE D. CUMMINGS
	CT Agent Company	L&M Corporation
12	CT Agent Company Street Address	365 MONTAUK AVE
13	CT Agent Town	New London
	CT Agent State	Connecticut
15	CT Agent Zip Code	06320 -
E.	AFFILIATE NAME	L&M PHYSICIAN ASSOCIATION, INC.
1	Affiliate Description	Physician Practice
2	Affiliate type of service	Physicians Services
3	Tax Status	Not for Profit
4	Street Address	2 Lorenz Industrial Parkway
5	Town	Ledyard
6	State	Connecticut
	Zip Code	06339 -
	CEO Name CEO Title	Danile Rissi, MD Chair
	CT Agent Name	Chair Dan Rissi, MD
	CT Agent Name CT Agent Company	Dan Rissi, MD
12	CT Agent Company Street Address	
	CT Agent Town	Ledyard
	CT Agent State	Connecticut
15	CT Agent Zip Code	06339 -
	· ·	
I _		LAM OVOTEMO INO
F.	AFFILIATE NAME	L&M SYSTEMS INC
		PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE
1	Affiliate Description	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES
1 2	Affiliate Description Affiliate type of service	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices
1 2 3	Affiliate Description Affiliate type of service Tax Status	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit
1 2 3 4	Affiliate Description Affiliate type of service Tax Status Street Address	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE
1 2 3	Affiliate Description Affiliate type of service Tax Status	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit
1 2 3 4 5 6	Affiliate Description Affiliate type of service Tax Status Street Address Town	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 -
1 2 3 4 5 6 7 8	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS
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	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS 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	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS
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	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L&M Corporation
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	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L&M Corporation 365 MONTAUK AVE
1 2 3 4 5 6 7 8 9 10 11 12	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	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L&M Corporation 365 MONTAUK AVE New London
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 Town CT Agent State	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L&M Corporation 365 MONTAUK AVE
1 2 3 4 5 6 7 8 9 10 11 12	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	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L&M Corporation 365 MONTAUK AVE New London
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 Town CT Agent State	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L&M Corporation 365 MONTAUK AVE
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 State CT Agent State CT Agent Zip Code	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L&M Corporation 365 MONTAUK AVE New London Connecticut 06320 - SOUTHEAST CT PARTNERS INC.
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	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	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L&M Corporation 365 MONTAUK AVE New London Connecticut 06320 - Sewice Organization
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	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L&M Corporation 365 MONTAUK AVE New London Connecticut 06320 - SOUTHEAST CT PARTNERS INC. Service Organization Inactive
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 Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L&M Corporation 365 MONTAUK AVE New London Connecticut 06320 - SOUTHEAST CT PARTNERS INC. Service Organization Inactive Not for Profit
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 Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L&M Corporation 365 MONTAUK AVE New London Connecticut 06320 - SOUTHEAST CT PARTNERS INC. Service Organization Inactive Not for Profit 365 Montauk Avenue
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 G. 1 2 3 4 5 5	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	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L&M Corporation 365 MONTAUK AVE New London Connecticut 06320 - SOUTHEAST CT PARTNERS INC. Service Organization Inactive Not for Profit 365 Montuak Avenue New London
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 Street Address Town Street Address Town State	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L&M Corporation 365 MONTAUK AVE New London Connecticut 06320 - SOUTHEAST CT PARTNERS INC. Service Organization Inactive Not for Profit 365 Montuak Avenue New London Connecticut
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 G. 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 Street Address Town State Zip Code	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L&M Corporation 365 MONTAUK AVE New London Connecticut 06320 - SOUTHEAST CT PARTNERS INC. Service Organization Inactive Not for Profit 365 Montuak Avenue New London Connecticut 06320 -
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 G. 1 2 3 4 4 5 6 7 8	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 CEO Name	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L&M Corporation 365 MONTAUK AVE New London Connecticut 06320 - SOUTHEAST CT PARTNERS INC. Service Organization Inactive Not for Profit 365 Montuak Avenue New London Connecticut 06320 - Daniel Rissi, MD
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 G. 1 2 3 4 5 6 6 7 8 9 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 CT Agent Town CT Agent State CT Address CT Agent State CT Agent State CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L&M Corporation 365 MONTAUK AVE New London Connecticut 06320 - SOUTHEAST CT PARTNERS INC. Service Organization Inactive Not for Profit 365 Montuak Avenue New London Connecticut 06320 - Daniel Rissi, MD CEO
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 G. 1 2 3 4 5 6 6 7 8 9 10 10 10 10 10 10 10 10 10 10 10 10 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 CT Agent Town CT Agent State CT Agent Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L&M Corporation 365 MONTAUK AVE New London Connecticut 06320 - SOUTHEAST CT PARTNERS INC. Service Organization Inactive Not for Profit 365 Montauk Avenue New London Connecticut 06320 - Daniel Rissi, MD CEO Daniel Rissi, MD
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 G. 1 2 3 4 5 6 7 8 9 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 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 CEO Name CEO Title CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L&M Corporation 365 MONTAUK AVE New London Connecticut 06320 - SOUTHEAST CT PARTNERS INC. Service Organization Inactive Not for Profit 365 Montuak Avenue New London Connecticut 06320 - Daniel Rissi, MD CEO

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ANNUAL REPORTING

FISCAL YEAR 2010

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

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

^{*} P.O. BOX IS UNACCEPTABLE WITHOUT A STREET ADDRESS FOR EACH AGENT COMPANY

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2010
Α.	LAWRENCE AND MEMORIAL HOSPITAL		
1		Unrestricted	\$137,717,053
2		Temporarily Restricted by Donor	\$18,249,300
3		Temporarily Restricted by Board	\$0
4 5		Permanently Restricted by Donor Intercompany Eliminations	\$5,650,325 \$0
		Total:	\$161,616,6 78
			VIOLITICAL
В.	L&M CORPORATION		
1		Unrestricted	\$55,432,157
2		Temporarily Restricted by Donor	\$407,308
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations Total:	\$0 \$55,839,465
		Total.	\$55,659,465
C.	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.		
1	,	Unrestricted	\$191,505
2		Temporarily Restricted by Donor	\$2,040
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$193,545
	LOW FOLINDATION INC		
D.	L&M FOUNDATION INC.		0.0
1		Unrestricted	\$0
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
E.	L&M HEALTHCARE INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	\$0
Ť		Total:	\$0
F.	L&M PHYSICIAN ASSOCIATION, INC.		
1		Unrestricted	\$105,253
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0
<u>4</u> 5		Intercompany Eliminations	(\$3,182,689)
-		Total:	(\$3,077,436)
			(, 1)2 , 23
G.	L&M SYSTEMS INC		
1		Unrestricted	\$597,056
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
			·
<u> </u>		Total:	\$597,056

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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	9/30/2010
Н.	SOUTHEAST CT PARTNERS INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
I.	VNA OF SOUTHEASTERN CT		
1		Unrestricted	\$12,423,390
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$27,000
5		Intercompany Eliminations	\$0
		Total:	\$12,450,390
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$230,802,387
	Intercompany Eliminations		(\$3,182,689)
	Total of all Affiliates	Fund Balance:	\$227,619,698

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

(1)	(2)	(3)	(4)	(5)
				TRANSFER TO / FROM
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
LINE	ATTEM E NAME	DESCRIPTION OF TRANSPER	DAIL	HOSPITAL
Α.	L&M CORPORATION			
	LAW CORPORATION	Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$5,572,880
		Nothing to Report	3/30/2003	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$5,572,880
			0,00,2010	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
В.	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.			
	,	Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
C.	L&M FOUNDATION INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
D.	L&M HEALTHCARE INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
E.	L&M PHYSICIAN ASSOCIATION, INC.			
- -	Edili i i i i i i i i i i i i i i i i i i	Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report	0/00/2000	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
			0.00,2010	
F.	L&M SYSTEMS INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
G.	SOUTHEAST CT PARTNERS INC.			44
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0

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

(1)	(2)	(2)		(5)	
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL	
H.	VNA OF SOUTHEASTERN CT				
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0	
		Nothing to Report		\$0	
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0	
			Grand Total:	\$5,572,880	

REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated		
			Intercompany Balance	10/01/2009	\$8,916,858
A.	L&M CORPORATION		Nothing to Danget		
			Nothing to Report	0/00/0040	\$0 \$0
			Total:	9/30/2010	\$0
В.	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.				
<u> </u>	ACCOUNTED OF EGIALICIO OF GOOTHEACTERIX CONNECTION, INC.		Nothing to Report		\$0
			Total:	9/30/2010	\$0
			1.00		••
C.	L&M FOUNDATION INC.				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
D.	L&M HEALTHCARE INC.		Nothing to Depart		
			Nothing to Report	0/00/0040	\$0
			Total:	9/30/2010	\$0
E.	L&M PHYSICIAN ASSOCIATION, INC.				
<u> </u>	LAW FITTSICIAN ASSOCIATION, INC.		Nothing to Report		\$0
			Total:	9/30/2010	\$ 0
			Totali	0/00/2010	+ •
F.	L&M SYSTEMS INC				
1		L&M CORPORATION	Forgiviness of Debt	09/30/2010	\$161,477
			Total:	9/30/2010	\$161,477
G.	SOUTHEAST CT PARTNERS INC.				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
	WALANT COUTURACTED VIOL				
H.	VNA OF SOUTHEASTERN CT		Nothing to Done of		40
<u> </u>			Nothing to Report Total:	9/30/2010	\$0 \$0
			lotai:	9/30/2010	\$0
			Ending Unconsolidated		
			Intercompany Balance	9/30/2010	\$9,078,335
				3/30/2010	÷=,== 0,000

ANNUAL REPORTING FISCAL YEAR 2010 REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)	(3)	(4)
I INI	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
LINE	DESCRIPTION OF EXPENDITURE	AWOONT	DATE
Α.	L&M CORPORATION		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
_			
B.	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
C.	L&M FOUNDATION INC.		
0.	Nothing to Report	\$0	
_	Notining to Report Total:	\$0	9/30/2010
		40	0/00/2010
D.	L&M HEALTHCARE INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
_			
E.	L&M PHYSICIAN ASSOCIATION, INC.	•	
U	Nothing to Report	\$0 \$0	9/30/2010
	Total.	Φ0	9/30/2010
F.	L&M SYSTEMS INC		
0	Nothing to Report	\$0	
	lotal:	\$0	9/30/2010
G .	SOUTHEAST CT PARTNERS INC.		
0	Nothing to Report Total:	\$0 \$0	9/30/2010
		4 0	0,00,2010
Н.	VNA OF SOUTHEASTERN CT		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	Grand Total:	\$0	9/30/2010

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

(2)	(3)
AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT
L & M CORPORATION	
	\$0
Total:	\$0
ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.	
Nothing to Report	\$0
Total:	\$0
L & M FOUNDATION INC	
	\$0
Total:	\$0
L&M HEALTHCARE INC.	
Nothing to Report	\$0
Total:	\$0
LAW PUNCIONAL ACCOUNTION INC	
	\$0
	\$0 \$0
L&M SYSTEMS INC	
Nothing to Report	\$0
Total:	\$0
	0.0
	\$0 \$0
i otal.	\$0
VNA OF SOUTHEASTERN CT	
Nothing to Report	\$0
Total:	\$0
Grand Total:	\$0
	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT L&M CORPORATION Nothing to Report Total: ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC. Nothing to Report Total: L&M FOUNDATION INC. Nothing to Report Total: L&M HEALTHCARE INC. Nothing to Report Total: L&M PHYSICIAN ASSOCIATION, INC. Nothing to Report Total: SOUTHEAST CT PARTNERS INC. Nothing to Report Total: VNA OF SOUTHEASTERN CT Nothing to Report Total: VNA OF SOUTHEASTERN CT Nothing to Report

PORATIONS

(4)	
TERM IN YEARS	
	0
	0
	0
	0
	0
	0
	0
	0
	0

REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR INDIGENT CARE AND FREE BEDS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	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%
B.	Free Beds				
	Beginning Balance	\$998,010.00	\$684,866.00	(\$313,144.00)	-31%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$60,423.00	\$50,722.00	(\$9,701.00)	-16%
3	Expenditures	\$41,253.00	\$76,856.00	\$35,603.00	86%
4	Unrealized Gains and Losses	(\$332,314.00)	\$350,915.00	\$683,229.00	-206%
	Ending Balance	\$684,866.00	\$1,009,647.00	\$324,781.00	47%
5	Projected Interest Income	\$58,000.00	\$51,000.00	(\$7,000.00)	-12%
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%

	LAWRENCE AND MEMORIAL HOSPITAL	
	ANNUAL REPORTING	
	FISCAL YEAR 2010	
RE	PORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY	THE HOSPITAL
A. Patient Activity	(0)	(0)
(1)	(2)	(3)
Patient_	Name of Hospital Bed Fund (FULL NAME)	Amount
	ons for Hospital Bed Funds	1,481
	nts receiving Hospital Bed Fund Grants	30
2. B. The Actual Total	Dollar Amount provided to all patients from Hospital Bed F	\$76,856.00
	Transport of the state of the s	
1	William S Thomas Trust	\$4,174.03
2	William S Thomas Trust	\$3,000.00
3	William S Thomas Trust	\$544.96
4	William S Thomas Trust	\$1,215.53
5	Webb-Fairbanks, Annie J	\$1,095.88
3	William S Thomas Trust	\$823.79
7	William S Thomas Trust	\$155.65
3	William S Thomas Trust	\$563.00
9	Webb-Fairbanks, Annie J	\$931.04
10	William S Thomas Trust	\$492.18
11	William S Thomas Trust	\$1,017.00
12	William S Thomas Trust	\$1,595.00
13	Armstrong, Elizabeth C	\$441.13
14	William S Thomas Trust	\$1,169.74
15	Armstrong, Elizabeth C	\$1,380.49
16	Lyman & Emma Turner Allyn	\$5,350.59
17	Matson, Harriet H	\$10.76
18	Brockington, Samuel	\$2,012.00
19	Sherman, Miranda H	\$4,452.84
20	Ferrin, Carlisle Dr. F	\$1,242.22
21	William S Thomas Trust	\$1,694.00
22	William S Thomas Trust	\$20,338.44
22	Armstrong, Elizabeth C	\$523.17
22	Crawford, Marion G	\$661.01
22	Strickland Duva, Mary E	\$880.46
22	Harkness, Edward S	\$2,026.92
22	Hobson, Dr. & Mrs. Albert	\$1,012.13
22	Eunice Harding Marvin Fund	\$2,344.79
22	May, Elizabeth & John Dr.	\$562.59
22	Shepard, Cecelia S	\$985.53
23	William S Thomas Trust	\$536.00 \$536.00
24	Brockington, Samuel	\$536.00 \$510.24
25	William S Thomas Trust	\$1,220.09
26	Matson, Harriet H	\$1,220.09
2 0 27	Brockington, Samuel	
2 <i>1</i> 28	Brockington, Samuel	\$2,012.00
28 29	Brockington, Samuel Brockington, Samuel	\$557.00
29 30	Lyman & Emma Turner Allyn	\$3,002.76
	Lyman & Limna rumer Allym	\$5,350.26
	Grand Total	\$76,856.00

	17	WRENCE AND MEMO	ORIAL HOSPITAL		
		ANNUAL REPO			
		FISCAL YEAR			
	REPORT 17 - HOSPITA			Y THE HOSPITAL	
B. B	ED FUND ACTIVITY				
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
(3)	Fair Market Value of the Principal of	each individual Hospi	tal Bed Fund, or the I	Principal attributable	e to each
				•	
(4)	Total Actual Earnings for each Hospi	tal Bed Fund or the Ea	arnings attributable t	o each Hospital Bed	Fund.
(5)	Actual Dollar Amount of Earnings rei	nvested as Principal,	if any.		
(6)	Actual Dollar Amount of Earnings av	ailable for Patient Car	e.		
	Armstrong, Elizabeth C	\$56,598.00	\$999.00	\$0.00	\$0.00
	Brockington, Samuel	\$280,036.00	\$4,945.00	\$0.00	ተለ ሰላ
	Crawford, Marion G	\$15,953.00	4444		\$0.00
	Eunice Harding Marvin Fund	Ψ10,000.00	\$282.00	\$0.00	\$0.00
	_	\$56,598.00	\$282.00 \$999.00	\$0.00 \$0.00	• • • • •
	Ferrin, Carlisle Dr. F				\$0.00
	_	\$56,598.00	\$999.00	\$0.00	\$0.00 \$0.00
	Ferrin, Carlisle Dr. F	\$56,598.00 \$29,977.00	\$999.00 \$529.00	\$0.00 \$0.00	\$0.00 \$0.00 \$0.00
	Ferrin, Carlisle Dr. F Harkness, Edward S	\$56,598.00 \$29,977.00 \$48,934.00	\$999.00 \$529.00 \$864.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00
	Ferrin, Carlisle Dr. F Harkness, Edward S Hobson, DR & Mrs. Albert	\$56,598.00 \$29,977.00 \$48,934.00 \$24,446.00	\$999.00 \$529.00 \$864.00 \$432.00	\$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Ferrin, Carlisle Dr. F Harkness, Edward S Hobson, DR & Mrs. Albert Matson, Harriet H	\$56,598.00 \$29,977.00 \$48,934.00 \$24,446.00 \$23,708.00	\$999.00 \$529.00 \$864.00 \$432.00 \$419.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Ferrin, Carlisle Dr. F Harkness, Edward S Hobson, DR & Mrs. Albert Matson, Harriet H May, Elizabeth & John Dr.	\$56,598.00 \$29,977.00 \$48,934.00 \$24,446.00 \$23,708.00 \$13,569.00	\$999.00 \$529.00 \$864.00 \$432.00 \$419.00 \$240.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Ferrin, Carlisle Dr. F Harkness, Edward S Hobson, DR & Mrs. Albert Matson, Harriet H May, Elizabeth & John Dr. Shepard, Cecelia S	\$56,598.00 \$29,977.00 \$48,934.00 \$24,446.00 \$23,708.00 \$13,569.00 \$23,840.00	\$999.00 \$529.00 \$864.00 \$432.00 \$419.00 \$240.00 \$421.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Ferrin, Carlisle Dr. F Harkness, Edward S Hobson, DR & Mrs. Albert Matson, Harriet H May, Elizabeth & John Dr. Shepard, Cecelia S Sherman, Miranda H	\$56,598.00 \$29,977.00 \$48,934.00 \$24,446.00 \$23,708.00 \$13,569.00 \$23,840.00 \$107,480.00	\$999.00 \$529.00 \$864.00 \$432.00 \$419.00 \$240.00 \$421.00 \$1,898.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Ferrin, Carlisle Dr. F Harkness, Edward S Hobson, DR & Mrs. Albert Matson, Harriet H May, Elizabeth & John Dr. Shepard, Cecelia S Sherman, Miranda H Strickland Duval, Mary E	\$56,598.00 \$29,977.00 \$48,934.00 \$24,446.00 \$23,708.00 \$13,569.00 \$23,840.00 \$107,480.00 \$21,249.00	\$999.00 \$529.00 \$864.00 \$432.00 \$419.00 \$240.00 \$421.00 \$1,898.00 \$375.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Ferrin, Carlisle Dr. F Harkness, Edward S Hobson, DR & Mrs. Albert Matson, Harriet H May, Elizabeth & John Dr. Shepard, Cecelia S Sherman, Miranda H Strickland Duval, Mary E Webb-Fairbanks, Annie J	\$56,598.00 \$29,977.00 \$48,934.00 \$24,446.00 \$23,708.00 \$13,569.00 \$23,840.00 \$107,480.00 \$21,249.00 \$48,934.00	\$999.00 \$529.00 \$864.00 \$432.00 \$419.00 \$240.00 \$421.00 \$1,898.00 \$375.00 \$864.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I.	GENERAL COLLECTION PROCESSES AND PROCEDURES	
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	PT Accts starting with letters A-L go to Century & M-Z go to Medical Bureau. May 2010 A-K are Century & L-Z are Marcum. Acct meets the criteria of collection by after 3 statements and final letter. At apprx 135 days the acct is referred to collection agency if the patient doesn't contact or pay L&M
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	&M reimburses Century, Med Bureau & Marcum collection payments received directly at L&M. L&M Notifies agencies daily of payments receivd. Collectionn agencies send a monthly statement to L&M of payments received directly by them.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	19.10%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
	Collection Agent	
1	Collection Agent Name	Century
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	PT Accts starting with letters A-L go to Century & M-Z go to Medical Bureau. May 2010 A-K are Century & L-Z are Marcum. Acct meets the criteria of collection by after 3 statements and final letter. At apprx 135 days the acct is referred to collection agency if the patient doesnt contact or pay L&M
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.	&M reimburses Century, Med Bureau & Marcum collection payments received directly at L&M. L&M Notifies agencies daily of payments receivd. Collectionn agencies send a monthly statement to L&M of payments received directly by them.

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	21.73%
	Collection Agent	
1	Collection Agent Name	Medical Bureau of Economics
	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	PT Accts starting with letters A-L go to Century & M-Z go to Medical Bureau. May 2010 A-K are Century & L-Z are Marcum. Acct meets the criteria of collection by after 3 statements and final letter. At apprx 135 days the acct is referred to collection agency if the patient doesnt contact or pay L&M
	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.	&M reimburses Century, Med Bureau & Marcum collection payments received directly at L&M. L&M Notifies agencies daily of payments receivd. Collectionn agencies send a monthly statement to L&M of payments received directly by them.
	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	21.90%
	Collection Agent	
1	Collection Agent Name	Marcum
	Collection Agent Type	Collection Agency
	Related / Not Related Entity	Not Related
	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	PT Accts starting with letters A-L go to Century & M-Z go to Medical Bureau. May 2010 A-K are Century & L-Z are Marcum. Acct meets the criteria of collection by after 3 statements and final letter. At apprx 135 days the acct is referred to collection agency if the patient doesnt contact or pay L&M

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
	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.	&M reimburses Century, Med Bureau & Marcum collection payments received directly at L&M. L&M Notifies agencies daily of payments receivd. Collectionn agencies send a monthly statement to L&M of payments received directly by them.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	13.31%
	Collection Agent	
1	Collection Agent Name	Howard Lee Schiff, PC
	Collection Agent Type	Attorney
	Related / Not Related Entity	Not Related
	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	The accounts referred to Schiff, PC are for Non-CT patients and CT residents without assets. The collection agencies place exhausted accounts with Schiff, PC after review by L&M and approved for further litigation.
	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.	&M reimburses Century, Med Bureau & Marcum collection payments received directly at L&M. L&M Notifies agencies daily of payments receivd. Collectionn agencies send a monthly statement to L&M of payments received directly by them.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	14.55%
	Collection Agent	
1	Collection Agent Name	Michalik,Bauer,Silva & Ciccarillo, LLP
2	Collection Agent Type	Attorney
3	Related / Not Related Entity	Not Related

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	The accounts referred to MBSC,LLP are for patients with CT Assets. The collection agencies place exhausted accounts with MBSC, LLP once the listing is reviewed by L&M and approved for further litigation.
	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.	&M reimburses Century, Med Bureau & Marcum collection payments received directly at L&M. L&M Notifies agencies daily of payments receivd. Collectionn agencies send a monthly statement to L&M of payments received directly by them.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	16.00%

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

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1	President, CEO	\$677,443	\$46,402	\$723,845
1.	i resident, occ	\$077,443	\$40,402	ψ1 23,043
2.	VP. COO	\$398,441	\$36,535	\$434,976
3.	Vice President, CFO	\$351,853	\$39,130	\$390,983
4.	Chair, Department of Surgery	\$305,588	\$23,920	\$329,508
5.	VP of Strategic Planning	\$282,322	\$35,105	\$317,427
6.	Medical Director Physician	\$273,783	\$31,356	\$305,139
7.	Chief Legal Officer	\$264,005	\$34,783	\$298,788
8.	ER Physician	\$259,517	\$33,831	\$293,348
9.	ER Physician	\$272,968	\$19,442	\$292,410
10.	ER Physician	\$246,625	\$34,734	\$281,359
	Grand Total:	\$3,332,545	\$335,238	\$3,667,783

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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
LIIVE		or manostry,	indirectly)	TOTAL
Α.	L&M CORPORATION			
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.	ASSOCIATED SPECIALISTS OF SOUTHEASTERN 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
	LAM FOUNDATION INC			
C.	L&M FOUNDATION INC.	40	40	Φ0
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
D .	L&M HEALTHCARE INC.	7		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
_	and by the mospital to Employees of the Emity Listed Above	ΨΟ	ΨΟ	ΨΟ
Ε.	L&M PHYSICIAN ASSOCIATION, INC.	7		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F.	L&M SYSTEMS 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
	COLUTIVE ACT OT DADTNEDO INO	_		
G.	SOUTHEAST CT PARTNERS INC.	40	40	Φ0
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Н.	VNA OF SOUTHEASTERN CT	7		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0 \$0
	and by the Hoopital to Employees of the Emity Listed 710046		ΨΟ	ΨΟ

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

A - Fringe benefits shall represent the value of all forms of compensation as described in Section 19a-643-206-(b)(21), including the fair market value where appropriate.

B - A hospital employee is anyone who provides a service which incurs an expense for the hospital.

 $[\]ensuremath{\text{C}}$ - Indirect payments include but are not limited to payments made to related entities.

LAWRENCE AND MEMORIAL HOSPITAL **ANNUAL REPORTING** FISCAL YEAR 2010 **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 2010
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
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

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		EMORIAL HOSPI	TAL		
		REPORTING			
		EAR 2010			
	REPORT 23 - CHARITY CARE AND REDUCED	COST SERVICES	PROVIDED BY	THE HOSPITAL	
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
LINE	DESCRIPTION	<u>AMOUNT</u>	<u>AMOUNT</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial St	atement Notes)			
1.	Number of Applicants	1,523	1,481	(42)	-3%
2.	Number of Approved Applicants	1,190	1,354	164	14%
3.	Total Charges (A)	\$4,820,444	\$5,279,519	\$459,075	10%
	Average Charges	\$4,051	\$3,899	(\$152)	-4%
		. ,		· · ·	
4.	Ratio of Cost to Charges (RCC)	0.523741	0.470923	(0.052818)	-10%
	Total Cost	\$2,524,664	\$2,486,247	(\$38,417)	-2%
	Average Cost	\$2,122	\$1,836	(\$285)	-13%
	7.1.0.030 0001	ΨΖ, 1 Ζ Ζ	ψ1,030	(ψ203)	-13/
5.	Charity Care - Inpatient Charges	\$919.959	\$1,189,760	\$269,801	29%
6.	Charity Care - Impatient Charges Charity Care - Outpatient Emergency Department Charges	630,921	839,720	208,799	33%
		3.269.564			
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	-,,	3,250,039	(19,525)	-19
	Total Charges (A)	\$4,820,444	\$5,279,519	\$459,075	10%
				(2.2)	
8.	Charity Care - Number of Patient Days	349	327	(22)	-6%
9.	Charity Care - Number of Discharges	67	75	8	12%
10.	Charity Care - Number of Outpatient ED Visits	676	713	37	5%
	Charity Care - Number of Outpatient Visits (Excludes ED				
	Visits)	1 01 1	4 750	400	004
11.	visits)	1,614	1,750	136	8%
11.	Visits)	1,614	1,750	136	8%
11.	Visits)	1,014	1,750	136	8%
	,				8%
	e total amount must agree with the total amount listed in				8%
	,				8%
(A) The	e total amount must agree with the total amount listed in	the Hospital Aud			8%
	,	the Hospital Aud			8%
(A) The	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - Re	the Hospital Aud	ited Financial St	atement Notes.	
(A) The <u>B.</u> 1.	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants	the Hospital Aud eport 17)	ited Financial St	atement Notes.	-3%
(A) The	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - Re	the Hospital Aud	ited Financial St	atement Notes.	-3%
(A) The B.	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants	the Hospital Aud eport 17) 1,523 19	ited Financial St	(42)	-39 589
(A) The B.	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B)	the Hospital Aud eport 17) 1,523 19 \$41,253	1,481 30 \$76,856	(42) 11 \$35,603	-39 589 869
(A) The B.	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants	the Hospital Aud eport 17) 1,523 19	ited Financial St	(42)	-3% 58%
(A) The B. 1. 2. 3.	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges	the Hospital Aud 2-port 17) 1,523 19 \$41,253 \$2,171	1,481 30 \$76,856 \$2,562	(42) 11 \$35,603 \$391	-3% 58% 86% 18%
(A) The B.	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC)	the Hospital Aud 2port 17) 1,523 19 \$41,253 \$2,171 0.523741	1,481 30 \$76,856 \$2,562 0.470923	(42) 11 \$35,603 \$391 (0.052818)	-3% 58% 86% 18%
(A) The B. 1. 2. 3.	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost	the Hospital Aud 2port 17) 1,523 19 \$41,253 \$2,171 0.523741 \$21,606	1,481 30 \$76,856 \$2,562 0.470923 \$36,193	(42) 11 \$35,603 \$391 (0.052818) \$14,587	-3% 58% 86% 18% -10% 68%
(A) The B. 1. 2. 3.	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC)	the Hospital Aud 2port 17) 1,523 19 \$41,253 \$2,171 0.523741	1,481 30 \$76,856 \$2,562 0.470923	(42) 11 \$35,603 \$391 (0.052818)	-3% 58% 86% 18% -10% 68%
(A) The B. 1. 2. 3.	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost	the Hospital Aud 2port 17) 1,523 19 \$41,253 \$2,171 0.523741 \$21,606 \$1,137	1,481 30 \$76,856 \$2,562 0.470923 \$36,193 \$1,206	(42) 11 \$35,603 \$391 (0.052818) \$14,587 \$69	-3% 58% 86% 18% -10% 68%
(A) The B. 1. 2. 3.	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R 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	the Hospital Aud 2-port 17) 1,523 19 \$41,253 \$2,171 0.523741 \$21,606 \$1,137	1,481 30 \$76,856 \$2,562 0.470923 \$36,193 \$1,206	(42) 11 \$35,603 \$391 (0.052818) \$14,587 \$69	-3% 58% 86% 18% -10% 68% 6%
(A) The B. 1. 2. 3.	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R 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	the Hospital Aud 2port 17) 1,523 19 \$41,253 \$2,171 0.523741 \$21,606 \$1,137 \$15,000 17,650	1,481 30 \$76,856 \$2,562 0.470923 \$36,193 \$1,206 \$23,089 14,853	(42) 11 \$35,603 \$391 (0.052818) \$14,587 \$69 \$8,089 (2,797)	-3% 58% 86% 18% -10% 68% 6% 54% -16%
(A) The B. 1. 2. 3. 4.	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R 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)	the Hospital Aud 2port 17) 1,523 19 \$41,253 \$2,171 0.523741 \$21,606 \$1,137 \$15,000 17,650 8,603	1,481 30 \$76,856 \$2,562 0.470923 \$36,193 \$1,206 \$23,089 14,853 38,914	(42) 11 \$35,603 \$391 (0.052818) \$14,587 \$69 \$8,089 (2,797) 30,311	-3% 58% 86% 18% -10% 68% 6%
(A) The B. 1. 2. 3. 4.	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R 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	the Hospital Aud 2port 17) 1,523 19 \$41,253 \$2,171 0.523741 \$21,606 \$1,137 \$15,000 17,650	1,481 30 \$76,856 \$2,562 0.470923 \$36,193 \$1,206 \$23,089 14,853	(42) 11 \$35,603 \$391 (0.052818) \$14,587 \$69 \$8,089 (2,797)	-3% 58% 86% 18% -10% 68% 6% 54% -16%
(A) The B. 1. 2. 3. 4.	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R 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)	the Hospital Aud 2port 17) 1,523 19 \$41,253 \$2,171 0.523741 \$21,606 \$1,137 \$15,000 17,650 8,603	1,481 30 \$76,856 \$2,562 0.470923 \$36,193 \$1,206 \$23,089 14,853 38,914	(42) 11 \$35,603 \$391 (0.052818) \$14,587 \$69 \$8,089 (2,797) 30,311	-39 589 869 189 -109 689 69 549 -169 3529
(A) The B. 1. 2. 3. 4.	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R 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)	the Hospital Aud 2port 17) 1,523 19 \$41,253 \$2,171 0.523741 \$21,606 \$1,137 \$15,000 17,650 8,603	1,481 30 \$76,856 \$2,562 0.470923 \$36,193 \$1,206 \$23,089 14,853 38,914	(42) 11 \$35,603 \$391 (0.052818) \$14,587 \$69 \$8,089 (2,797) 30,311	-39 589 869 189 -109 689 69 549 -169 3529 869
(A) The B. 1. 2. 3. 4. 5. 6. 7.	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of 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	the Hospital Aud 2port 17) 1,523 19 \$41,253 \$2,171 0.523741 \$21,606 \$1,137 \$15,000 17,650 8,603 \$41,253	1,481 30 \$76,856 \$2,562 0.470923 \$36,193 \$1,206 \$23,089 14,853 38,914 \$76,856	(42) 11 \$35,603 \$391 (0.052818) \$14,587 \$69 \$8,089 (2,797) 30,311 \$35,603	-39 589 869 189 -109 689 69 549 -169 3529 869
(A) The B. 1. 2. 3. 4. 5. 6. 7.	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	\$41,253 \$2,171 0.523741 \$21,606 \$1,137 \$15,000 17,650 8,603 \$41,253	1,481 30 \$76,856 \$2,562 0.470923 \$36,193 \$1,206 \$23,089 14,853 38,914 \$76,856	(42) 11 \$35,603 \$391 (0.052818) \$14,587 \$69 \$8,089 (2,797) 30,311 \$35,603	-39 589 869 189 -109 689 69 549 -169 3529 869 1679 2009
(A) The B. 1. 2. 3. 4. 5. 6. 7.	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges 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	the Hospital Aud 2port 17) 1,523 19 \$41,253 \$2,171 0.523741 \$21,606 \$1,137 \$15,000 17,650 8,603 \$41,253	1,481 30 \$76,856 \$2,562 0.470923 \$36,193 \$1,206 \$23,089 14,853 38,914 \$76,856	(42) 11 \$35,603 \$391 (0.052818) \$14,587 \$69 \$8,089 (2,797) 30,311 \$35,603	-39 589 869 189 -109 689 69 549 -169 3529 869
(A) The B. 1. 2. 3. 4. 5. 6. 7.	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	\$41,253 \$2,171 0.523741 \$21,606 \$1,137 \$15,000 17,650 8,603 \$41,253	1,481 30 \$76,856 \$2,562 0.470923 \$36,193 \$1,206 \$23,089 14,853 38,914 \$76,856	(42) 11 \$35,603 \$391 (0.052818) \$14,587 \$69 \$8,089 (2,797) 30,311 \$35,603	-3% 58% 86% 18% -10% 68% 6% 54% -16% 352%