(1)	(2)	(3)
. ,		
	DESCRIPTION	AFFILIATE INFORMATION
Α.	AFFILIATE NAME	EASTERN CONNECTICUT HEALTH NETWORK.INC.
<u> </u>		PARENT CORPORATION AND PROVIDES OVERALL DIRECTION AND CONTROL
	Affiliate Description	TO ALL OTHER CORPORATIONS
	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	71 HAYNES STREET, MANCHESTER, CT
5	Town	Manchester
6	State	Connecticut
	Zip Code	06040 -
	CEO Name	PETER J. KARL
	CEO Title	PRESIDENT & CEO
	CT Agent Name	Carol Freeman
		ECHN
		71 HAYNES STREET, MANCHESTER, CT
	CT Agent Town	Manchester
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06040 -
В.	AFFILIATE NAME	AETNA AMBULANCE SERVICES, INC.
1	Affiliate Description	PROVIDES AMBULANCE TRANSPORTATION SERVICES
	Affiliate type of service	Ambulatory Services
3	Tax Status	For Profit
4	Street Address	140 Van Block Avenue
	Town	Hartford
	State	Connecticut
	Zip Code	06103 -
	CEO Name	Wayne Wright
	CEO Title	President
	CT Agent Name	Winship Service Corporation
	CT Agent Company	c/o Shipman and Goodwin LLP
		One Constitution Plaza
	CT Agent Town	Hartford
	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
10		
C.	AFFILIATE NAME	AMBULANCE SERVICE OF MANCHESTER, LLC
	Affiliate Description	PROVIDE TRANSPORTATION SERVICES
	Affiliate type of service	Ambulatory Services
	Tax Status	For Profit
4	Street Address	275 New State Road, Manchester, CT
5	Town	Manchester
	State	Connecticut
	Zip Code	06040 -
		Wayne Wright
	CEO Title	President
	CT Agent Name	Winship Service Corporation
	CT Agent Company	c/o Shipman and Goodwin LLP
		One Constitution Plaza
	CT Agent Town	Hartford
	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
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	71 Haynes St.
	•	

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
5	Town	Manchester
6	State	Connecticut
-	Zip Code	06040 -
8	CEO Name	Peter Karl
	CEO Title	President
	CT Agent Name	Llovd Pelletier
	CT Agent Company	ECHN
12		100 Main St.
13	CT Agent Town	Grand Cayman
	CT Agent State	Cayman Islands
	CT Agent Zip Code	06040 -
-		
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.
	Affiliate type of service	Occupational Heath
3	Tax Status	For Profit
4	Street Address	1000 Asylum Ave, Suite 4302
4 5	Town	Hartford
	State	Connecticut
	Zip Code	06105 -
	CEO Name	HUNTER GIROUX
	CEO Title	CHIEF EXECTUTIVE OFFICER
	CT Agent Name	HUNTER GIROUX
11	CT Agent Company	CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC
	CT Agent Company Street Address	1000 Asylum Ave, Suite 4302
	CT Agent Town	Hartford
	CT Agent State	Connecticut
	CT Agent Zip Code	06105 -
F.	AFFILIATE NAME	EASTERN CT PHO
		PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE
1	Affiliate Description	CONTRACT NEGOTIATIONS
	Affiliate type of service	Affilate Support Services
3	Tax Status	Not for Profit
4	Street Address	26 Haynes Street, Lower Level
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06040 -
8	CEO Name	Peter J. Karl
-	CEO Title	President and Chief Executive Officer
	CT Agent Name	Robinson and Cole
	CT Agent Company	Robinson & Cole
12	CT Agent Company Street Address	280 Trumbull Street, Hartford, Ct
	CT Agent Town	Hartford
14	CT Agent State	Connecticut
	CT Agent Zip Code	06103 -
G.	AFFILIATE NAME	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.
1		TO RAISE FUNDS FOR THE BENEFIT OF EXEMPT ORGANIZATIONS ASSOCIATED
1	Affiliate Description	WITH ECHN,INC.
	Affiliate type of service	Fund Raising/Management
3	Tax Status	Not for Profit
4	Street Address	71 Haynes Street
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06040 -
8	CEO Name	PETER J. KARL

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	Carol Freeman
11	CT Agent Company	ECHN
	CT Agent Company Street Address	
	CT Agent Town	Manchester
14	CT Agent State	Connecticut 06040 -
15	CT Agent Zip Code	06040 -
н.	AFFILIATE NAME	ECHN CORPORATE SERVICES INC.
	Affiliate Description	For-profit subsidiary of ECHN serving as parent of Medical Practice Partners
	Affiliate type of service	Affilate Support Services
	Tax Status	For Profit
4	Street Address	71 Haynes Street, `
5	Town	Manchester
6	State	Connecticut
	Zip Code	06040 -
		Dennis O'Neill
		President
	CT Agent Name CT Agent Company	R&C Service Company R&C Service Company
		280 Trumbull Street
	CT Agent Town	Hartford
	CT Agent State	Connecticut
	CT Agent Zip Code	06103 -
Ι.	AFFILIATE NAME	ECHN ELDERCARE SERVICES, INC.
		TO INITIATE, DEVELOP, OPERATE, AND MAINTAIN PROGRAMS DIRECTED
		TOWARD IMPROVING EFFICIENCY OF UTILIZATION OF HEALTH CARE.
		FACILIITIES AND SERVICES IN EASTERN CT AND PROVIDING COST EFFECTIVE
	Affiliate Description	HEALTH CARE TO PUBLIC WHILE MAINTAINING A HIGH QUALITY OF CARE. C
	Affiliate type of service	Long Term Care
3	Tax Status	
4	Street Address Town	26 SHENIPSIT LAKE ROAD, TOLLAND, CT Tolland
-	State	Connecticut
	Zip Code	06084 -
	CEO Name	PETER J. KARL
	CEO Title	PRESIDENT CEO
	CT Agent Name	Carol Freeman
11	CT Agent Company	ECHN
	CT Agent Company Street Address	
	CT Agent Town	Manchester
	CT Agent State	Connecticut
15	CT Agent Zip Code	06040 -
I .		ECHN ENTERPRISES, INC.
J.	AFFILIATE NAME	ECHN ENTERPRISES, INC. IS AN ORGANIZATION ESTABLISHED TO MANAGE
1	Affiliate Description	MEDICAL OFFICE BUILDINGS AND REAL ESTATE HOLDINGS
1	Affiliate type of service	Affilate Support Services
3	Tax Status	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 Hourses Street
12	CT Agent Company Street Address	71 Haynes Street,

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
13	CT Agent Town	Manchester
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06040 -
К.		ECHN HEALTH SERVICES,INC.
		ECHN HEALTH SERVICES, INC. IS A NOT-FOR-PROFIT ORGANIZATION
	Affiliate Description Affiliate type of service	ESTABLISHED TO OWN AND MANAGE OPERATING GROUPS OF PHYSICIANS. Outpatient Care
2	Tax Status	Not for Profit
4	Street Address	71 HAYNES STREET, MANCHESTER, CT
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06040 -
8	CEO Name	PETER J. KARL
9	CEO Title	PRESIDENT & CEO
	CT Agent Name	Carol Freeman
11	CT Agent Company	ECHN 71 Hourses Street
12 13	CT Agent Company Street Address CT Agent Town	Manchester
	CT Agent Town	Connecticut
15	CT Agent Zip Code	06040 -
L.	AFFILIATE NAME	ECHN WELLNESS SERVICES, INC.
		TO INITIATE, DEVELOP, OPERATE, AND MAINTAIN PROGRAMS DIRECTED
		TOWARD IMPROVING EFFICIENCY OF UTILIZATION OF HEALTH CARE
		FACILIITIES AND SERVICES IN EASTERN CT AND PROVIDING COST EFFECTIVE
	Affiliate Description	HEALTH CARE TO PUBLIC WHILE MAINTAINING A HIGH QUALITY OF CARE. CU
	Affiliate type of service	Women's Health Services
3	Tax Status	Not for Profit
4	Street Address Town	2800 Tamarack Avenue South Windsor
6	State	Connecticut
	Zip Code	06074 -
	CEO Name	PETER J. KARL
	CEO Title	PRESIDENT & CEO
10	CT Agent Name	Carol Freeman
11	CT Agent Company	ECHN
12	CT Agent Company Street Address	71 Haynes Street,
	CT Agent Town	Manchester
14	CT Agent State	Connecticut 06040 -
15	CT Agent Zip Code	
м.	AFFILIATE NAME	EVERGREEN ENDOSCOPY CENTER, LLC
-	Affiliate Description	Joint venture with community GI physicians
	Affiliate type of service	Ambulatory Services
3	Tax Status	For Profit
	Street Address	2400 Tamarack Avenue
5	Town	South Windsor
	State	Connecticut
	Zip Code	06074 -
	CEO Name	Jeffrey Breiter, MD
	CEO Title	Pres.
	CT Agent Name CT Agent Company	Gregory J. Pepe, Esq.
	CT Agent Company CT Agent Company Street Address	195 Church Street 13th Floor
	CT Agent Company Street Address	New Haven
	CT Agent State	Connecticut
	CT Agent Zip Code	06510 -
<u> </u>	J	

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
-		EVERGREEN IMAGING CENTER, LLC
	Affiliate Description	Joint venture with imaging group to provide outpatient diagnostic imaging services
	Affiliate type of service	Imaging Services
3	Tax Status Street Address	Not for Profit 2800 Tamarack Avenue, South Windsor, CT
4 5	Town	South Windsor
6	State	Connecticut
-	Zip Code	06074 -
	CEO Name	Dennis McConville
	CEO Title	Manager
10	CT Agent Name	Bennett Bernblum, Wiggin & Dana, LLP
11	CT Agent Company	Wiggin and Dana LLP
12		Century Tower, 265 Church Stre
	CT Agent Town	New Haven
	CT Agent State	Connecticut 06510 -
15	CT Agent Zip Code	00510 -
о.	AFFILIATE NAME	EVERGREEN MEDICAL ASSOCIATES II, LLC
0.		Owns and operates the Evergreen II Medical Building in South Windsor adjacent to the
1	Affiliate Description	ECHN Medical Building at Evergreen Walk
	Affiliate type of service	Real Estate
3	Tax Status	For Profit
4	Street Address	95 Glastonbury Blvd, Suite 214
5	Town	Glastonbury
6	State	Connecticut
	Zip Code	06033 -
	CEO Name	David Sessions
		Manager
	CT Agent Name	Joseph R. Labrosse
11 12	CT Agent Company CT Agent Company Street Address	c/o Grove Properaty Fund LLC 95 Glastonbury Blvd, Suite 214
12	CT Agent Company Street Address	Glastonbury
	CT Agent State	Connecticut
15	CT Agent Zip Code	06033 -
	5	
Ρ.	AFFILIATE NAME	EVERGREEN MEDICAL ASSOCIATES, LLC
		JOINT VENTURE TO DEVELOPE AND MANAGE ECHN MEDICAL BUILDING AT
	Affiliate Description	EVERGREEN WALK IN MANCHESTER.
	Affiliate type of service	Real Estate
3		For Profit 95 Glastonbury Blvd, Suite 214
4 5	Street Address Town	Glastonbury Bivd, Suite 214
6	State	Connecticut
7	Zip Code	06033 -
8	CEO Name	David Sessions
9	CEO Title	Manager
	CT Agent Name	Joseph R. Labrosse
11	CT Agent Company	c/o Grove Properaty Fund LLC
12		95 Glastonbury Blvd, Suite 214,
13	CT Agent Town	Glastonbury
14	CT Agent State	Connecticut 06033 -
15	CT Agent Zip Code	
Q.	AFFILIATE NAME	HAYNES STREET MEDICAL ASSOCIATES II, LLC
<u> </u>		Joint venture with plans to develop, own and operate a medical office bulding at 100
1	Affiliate Description	Havnes Street in Manchester
2	Affiliate type of service	Real Estate

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
3	Tax Status	For Profit
4	Street Address	95 Glastonbury Blvd, Suite 214
5	Town	Glastonbury
6	State	Connecticut
7	Zip Code	06033 -
	CEO Name	David Sessions
9	CEO Title	Manager
	CT Agent Name	Joseph R. Labrosse
11	CT Agent Company	c/o Grove Properaty Fund LLC
12		95 Glastonbury Blvd, Suite 214
	CT Agent Town	Glastonbury
	CT Agent State	Connecticut
15	CT Agent Zip Code	06033 -
R.	AFFILIATE NAME	HAYNES STREET MEDICAL ASSOCIATES, LLC
1		Joint venture owns and operates a medical office building at 17-29 Haynes Street in
1	Affiliate Description	Manchester
	Affiliate type of service	Real Estate
	Tax Status	For Profit
4	Street Address	95 Glastonbury Blvd, Suite 214
5	Town	Glastonbury
6	State	Connecticut
	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
12	CT Agent Company Street Address	95 Glastonbury Blvd, Suite 214,
	CT Agent Town	Glastonbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06033 -
S.	AFFILIATE NAME	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC.
		PREVIOUSLY ORGANIZED PHO WHICH IS NO LONGER OPERATING.
		DOCUMENTS AND OTHER PAPERWORK ARE UNABLE TO BE FOUND AND
		DISOLUTION IS THEN NOT POSSIBLE AND HAD NOT OCCURED. NO ACTIVITY
	Affiliate Description	AT ALL FOR YEARS, INCLUDING 2008.
	Affiliate type of service	Affilate Support Services
3	Tax Status	Not for Profit
4	Street Address	71 Haynes Street, Manchester, CT
5	Town	Manchester
6	State	Connecticut
	Zip Code	06045 -
		Patricia A. Balzer
9		CEO Detricio Delaca
	CT Agent Name	Patricia Balzer
	CT Agent Company	Patricia Balzer
	CT Agent Company Street Address CT Agent Town	105 East Center Street, Manchester, CT Manchester
	CT Agent Town	Connecticut
14	CT Agent Zip Code	06045 -
10		
т.	AFFILIATE NAME	MEDICAL PRACTICE PARTNERS
<u>⊢'</u> .		
	Affiliate Description	Provides Medical billing services, electronic health records, information services and
1	Affiliate Description	practice management services.
2	Affiliate type of service	Affilate Support Services
3	Tax Status	For Profit 29 Naek Road
4 5	Street Address Town	Vernon
э	TOWIT	venion

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
6	State	Connecticut	
	Zip Code	06066 -	
	CEO Name	Gregory M. Williams	
	CEO Title	President	
	CT Agent Name	Gregory M. Williams	
	CT Agent Company		
		29 Naek Road	
13	CT Agent Town	Vernon	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06066 -	
U.	AFFILIATE NAME	METRO WHEELCHAIR SERVICE, INC	
		PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME	
	Affiliate Description	LIVERY SERVICES FOR MEDIAL APPOINTMENTS.	
2	Affiliate type of service	Ambulatory Services	
3	Tax Status	For Profit	
4	Street Address	275 New State Road, Manchester, CT	
5	Town	Manchester	
6	State	Connecticut	
7	Zip Code	06040 -	
	CEO Name	Wayne Wright	
	CEO Title	President	
	CT Agent Name	Winship Service Corporation	
	CT Agent Company	c/o Shipman and Goodwin LLP	
		One Constitution Plaza Hartford	
	CT Agent Town CT Agent State		
	CT Agent Zip Code	Connecticut 06103 -	
15		00103	
v.	AFFILIATE NAME	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)	
		Joint Venture of four area hospitals that operates The John A. DeQuattro Community	
1	Affiliate Description	Cancer Center in Manchester and the Phoenix Community Cancer Center in Enfield.	
	Affiliate type of service	Outpatient Care	
3	Tax Status	Not for Profit	
4	Street Address	100 Haynes Street	
5	Town	Manchester	
6	State	Connecticut	
	Zip Code	06040 -	
8	CEO Name	Donna Handley	
9	CEO Title	President	
10	CT Agent Name	Peter Kuzmickas	
11	CT Agent Company		
12	CT Agent Company Street Address	71 HAYNES STREET	
	CT Agent Town	Manchester	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06040 -	
\A/		ROCKVILLE GENERAL HOSPITAL	
W.			
		SERVES THE SICK, INFIRMED, DISABLED AND THOSE IN NEED OF MEDICAL	
	Affiliate Description	ATTENTION IT IS RELATED TO MMH BECAUSE IT HAS THE SAME PARENT	
	Affiliate Description	ORGANIZATION	
	Affiliate type of service	Hospital	
3	Tax Status		
4	Street Address Town	31 UNION STREET, ROCKVILLE, CT Vernon Rockville	
	State	Connecticut	
	Zip Code	06066 -	
	CEO Name	PETER J. KARL	
	CEO Title	PRESIDENT & CEO	

(1)	(2)	(3)
	RECORDERION	
	DESCRIPTION	
	CT Agent Name	Carol Freeman
	CT Agent Company	ECHN
		71 Haynes Street,
	CT Agent Town	Manchester
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06040 -
х.	AFFILIATE NAME	TOLLAND IMAGING CENTER
	Affiliate Description	Joint venture to provide outpatient diagnostic imaging services
2	Affiliate type of service	Imaging Services
3	Tax Status	Not for Profit
4	Street Address	6 Fieldstone Commons, Suite E
5	Town	South Windsor
6	State	Connecticut
7	Zip Code	06103 -
8	CEO Name	Kevin Murphy
9	CEO Title	President
	CT Agent Name	R&C Service Company
	CT Agent Company	R&C Service Company
		280 Trumbull Street
	CT Agent Town	Hartford
	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
Υ.	AFFILIATE NAME	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.
		TO PROVIDE AND COORDINATE NURSING AND OTHER HEALTH AND RELATED
		SERVICES FOR THOSE IN NEED OF PREVENTATIVE, ACUTE, INTERMITTENT
1	Affiliate Description	AND/OR TERMINAL CARE AT HOME AND IN THE COMMUNITY.
2	Affiliate type of service	Other HealthCare Svcs(Specify)
3	Tax Status	Not for Profit
4	Street Address	8 Keynote Drive , Vernon, CT
5	Town	Vernon Rockville
6	State	Connecticut
7	Zip Code	06066 -
8	CEO Name	Todd Rose
9	CEO Title	President/Chief Executive Officer
	CT Agent Name	Todd Rose
11	CT Agent Company	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT,
	CT Agent Company Street Address	8 Keynote Drive, Vernon, CT
	CT Agent Town	Vernon Rockville
	CT Agent State	Connecticut
15	CT Agent Zip Code	06066 -
F		

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

MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2011 REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2011
•	MANCHESTER MEMORIAL HOSPITAL		
A. 1	MANCHESTER MEMORIAL HOSFITAL	Unrestricted	\$3,473,307
2		Temporarily Restricted by Donor	\$988,702
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$7,679,633
5		Intercompany Eliminations	\$0
		Total:	\$12,141,642
В.	EASTERN CONNECTICUT HEALTH NETWORK, INC.		
1		Unrestricted	\$4,690,415
2		Temporarily Restricted by Donor	\$275,242
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$4,965,657
C.	AETNA AMBULANCE SERVICES, INC.		
1		Unrestricted	\$1,273,744
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$111,393
		Total:	\$1,385,137
D.	AMBULANCE SERVICE OF MANCHESTER, LLC		
1	AMBOLANCE SERVICE OF MANCHESTER, ELC	Unrestricted	\$3,727,619
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$219,619)
		Total:	\$3,508,000
E.	CONNECTICUT HEALTHCARE INSURANCE CO.		
1		Unrestricted	\$3,510,183
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$3,245,067)
		Total:	\$265,116
F.	CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
G.	EASTERN CT PHO		
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

MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2011 REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2011
	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.		
1		Unrestricted	\$1,784,983
2		Temporarily Restricted by Donor	\$7,454,317
3		Temporarily Restricted by Board	\$0
4 5		Permanently Restricted by Donor Intercompany Eliminations	\$1,567,312 \$0
5		Total:	\$10,806,612
			<i>\\\</i> 10,000,012
l.	ECHN CORPORATE SERVICES 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
J.	ECHN ELDERCARE SERVICES, INC.		
1		Unrestricted	\$3,997,833
2		Temporarily Restricted by Donor	\$73,487
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$4,071,320
	ECHN ENTERPRISES, INC.		
1		Unrestricted	\$241,789
2 3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
3 4		Permanently Restricted by Board	\$0 \$0
5		Intercompany Eliminations	\$0
Ű		Total:	\$241, 7 89
			· · · · ·
L.	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)
М.	ECHN WELLNESS SERVICES, INC.		
1	ECHN WELLNESS SERVICES, INC.	Unrestricted	\$0
1	ECHN WELLNESS SERVICES, INC.	Temporarily Restricted by Donor	\$0
1 2 3	ECHN WELLNESS SERVICES, INC.	Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
1 2 3 4	ECHN WELLNESS SERVICES, INC.	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0 \$0
1 2 3	ECHN WELLNESS SERVICES, INC.	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0 \$0 \$0 \$0
1 2 3 4	ECHN WELLNESS SERVICES, INC.	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0 \$0
1 2 3 4 5		Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0 \$0 \$0 \$0
1 2 3 4 5 N.	ECHN WELLNESS SERVICES, INC.	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:	\$0 \$0 \$0 \$0 \$0 \$0
1 2 3 4 5 N. 1		Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
1 2 3 4 5 N. 1 2		Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$610,000 \$0
1 2 3 4 5 5 N. 1 2 3		Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$610,000 \$0 \$0 \$0 \$0
1 2 3 4 5 N. 1 2		Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$610,000 \$0

MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2011 REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE		FUND PURPOSE	9/30/2011
Ο.	EVERGREEN IMAGING CENTER, LLC		
0. 1	EVERGREEN IMAGING CENTER, ELC	Unrestricted	\$302,247
2		Temporarily Restricted by Donor	\$302,247
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$55,954
- Ŭ		Total:	\$358,201
Ρ.	EVERGREEN MEDICAL ASSOCIATES II, LLC		
1		Unrestricted	\$452,758
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$240,075
		Total:	\$692,833
	EVERGREEN MEDICAL ASSOCIATES, LLC		•••••
1		Unrestricted	\$311,207
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$9,418)
		Total:	\$301,789
в	HAYNES STREET MEDICAL ASSOCIATES II, LLC		
	HATNES STREET MEDICAL ASSOCIATES II, LEC	Uprostricted	¢447.070
1		Unrestricted Temporarily Restricted by Donor	\$417,372
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0 \$0
4 5		Intercompany Eliminations	(\$175,542)
5		Total:	\$241,830
			• ,===
S.	HAYNES STREET MEDICAL ASSOCIATES, LLC		
1		· · · · · · · ·	
2		Unrestricted	\$155,513
			\$155,513 \$0
3		Temporarily Restricted by Donor	\$0
		Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor	
3		Temporarily Restricted by Donor	\$0 \$0
3 4		Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0 \$0
3 4 5		Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0 \$0 \$41,328
3 4 5 T .	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC.	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:	\$0 \$0 \$0 \$41,328 \$196,841
3 4 5 T. 1	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC.	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted	\$0 \$0 \$0 \$41,328 \$196,841 \$196,841 \$196,841 \$0 \$0
3 4 5 T. 1 2	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC.	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor	\$0 \$0 \$0 \$41,328 \$196,841 \$196,841 \$0 \$0 \$0
3 4 5 T. 1 2 3	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC.	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0 \$0 \$41,328 \$196,841 \$196,841 \$0 \$0 \$0 \$0 \$0 \$0
3 4 5 T. 1 2 3 4	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC.	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0 \$0 \$41,328 \$196,841 \$196,841 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
3 4 5 T. 1 2 3	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC.	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0 \$0 \$41,328 \$196,841 \$196,841 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
3 4 5 T. 1 2 3 4	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC.	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0 \$0 \$41,328 \$196,841 \$196,841 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
3 4 5 7. 1 2 3 4 5		Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0 \$0 \$41,328 \$196,841 \$196,841 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
3 4 5 T. 1 2 3 4 5 U.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC.	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:	\$0 \$0 \$0 \$41,328 \$196,841 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
3 4 5 7. 1 2 3 4 5 5 U. 1		Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:	\$0 \$0 \$0 \$41,328 \$196,841 \$196,841 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
3 4 5 7. 1 2 3 4 5 5 U. 1 2		Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor	\$0 \$0 \$0 \$41,328 \$196,841 \$196,841 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
3 4 5 1 2 3 4 5 U. 1 2 3		Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Intercompany Eliminations	\$0 \$0 \$0 \$41,328 \$196,841 \$196,841 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
3 4 5 7. 1 2 3 4 5 5 U. 1 2		Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor	\$0 \$0 \$0 \$41,328 \$196,841 \$196,841 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0

MANCHESTER MEMORIAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2011
REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2011
۷.	METRO WHEELCHAIR SERVICE, INC		
1		Unrestricted	\$197,998
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$71,538)
		Total:	\$126,460
w.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)		
1		Unrestricted	\$5,620,034
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$18,101
-		Total:	\$5,638,135
Х.	ROCKVILLE GENERAL HOSPITAL		
1		Unrestricted	\$24,688,727
2		Temporarily Restricted by Donor	\$912,532
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$3,416,105
5		Intercompany Eliminations	\$0
		Total:	\$29,017,364
Υ.	TOLLAND IMAGING CENTER		
1		Unrestricted	¢50.469
2		Temporarily Restricted by Donor	\$59,168
		Temporarily Restricted by Board	\$0
3 4			\$0
4		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$20,121
5			\$20,121 \$ 79,289
			\$10,200
	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT,		
Ζ.	INC.		
1		Unrestricted	\$3,950,422
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$33,292)
		Total:	\$3,917,130
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$81,894,114
_			
	Total of all Affiliates (before Intercompany Eliminations) Intercompany Eliminations		(\$3,463,739)

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
Α.	EASTERN CONNECTICUT HEALTH NETWORK, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$11,708,874
1		Allocation of Investment Income/Loss	09/30/2011	(\$992,861)
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$10,716,013
В.	AETNA AMBULANCE SERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$891,621
1		Allocation of Investment Income/Loss	09/30/2011	\$90,300
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$981,921
C.	AMBULANCE SERVICE OF MANCHESTER, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$2,609,333
1		Allocation of Investment Income/Loss	09/30/2011	\$780,501
2		Distribution	09/30/2011	(\$910,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$2,479,834
D.	CONNECTICUT HEALTHCARE INSURANCE CO.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$2,615,257
1		Accounting Fees	09/30/2011	(\$158,129)
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$2,457,128
E.	CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$20,000
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$20,000
F.	EASTERN CT PHO			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report	0.00.2010	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
G.	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.			
	,,,,	Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$549,375
1		Transfer of Donated Assets	09/30/2011	(\$300,467)
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$248,908
Н.	ECHN CORPORATE SERVICES INC.			

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
١.	ECHN ELDERCARE SERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$161,765
1		Salary and Non-Salary Operating Expenses	09/30/2011	(\$459,388)
		Ending Unconsolidated Intercompany Balance:	9/30/2011	(\$297,623)
J.				
J.	ECHN ENTERPRISES, INC.	Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$2,202,346
1		Non Salary Expense	09/30/2011	\$357,041
-		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$2,559,387
			5/50/2011	+_,,.
К.	ECHN HEALTH SERVICES,INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	(\$9,524,321)
1		Accounting Fees	09/30/2011	\$5,581,651
		Ending Unconsolidated Intercompany Balance:	9/30/2011	(\$3,942,670)
L.				
L .	ECHN WELLNESS SERVICES, INC.	Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$4,751
1		Salary and Non-Salary Operating Expenses	09/30/2011	(\$4,751)
-		Ending Unconsolidated Intercompany Balance:	9/30/2011	(\$4,731) \$0
М.	EVERGREEN ENDOSCOPY CENTER, LLC	Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$579,549
1		Allocation of Investment Income/Loss	09/30/2011	\$380,000
2		Distribution	09/30/2011	(\$525,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$434,549
N.	EVERGREEN IMAGING CENTER, LLC			
N.	EVERGREEN IMAGING GENTER, LLG	Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$302,247
1		Allocation of Investment Income/Loss	09/30/2011	\$125,000
2		Distribution	09/30/2011	(\$60,000)
<u> </u>		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$367,247
0.	EVERGREEN MEDICAL ASSOCIATES II, LLC			
0.	LVENGREEN WEDICAL ASSOCIATES II, LLC			

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report	5/50/2010	\$0 \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
Ρ.	EVERGREEN MEDICAL ASSOCIATES, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report	0/00/2010	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
Q.	HAYNES STREET MEDICAL ASSOCIATES II, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report	0/00/2010	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
_				
R.	HAYNES STREET MEDICAL ASSOCIATES, LLC			•
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report Ending Unconsolidated Intercompany Balance:	- / / / /	\$0 \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	پ ۵
S.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
т.	MEDICAL PRACTICE PARTNERS			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$89,157
1		Allocation of Investment Income/Loss	09/30/2011	\$41,000
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$130,157
U.	METRO WHEELCHAIR SERVICE, INC			
	,,,	Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$138,598
1		Allocation of Investment Income/Loss	09/30/2011	(\$44,100)
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$94,498
v.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$2,825,241

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
			00/00/0044	(0.0.474)
1		Allocation of Investment Income/Loss	09/30/2011	(\$6,174)
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$2,819,067
W.	ROCKVILLE GENERAL HOSPITAL			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	(\$14,838,492)
1		Transfer of Salary and Non-Salary Expenses	09/30/2011	\$12,852,460
		Ending Unconsolidated Intercompany Balance:	9/30/2011	(\$1,986,032)
Х.	TOLLAND IMAGING CENTER			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$29,584
1		Allocation of Investment Income/Loss	09/30/2011	(\$15,000)
2		Contribution	09/30/2011	\$35,000
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$49,584
	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT,			
Υ.	INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$2,765,295
1		Allocation of Investment Income/Loss	09/30/2011	\$150,500
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$2,915,795
			Grand Total:	\$20,047,763

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated		
			Intercompany Balance	10/01/2010	(\$3,987,042)
Α.	EASTERN CONNECTICUT HEALTH NETWORK, INC.				(*********
			Allocation of ECHN Expenses		
1		ECHN ELDERCARE SERVICES, INC.	to Subsidy	09/30/2011	\$13,599
		ECHN COMMUNITY HEALTHCARE	Allocation of ECHN Expenses		
2		FOUNDATION, INC.	to Subsidy	09/30/2011	\$415,167
			Allocation of ECHN Expenses		
3		ECHN HEALTH SERVICES, INC.	to Subsidy	09/30/2011	\$1,886
			Allocation of ECHN Expenses		
4		ECHN WELLNESS SERVICES, INC.	to Subsidy Allocation of Investment	09/30/2011	(\$3,664)
			Allocation of Investment		
5		ROCKVILLE GENERAL HOSPITAL	Income/Loss	09/30/2011	\$1,070,446
			Total:	9/30/2011	\$1,497,434
В.	AETNA AMBULANCE SERVICES, INC.				
1		ROCKVILLE GENERAL HOSPITAL	Allocation of Income/Loss	09/30/2011	\$33,418
			Total:	9/30/2011	\$33,418
C.	AMBULANCE SERVICE OF MANCHESTER, LLC				
	· ····································		Allocation of Investment		
1		ROCKVILLE GENERAL HOSPITAL	Income/Loss	09/30/2011	(\$65,886)
			Total:	9/30/2011	(\$65,886)
				0,00,2011	(+,)
D.	CONNECTICUT HEALTHCARE INSURANCE CO.				
			Allocation of Shareholders		
1		ROCKVILLE GENERAL HOSPITAL	Equity	09/30/2011	(\$158,129)
1			Total:	9/30/2011	(\$158,129)
			Total.	3/30/2011	(\$150,125)
E.	CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC				
<u> </u>	CONNECTION OCCUPATIONAL HEALTH FAR INERS, LEC		Nothing to Report		ድሳ
			Total:	9/30/2011	\$0 \$0
			lotal:	9/30/2011	\$0
F	EASTERN CT PHO				
F.		EASTERN CONNECTICUT HEALTH	Colony and Non Science		
			Salary and Non-Salary	00/00/0044	#40 404
1		NETWORK,INC.	Operating Expenses	09/30/2011	\$16,404
			Total:	9/30/2011	\$16,404

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
G.	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.				
0. 1	ECHN COMMONITT HEREITICARE FOONDATION, INC.	ECHN ELDERCARE SERVICES, INC.	Transfer of Donated Assets	09/30/2011	\$4,741
2		ECHN WELLNESS SERVICES, INC.	Transfer of Donated Assets	09/30/2011	\$3,263
3		ROCKVILLE GENERAL HOSPITAL	Transfer of Donated Assets	09/30/2011	\$707,145
5			Total:	9/30/2011	\$715,149
Н.	ECHN CORPORATE SERVICES INC.		Nothing to Report		\$0
			Total:	9/30/2011	\$0 \$0
-					
<u> </u>	ECHN ELDERCARE SERVICES, INC.		Nothing to Report		\$0
			Total:	9/30/2011	\$0 \$0
				0/00/2011	ψ0
J.	ECHN ENTERPRISES, INC.				
			Nothing to Report		\$0
			Total:	9/30/2011	\$0
К.	ECHN HEALTH SERVICES,INC.				
			Salary and Non-Salary		
1		ROCKVILLE GENERAL HOSPITAL	Operating Expenses	09/30/2011	\$6,840,295
			Total:	9/30/2011	\$6,840,295
L.	ECHN WELLNESS SERVICES, INC.				
			Salary and Non-Salary		
1		ROCKVILLE GENERAL HOSPITAL	Operating Expenses	09/30/2011	(\$21,922)
			Total:	9/30/2011	(\$21,922)
м.	EVERGREEN ENDOSCOPY CENTER, LLC				
			Nothing to Report		\$0
			Total:	9/30/2011	\$0
N					
N.	EVERGREEN IMAGING CENTER, LLC		Nothing to Report		\$0
			Total:	9/30/2011	\$0 \$0

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
0.	EVERGREEN MEDICAL ASSOCIATES II, LLC				
			Allocation of Investment		
1		ECHN ENTERPRISES, INC.	Income/Loss	09/30/2011	(\$240,075)
			Total:	9/30/2011	(\$240,075)
Ρ.	EVERGREEN MEDICAL ASSOCIATES, LLC				
			Allocation of Investment		A0 (10)
1		ECHN ENTERPRISES, INC.	Income/Loss	09/30/2011	\$9,418
			Total:	9/30/2011	\$9,418
Q.	HAYNES STREET MEDICAL ASSOCIATES II, LLC				
۹.			Allocation of Investment		
1		ECHN ENTERPRISES, INC.	Income/Loss	09/30/2011	\$175,542
· ·			Total:	9/30/2011	\$175,542
					<i>•••••••••••••••••••••••••••••••••••••</i>
R.	HAYNES STREET MEDICAL ASSOCIATES, LLC				
			Allocation of Investment		
1		ECHN ENTERPRISES, INC.	Income/Loss	09/30/2011	(\$41,328)
			Total:	9/30/2011	(\$41,328)
S.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC.				
			Nothing to Report		\$0
			Total:	9/30/2011	\$0
Т.	MEDICAL PRACTICE PARTNERS				
<u> </u>	MEDICAL PRACTICE PARTNERS		Nothing to Report		\$0
			Total:	9/30/2011	\$0 \$0
			Total.	3/30/2011	ψŪ
U.	METRO WHEELCHAIR SERVICE, INC				
<u> </u>	,		Allocation of Investment		
1		ROCKVILLE GENERAL HOSPITAL	Income/Loss	09/30/2011	(\$21,461)
			Total:	9/30/2011	(\$21,461)
					• • •
v.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)				
			Allocation of Investment		
1		ROCKVILLE GENERAL HOSPITAL	Income/Loss	09/30/2011	(\$6,174)

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Total:	9/30/2011	(\$6,174)
W.	ROCKVILLE GENERAL HOSPITAL		Noth's site Demost		
			Nothing to Report Total:	9/30/2011	\$0 \$0
			Total.	9/30/2011	Ф О
Х.	TOLLAND IMAGING CENTER				
1		ROCKVILLE GENERAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2011	\$10,061
			Total:	9/30/2011	\$10,061
Y.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.				
1		ROCKVILLE GENERAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2011	(\$9,988)
			Total:	9/30/2011	(\$9,988)
			Ending Unconsolidated Intercompany Balance	9/30/2011	\$4,745,716

MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2011 RES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF T

REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

B. ACTINA AMBULANCE SERVICES, INC. 0 0 Nothing to Report 1 otar: 30 0 CONNECTICUT HEALTHCARE INSURANCE CO. 0 0 0 Nothing to Report 1 otar: 30 920 0 CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC 0 0 30 920 0 Nothing to Report 1 otar: 30 920 920 0 Nothing to Report 1 otar: 30 920 920 0 Nothing to Report 1 otar: 30 920 920 0 Nothing to Report 1 otar: 30 920 920 0 Nothing to Report 1 otar: 30 920 920 1 ECHN COMMUNITY HEALTHCARE FOUNDATION. INC. <t< th=""><th>(1)</th><th>(2)</th><th></th><th>(3)</th><th>(4)</th></t<>	(1)	(2)		(3)	(4)
Instrument of the ALTH NETWORK, INC. Sol 0 Nothing to Report 10181 80 9333 8. AETAN AMBULANCE SERVICES, INC. 0 9333 9333 0 Nothing to Report 10181 80 9333 0 Nothing to Report 10181 80 9333 0 Nothing to Report 10181 80 9333 0 MULLANCE SERVICE OF MANCHESTER, LLC 0 0 9333 0 Nothing to Report 10181 80 9333 0 CONNECTICUT HEALTHCARE INSURANCE CO. 0 0 9333 0 CONNECTICUT HEALTHCARE INSURANCE CO. 0 9333 9333 0 CONNECTICUT HEALTHCARE FORMERS, LLC 0 9333 9333 0 Nothing to Report 10181 80 9333 0 Nothing to Report 10181 80 9333 0 Nothing to Report 10181 80 9334 0 Nothing to Report 10181 <td></td> <td></td> <td></td> <td>AMOUNT</td> <td>DATE</td>				AMOUNT	DATE
U Nothing to Report S0 0 Norming to Report 104ar 50 0 Norming to Report 104ar 50 0 Norming to Report 104ar 50 0 AmbuLance SERVICE or MANCHESTER, LLC 0 0 0 Norming to Report 104ar 50 0 Connecticut Healt HCARE Norman Conc 0 0 0 Norming to Report 104ar 50 0 Connecticut Healt HCARE Norman Conc 0 0 0 Connecticut occupational Healt Partners, LLC 0 0 0 Norming to Report 104ar 50 950 1<	LINE	DESCRIPTION OF EXPENDITURE		AMOUNT	DATE
U Nothing to Report S0 0 Norming to Report 104ar 50 0 Norming to Report 104ar 50 0 Norming to Report 104ar 50 0 AmbuLance SERVICE or MANCHESTER, LLC 0 0 0 Norming to Report 104ar 50 0 Connecticut Healt HCARE Norman Conc 0 0 0 Norming to Report 104ar 50 0 Connecticut Healt HCARE Norman Conc 0 0 0 Connecticut occupational Healt Partners, LLC 0 0 0 Norming to Report 104ar 50 950 1<	Α.	EASTERN CONNECTICUT HEALTH NETWORK, INC.			
B. A ETNA AMBULANCE SERVICES, INC. Inthing to Report S0 0 Nothing to Report 10 arr 50 930 C. AMBULANCE SERVICE OF MANCHESTER, LLC 0 930 930 0 Nothing to Report 10 arr 50 930 0 CONNECTICUT HEALTHCARE INSURANCE CO. 0 930 0 CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC 0 930 0 Nothing to Report 10 arr 50 930 10 Nothing to Report 10 arr 50 930 10 Nothing to Report 10 arr 50 930 14 ECHN COMPORATE SERVICES INC. 10 arr 50 930 15 ECHN ELEPCARE SERVICES, INC.					
U Notining to Report 50 C AMBULANCE SERVICE OF MANCHESTER, LLC 0 930 0 Notining to Report 101air 30 970 0 Notining to Report 101air 30 970 0 CONNECTICUT HEALTHCARE INSURANCE CO. 0 0 970 0 Nothing to Report 101air 30 970 0 CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC 0 0 970 0 Nothing to Report 101air 30 970 1 ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. 0 970 970 1 ECHN CORPORATE SERVICES INC. 0 970 970 1 ECHN CORPORATE SERVICES, INC. 0 970 970 1 ECHN ELEPCRARE SERVICES, INC. 0<			Total:	\$0	9/30/2011
U Notining to Report 50 C AMBULANCE SERVICE OF MANCHESTER, LLC 0 930 0 Notining to Report 101air 30 970 0 Notining to Report 101air 30 970 0 CONNECTICUT HEALTHCARE INSURANCE CO. 0 0 970 0 Nothing to Report 101air 30 970 0 CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC 0 0 970 0 Nothing to Report 101air 30 970 1 ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. 0 970 970 1 ECHN CORPORATE SERVICES INC. 0 970 970 1 ECHN CORPORATE SERVICES, INC. 0 970 970 1 ECHN ELEPCRARE SERVICES, INC. 0<	В.	AETNA AMBULANCE SERVICES, INC.			
C. MBULANCE SERVICE OF MANCHESTER, LLC 0 0 0 Nothing to Report 1081: \$0 930 1 ECHN CORPORATE SERVICES INC: 0 0 930 1 ECHN ELDERCARE SERVICES, INC: 0 930					
0 Nothing to Report 1011 \$0 9370 0 Nothing to Report 50 9370 0 Nothing to Report 10181 \$0 9370 1 ECHN CORPORATE SERVICES INC. 10181 \$0 9370 1 ECHN CORPORATE SERVICES, INC. 10181 \$0 9370 1 ECHN ENTERPRISES, INC. 10181 \$0			Total:	\$0	9/30/2011
0 Nothing to Report 1011 \$0 9370 0 Nothing to Report 50 9370 0 Nothing to Report 10181 \$0 9370 1 ECHN CORPORATE SERVICES INC. 10181 \$0 9370 1 ECHN CORPORATE SERVICES, INC. 10181 \$0 9370 1 ECHN ENTERPRISES, INC. 10181 \$0	C				
D CONNECTICUT HEALTHCARE INSURANCE CO. 0 0 Nothing to Report 50 930 0 Nothing to Report 10111 10111 10111 10111 10111 10111 10111 10111 10111 10111 101111 10111		Nothing to Report		\$0	
0 Nothing to Report 50 9/30 E CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC 50 9/30 0 Nothing to Report 50 9/30 7 E. CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC 50 9/30 0 Nothing to Report 50 9/30 6 ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. 50 9/30 6 ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. 50 9/30 6 ECHN CORPORATE SERVICES INC. 50 9/30 7 Nothing to Report Total: \$0 9/30 8 ECHN CORPORATE SERVICES INC. 50 9/30 9 Nothing to Report Total: \$0 9/30 1 ECHN ELDERCARE SERVICES, INC. 50 9/30 1 ECHN ELDERCARE SERVICES, INC. 50 9/30 1 ECHN ELTERPRISES, INC. 50 9/30 1 ECHN ELTERPRISES, INC. 50 9/30 1 ECHN NELTERPRISES, INC. 50 9/30<			Total:	\$0	9/30/2011
0 Nothing to Report 50 9/30 E CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC 50 9/30 0 Nothing to Report 50 9/30 7 E. SATE \$0 9/30 0 Nothing to Report 50 9/30 1 ECHN CORPORATE SERVICES INC. 50 9/30 0 Nothing to Report 70 tal: \$0 9/30 1 ECHN ELDERCARE SERVICES, INC. 50 9/30 9/30 <td></td> <td></td> <td></td> <td></td> <td></td>					
Total: \$0 973 E. CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC				\$0	
0 Nothing to Report 50 F. EASTERN CT PHO 50 0 Nothing to Report 10 fail: 0 Nothing to Report 50			Total:		9/30/2011
0 Nothing to Report 50 F. EASTERN CT PHO 50 0 Nothing to Report 10 fail: 0 Nothing to Report 50					
Total: S0 9/30 F. EASTERN CT PHO 0 Nothing to Report 50 0 Nothing to Report 50 9/30 6. ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. 0 9/30 0. Nothing to Report 50 9/30 1. ECHN CORPORATE SERVICES INC. 50 9/30 1. ECHN CORPORATE SERVICES, INC. 50 9/30 1. ECHN ELDERCARE SERVICES, INC. 50 9/30 1. ECHN NELLERSES, INC. 50 9/30 1. ECHN IFEALTH SERVICES, INC. 50 9/30 1. ECHN IFEALTH SERVICES, INC. 50 9/30 1. ECHN WELLNESS SERVICES, INC. 50 9/30 1. ECHN WELLNESS SERVICES, INC. 50 9/30 1. EVERGREEN				0.9	
F. EASTERN CT PHO \$0 0 Nothing to Report \$0 1 ECHN CORPORATE SERVICES INC. \$0 0 Nothing to Report \$0 1 ECHN ELDERCARE SERVICES, INC. \$0 0 Nothing to Report \$0 1 ECHN ELTERPRISES, INC. \$0 0 Nothing to Report \$0 <tr< td=""><td>0</td><td>Nothing to Report</td><td>Total:</td><td></td><td>9/30/2011</td></tr<>	0	Nothing to Report	Total:		9/30/2011
0 Nothing to Report \$0 6. ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. 0 0 Nothing to Report \$0 1 ECHN CORPORATE SERVICES, INC. \$0 0 Nothing to Report \$0 1 ECHN ELDERCARE SERVICES, INC. \$0 0 Nothing to Report \$0 1 ECHN ELDERCARE SERVICES, INC. \$0 0 Nothing to Report \$0 1 ECHN HEALTH SERVICES, INC. \$0 0 Nothing to Report \$0				**	0,00,2011
Total: \$0 9/30 G. ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. \$0 \$0 0 Nothing to Report \$0 \$0 1 ECHN CORPORATE SERVICES INC. \$0 \$0 0 Nothing to Report \$0 \$0 1 ECHN ELDERCARE SERVICES, INC. \$0 \$0 0 Nothing to Report \$0 \$0 1 ECHN ELDERCARE SERVICES, INC. \$0 \$0 0 Nothing to Report \$0 \$0 1 ECHN ENTERPRISES, INC. \$0 \$0 0 Nothing to Report \$0					
G. ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. 0 0 0 Nothing to Report 50 9/30 1 ECHN CORPORATE SERVICES INC. 0 9/30 0 Nothing to Report 50 9/30 1 ECHN CORPORATE SERVICES, INC. 0 9/30 1 ECHN ELDERCARE SERVICES, INC. 0 9/30 1 ECHN ELDERCARE SERVICES, INC. 0 9/30 1 ECHN ELDERCARE SERVICES, INC. 0 9/30 1 ECHN ENTERPRISES, INC. 0 9/30 1 ECHN HEALTH SERVICES, INC. 0 9/30 1 ECHN HEALTH SERVICES, INC. 0 9/30 1 ECHN HEALTH SERVICES, INC. 0 9/30 1 ECHN WELLNESS SERVICES, I	0	Nothing to Report	Total:		9/30/2011
0 Nothing to Report 50 H. ECHN CORPORATE SERVICES INC. 50 0 Nothing to Report 50 </td <td></td> <td></td> <td>Total.</td> <td>\$0</td> <td>9/30/2011</td>			Total.	\$0	9/30/2011
0 Nothing to Report 50 H. ECHN CORPORATE SERVICES INC. 50 0 Nothing to Report 50 </td <td>G.</td> <td>ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.</td> <td></td> <td></td> <td></td>	G.	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.			
H. ECHN CORPORATE SERVICES INC. O O 0 Nothing to Report 50 9/30 1 ECHN ELDERCARE SERVICES, INC. 50 9/30 0 Nothing to Report 50 9/30 1 ECHN ELDERCARE SERVICES, INC. 50 9/30 1 ECHN ENTERPRISES, INC. 50 9/30 1 ECHN HEALTH SERVICES, INC. 50 9/30 1 ECHN HEALTH SERVICES, INC. 50 9/30 1 ECHN WELLINESS SERVICES, INC. 50 9/30 1 EVERGREEN ENDOSCOPY CENTER, LLC 50 9/30 1 EVERGREEN IMAGING CENTER, LLC 50 9/30 1 EVERGREEN M		Nothing to Report			
0 Nothing to Report \$0 \$0 1 ECHN ELDERCARE SERVICES, INC. \$0 \$0 0 Nothing to Report \$0 \$0 <td></td> <td></td> <td>Total:</td> <td>\$0</td> <td>9/30/2011</td>			Total:	\$0	9/30/2011
0 Nothing to Report \$0 \$0 1 ECHN ELDERCARE SERVICES, INC. \$0 \$0 0 Nothing to Report \$0 \$0 <td>H.</td> <td>ECHN CORPORATE SERVICES INC</td> <td></td> <td></td> <td></td>	H.	ECHN CORPORATE SERVICES INC			
I. ECHN ELDERCARE SERVICES, INC. S0 0 Nothing to Report S0 0 <td< td=""><td></td><td></td><td></td><td>\$0</td><td></td></td<>				\$0	
0 Nothing to Report \$0 \$0 J. ECHN ENTERPRISES, INC. \$0 9/30 0 Nothing to Report \$0 9/30 0 Nothing to Report \$0 9/30 K. ECHN HEALTH SERVICES,INC. \$0 9/30 0 Nothing to Report \$0 9/30 C. ECHN WELLNESS SERVICES, INC. \$0 9/30 0 Nothing to Report \$0 9/30 1 ECHN WELLNESS SERVICES, INC. \$0 9/30 0 Nothing to Report \$0 9/30 1 EVERGREEN ENDOSCOPY CENTER, LLC \$0 9/30 0 Nothing to Report \$0 9/30 1 EVERGREEN IMAGING CENTER, LLC \$0 9/30 0 Nothing to Report \$0 9/30 0			Total:	\$0	9/30/2011
0 Nothing to Report \$0 \$0 J. ECHN ENTERPRISES, INC. \$0 9/30 0 Nothing to Report \$0 9/30 0 Nothing to Report \$0 9/30 K. ECHN HEALTH SERVICES,INC. \$0 9/30 0 Nothing to Report \$0 9/30 C. ECHN WELLNESS SERVICES, INC. \$0 9/30 0 Nothing to Report \$0 9/30 1 ECHN WELLNESS SERVICES, INC. \$0 9/30 0 Nothing to Report \$0 9/30 1 EVERGREEN ENDOSCOPY CENTER, LLC \$0 9/30 0 Nothing to Report \$0 9/30 1 EVERGREEN IMAGING CENTER, LLC \$0 9/30 0 Nothing to Report \$0 9/30 0					
Total: \$0 9/30 J. ECHN ENTERPRISES, INC. \$0 \$0 0 Nothing to Report \$0 1 ECHN WELLNESS SERVICES, INC. \$0 0 Nothing to Report \$0 </td <td></td> <td></td> <td></td> <td>\$0</td> <td></td>				\$0	
0 Nothing to Report \$0 K. ECHN HEALTH SERVICES,INC. \$0 0 Nothing to Report \$0 0 <td></td> <td></td> <td>Total:</td> <td></td> <td>9/30/2011</td>			Total:		9/30/2011
0 Nothing to Report \$0 K. ECHN HEALTH SERVICES,INC. \$0 0 Nothing to Report \$0 0 <td></td> <td></td> <td>_</td> <td></td> <td></td>			_		
Total: \$0 9/30 K. ECHN HEALTH SERVICES,INC. 0 Nothing to Report \$0 9/30 L. ECHN WELLNESS SERVICES, INC. 9/30 0 Nothing to Report \$0 9/30 L. ECHN WELLNESS SERVICES, INC. 9 0 Nothing to Report \$0 9/30 M. EVERGREEN ENDOSCOPY CENTER, LLC 0 0 Nothing to Report \$0 9/30 0 Nothing to Report \$0				0.2	
K. ECHN HEALTH SERVICES,INC. 0 Nothing to Report 0 9/30 0 Nothing to Report 0 \$0 9/30 \$0 0 9/30	•	Notining to Report	Total:		9/30/2011
0 Nothing to Report \$0 9/30 L. ECHN WELLNESS SERVICES, INC. 0 9/30 0 Nothing to Report \$0 9/30 0 Nothing to Report \$0 9/30 M. EVERGREEN ENDOSCOPY CENTER, LLC \$0 9/30 0 Nothing to Report					
Image: Constraint of the system of the sy					
L. ECHN WELLNESS SERVICES, INC. 0 0 Nothing to Report \$0	0	Nothing to Report	Total		9/30/2011
0 Nothing to Report \$0 M. EVERGREEN ENDOSCOPY CENTER, LLC 0 Nothing to Report \$0 0 Nothing to Report \$0 0 Nothing to Report \$0 N. EVERGREEN IMAGING CENTER, LLC \$0 0 Nothing to Report \$0				ψŪ	3/30/2011
Total: \$0 9/30 M. EVERGREEN ENDOSCOPY CENTER, LLC 0 0 Nothing to Report \$0 0 EVERGREEN MEDICAL ASSOCIATES II, LLC \$0 0 Nothing to Report \$0	L.	ECHN WELLNESS SERVICES, INC.			
M. EVERGREEN ENDOSCOPY CENTER, LLC 0 Nothing to Report 0 Nothing to Report 0 Total: 0 Nothing to Report	0	Nothing to Report	Total		0.0000000000000000000000000000000000000
0 Nothing to Report \$0 Total: \$0 9/30 N. EVERGREEN IMAGING CENTER, LLC 0 0 Nothing to Report \$0 0 Nothing to Report \$0 0 EVERGREEN MEDICAL ASSOCIATES II, LLC 0 0 Nothing to Report \$0 P. EVERGREEN MEDICAL ASSOCIATES, LLC 0 0 Nothing to Report \$0			i otal:	\$0	9/30/2011
0 Nothing to Report \$0 Total: \$0 9/30 N. EVERGREEN IMAGING CENTER, LLC 0 0 Nothing to Report \$0 0 Nothing to Report \$0 0 EVERGREEN MEDICAL ASSOCIATES II, LLC 0 0 Nothing to Report \$0 P. EVERGREEN MEDICAL ASSOCIATES, LLC 0 0 Nothing to Report \$0	М.	EVERGREEN ENDOSCOPY CENTER, LLC			
N. EVERGREEN IMAGING CENTER, LLC 0 0 0 Nothing to Report \$0 9/30 0 EVERGREEN MEDICAL ASSOCIATES II, LLC 0 0 0 Nothing to Report \$0 9/30 0 Nothing to Report \$0 \$0					
0 Nothing to Report \$0 Total: \$0 9/30 0 Nothing to Report \$0 P. EVERGREEN MEDICAL ASSOCIATES, LLC 0 0 Nothing to Report \$0			Total:	\$0	9/30/2011
0 Nothing to Report \$0 Total: \$0 9/30 0 Nothing to Report \$0 P. EVERGREEN MEDICAL ASSOCIATES, LLC 0 0 Nothing to Report \$0	N	EVERGREEN IMAGING CENTER, LLC			
O. EVERGREEN MEDICAL ASSOCIATES II, LLC O O 0 Nothing to Report \$0 9/30 P. EVERGREEN MEDICAL ASSOCIATES, LLC 0 9/30 0 Nothing to Report \$0 9/30					
0 Nothing to Report \$0 Total: \$0 9/30 P. EVERGREEN MEDICAL ASSOCIATES, LLC 0 0 Nothing to Report \$0			Total:	\$0	9/30/2011
0 Nothing to Report \$0 Total: \$0 9/30 P. EVERGREEN MEDICAL ASSOCIATES, LLC 0 0 Nothing to Report \$0					
Total: \$0 9/30 P. EVERGREEN MEDICAL ASSOCIATES, LLC 0 0 0 0 0 0 0 0 0 0 0 0 0 0 9/30 0 0 0 0 0 0 0 9/30 0 0 0 0 9/30 0 0 0 9/30 0 0 0 9/30 0 0 0 9/30 0 0 0 9/30 0 0 0 9/30 0 0 0 9/30 0 0 9/30 0 0 9/30 0 0 9/30 0 0 9/30 0 0 9/30 0 0 9/30 0 0 0 9/30 0 0 0 9/30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		,			
0 Nothing to Report \$0 Total: \$0 9/30 Q. HAYNES STREET MEDICAL ASSOCIATES II, LLC 0 0 Nothing to Report \$0			Total:		9/30/2011
0 Nothing to Report \$0 Total: \$0 9/30 Q. HAYNES STREET MEDICAL ASSOCIATES II, LLC 0 0 Nothing to Report \$0					
Total: \$0 9/30 Q. HAYNES STREET MEDICAL ASSOCIATES II, LLC 0 0 0 Nothing to Report \$0 \$0					
Q. HAYNES STREET MEDICAL ASSOCIATES II, LLC O 0 Nothing to Report \$0		inothing to Report	Total:		9/30/2011
0 Nothing to Report \$0				φ υ	5/50/2011
to the point of th					
Total: \$0 9/30	0	Nothing to Report	Totali		0/00/0044
Total: \$0 9/30			Total:	\$0	9/30/2011

MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2011 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.	HAYNES STREET MEDICAL ASSOCIATES, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
S.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC.		
3 .	Nothing to Report	\$0	
-	Total:	\$0 \$0	9/30/2011
		**	0.00,2011
Т.	MEDICAL PRACTICE PARTNERS		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
U.	METRO WHEELCHAIR SERVICE, INC		
0.	Nothing to Report	\$0	
	Total:	\$0 \$0	9/30/2011
		֥	0/00/2011
V.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
W .	ROCKVILLE GENERAL HOSPITAL	* 0	
0	Nothing to Report Total:	\$0	0/00/0044
	l Otal.	\$0	9/30/2011
Х.	TOLLAND IMAGING CENTER		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
V			
Y.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.		
0	Nothing to Report Total:	\$0 \$0	9/30/2011
		** 	
	Grand Total:	\$0	9/30/2011

MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2011 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
A. 0	EASTERN CONNECTICUT HEALTH NETWORK,INC. Nothing to Report	\$0	0
0	Total:	\$0 \$0	0
		<i>\$</i>	
В.	AETNA AMBULANCE SERVICES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	AMBULANCE SERVICE OF MANCHESTER, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	CONNECTICUT HEALTHCARE INSURANCE CO.		
0.	Nothing to Report	\$0	σ
-	Total:	\$0	-
E.	CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	EASTERN CT PHO Nothing to Report	02	8
0	Total:	\$0 \$0	0
		<i>\$</i> 0	
G.	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
Н.	ECHN CORPORATE SERVICES INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
I. 0	ECHN ELDERCARE SERVICES, INC. Nothing to Report	\$0	0
0	Total:	\$0 \$0	0
		֥	
J.	ECHN ENTERPRISES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
К.	ECHN HEALTH SERVICES,INC.		

MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2011 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	
	Tota	: \$0	
L.	ECHN WELLNESS SERVICES, INC.		
0	Nothing to Report	\$0	0
	Tota	: \$0	
	EVERGREEN ENDOSCOPY CENTER, LLC		
0	Nothing to Report Tota	\$0 : \$0	
	1014		
N.	EVERGREEN IMAGING CENTER, LLC		
0	Nothing to Report	\$0	
	Tota	: \$0	
O .	EVERGREEN MEDICAL ASSOCIATES II, LLC Nothing to Report	\$0	0
0	Tota		
Ρ.	EVERGREEN MEDICAL ASSOCIATES, LLC		
0	Nothing to Report	\$0	
	Tota	: \$0	
Q. 0	HAYNES STREET MEDICAL ASSOCIATES II, LLC Nothing to Report	\$0	0
	Tota		
	HAYNES STREET MEDICAL ASSOCIATES, LLC		
0	Nothing to Report Tota	\$0 : \$0	0
	lota	: 50	
S.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC.		
0	Nothing to Report	\$0	0
	Tota	: \$0	
	MEDICAL PRACTICE PARTNERS		
0	Nothing to Report Tota	\$0 : \$0	
U.	METRO WHEELCHAIR SERVICE, INC		
0	Nothing to Report	\$0	
	Tota	: \$0	

MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2011 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
٧.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)		
0	Nothing to Report	\$0	0
	Total:	\$0	
W.	ROCKVILLE GENERAL HOSPITAL		
0	Nothing to Report	\$0	0
	Total:	\$0	
Х.	TOLLAND IMAGING CENTER		
0	Nothing to Report	\$0	0
	Total:	\$0	
Υ.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Orego d Tetal		
	Grand Total:	\$0	

MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2011 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR INDIGENT CARE AND FREE BEDS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 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	\$421,703.89	\$468,137.91	\$46,434.02	11%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$10,824.24	\$11,641.88	\$817.64	8%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$35,609.78	(\$17,958.85)	(\$53,568.63)	-150%
	Ending Balance	\$468,137.91	\$461,820.94	(\$6,316.97)	-1%
5	Projected Interest Income	\$50,000.00	\$50,000.00	\$0.00	0%
C.	Other				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2011 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR INDIGENT CARE AND FREE BEDS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE

MANCHESTER MEMORIAL HOSPITAL						
ANNUAL REPORTING						
	FISCAL YEAR 2011					
REPORT	17 - HOSPITAL BED FUNDS HELD OR ADMINISTERE	ED BY THE HOSPITAL				
A. Patient Activity						
(1)	(2)	(3)				
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount				
1.Number of Applications for	Hospital Bed Funds	0				
2. A. Number of Patients rec	eiving Hospital Bed Fund Grants	0				
2. B. The Actual Total Dollar	Amount provided to all patients from Hospital Bed F	\$0.00				
	Grand Total	\$0.00				

Г

		MANCHESTER MEMO			
		ANNUAL REPO	DRTING		
		FISCAL YEA	R 2011		
	REPORT 17 - HOSPITA	L BED FUNDS HELD C	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	each individual Hospi	tal Bed Fund or the F	Principal attributable	to each
			an boan ana, or ano r	initionpai attinoutabio	
. /				interpar attributable	
	•	•	•	•	
(4)	Total Actual Earnings for each Hosp	•	•	•	
(4)	Total Actual Earnings for each Hosp	ital Bed Fund or the E	arnings attributable to	•	
	•	ital Bed Fund or the E	arnings attributable to	•	
(4)	Total Actual Earnings for each Hosp Actual Dollar Amount of Earnings re	ital Bed Fund or the E	arnings attributable to	•	
(4)	Total Actual Earnings for each Hosp	ital Bed Fund or the E	arnings attributable to	•	
(4)	Total Actual Earnings for each Hosp Actual Dollar Amount of Earnings re Actual Dollar Amount of Earnings av	ital Bed Fund or the E invested as Principal, railable for Patient Car	arnings attributable to if any. e.	o each Hospital Bed	Fund.
(4) (5)	Total Actual Earnings for each Hosp Actual Dollar Amount of Earnings re Actual Dollar Amount of Earnings av Erna Loomis	ital Bed Fund or the E	arnings attributable to	•	
(4) (5)	Total Actual Earnings for each Hosp Actual Dollar Amount of Earnings re Actual Dollar Amount of Earnings av	ital Bed Fund or the E invested as Principal, railable for Patient Car	arnings attributable to if any. e.	o each Hospital Bed	Fund.
(4) (5)	Total Actual Earnings for each Hosp Actual Dollar Amount of Earnings re Actual Dollar Amount of Earnings av Erna Loomis	ital Bed Fund or the E invested as Principal, railable for Patient Car \$210,493.41	arnings attributable to if any. e. \$3,702.37	p each Hospital Bed \$3,702.37	Fund. \$3,702.37
(4) (5)	Total Actual Earnings for each Hosp Actual Dollar Amount of Earnings re Actual Dollar Amount of Earnings av Erna Loomis Elsie Cheney Disher	ital Bed Fund or the E invested as Principal, railable for Patient Car \$210,493.41 \$264,729.43	arnings attributable to if any. e. \$3,702.37 \$4,656.33	5 each Hospital Bed \$3,702.37 \$4,656.33	Fund. \$3,702.37 \$4,656.33
(4) (5)	Total Actual Earnings for each Hosp Actual Dollar Amount of Earnings re Actual Dollar Amount of Earnings av Erna Loomis Elsie Cheney Disher Loren Garner	ital Bed Fund or the E invested as Principal, vailable for Patient Car \$210,493.41 \$264,729.43 \$45,584.44	arnings attributable to if any. e. \$3,702.37 \$4,656.33 \$801.79	\$3,702.37 \$4,656.33 \$801.79	Fund. \$3,702.37 \$4,656.33 \$801.79
(4)	Total Actual Earnings for each Hosp Actual Dollar Amount of Earnings re Actual Dollar Amount of Earnings av Erna Loomis Elsie Cheney Disher Loren Garner Mattie Hills Preston	ital Bed Fund or the E invested as Principal, vailable for Patient Car \$210,493.41 \$264,729.43 \$45,584.44 \$24,515.74	arnings attributable to if any. e. \$3,702.37 \$4,656.33 \$801.79 \$431.21	\$3,702.37 \$4,656.33 \$801.79 \$431.21	Fund. \$3,702.37 \$4,656.33 \$801.79 \$431.21

MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2011 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	27.00%
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

MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2011

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	27.00%

MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2011 REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
		•		* =00 = 10
1.	CEO	\$707,555	\$23,188	\$730,743
2.	CFO	\$397,509	\$18,802	\$416,311
3.	Senior VP of Medical Affairs	\$346,274	\$29,993	\$376,267
0.		ψ0+0,27+	ψ20,000	\$010,201
4.	Medical Director ED	\$282,373	\$22,189	\$304,562
5.	Emergency Room MD	\$264,465	\$15,964	\$280,429
6.	Emergency Room MD	\$252,777	\$49,391	\$302,168
7.	Emergency Room MD	\$248,984	\$25,234	\$274,218
8.	Emergency Room MD	\$242,306	\$30,589	\$272,895
		÷		
9.	Emergency Room MD	\$241,746	\$25,312	\$267,058
10.	Emergency Room MD	\$235,503	\$22,558	\$258,061
	Grand Total:	\$3,219,492	\$263,220	\$3,482,712

MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2011 REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
		SALARIES (Directly	FRINGE BENEFITS ^A (Directly or	
LINE	DESCRIPTION	or Indirectly) ^C	Indirectly) ^C	TOTAL
Α.	EASTERN CONNECTICUT HEALTH NETWORK, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
P	AETNA AMBULANCE SERVICES, INC.			
В. 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. 1	AMBULANCE SERVICE OF MANCHESTER, LLC		0.0	¢0.
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
_		ψ0	ψu	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
Ε.	CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F.	EASTERN CT PHO			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
G. 1	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. 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
Н.	ECHN CORPORATE SERVICES INC.	•		
1	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
2		Ф О	\$U	
١.	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
J.	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
К.	ECHN HEALTH SERVICES,INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
L. 1	ECHN WELLNESS SERVICES, INC. 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
			.	
Μ.	EVERGREEN ENDOSCOPY CENTER, LLC		0 0	
1	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
2		φυ	φU	Φυ
Ν.	EVERGREEN IMAGING CENTER, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
0.	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
Ρ.	EVERGREEN MEDICAL ASSOCIATES, LLC			
Р. 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
Q.	HAYNES STREET MEDICAL ASSOCIATES II, LLC			

MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2011 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
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
2		φU	φU	φυ
R.	HAYNES STREET MEDICAL ASSOCIATES, LLC	-		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
S .	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, 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
		_		
	MEDICAL PRACTICE PARTNERS	•	<u>^</u>	<u>^</u>
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
υ.	METRO WHEELCHAIR SERVICE, INC	_		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
		ψυ	ΨΟ	ψυ
ν.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
	ROCKVILLE GENERAL HOSPITAL			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
		_		
Χ.		00	*	\$ 0
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
Y.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
_				Ψ0

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

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

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

C - Indirect payments include but are not limited to payments made to related entities.

MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2011 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 2011
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

ANNUAL REPORTING

		MORIAL HOSPIT			
		EAR 2011			
	REPORT 23 - CHARITY CARE AND REDUCED C		PROVIDED BY		
(1)	(2)	(3)	(4)	(5)	(6)
(.)	(-)	FY 2010	FY 2011	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCI
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial Sta	atement Notes)			
1.	Number of Applicants	891	2,613	1,722	193
2.	Number of Approved Applicants	775	2,478	1,703	220
3.	Total Charges (A)	\$2,236,613	\$4,838,374	\$2,601,761	116
	Average Charges	\$2,886	\$1,953	(\$933)	-32
4	Datia of Coattle Charges (DCC)	0.404520	0.396223	(0.008313)	
4.	Ratio of Cost to Charges (RCC) Total Cost	0.404536 \$904,790	\$1,917,075	(0.008313) \$1,012,285	-2 112
	Average Cost	\$904,790	\$1,917,075	\$1,012,285 (\$394)	-34
	Average Cost	\$1,107	\$774	(\$394)	-34
5.	Charity Care - Inpatient Charges	\$862,332	\$831,297	(\$31,035)	-4
6.	Charity Care - Outpatient Emergency Department Charges	404,291	2,802,472	2,398,181	593
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	969,990	1,204,605	234,615	24
	Total Charges (A)	\$2,236,613	\$4,838,374	\$2,601,761	116
		+_,,	+ 1,000,011	<i> </i>	
8.	Charity Care - Number of Patient Days	883	746	(137)	-16
9.	Charity Care - Number of Discharges	142	140	(2)	-*
10.	Charity Care - Number of Outpatient ED Visits	707	2,413	1,706	24
	Charity Care - Number of Outpatient Visits (Excludes ED			,	
11.	Visits)	1,248	1,026	(222)	-18
۵) Th	e total amount must agree with the total amount listed in t	he Hospital Audi	ted Financial St	atement Notes	
A) The	e total amount must agree with the total amount listed in t	he Hospital Audi	ted Financial St	atement Notes.	
A) The	e total amount must agree with the total amount listed in t	he Hospital Audi	ted Financial St	atement Notes.	
A) The <u>B.</u>	e total amount must agree with the total amount listed in t Hospital Bed Funds (see Hospital Reporting System - Re		ted Financial Sta	atement Notes.	
			ted Financial Sta	atement Notes.	
			ted Financial Sta	atement Notes.	(
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - Re	port 17)			
<u>B.</u> 1.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants	port 17)			(
<u>B.</u> 1.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants	port 17)			
<u>B.</u> 1. 2.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants	- -	-	-	
<u>B.</u> 1. 2.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants Total Charges (B)	- - - - \$0	- - - \$0	- - \$0	
<u>B.</u> 1. 2.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants Total Charges (B)	sport 17) 		- - \$0) (-;
<u>B.</u> 1. 2. 3.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Intervention Number of Approved Applicants Intervention Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Intervention Total Cost Intervention	so \$0 \$0 \$0			
<u>B.</u> 1. 2. 3.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC)	sport 17) 			((
<u>B.</u> 1. 2. 3. 4.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost	sport 17) - - - - - - - - - - - - - - - - - - -		- - - \$0 \$0 (0.008313) \$0 \$0 \$0	() () - <u>-</u>
B. 1. 2. 3. 4. 5.	Hospital Bed Funds (see Hospital Reporting System - Re 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	eport 17) - - - - - - - - - - - - - - - - - - -			
<u>B.</u> 1. 2. 3. 4. 5. 6.	Hospital Bed Funds (see Hospital Reporting System - Re 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	port 17)			
<u>B.</u> 1. 2. 3. 4.	Hospital Bed Funds (see Hospital Reporting System - Re 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 (0.008313) \$0 \$0 \$0 \$0 0 0 0	
<u>B.</u> 1. 2. 3. 4. 5. 6.	Hospital Bed Funds (see Hospital Reporting System - Re 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	port 17)			
<u>B.</u> 1. 2. 3. 3. 4. 5. 6. 7.	Hospital Bed Funds (see Hospital Reporting System - Re 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 (0.008313) \$0 \$0 \$0 \$0 0 0 \$0 \$0 \$0	
<u>B.</u> 1. 2. 3. 4. 5. 6. 7. 8.	Hospital Bed Funds (see Hospital Reporting System - Re 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	sport 17) - - - - - - - - - - - - - - - - - - -			
<u>B.</u> 1. 2. 3. 4. 5. 6. 7. 8. 9.	Hospital Bed Funds (see Hospital Reporting System - Re 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	sport 17) - - - - - - - - - - - - - - - - - - -			
<u>B.</u> 1. 2. 3. 4. 5. 6. 7. 8.	Hospital Bed Funds (see Hospital Reporting System - Re 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 Outpatient ED Visits	sport 17) - - - - - - - - - - - - - - - - - - -			
<u>B.</u> 1. 2. 3. 4. 5. 6. 7. 8. 9.	Hospital Bed Funds (see Hospital Reporting System - Re 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	sport 17) - - - - - - - - - - - - - - - - - - -			