ANNUAL REPORTING

FISCAL YEAR 2011

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

(1)	(3)			
LINE	DESCRIPTION	AFFILIATE INFORMATION		
Α.	AFFILIATE NAME	EASTERN CT HEALTH NETWORK , INC		
		PARENT CORP AND PROVIDES OVERALL DIRECTION AND CONTROL TO ALL		
1	Affiliate Description	OTHER CORPORATIONS		
	Affiliate type of service	Parent Corporation		
3	Tax Status Street Address	Not for Profit 71 HAYNES STREET, MANCHESTER,CT		
5	Town	Manchester		
6	State	Connecticut		
	Zip Code	06040 -		
	CEO Name	PETER J. KARL		
	CEO Title	PRESIDENT & CEO		
10 11	CT Agent Name CT Agent Company	Carol Freeman ECHN		
		71 HAYNES STREET, MANCHESTER,CT		
13	CT Agent Town	Manchester		
14	CT Agent State	Connecticut		
15	CT Agent Zip Code	06040 -		
В.	AFFILIATE NAME	AETNA AMBULANCE SERVICES, INC.		
	Affiliate Description	PROVIDES AMBULANCE TRANSPORTATION SERVICES		
	Affiliate type of service	Ambulatory Services		
3	Tax Status	For Profit		
4	Street Address	140 Van Block Ave		
5 6	Town State	Hartford Connecticut		
	Zip Code	06106 -		
8	CEO Name	Wayne Wright		
	CEO Title	President		
	CT Agent Name	Winship Service Corp		
	CT Agent Company CT Agent Company Street Address	c/o Shipman and Goodwin LLP One Constitution Plaza		
	CT Agent Company Street Address CT Agent Town	Hartford		
14	CT Agent State	Connecticut		
15	CT Agent Zip Code	06103 -		
_	AFFU LATE NAME	AMBULANCE SERVICE OF MANCHESTER, LLC		
C .	AFFILIATE NAME 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 Connecticut		
6 7	State Zip Code	Connecticut 06040 -		
	CEO Name	Wayne Wright		
	CEO Title	President		
10	CT Agent Name	Winship Service Corp		
	CT Agent Company	Shipman and Goodwin LLP		
12	CT Agent Company Street Address CT Agent Town	S Once Constitution Plaza Hartford		
13 14	CT Agent Town CT Agent State	Connecticut		
15	CT Agent Clatc CT Agent Zip Code	06103 -		
	AFFILIATE NAME	CONNECTICUT HEALTHCARE INSURANCE CO.		
1	Affiliate Description	ECHN's Malpractice Insurance Co.		
3	Affiliate type of service Tax Status	Insurance Not for Profit		
4	Street Address	100 Main ST		

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(1)	(2)	(3)		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
5	Town	Cayman		
6	State	Cayman Islands		
	Zip Code	06040 - Peter Karl		
8	CEO Name CEO Title	President		
10	CT Agent Name	Lloyd T. Pelletier		
11	CT Agent Name CT Agent Company	Lioya 1. Felietiei		
12	CT Agent Company Street Address	100 Main ST		
	CT Agent Town	Grand Cayman		
	CT Agent State	Cayman Islands		
15	CT Agent Zip Code	06040 -		
	3			
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		
	Town	Hartford		
6	State	Connecticut		
	Zip Code	06105 -		
8	CEO Name	Hunter Giroux		
9	CEO Title	CEO		
	CT Agent Name	Hunter Giroux		
11	CT Agent Company	CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC		
	CT Agent Company Street Address			
	CT Agent Town CT Agent State	Hartford Connecticut		
	CT Agent State CT Agent Zip Code	06105 -		
13	CT Agent Zip Code	00100		
F.	AFFILIATE NAME	EASTERN CT PHO		
F.	AFFILIATE NAME			
		PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE		
1	Affiliate Description	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS		
1		PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affiliate Support Services		
1 2	Affiliate Description Affiliate type of service	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit		
1 2 3	Affiliate Description Affiliate type of service Tax Status	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affiliate Support Services		
1 2 3 4	Affiliate Description Affiliate type of service Tax Status Street Address	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit 26 Haynes Street, Lower Level		
1 2 3 4 5 6 7	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit 26 Haynes Street, Lower Level Manchester Connecticut 06040 -		
1 2 3 4 5 6 7	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit 26 Haynes Street, Lower Level Manchester Connecticut 06040 - Peter J. Karl		
1 2 3 4 5 6 7 8	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit 26 Haynes Street, Lower Level Manchester Connecticut 06040 - Peter J. Karl President and Chief Executive Officer		
1 2 3 4 5 6 7 8 9	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit 26 Haynes Street, Lower Level Manchester Connecticut 06040 - Peter J. Karl President and Chief Executive Officer Robinson and Cole		
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	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit 26 Haynes Street, Lower Level Manchester Connecticut 06040 - Peter J. Karl President and Chief Executive Officer Robinson and Cole Robinson and Cole		
1 2 3 4 5 6 7 8 9 10 11	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit 26 Haynes Street, Lower Level Manchester Connecticut 06040 - Peter J. Karl President and Chief Executive Officer Robinson and Cole Robinson and Cole 280 Trumbull Street, Hartford, CT		
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	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit 26 Haynes Street, Lower Level Manchester Connecticut 06040 - Peter J. Karl President and Chief Executive Officer Robinson and Cole Robinson and Cole 280 Trumbull Street, Hartford, CT Hartford		
1 2 3 4 5 6 7 8 9 10 11 12 13	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Town CT Agent State	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit 26 Haynes Street, Lower Level Manchester Connecticut 06040 - Peter J. Karl President and Chief Executive Officer Robinson and Cole Robinson and Cole 280 Trumbull Street, Hartford, CT Hartford Connecticut		
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	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit 26 Haynes Street, Lower Level Manchester Connecticut 06040 - Peter J. Karl President and Chief Executive Officer Robinson and Cole Robinson and Cole 280 Trumbull Street, Hartford, CT Hartford		
1 2 3 4 5 6 7 8 9 10 11 12 13	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Town CT Agent State	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit 26 Haynes Street, Lower Level Manchester Connecticut 06040 - Peter J. Karl President and Chief Executive Officer Robinson and Cole Robinson and Cole 280 Trumbull Street, Hartford, CT Hartford Connecticut		
1 2 3 4 5 6 7 8 9 10 11 12 13 14	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent State CT Agent Zip Code	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit 26 Haynes Street, Lower Level Manchester Connecticut 06040 - Peter J. Karl President and Chief Executive Officer Robinson and Cole Robinson and Cole 280 Trumbull Street, Hartford, CT Hartford Connecticut 06103 -		
1 2 3 4 5 6 7 8 9 10 11 12 13	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Town CT Agent State	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit 26 Haynes Street, Lower Level Manchester Connecticut 06040 - Peter J. Karl President and Chief Executive Officer Robinson and Cole Robinson and Cole Robinson and Cole 280 Trumbull Street, Hartford, CT Hartford Connecticut 06103 - ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	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	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit 26 Haynes Street, Lower Level Manchester Connecticut 06040 - Peter J. Karl President and Chief Executive Officer Robinson and Cole Robinson and Cole Robinson and Cole 280 Trumbull Street, Hartford, CT Hartford Connecticut 06103 - ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. TO RAISE FUNDS FOR THE BENEFIT OF EXEMPT ORGANIZATIONS ASSOCIATED		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	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	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit 26 Haynes Street, Lower Level Manchester Connecticut 06040 - Peter J. Karl President and Chief Executive Officer Robinson and Cole Robinson and Cole Robinson and Cole 280 Trumbull Street, Hartford, CT Hartford Connecticut 06103 - ECHN COMMUNITY HEALTHCARE FOUNDATION , INC. TO RAISE FUNDS FOR THE BENEFIT OF EXEMPT ORGANIZATIONS ASSOCIATED WITH ECHN , INC.		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 G .	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit 26 Haynes Street, Lower Level Manchester Connecticut 06040 - Peter J. Karl President and Chief Executive Officer Robinson and Cole Robinson and Cole 280 Trumbull Street, Hartford, CT Hartford Connecticut 06103 - ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. TO RAISE FUNDS FOR THE BENEFIT OF EXEMPT ORGANIZATIONS ASSOCIATED WITH ECHN, INC. Fund Raising/Management		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 G.	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit 26 Haynes Street, Lower Level Manchester Connecticut 06040 - Peter J. Karl President and Chief Executive Officer Robinson and Cole Robinson and Cole Robinson and Cole 280 Trumbull Street, Hartford, CT Hartford Connecticut 06103 - ECHN COMMUNITY HEALTHCARE FOUNDATION , INC. TO RAISE FUNDS FOR THE BENEFIT OF EXEMPT ORGANIZATIONS ASSOCIATED WITH ECHN , INC. Fund Raising/Management Not for Profit		
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 State CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit 26 Haynes Street, Lower Level Manchester Connecticut 06040 - Peter J. Karl President and Chief Executive Officer Robinson and Cole Robinson and Cole 280 Trumbull Street, Hartford, CT Hartford Connecticut 06103 - ECHN COMMUNITY HEALTHCARE FOUNDATION , INC. TO RAISE FUNDS FOR THE BENEFIT OF EXEMPT ORGANIZATIONS ASSOCIATED WITH ECHN , INC. Fund Raising/Management Not for Profit 71 HAYNES STREET, MANCHESTER, CT		
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 State CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit 26 Haynes Street, Lower Level Manchester Connecticut 06040 - Peter J. Karl President and Chief Executive Officer Robinson and Cole Robinson and Cole 280 Trumbull Street, Hartford, CT Hartford Connecticut 06103 - ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. TO RAISE FUNDS FOR THE BENEFIT OF EXEMPT ORGANIZATIONS ASSOCIATED WITH ECHN, INC. Fund Raising/Management Not for Profit 71 HAYNES STREET, MANCHESTER, CT		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 G.	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit 26 Haynes Street, Lower Level Manchester Connecticut 06040 - Peter J. Karl President and Chief Executive Officer Robinson and Cole Robinson and Cole 280 Trumbull Street, Hartford, CT Hartford Connecticut 06103 - ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. TO RAISE FUNDS FOR THE BENEFIT OF EXEMPT ORGANIZATIONS ASSOCIATED WITH ECHN, INC. Fund Raising/Management Not for Profit 71 HAYNES STREET, MANCHESTER, CT Manchester Connecticut		
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 State CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS Affilate Support Services Not for Profit 26 Haynes Street, Lower Level Manchester Connecticut 06040 - Peter J. Karl President and Chief Executive Officer Robinson and Cole Robinson and Cole 280 Trumbull Street, Hartford, CT Hartford Connecticut 06103 - ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. TO RAISE FUNDS FOR THE BENEFIT OF EXEMPT ORGANIZATIONS ASSOCIATED WITH ECHN, INC. Fund Raising/Management Not for Profit 71 HAYNES STREET, MANCHESTER, CT		

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(1)	(2)	(3)		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
9	CEO Title	PRESIDENT & CEO		
10	CT Agent Name	Carol Freeman		
11	CT Agent Company	ECHN		
12		71 HAYNES STREET, MANCHESTER,CT		
	CT Agent Town	Manchester		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06040 -		
l		ECUN CORRORATE SERVICES		
	AFFILIATE NAME	ECHN CORPORATE SERVICES		
1	Affiliate Description	For-profit subsidiary of ECHN serving as parent of Medical Practice Partners		
	Affiliate type of service	Affilate Support Services For Profit		
3	Tax Status Street Address	71 Haynes Street		
5	Town	Manchester		
6	State	Connecticut		
	Zip Code	06040 -		
	CEO Name	Dennis O'Neill		
9	CEO Title	President		
-	CT Agent Name	R&C Service Company		
11	CT Agent Company	R&C Service Company		
	CT Agent Company Street Address	280 Trumbull Street		
	CT Agent Town	Hartford		
14	CT Agent State	Connecticut		
15	CT Agent Zip Code	06103 -		
I.	AFFILIATE NAME	ECHN ELDERCARE SERVICES, INC.		
	TO INITIATE, DEVELOP, OPERATE, AND MAINTAIN PROGRAMS DIRECT			
		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	Not for Profit		
4	Street Address	26 SHENIPSIT LAKE RD, TOLLAND,CT		
5	Town	Tolland		
6	State Zin Code	Connecticut 06084 -		
7 8	Zip Code CEO Name	PETER J.KARL		
9	CEO Name CEO Title	PRESIDENT & CEO		
10	CT Agent Name	Carol Freeman		
	CT Agent Name CT Agent Company	ECHN		
12	CT Agent Company Street Address			
	CT Agent Town	Manchester		
	CT Agent State	Connecticut		
	CT Agent Zip Code	06084 -		
J.	AFFILIATE NAME	ECHN ENTERPRISES, INC.		
		ECHN ENTERPRISES, INC. IS AN ORGANIZATION ESTABLISHED TO MANAGE		
1	Affiliate Description	MEDICAL OFFICE BUILDINGS AND REAL ESTATE HOLDINGS		
2	Affiliate type of service	Affilate Support Services		
3	Tax Status	For Profit		
4	Street Address	71 HAYNES STREET, MANCHESTER,CT		
5	Town	Manchester		
6	State	Connecticut		
	Zip Code	06040 -		
8	CEO Name	PETER J. KARL		
9	CEO Title	PRESIDENT & CEO		
	CT Agent Name	Carol Freeman		
	CT Agent Company Street Address	ECHN 174 HAVNIES STREET MANICHESTER CT		
12	C i Agent Company Street Address	71 HAYNES STREET, MANCHESTER,CT		

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

(1)	(2)	(3)		
	DESCRIPTION	AFFILIATE INFORMATION		
	CT Agent Town	Manchester		
14	CT Agent State CT Agent Zip Code	Connecticut 06040 -		
15	CT Agent Zip Code	000TO		
K.	AFFILIATE NAME ECHN HEALTH SERVICES ,INC.			
	ECHN HEALTH SERVICES, INC. IS A NOT-FOR-PROFIT ORGANIZATION			
		ESTABLISHED TO OWN AND MANAGES A SERIES OF COMMUNITY BASED		
1	Affiliate Description	MEDICAL PRACTICES		
	Affiliate type of service	Outpatient Care		
	Tax Status	Not for Profit		
4	Street Address	71 HAYNES STREET, MANCHESTER,CT		
5 6	Town State	Manchester Connecticut		
	Zip Code	06040 -		
	CEO Name	PETER J. KARL		
	CEO Title	PRESIDENT & CEO		
	CT Agent Name	Carol Freeman		
11	CT Agent Company	ECHN		
	CT Agent Company Street Address	71 HAYNES STREET, MANCHESTER,CT		
13	CT Agent Town	Manchester		
14	CT Agent State	Connecticut		
15	CT Agent Zip Code	06040 -		
L.	AFFILIATE NAME	ECHN WELLNESS SERVICES , INC.		
1	Affiliate Description	Responsible for developing programs directed towards improving women's health.		
2	Affiliate type of service	Women's Health Services		
3	Tax Status	Not for Profit		
4	Street Address	2800 Tamarack Ave		
5	Town	South Windsor		
	State Zip Code	Connecticut 06074 -		
8	CEO Name	PETER J. KARL		
	CEO Title	PRESIDENT & CEO		
	CT Agent Name	Carol Freeman		
	CT Agent Company	ECHN		
12	CT Agent Company Street Address	71 Haynes St.		
	CT Agent Town	Manchester		
14	CT Agent State	Connecticut		
15	CT Agent Zip Code	06040 -		
М.	AFFILIATE NAME	EVERGREEN ENDOSCOPY CENTER, LLC		
1	Affiliate Description	Joint Venture with community GI Physicians.		
	Affiliate type of service	Ambulatory Services		
	Tax Status	For Profit		
	Street Address	2400 Tamarack Ave		
5	Town	South Windsor		
6 7	State Zip Code	Connecticut 06510 -		
8	CEO Name	Jeffrey Breiter, MD		
9	CEO Title	President		
	CT Agent Name	Gregory J. Pepe, Esq		
11	CT Agent Company			
12	CT Agent Company Street Address	195 Church St., 13th Floor		
13	CT Agent Town	New Haven		
14	CT Agent State	Connecticut		
15	CT Agent Zip Code	06510 -		
N.	AFFILIATE NAME	EVERGREEN IMAGING CORP, LLC		
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(1)	(2)	(3)		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
		JOINT VENTURE WITH IMAGING GROUP TO PROVIDE OUTPATIENT DIAGNOSTIC		
	Affiliate Description	IMAGING SERVICES		
	Affiliate type of service	Imaging Services		
3	Tax Status	Not for Profit		
4	Street Address Town	2800 Tamarack Avenue, South Windsor, CT South Windsor		
5 6	State	Connecticut		
	Zip Code	06074 -		
	CEO Name	Dennis McConville		
	CEO Title	Manager		
	CT Agent Name	Bennett Bernblum, Wiggin & Dana, LLP		
11	CT Agent Company	EVERGREEN IMAGING CORP, LLC		
12	CT Agent Company Street Address	Century Tower 265 Church Stree, New Haven, CT		
	CT Agent Town	New Haven		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06510 -		
	AFFULATE NAME	EVERGREEN MEDICAL ASSOCIATES II, LLC		
0.	AFFILIATE NAME	·		
	Affiliate Departation	Owns and operates the Evergreen II Medical building in South Windsor adjacent to the		
2	Affiliate Description Affiliate type of service	ECHN Medical Building at Evergreen Walk 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		
9	CEO Title	Manager		
10	CT Agent Name	Joe R. Labrosse		
11	CT Agent Company	c/o Property Fund LLC		
		95 Glastonbury BLVD, Suite 214		
	CT Agent Town	Glastonbury		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06033 -		
I Р.	AFFILIATE NAME	EVERGREEN MEDICAL ASSOCIATES, LLC		
H	ALTERATE NAME	JOINT VENTURE TO DEVELOPE AND MANAGE ECHN MEDICAL BUILDING AT		
1	Affiliate Description	EVERGREEN WALK IN SOUTH WINDSOR.		
	Affiliate type of service	Real Estate		
3	Tax Status	For Profit		
	Street Address	95 Glastonbury Blvd, Suite 214		
5	Town	Glastonbury		
6	State	Connecticut		
7	Zip Code	06001 -		
8	CEO Name	David Sessions		
9	CEO Title	Manager D. Laharana		
	CT Agent Name	Joseph R. Labrosse		
11	CT Agent Company Street Address	c/o Grove Properaty Fund LLC		
12 13	CT Agent Company Street Address CT Agent Town	95 Glastonbury Blvd, Suite 214, Glastonbury		
14	CT Agent Town CT Agent State	Connecticut		
	CT Agent State CT Agent Zip Code	06033 -		
-13	- 1 / 190111 Zip 0000			
Q.	AFFILIATE NAME	HAYNES STREET MEDICAL ASSOCIATES II, LLC		
	Affiliate Description	Owns and operates a medical office building at 100 Haynes Street in Manchester		
2	Affiliate type of service	Real Estate		
3	Tax Status	For Profit		
4	Street Address	95 Glastonbury Blvd, Suite 214		
5	Town	Glastonbury		

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(1)	(2)	(3)		
l	DEGODIDEION	AFFILIATE INFORMATION		
	DESCRIPTION	AFFILIATE INFORMATION		
6	State	Connecticut 06033 -		
7 8	Zip Code CEO Name	David Sessions		
9	CEO Title	Manager		
	CT Agent Name	Joseph R. Labrosse		
11	CT Agent Company	c/o Grove Properaty Fund LLC		
	CT Agent Company Street Address	95 Glastonbury Blvd, Suite 214		
13	CT Agent Town	Glastonbury		
14	CT Agent State	Connecticut		
15	CT Agent Zip Code	06033 -		
_				
R.	AFFILIATE NAME	HAYNES STREET MEDICAL ASSOCIATES, LLC		
		JOINT VENTURE OWNS AND OPERATES A MEDICAL OFFICE BUILDING		
1	Affiliate Description	LOCATED AT 17-19 HAYNES ST IN MANCHESTER		
2	Affiliate type of service	Real Estate		
3	Tax Status Street Address	For Profit 95 Glastonbury Blvd, Suite 214		
5	Town	Glastonbury Glastonbury		
6	State	Connecticut		
7	Zip Code	06033 -		
8	CEO Name	David Sessions		
9	CEO Title	Manager		
10	CT Agent Name	Joseph R. Labrosse		
11	CT Agent Company	c/o Grove Properaty Fund LLC		
12		95 Glastonbury Blvd, Suite 214		
13	CT Agent Town	Glastonbury		
	CT Agent State	Connecticut		
15	CT Agent Zip Code 06033 -			
S.	AFFILIATE NAME	MANCHESTER MEMORIAL HOSPITAL		
		NON-PROFIT COMMUNITY HOSPITAL IN THE TOWN OF MANCHESTER, TO		
1	Affiliate Description	PROVIDE MEDICAL CARE ON AN ACUTE BASIS		
2	Affiliate type of service	Hospital		
3	Tax Status	Not for Profit		
4	Street Address	71 HAYNES STREET, MANCHESTER,CT		
5	Town	Manchester Connecticut		
6	State Zip Code	Connecticut 06040 -		
7 8	CEO Name	PETER J. KARL		
9	CEO Title	PRESIDENT & CEO		
	CT Agent Name	Carol Freeman		
11	CT Agent Company	ECHN		
12	CT Agent Company Street Address	71 HAYNES STREET, MANCHESTER,CT		
13	CT Agent Town	Manchester		
14	CT Agent State	Connecticut		
15	CT Agent Zip Code	06040 -		
т.	AFFILIATE NAME	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION		
		Previously organized PHO which is no longer operating. No activity in this entity since		
1	Affiliate Description	1994. Dissolution of the entity is pending.		
2	Affiliate type of service	Affilate Support Services		
3	Tax Status	Not for Profit		
4	Street Address	71 Haynes Street		
5	Town	Manchester		
6	State	Connecticut		
7	Zip Code	06045 -		
8	CEO Name	Patricia A. Balzer		
9	CEO Title	CEO		
10	CT Agent Name	Robert F. Cavanagh		

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ANNUAL REPORTING

FISCAL YEAR 2011

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

(1)	(2)	(3)		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
	CT Agent Company	Patricia Balzer		
	CT Agent Company Street Address			
	CT Agent Town	Manchester		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06045 -		
U.	AFFILIATE NAME	MEDICAL PRACTICE PARTNERS		
U.	AFFICIATE NAME	Provides Medical billing services, eletronic health records, information services and		
1	Affiliate Description	practice management services.		
	Affiliate type of service	Affilate Support Services		
3	Tax Status	For Profit		
4	Street Address	29 Naek Road		
5	Town	Vernon		
	State	Connecticut		
	Zip Code	06066 -		
	CEO Name	Gregory M. Williams		
	CEO Title	President		
	CT Agent Name	Gregory M. Williams		
11	CT Agent Company CT Agent Company Street Address	29 Naek Road		
	CT Agent Company Street Address CT Agent Town	Z9 Naek Road Vernon		
	CT Agent Town CT Agent State	Connecticut		
	CT Agent State CT Agent Zip Code	06066 -		
	o : rigent = p o o do			
V.	AFFILIATE NAME	METRO WHEELCHAIR SERVICE, INC		
		PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME		
1	Affiliate Description	LIVERY SERVICES FOR MEDIAL APPOINTMENTS.		
2	Affiliate type of service	Ambulatory Services		
3	Tax Status	For Profit		
4	Street Address	275 New State Road , Manchester, CT		
	Town	Manchester		
6	State	Connecticut 06040 -		
	Zip Code 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		
13	CT Agent Town	Hartford		
14	CT Agent State	Connecticut		
15	CT Agent Zip Code	06103 -		
		NASTURANT PROJECTAL PARATION ON COLUMN 1997		
W.	AFFILIATE NAME	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON)		
	Affiliate Decements:	Joint Venture of four area hospitals that operates The John A. DeQuattro Community		
	Affiliate Description Affiliate type of service	Cancer Center in Manchester and the Phoenix Community Cancer Center in Enfield Outpatient Care		
3	Tax Status	Not for Profit		
4	Street Address	100 Haynes Street		
5	Town	Manchester		
6	State	Connecticut		
	Zip Code	06040 -		
	CEO Name	Donna Handley		
	CEO Title	President		
		Peter Kuzmickas		
	CT Agent Company			
		71 HAYNES STREET, MANCHESTER, CT		
	CT Agent Town	Manchester Connecticut		
1 4 -				
14 15	CT Agent State CT Agent Zip Code	06040 -		

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ANNUAL REPORTING

FISCAL YEAR 2011

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

(1)	(2)	(3)		
LINE	DESCRIPTION	AFFILLATE INFORMATION		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
	A	TOLLAND IMAGING CENTER		
	AFFILIATE NAME			
	Affiliate Description	Joint venture to provide outpatient diagnostic imaging services		
	Affiliate type of service	Imaging Services		
3	Tax Status	Not for Profit		
4	Street Address	6 Fieldstone Commons, Suite E		
5	Town	Tolland		
6	State	Connecticut		
	Zip Code	06103 -		
	CEO Name	Kevin Murphy		
	CEO Title	President		
	CT Agent Name	R&C Service Company		
	CT Agent Company	R&C Service Company		
		280 Trumbull Street		
13	CT Agent Town	Hartford		
14	CT Agent State	Connecticut		
15	CT Agent Zip Code	06103 -		
Υ.	AFFILIATE NAME	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, INC.		
	Affiliate Description	Provides at-home nursing care and hospice care.		
	Affiliate type of service	Other HealthCare Svcs(Specify)		
3	Tax Status	Not for Profit		
4	Street Address	8 Keynote Drive , Vernon, CT.		
	Town	Vernon Rockville		
6	State	Connecticut		
_	Zip Code	06066 -		
	CEO Name	Todd Rose		
	CEO Title	Chief Executive Office		
_	CT Agent Name	Todd Rose		
	CT Agent Company	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT,		
12	CT Agent Company Street Address	8 Keynote Drive , Vernon, CT.		
13	CT Agent Town	Vernon Rockville		
14	CT Agent State	Connecticut		
15		06066 -		
	CT Agent State CT Agent Zip Code			

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

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2011
Α.	ROCKVILLE GENERAL HOSPITAL		
1	ROCKVILLE GENERAL HOSFITAL	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
B.	EASTERN CT 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		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
	CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC		
F.			
F .	CONNECTION OCCUPATIONAL HEALTH FARTNERS, LEC	Unrestricted	Ω 2
1	CONNECTICOT OCCUPATIONAL HEALTH FARTNERS, LLC	Unrestricted Temporarily Restricted by Donor	\$0 \$0
1 2	CONNECTICOT OCCUPATIONAL HEALTH FARTNERS, LEC	Temporarily Restricted by Donor	\$0
1 2 3	CONNECTICOT OCCUPATIONAL HEALTH FARTNERS, LLC	Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
1 2	CONNECTICOT OCCUPATIONAL HEALTH FARTNERS, LLC	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0 \$0
1 2 3 4	CONNECTICOT OCCUPATIONAL HEALTH FARTNERS, ELC	Temporarily Restricted by Donor Temporarily Restricted by Board	\$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
1 2 3 4 5	EASTERN CT PHO	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:	\$0 \$0 \$0 \$0 \$0
1 2 3 4 5		Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted	\$0 \$0 \$0 \$0 \$0
1 2 3 4 5 G. 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
1 2 3 4 5 G. 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	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$
1 2 3 4 5 G. 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

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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	9/30/2011
Н.	ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.		
1	ESTIN COMMICNITY HEALTHOAKE FOORDATION, INC.	Unrestricted	\$1,784,983
2		Temporarily Restricted by Donor	\$7,454,317
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$1,567,312
5		Intercompany Eliminations	\$0
		Total:	\$10,806,612
I.	ECHN CORPORATE SERVICES		
1	ESTIN CON CHAIL CENTICES	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	LOTHE LEDENOANE OLIVEOLO, INC.	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
L/	FOUN ENTERPRISES INC		
	ECHN ENTERPRISES, INC.	I lo vo otvisto d	C044 700
2		Unrestricted Temporarily Restricted by Donor	\$241,789
3		Temporarily Restricted by Board	\$0 \$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$241,789
	ECHN HEALTH SERVICES ,INC.		
	ECHN HEALTH SERVICES ,INC.		(007.004)
1		Unrestricted	(\$27,691)
3		Temporarily Restricted by Donor	\$0 \$0
4		Temporarily Restricted by Board Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$27,691)
			(4=1,001)
	ECHN WELLNESS SERVICES , INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
5		Total:	\$0 \$0
		Total.	\$0
N.	EVERGREEN ENDOSCOPY CENTER, LLC		
1		Unrestricted	\$610,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$228,716)
		Total:	\$381,284

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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	9/30/2011
0.	EVERGREEN IMAGING CORP, LLC		
1	EVEROREEN IMAGING CORT, LEG	Unrestricted	\$302,247
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$55,954
		Total:	\$358,201
P.	EVERGREEN MEDICAL ASSOCIATES II, LLC		
1	EVEROREEN MEDIOAE ACCOCIATES II, EEG	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
5		Total:	\$692,833
	EVERGREEN MEDICAL ASSOCIATES, LLC	Unrestricted	#244.007
1		Unrestricted	\$311,207
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4 5		Permanently Restricted by Donor Intercompany Eliminations	\$0
5		Total:	(\$9,418) \$301,789
			, , , ,
	HAYNES STREET MEDICAL ASSOCIATES II, LLC		
1		Unrestricted	\$417,372
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations Total:	(\$175,542)
		Total.	\$241,830
S.	HAYNES STREET MEDICAL ASSOCIATES, LLC		
1		Unrestricted	\$155,513
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$41,328
		Total:	\$196,841
T.	MANCHESTER MEMORIAL HOSPITAL		
1	MANORESTER MEMORIAL HOOF TIAL	Unrestricted	\$2,472,207
2		Temporarily Restricted by Donor	\$3,473,307 \$988,702
3		Temporarily Restricted by Board	\$900,702
4		Permanently Restricted by Donor	\$7,679,633
5		Intercompany Eliminations	\$0
		Total:	\$12,141,642
U.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0

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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	9/30/2011
٧.	MEDICAL PRACTICE PARTNERS		222.472
1		Unrestricted	\$89,156
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor Intercompany Eliminations	\$0
5		. ,	\$32,481
		Total:	\$121,637
W.	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
			, ,,
	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK,		
X.	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
V	TOLL AND IMAGING OFFITED		
Y.	TOLLAND IMAGING CENTER		•
1		Unrestricted	\$59,168
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$20,121
		Total:	\$79,289
	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT,		
Z.	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
	Tatal of all Affiliates (hefers Intercomment Fliming ties a	Fund Balance	604 004 444
	Total of all Affiliates (before Intercompany Eliminations) Intercompany Eliminations	Fund Balance:	\$81,894,114 (\$3,463,739)
	Total of all Affiliates	Fund Palance	V / / /
	Total OF all Affiliates	Fund Balance:	\$78,430,375

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(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
Α.	EASTERN CT HEALTH NETWORK , INC			
	EASTERN CT HEALTH NETWORK, INC	Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$1,723,514
1		Allocation of Investment Income/Loss	09/30/2011	\$1,070,446
<u> </u>		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$2,793,960
			3/30/2011	+2,100,000
В.	AETNA AMBULANCE SERVICES, INC.			
<u> </u>	ALTIVA ANIBOLANCE GENVICES, INC.	Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$382,123
1		Allocation of Investment Income/Loss	09/30/2011	\$38,700
<u> </u>		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$420,823
			9/30/2011	\$ 123,020
C.	AMBULANCE SERVICE OF MANCHESTER, LLC			
	AMBOLANOE GENTIGE OF MANOFILE TER, ELG	Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$1,118,285
1		Allocation of Investment Income/Loss	09/30/2011	\$334,500
2		Adjustment of Goodwill	09/30/2011	(\$390,000)
<u> </u>		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$1,062,785
			0,00,2011	. , ,
D.	CONNECTICUT HEALTHCARE INSURANCE CO.			
-		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$1,120,824
1		Accounting Fees	09/30/2011	(\$67,769)
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$1,053,055
E.	CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC			
	,	Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
F.	EASTERN CT PHO			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
G.	ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	(\$713,131)
1		Transfer of Donated Assets	09/30/2011	\$707,145
		Ending Unconsolidated Intercompany Balance:	9/30/2011	(\$5,986)
Н.	ECHN CORPORATE SERVICES			

(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
I.	ECHN ELDERCARE SERVICES, INC.			
- "-	ECHN LEDENGARE SERVICES, INC.	Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$212,152
1		Salary and Non-Salary Operating Expenses	09/30/2011	(\$31,607)
<u> </u>		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$180,545
		Ending enconcentration many balance.	3/30/2011	ψ100,040
J.	ECHN ENTERPRISES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$30,194
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$30,194
K.	ECHN HEALTH SERVICES ,INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	(\$8,085,513)
1		Accounting Fees	09/30/2011	\$5,374,149
		Ending Unconsolidated Intercompany Balance:	9/30/2011	(\$2,711,364)
	FOUN WELL NEGO OFFINION INC			
L.	ECHN WELLNESS SERVICES , INC.	Parimina Harana di Jatada Hatana anno Balana	0/00/0040	¢24.022
1		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$21,922
<u> </u>		Salary and Non-Salary Operating Expenses Ending Unconsolidated Intercompany Balance:	09/30/2011 9/30/2011	(\$21,922) \$0
		Ending Onconsolidated Intercompany Balance.	9/30/2011	φυ
М.	EVERGREEN ENDOSCOPY CENTER, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
N.	EVERGREEN IMAGING CORP, LLC		0/20/2015	***
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report Ending Unconsolidated Intercompany Balance:	0/00/0044	\$0 \$0
		Ending Officonsolidated intercompany Balance.	9/30/2011	\$ 0
0.	EVERGREEN MEDICAL ASSOCIATES II, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
<u> </u>	1	1 5 1		· ·

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
P.	EVERGREEN MEDICAL ASSOCIATES, LLC			
	·	Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
Q.	HAYNES STREET MEDICAL ASSOCIATES II, LLC			
F	TATRES STREET MEDICAL ACCOUNTED II, LEC	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		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
S.	MANCHESTER MEMORIAL HOSPITAL			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$14,838,492
1		Transfer of Salary and Non-Salary Expenses	09/30/2011	(\$24,852,460)
		Ending Unconsolidated Intercompany Balance:	9/30/2011	(\$10,013,968)
T.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION			
F	MANOREOTER THOO HAE ORGANIZATION	Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
-		Nothing to Report	3/30/2010	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
U.	MEDICAL PRACTICE PARTNERS			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report Ending Unconsolidated Intercompany Balance:	0/00/0044	\$0 \$0
		Enumy onconsolitated intercompany balance:	9/30/2011	\$0
V.	METRO WHEELCHAIR SERVICE, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$59,400
1		Allocation of Investment Income/Loss	09/30/2011	(\$18,900)
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$40,500

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
W.	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, IN	, , ,		
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$2,825,242
1		Allocation of Investment Income/Loss	09/30/2011	(\$6,174)
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$2,819,068
X.	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
Y.	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, IN	IC.		
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$1,185,127
1		Allocation of Investment Income/Loss	09/30/2011	\$64,500
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$1,249,627
			Grand Total:	(\$3,031,177)

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
LINE	AFFICIATE TRANSFERRING FUNDS	AFFICIATE RECEIVING FONDS	Beginning Unconsolidated	DATE	AWOUNT
			Intercompany Balance	10/01/2010	\$27,734,681
Α.	EASTERN CT HEALTH NETWORK, INC		1		4 =1,101,001
	,		Allocation of ECHN Expenses		
1		MANCHESTER MEMORIAL HOSPITAL	to Subsidy	09/30/2011	(\$992,861)
			Allocation of ECHN Expenses	00/00/2011	(ψουΞ,ου.)
2		ECHN ELDERCARE SERVICES, INC.	to Subsidy	09/30/2011	\$13,895
		ECHN COMMUNITY HEALTHCARE	Allocation of ECHN Expenses		, ,
3		FOUNDATION, INC.	to Subsidy	09/30/2011	\$415,167
			Allocation of ECHN Expenses		
4		ECHN HEALTH SERVICES ,INC.	to Subsidy Allocation of ECHN Expenses	09/30/2011	\$1,886
5		ECHN WELLNESS SERVICES , INC.	to Subsidy	09/30/2011	(\$3,664)
			Total:	9/30/2011	(\$565,577)
B.	AETNA AMBULANCE SERVICES, INC.				
1		MANCHESTER MEMORIAL HOSPITAL	Allocation of Income/Loss	09/30/2011	\$77,975
			Total:	9/30/2011	\$77,975
C.	AMBULANCE SERVICE OF MANCHESTER, LLC				
1	,	MANCHESTER MEMORIAL HOSPITAL	Allocation of Income/Loss	09/30/2011	(\$153,733)
			Total:	9/30/2011	(\$153,733)
			101111	0,00,00	(4 100,100)
D.	CONNECTICUT HEALTHCARE INSURANCE CO.				
			Allocation of Shareholders		
1		MANCHESTER MEMORIAL HOSPITAL	Equity	09/30/2011	(\$67,769)
· ·			Total:	9/30/2011	(\$67,769)
			10.0	3,00,2011	(40.,100)
E.	CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC				
<u> </u>			Nothing to Report		\$0
			Total:	9/30/2011	\$0
			Total.	3/30/2011	ΨΟ
F.	EASTERN CT PHO				
- '-	EAGLEM OF THE		Salary and Non-Salary		
1		EASTERN CT HEALTH NETWORK , INC	Operating Expenses	09/30/2011	\$16,404
<u> </u>		ENGIERRO I HEALITHALIWORK, INC	Total:	9/30/2011	\$16,404
			Total:	3/30/2011	φ10,4U4

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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
	AFFILIATE TO ANOTE DOING FUNDO	AFFILIATE DECEMBES FUNDS	DECORIDATION OF TRANSFER	DATE	AMOUNT
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
G.	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.	MANOLIFOTED MEMORIAL LICORITAL	Transfer of Departs of Assets	00/00/0044	(#000 407)
2		MANCHESTER MEMORIAL HOSPITAL ECHN ELDERCARE SERVICES, INC.	Transfer of Donated Assets Transfer of Donated Assets	09/30/2011 09/30/2011	(\$300,467) (\$4,741)
3		ECHN WELLNESS SERVICES, INC.	Transfer of Donated Assets	09/30/2011	\$3,263
		EGINT WELLINEGG GENVIGEG , INC.	Total:	9/30/2011	(\$301,945)
				5,66,2611	(\$00.,0.0)
H.	ECHN CORPORATE SERVICES				
			Nothing to Report		\$0
			Total:	9/30/2011	\$0
l.	ECHN ELDERCARE SERVICES, INC.		Coloni and Non Coloni		
1		MANCHESTER MEMORIAL HOSPITAL	Salary and Non-Salary Operating Expenses	09/30/2011	(\$4E0.200)
- '		WANGIESTER WEWORIAETIOSI TIAE	Total:	9/30/2011	(\$459,388) (\$459,388)
			Total.	3/30/2011	(ψ+33,300)
J.	ECHN ENTERPRISES, INC.				
	· ·		Non Salary Operating		
1		MANCHESTER MEMORIAL HOSPITAL	Expenses	09/30/2011	\$357,041
			Total:	9/30/2011	\$357,041
K.	ECHN HEALTH SERVICES ,INC.		Salary and Non-Salary		
1		MANCHESTER MEMORIAL HOSPITAL	Operating Expenses	09/30/2011	(\$5,581,651)
<u> </u>		MANORESTER MEMORIAE 11001 11AE	Total:	9/30/2011	(\$5,581,651)
			Total.	5/55/2511	(ψο,σοτ,σοτ)
L.	ECHN WELLNESS SERVICES , INC.				
			Salary and Non-Salary		
1		MANCHESTER MEMORIAL HOSPITAL	Operating Expenses	09/30/2011	(\$4,751)
			Total:	9/30/2011	(\$4,751)
	EVEROPEEN ENDOGODY OFNITED 110				
M.	EVERGREEN ENDOSCOPY CENTER, LLC		Allocation of Investment		
1		MANCHESTER MEMORIAL HOSPITAL	Income/Loss	09/30/2011	(\$198,265)
<u> </u>		W. WOLLEGIER MEMORINE HOOF TIME	Total:	9/30/2011	(\$198,265)
			Totali	3,00,2011	(4.55,266)
N.	EVERGREEN IMAGING CORP, LLC				

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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Allocation of Investment		
1		MANCHESTER MEMORIAL HOSPITAL	Income/Loss	09/30/2011	\$55,954
			Total:	9/30/2011	\$55,954
Ο.	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)
P.	EVERGREEN MEDICAL ASSOCIATES, LLC				
			Allocation of Investment		
1		ECHN ENTERPRISES, INC.	Income/Loss	09/30/2011	\$9,418
			Total:	9/30/2011	\$9,418
Q.	HAYNES STREET MEDICAL ASSOCIATES II, LLC				
1		ECHN ENTERPRISES, INC.	Capital Contribution	09/30/2011	\$175,542
			Total:	9/30/2011	\$175,542
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)
				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(+11,020)
S.	MANCHESTER MEMORIAL HOSPITAL				
			Nothing to Report		\$0
			Total:	9/30/2011	\$0
			. Ciun	0,00,2011	4 -0
Т.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION				
			Nothing to Report		\$0
			Total:	9/30/2011	\$0 \$0
			Total.	3/30/2011	\$ 0
U.	MEDICAL PRACTICE PARTNERS				
- 0.	MEDICAL I MACHOL I ANTIGENO		Allocation of Investment		
1		MANCHESTER MEMORIAL HOSPITAL	Income/Loss	09/30/2011	\$32,480
		WATER TOTAL WEIGHT THE	Total:	9/30/2011	\$32,480 \$32,480
			Total.	3/30/2011	φ32, 4 00
٧.	METRO WHEELCHAIR SERVICE, INC				
٧.	INICIRO WITEELGHAIR SERVICE, INC				

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Allocation of Investment		
1		MANCHESTER MEMORIAL HOSPITAL	Income/Loss	09/30/2011	(\$50,077)
			Total:	9/30/2011	(\$50,077)
w.	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON)				
			Allocation of Investment		
1		MANCHESTER MEMORIAL HOSPITAL	Income/Loss	09/30/2011	(\$6,174)
			Total:	9/30/2011	(\$6,174)
X.	TOLLAND IMAGING CENTER				
1		MANCHESTER MEMORIAL 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		MANCHESTER MEMORIAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2011	(\$23,304)
			Total:	9/30/2011	(\$23,304)
			Ending Unconsolidated		
			Intercompany Balance	9/30/2011	\$20,775,519

(1)	(2)	(3)	(4)	(5)	(6)
	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT

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

(1)	(2)		(3)	(4)
	AFFILIATE NAME &		AMOUNT	
LINE	DESCRIPTION OF EXPENDITURE		AMOUNT	DATE
Α.	EASTERN CT HEALTH NETWORK , INC			
0	Nothing to Report		\$0	
	g topor	Total:	\$0	9/30/2011
B.	AETNA AMBULANCE SERVICES, INC.		60	
	Nothing to Report	Total:	\$0 \$0	9/30/2011
			40	3/30/2011
C.	AMBULANCE SERVICE OF MANCHESTER, LLC			
0	Nothing to Report	Tatali	\$0	
		Total:	\$0	9/30/2011
D.	CONNECTICUT HEALTHCARE INSURANCE CO.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2011
_	CONNECTION COOLINATIONAL LIEAUTH DARTHERS LLO			
E .	CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC Nothing to Report		\$0	
Ě	Houring to Hoport	Total:	\$0	9/30/2011
	EASTERN CT PHO			
0	Nothing to Report	Total:	\$0 \$0	9/30/2011
		i Otal.	\$0	9/30/2011
G.	ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2011
Н.	ECHN CORPORATE SERVICES			
0	Nothing to Report		\$0	
	5	Total:	\$0	9/30/2011
I.	ECHN ELDERCARE SERVICES, INC.		\$ 0.	
-	Nothing to Report	Total:	\$0 \$0	9/30/2011
			***	5/53/2511
J.	ECHN ENTERPRISES, INC.			
0	Nothing to Report	Total:	\$0	0/20/2044
		Total.	\$0	9/30/2011
K.	ECHN HEALTH SERVICES ,INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2011
	FOUND WELL NEGO DEDWICES INC			
L.	ECHN WELLNESS SERVICES , INC. Nothing to Report		\$0	
F	Houring to Hoport	Total:	\$0	9/30/2011
	EVERGREEN ENDOSCOPY CENTER, LLC			
0	Nothing to Report	Total:	\$0 \$0	9/30/2011
		. Otal.	20	9/30/2011
N.	EVERGREEN IMAGING CORP, LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2011
0.	EVERGREEN MEDICAL ASSOCIATES II, LLC			
0.	Nothing to Report		\$0	
	🗸	Total:	\$0	9/30/2011
P.	EVERGREEN MEDICAL ASSOCIATES, LLC		00	
_	Nothing to Report	Total:	\$0 \$0	9/30/2011
			φυ	3/30/2011
	HAYNES STREET MEDICAL ASSOCIATES II, LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2011

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 MEMORIAL HOSPITAL	0.0	
U	Nothing to Report Total:	\$0	0/00/0044
	Total.	\$0	9/30/2011
T.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
U.	MEDICAL PRACTICE PARTNERS		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
V.	METRO WHEEL CHAIR CERVICE INC		
0	METRO WHEELCHAIR SERVICE, INC Nothing to Report	\$0	
-	Total:	\$0	9/30/2011
		40	3/30/2011
W.	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON)		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
V	TOUL AND IMAGING OFFITED		
X.	TOLLAND IMAGING CENTER Nothing to Report	\$0	
Ě	Total:	\$0	9/30/2011
		-	3,2 7,2011
Υ.	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, INC.		
0	Nothing to Report	\$0	
_	Total:	\$0	9/30/2011
	Grand Total:	\$0	9/30/2011
	L Grand Total.	\$ 0	3/30/2011

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
Α.	EASTERN CT HEALTH NETWORK , INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
В.	AETNA AMBULANCE SERVICES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	AMBULANCE SERVICE OF MANCHESTER, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	
D.	CONNECTICUT HEALTHCARE INSURANCE CO.		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	EASTERN CT PHO	600	0
0	Nothing to Report Total:	\$0 \$0	0
	ı Oldı.	\$0	
_			
G .	ECHN COMMUNITY HEALTHCARE FOUNDATION , INC. Nothing to Report	\$0	0
0	Nothing to Report Total:	\$0 \$0	0
	i otar.	\$0	
H.	ECHN CORPORATE SERVICES Nothing to Report	\$0	
	Nothing to Report Total:	\$0 \$0	
	ı otal.	Ψ	
	EQUIN EL DEDOADE GERVIGES INO		
I.	ECHN ELDERCARE SERVICES, INC. Nothing to Report	\$0	<u> </u>
	Total:	\$0	
	Totali	Ψ0	
	ECUM ENTERDRICES INC		
J .	ECHN ENTERPRISES, INC. Nothing to Report	\$0	<u> </u>
<u> </u>	Total:	\$0	0
	Totali	Ψ 0	
V	ECHNILIEN TH CEDVICES INC		
K.	ECHN HEALTH SERVICES ,INC.		

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
0	Nothing to Report	\$0	
	Total:	\$0	
L .	ECHN WELLNESS SERVICES , INC.	90	0
0	Nothing to Report Total:	\$0 \$0	
	i otal.	Ψ0	
м.	EVERGREEN ENDOSCOPY CENTER, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	EVERGREEN IMAGING CORP, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	
O.	EVERGREEN MEDICAL ASSOCIATES II, LLC Nothing to Report	00	0
U	Nothing to Report Total:	\$0 \$0	
	Total.	φ0	
В	EVED ODEEN MEDICAL ACCOCIATES 11.0		
P.	EVERGREEN MEDICAL ASSOCIATES, LLC Nothing to Report	\$0	0
	Total:	\$0	-
Q.	HAYNES STREET MEDICAL ASSOCIATES II, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	
	HAYNES STREET MEDICAL ASSOCIATES, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	
	MANAGUEATER MEMORIAL LICORITAL		
S .	MANCHESTER MEMORIAL HOSPITAL Nothing to Report	\$0	n.
	Total:	\$0	
т.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
	MEDICAL PRACTICE PARTNERS		
0	Nothing to Report	\$0	
	Total:	\$0	

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
٧.	METRO WHEELCHAIR SERVICE, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
W.	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON)		
0	Nothing to Report	\$0	0
	Total:	\$0	
X.	TOLLAND IMAGING CENTER		
0	Nothing to Report	\$0	0
	Total:	\$0	
Y.	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

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ROCKVILLE GENERAL 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	\$179,337.46	\$186,826.90	\$7,489.44	4%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$1,857.75	\$4,005.97	\$2,148.22	116%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$5,631.69	(\$7,556.87)	(\$13,188.56)	-234%
	Ending Balance	\$186,826.90	\$183,276.00	(\$3,550.90)	-2%
5	Projected Interest Income	\$10,000.00	\$10,000.00	\$0.00	0%
C.	Other				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

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

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

ROCKVILLE GENERAL HOSPITAL					
	ANNUAL REPORTING				
	FISCAL YEAR 2011				
REPORT 17 -	HOSPITAL BED FUNDS HELD OR ADMINISTERS	ED BY THE HOSPITAL			
A. Patient Activity					
(1)	(2)	(3)			
<u>Patient</u>	Name of Hospital Bed Fund (FULL NAME)	Amount			
1.Number of Applications for Hos	spital Bed Funds	0			
2. A. Number of Patients receiving	ng Hospital Bed Fund Grants	0			
2. B. The Actual Total Dollar Am-	ount provided to all patients from Hospital Bed F	\$0.00			
	Grand Total	\$0.00			

ANNUAL REPORTING

		ROCKVILLE GENER	AL HOSPITAL		
		ANNUAL REPO	ORTING		
		FISCAL YEAR	R 2011		
	REPORT 17 - HOSPITAL	BED FUNDS HELD C	R ADMINISTERED B	Y THE HOSPITAL	
В. В	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 F	Principal attributable	to each
(°,	- un munor rundo el mo i molpar el				10 040
(4)	Total Actual Earnings for each Hospit	tal Bed Fund or the E	arnings attributable to	o each Hospital Bed	Fund.
(4)	Total Actual Earnings for each Hospit	tal Bed Fund or the E	arnings attributable to	o each Hospital Bed	Fund.
	Total Actual Earnings for each Hospit		_	o each Hospital Bed	Fund.
(4)			_	o each Hospital Bed	Fund.
(5)	Actual Dollar Amount of Earnings rei	nvested as Principal,	if any.	o each Hospital Bed	Fund.
		nvested as Principal,	if any.	o each Hospital Bed	Fund.
(5)	Actual Dollar Amount of Earnings rei	nvested as Principal,	if any.	o each Hospital Bed	
(5)	Actual Dollar Amount of Earnings rei	nvested as Principal,	if any. e.		
(5)	Actual Dollar Amount of Earnings rei	nvested as Principal, ailable for Patient Car \$155,434.81	if any. e. \$2,552.70	\$2,552.70	\$2,552.70 \$649.49
(5)	Actual Dollar Amount of Earnings rei Actual Dollar Amount of Earnings ava Trumbull Chapter CE Prescott	silable for Patient Car \$155,434.81 \$20,121.75 \$10,896.29	\$2,552.70 \$649.49	\$2,552.70 \$649.49	\$2,552.70 \$649.49
(5)	Actual Dollar Amount of Earnings rei Actual Dollar Amount of Earnings ava Trumbull Chapter CE Prescott Charles Phelps	\$155,434.81 \$20,121.75 \$10,896.29 \$15,642.13	\$2,552.70 \$649.49 \$194.88	\$2,552.70 \$649.49 \$194.88	\$2,552.70 \$649.49 \$194.88
(5)	Actual Dollar Amount of Earnings rei Actual Dollar Amount of Earnings ava Trumbull Chapter CE Prescott Charles Phelps Winchell Foster	silable for Patient Car \$155,434.81 \$20,121.75 \$10,896.29	\$2,552.70 \$649.49 \$194.88 \$259.61	\$2,552.70 \$649.49 \$194.88 \$259.61	\$2,552.70 \$649.49 \$194.88 \$259.61

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	23.00%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
	Collection Agent	
1	Collection Agent Name	American Adjustment Bureau
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	ECHN offers options and will not bill, refer to a coll, a SP pat prior to giving opp to fin assist or choose a pay option that fits needs. If pat does not request an appt for fin aid within 10 days, they have 120 days to pay acct in full. If acct remain
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	ECHN has agreements with Coll Agencies to initiate collection efforts on those accts that ECHN refers to them. If pay schedules are not kept, accts will be transferred from coll agents to secondary collections attorneys for follow-up. Coll Agents are pa

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	23.00%
	J	25.0070

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

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	CEO	\$303,238	\$9,938	\$313,176
2.	OB/GYN	\$293,206	\$3,641	\$296,847
3.	Infection Control Director MD	\$218,825	\$48,210	\$267,035
4.	CFO	\$170,361	\$8,058	\$178,419
5.	Senior VP of Medical Affairs	\$148,403	\$12,854	\$161,257
6.	RN Supervisor	\$134,637	\$10,058	\$144,695
7.	Admin Director	\$132,811	\$14,421	\$147,232
8.	RN - ICU	\$127,600	\$19,183	\$146,783
9.	Medical Director ED	\$121,017	\$9,509	\$130,526
10.	Medical Imaging Director	\$119,997	\$29,610	\$149,607
	Grand Total:	\$1,770,095	\$165,482	\$1,935,577

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

SALARIES ((Directly)	(1)	(2)	(3)	(4)	(5)
A. EASTERN CT HEALTH NETWORK , INC 1 Paid by the Entity Listed Above to Hospital Employees(9) 5 Paid by the Hospital to Employees of the Entity Listed Above 5 Paid by the Entity Listed Above to Hospital Employees(9) 7 Paid by the Entity Listed Above to Hospital Employees(9) 8 Paid by the Entity Listed Above to Hospital Employees(9) 9 Paid by the Hospital to Employees of the Entity Listed Above 8 Paid by the Hospital to Employees of the Entity Listed Above 9 Paid by the Hospital to Employees of the Entity Listed Above 9 Paid by the Hospital to Employees of the Entity Listed Above 9 Paid by the Hospital to Employees of the Entity Listed Above 9 Paid by the Hospital to Employees of the Entity Listed Above 9 Paid by the Hospital Entity Listed Above to Hospital Employees(9) 1 Paid by the Entity Listed Above to Hospital Employees(9) 2 Paid by the Entity Listed Above to Hospital Employees(9) 5 Paid by the Entity Listed Above to Hospital Employees(9) 5 Paid by the Entity Listed Above to Hospital Employees(9) 9 Paid by the Entity Listed Above to Hospital Employees(9) 9 Paid by the Entity Listed Above to Hospital Employees(9) 9 Paid by the Entity Listed Above to Hospital Employees(9) 9 Paid by the Entity Listed Above to Hospital Employees(9) 9 Paid by the Entity Listed Above to Hospital Employees(9) 9 Paid by the Entity Listed Above to Hospital Employees(9) 9 Paid by the Entity Listed Above to Hospital Employees(9) 9 Paid by the Entity Listed Above to Hospital Employees(9) 9 Paid by the Entity Listed Above to Hospital Employees(9) 9 Paid by the Entity Listed Above to Hospital Employees(9) 9 Paid by the Entity Listed Above to Hospital Employees(9) 9 Paid by the Entity Listed Above to Hospital Employees(9) 9 Paid by the Entity Listed Above to Hospital Employees(9) 9 Paid by the Entity Listed Above to Hospital Employees(9) 9 Paid by the Entity Listed Above to Hospital Employees(9) 9 Paid by the Entity Listed Above to Hospital Employees(9) 9 Paid by the Entity Listed Above to Hospital Employe	LINE	DESCRIPTION		(Directly or	TOTAL
1 Paid by the Entity Listed Above to Hospital Employees(8)	LINE	DESCRIPTION	or manectry)	munectly)	TOTAL
Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	Α.	EASTERN CT HEALTH NETWORK , INC			
B. AFTNA AMBULANCE SERVICES, INC.					
1	2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
1	В	AETNA AMBULANCE SERVICES, INC.			
2 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$			\$0	\$0	\$0
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Paid by the Hospital to Employees of the Entity Listed Above	Ε.	CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC			
F. EASTERN CT PHO 1 Paid by the Entity Listed Above to Hospital Employees(B)		1 17 17	\$0		
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2 Paid by the Hospital to Employees of the Entity Listed Above G. ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. 1 Paid by the Entity Listed Above to Hospital Employees(B) 2 Paid by the Hospital to Employees of the Entity Listed Above 30 \$0 \$0 80 \$			\$0	\$0	\$0
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Paid by the Hospital to Employees of the Entity Listed Above \$0		•	0.0	0.0	\$ 0
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2 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0 O. 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 P. EVERGREEN MEDICAL ASSOCIATES, LLC 1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 2 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 2 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0 \$0	Ν.	EVERGREEN IMAGING CORP, LLC			
O . 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 P . EVERGREEN MEDICAL ASSOCIATES, LLC 1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 2 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0					
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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 P. EVERGREEN MEDICAL ASSOCIATES, LLC 1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 P Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 So \$0	0.	EVERGREEN MEDICAL ASSOCIATES II. LLC			
2 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0 P. EVERGREEN MEDICAL ASSOCIATES, LLC 1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0 2 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0		· ·	\$0	\$0	\$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					
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		EVEDORERN MEDIOAL ACCOCIATES 110			
2 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0			\$0	\$0	\$0
Q . HAYNES STREET MEDICAL ASSOCIATES II, LLC			**		
	Q.	HAYNES STREET MEDICAL ASSOCIATES II, LLC			

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
R.	HAYNES STREET MEDICAL ASSOCIATES, LLC			
1 1	,	CO	\$0	¢o.
2	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0 \$0	\$0 \$0
	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
S.	MANCHESTER MEMORIAL HOSPITAL			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
	and the property of the second			1.
Τ.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
		_		
U.	MEDICAL PRACTICE PARTNERS	•	•	•
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
٧.	METRO WHEELCHAIR SERVICE, INC	\neg		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
-	and by the Hospital to Employees of the Emity Eisted Above	Ψ	ΨΟ	ΨΟ
W.	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC.	\neg		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Χ.	TOLLAND IMAGING CENTER			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Υ.	WISITING NUIDSE AND HEALTH SEDVICES OF CONNECTION TO THE	_		
1 1	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, 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 \$0
	r aid by the Hospital to Employees of the Entity Listed Above	φυ	Φυ	ΦU

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.

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	
	Transfer of Assets or Operations or Change of Control involving Hospital Clinical or	
1.	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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A. H		(3)		THE HOSPITAL					
<u>LINE</u> <u>D</u> <u>A.</u> <u>H</u> 1. N	REPORT 23 - CHARITY CARE AND REDUCED ((3)		THE HOSPITAL					
<u>LINE</u> <u>D</u> <u>A.</u> <u>H</u> 1. N									
<u>LINE</u> <u>D</u> <u>A.</u> <u>H</u> 1. N									
A. H	DESCRIPTION		(4)	(5)	(6)				
A. H	DESCRIPTION	FY 2010	FY 2011	AMOUNT	%				
1. N		AMOUNT	<u>AMOUNT</u>	DIFFERENCE	DIFFERENCE				
	Hospital Charity Care (see Hospital Audited Financial Statement Notes)								
	lumbar of Applicants	200	252	(40)	4.20				
۷. ۱۱	Number of Applicants Number of Approved Applicants	398	352 303	(46) (27)	-129 - 8 9				
	tumber of Approved Approaches			(21)					
3. T	otal Charges (A)	\$772,244	\$821,721	\$49,477	69				
Α	Average Charges	\$2,340	\$2,712	\$372	169				
	Ratio of Cost to Charges (RCC)	0.453794	0.432308	(0.021486)	-5%				
	Total Cost	\$350,440	\$355,237	\$4,797	19				
A	Average Cost	\$1,062	\$1,172	\$110	109				
5. C	Charity Care - Inpatient Charges	\$305,289	\$318,391	\$13,102	49				
	Charity Care - Impatient Charges Charity Care - Outpatient Emergency Department Charges	243,052	256,525	13,473	69				
	Charity Care - Outpatient Charges (Excludes ED Charges)	223,903	246,805	22,902	109				
Т	Total Charges (A)	\$772,244	\$821,721	\$49,477	60				
	Charity Care - Number of Patient Days	299	356	57	199				
	Charity Care - Number of Discharges	75	57	(18)	-249				
	Charity Care - Number of Outpatient ED Visits	364	330	(34)	-99				
	Charity Care - Number of Outpatient Visits (Excludes ED								
11. V	/isits)	196	205	9	59				
(A) The to	otal amount must agree with the total amount listed in t	he Hospital Audi	ited Financial St	atement Notes.					
<u>B.</u> H	 	eport 17)							
	Number of Applicants	-	-	-	0%				
2. N	Number of Approved Applicants	-	-	-	09				
3. T	otal Charges (B)	\$0	\$0	\$0	00				
	Average Charges	\$0	\$0	\$0 \$0	09				
	Transport of the second of the	7.5	**	**					
4. R	Ratio of Cost to Charges (RCC)	0.453794	0.432308	(0.021486)	-5%				
	Total Cost	\$0	\$0	\$0	09				
A	Average Cost	\$0	\$0	\$0	0%				
5. B	Bed Funds - Inpatient Charges	\$0	\$0	\$0	09				
	Bed Funds - Outpatient Emergency Department Charges	0	0	0	09				
7. B	Bed Funds - Outpatient Charges (Excludes ED Charges)	0	0	0	09				
Т	Total Charges (B)	\$0	\$0	\$0	09				
0 5	Pad Funds Number of Patient Days								
	Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	0	0	0	09				
	Bed Funds - Number of Discharges Bed Funds - Number of Outpatient ED Visits	0	0	0	09				
	Bed Funds - Number of Outpatient Visits (Excludes ED	U	0	0					
	/isits)	0	0	0	09				
_	/								

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