(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
	AFFILIATE NAME	L+M CORPORATION	
	Affiliate Description	PARENT CORPORATION	
	Affiliate type of service	Parent Corporation	
	Tax Status	Not for Profit	
4	Street Address	365 MONTAUK AVE	
5	Town	New London	
-	State	Connecticut	
		06320 - BRUCE D. CUMMINGS	
	CEO Name CEO Title	PRESIDENT & CEO	
-	CT Agent Name	BRUCE D. CUMMINGS	
	CT Agent Company	L+M Hosp. or N/A	
12	CT Agent Company Street Address	365 MONITALIK AVE	
	CT Agent Town	New London	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06320 -	
В.	AFFILIATE NAME	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.	
	Affiliate Description	Professional Caregiver/Physician Organization	
	Affiliate type of service	Physicians Hospital Org. (PHO)	
	Tax Status	Not for Profit	
4	Street Address	2 Lorenz Industrial Parkway	
5	Town	Ledyard	
	State	Connecticut	
	Zip Code	06339 -	
	CEO Name	Daniel Rissi, MD	
	CEO Title	President & CEO	
	CT Agent Name	Daniel Rissi, MD	
	CT Agent Company	Lawrence & Memorial Hospital	
	CT Agent Company Street Address		
	CT Agent Town	Ledyard	
14 15	CT Agent State CT Agent Zip Code	Connecticut 06339 -	
15		00009 -	
c.	AFFILIATE NAME	L& M FOUNDATION INC.	
	Affiliate Description	FOUNDATION ENTITY - NOT ACTIVE	
	Affiliate type of service	Inactive	
2	Tax Status	Not for Profit	
4	Street Address	365 MONTAUK AVE	
5	Town	New London	
	State	Connecticut	
	Zip Code	06320 -	
	CEO Name	BRUCE D. CUMMINGS	
9	CEO Title	PRESIDENT & CEO	
10	CT Agent Name	BRUCE D. CUMMINGS	
11	CT Agent Company	L+M Corporation	
	CT Agent Company Street Address	365 MONTAUK AVE	
	CT Agent Town	New London	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06320 -	
-			
-		L& M HEALTHCARE INC.	
	Affiliate Description	HEALTHCARE RELATED BUSINESS ENTITIES	
	Affiliate type of service	Inactive	
3	Tax Status	Not for Profit	
4	Street Address	365 MONTAUK AVE	
5	Town	New London	

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
6	State	Connecticut
7	Zip Code	06320 -
	CEO Name	BRUCE D. CUMMINGS
	CEO Title	PRESIDENT & CEO
10	CT Agent Name	BRUCE D. CUMMINGS
	CT Agent Company	L+M Corporation
		365 MONTAUK AVE
	CT Agent Town	New London
	CT Agent State	Connecticut
15	CT Agent Zip Code	06320 -
_		
Ε.	AFFILIATE NAME	L&M INDEMNITY COMPANY, INC.
1	Affiliate Description	Carry on all kinds of Insurance and Assurance Business
	Affiliate type of service	Insurance
3	Tax Status	For Profit
4	Street Address	23 Lime Tree Bay Avenue, PO Box 1159
5	Town	Grand Cayman
6	State	Cayman Islands
		11102 - None
	CEO Name CEO Title	None
		None None
	CT Agent Name CT Agent Company	None
		None, None
12	CT Agent Company Street Address	None
	CT Agent State	Cayman Islands
	CT Agent Zip Code	00000 -
15		
F.	AFFILIATE NAME	L&M SYSTEMS INC
F.	AFFILIATE NAME	
		L&M SYSTEMS INC PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES
1	Affiliate Description	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES
1		PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE
1	Affiliate Description Affiliate type of service	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices
1 2 3	Affiliate Description Affiliate type of service Tax Status Street Address Town	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit
1 2 3 4	Affiliate Description Affiliate type of service Tax Status Street Address	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut
1 2 3 4 5 6 7	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 -
1 2 3 4 5 6 7 8	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS
1 2 3 4 5 6 7 8 9	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO
1 2 3 4 5 6 7 8 9 10	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS
1 2 3 4 5 6 7 8 9 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	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L+M Corporation
1 2 3 4 5 6 7 8 9 10 11 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	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L+M Corporation 365 MONTAUK AVE
1 2 3 4 5 6 7 8 9 10 11 12 13	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L+M Corporation 365 MONTAUK AVE New London
1 2 3 4 5 6 7 8 9 10 11 12 13 14	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Town CT Agent State	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L+M Corporation 365 MONTAUK AVE New London Connecticut
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	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L+M Corporation 365 MONTAUK AVE New London
1 2 3 4 5 6 7 8 9 10 11 12 13 14	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Town CT Agent State	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L+M Corporation 365 MONTAUK AVE New London Connecticut
1 2 3 4 5 6 7 8 9 10 11 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 Town CT Agent State CT Agent Zip Code	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L+M Corporation 365 MONTAUK AVE New London Connecticut 06320 -
1 2 3 4 5 6 7 8 9 10 11 11 12 13 14 15 <b>G.</b>	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L+M Corporation 365 MONTAUK AVE New London Connecticut 06320 -
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 <b>G.</b> 1	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L+M Corporation 365 MONTAUK AVE New London Connecticut 06320 - L+M PHYSICIAN ASSOCIATION, INC. Physician Practices
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 <b>G.</b> 1 2	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L+M Corporation 365 MONTAUK AVE New London Connecticut 06320 - L+M PHYSICIAN ASSOCIATION, INC. Physician Practices Physician Services
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 <b>G.</b> 1 2 3	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L+M Corporation 365 MONTAUK AVE New London Connecticut 06320 - L+M PHYSICIAN ASSOCIATION, INC. Physician Practices Physician Services Not for Profit
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 <b>G.</b> 1 2 3 4	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L+M Corporation 365 MONTAUK AVE New London Connecticut 06320 - L+M PHYSICIAN ASSOCIATION, INC. Physician Practices Physician Services Not for Profit 2 Lorenz Industrial Parkway
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 <b>G.</b> 1 2 3 4 5	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L+M Corporation 365 MONTAUK AVE New London Connecticut 06320 - L+M PHYSICIAN ASSOCIATION, INC. Physician Practices Physician Services Not for Profit 2 Lorenz Industrial Parkway Ledyard
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 <b>G.</b> 1 2 3 4 5 6	Affiliate Description         Affiliate type of service         Tax Status         Street Address         Town         State         Zip Code         CEO Name         CEO Title         CT Agent Name         CT Agent Company         CT Agent Town         CT Agent Town         CT Agent State         CT Agent State         CT Agent State         CT Agent Zip Code         Affiliate Description         Affiliate Description         Affiliate type of service         Tax Status         Street Address         Town         Street Address         Town         State	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L+M Corporation 365 MONTAUK AVE New London Connecticut 06320 - L+M PHYSICIAN ASSOCIATION, INC. Physician Practices Physician Services Not for Profit 2 Lorenz Industrial Parkway Ledyard Connecticut
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 <b>G.</b> 1 2 3 3 4 5 6 7	Affiliate Description         Affiliate type of service         Tax Status         Street Address         Town         State         Zip Code         CEO Name         CEO Title         CT Agent Name         CT Agent Company         CT Agent Company Street Address         CT Agent Town         CT Agent State         CT Agent State         CT Agent Zip Code         Affiliate Description         Affiliate Description         Affiliate type of service         Tax Status         Street Address         Town         State         Zip Code	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L+M Corporation 365 MONTAUK AVE New London Connecticut 06320 - L+M PHYSICIAN ASSOCIATION, INC. Physician Practices Physicians Services Not for Profit 2 Lorenz Industrial Parkway Ledyard Connecticut 06339 -
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 <b>G.</b> 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         CT Agent Name         CT Agent Company         CT Agent Town         CT Agent Town         CT Agent State         CT Agent State         CT Agent State         CT Agent Zip Code         Affiliate Description         Affiliate Description         Affiliate type of service         Tax Status         Street Address         Town         Street Address         Town         State	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L+M Corporation 365 MONTAUK AVE New London Connecticut 06320 - L+M PHYSICIAN ASSOCIATION, INC. Physician Practices Physician Services Not for Profit 2 Lorenz Industrial Parkway Ledyard Connecticut
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 <b>G.</b> 1 2 3 4 5 6 7 8 9 9	Affiliate Description         Affiliate type of service         Tax Status         Street Address         Town         State         Zip Code         CEO Name         CEO Title         CT Agent Name         CT Agent Company         CT Agent Company Street Address         CT Agent Town         CT Agent Town         CT Agent State         CT Agent Zip Code         Affiliate Description         Affiliate type of service         Tax Status         Street Address         Town         State         Zip Code         CEO Name         CEO Name         CEO Name         CEO Name         CEO Name         CEO Name	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L+M Corporation 365 MONTAUK AVE New London Connecticut 06320 - L+M PHYSICIAN ASSOCIATION, INC. Physician Practices Physicians Services Not for Profit 2 Lorenz Industrial Parkway Ledyard Connecticut 06339 - Daniel Rissi, MD Chair
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 <b>G.</b> 1 2 3 4 4 5 6 6 7 8 9 9 10	Affiliate Description         Affiliate type of service         Tax Status         Street Address         Town         State         Zip Code         CEO Name         CEO Title         CT Agent Name         CT Agent Company         CT Agent Company Street Address         CT Agent Town         CT Agent State         CT Agent Zip Code         AFFILIATE NAME         Affiliate Description         Affiliate type of service         Tax Status         Street Address         Town         State         Zip Code         CEO Name         CEO Name         CEO Title         CEO Name         CEO Title	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L+M Corporation 365 MONTAUK AVE New London Connecticut 06320 - L+M PHYSICIAN ASSOCIATION, INC. Physician Practices Physicians Services Not for Profit 2 Lorenz Industrial Parkway Ledyard Connecticut 06339 - Daniel Rissi, MD
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 <b>G.</b> 1 2 3 4 4 5 6 6 7 8 9 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 CT Agent Town CT Agent State CT Agent Zip Code <b>AFFILIATE NAME</b> Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CEO Title CT Agent Name CEO Title CT Agent Company	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO BRUCE D. CUMMINGS L+M Corporation 365 MONTAUK AVE New London Connecticut 06320 - L+M PHYSICIAN ASSOCIATION, INC. Physician Practices Physicians Services Not for Profit 2 Lorenz Industrial Parkway Ledyard Connecticut 06339 - Daniel Rissi, MD Chair L+M Corporation

(1)	(2)	(3)
	DESCRIPTION	AFFILIATE INFORMATION
	CT Agent Town	Ledyard
	CT Agent State	Connecticut 06339 -
15	CT Agent Zip Code	00339 -
н.	AFFILIATE NAME	LMW HEALTHCARE INC.
1	Affiliate Description	Healthcare related Business Entity/Hospital
	Affiliate type of service	Inactive
3	Tax Status	Not for Profit
	Street Address Town	One Citizens Plaza, Suite 500 Providence
-	State	Rhode Island
	Zip Code	02903 -
	CEO Name	Bruce D. Cummings
9	CEO Title	President
	CT Agent Name	Bruce D. Cummings
11	CT Agent Company	Bruce D. Cummings
	CT Agent Company Street Address	
	CT Agent Town CT Agent State	Providence Rhode Island
	CT Agent Zip Code	02903 -
I.	AFFILIATE NAME	LMW PHYSICIANS, INC.
1	Affiliate Description	Physician Services
	Affiliate type of service	Inactive
	Tax Status	Not for Profit
	Street Address	One Citizens Plaza, Suite 500
5 6	Town State	Providence Rhode Island
	Zip Code	02903 -
	CEO Name	Bruce D. Cummings
	CEO Title	President
	CT Agent Name	Bruce D. Cummings
11	CT Agent Company	Bruce D. Cummings
	CT Agent Company Street Address	One Citizens Plaza, Suite 500
	CT Agent Town CT Agent State	Providence Rhode Island
14 15	CT Agent Zip Code	02903 -
15		02000
J.	AFFILIATE NAME	SOUTHEAST CT PARTNERS INC.
	Affiliate Description	Service Organization
	Affiliate type of service	Inactive
3	Tax Status	Not for Profit
4 5	Street Address Town	365 Montauk Avenue New London
	State	Connecticut
	Zip Code	06320 -
	CEO Name	Daniel Rissi, MD
9	CEO Title	CEO
	CT Agent Name	Daniel Rissi, MD
	CT Agent Company	Daniel Rissi, MD
	CT Agent Company Street Address	365 Montauk Avenue
	CT Agent Town CT Agent State	New London Connecticut
	CT Agent State	06320 -
К.	AFFILIATE NAME	VNA OF SOUTHEASTERN CT
	Affiliate Description	VISITING NURSES ASSOCIATION
2	Affiliate type of service	Home Health/VNAs

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
3	Tax Status	Not for Profit
4	Street Address	403 NORTH FRONTAGE RD
5	Town	Waterford
6	State	Connecticut
7	Zip Code	06385 -
8	CEO Name	BRUCE D. CUMMINGS
	CEO Title	PRESIDENT & CEO
10	CT Agent Name	BRUCE D. CUMMINGS
11	CT Agent Company	BRUCE D. CUMMINGS
12	CT Agent Company Street Address	403 NORTH FRONTAGE ROAD
13	CT Agent Town	Waterford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06385 -

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

# LAWRENCE AND MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2012 REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
. ,		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2012
^	LAWRENCE AND MEMORIAL HOSPITAL		_
<b>A.</b> 1		Unrestricted	\$144,038,576
2		Temporarily Restricted by Donor	\$20,092,239
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$5,864,807
5		Intercompany Eliminations	\$0
		Total:	\$169,995,622
В.	L+M CORPORATION		
1		Unrestricted	\$69,190,937
2		Temporarily Restricted by Donor	\$1,262,617
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$70,453,554
	ASSOCIATED SPECIALISTS OF SOUTHEASTERN		
	CONNECTICUT, INC.		
1		Unrestricted	(\$993,248)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$993,248)
D.	L& M FOUNDATION 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
E.	L& M HEALTHCARE 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
E	L&M INDEMNITY COMPANY, INC.		
<b>F</b> .		Uprostricted	(\$99,338)
1 2		Unrestricted Temporarily Restricted by Donor	(\$99,338) \$0
2		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$99,338)
<b>G.</b> 1	L&M SYSTEMS INC	Unrestricted	\$1,478,528
2		Temporarily Restricted by Donor	\$1,478,528
2		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,478,528

# LAWRENCE AND MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2012 REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

LINE     AFFILIATE NAME     FUND PURPOSE     9/30/21       H     L-M PHYSICIAN ASSOCIATION, INC.     Unrestricted     (\$330,       1     Unrestricted by Donor     (\$330,       2     Temporarily Restricted by Board       4     Permanently Restricted by Donor       5     Intercompany Eliminations       1     Vorestricted     (\$330,       2     Total:     (\$330,       1     Unrestricted by Donor     (\$330,       5     Intercompany Eliminations     (\$330,       1     Unrestricted     (\$330,       2     Temporarily Restricted by Donor     (\$330,       3     Temporarily Restricted by Donor     (\$330,       4     Permanently Restricted by Donor     (\$30,       3     Total:     (\$30,       4     Permanently Restricted by Donor     (\$10,       5     Intercompany Eliminations     (\$10,       1     Unrestricted     (\$10,       2     Temporarily Restricted by Donor     (\$10,       3     Temporarily Restricted by Donor     (\$10,       4     Permanently Restricted by Donor     (\$10,       5     Intercompany Eliminations     (\$10,       6     Intercompany Eliminations     (\$10,       7     Temporarily Restr	(1)	(2)	(3)	(4)
1     Unrestricted     (\$330,       2     Temporarily Restricted by Donor       3     Temporarily Restricted by Donor       4     Permanently Restricted by Donor       5     Intercompany Eliminations       1     Vortal:       2     Total:       3     Temporarily Restricted by Donor       1     Unrestricted       2     Temporarily Restricted by Donor       3     Temporarily Restricted by Donor       3     Temporarily Restricted by Donor       4     Permanently Restricted by Donor       5     Intercompany Eliminations       6     Total:       7     Total:       9     Unrestricted       1     Unrestricted       2     Temporarily Restricted by Donor       5     Intercompany Eliminations       1     Unrestricted       2     Temporarily Restricted by Donor       3     Temporarily Restricted by Donor       4     Permanently Restricted by Donor       5     Intercompany Eliminations       1     Unrestricted       2     Temporarily Restricted by Donor       5     Intercompany Eliminations       1     Unrestricted       2     Temporarily Restricted by Donor       3     Tempor	LINE	AFFILIATE NAME		BALANCE AS OF 9/30/2012
1     Unrestricted     (\$330,       2     Temporarily Restricted by Donor       3     Temporarily Restricted by Donor       4     Permanently Restricted by Donor       5     Intercompany Eliminations       1     Vorestricted       2     Total:       3     Temporarily Restricted by Donor       1     Unrestricted       2     Temporarily Restricted by Donor       3     Temporarily Restricted by Donor       3     Temporarily Restricted by Donor       4     Permanently Restricted by Donor       5     Intercompany Eliminations       6     Total:       70tal:     Total:       1     Unrestricted       2     Temporarily Restricted by Donor       5     Intercompany Eliminations       6     Temporarily Restricted by Donor       7     Temporarily Restricted by Donor       1     Unrestricted       2     Temporarily Restricted by Donor       3     Temporarily Restricted by Donor       4     Permanently Restricted by Donor       5     Intercompany Eliminations       6     Temporarily Restricted by Donor       7     Temporarily Restricted by Donor       7     Temporarily Restricted by Donor       8     Temporar				
2       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         4       Permanently Restricted by Donor         5       Intercompany Eliminations         6       Total:         7       (\$330,         1       Unrestricted         2       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         4       Permanently Restricted by Donor         5       Intercompany Eliminations         4       Permanently Restricted by Donor         5       Intercompany Eliminations         6       Temporarily Restricted by Donor         7       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         4       Permanently Restricted by Donor         5       Intercompany Eliminations         6       Intercompany Eliminations         7       Temporarily Restricted by Donor         5       Intercompany Eliminations         6       Intercompany Eliminations         7       Temporarily Restricted by Donor         6       Intercompany Eliminations		L+M PHYSICIAN ASSOCIATION, INC.		
3     Temporarily Restricted by Board       4     Permanently Restricted by Donor       5     Intercompany Eliminations       1     Total:       2     Temporarily Restricted by Donor       3     Temporarily Restricted by Donor       3     Temporarily Restricted by Donor       4     Permanently Restricted by Donor       5     Intercompany Eliminations       6     Total:       7     Temporarily Restricted by Donor       6     Intercompany Eliminations       7     Temporarily Restricted by Donor       6     Intercompany Eliminations       7     Temporarily Restricted by Donor       6     Intercompany Eliminations       7     Temporarily Restricted by Donor       7     Intercompany Eliminations       7     Temporarily Restricted by Dono				(\$330,428)
4       Permanently Restricted by Donor         5       Intercompany Eliminations         6       Intercompany Eliminations         701:       (\$330,         1       Unrestricted         2       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         4       Permanently Restricted by Donor         5       Intercompany Eliminations         6       Intercompany Eliminations         7       Temporarily Restricted by Donor         6       Intercompany Eliminations         7       Temporarily Restricted by Donor         6       Intercompany Eliminations         7       Temporarily Restricted by Donor         7       Temporarily Restricted by Donor         8       Intercompany Eliminations         9       Permanently Restricted by Donor         1       Unrestricted         2       Temporarily Restricted by Donor         3       Intercompany Eliminations         1       Unrestricted         4       Permanently Restricted by Donor         5       Intercompany Eliminations         6       Intercompany Eliminations         7       Temporarily Restricted by Donor				\$0
5     Intercompany Eliminations     (\$330,       1     Total:     (\$330,       1     Unrestricted     (\$330,       2     Temporarily Restricted by Donor       3     Temporarily Restricted by Donor       4     Permanently Restricted by Donor       5     Intercompany Eliminations       4     Permanently Restricted by Donor       5     Intercompany Eliminations       4     Permanently Restricted by Donor       5     Total:       4     Permanently Restricted by Donor       5     Temporarily Restricted by Donor       1     Unrestricted       2     Temporarily Restricted by Donor       3     Temporarily Restricted by Donor       5     Intercompany Eliminations       6     Total:       7     Total:       6     Total:       7     Total:       7     Total:       6     Total:       7     Total:       7     Total:       7     Total:       8     Total:       9     Total:       10     Total:       11     Unrestricted by Donor       12     Temporarily Restricted by Donor       13     Total:       14				\$0
Total:     (\$330,       1     LMW HEALTHCARE INC.       1     Unrestricted       2     Temporarily Restricted by Donor       3     Temporarily Restricted by Donor       4     Permanently Restricted by Donor       5     Intercompany Eliminations       4     Total:       5     Intercompany Eliminations       6     Unrestricted       7     Total:       6     Unrestricted       7     Total:       7     Total:       1     Unrestricted       2     Temporarily Restricted by Donor       3     Temporarily Restricted by Donor       3     Temporarily Restricted by Donor       4     Permanently Restricted by Donor       5     Intercompany Eliminations       6     Total:       7     Total:       8     SOUTHEAST CT PARTNERS INC.       1     Unrestricted       2     Temporarily Restricted by Donor       3     Total:       4     Permanently Restricted by Donor       5     Intercompany Eliminations       6     Total:       7     Total:       1     Unrestricted       2     Temporarily Restricted by Donor       5     Intercompany E	-			\$0
Image: Construct of the second sec	5			\$0
1       Unrestricted         2       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         4       Permanently Restricted by Donor         5       Intercompany Eliminations         7       Total:         3       Temporarily Restricted by Donor         5       Intercompany Eliminations         7       Total:         3       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         4       Permanently Restricted by Donor         5       Intercompany Eliminations         6       Total:         7       Total:         6       Temporarily Restricted by Donor         7       Total:         6       Temporarily Restricted by Donor         7       Total:         1       Unrestricted			lotal:	(\$330,428)
1       Unrestricted         2       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         4       Permanently Restricted by Donor         5       Intercompany Eliminations         7       Total:         3       Temporarily Restricted by Donor         5       Intercompany Eliminations         7       Total:         3       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         4       Permanently Restricted by Donor         5       Intercompany Eliminations         6       Temporarily Restricted by Donor         7       Total:         6       Temporarily Restricted by Donor         7       Total:         7       Total:         7       Temporarily Restricted by Donor         8       Temporarily Restricted by Donor         9       Temporarily Restricted by Donor         1       Unrestricted       Stis.021         2       <	1			
2       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         4       Permanently Restricted by Donor         5       Intercompany Eliminations         4       Total:         4       Unrestricted by Donor         5       Intercompany Eliminations         4       Total:         4       Unrestricted         5       Temporarily Restricted by Donor         1       Unrestricted         2       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         4       Permanently Restricted by Donor         5       Intercompany Eliminations         6       Intercompany Eliminations         7       Total:         6       Temporarily Restricted by Donor         7       Total:         1       Unrestricted         2       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         4       Permanently Restricted by Donor         5       Intercompany Eliminations         6       Intercompany Eliminations         7       Total:         1       Unrestricted         2       Temp			Uprestricted	\$0
3       Temporarily Restricted by Board         4       Permanently Restricted by Donor         5       Intercompany Eliminations         7 total:       Total:         1       Unrestricted         2       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         3       Permanently Restricted by Donor         5       Intercompany Eliminations         4       Permanently Restricted by Donor         5       Intercompany Eliminations         6       Total:         7       Total:         6       Total:         7       Temporarily Restricted by Donor         7       Total:         7       Temporarily Restricted by Donor         7       Total:         7       Total:         7       Total         8       Temporarily Restricted by Donor         7 <td></td> <td></td> <td></td> <td>\$0</td>				\$0
4       Permanently Restricted by Donor Intercompany Eliminations         5       Total:         1       Unrestricted         2       Temporarily Restricted by Donor         3       Temporarily Restricted by Board         4       Permanently Restricted by Donor         5       Intercompany Eliminations         6       Temporarily Restricted by Donor         7       Temporarily Restricted by Donor         6       Intercompany Eliminations         7       Unrestricted         6       Intercompany Eliminations         7       Total:         7       Temporarily Restricted by Donor         6       Intercompany Eliminations         7       Temporarily Restricted by Donor         7       Temporarily Restricted by Donor         7       Intercompany Eliminations         7       Total:         7       Total:         7       Total:         7       Temporarily Restricted by Donor         7       Intercompany Eliminations         7       Total         1       Unrestricted         2       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor				\$0
5       Intercompany Eliminations         Volta:       Volta:         J.       LMW PHYSICIANS, INC.         1       Unrestricted         2       Temporarily Restricted by Board         3       Temporarily Restricted by Board         4       Permanently Restricted by Donor         5       Intercompany Eliminations         6       Total:         7       Total:         6       Total:         7       Total:         7       Total:         7       Temporarily Restricted by Donor         6       Total:         7       Total:         7       Temporarily Restricted by Donor         7       Intercompany Eliminations         7       Total:         7       Total:         7       Temporarily Restricted by Donor         1       VNA OF SOUTHEASTERN CT         1       Unrestricted       \$15,021         2       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor <tr< td=""><td></td><td></td><td></td><td>\$0</td></tr<>				\$0
J.       LMW PHYSICIANS, INC.         1       Unrestricted         2       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         4       Permanently Restricted by Donor         5       Intercompany Eliminations         7       Total:         6       Vincestricted         7       Unrestricted         8       OUTHEAST CT PARTNERS INC.         1       Unrestricted         2       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         4       Permanently Restricted by Donor         5       Intercompany Eliminations         6       Total:         7       Total:         1       Unrestricted         2       Temporarily Restricted by Donor         3       Total         4       Permanently Restricted by Donor         5       Intercompany Eliminations         7       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         4       Permanently Restricted by Donor         5       Intercompany Eliminations         7			Intercompany Eliminations	\$0 \$0
1       Unrestricted         2       Temporarily Restricted by Donor         3       Temporarily Restricted by Board         4       Permanently Restricted by Donor         5       Intercompany Eliminations         6       Total:         7       Total:         6       Unrestricted         7       Total:         7       Temporarily Restricted by Donor         1       Unrestricted         2       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         5       Intercompany Eliminations         6       Intercompany Eliminations         7       Total:         1       Unrestricted         2       Total         4       Permanently Restricted by Donor         5       Intercompany Eliminations         1       Unrestricted         2       Total:         4       Permanently Restricted by Donor         3       Temporarily Restricted by Board         4       Permanently Restricted by Donor         3       Temporarily Restricted by D	-			\$0
1       Unrestricted         2       Temporarily Restricted by Donor         3       Temporarily Restricted by Board         4       Permanently Restricted by Donor         5       Intercompany Eliminations         6       Total:         7       Total:         6       Unrestricted         7       Total:         7       Temporarily Restricted by Donor         1       Unrestricted         2       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         5       Intercompany Eliminations         6       Intercompany Eliminations         7       Total:         1       Unrestricted         2       Total:         4       Permanently Restricted by Donor         5       Intercompany Eliminations         1       Unrestricted         4       Permanently Restricted by Donor         3       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         4       Permanently Restricted by Donor         5       I				
2       Temporarily Restricted by Donor         3       Temporarily Restricted by Board         4       Permanently Restricted by Donor         5       Intercompany Eliminations         6       Total:         7       Temporarily Restricted by Donor         6       Intercompany Eliminations         7       Total:         7       Temporarily Restricted by Donor         1       Unrestricted         2       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         5       Intercompany Eliminations         6       Total:         1       Unrestricted         2       Temporarily Restricted by Donor         5       Intercompany Eliminations         6       Total:         1       Unrestricted         2       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         4       Permanently Restricted by Donor         5       Intercompany Eliminat		LMW PHYSICIANS, INC.		
3       Temporarily Restricted by Board         4       Permanently Restricted by Donor         5       Intercompany Eliminations         6       Total:         1       Unrestricted         2       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         5       Intercompany Eliminations         4       Permanently Restricted by Donor         5       Intercompany Eliminations         6       Total:         7       Temporarily Restricted by Donor         5       Intercompany Eliminations         6       Total:         7       Total:         1       Unrestricted         4       Permanently Restricted by Donor         5       Intercompany Eliminations         7       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         4       Permanently Restricted by Donor         5       Intercompany Eliminations         7       Intercompany Eliminations         7       Intercompany Elimina				\$0
4       Permanently Restricted by Donor         5       Intercompany Eliminations         6       Total:         7       Total:         6       SOUTHEAST CT PARTNERS INC.         1       Unrestricted         2       Temporarily Restricted by Donor         3       Temporarily Restricted by Board         4       Permanently Restricted by Donor         5       Intercompany Eliminations         6       Total:         7       Total:         8       Unrestricted         9       SouthHEASTERN CT         1       Unrestricted         1       Unrestricted         1       Unrestricted         1       Unrestricted         1       Unrestricted         1       Unrestricted         1       Unrestricted by Donor         3       Temporarily Restricted by Donor         4       Permanently Restricted by Donor         5       Intercompany Eliminations         6       Total of all Affiliates (before Intercompany Eliminations	_			\$0
5       Intercompany Eliminations         6       Total:         7       Total:         1       Unrestricted         2       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         5       Intercompany Eliminations         6       Permanently Restricted by Donor         7       Intercompany Eliminations         7       Intercompany Eliminations         7       Total:         1       VNA OF SOUTHEASTERN CT         1       Unrestricted         1       Unrestricted by Donor         3       Temporarily Restricted by Donor         1       Total         1       Unrestricted         2       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         4       Permanently Restricted by Donor         5       Intercompany Eliminations         6       Total         7       Intercompany Eliminations         7       Intercompany Eliminations         8       To	-			\$0
Total:       Total:         K.       SOUTHEAST CT PARTNERS INC.       Unrestricted         1       Unrestricted       2         2       Temporarily Restricted by Donor       3         3       Temporarily Restricted by Board       4         4       Permanentily Restricted by Donor       5         5       Intercompany Eliminations       5         L.       VNA OF SOUTHEASTERN CT       Unrestricted       \$15,021         2       Temporarily Restricted by Donor       5         1       Unrestricted       \$15,021         2       Temporarily Restricted by Donor       5         1       Unrestricted       \$15,021         2       Temporarily Restricted by Donor       5         3       Temporarily Restricted by Donor       \$27         4       Permanently Restricted by Donor       \$27         5       Intercompany Eliminations       \$15,048         4       Permanently Restricted by Donor       \$27         5       Intercompany Eliminations       \$15,048         6       Total of all Affiliates (before Intercompany Eliminations)       Fund Balance:       \$255,553         1       Intercompany Eliminations       1       1       1			Permanently Restricted by Donor	\$0
K.       SOUTHEAST CT PARTNERS INC.       Image: Constraint of the system of th	5			\$0 <b>\$0</b>
1       Unrestricted         2       Temporarily Restricted by Donor         3       Temporarily Restricted by Board         4       Permanently Restricted by Donor         5       Intercompany Eliminations         7       Total:         1       Unrestricted         2       Temporarily Restricted by Donor         5       Intercompany Eliminations         6       Total:         7       Total:         1       Unrestricted         2       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         5       Intercompany Eliminations         4       Permanently Restricted by Donor         5       Intercompany Eliminations         7       Intercompany Eliminations         7       Total of all Affiliates (before Intercompany Eliminations)         Fund Balance:       \$255,553			Total:	<del>۵</del> ۵
1       Unrestricted         2       Temporarily Restricted by Donor         3       Temporarily Restricted by Board         4       Permanently Restricted by Donor         5       Intercompany Eliminations         7       Total:         1       Unrestricted         2       Temporarily Restricted by Donor         5       Intercompany Eliminations         6       Total:         7       Total:         1       Unrestricted         2       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         5       Intercompany Eliminations         4       Permanently Restricted by Donor         5       Intercompany Eliminations         7       Intercompany Eliminations         7       Total of all Affiliates (before Intercompany Eliminations)         Fund Balance:       \$255,553	К.	SOUTHEAST CT PARTNERS INC.		
2       Temporarily Restricted by Donor         3       Temporarily Restricted by Board         4       Permanently Restricted by Donor         5       Intercompany Eliminations         7       Total:         1       Unrestricted by Donor         1       Unrestricted by Donor         3       Temporarily Restricted by Donor         1       Unrestricted         2       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         4       Permanently Restricted by Donor         5       Temporarily Restricted by Donor         5       Temporarily Restricted by Donor         5       Temporarily Restricted by Donor         5       Intercompany Eliminations         6       Total of all Affiliates (before Intercompany Eliminations)         7       Fund Balance:         \$255,553         1       Intercompany Eliminations			Unrestricted	\$0
3       Temporarily Restricted by Board         4       Permanently Restricted by Donor         5       Intercompany Eliminations         6       Total:         7       Total:         1       Unrestricted by Donor         1       Unrestricted         2       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         3       Temporarily Restricted by Donor         4       Permanently Restricted by Board         4       Permanently Restricted by Donor         5       Intercompany Eliminations         6       Total:         7       State         9       Total of all Affiliates (before Intercompany Eliminations)         9       Fund Balance:         \$255,553				\$0
4       Permanently Restricted by Donor         5       Intercompany Eliminations         6       Total:         1       VNA OF SOUTHEASTERN CT         1       Unrestricted         2       Temporarily Restricted by Donor         3       Temporarily Restricted by Board         4       Permanently Restricted by Donor         5       Intercompany Eliminations         6       Total of all Affiliates (before Intercompany Eliminations)         7       Fund Balance:				\$0
5       Intercompany Eliminations         6       Total:         7       Total:         1       Unrestricted         2       Temporarily Restricted by Donor         3       Temporarily Restricted by Board         4       Permanently Restricted by Donor         5       Intercompany Eliminations         7       Total of all Affiliates (before Intercompany Eliminations)         Fund Balance:       \$255,553				\$0
L.       VNA OF SOUTHEASTERN CT       Image: Constraint of all Affiliates (before Intercompany Eliminations)       South of all Affiliates (before Intercompany Eliminations)         1       VNA OF SOUTHEASTERN CT       Unrestricted       \$15,021         1       Unrestricted by Donor       \$15,021         2       Temporarily Restricted by Donor       \$12,021         3       Temporarily Restricted by Board       0         4       Permanently Restricted by Donor       \$27         5       Intercompany Eliminations       \$15,048         0       Total of all Affiliates (before Intercompany Eliminations)       Fund Balance:       \$255,553	5		Intercompany Eliminations	\$0
1       Unrestricted       \$15,021         2       Temporarily Restricted by Donor       Temporarily Restricted by Board         3       Temporarily Restricted by Board       \$27         4       Permanently Restricted by Donor       \$27         5       Intercompany Eliminations       \$15,048         Total of all Affiliates (before Intercompany Eliminations)         Fund Balance:       \$255,553         Intercompany Eliminations       \$255,553			Total:	\$0
1       Unrestricted       \$15,021         2       Temporarily Restricted by Donor       Temporarily Restricted by Board         3       Temporarily Restricted by Board       Permanently Restricted by Donor       \$27         4       Permanently Restricted by Donor       \$27         5       Intercompany Eliminations       \$15,048         Total of all Affiliates (before Intercompany Eliminations)         Fund Balance:       \$255,553         Intercompany Eliminations       \$255,553				
2       Temporarily Restricted by Donor         3       Temporarily Restricted by Board         4       Permanently Restricted by Donor         5       Intercompany Eliminations         Total of all Affiliates (before Intercompany Eliminations)         Fund Balance:       \$255,553         Intercompany Eliminations       \$255,553		VNA OF SOUTHEASTERN CT	Uprostricted	¢15 001 007
3       Temporarily Restricted by Board         4       Permanently Restricted by Donor       \$27         5       Intercompany Eliminations       \$15,048         Total of all Affiliates (before Intercompany Eliminations)         Fund Balance:       \$255,553         Intercompany Eliminations       \$255,553				\$15,021,887
4       Permanently Restricted by Donor       \$27         5       Intercompany Eliminations       \$15,048         Total of all Affiliates (before Intercompany Eliminations)         Fund Balance:       \$255,553         Intercompany Eliminations       \$255,553				\$0 \$0
5       Intercompany Eliminations         Total:       \$15,048         Total of all Affiliates (before Intercompany Eliminations)       Fund Balance:       \$255,553         Intercompany Eliminations	-			\$0 \$27.000
Total:       \$15,048         Total of all Affiliates (before Intercompany Eliminations)       Fund Balance:       \$255,553         Intercompany Eliminations       Intercompany Eliminations       \$255,553	-		Intercompany Eliminations	\$27,000
Intercompany Eliminations	5			\$15,048,887
Intercompany Eliminations				
			Fund Balance:	\$255,553,577
ruiu dalalice: \$235,533			Eund Polonoou	\$0
		I Utal ULAII AIIIIIATES	Fund Balance:	<b>⊉</b> 200,003,077

# LAWRENCE AND MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2012 REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
Α.	L+M CORPORATION			
Α.	L+W CORFORATION	Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$5,099,857
1		Transfer of Funds	09/30/2012	(\$3,223,689)
-		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$1,876,168
В.	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICU			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	(\$7,117,069)
1		Transfer of Funds	09/30/2012	(\$9,739,313)
		Ending Unconsolidated Intercompany Balance:	9/30/2012	(\$16,856,382)
C.	L& M FOUNDATION INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
		Nothing to Report	0/00/2011	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
D.	L& M HEALTHCARE INC.		- / / / -	<b>^</b>
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
E.	L&M INDEMNITY COMPANY, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
1		Transfer of Funds	09/30/2012	(\$1,673,733)
		Ending Unconsolidated Intercompany Balance:	9/30/2012	(\$1,673,733)
F.	L&M SYSTEMS INC			
г.		Paginning Unconcolidated Intercompany Polonee	9/30/2011	(\$1,087,749)
1		Beginning Unconsolidated Intercompany Balance: Transfer of Funds	09/30/2012	(\$483,939)
1		Ending Unconsolidated Intercompany Balance:	9/30/2012	(\$463,939) (\$1,571,688)
		Ending onconsolidated intercompany balance.	9/30/2012	(\$1,511,000)
G.	L+M PHYSICIAN ASSOCIATION, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	(\$12,445,133)
1		Tranfer of Funds	09/30/2012	(\$12,140,627)
		Ending Unconsolidated Intercompany Balance:	9/30/2012	(\$24,585,760)
Н.	LMW HEALTHCARE INC.		0/00/00111	
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0

# LAWRENCE AND MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2012 REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
				<b>*</b> 0
		Nothing to Report Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0 <b>\$0</b>
١.	LMW PHYSICIANS, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
J.	SOUTHEAST CT PARTNERS INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
К.	VNA OF SOUTHEASTERN CT			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
			Grand Total:	(\$42,811,395)

#### LAWRENCE AND MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2012 REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
			DESCRIPTION OF TRANSFER	DATE	
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	Beginning Unconsolidated	DATE	AMOUNT
			Intercompany Balance	10/01/2011	\$13,055,278
Α.	L+M CORPORATION			10/01/2011	<i><i><i></i></i></i>
1		L&M SYSTEMS INC	Tranfer of Funds	09/30/2012	(\$50,922)
			Total:	9/30/2012	(\$50,922)
В.	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
C.	L& M FOUNDATION INC.				
U.	L& M FOUNDATION INC.		Nothing to Report		\$0
			Total:	9/30/2012	\$0 \$0
			Total.	5/50/2012	Ψ0
D.	L& M HEALTHCARE INC.				
-			Nothing to Report		\$0
			Total:	9/30/2012	\$0
E.	L&M INDEMNITY COMPANY, INC.				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
F.	L&M SYSTEMS INC				
г.			Nothing to Report		\$0
			Total:	9/30/2012	\$0
					֥
G.	L+M PHYSICIAN ASSOCIATION, INC.				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
Н.	LMW HEALTHCARE INC.				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
1.	LMW PHYSICIANS, INC.				
- <sup>1.</sup>			Nothing to Report		\$0
			Total:	9/30/2012	\$0 \$0
			Total.	5/50/2012	ψυ

#### LAWRENCE AND MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2012 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
J.	SOUTHEAST CT PARTNERS INC.				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
Κ.	VNA OF SOUTHEASTERN CT				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
			Ending Unconsolidated		
			Intercompany Balance	9/30/2012	\$13,004,356

## LAWRENCE AND MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2012 REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)	(3)	(4)
		AMOUNT	DATE
LINE	DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
Α.	L+M CORPORATION		
0	Nothing to Report	\$0	
	I otal		9/30/2012
В.	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.		
0	Nothing to Report	\$0	
	lotal	\$0	9/30/2012
C.	L& M FOUNDATION INC.		
0	Nothing to Report	\$0	
	Total	\$0	9/30/2012
D.	L& M HEALTHCARE INC.		
0	Nothing to Report	\$0	0/00/0010
		\$0	9/30/2012
E.	L&M INDEMNITY COMPANY, INC.		
0	Nothing to Report	\$0	
	Total	\$0	9/30/2012
F.	L&M SYSTEMS INC		
0	Nothing to Report Total	\$0	0/00/0040
	Total	\$0	9/30/2012
G.	L+M PHYSICIAN ASSOCIATION, INC.		
0	Nothing to Report	\$0	
	Total	\$0	9/30/2012
Н.	LMW HEALTHCARE INC.		
0	Nothing to Report Total	\$0 <b>\$0</b>	9/30/2012
		\$0	9/30/2012
١.	LMW PHYSICIANS, INC.		
0	Nothing to Report	\$0	
	Total	\$0	9/30/2012
J.	SOUTHEAST CT PARTNERS INC.		
0	Nothing to Report Total	\$0 <b>\$0</b>	9/30/2012
		\$0	9/30/2012
К.	VNA OF SOUTHEASTERN CT		
0	Nothing to Report	\$0	
	Total	\$0	9/30/2012
	Grand Total:	\$0	9/30/2012

### LAWRENCE AND MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2012 REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
<b>A.</b> 0	L+M CORPORATION Nothing to Report	\$0	0
0	Total:	\$0 <b>\$0</b>	0
	10(2).	ΨŪ	
В.	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	L& M FOUNDATION INC.		
0	Nothing to Report	\$0	
	Total:	\$0	
<b>D.</b> 0	L& M HEALTHCARE INC.		
0	Nothing to Report Total:	\$0 <b>\$0</b>	0
	i otai.	ψ	
E.			
0	L&M INDEMNITY COMPANY, INC. Nothing to Report	\$0	0
	Total:	\$0	
F.	L&M SYSTEMS INC		
0	Nothing to Report	\$0	σ
	Total:	\$0	
G.	L+M PHYSICIAN ASSOCIATION, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	
<u>н.</u> 0	LMW HEALTHCARE INC. Nothing to Report	\$0	0
0	Total:	\$0 <b>\$0</b>	0
١.	LMW PHYSICIANS, INC.		
0	Nothing to Report	\$0	0
-	Total:	\$0	
J.	SOUTHEAST CT PARTNERS INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
К.	VNA OF SOUTHEASTERN CT		

### LAWRENCE AND MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2012 REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

# LAWRENCE AND MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2012 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR INDIGENT CARE AND FREE BEDS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
А.	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	\$1,009,647.00	\$985,805.14	(\$23,841.86)	-2%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$48,692.00	\$54,387.00	\$5,695.00	12%
3	Expenditures	\$57,001.86	\$57,701.19	\$699.33	1%
4	Unrealized Gains and Losses	(\$15,532.00)	\$131,978.86	\$147,510.86	-950%
	Ending Balance	\$985,805.14	\$1,114,469.81	\$128,664.67	13%
5	Projected Interest Income	\$49,000.00	\$55,000.00	\$6,000.00	12%
C.	Other	_			
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

	LAWRENCE AND MEMORIAL HOSPITA	L
REPORT 17	FISCAL YEAR 2012 - HOSPITAL BED FUNDS HELD OR ADMINISTERE	
A. Patient Activity		
(1)	(2)	(3)
Patient_	Name of Hospital Bed Fund (FULL NAME)	Amount
1.Number of Applications for H		1,714
2. A. Number of Patients receiv		53
2. B. The Actual Total Dollar A	mount provided to all patients from Hospital Bed F	\$57,701.19
1	Armstrong, Elizabeth C	\$1,763.00
1	Crawford, Marion G	\$1,763.00
1	Eunice Harding Marvin Fund	\$1,763.00
2	Harkness, Edward S	\$57.00
3	William S Thomas Trust	\$1,860.57
4	William S Thomas Trust	\$1,778.36
5	William S Thomas Trust	\$1,060.00
6	William S Thomas Trust	\$1,113.18
7	William S Thomas Trust	\$492.00
8	William S Thomas Trust	\$1,003.00
9	William S Thomas Trust	\$2,139.58
10	Harkness, Edward S	\$380.00
11	William S Thomas Trust	\$156.00
12 13	Webb-Fairbanks, Annie J Harkness, Edward S	\$1,497.68
13	Harkness, Edward S Hobson, Dr. & Mrs. Albert	\$278.12
13	William S Thomas Trust	\$60.88
15	William S Thomas Trust	\$380.00 \$1,106.63
16	Hobson, Dr. & Mrs. Albert	\$415.00
17	William S Thomas Trust	\$1,806.00
18	William S Thomas Trust	\$1,884.30
19	Matson, Harriet H	\$788.00
19	Sherman, Miranda H	\$2,092.00
20	Sherman, Miranda H	\$126.82
21	Brockington, Samuel	\$1,377.37
22	Brockington, Samuel	\$1,089.10
23	Harkness, Edward S	\$808.88
24	Sherman, Miranda H	\$249.16
25	William S Thomas Trust	\$3,358.00
26	William S Thomas Trust	\$1,315.02
27 28	William S Thomas Trust Brockington, Samuel	\$600.00
29	Brockington, Samuel	\$111.53 \$150.00
30	Lyman & Emma Turner Allyn	\$150.00
30	Hobson, Dr. & Mrs. Albert	\$6.12
30	May, Elizabeth & John Dr.	\$423.00
31	Lyman & Emma Turner Allyn	\$4,246.00
32	Sherman, Miranda H	\$423.21
33	Lyman & Emma Turner Allyn	\$1,789.78
33	Strickland Duval, Mary E	\$662.00
33	Shepard, Cecelia S	\$170.20
34	William S Thomas Trust	\$244.00
35	Brockington, Samuel	\$1,879.00
36	William S Thomas Trust	\$1,207.00
37	William S Thomas Trust	\$80.00
38 39	William S Thomas Trust William S Thomas Trust	\$100.00
39 40	Brockington, Samuel	\$257.20
40 41	Shepard, Cecelia S	\$944.53 \$570.80
41	William S Thomas Trust	\$570.80
42	William S Thomas Trust	\$1,007.38
44	William S Thomas Trust	\$110.00
45	Brockington, Samuel	\$1,520.00
46	Hobson, Dr. & Mrs. Albert	\$279.00
	1	,

LAWRENCE AND MEMORIAL HOSPITAL         ANNUAL REPORTING         FISCAL YEAR 2012         REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL         A. Patient Activity         (1)       (2)       (3)         Patient       Name of Hospital Bed Fund (FULL NAME)       Amount	
FISCAL YEAR 2012 REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL A. Patient Activity (1) (2) (3)	
REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL         A. Patient Activity       (1)       (2)       (3)	
A. Patient Activity (1) (2) (3)	
(1) (2) (3)	
(1) (2) (3)	
Patient Name of Hospital Bed Fund (FULL NAME) Amount	
1.Number of Applications for Hospital Bed Funds	1,714
2. A. Number of Patients receiving Hospital Bed Fund Grants	53
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F \$57,	701.19
47 William S Thomas Trust \$	508.56
48 Ferrin, Carlisle Dr. F \$	112.28
49 William S Thomas Trust \$3,	230.22
	380.00
51 Sherman, Miranda H	\$76.81
52 Webb-Fairbanks, Annie J	\$26.32
53 Ferrin, Carlisle Dr. F \$	521.72
Grand Total \$57,	701.19
	-

	LA	WRENCE AND MEMO	RIAL HOSPITAL		
		ANNUAL REPO	RTING		
		FISCAL YEAF	R 2012		
	REPORT 17 - HOSPITAL	BED FUNDS HELD O	R ADMINISTERED B	Y THE HOSPITAL	
3. BE	D FUND ACTIVITY				
(1)	(2)	(3)	(4)	(5)	(6)
		FMV of Principal	Actual Earnings	Earnings	Earnings
Line	Name of Hospital Bed Fund		-	Reinvested	Available
(3)	Fair Market Value of the Principal of e	each individual Hospit	al Bed Fund, or the F	rincipal attributable	e to each
(4)	Total Actual Earnings for each Hospi	tal Bed Fund or the Ea	arnings attributable to	o each Hospital Bed	Fund.
<u>, , , ,</u>	• •		•	•	
(5)	Actual Dollar Amount of Earnings rei	nyacted as Principal	if only		
(3)	Actual Dollar Allount of Larnings fer	investeu as Frincipai,	n any.		
(6)	Actual Dollar Amount of Earnings ava	ailable for Patient Car	е.		
. /					
	Armstrong, Elizabeth C	\$62,412.00	\$992.00	\$0.00	1
	Armstrong, Elizabeth C Brockington, Samuel	\$62,412.00 \$308,801.00	\$992.00 \$4,908.00	\$0.00	\$0.0
	Armstrong, Elizabeth C Brockington, Samuel Crawford, Marion G	\$62,412.00 \$308,801.00 \$17,592.00	\$992.00 \$4,908.00 \$280.00	\$0.00 \$0.00	\$0.0 \$0.0 \$0.0
	Armstrong, Elizabeth C Brockington, Samuel Crawford, Marion G Eunice Harding Marvin Fund	\$62,412.00 \$308,801.00 \$17,592.00 \$62,412.00	\$992.00 \$4,908.00 \$280.00 \$992.00	\$0.00 \$0.00 \$0.00	\$0.0 \$0.0 \$0.0
	Armstrong, Elizabeth C Brockington, Samuel Crawford, Marion G Eunice Harding Marvin Fund Ferrin, Carlisle Dr. F	\$62,412.00 \$308,801.00 \$17,592.00 \$62,412.00 \$33,056.00	\$992.00 \$4,908.00 \$280.00	\$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Armstrong, Elizabeth C Brockington, Samuel Crawford, Marion G Eunice Harding Marvin Fund Ferrin, Carlisle Dr. F Harkness, Edward S	\$62,412.00 \$308,801.00 \$17,592.00 \$62,412.00	\$992.00 \$4,908.00 \$280.00 \$992.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Armstrong, Elizabeth C Brockington, Samuel Crawford, Marion G Eunice Harding Marvin Fund Ferrin, Carlisle Dr. F Harkness, Edward S Hobson, DR & Mrs. Albert	\$62,412.00 \$308,801.00 \$17,592.00 \$62,412.00 \$33,056.00	\$992.00 \$4,908.00 \$280.00 \$992.00 \$525.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.0
	Armstrong, Elizabeth C Brockington, Samuel Crawford, Marion G Eunice Harding Marvin Fund Ferrin, Carlisle Dr. F Harkness, Edward S	\$62,412.00 \$308,801.00 \$17,592.00 \$62,412.00 \$33,056.00 \$53,961.00	\$992.00 \$4,908.00 \$280.00 \$992.00 \$525.00 \$858.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0
	Armstrong, Elizabeth C Brockington, Samuel Crawford, Marion G Eunice Harding Marvin Fund Ferrin, Carlisle Dr. F Harkness, Edward S Hobson, DR & Mrs. Albert	\$62,412.00 \$308,801.00 \$17,592.00 \$62,412.00 \$33,056.00 \$53,961.00 \$26,957.00	\$992.00 \$4,908.00 \$280.00 \$992.00 \$525.00 \$858.00 \$428.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0
	Armstrong, Elizabeth C Brockington, Samuel Crawford, Marion G Eunice Harding Marvin Fund Ferrin, Carlisle Dr. F Harkness, Edward S Hobson, DR & Mrs. Albert Matson, Harriet H May, Elizabeth & John Dr. Shepard, Cecelia S	\$62,412.00 \$308,801.00 \$17,592.00 \$62,412.00 \$33,056.00 \$53,961.00 \$26,957.00 \$26,143.00	\$992.00 \$4,908.00 \$280.00 \$992.00 \$525.00 \$858.00 \$428.00 \$416.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0
	Armstrong, Elizabeth C Brockington, Samuel Crawford, Marion G Eunice Harding Marvin Fund Ferrin, Carlisle Dr. F Harkness, Edward S Hobson, DR & Mrs. Albert Matson, Harriet H May, Elizabeth & John Dr.	\$62,412.00 \$308,801.00 \$17,592.00 \$62,412.00 \$33,056.00 \$53,961.00 \$26,957.00 \$26,143.00 \$14,963.00	\$992.00 \$4,908.00 \$280.00 \$992.00 \$525.00 \$858.00 \$428.00 \$416.00 \$238.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0
	Armstrong, Elizabeth C Brockington, Samuel Crawford, Marion G Eunice Harding Marvin Fund Ferrin, Carlisle Dr. F Harkness, Edward S Hobson, DR & Mrs. Albert Matson, Harriet H May, Elizabeth & John Dr. Shepard, Cecelia S	\$62,412.00 \$308,801.00 \$17,592.00 \$62,412.00 \$33,056.00 \$53,961.00 \$26,957.00 \$26,143.00 \$14,963.00 \$26,289.00	\$992.00 \$4,908.00 \$280.00 \$992.00 \$525.00 \$858.00 \$428.00 \$416.00 \$238.00 \$418.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0
	Armstrong, Elizabeth C Brockington, Samuel Crawford, Marion G Eunice Harding Marvin Fund Ferrin, Carlisle Dr. F Harkness, Edward S Hobson, DR & Mrs. Albert Matson, Harriet H May, Elizabeth & John Dr. Shepard, Cecelia S Sherman, Miranda H	\$62,412.00 \$308,801.00 \$17,592.00 \$62,412.00 \$33,056.00 \$53,961.00 \$26,957.00 \$26,143.00 \$14,963.00 \$26,289.00 \$118,520.00	\$992.00 \$4,908.00 \$280.00 \$992.00 \$525.00 \$858.00 \$4428.00 \$416.00 \$238.00 \$418.00 \$418.00 \$1,884.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0
	Armstrong, Elizabeth C Brockington, Samuel Crawford, Marion G Eunice Harding Marvin Fund Ferrin, Carlisle Dr. F Harkness, Edward S Hobson, DR & Mrs. Albert Matson, Harriet H May, Elizabeth & John Dr. Shepard, Cecelia S Sherman, Miranda H Strickland Duval, Mary E	\$62,412.00 \$308,801.00 \$17,592.00 \$62,412.00 \$33,056.00 \$26,957.00 \$26,143.00 \$14,963.00 \$26,289.00 \$118,520.00 \$23,431.00	\$992.00 \$4,908.00 \$280.00 \$992.00 \$525.00 \$858.00 \$4428.00 \$416.00 \$238.00 \$418.00 \$1,884.00 \$372.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0
	Armstrong, Elizabeth C Brockington, Samuel Crawford, Marion G Eunice Harding Marvin Fund Ferrin, Carlisle Dr. F Harkness, Edward S Hobson, DR & Mrs. Albert Matson, Harriet H May, Elizabeth & John Dr. Shepard, Cecelia S Sherman, Miranda H Strickland Duval, Mary E Webb-Fairbanks, Annie J	\$62,412.00 \$308,801.00 \$17,592.00 \$62,412.00 \$33,056.00 \$26,957.00 \$26,143.00 \$14,963.00 \$26,289.00 \$118,520.00 \$23,431.00 \$53,961.00	\$992.00 \$4,908.00 \$280.00 \$992.00 \$525.00 \$858.00 \$4428.00 \$416.00 \$238.00 \$418.00 \$1,884.00 \$372.00 \$858.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0

(1)

LINE

I.

Α.

# LAWRENCE AND MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2012 **REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

# (2) (3) DESCRIPTION COLLECTION INFORMATION GENERAL COLLECTION PROCESSES AND PROCEDURES Hospital's processes and policies for assigning a debt to a PT Acets beginning with the letters A K as to Contury 8 L 7 as to Marcum

	Collection Agent	PT Accts beginning with the letters A-K go to Century & L-Z go to Marcum Associates. Acct meets the criteria of collection by receiving 3 statements and final letter. At apprx 135 days the acct is referred to collection agency if the patient does not contact L+M or make payment
В.	Hospital's processes and policies for compensating a Collection Agent for services rendered	L+M reimburses its collection agencies for payments received directly at L+M. L+M Notifies agencies of payments received daily. Collection agencies send a monthly statement to L+M of payments received directly by them.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	15.97%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
	Collection Agent	
1	Collection Agent Name	Century
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
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.	PT Accts beginning with the letters A-K go to Century & L-Z go to Marcum Associates. Acct meets the criteria of collection by receiving 3 statements and final letter. At apprx 135 days the acct is referred to collection agency if the patient does not contact L+M or make payment
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.	L+M reimburses its collection agencies for payments received directly at L+M. L+M Notifies agencies of payments received daily. Collection agencies send a monthly statement to L+M of payments received directly by them.

# LAWRENCE AND MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2012

## **REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	18.75%
	Collection Agent	
1	Collection Agent Name	Marcum Assocites
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.	PT Accts beginning with the letters A-K go to Century & L-Z go to Marcum Associates. Acct meets the criteria of collection by receiving 3 statements and final letter. At apprx 135 days the acct is referred to collection agency if the patient does not contact L+M or make payment
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.	L+M reimburses its collection agencies for payments received directly at L+M. L+M Notifies agencies of payments received daily. Collection agencies send a monthly statement to L+M of payments received directly by them.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	13.04%
<u> </u>	Collection Agent	
1	Collection Agent Name	Michalik, Bauer, Silvia & Ciccariello
2	Collection Agent Type	Attorney
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.	The accounts referred to Attorneys MBSC are sent via the collection agency. The collection agency places the L&M accounts with Michalik, Bauer, Silvia & Ciccariello once the listing is reviewed by L&M and approved for further litigation.

# LAWRENCE AND MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2012

## REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
	General Processes and Policies" Otherwise Provide Details.	L&M reimburses Century & Marcum collection payments received directly at L&M. L&M notifies agencies of payments received daily. Collection agencies send monthly statement of payments received directly to L&M Statements include deductions for fees per agreements.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	19.02%

# LAWRENCE AND MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2012 REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
<u> </u>		<b>†</b> =00 =00		AT04 704
1.	President, CEO	\$709,786	\$51,948	\$761,734
2.	Chief Operating Officer	\$446,571	\$38,331	\$484,902
3.	Vice President, CFO	\$391,689	\$40,013	\$431,702
4.	Chair, Department of Surgery	\$397,718	\$30,609	\$428,327
5.	Vice Pres. of Strategic Planning	\$311,211	\$36,630	\$347,841
6.	Chief Legal Officer	\$288,259	\$35,955	\$324,214
7.	Vice President, Patient Care	\$280,679	\$26,424	\$307,103
8.	Chief Information Officer	\$240,927	\$59,884	\$300,811
9.	Vice President, Physician Practice Mngt	\$251,752	\$35,362	\$287,114
10.	Medical Director	\$234,224	\$35,495	\$269,719
	Grand Total:	\$3,552,816	\$390,651	\$3,943,467

## LAWRENCE AND MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2012 REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) <sup>C</sup>	FRINGE BENEFITS <sup>A</sup> (Directly or Indirectly) <sup>C</sup>	TOTAL
Α.	L+M CORPORATION	7		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
		· ·		·
Β.	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
С.	L& M FOUNDATION INC.	-		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0 \$0
-		ψυ		ψυ
D .	L& M HEALTHCARE 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
Ε.	L&M INDEMNITY COMPANY, INC.		T	•
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F.	L&M SYSTEMS INC	7		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
G.	L+M PHYSICIAN ASSOCIATION, 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
	LMW HEALTHCARE INC.	-		
<u>Н.</u> 1		0.0	\$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
2		<b>Ф</b> О	<b>\$</b> 0	<b>Ф</b> О
Ι.	LMW PHYSICIANS, INC.	٦		
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.	SOUTHEAST CT PARTNERS 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.	VNA OF SOUTHEASTERN CT	7		
<u>к.</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 \$0
-		ΨΟ	Ψ0	ΨΟ

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

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

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

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

## LAWRENCE AND MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2012 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 2012
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

	ANNUAL R	EPORTING			
	-	EAR 2012			
	REPORT 23 - CHARITY CARE AND REDUCED C		PROVIDED BY	THE HOSPITAL	
(1)	(2)	(3)	(4)	(5)	(6)
. ,		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
Α.	Hospital Charity Care (see Hospital Audited Financial Sta	atement Notes)			
1.	Number of Applicants	1,544	1,714	170	11
2.	Number of Approved Applicants	1,383	1,364	(19)	-1
		,	,	(-/	
3.	Total Charges (A)	\$6,368,500	\$5,735,971	(\$632,529)	-10
	Average Charges	\$4,605	\$4,205	(\$400)	-9
		• ,	• • • •	(* /	-
4.	Ratio of Cost to Charges (RCC)	0.468755	0.461466	(0.007289)	-2
	Total Cost	\$2,985,266	\$2,646,956	(\$338,311)	-11
	Average Cost	\$2,159	\$1,941	(\$218)	-10
		+_,	+ .,	(+)	
5.	Charity Care - Inpatient Charges	\$864,286	\$408,462	(\$455,824)	-53
6.	Charity Care - Outpatient Emergency Department Charges	1,086,450	1,040,069	(46,381)	-4
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	4,417,764	4,287,440	(130,324)	-3
	Total Charges (A)	\$6,368,500	\$5,735,971	(\$632,529)	-10
	· · · · · · · · · · · · · · · · · · ·	+-,,	+-,,	(+,)	
8.	Charity Care - Number of Patient Days	303	96	(207)	-68
9.	Charity Care - Number of Discharges	53	33	(20)	-38
10.	Charity Care - Number of Outpatient ED Visits	1,054	944	(110)	-10
	Charity Care - Number of Outpatient Visits (Excludes ED	.,	• • •	(110)	
11.	Visits)	2,168	2,084	(84)	-4
A) Th	e total amount must agree with the total amount listed in t	he Hospital Audi	ted Financial St	atomont Natao	
,				atement Notes.	
				atement notes.	
B.	Hospital Bed Funds (see Hospital Reporting System - Re			atement Notes.	
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - Re			atement Notes.	
<u>B.</u> 1.			1.714	170	11
	Number of Applicants	port 17)			
1.		port 17) 1,544	1,714	170	
1. 2.	Number of Applicants           Number of Approved Applicants	1,544 41	1,714 53	170 12	29
1.	Number of Applicants       Number of Approved Applicants       Total Charges (B)	1,544 1,544 41 \$57,002	1,714 53 \$57,701	170 12 \$699	11 29 1 -22
1. 2.	Number of Applicants           Number of Approved Applicants	1,544 41	1,714 53	170 12	<b>2</b> 9
1. 2. 3.	Number of Applicants         Number of Approved Applicants         Total Charges (B)         Average Charges	1,544 41 \$57,002 <b>\$1,390</b>	1,714 53 \$57,701 <b>\$1,089</b>	170 12 \$699 <b>(\$302)</b>	29 1 -22
1. 2.	Number of Applicants         Number of Approved Applicants         Total Charges (B)         Average Charges         Ratio of Cost to Charges (RCC)	1,544 41 \$57,002 \$1,390 0.468755	1,714 53 \$57,701 <b>\$1,089</b> 0.461466	170 12 \$699 (\$302) (0.007289)	29 1 -22 -2
1. 2. 3.	Number of Applicants         Number of Approved Applicants         Total Charges (B)         Average Charges         Ratio of Cost to Charges (RCC)         Total Cost	1,544 41 \$57,002 \$1,390 0.468755 \$26,720	1,714 53 \$57,701 <b>\$1,089</b> 0.461466 <b>\$26,627</b>	170 12 \$699 (\$302) (0.007289) (\$93)	29 1 -22 -2 (
1. 2. 3.	Number of Applicants         Number of Approved Applicants         Total Charges (B)         Average Charges         Ratio of Cost to Charges (RCC)	1,544 41 \$57,002 \$1,390 0.468755	1,714 53 \$57,701 <b>\$1,089</b> 0.461466	170 12 \$699 (\$302) (0.007289)	29 1 -22 -2 0
1.         2.         3.         4.	Number of Applicants         Number of Approved Applicants         Total Charges (B)         Average Charges         Ratio of Cost to Charges (RCC)         Total Cost         Average Cost	1,544 41 \$57,002 \$1,390 0.468755 \$26,720 \$652	1,714 53 \$57,701 <b>\$1,089</b> 0.461466 <b>\$26,627</b> <b>\$502</b>	170 12 \$699 (\$302) (0.007289) (\$93) (\$149)	29 1 -22 -2 -2 -2 -23
1. 2. 3. 4.	Number of Applicants         Number of Approved Applicants         Total Charges (B)         Average Charges         Ratio of Cost to Charges (RCC)         Total Cost         Average Cost         Bed Funds - Inpatient Charges	1,544 41 \$57,002 \$1,390 0.468755 \$26,720 \$652 \$13,692	1,714 53 \$57,701 <b>\$1,089</b> 0.461466 <b>\$26,627</b> <b>\$502</b> \$2,902	170 12 \$699 (\$302) (0.007289) (\$93) (\$149) (\$10,790)	29 1 -22 -22 -23 -23 -79
1. 2. 3. 4. 5. 6.	Number of Applicants         Number of Approved Applicants         Total Charges (B)         Average Charges         Ratio of Cost to Charges (RCC)         Total Cost         Average Cost         Bed Funds - Inpatient Charges         Bed Funds - Outpatient Emergency Department Charges	port 17) 1,544 41 \$57,002 \$1,390 0.468755 \$26,720 \$652 \$13,692 23,777	1,714 53 \$57,701 <b>\$1,089</b> 0.461466 <b>\$26,627</b> <b>\$502</b> \$2,902 24,881	170 12 \$699 (\$302) (0.007289) (\$93) (\$149) (\$10,790) 1,104	29 -22 -22 -23 -23 -23 -79 5
1. 2. 3. 4.	Number of Applicants         Number of Approved Applicants         Total Charges (B)         Average Charges         Ratio of Cost to Charges (RCC)         Total Cost         Average Cost         Bed Funds - Inpatient Charges         Bed Funds - Outpatient Emergency Department Charges         Bed Funds - Outpatient Charges (Excludes ED Charges)	port 17) 1,544 41 \$57,002 \$1,390 0.468755 \$26,720 \$652 \$13,692 23,777 19,533	1,714 53 \$57,701 <b>\$1,089</b> 0.461466 <b>\$26,627</b> <b>\$502</b> \$2,902 24,881 29,918	170 12 \$699 (\$302) ((0.007289) (\$93) (\$149) (\$10,790) 1,104 10,385	29 -22 -22 -23 -23 -23 -23 -79 5 53
1. 2. 3. 4. 5. 6.	Number of Applicants         Number of Approved Applicants         Total Charges (B)         Average Charges         Ratio of Cost to Charges (RCC)         Total Cost         Average Cost         Bed Funds - Inpatient Charges         Bed Funds - Outpatient Emergency Department Charges	port 17) 1,544 41 \$57,002 \$1,390 0.468755 \$26,720 \$652 \$13,692 23,777	1,714 53 \$57,701 <b>\$1,089</b> 0.461466 <b>\$26,627</b> <b>\$502</b> \$2,902 24,881	170 12 \$699 (\$302) (0.007289) (\$93) (\$149) (\$10,790) 1,104	29 -22 -22 -23 -23 -23 -79 5
1.           2.           3.           4.           5.           6.           7.	Number of Applicants         Number of Approved Applicants         Total Charges (B)         Average Charges         Ratio of Cost to Charges (RCC)         Total Cost         Average Cost         Bed Funds - Inpatient Charges         Bed Funds - Outpatient Emergency Department Charges         Bed Funds - Outpatient Charges (Excludes ED Charges)         Total Charges (B)	port 17) 1,544 41 \$57,002 \$1,390 0.468755 \$26,720 \$652 \$13,692 23,777 19,533 \$57,002	1,714 53 \$57,701 <b>\$1,089</b> 0.461466 <b>\$26,627</b> <b>\$502</b> \$2,902 24,881 29,918 <b>\$57,701</b>	170 12 \$699 (\$302) ((0.007289) (\$93) (\$149) (\$10,790) 1,104 10,385 \$699	29 1 -22 -2 ( ( -23 -23 -23 -23 -23 -23 -23 -23 -23 -23
1. 2. 3. 4. 5. 6. 7. 8.	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	port 17) 1,544 41 \$57,002 \$1,390 0.468755 \$26,720 \$652 \$13,692 23,777 19,533 \$57,002 4	1,714 53 \$57,701 <b>\$1,089</b> 0.461466 <b>\$26,627</b> <b>\$502</b> \$2,902 24,881 29,918 <b>\$57,701</b> 2	170 12 \$699 (\$302) ((0.007289) (\$93) (\$149) (\$10,790) 1,104 10,385 \$699 (2)	29 1 -22 -2 -2 -2 -2 -2 -2 -2 -2 -2 -2 -2 -2
1. 2. 3. 4. 5. 6. 7. 8. 9.	Number of Applicants         Number of Approved Applicants         Total Charges (B)         Average Charges         Ratio of Cost to Charges (RCC)         Total Cost         Average Cost         Bed Funds - Inpatient Charges         Bed Funds - Outpatient Emergency Department Charges         Bed Funds - Outpatient Charges (Excludes ED Charges)         Total Charges (B)         Bed Funds - Number of Patient Days         Bed Funds - Number of Discharges	port 17) 1,544 41 \$57,002 \$1,390 0.468755 \$26,720 \$652 \$13,692 23,777 19,533 \$57,002 4 1	1,714 53 \$57,701 \$1,089 0.461466 \$26,627 \$502 \$2,902 24,881 29,918 \$57,701 2 2	170 12 \$699 (\$302) ((0.007289) (\$93) (\$149) (\$10,790) 1,104 10,385 \$699	29 -22 -22 -2 -2 -2 -2 -2 -2 -2 -2 -2 -2 -
1. 2. 3. 4. 5. 6. 7. 8.	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	port 17) 1,544 41 \$57,002 \$1,390 0.468755 \$26,720 \$652 \$13,692 23,777 19,533 \$57,002 4	1,714 53 \$57,701 <b>\$1,089</b> 0.461466 <b>\$26,627</b> <b>\$502</b> \$2,902 24,881 29,918 <b>\$57,701</b> 2	170 12 \$699 (\$302) (\$302) (\$302) (\$302) (\$302) (\$302) (\$302) (\$302) (\$302) (\$10,790) (\$10,790) 1,104 10,385 \$699 (2) (2) 0	29 -22 -22 -23 -23 -23 -23 -79 5 53
1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	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         Bed Funds - Number of Outpatient Visits (Excludes ED	port 17) 1,544 41 \$57,002 \$1,390 0.468755 \$26,720 \$652 \$13,692 23,777 19,533 \$57,002 4 1 22	1,714 53 \$57,701 <b>\$1,089</b> 0.461466 <b>\$26,627</b> <b>\$502</b> \$2,902 24,881 29,918 <b>\$57,701</b> 2 1 29	170 12 \$699 (\$302) ((0.007289) (\$93) (\$149) (\$10,790) 1,104 10,385 \$699 (2) 0 7	29 1 -22 -2 ( -2 -2 -2 -2 -2 -2 -2 -2 -2 -2
1. 2. 3. 4. 5. 6. 7. 8. 9.	Number of Applicants         Number of Approved Applicants         Total Charges (B)         Average Charges         Ratio of Cost to Charges (RCC)         Total Cost         Average Cost         Bed Funds - Inpatient Charges         Bed Funds - Outpatient Emergency Department Charges         Bed Funds - Outpatient Charges (Excludes ED Charges)         Total Charges (B)         Bed Funds - Number of Patient Days         Bed Funds - Number of Outpatient ED Visits	port 17) 1,544 41 \$57,002 \$1,390 0.468755 \$26,720 \$652 \$13,692 23,777 19,533 \$57,002 4 1	1,714 53 \$57,701 \$1,089 0.461466 \$26,627 \$502 \$2,902 24,881 29,918 \$57,701 2 2	170 12 \$699 (\$302) (\$303) (\$302) (\$303) (\$10,790) (\$1,104 10,385) (\$699 (\$302) (\$10,790) (\$1,104 10,385) (\$699 (\$10,790) (\$1,104 10,385) (\$699 (\$202) (\$10,790) (\$1,104 10,385) (\$202) (\$202) (\$202) (\$202) (\$202) (\$202) (\$10,790) (\$10,385) (\$202) (\$	29 -22 -22 -2 -2 -2 -2 -2 -2 -2 -2 -2 -2 -