#### ANNUAL REPORTING

#### **FISCAL YEAR 2012**

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

(1)	(1) (2)			
LINE	DESCRIPTION	AFFILIATE INFORMATION		
A.	AFFILIATE NAME	EASTERN CONNECTICUT HEALTH NETWORK,INC.		
		PARENT CORPORATION AND PROVIDES OVERALL DIRECTION AND CONTROL		
1	Affiliate Description	TO ALL OTHER CORPORATIONS		
	Affiliate type of service Tax Status	Parent Corporation  Not for Profit		
3	Street Address	71 HAYNES STREET, MANCHESTER, CT		
5	Town	Manchester		
6	State	Connecticut		
	Zip Code	06040 -		
	CEO Name CEO Title	PETER J. KARL PRESIDENT & CEO		
	CT Agent Name	Sharon Holmes		
11	CT Agent Company	ECHN		
		71 HAYNES STREET, MANCHESTER, CT		
	CT Agent Town	Manchester Connections		
14 15	CT Agent State CT Agent Zip Code	Connecticut 06040 -		
13	OT Agont Zip Oode			
	AFFILIATE NAME	AETNA AMBULANCE SERVICES, INC.		
	Affiliate Description	PROVIDES AMBULANCE TRANSPORTATION SERVICES		
3	Affiliate type of service Tax Status	Ambulatory Services For Profit		
4	Street Address	140 Van Block Avenue		
5	Town	Hartford		
6	State	Connecticut		
7	Zip Code	06106 -		
	CEO Name CEO Title	Wayne Wright President		
	CT Agent Name	Winship Service Corporation		
11	CT Agent Company	c/o Shipman and Goodwin LLP		
		One Constitution Plaza		
	CT Agent Town	Hartford		
14 15	CT Agent State CT Agent Zip Code	Connecticut 06103 -		
<u> </u>	or rigent zip code			
	AFFILIATE NAME	AMBULANCE SERVICE OF MANCHESTER, LLC		
1	Affiliate Description	PROVIDE TRANSPORTATION SERVICES		
	Affiliate type of service Tax Status	Ambulatory Services For Profit		
4	Street Address	275 New State Road, Manchester, CT		
5	Town	Manchester		
6	State	Connecticut		
7	Zip Code	06040 - Wayna Wright		
8 9	CEO Name CEO Title	Wayne Wright President		
	CT Agent Name	Winship Service Corporation		
11	CT Agent Company	c/o Shipman and Goodwin LLP		
12	CT Agent Company Street Address	One Constitution Plaza		
13 14	CT Agent Town CT Agent State	Hartford Connecticut		
15	CT Agent State CT Agent Zip Code	06103 -		
۱	gom Eip Codo			
	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	71 Haynes St.		
		·		

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#### ANNUAL REPORTING

#### FISCAL YEAR 2012

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

(1)	(2)	(3)		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
5	Town	Manchester		
6	State	Connecticut		
7	Zip Code	06040 -		
8	CEO Name	Peter Karl		
9	CEO Title	President		
10	CT Agent Name	Lloyd Pelletier		
	CT Agent Company	ECHN		
12	CT Agent Company Street Address	100 Main St.		
13	CT Agent Town	Grand Cayman		
14	CT Agent State	Cayman Islands		
15	CT Agent Zip Code	06040 -		
E.	AFFILIATE NAME	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC		
		Provides management services for the occupational health programs of Manchester		
	Affiliate Description	Memorial Hospital, St. Francis Hospital & Medical Center, and Bristol Hospital.		
	Affiliate type of service	Occupational Heath		
3	Tax Status	For Profit		
	Street Address	1000 Asylum Ave, Suite 4302		
5	Town	Hartford		
	State	Connecticut		
	Zip Code	06105 -		
	CEO Name	HUNTER GIROUX		
	CEO Title	CHIEF EXECTUTIVE OFFICER		
	CT Agent Name	HUNTER GIROUX		
	CT Agent Company	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC		
	CT Agent Company Street Address			
	CT Agent Town	Hartford		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06105 -		
_		EASTERN CONNECTION INCREASE PROFESSIONAL C FOUNDATION INC		
	AFFILIATE NAME	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.		
1	Affiliate Description	Entity owns and manages a series of community-based medical practices.		
	Affiliate type of service	Outpatient Care		
	Tax Status	Not for Profit		
	Street Address	71 HAYNES STREET, MANCHESTER, CT		
5	Town	Manchester		
6	State	Connecticut		
	Zip Code	06040 -		
	CEO Name	PETER J. KARL PRESIDENT & CEO		
	CEO Title	Sharon Holmes		
	CT Agent Company			
	CT Agent Company	ECHN 71 Haynes Street,		
	CT Agent Company Street Address CT Agent Town	Manchester		
	CT Agent Town CT Agent State	Connecticut		
	CT Agent State CT Agent Zip Code	Connecticut		
10	OT Agent Zip Odde			
G.	AFFILIATE NAME	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.		
<u>.</u>	ALLIENAME	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE		
	Affiliate Description			
	Affiliate Description	CONTRACT NEGOTIATIONS		
	Affiliate type of service	Affilate Support Services		
3	Tax Status	Not for Profit 26 Haynes Street, Lower Level		
	Street Address			
5 6	Town State	Manchester Connecticut		
		06040 -		
	Zip Code CEO Name	Peter J. Karl		
	CEO Name CEO Title	President and Chief Executive Officer		
. 3		Robinson and Cole		
	CT Agent Name	IRONINSON AND COLD		

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#### ANNUAL REPORTING

#### FISCAL YEAR 2012

(1)	(2)	(3)	
	, ,	.,	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
11	CT Agent Company	Robinson & Cole	
	CT Agent Company Street Address		
	CT Agent Town	Hartford	
14	CT Agent State	Connecticut	
	CT Agent Zip Code	06103 -	
H.	AFFILIATE NAME	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.	
		Entity responsible for raising funds for the benefit of exempt organizations associated	
	Affiliate Description	with Eastern CT Health Network, Inc.	
2	Affiliate type of service	Fund Raising/Management	
3	Tax Status	Not for Profit	
4	Street Address	71 Haynes Street	
5		Manchester	
	State	Connecticut	
	Zip Code	06040 -	
	CEO Name CEO Title	PETER J. KARL PRESIDENT & CEO	
	CT Agent Name	Sharon Holmes	
		ECHN Strategy Control of the Control	
	CT Agent Company Street Address		
	CT Agent Company Circle Address	Manchester	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06040 -	
I.	AFFILIATE NAME	ECHN CORPORATE SERVICES INC.	
1	Affiliate Description	For-profit subsidiary of ECHN serving as parent of Medical Practice Partners	
2	Affiliate type of service	Affilate Support Services	
3	Tax Status	For Profit	
4	Street Address	71 Haynes Street, `	
5	Town	Manchester	
6	State	Connecticut	
	Zip Code	06040 -	
	CEO Name	Dennis O'Neill	
	CEO Title	President	
	CT Agent Name	R&C Service Company	
		R&C Service Company 280 Trumbull Street	
	CT Agent Company Street Address CT Agent Town	Hartford	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent State CT Agent Zip Code	06103 -	
.5	C		
J.	AFFILIATE NAME	ECHN ELDERCARE SERVICES, INC.	
		TO INITIATE, DEVELOP, OPERATE, AND MAINTAIN PROGRAMS DIRECTED	
		TOWARD IMPROVING EFFICIENCY OF UTILIZATION OF HEALTH CARE.	
		FACILIITIES AND SERVICES IN EASTERN CT AND PROVIDING COST EFFECTIVE	
1	Affiliate Description	HEALTH CARE TO PUBLIC WHILE MAINTAINING A HIGH QUALITY OF CARE.	
	Affiliate type of service	Long Term Care	
3	Tax Status	Not for Profit	
4	Street Address	26 SHENIPSIT LAKE ROAD, TOLLAND, CT	
	Town	Tolland	
	State	Connecticut	
	Zip Code	06084 -	
		PETER J. KARL	
	CEO Title	PRESIDENT CEO	
	CT Agent Name	Sharon Holmes	
	CT Agent Company	ECHN	
		71 Haynes Street	
	CT Agent Town	Manchester	
14	CT Agent State	Connecticut	

#### ANNUAL REPORTING

#### FISCAL YEAR 2012

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

(1) (2) (3)		(3)	
	DESCRIPTION	AFFILIATE INFORMATION	
15	CT Agent Zip Code	06040 -	
к.	AFFILIATE NAME	ECHN ENTERPRISES, INC.	
		AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS	
1	Affiliate Description	AND REAL ESTATE HOLDINGS.	
	Affiliate type of service	Affilate Support Services	
3	Tax Status	For Profit	
<u>4</u> 5	Street Address Town	71 HAYNES STREET, MANCHESTER, CT Manchester	
	State	Connecticut	
	Zip Code	06040 -	
_	CEO Name	PETER J. KARL	
	CEO Title	PRESIDENT & CEO	
	CT Agent Name CT Agent Company	Sharon Holmes ECHN	
	CT Agent Company Street Address		
13	CT Agent Town	Manchester	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06040 -	
L.	AFFILIATE NAME	EVERGREEN ENDOSCOPY CENTER, LLC	
	Affiliate Description	Joint venture with community GI physicians	
2	Affiliate type of service	Ambulatory Services	
3	Tax Status	For Profit	
4	Street Address	2400 Tamarack Avenue	
5 6	Town State	South Windsor Connecticut	
	Zip Code	06074 -	
	CEO Name	Jeffrey Breiter, MD	
	CEO Title	Pres.	
	CT Agent Name	Gregory J. Pepe, Esq.	
	CT Agent Company CT Agent Company Street Address	105 Church Street 13th Floor	
	CT Agent Company Street Address  CT Agent Town	New Haven	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06510 -	
М.	AFFILIATE NAME	EVERGREEN MEDICAL ASSOCIATES II, LLC	
IVI.	AFFILIATE NAME	Owns and operates the Evergreen II Medical Building in South Windsor adjacent to the	
1	Affiliate Description	ECHN Medical Building at Evergreen Walk	
	Affiliate type of service	Real Estate	
3	Tax Status	For Profit	
4	Street Address	95 Glastonbury Blvd, Suite 214	
5 6	Town State	Glastonbury Connecticut	
	Zip Code	06033 -	
8	CEO Name	David Sessions	
	CEO Title	Manager	
	CT Agent Name	Joseph R. Labrosse	
	CT Agent Company CT Agent Company Street Address	c/o Grove Properaty Fund LLC 95 Glastonbury Blvd, Suite 214	
	CT Agent Company Street Address CT Agent Town	Glastonbury  Glastonbury	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06033 -	
N.	AEEU IATE NAME	EVERGREEN MEDICAL ASSOCIATES, LLC	
	AFFILIATE NAME Affiliate Description	Owns and operates the ECHN medical building at Evergreen Walk in South Windsor.	
	Affiliate type of service	Real Estate	
	rumate type of dervice	. 100. 201610	

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#### ANNUAL REPORTING

#### **FISCAL YEAR 2012**

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
3	Tax Status	For Profit	
	Street Address	95 Glastonbury Blvd, Suite 214	
5	Town	Glastonbury	
6	State	Connecticut	
_	Zip Code	06033 -	
	CEO Name	David Sessions	
9	CEO Title	Manager	
	CT Agent Name	Joseph R. Labrosse	
	CT Agent Company	c/o Grove Properaty Fund LLC	
		95 Glastonbury Blvd, Suite 214,	
	CT Agent Town	Glastonbury	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06033 -	
Ο.	AFFILIATE NAME	HAYNES STREET MEDICAL ASSOCIATES II, LLC	
1	Affiliate Description	Owns and operates a medical office bulding at 100 Haynes Street in Manchester	
	Affiliate type of service	Real Estate	
3	Tax Status	For Profit	
4	Street Address	95 Glastonbury Blvd, Suite 214	
5	Town	Glastonbury	
	State	Connecticut	
	Zip Code	06033 -	
	CEO Name	David Sessions	
	CEO Title	Manager	
	CT Agent Name	Joseph R. Labrosse	
	CT Agent Company	c/o Grove Properaty Fund LLC	
	CT Agent Company Street Address CT Agent Town	95 Glastonbury Blvd, Suite 214	
	CT Agent Town CT Agent State	Glastonbury Connecticut	
15	CT Agent State CT Agent Zip Code	06033 -	
10	o i rigeni zip eede		
		HAVAICS STREET MEDICAL ASSOCIATES LLC	
	AFFILIATE NAME	HAYNES STREET MEDICAL ASSOCIATES, LLC	
	Affiliate Description	Owns and operates a medical office building at 17-29 Haynes Street in Manchester	
	Affiliate type of service Tax Status	Real Estate For Profit	
3	Street Address	95 Glastonbury Blvd, Suite 214	
5	Town	Glastonbury	
6	State	Connecticut	
	Zip Code	06033 -	
	CEO Name	David Sessions	
	CEO Title	Manager	
	CT Agent Name	Joseph R. Labrosse	
11	CT Agent Company	c/o Grove Properaty Fund LLC	
12	CT Agent Company Street Address	95 Glastonbury Blvd, Suite 214,	
	CT Agent Town	Glastonbury	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06033 -	
Q.	AFFILIATE NAME	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC.	
		PREVIOUSLY ORGANIZED PHO WHICH IS NO LONGER OPERATING. No activity in	
1	Affiliate Description	this entity since 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, Manchester, CT	
5	Town	Manchester	
6	State	Connecticut	
	Zip Code	06045 -	
	CEO Name	Patricia A. Balzer	
9	CEO Title	CEO	

#### ANNUAL REPORTING

#### FISCAL YEAR 2012

(1)	(2)	(3)	
	DESCRIPTION	AFFILIATE INFORMATION	
	CT Agent Name	Robert F. Cavanagh	
	CT Agent Company	tress 195 Church Street	
	CT Agent Company Street Address CT Agent Town	New Haven	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent Clate CT Agent Zip Code	06510 -	
	o i i igam _ip o o sic		
R.	AFFILIATE NAME MEDICAL PRACTICE PARTNERS		
		Provides Medical billing services, electronic health records, information services and	
	Affiliate Description	practice management services.	
	Affiliate type of service Tax Status	Affilate Support Services	
3	Street Address	For Profit 29 Naek Road	
5	Town	Vernon	
6	State	Connecticut	
	Zip Code	06066 -	
8	CEO Name	Gregory M. Williams	
	CEO Title	President	
	CT Agent Name	Gregory M. Williams	
11	CT Agent Company	OO Nool: Dood	
	CT Agent Company Street Address		
13 14	CT Agent Town CT Agent State	Vernon Connecticut	
15	CT Agent State CT Agent Zip Code	06066 -	
10	OT rigent zip code		
S.	AFFILIATE NAME	METRO WHEELCHAIR SERVICE, INC	
		PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME	
1	Affiliate Description	LIVERY SERVICES FOR MEDIAL APPOINTMENTS.	
	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	06040 -	
8	CEO Name	Wayne Wright	
9	CEO Title	President	
	CT Agent Name	Winship Service Corporation	
	CT Agent Company	c/o Shipman and Goodwin LLP	
12		One Constitution Plaza	
13	CT Agent Town	Hartford	
14	CT Agent State	Connecticut 06103 -	
15	CT Agent Zip Code	ण्णाण्ड -	
T.	AFFILIATE NAME	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)	
		Joint Venture of four area hospitals that operates The John A. DeQuattro Community	
1	Affiliate Description	Cancer Center in Manchester and the Phoenix Community Cancer Center in Enfield.	
	Affiliate type of service	Outpatient Care	
3	Tax Status	Not for Profit	
4	Street Address	100 Haynes Street	
5	Town	Manchester	
6	State	Connecticut	
7	Zip Code	06040 -	
9	CEO Name CEO Title	Donna Handley President	
	CT Agent Name	Kristoffer Popovitch	
11	CT Agent Name CT Agent Company	. motorio opotitori	
		100 Haynes Street	
	CT Agent Town	Manchester	
14	CT Agent State	Connecticut	

#### ANNUAL REPORTING

#### FISCAL YEAR 2012

(1)	(2)			
LINE	DESCRIPTION	AFFILIATE INFORMATION		
15	CT Agent Zip Code	06040 -		
U.	AFFILIATE NAME	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED		
_	Affiliate Description	Community based hospital that provides medical care on an acute basis.		
	Affiliate type of service	Hospital		
3	Tax Status	Not for Profit		
	Street Address	31 UNION STREET, ROCKVILLE, CT		
5 6	Town State	Vernon Rockville Connecticut		
	Zip Code	06066 -		
	CEO Name	PETER J. KARL		
9	CEO Title	PRESIDENT & CEO		
	CT Agent Name	Sharon Holmes		
	CT Agent Company	ECHN 74 Hayres Street		
	CT Agent Company Street Address CT Agent Town	Manchester		
	CT Agent Town CT Agent State	Connecticut		
15	CT Agent Zip Code	06040 -		
	AFFILIATE NAME	TOLLAND IMAGING CENTER		
	Affiliate Description	Joint venture to provide outpatient diagnostic imaging services		
	Affiliate type of service Tax Status	Imaging Services Not for Profit		
	Street Address	6 Fieldstone Commons, Suite E		
	Town	Tolland		
6	State	Connecticut		
	Zip Code	06084 -		
	CEO Name	Kevin Murphy		
	CEO Title	President Commence Co		
	CT Agent Name CT Agent Company	R&C Service Company R&C Service Company		
	CT Agent Company Street Address			
	CT Agent Town	Hartford		
14	CT Agent State	Connecticut		
15	CT Agent Zip Code	06103 -		
w.	AFFILIATE NAME	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.		
	Affiliate Description	Provides at-home nursing care and hospice care.		
	Affiliate type of service	Other HealthCare Svcs(Specify)		
		Not for Profit		
	Street Address	8 Keynote Drive, Vernon, CT		
5	Town	Vernon		
	State	Connecticut		
	Zip Code CEO Name	06066 - Todd Rose		
	CEO Title	President/Chief Executive Officer		
	CT Agent Name	Sharon Holmes		
11	CT Agent Company	ECHN		
12	CT Agent Company Street Address	71 Haynes Street		
	CT Agent Town	Manchester Connection to		
	CT Agent Zip Code	Connecticut 06040 -		
15	CT Agent Zip Code	000 <del>1</del> 0		
X.	AFFILIATE NAME	WBC CONNECTICUT EAST, LLC		
		A joint venture to provide comprehensive outpatient behavioral health services for		
		adults and adolescents with eating disorrders, a distinct intensive outpatient program for		
1	Affiliate Description	adults with binge eating disorrders and aftercare support services.		
2	Affiliate type of service	Mental Health Facility		

#### ANNUAL REPORTING

#### **FISCAL YEAR 2012**

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
3	Tax Status	Not for Profit
4	Street Address	2400 Tamarack Ave, Suite 203
5	Town	South Windsor
6	State	Connecticut
7	Zip Code	06074 -
8	CEO Name	Stuart Koman
9	CEO Title	Manager
10	CT Agent Name	Corporation Service Company
11	CT Agent Company	
12	CT Agent Company Street Address	50 Weston Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06120 - 1537

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

#### REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

	(2)	(3)	(4)
(1)	(-/	FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2012
Α.	MANCHESTER MEMORIAL HOSPITAL		
1		Unrestricted	\$4,925,477
2		Temporarily Restricted by Donor	\$1,905,070
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$8,175,188
5		Intercompany Eliminations  Total:	\$0 <b>\$15,005,735</b>
		Total.	ψ13,003,733
B.	EASTERN CONNECTICUT HEALTH NETWORK,INC.		
1		Unrestricted	\$5,312,543
2		Temporarily Restricted by Donor	\$691,359
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$6,003,902
C.	AETNA AMBULANCE SERVICES, INC.		
	AETINA AMBULANCE SERVICES, INC.	I le ve etviete d	¢4 205 427
1		Unrestricted	\$1,385,137
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4 5		Permanently Restricted by Donor Intercompany Eliminations	\$0
<b>o</b>		Total:	\$177,161 <b>\$1,562,298</b>
		Total.	\$1,562,296
D.	AMBULANCE SERVICE OF MANCHESTER, LLC		
1		Unrestricted	\$3,508,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$167,104
		Total:	
		i otai:	\$3,675,104
		Total:	\$3,675,104
E.	CONNECTICUT HEALTHCARE INSURANCE CO.		
1	CONNECTICUT HEALTHCARE INSURANCE CO.	Unrestricted	\$4,023
1	CONNECTICUT HEALTHCARE INSURANCE CO.	Unrestricted Temporarily Restricted by Donor	\$4,023 \$0
1 2 3	CONNECTICUT HEALTHCARE INSURANCE CO.	Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board	\$4,023 \$0 \$0
1 2 3 4	CONNECTICUT HEALTHCARE INSURANCE CO.	Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor	\$4,023 \$0 \$0 \$0
1 2 3	CONNECTICUT HEALTHCARE INSURANCE CO.	Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations	\$4,023 \$0 \$0 \$0 \$0 \$589,364
1 2 3 4	CONNECTICUT HEALTHCARE INSURANCE CO.	Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor	\$4,023 \$0 \$0 \$0
1 2 3 4 5		Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations	\$4,023 \$0 \$0 \$0 \$0 \$589,364
1 2 3 4 5	CONNECTICUT HEALTHCARE INSURANCE CO.  CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC	Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:	\$4,023 \$0 \$0 \$0 \$589,364 \$593,387
1 2 3 4 5		Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted	\$4,023 \$0 \$0 \$0 \$589,364 \$593,387
1 2 3 4 5 <b>F.</b> 1 2		Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor	\$4,023 \$0 \$0 \$0 \$589,364 \$593,387
1 2 3 4 5 <b>F.</b> 1 2		Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board	\$4,023 \$0 \$0 \$0 \$589,364 \$593,387 \$0 \$0
1 2 3 4 5 <b>F.</b> 1 2 3 4		Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:  Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor	\$4,023 \$0 \$0 \$0 \$589,364 \$593,387
1 2 3 4 5 <b>F.</b> 1 2		Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board	\$4,023 \$0 \$0 \$0 \$589,364 \$593,387 \$0 \$0
1 2 3 4 5 <b>F.</b> 1 2 3 4		Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:  Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations	\$4,023 \$0 \$0 \$0 \$589,364 \$593,387 \$0 \$0 \$0
1 2 3 4 5 <b>F.</b> 1 2 3 4 5	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC  EASTERN CONNECTICUT MEDICAL PROFESSIONALS	Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:  Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations	\$4,023 \$0 \$0 \$0 \$589,364 \$593,387 \$0 \$0 \$0
1 2 3 4 5 5 <b>F.</b> 1 2 3 4 5 5 <b>G.</b>	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC	Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:  Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:	\$4,023 \$0 \$0 \$0 \$589,364 \$593,387 \$0 \$0 \$0 \$0
1 2 3 4 5 5 G. 1	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC  EASTERN CONNECTICUT MEDICAL PROFESSIONALS	Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:  Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:  Unrestricted	\$4,023 \$0 \$0 \$0 \$589,364 \$593,387 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
1 2 3 4 5 5 G. 1 2	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC  EASTERN CONNECTICUT MEDICAL PROFESSIONALS	Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:  Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:  Unrestricted Temporarily Restricted by Donor	\$4,023 \$0 \$0 \$0 \$589,364 \$593,387 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
1 2 3 4 5 5 G. 1 2 3	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC  EASTERN CONNECTICUT MEDICAL PROFESSIONALS	Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:  Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:  Unrestricted Temporarily Restricted by Donor Intercompany Eliminations Total:	\$4,023 \$0 \$0 \$0 \$589,364 \$593,387 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
1 2 3 4 5 5 G. 1 2	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC  EASTERN CONNECTICUT MEDICAL PROFESSIONALS	Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:  Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:  Unrestricted Temporarily Restricted by Donor	\$4,023 \$0 \$0 \$589,364 \$589,387 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0

#### 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
	EASTERN CONNECTICUT PHYSICIAN HOSPITAL		
Н.	ORGANIZATION, INC.	l la va atviata d	<b>C</b> O
2		Unrestricted Temporarily Restricted by Donor	\$0 \$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
<u>I.</u> 1	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.	Linguistad	¢4 602 907
		Unrestricted	\$1,692,807
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$11,535,595 \$0
4		Permanently Restricted by Donor	\$1,567,312
5		Intercompany Eliminations	\$0
		Total:	\$14,795,714
J.	ECHN CORPORATE SERVICES INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	\$0
		Total:	\$0
		101011	**
K.	ECHN ELDERCARE SERVICES, INC.		
1		Unrestricted	\$4,363,840
2		Temporarily Restricted by Donor	\$31,343
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$4,395,183
L.	ECHN ENTERPRISES, INC.		
1		Unrestricted	(\$78,598)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$78,598)
M.	EVERGREEN ENDOSCOPY CENTER, LLC		
1	EVERGREEN ENDOSCOTT CENTER, EEG	Unrestricted	\$381,284
2		Temporarily Restricted by Donor	\$301,204
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$15,869
		Total:	\$397,153
	EVED ODEEN MEDION: 1000 ON THE WAY		
N.	EVERGREEN MEDICAL ASSOCIATES II, LLC	I love stricts d	Ф000 000
1		Unrestricted	\$692,833
2		Temporarily Restricted by Donor	\$0
3 4		Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0
		Intercompany Eliminations	(\$86,979)
5			

#### 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
Ο.	EVERGREEN MEDICAL ASSOCIATES, LLC		
1	EVERGREEN WEDICAL ASSOCIATES, LEC	Unrestricted	\$301,789
2		Temporarily Restricted by Donor	\$301,789
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$42,971)
		Total:	\$258,818
P.	HAYNES STREET MEDICAL ASSOCIATES II, LLC		
1	HATNES STREET MEDICAL ASSOCIATES II, LEC	Unrestricted	\$241,830
2		Temporarily Restricted by Donor	\$241,630
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$10,535
		Total:	\$252,365
	HAYNES STREET MEDICAL ASSOCIATES, LLC		
1		Unrestricted	\$196,841
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 (\$50,166)
3		Total:	\$146,675
		Total.	\$140,075
R.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, 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
	MEDICAL PRACTICE PARTNERS		
	MEDICAL PRACTICE PARTNERS	I logo atricta d	A404.00=
2		Unrestricted	
			\$121,637
		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
3		Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0 \$0
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
3 4 5		Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0 \$0 (\$80,368)
3 4 5 <b>T.</b>	METRO WHEELCHAIR SERVICE, INC	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:	\$0 \$0 \$0 (\$80,368) \$41,269
3 4 5 <b>T.</b>	METRO WHEELCHAIR SERVICE, INC	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted	\$0 \$0 \$0 (\$80,368) \$41,269
3 4 5 <b>T.</b> 1 2	METRO WHEELCHAIR SERVICE, INC	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:  Unrestricted Temporarily Restricted by Donor	\$0 \$0 \$0 (\$80,368) \$41,269 \$126,460 \$0
3 4 5 <b>T.</b> 1 2 3	METRO WHEELCHAIR SERVICE, INC	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:  Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0 \$0 (\$80,368) \$41,269 \$126,460 \$0 \$0
3 4 5 <b>T.</b> 1 2 3 4	METRO WHEELCHAIR SERVICE, INC	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:  Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0 \$0 (\$80,368) \$41,269 \$126,460 \$0 \$0
3 4 5 <b>T.</b> 1 2 3	METRO WHEELCHAIR SERVICE, INC	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:  Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0 \$0 (\$80,368) \$41,269 \$126,460 \$0 \$0 \$0 (\$41,779)
3 4 5 <b>T.</b> 1 2 3 4	METRO WHEELCHAIR SERVICE, INC	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:  Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0 \$0 (\$80,368) \$41,269 \$126,460 \$0 \$0
3 4 5 <b>T.</b> 1 2 3 4 5	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK,	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:  Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0 \$0 (\$80,368) \$41,269 \$126,460 \$0 \$0 \$0 (\$41,779)
3 4 5 T. 1 2 3 4 5		Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations  Total:  Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations  Total:	\$0 \$0 \$0 \$126,460 \$126,460 \$0 \$0 \$126,460 \$0 \$126,460 \$126,460 \$126,460 \$126,460
3 4 5 T. 1 2 3 4 5	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK,	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations  Total:  Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations  Total:  Unrestricted	\$0 \$0 \$0 \$126,460 \$126,460 \$0 \$0 \$126,460 \$0 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$126,460 \$12
3 4 5 T. 1 2 3 4 5	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK,	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations  Total:  Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations  Total:  Unrestricted Temporarily Restricted by Donor	\$126,460 \$0 \$126,460 \$0 \$126,460 \$0 \$0 \$1 \$126,460 \$0 \$1 \$126,460 \$0 \$1 \$126,460 \$0 \$1 \$126,460 \$0 \$1 \$126,460 \$0 \$1 \$126,460 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1
3 4 5 7. 1 2 3 4 5	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK,	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:  Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Donor Intercompany Eliminations Total:  Unrestricted by Donor Intercompany Eliminations Total:  Unrestricted Temporarily Restricted by Donor Intercompany Eliminations Total:	\$0 \$0 \$0 \$1 \$41,269 \$126,460 \$0 \$0 \$0 \$1 \$126,460 \$0 \$1 \$1,779 \$84,681 \$5,638,135 \$0 \$0 \$0
3 4 5 T. 1 2 3 4 5	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK,	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations  Total:  Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations  Total:  Unrestricted Temporarily Restricted by Donor	\$126,460 \$0 \$126,460 \$0 \$126,460 \$0 \$0 \$1 \$126,460 \$0 \$1 \$126,460 \$0 \$1 \$126,460 \$0 \$1 \$126,460 \$0 \$1 \$126,460 \$0 \$1 \$126,460 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1

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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 9/30/2012
٧.	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED		
1		Unrestricted	\$17,066,097
2		Temporarily Restricted by Donor	\$615,748
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$3,633,166
5		Intercompany Eliminations	\$0
		Total:	\$21,315,011
W.	TOLLAND IMAGING CENTER		
1		Unrestricted	\$39,645
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$32,750
		Total:	\$72,395
	WOLTING AND LIFAL TH OFFINION OF CONNECTION.		
X.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.		
1		Unrestricted	\$9,257,504
2		Temporarily Restricted by Donor	\$72,586
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$9,330,090
Υ.	WBC CONNECTICUT EAST, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$200,000
Ť		Total:	\$200,000
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$83,376,960
	Intercompany Eliminations	i unu balance.	
	Total of all Affiliates	Fund Balance	\$1,362,701
	Total of all Affillates	Fund Balance:	\$84,739,661

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# MANCHESTER 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.	EASTERN CONNECTICUT HEALTH NETWORK,INC.			
	EASTERN CONNECTICOT HEALTH NETWORK, INC.	Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$10,716,013
1		Allocation of Investment Income/Loss	09/30/2012	\$3,500,367
<u> </u>		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$14,216,380
		Ziranig Griconconaciou intercompany Zalanco.	3/30/2012	ψ. 1, <u>=</u> 10,000
В.	AETNA AMBULANCE SERVICES, INC.			
<u> </u>	ALTIVA ANIBOLANOL SERVICES, INC.	Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$981,921
1		Allocation of Investment Income/Loss	09/30/2012	\$111,687
<u> </u>		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$1,093,608
		Ziranig Griconconaciou intercompany Zalance.	9/30/2012	<b>\$1,000,000</b>
C.	AMBULANCE SERVICE OF MANCHESTER, LLC			
<u> </u>	ANIBOLANGE SERVICE OF MARKOFILOTER, LES	Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$2,479,834
1		Distribution	09/30/2012	(\$735,000)
2		Allocation of Investment Income/Loss	09/30/2012	\$827,739
<u> </u>		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$2,572,573
		J. C.	0/00/2012	, , , , , , , , , , , , , , , , , , ,
D.	CONNECTICUT HEALTHCARE INSURANCE CO.			
	OGNIZOTIOGI NEZETIOZIKE INGGINANGE GO.	Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$2,457,128
1		Accounting Fees	09/30/2012	(\$2,454,312)
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$2,816
			5,55,25,12	
E.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$20,000
		Nothing to Report	0,00,2011	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$20,000
F.	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDA	ATION, INC.		
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	(\$3,942,670)
1		Accounting Fees	09/30/2012	\$11,788,084
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$7,845,414
G.	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION	ON, INC.		
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
H.	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.			

# MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING

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

(4)	(2)	(2)	(4)	(F)
(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$248,908
1		Transfer of Donated Assets	09/30/2012	\$235,350
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$484,258
l.	ECHN CORPORATE SERVICES INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
	FOLIN EL DEDCADE CEDVICES INC			
J.	ECHN ELDERCARE SERVICES, INC.	Designing Unequestidated Intercommons Deleves	0/20/2044	(\$207 £22\
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	(\$297,623)
1		Salary and Non-Salary Operating Expenses Ending Unconsolidated Intercompany Balance:	09/30/2012	\$253,123
		Ending Onconsolidated Intercompany Balance:	9/30/2012	(\$44,500)
K.	ECHN ENTERPRISES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$2,559,387
1		Non Salary Expense	09/30/2012	(\$485,271)
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$2,074,116
L.	EVERGREEN ENDOSCOPY CENTER, LLC			
	, -	Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$434,549
1		Distribution	09/30/2012	(\$350,000)
2		Allocation of Investment Income/Loss	09/30/2012	\$312,604
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$397,153
М.	EVERGREEN MEDICAL ASSOCIATES II, LLC			
IVI.	EVENGREEN MEDICAL ASSOCIATES II, LLC	Paginning Unconcolidated Intercompany Palances	9/30/2011	\$0
-		Beginning Unconsolidated Intercompany Balance: Nothing to Report	9/30/2011	\$0 \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
N.	EVERGREEN MEDICAL ASSOCIATES, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	<b>\$0</b>
		Nothing to Report		\$0

Ο.

HAYNES STREET MEDICAL ASSOCIATES II, LLC

Ending Unconsolidated Intercompany Balance:

Beginning Unconsolidated Intercompany Balance:

\$0

\$0

9/30/2012

9/30/2011

#### 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
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
		J. J. L.	0/00/2012	, ,
P.	HAYNES STREET MEDICAL ASSOCIATES, LLC			
	,	Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
Q.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC.			***
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	<b>\$0</b>
		Nothing to Report  Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0 \$0
		Ending officorisondated intercompany balance.	9/30/2012	40
R.	MEDICAL PRACTICE PARTNERS			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$130,157
1		Allocation of Investment Income/Loss	09/30/2012	(\$88,888)
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$41,269
S.	METRO WILEEL CHAIR SERVICE, INC.			
<u> </u>	METRO WHEELCHAIR SERVICE, INC	Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$94,498
1		Allocation of Investment Income/Loss	09/30/2012	(\$35,221)
<u> </u>		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$59,277
		Ziranig Groonsonaatoa moroompany Zalanoo	3/30/2012	ψοσ,Ξ
T.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, I	NC. (NRRON)		
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$2,819,067
1		Allocation of Investment Income/Loss	09/30/2012	\$236,091
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$3,055,158
U.	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Parimina Harana Hidata dilatana mana Bil	0/00/0044	(\$4,000,000)
1		Beginning Unconsolidated Intercompany Balance:	<b>9/30/2011</b> 09/30/2012	(\$1,986,032) \$1,211,949
$\vdash$		Transfer of Salary and Non-Salary Expenses Ending Unconsolidated Intercompany Balance:	9/30/2012	\$1,211,949 (\$774,083)
		Ending onconsolidated intercompany balance.	9/30/2012	(#174,003)
V.	TOLLAND IMAGING CENTER			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$49,584
1		Allocation of Investment Income/Loss	09/30/2012	\$22,811
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$72,395

#### 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
W.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, I	NC.		
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$2,915,795
1		Allocation of Investment Income/Loss	09/30/2012	(\$2,915,795)
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
X.	WBC CONNECTICUT EAST, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
1		Allocation of Investment Income/Loss	09/30/2012	\$140,000
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$140,000
			Grand Total:	\$31,255,834

#### 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	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FONDS	Beginning Unconsolidated	DATE	AMOUNT
			Intercompany Balance	10/01/2011	¢4 745 716
Α.	EASTERN CONNECTICUT HEALTH NETWORK,INC.		intercompany Balance	10/01/2011	\$4,745,716
Α.	EASTERN CONNECTICOT HEALTH NETWORK, INC.		Allocation of ECHN Expenses		
1		ECHN ELDERCARE SERVICES, INC.	to Subsidy	09/30/2012	¢42.500
<u> </u>		ECHN COMMUNITY HEALTHCARE	Allocation of ECHN Expenses	09/30/2012	\$43,588
2		FOUNDATION, INC.	to Subsidy	09/30/2012	¢17.072
		EASTERN CONNECTICUT MEDICAL	Allocation of ECHN Expenses	09/30/2012	\$17,072
3		PROFESSIONALS FOUNDATION, INC.	to Subsidy	09/30/2012	\$65,262
3		THE ROCKVILLE GENERAL HOSPITAL	Allocation of ECHN Expenses	09/30/2012	\$05,202
4		INCORPORATED	to Subsidy	09/30/2012	\$2,114,225
4		INCORT ORATED	Total:	9/30/2012	
			lotai:	9/30/2012	\$2,240,147
	AFTMA AMPHILANOS OSPINOSO INO				
В.	AETNA AMBULANCE SERVICES, INC.	THE BOOK WILE OF MEDAL HOODITAL			
		THE ROCKVILLE GENERAL HOSPITAL	Allocation of Investment		
1		INCORPORATED	Income/Loss	09/30/2012	\$53,148
			Total:	9/30/2012	\$53,148
C.	AMBULANCE SERVICE OF MANCHESTER, LLC				
		THE ROCKVILLE GENERAL HOSPITAL	Allocation of Investment		
1		INCORPORATED	Income/Loss	09/30/2012	\$50,131
			Total:	9/30/2012	\$50,131
D.	CONNECTICUT HEALTHCARE INSURANCE CO.				
		THE ROCKVILLE GENERAL HOSPITAL	Allocation of Shareholders		
1		INCORPORATED	Equity	09/30/2012	(\$2,454,312)
			Total:	9/30/2012	(\$2,454,312)
					(+-,,)
E.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC				
<del>-</del> -	Total Cook Allow Employee Tractice of the		Nothing to Report		\$0
			Total:	9/30/2012	\$0
			Total.	3/30/2012	\$0
	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION,				
-					
F.	INC.	THE DOOLOWILLE OF NEDAL LICEDITAL	Oalam and Nav Oal		
1 .		THE ROCKVILLE GENERAL HOSPITAL	Salary and Non-Salary	00/00/00:5	<b>***</b>
1		INCORPORATED	Operating Expenses	09/30/2012	\$2,711,365
			Total:	9/30/2012	\$2,711,365

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#### REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
G.	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.				
		EASTERN CONNECTICUT HEALTH	Salary and Non-Salary		
1		NETWORK,INC.	Expenses	09/30/2020	\$12,890
			Total:	9/30/2012	\$12,890
H.	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.				
1		ECHN ELDERCARE SERVICES, INC.	Transfer of Donated Assets	09/30/2012	\$51,115
		THE ROCKVILLE GENERAL HOSPITAL			
2		INCORPORATED	Transfer of Donated Assets	09/30/2012	\$9,856
			Total:	9/30/2012	\$60,971
I.	ECHN CORPORATE SERVICES INC.				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
J.	ECHN ELDERCARE SERVICES, INC.				
		THE ROCKVILLE GENERAL HOSPITAL	Salary and Non-Salary		
1		INCORPORATED	Expenses	09/30/2012	(\$176,598)
			Total:	9/30/2012	(\$176,598)
K.	ECHN ENTERPRISES, INC.				
		THE ROCKVILLE GENERAL HOSPITAL	Non Salary Operating		
1		INCORPORATED	Expenses	09/30/2012	(\$30,194)
			Total:	9/30/2012	(\$30,194)
L.	EVERGREEN ENDOSCOPY CENTER, LLC				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
М.	EVERGREEN MEDICAL ASSOCIATES II, LLC				
			Allocation of Investment		
1		ECHN ENTERPRISES, INC.	Income/Loss	09/30/2012	(\$86,979)
			Total:	9/30/2012	(\$86,979)
N.	EVERGREEN MEDICAL ASSOCIATES, 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
		FOUN ENTERPRISES INC	Allocation of Investment		
1		ECHN ENTERPRISES, INC.	Income/Loss	09/30/2012	(\$42,971)
			Total:	9/30/2012	(\$42,971)
	HAVALEO OTREET MEDIOAL ACCOCIATEO IL LI O				
О.	HAYNES STREET MEDICAL ASSOCIATES II, LLC		Allo anting of law actes ant		
_		ECHN ENTERPRISES, INC.	Allocation of Investment Income/Loss	00/00/0040	<b>040 505</b>
1		ECHN ENTERPRISES, INC.		09/30/2012	\$10,535
			Total:	9/30/2012	\$10,535
P.	LIAVNES STREET MEDICAL ASSOCIATES LLC				
Р.	HAYNES STREET MEDICAL ASSOCIATES, LLC		Allocation of Investment		
1		ECHN ENTERPRISES, INC.	Income/Loss	09/30/2012	(\$50,166)
-		EOIN ENTER RIOLO, INO.	Total:	9/30/2012	(\$50,166)
			Total.	9/30/2012	(\$30,100)
Q.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC.				
۷.	MIANGILESTER TITUICIAN HOST TIAL ORGANIZATION, INC.		Nothing to Report		\$0
			Total:	9/30/2012	\$0
			Total.	3/30/2012	Ψ0
R.	MEDICAL PRACTICE PARTNERS				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
				0,00,2012	**
S.	METRO WHEELCHAIR SERVICE, INC				
	,	THE ROCKVILLE GENERAL HOSPITAL	Allocation of Investment		
1		INCORPORATED	Income/Loss	09/30/2012	(\$12,534)
			Total:	9/30/2012	(\$12,534)
	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.				
T.	(NRRON)				
		THE ROCKVILLE GENERAL HOSPITAL	Allocation of Investment		
1		INCORPORATED	Income/Loss	09/30/2012	\$236,091
			Total:	9/30/2012	\$236,091
U.	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0

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#### REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
٧.	TOLLAND IMAGING CENTER				
1		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Allocation of Investment Income/Loss	09/30/2012	\$32,750
			Total:	9/30/2012	\$32,750
W.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.				
1		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Allocation of Investment Income/Loss	09/30/2012	(\$1,175,139)
			Total:	9/30/2012	(\$1,175,139)
X.	WBC CONNECTICUT EAST, LLC				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2012	\$6,124,851

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

(1)	(2)	(3)	(4)
LINIE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
LINE	DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
Α.	EASTERN CONNECTICUT HEALTH NETWORK,INC.		
0	Nothing to Report	\$0	
	Total	\$0	9/30/2012
B.	AETNA AMBULANCE SERVICES, INC.		
0	Nothing to Report	\$0	
	Total	\$0	9/30/2012
<b>C</b> .	AMBULANCE SERVICE OF MANCHESTER, LLC  Nothing to Report	\$0	
Ť	lotal		9/30/2012
<b>D.</b>	CONNECTICUT HEALTHCARE INSURANCE CO.	00	
0	Nothing to Report	\$0 \$0	9/30/2012
		40	3/30/2012
E.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC		
0	Nothing to Report	\$0	
	Total	\$0	9/30/2012
F.	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.		
0	Nothing to Report	\$0	
	Total	\$0	9/30/2012
	EASTERN CONNECTION BUYONAN HOORITAL ORGANIZATION INC		
<b>G</b> .	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.  Nothing to Report	\$0	
	Total		9/30/2012
<b>H.</b>	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.	0.0	
_	Nothing to Report  Total	\$0 \$0	9/30/2012
			0,00,2012
	ECHN CORPORATE SERVICES INC.		
0	Nothing to Report  Total	\$0	0/00/0040
	i Otai	\$0	9/30/2012
J.	ECHN ELDERCARE SERVICES, INC.		
0	Nothing to Report	\$0	
	Total	\$0	9/30/2012
K.	ECHN ENTERPRISES, INC.		
0	Nothing to Report	\$0	
	Total	\$0	9/30/2012
	EVERORED ENDOGORY OF NEED 11.0		
<b>L.</b>	EVERGREEN ENDOSCOPY CENTER, LLC  Nothing to Report	\$0	
	Total	\$0	9/30/2012
<b>M</b> .	EVERGREEN MEDICAL ASSOCIATES II, LLC		
<u> </u>	Nothing to Report  Total	\$0 \$0	9/30/2012
	1014	\$0	3/30/2012
	EVERGREEN MEDICAL ASSOCIATES, LLC		
0	Nothing to Report  Total	\$0	p in a log : a
	lotai	\$0	9/30/2012
0.	HAYNES STREET MEDICAL ASSOCIATES II, LLC		
0	Nothing to Report	\$0	
	Total	\$0	9/30/2012
P.	HAYNES STREET MEDICAL ASSOCIATES, LLC		
0	Nothing to Report	\$0	
	Total		9/30/2012
<b>Q</b> .	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC.	00	
	Nothing to Report  Total	\$0 \$0	9/30/2012
		<b>**</b>	5,55,2012

# ANNUAL REPORTING FISCAL YEAR 2012 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.	MEDICAL PRACTICE PARTNERS		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
	METRO WHEELCHAIR SERVICE, INC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
T.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
U.	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
٧.	TOLLAND IMAGING CENTER		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
W.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
X.	WBC CONNECTICUT EAST, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
	Grand Total:	\$0	9/30/2012

#### 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>	EASTERN CONNECTICUT HEALTH NETWORK,INC.	60	0
U	Nothing to Report  Total:	\$0 <b>\$0</b>	0
	ı otal.	\$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	0
	Total:	\$0	
D.	CONNECTICUT HEALTHCARE INSURANCE CO.		
0	Nothing to Report	\$0	0
	Total:	\$0	
_			
<b>E</b> .	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC  Nothing to Report	\$0	0
	Total:	\$ <b>0</b>	Ü
		<b>4.</b>	
F.	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
<b>I.</b>	ECHN CORPORATE SERVICES INC.  Nothing to Report	\$0	0
	Nothing to Report  Total:	\$0 \$0	8
	i oui.	<del></del>	
J.	ECHN ELDERCARE SERVICES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	-
K.	ECHN ENTERPRISES, 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	
_			
<b>L.</b>	EVERGREEN ENDOSCOPY CENTER, LLC  Nothing to Report	\$0	0
	Total:	\$0	
		**	
М.	EVERGREEN MEDICAL ASSOCIATES II, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	
	EVERGREEN MEDICAL ASSOCIATES, LLC		
0	Nothing to Report  Total:	\$0 <b>\$0</b>	
	Total:	20	
0.	HAYNES STREET MEDICAL ASSOCIATES II, LLC		
0.	Nothing to Report	\$0	0
	Total:	\$0	
P.	HAYNES STREET MEDICAL ASSOCIATES, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
<b>Q</b> .	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC.  Nothing to Report	\$0	0
-	Total:	\$0	
	1.51	***	
R.	MEDICAL PRACTICE PARTNERS		
0	Nothing to Report	\$0	
	Total:	\$0	
	METRO WHEELCHAIR SERVICE, INC		
0	Nothing to Report  Total:	\$0	
	I Oldi:	\$0	
T.	NORTHEAST REGIONAL PARIATION ONCOLOGY METIMORY, INC. (MRSON)		
0	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)  Nothing to Report	\$0	0
	Total:	\$0	
U.	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED		
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.	TOLLAND IMAGING CENTER		
0	Nothing to Report	\$0	
	Total:	\$0	
W.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	
X.	WBC CONNECTICUT EAST, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	
_			
	Grand Total:	\$0	

# 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	AMOÚNT 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	\$468,137.91	\$461,820.94	(\$6,316.97)	-1%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$11,641.88	\$12,434.73	\$792.85	7%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	(\$17,958.85)	\$129,737.56	\$147,696.41	-822%
	Ending Balance	\$461,820.94	\$603,993.23	\$142,172.29	31%
5	Projected Interest Income	\$50,000.00	\$50,000.00	\$0.00	0%
C.	Other				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

	MANCHESTER MEMORIAL HOSPITAL	<u> </u>
	ANNUAL REPORTING	
	FISCAL YEAR 2012	
REPO	RT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERE	D BY THE HOSPITAL
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1.Number of Applications	for Hospital Bed Funds	0
2. A. Number of Patients	receiving Hospital Bed Fund Grants	0
2. B. The Actual Total Do	llar Amount provided to all patients from Hospital Bed F	\$0.00
	Grand Total	\$0.00
	<u> </u>	

	M	ANCHESTER MEMOR	RIAL HOSPITAL		
	1417	ANNUAL REPO			
		FISCAL YEAR			
	REPORT 17 - HOSPITAL			V THE HOSDITAL	
	KEFOKI II - HOSFITAL	DED I ONDS HELD C	N ADMINISTERED E	THE HOSFITAL	
B. BI	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 ea	ach individual Hospi	tal Bed Fund, or the	Principal attributabl	e to each
(4)	Total Actual Earnings for each Hospita	al Bed Fund or the Ea	arnings attributable t	to each Hospital Bed	d Fund.
(5)	Actual Dollar Amount of Earnings rein	vested as Principal,	if any.		
(6)	Actual Dollar Amount of Earnings avail	lable for Patient Car	e.		
	Erna Loomis	\$255,707.30	\$3,954.52	\$3,954.52	\$3,954.52
	Elsie Cheney Disher	\$321,593.18	\$4,973.44	\$4,973.44	\$4,973.44
	Loren Garner	\$55,375.96	\$856.39	\$856.39	\$856.39
	Mattie Hills Preston	\$29,781.72	\$460.57	\$460.57	\$460.57
	P O Boynton	\$4,922.55	\$76.13	\$76.13	\$76.13
	Drake Bed Fund	\$136,675.20	\$2,113.68	\$2,113.68	\$2,113.68
	Total Bed Funds :	\$804,055.91	\$12,434.73	\$12,434.73	\$12,434.73

#### 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.
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.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	30.00%
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.
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.

# MANCHESTER 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.	30.00%

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

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	CEO	\$523,267	\$37,526	\$560,793
2.	Emergency Room MD	\$366,214	\$44,176	\$410,390
3.	Emergency Room MD	\$359,806	\$18,762	\$378,568
4.	Medical Director ED	\$373,811	\$3,528	\$377,339
5.	Emergency Room MD	\$356,253	\$18,410	\$374,663
6.	Emergency Room MD	\$325,000	\$34,568	\$359,568
7.	Treasurer/Exec VP	\$330,076	\$12,315	\$342,391
8.	Emergency Room MD	\$338,237	\$2,641	\$340,878
9.	Medical Director ED	\$325,629	\$11,291	\$336,920
10.	Emergency Room MD	\$316,170	\$18,431	\$334,601
	Grand Total:	\$3,614,463	\$201,648	\$3,816,111

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

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) <sup>c</sup>	FRINGE BENEFITS <sup>A</sup> (Directly or Indirectly) <sup>C</sup>	TOTAL
LIIVE	DECOM TION	or manectry)	municetry)	TOTAL
Α.	EASTERN CONNECTICUT HEALTH NETWORK,INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
В.	AETNA AMBULANCE SERVICES, INC.	1		
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
	AMDIII ANOE OF DIVIOE OF MANOUFOTED 110	7		
C.	AMBULANCE SERVICE OF MANCHESTER, LLC Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
		1	7-	**
D.	CONNECTICUT HEALTHCARE INSURANCE CO.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Ε.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC	1		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F.	EASTERN CONNECTICUT MEDICAL PROFESSIONALS 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
		1		
G.	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.	<b>*</b>	<b>#</b> 0	<b>*</b> 0
2	Paid by the Entity Listed Above to Hospital Employees(B)  Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0 \$0	\$0 \$0
	and by the Hospital to Employees of the Emity Listed Above	ψ0	ΨΟ	ΨΟ
Н.	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Ι.	ECHN CORPORATE SERVICES 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
J .	ECHN ELDERCARE SERVICES, 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
16		7		
K .	ECHN ENTERPRISES, INC.	\$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
			<b>*</b>	Ψ.
L.	EVERGREEN ENDOSCOPY CENTER, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0 \$0	\$0 \$0	\$0 \$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Μ.	EVERGREEN MEDICAL ASSOCIATES II, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Ν.	EVERGREEN MEDICAL ASSOCIATES, LLC	7		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
0	HAYNES STREET MEDICAL ASSOCIATES II, LLC			
0.	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
				·
Ρ.	HAYNES STREET MEDICAL ASSOCIATES, LLC	00	<b></b>	ФС
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
	and by the Mospital to Employees of the Entity Listed Above	φυ	ΨΟ	ΨΟ
Q.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC.			
		<u> </u>		

# 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
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.	MEDICAL PRACTICE PARTNERS	$\neg$		
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
		_		
S.	METRO WHEELCHAIR SERVICE, INC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Τ.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.	_		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
U.	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
٧.	TOLLAND IMAGING CENTER			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
W .	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.	•		•
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Χ.	WBC CONNECTICUT EAST, 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

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 2012
Α	Transfer of Assets or Operations	
	Name of the Person or Entity Organized or Operated For Profit involved in each	
	Transfer of Assets or Operations or Change of Control involving Hospital Clinical or	
1.	Nonclinical Services or Functions.	N/A
	Description of each Transfer of Assets or Operations or Change of Control involving	
2.	Hospital Clinical or Nonclinical Services or Functions.	N/A
	Description of each Hospital Clinical or Nonclinical Service or Function transferred or	
3.	involved in a change of control.	N/A
	Date that each Transfer of Assets or Operations or Change of Control involving Hospital	
4.	Clinical or Nonclinical Services or Functions occurred.	N/A
	Amount of each Transfer of Assets or Operations or Change of Control involving	
5.	Hospital Clinical or Nonclinical Services or Functions.	\$0

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	MANCHESTER ME		AL		
		EPORTING			
		EAR 2012			
	REPORT 23 - CHARITY CARE AND REDUCED (	COST SERVICES	PROVIDED BY	THE HOSPITAL	
		(0)		(=)	
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 AMOUNT	FY 2012 AMOUNT	AMOUNT DIFFERENCE	% DIFFERENCE
LINE	DESCRIPTION	AWOUNT	AWOUNT	DIFFERENCE	DIFFERENCE
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial St	atement Notes)			
1.	Number of Applicants	2,613	2,746	133	5%
2.	Number of Approved Applicants	2,478	2,467	(11)	0%
3.	Total Charges (A)	\$4,838,374	\$4,953,633	\$115,259	2%
<u>J.</u>	Average Charges	\$1,953	\$2,008	\$115,259 \$55	3%
	Tronggo onangoo	<b>\$1,000</b>	<b>\$2,000</b>	<b>400</b>	070
4.	Ratio of Cost to Charges (RCC)	0.396223	0.39893	0.002707	1%
	Total Cost	\$1,917,075	\$1,976,153	\$59,078	3%
	Average Cost	\$774	\$801	\$27	4%
5.	Charity Care - Inpatient Charges	\$831,297	\$951,484	\$120,187	14%
6.	Charity Care - Outpatient Emergency Department Charges	2,802,472	2,293,856	(508,616)	-18%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	1,204,605	1,708,293	503,688	42%
	Total Charges (A)	\$4,838,374	\$4,953,633	\$115,259	2%
8.	Charity Care - Number of Patient Days	746	754	8	1%
9.	Charity Care - Number of Discharges	140	158	18	13%
10.	Charity Care - Number of Outpatient ED Visits	2,413	2,288	(125)	-5%
10.	Charity Care - Number of Outpatient Visits (Excludes ED	2,413	2,200	(123)	-5/6
11.	Visits)	1,026	1,273	247	24%
	· ione)	1,020	1,270	217	2170
-					
(A) The	total amount must agree with the total amount listed in	he Hospital Audi	ted Financial St	atement Notes.	
(A) The	e total amount must agree with the total amount listed in	he Hospital Audi	ted Financial St	atement Notes.	
			ted Financial St	atement Notes.	
(A) The	total amount must agree with the total amount listed in the list of the list o		ted Financial St	atement Notes.	
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - Re		ted Financial St	atement Notes.	0%
		eport 17)			0% <b>0</b> %
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants	eport 17)	-		
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants	eport 17)	-		<b>0%</b>
<u>B.</u> 1. 2.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants	eport 17)	-	-	<b>0%</b>
<u>B.</u> 1. 2.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants  Total Charges (B)  Average Charges	**************************************	- - - \$0	- - \$0 <b>\$0</b>	0% 0% <b>0</b> %
<u>B.</u> 1. 2.	Hospital Bed Funds (see Hospital Reporting System - Rounds of Applicants Number of Applicants Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)	\$0 \$0 \$0 \$0	\$0 \$0 \$0	\$0 \$0 \$0	0% 0% 0%
<u>B.</u> 1. 2.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants  Total Charges (B) Average Charges  Ratio of Cost to Charges (RCC)  Total Cost	\$0 \$0 \$0 \$0 \$0 \$0	- - - \$0 <b>\$0</b> 0.39893 <b>\$0</b>	- - - \$0 \$0 0.002707 \$0	0% 0% 0% 1% 0%
<u>B.</u> 1. 2.	Hospital Bed Funds (see Hospital Reporting System - Rounds of Applicants Number of Applicants Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)	\$0 \$0 \$0 \$0	\$0 \$0 \$0	\$0 \$0 \$0	0% 0% 0%
1. 2. 3. 4.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants  Total Charges (B) Average Charges  Ratio of Cost to Charges (RCC)  Total Cost Average Cost	\$0 \$0 \$0 \$0 \$0 \$0 \$0	- - - \$0 \$0 0.39893 \$0 \$0	- - - \$0 \$0 0.002707 \$0 \$0	0% 0% 0% 1% 0%
1. 2. 3. 4. 5.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants  Total Charges (B) Average Charges  Ratio of Cost to Charges (RCC) Total Cost Average Cost  Bed Funds - Inpatient Charges	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$		- - - \$0 \$0 0.002707 \$0 \$0	0% 0% 0% 1% 0% 0%
1. 2. 3. 4. 5. 6.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants  Total Charges (B) Average Charges  Ratio of Cost to Charges (RCC) Total Cost Average Cost  Bed Funds - Inpatient Charges  Bed Funds - Outpatient Emergency Department Charges	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	0.39893 \$0 \$0 \$0 \$0	0.002707 \$0 \$0 \$0 \$0	0% 0% 0% 1% 0% 0% 0% 0%
1. 2. 3. 4. 5.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants  Total Charges (B) Average Charges  Ratio of Cost to Charges (RCC) Total Cost Average Cost  Bed Funds - Inpatient Charges	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$		- - - \$0 \$0 0.002707 \$0 \$0	0% 0% 0% 1% 0% 0%
1. 2. 3. 4. 5. 6.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants  Total Charges (B) Average Charges  Ratio of Cost to Charges (RCC) Total Cost Average Cost  Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges)	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	0.39893 \$0 \$0 \$0 \$0	0.002707 \$0 \$0 \$0 \$0	0% 0% 0% 1% 0% 0% 0% 0% 0%
1. 2. 3. 4. 5. 6.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants  Total Charges (B) Average Charges  Ratio of Cost to Charges (RCC) Total Cost Average Cost  Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges)	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	0.39893 \$0 \$0 \$0 \$0	0.002707 \$0 \$0 \$0 \$0	0% 0% 0% 1% 0% 0% 0% 0% 0%
B. 1. 2. 3. 4. 5. 6. 7.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants  Total Charges (B) Average Charges  Ratio of Cost to Charges (RCC) Total Cost Average Cost  Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B)	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	0.39893 \$0 \$0 \$0 \$0 \$0	0.002707 \$0 \$0 \$0 \$0 \$0	0% 0% 0% 1% 0% 0% 0% 0% 0%
B. 1. 2. 3. 4. 5. 6. 7.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants  Total Charges (B) Average Charges  Ratio of Cost to Charges (RCC) Total Cost Average Cost  Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B)  Bed Funds - Number of Patient Days	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	0.39893 \$0 \$0 \$0 \$0 \$0		0% 0% 0% 1% 0% 0% 0% 0% 0% 0%
B. 1. 2. 3. 4. 5. 6. 7. 8. 9.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants  Total Charges (B) Average Charges  Ratio of Cost to Charges (RCC) Total Cost Average Cost  Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B)  Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$		\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	0% 0% 0% 1% 0% 0% 0% 0% 0% 0% 0% 0%
B. 1. 2. 3. 4. 5. 6. 7. 8. 9.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants  Total Charges (B) Average Charges  Ratio of Cost to Charges (RCC) Total Cost Average Cost  Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B)  Bed Funds - Number of Patient Days Bed Funds - Number of Discharges Bed Funds - Number of Outpatient ED Visits	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$		\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	0% 0% 0% 1% 0% 0% 0% 0% 0% 0% 0% 0%