(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
Α.	AFFILIATE NAME	EASTERN CT HEALTH NETWORK , INC
		PARENT CORP AND PROVIDES OVERALL DIRECTION AND CONTROL TO ALL
1	Affiliate Description	OTHER CORPORATIONS
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	71 HAYNES STREET, MANCHESTER,CT
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06040 -
	CEO Name	PETER J. KARL
	CEO Title	PRESIDENT & CEO
	CT Agent Name	Sharon Holmes
11	CT Agent Company	ECHN
		71 HAYNES STREET, MANCHESTER,CT
	CT Agent Town	Manchester
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06040 -
		AETNA AMBULANCE SERVICES, INC.
1	Affiliate Description	PROVIDES AMBULANCE TRANSPORTATION SERVICES
	Affiliate type of service	Ambulatory Services
3	Tax Status	For Profit
4	Street Address	140 Van Block Ave
5	Town State	Hartford Connecticut
6		06106 -
	Zip Code CEO Name	Wayne Wright
	CEO Title	President
	CT Agent Name	Winship Service Corp
	CT Agent Company	c/o Shipman and Goodwin LLP
12		One Constitution Plaza
	CT Agent Town	Hartford
14	CT Agent State	Connecticut
	CT Agent Zip Code	06103 -
C.	AFFILIATE NAME	AMBULANCE SERVICE OF MANCHESTER, LLC
1	Affiliate Description	PROVIDE TRANSPORTATION SERVICES
	Affiliate type of service	Ambulatory Services
3	Tax Status	For Profit
4	Street Address	275 New State Road, Manchester, CT
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06040 -
-	CEO Name	Wayne Wright
	CEO Title	President
	CT Agent Name	Winship Service Corp
	CT Agent Company	Shipman and Goodwin LLP
12	CT Agent Company Street Address	Once Constitution Plaza
	CT Agent Town	Hartford
	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
		CONNECTICUT HEALTHCARE INSURANCE CO.
1	Affiliate Description	ECHN's Malpractice Insurance Co.
2	Affiliate type of service	Insurance
3	Tax Status	Not for Profit
4	Street Address	71 Haynes Street

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
5	Town	Manchester
6	State	Connecticut
	Zip Code	06040 -
	CEO Name	Peter Karl
	CEO Title	President
	CT Agent Name	Lloyd T. Pelletier
	CT Agent Company	400 Main CT
12	CT Agent Company Street Address CT Agent Town	Grand Cayman
	CT Agent Town	Cayman Islands
	CT Agent Zip Code	06040 -
15		
Е.	AFFILIATE NAME	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC
-		PROVIDES MANAGEMENT SERVICES FOR THE OCCUPATIONAL HEALTH
		PROGRAMS OF MANCHESTER MEMORIAL HOSPITAL, ST. FRANCIS HOSPITAL &
1	Affiliate Description	MEDICAL CENTER, AND BRISTOL HOSPITAL.
2	Affiliate type of service	Occupational Heath
3	Tax Status	For Profit
4	Street Address	1000 Asylum Ave, Suite 4302
5	Town	Hartford
6	State	Connecticut
	Zip Code	06105 -
	CEO Name	Hunter Giroux
	CEO Title	CEO
10	CT Agent Name	
11	CT Agent Company	CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC
12 13	CT Agent Company Street Address 1000 Asylum Ave, Suite 4302 CT Agent Town Hartford	
	CT Agent State	Connecticut
	CT Agent Zip Code	06105 -
10		
F.	AFFILIATE NAME	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.
		ENTITY OWNS AND MANAGES A SERIES OF COMMUNITY-BASED MEDICAL
	Affiliate Description	PRACTICES.
	Affiliate type of service	Outpatient Care
3	Tax Status	Not for Profit
4	Street Address	71 HAYNES STREET, MANCHESTER,CT
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06040 - PETER J. KARL
	CEO Name CEO Title	PRESIDENT & CEO
-	CEO Inte CT Agent Name	SHARON HOLMES
	CT Agent Company	ECHN
		71 HAYNES STREET, MANCHESTER,CT
	CT Agent Town	Manchester
	CT Agent State	Connecticut
	CT Agent Zip Code	06040 -
G.	AFFILIATE NAME	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.
		PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE
	Affiliate Description	CONTRACT NEGOTIATIONS
	Affiliate type of service	Affilate Support Services
3	Tax Status	Not for Profit
4	Street Address	26 Haynes Street, Lower Level
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06040 - Deter I Kerl
ŏ	CEO Name	Peter J. Karl

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
	CEO Title	President and Chief Executive Officer
	CT Agent Name	Robinson and Cole
	CT Agent Company Street Address 280 Trumbull Street, Hartford, CT CT Agent Town Hartford	
	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
	5. 1	
Н.	AFFILIATE NAME	ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.
		ENTITY RESPONSIBLE FOR RAISING FUNDS FOR THE BENEFIT OF EXEMPT
1	Affiliate Description	ORGANIZATIONS ASSOCIATED WITH EASTERN CT HEALTH NETWORK, INC.
2	Affiliate type of service	Fund Raising/Management
3	Tax Status	
4	Street Address	71 HAYNES STREET, MANCHESTER,CT
5 6	Town State	Manchester Connecticut
6 7	Zip Code	06040 -
	CEO Name	PETER J. KARL
	CEO Title	PRESIDENT & CEO
	CT Agent Name	SHARON HOLMES
11	CT Agent Company	ECHN
12	CT Agent Company Street Address	71 HAYNES STREET, MANCHESTER,CT
	CT Agent Town	Manchester
	CT Agent State	Connecticut
15	CT Agent Zip Code	06040 -
l .	AFFILIATE NAME ECHN CORPORATE SERVICES	
	Affiliate Description	For-profit subsidiary of ECHN serving as parent of Medical Practice Partners
2	Affiliate type of service Tax Status	Affilate Support Services For Profit
4	Street Address	71 Haynes Street
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06040 -
8	CEO Name	Dennis O'Neill
	CEO Title	President
	CT Agent Name	R&C Service Company
	CT Agent Company	R&C Service Company
_	CT Agent Company Street Address	
13	CT Agent Town	Hartford
14 15	CT Agent State CT Agent Zip Code	Connecticut 06103 -
10		
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 RD, TOLLAND,CT
5	Town	Tolland
6	State	Connecticut
	Zip Code	06084 -
		PETER J.KARL
	CEO Title	PRESIDENT & CEO
	CT Agent Name	SHARON HOLMES ECHN
11	CT Agent Company CT Agent Company Street Address	
12	on Agent Company Street Address	

(1)	(2)	(3)		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
	CT Agent Town	Manchester		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06040 -		
к.	AFFILIATE NAME	ECHN ENTERPRISES, INC.		
<u>л</u> .		AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS		
1	Affiliate Description	AND REAL ESTATE HOLDINGS.		
	Affiliate type of service	Affilate Support Services		
	Tax Status	For Profit		
4	Street Address	71 HAYNES STREET, MANCHESTER,CT		
-	Town	Manchester		
	State	Connecticut		
	Zip Code	06040 -		
	CEO Name	PETER J. KARL		
		PRESIDENT & CEO		
	CT Agent Name CT Agent Company	SHARON HOLMES ECHN		
		T1 HAYNES STREET, MANCHESTER,CT		
	CT Agent Company Street Address	Manchester		
	CT Agent State	Connecticut		
	CT Agent Zip Code	06040 -		
-				
	AFFILIATE NAME	EVERGREEN ENDOSCOPY CENTER, LLC		
	Affiliate Description	Joint Venture with community GI Physicians.		
	Affiliate type of service	Ambulatory Services		
-	Tax Status	For Profit		
4	Street Address	2400 Tamarack Ave		
	Town State	South Windsor		
	Zip Code	Connecticut D6074 -		
	CEO Name	Jeffrey Breiter, MD		
	CEO Title	President		
10	CT Agent Name	Gregory J. Pepe, Esq		
11	CT Agent Company			
	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		
		Owns and operates the Evergreen II and Evergreen III Medical buildings in South		
1	Affiliate Description	Windsor adjacent to the ECHN Medical Building at Evergreen Walk		
	Affiliate type of service	Real Estate		
	Tax Status	For Profit		
4	Street Address	95 Glastonbury Blvd, Suite 214		
5	Town	Glastonbury		
6	State	Connecticut		
	Zip Code	06033 - David Secsions		
	CEO Name CEO Title	David Sessions Manager		
	CT Agent Name	Joe R. Labrosse		
	CT Agent Company	c/o Property Fund LLC		
12	CT Agent Company Street Address	95 Glastonbury BLVD, Suite 214		
	CT Agent Town	Glastonbury		
14	CT Agent State	Connecticut		
	CT Agent Zip Code	06033 -		
Ν.	AFFILIATE NAME	EVERGREEN MEDICAL ASSOCIATES, LLC		

(1)	(2)	(3)		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
		OWNS AND OPERATES THE ECHN MEDICAL BUILDING AT EVERGREEN WALK IN		
1	Affiliate Description	SOUTH WINDSOR.		
	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		
10	CT Agent Name	Joseph R. Labrosse		
11	CT Agent Company	c/o Grove Properaty Fund LLC		
		95 Glastonbury Blvd, Suite 214,		
	CT Agent Town	Glastonbury		
	CT Agent State	Connecticut 06033 -		
15	CT Agent Zip Code	00033 -		
о.		HAYNES STREET MEDICAL ASSOCIATES II, LLC		
-				
	Affiliate Description	Owns and operates a medical office building at 100 Haynes Street in Manchester Real Estate		
2	Affiliate type of service Tax Status	For Profit		
4	Street Address	95 Glastonbury Blvd, Suite 214		
4	Town	Glastonbury		
-	State	Connecticut		
	Zip Code	06033 -		
	CEO Name	David Sessions		
	CEO Title			
10	CT Agent Name	Manager Joseph R. Labrosse		
11	CT Agent Company	c/o Grove Properaty Fund LLC		
12	T Agent Company Street Address 95 Glastonbury Blvd, Suite 214			
	CT Agent Town			
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06033 -		
Ρ.	AFFILIATE NAME	HAYNES STREET MEDICAL ASSOCIATES, LLC		
		OWNS AND OPERATES A MEDICAL OFFICE BUILDING LOCATED AT 17-19		
	Affiliate Description	HAYNES ST IN MANCHESTER.		
2	Affiliate type of service	Real Estate		
3	Tax Status	For Profit		
4	Street Address	95 Glastonbury Blvd, Suite 214		
5	Town	Glastonbury		
6	State	Connecticut		
	Zip Code	06033 -		
	CEO Name	David Sessions		
		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 Glastonbury		
	CT Agent Town CT Agent State	Connecticut		
	CT Agent Zip Code	06033 -		
13				
Q.	AFFILIATE NAME	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION		
<u> </u>		Previously organized PHO which is no longer operating. No activity in this entity since		
1	Affiliate Description	1994. Dissolution of the entity is pending.		
	Affiliate type of service	Affilate Support Services		
3	Tax Status	Not for Profit		
4	Street Address	71 Haynes Street		
5	Town	Manchester		
<u> </u>				

(1)	(2)	(3)		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
6	State	Connecticut		
7	Zip Code	06045 -		
	CEO Name	Patricia A. Balzer		
-	CEO Title	CEO		
	CT Agent Name	Robert F. Cavanagh		
11	CT Agent Company			
	CT Agent Company Street Address			
13	CT Agent Town	New Haven		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06510 -		
R.	AFFILIATE NAME	MEDICAL PRACTICE PARTNERS		
к.				
	Affiliate Description	Provides Medical billing services, eletronic health records, information services and		
1	Affiliate Description Affiliate type of service	practice management services. Affilate Support Services		
	Tax Status	For Profit		
	Street Address	29 Naek Road		
	Town	Vernon		
	State	Connecticut		
	Zip Code	06066 -		
	CEO Name	Gregory M. Williams		
	CEO Title	President		
	CT Agent Name	Gregory M. Williams		
	CT Agent Company			
	CT Agent Company Street Address	29 Naek Road		
	CT Agent Town	Vernon		
14	CT Agent State	Connecticut		
15	CT Agent Zip Code	06066 -		
S.	AFFILIATE NAME			
		PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME		
1	Affiliate Description	PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS.		
1 2	Affiliate Description Affiliate type of service	PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS. Ambulatory Services		
1 2 3	Affiliate Description Affiliate type of service Tax Status	PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS. Ambulatory Services For Profit		
1 2 3 4	Affiliate Description Affiliate type of service Tax Status Street Address	PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS. Ambulatory Services For Profit 275 New State Road , Manchester, CT		
1 2 3 4 5	Affiliate Description Affiliate type of service Tax Status Street Address Town	PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS. Ambulatory Services For Profit 275 New State Road , Manchester, CT Manchester		
1 2 3 4 5 6	Affiliate Description Affiliate type of service Tax Status Street Address Town State	PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS. Ambulatory Services For Profit 275 New State Road , Manchester, CT Manchester Connecticut		
1 2 3 4 5 6 7	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code	PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS. Ambulatory Services For Profit 275 New State Road , Manchester, CT Manchester Connecticut 06040 -		
1 2 3 4 5 6 7 8	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name	PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS. Ambulatory Services For Profit 275 New State Road , Manchester, CT Manchester Connecticut		
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	PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS. Ambulatory Services For Profit 275 New State Road , Manchester, CT Manchester Connecticut 06040 - Wayne Wright President		
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	PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS. Ambulatory Services For Profit 275 New State Road , Manchester, CT Manchester Connecticut 06040 - Wayne Wright President Winship Service Corporation		
1 2 3 4 5 6 7 8 9 10 11	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company	PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS. Ambulatory Services For Profit 275 New State Road , Manchester, CT Manchester Connecticut 06040 - Wayne Wright President		
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	PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS. Ambulatory Services For Profit 275 New State Road , Manchester, CT Manchester Connecticut 06040 - Wayne Wright President Winship Service Corporation c/o Shipman and Goodwin LLP		
1 2 3 4 5 6 7 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	PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS. Ambulatory Services For Profit 275 New State Road , Manchester, CT Manchester Connecticut 06040 - Wayne Wright President Winship Service Corporation c/o Shipman and Goodwin LLP One Constitution Plaza Hartford Connecticut		
1 2 3 4 5 6 7 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	PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS. Ambulatory Services For Profit 275 New State Road , Manchester, CT Manchester Connecticut 06040 - Wayne Wright President Winship Service Corporation c/o Shipman and Goodwin LLP One Constitution Plaza Hartford		
1 2 3 4 5 6 7 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	PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS. Ambulatory Services For Profit 275 New State Road , Manchester, CT Manchester Connecticut 06040 - Wayne Wright President Winship Service Corporation c/o Shipman and Goodwin LLP One Constitution Plaza Hartford Connecticut		
1 2 3 4 5 6 7 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	PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS. Ambulatory Services For Profit 275 New State Road , Manchester, CT Manchester Connecticut 06040 - Wayne Wright President Winship Service Corporation c/o Shipman and Goodwin LLP One Constitution Plaza Hartford Connecticut 06103 -		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Town CT Agent State	PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS. Ambulatory Services For Profit 275 New State Road , Manchester, CT Manchester Connecticut 06040 - Wayne Wright President Winship Service Corporation c/o Shipman and Goodwin LLP One Constitution Plaza Hartford Connecticut 06103 - NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON)		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code	PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS. Ambulatory Services For Profit 275 New State Road , Manchester, CT Manchester Connecticut 06040 - Wayne Wright President Winship Service Corporation c/o Shipman and Goodwin LLP One Constitution Plaza Hartford Connecticut 06103 - NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON) Joint Venture of four area hospitals that operates The John A. DeQuattro Community		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 T.	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	PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS. Ambulatory Services For Profit 275 New State Road , Manchester, CT Manchester Connecticut 06040 - Wayne Wright President Winship Service Corporation c/o Shipman and Goodwin LLP One Constitution Plaza Hartford Connecticut 06103 - NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON) Joint Venture of four area hospitals that operates The John A. DeQuattro Community Cancer Center in Manchester and the Phoenix Community Cancer Center in Enfield		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 T. 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 State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service	PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS. Ambulatory Services For Profit 275 New State Road , Manchester, CT Manchester Connecticut 06040 - Wayne Wright President Winship Service Corporation c/o Shipman and Goodwin LLP One Constitution Plaza Hartford Connecticut 06103 - NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON) Joint Venture of four area hospitals that operates The John A. DeQuattro Community Cancer Center in Manchester and the Phoenix Community Cancer Center in Enfield Outpatient Care		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 T . 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	PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS. Ambulatory Services For Profit 275 New State Road , Manchester, CT Manchester Connecticut 06040 - Wayne Wright President Winship Service Corporation c/o Shipman and Goodwin LLP One Constitution Plaza Hartford Connecticut 06103 - NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON) Joint Venture of four area hospitals that operates The John A. DeQuattro Community Cancer Center in Manchester and the Phoenix Community Cancer Center in Enfield Outpatient Care Not for Profit		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 T. 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	PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS. Ambulatory Services For Profit 275 New State Road , Manchester, CT Manchester Connecticut 06040 - Wayne Wright President Winship Service Corporation c/o Shipman and Goodwin LLP One Constitution Plaza Hartford Connecticut 06103 - NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON) Joint Venture of four area hospitals that operates The John A. DeQuattro Community Cancer Center in Manchester and the Phoenix Community Cancer Center in Enfield Outpatient Care Not for Profit 100 Haynes Street		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 T. 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	PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS. Ambulatory Services For Profit 275 New State Road , Manchester, CT Manchester Connecticut 06040 - Wayne Wright President Winship Service Corporation c/o Shipman and Goodwin LLP One Constitution Plaza Hartford Connecticut 06103 - NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON) Joint Venture of four area hospitals that operates The John A. DeQuattro Community Cancer Center in Manchester and the Phoenix Community Cancer Center in Enfield Outpatient Care Not for Profit 100 Haynes Street Manchester		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 T. 1 2 3 4 5 6	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Town CT Agent State CT Agent Zip Code Affiliate Description Affiliate type of service Tax Status Street Address Town Street Address Town State	PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS. Ambulatory Services For Profit 275 New State Road , Manchester, CT Manchester Connecticut 06040 - Wayne Wright President Winship Service Corporation c/o Shipman and Goodwin LLP One Constitution Plaza Hartford Connecticut 06103 - NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON) Joint Venture of four area hospitals that operates The John A. DeQuattro Community Cancer Center in Manchester and the Phoenix Community Cancer Center in Enfield Outpatient Care Not for Profit 100 Haynes Street Manchester Connecticut		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 T. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 5 6 7 8 9 10 11 12 13 14 5 6 7 8 9 10 11 12 13 14 5 6 7 8 9 10 11 12 13 14 5 6 7 8 9 10 11 12 13 14 15 6 7 8 9 10 11 12 13 14 15 6 7 8 9 10 11 12 13 14 15 6 7 8 9 10 11 12 13 14 15 6 7 8 9 10 11 12 13 14 15 6 7 8 9 10 11 12 13 14 15 16 7 16 7 17 17 17 10 11 12 13 14 15 7 16 7 16 7 17 17 17 17 17 17 17 10 11 12 13 14 15 7 16 7 16 7 7 16 7 16 17 17 17 17 17 17 17 17 17 17	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent State CT Agent Value Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code	PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS. Ambulatory Services For Profit 275 New State Road , Manchester, CT Manchester Connecticut 06040 - Wayne Wright President Winship Service Corporation c/o Shipman and Goodwin LLP One Constitution Plaza Hartford Connecticut 06103 - NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON) Joint Venture of four area hospitals that operates The John A. DeQuattro Community Cancer Center in Manchester and the Phoenix Community Cancer Center in Enfield Outpatient Care Not for Profit 100 Haynes Street Manchester Connecticut 06040 -		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 T. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 5 6 7 8 9 10 11 12 13 14 5 6 7 8 9 10 11 12 13 14 5 6 7 8 9 10 11 12 13 14 5 6 7 8 9 10 11 12 13 14 5 6 7 8 9 10 11 12 13 14 5 6 7 8 9 10 11 12 13 14 5 6 7 8 8 9 10 11 12 13 14 5 6 7 8 8 9 10 11 12 13 14 5 6 7 8 8 8 9 10 11 12 13 14 5 6 7 8 8 8 9 10 11 12 13 14 5 6 7 8 8 8 8 8 8 8 8 8 8 8 8 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 Company Street Address CT Agent Town CT Agent Town CT Agent State CT Agent State CT Agent State CT Agent Orde Affiliate Description Affiliate Uppe of service Tax Status Street Address Town State Zip Code CEO Name	PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS. Ambulatory Services For Profit 275 New State Road , Manchester, CT Manchester Connecticut 06040 - Wayne Wright President Winship Service Corporation c/o Shipman and Goodwin LLP One Constitution Plaza Hartford Connecticut 06103 - NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON) Joint Venture of four area hospitals that operates The John A. DeQuattro Community Cancer Center in Manchester and the Phoenix Community Cancer Center in Enfield Outpatient Care Not for Profit 100 Haynes Street Manchester Connecticut 06040 - Donna Handley		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 T. 1 2 3 4 5 6 7 8 9 9 10 11 12 13 14 5 6 7 8 9 9 10 11 12 13 14 5 6 7 8 9 9 10 11 12 13 14 5 6 7 8 9 9 10 11 12 13 14 15 6 7 8 9 9 10 11 12 13 14 15 6 7 8 9 9 10 10 11 12 13 14 15 6 7 8 9 9 10 11 12 13 14 15 6 7 8 9 9 10 11 12 13 14 15 8 9 9 10 11 12 13 14 5 6 7 8 9 9 10 11 12 13 14 15 7 8 9 9 10 11 12 13 14 5 6 7 8 9 9 10 11 12 13 14 15 8 9 9 9 10 11 12 13 14 5 6 7 8 9 9 9 10 11 12 13 14 5 6 7 8 9 9 9 9 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 State CT Agent State CT Agent State CT Agent Value Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code	PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS. Ambulatory Services For Profit 275 New State Road , Manchester, CT Manchester Connecticut 06040 - Wayne Wright President Winship Service Corporation c/o Shipman and Goodwin LLP One Constitution Plaza Hartford Connecticut 06103 - NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON) Joint Venture of four area hospitals that operates The John A. DeQuattro Community Cancer Center in Manchester and the Phoenix Community Cancer Center in Enfield Outpatient Care Not for Profit 100 Haynes Street Manchester Connecticut 06040 -		

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
11	CT Agent Company		
12	CT Agent Company Street Address	100 Haynes Street, MANCHESTER, CT	
13	CT Agent Town	Manchester	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06040 -	
υ.	AFFILIATE NAME	THE MANCHESTER MEMORIAL HOSPITAL	
0.		NON-PROFIT COMMUNITY HOSPITAL IN THE TOWN OF MANCHESTER, TO	
1	Affiliate Description	PROVIDE MEDICAL CARE ON AN ACUTE BASIS	
	Affiliate type of service	Hospital	
	Tax Status	Not for Profit	
	Street Address	71 HAYNES STREET, MANCHESTER,CT	
	Town	Manchester	
	State	Connecticut	
7	Zip Code	06040 -	
8	CEO Name	PETER J. KARL	
	CEO Title	PRESIDENT & CEO	
10	CT Agent Name	Sharon Holmes	
11	CT Agent Company	ECHN	
12	CI Agent Company Street Address	71 HAYNES STREET, MANCHESTER,CT	
	CT Agent Town	Manchester	
14	CT Agent State	Connecticut 06040 -	
15	CT Agent Zip Code	06040 -	
v.	AFFILIATE NAME	TOLLAND IMAGING CENTER	
	Affiliate Description	Joint venture to provide outpatient diagnostic imaging services	
	Affiliate type of service	Imaging Services	
3	Tax Status	Not for Profit	
4	Street Address	6 Fieldstone Commons, Suite E	
5	Town	Tolland	
6	State	Connecticut	
	Zip Code	06103 -	
	CÉO Name	Kevin Murphy	
	CEO Title	President	
	CT Agent Name	R&C Service Company	
11	CT Agent Company	R&C Service Company	
12		280 Trumbull Street Hartford	
	CT Agent Town CT Agent State	Connecticut	
14	CT Agent State	06103 -	
15			
w.	AFFILIATE NAME	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, INC.	
1	Affiliate Description	Provides at-home nursing care and hospice care.	
	Affiliate type of service	Other HealthCare Svcs(Specify)	
3	Tax Status	Not for Profit	
4	Street Address	8 Keynote Drive, Vernon, CT.	
	Town	Vernon Rockville	
	State	Connecticut	
	Zip Code	06066 -	
	CEO Name	Todd Rose	
	CEO Title	Chief Executive Office	
	CT Agent Name	Sharon Holmes	
11	CT Agent Company CT Agent Company Street Address	ECHN 71 Haynes Street	
	CT Agent Company Street Address CT Agent Town	Manchester	
	CT Agent State	Connecticut	
14	CT Agent Zip Code	06040 -	

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
х.	AFFILIATE NAME	WBC CONNECTICUT EAST, LLC
4	Affiliate Description	A joint venture to provide comprehensive outpatient behavioral health services for adults and adolescents with eating disorrders, a distinct intensive outpatient program for adults with binge eating disorrders and aftercare support services.
	Affiliate Description Affiliate type of service	Mental Health Facility
3	Tax Status	Not for Profit
-	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
	CT Agent State	Connecticut
15	CT Agent Zip Code	06120 - 1537

* P.O. BOX IS UNACCEPTABLE WITHOUT A

STREET ADDRESS FOR EACH AGENT COMPANY

ROCKVILLE GENERAL 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		FUND PURPOSE	9/30/2012
Α.	ROCKVILLE GENERAL HOSPITAL		
A. 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
В.	EASTERN CT 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.		
1		Unrestricted	\$1,385,137
2		Temporarily Restricted by Donor	\$0
3 4		Temporarily Restricted by Board	\$0
4 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$177,161
5		Total:	\$1,562,298
			ψ1,302,230
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:	\$3,675,104
-			
Ε.	CONNECTICUT HEALTHCARE INSURANCE CO.		• • • • •
1		Unrestricted	\$4,023
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$589,364
5		Total:	\$593,387
			\$555,561
F.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC		
1	,	Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	EASTERN CONNECTICUT MEDICAL PROFESSIONALS		
G	FOUNDATION, INC.		
G.	FOUNDATION, INC.	Unrestricted	(\$27,691)
1	FOUNDATION, INC.	Unrestricted Temporarily Restricted by Donor	(\$27,691) \$0
1 2	FOUNDATION, INC.	Temporarily Restricted by Donor	\$0
1	FOUNDATION, INC.		\$0 \$0
1 2 3	FOUNDATION, INC.	Temporarily Restricted by Donor Temporarily Restricted by Board	\$0

ROCKVILLE GENERAL 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
	EASTERN CONNECTICUT PHYSICIAN HOSPITAL		
Н.	ORGANIZATION, INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
3 4		Permanently Restricted by Donor	\$0
4 5		Intercompany Eliminations	\$0
		Total:	\$0
١.	ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.		
1		Unrestricted	\$1,692,807
2		Temporarily Restricted by Donor	\$11,535,595
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$1,567,312
5		Intercompany Eliminations	\$0
		Total:	\$14,795,714
J.	ECHN CORPORATE SERVICES		
J. 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
	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 Intercompany Eliminations	\$0 \$0
5		Total:	\$4,395,183
			φ4,555,165
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)
-	EVERGREEN ENDOSCOPY CENTER, LLC		(the second seco
1 2		Unrestricted Temporarily Restricted by Donor	\$381,284
2		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
4		Permanently Restricted by Donor	\$0
4 5		Intercompany Eliminations	\$15,869
<u> </u>		Total:	\$397,153
	EVERGREEN MEDICAL ASSOCIATES II, LLC		
1		Unrestricted	\$692,833
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations Total:	(\$86,979)
		i otal.	\$605,854

ROCKVILLE GENERAL 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
0.	EVERGREEN MEDICAL ASSOCIATES, LLC		
1		Unrestricted	\$301,789
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4 5		Permanently Restricted by Donor Intercompany Eliminations	\$0
Э		Total:	(\$42,971) \$258,818
			φ230,010
Р.	HAYNES STREET MEDICAL ASSOCIATES II, LLC		
1		Unrestricted	\$241,830
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$10,535
		Total:	\$252,365
Q.	HAYNES STREET MEDICAL ASSOCIATES, LLC		
1		Unrestricted	\$196,841
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$50,166)
		Total:	\$146,675
_			
R.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0
4 5		Intercompany Eliminations	\$0
5		Total:	\$0 \$0
			÷.
S.	MEDICAL PRACTICE PARTNERS		
1		Unrestricted	\$121,637
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$80,368)
		Total:	\$41,269
т.	METRO WHEELCHAIR SERVICE, INC		
1	METRO WHEELCHAIR SERVICE, INC	Unrestricted	\$126,460
1 2	METRO WHEELCHAIR SERVICE, INC	Temporarily Restricted by Donor	\$0
1 2 3	METRO WHEELCHAIR SERVICE, INC	Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
1 2 3 4	METRO WHEELCHAIR SERVICE, INC	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0 \$0
1 2 3	METRO WHEELCHAIR SERVICE, INC	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0 \$0 (\$41,779)
1 2 3 4	METRO WHEELCHAIR SERVICE, INC	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0 \$0
1 2 3 4		Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0 \$0 (\$41,779)
1 2 3 4 5	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK,	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0 \$0 (\$41,779)
1 2 3 4 5 U.		Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:	\$0 \$0 \$0 (\$41,779) \$84,681
1 2 3 4 5 U.	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK,	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted	\$0 \$0 \$0 (\$41,779) \$84,681 \$5,638,135
1 2 3 4 5 5 U. 1 2	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK,	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor	\$0 \$0 \$0 (\$41,779) \$84,681 \$5,638,135 \$0
1 2 3 4 5 5 U. 1 2 3	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK,	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0 \$0 (\$41,779) \$84,681 \$5,638,135 \$0 \$0 \$0
1 2 3 4 5 U. 1 2	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK,	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor	\$0 \$0 \$0 (\$41,779) \$84,681 \$5,638,135 \$0

ROCKVILLE GENERAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2012
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 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	\$0
		Total:	\$15,005,735
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
х.	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, 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
2		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
4		Intercompany Eliminations	\$200,000
		Total:	\$200,000 \$200,000
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$83,376,960
	Intercompany Eliminations		\$1,362,701
	Total of all Affiliates	Fund Balance:	\$84,739,661

B. AETNA AMBULANCE SERVICES, INC. Beginning Unconsolidated Intercompany Balance: 9/30/2011 \$420,823 1 Allocation of Income/Loss 09/30/2012 \$47,866 1 Allocation of Income/Loss 09/30/2012 \$47,866 Ending Unconsolidated Intercompany Balance: 9/30/2012 \$468,685 C. AMBULANCE SERVICE OF MANCHESTER, LLC Beginning Unconsolidated Intercompany Balance: 9/30/2011 \$1,062,785 1 Distribution 09/30/2012 (\$315,000 2 Allocation of Income/Loss 09/30/2012 \$354,744 1 Distribution 09/30/2012 \$354,744 2 Allocation of Income/Loss 09/30/2012 \$1,102,531 D. CONNECTICUT HEALTHCARE INSURANCE CO. Beginning Unconsolidated Intercompany Balance: 9/30/2011 \$1,053,055 1 Accounting Fees 09/30/2012 \$1,057,048 2 Ending Unconsolidated Intercompany Balance: 9/30/2011 \$1,057,055 4 Ending Unconsolidated Intercompany Balance: 9/30/2012 \$1,057,055 1 Beginning Unconsolidated Intercompany Balance: 9/30/2011 \$5 5	(1)	(2)	(3)	(4)	(5)
Beginning Unconsolidated Intercompany Balance: 9/30/2011 \$2,793.360 1 Ending Unconsolidated Intercompany Balance: 9/30/2012 \$(\$6,091.132 B. AETNA AMBULANCE SERVICES, INC. Beginning Unconsolidated Intercompany Balance: 9/30/2011 \$420,822 1 Allocation of Income/Loss 9/30/2012 \$47,866 2 Allocation of Income/Loss 9/30/2012 \$47,866 2 Allocation of Income/Loss 9/30/2012 \$468,888 C. AMBULANCE SERVICE OF MANCHESTER, LLC Beginning Unconsolidated Intercompany Balance: 9/30/2011 \$1,062,768 1 Distribution 09/30/2012 \$347,466 2 Allocation of Income/Loss 09/30/2012 \$347,466 3 Distribution 09/30/2012 \$358,744 4 Ending Unconsolidated Intercompany Balance: 9/30/2011 \$1,062,765 4 Ending Unconsolidated Intercompany Balance: 9/30/2011 \$1,053,055 1 Accounting Fees 09/30/2012 \$1,102,53 2 Ending Unconsolidated Intercompany Balance: 9/30/2011 \$1,203 3 Accounting Fees 09/30/2012 <	LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	
Beginning Unconsolidated Intercompany Balance: 9/30/2011 \$2,793.360 1 Ending Unconsolidated Intercompany Balance: 9/30/2012 \$(\$6,091.132 B. AETNA AMBULANCE SERVICES, INC. Beginning Unconsolidated Intercompany Balance: 9/30/2011 \$420,822 1 Allocation of Income/Loss 9/30/2012 \$47,866 2 Allocation of Income/Loss 9/30/2012 \$47,866 2 Allocation of Income/Loss 9/30/2012 \$468,888 C. AMBULANCE SERVICE OF MANCHESTER, LLC Beginning Unconsolidated Intercompany Balance: 9/30/2011 \$1,062,768 1 Distribution 09/30/2012 \$347,466 2 Allocation of Income/Loss 09/30/2012 \$347,466 3 Distribution 09/30/2012 \$358,744 4 Ending Unconsolidated Intercompany Balance: 9/30/2011 \$1,062,765 4 Ending Unconsolidated Intercompany Balance: 9/30/2011 \$1,053,055 1 Accounting Fees 09/30/2012 \$1,102,53 2 Ending Unconsolidated Intercompany Balance: 9/30/2011 \$1,203 3 Accounting Fees 09/30/2012 <	•				
1 Allocation of Income(Loss 09/30/2012 (\$6,091.132) Ending Unconsolidated Intercompany Balance: 9/30/2012 (\$3,297,172) B. AETNA AMBULANCE SERVICES, INC. Beginning Unconsolidated Intercompany Balance: 9/30/2012 \$47,866 1 Beginning Unconsolidated Intercompany Balance: 9/30/2012 \$47,866 2 Allocation of Income/Loss 09/30/2012 \$47,866 3 Ending Unconsolidated Intercompany Balance: 9/30/2011 \$1,062,786 4 Distribution 09/30/2012 \$343,868 1 Distribution 09/30/2012 \$31,060,2786 2 Allocation of Income/Loss 09/30/2012 \$31,060,2786 1 Distribution 09/30/2012 \$31,060,2786 2 Allocation of Income/Loss 09/30/2012 \$31,060,353,4746 3 Ending Unconsolidated Intercompany Balance: 9/30/2011 \$1,065,055 1 Accounting Fees 09/30/2012 \$1,102,537 1 Accounting Fees 09/30/2012 \$1,207 2 Ending Unconsolidated Intercompany Balance: 9/30/2011 \$2,2,711,364 4	А.	EASTERN CT HEALTH NETWORK, INC	Paginning Unconcolidated Intercompany Palance	0/20/2011	\$2 703 960
Ending Unconsolidated Intercompany Balance: 9/30/2012 (\$3,297,172) B. AETNA AMBULANCE SERVICES, INC. Beginning Unconsolidated Intercompany Balance: 9/30/2011 \$420,822 1 Allocation of Income/Loss 09/30/2012 \$47,866 2 Allocation of Income/Loss 09/30/2012 \$468,689 C. AMBULANCE SERVICE OF MANCHESTER, LLC Beginning Unconsolidated Intercompany Balance: 9/30/2012 \$468,689 1 Distribution 09/30/2012 \$336,744 \$400,827 2 Allocation of Income/Loss 09/30/2012 \$354,744 3 Ending Unconsolidated Intercompany Balance: 9/30/2012 \$354,744 2 Allocation of Income/Loss 09/30/2012 \$1,062,785 1 Distribution 09/30/2012 \$1,062,785 2 Ending Unconsolidated Intercompany Balance: 9/30/2012 \$1,053,055 1 Ending Unconsolidated Intercompany Balance: 9/30/2011 \$1,053,055 1 Ending Unconsolidated Intercompany Balance: 9/30/2012 \$1,201 2 Ending Unconsolidated Intercompany Balance: 9/30/2012 \$1,201 4 Trans	1				
Beginning Unconsolidated Intercompany Balance: 9/30/2011 \$420,823 1 Allocation of Income/Loss 09/30/2012 \$478,826 2 Ending Unconsolidated Intercompany Balance: 9/30/2012 \$468,885 1 Beginning Unconsolidated Intercompany Balance: 9/30/2011 \$1,062,785 1 Distribution 09/30/2012 \$347,445 2 Allocation of Income/Loss 09/30/2012 \$345,746 1 Distribution 09/30/2012 \$345,746 2 Allocation of Income/Loss 09/30/2012 \$31,062,753 2 Allocation of Income/Loss 09/30/2012 \$31,062,753 1 Ending Unconsolidated Intercompany Balance: 9/30/2012 \$31,053,055 1 CONNECTICUT HEALTHCARE INSURANCE CO. 9/30/2012 \$1,053,055 1 CONNECTICUT HEALTHCARE INSURANCE CO. 9/30/2012 \$1,053,055 1 CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC 9/30/2012 \$1,051,848 2 CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC 9/30/2012 \$1,207 4 Ending Unconsolidated Intercompany Balance: 9/30/2012 \$2,711,364 4 Ending Unconsolidated Intercompany Balance: 9/30/2012 \$2,711,364 4 Ending Unconsolidated Inte	1				(\$0,091,132) (\$3,297,172)
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G. EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC. 9/30/2012 \$0 Beginning Unconsolidated Intercompany Balance: 9/30/2011 \$0 Nothing to Report \$0 \$0 Ending Unconsolidated Intercompany Balance: 9/30/2011 \$0 Source Beginning Unconsolidated Intercompany Balance: 9/30/2011 \$0 Source Nothing to Report \$0 \$0 Source Ending Unconsolidated Intercompany Balance: 9/30/2012 \$0	1				
G. EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC. Image: mail of the second s	I				
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Beginning Unconsolidated Intercompany Balance: 9/30/2011 \$0 Nothing to Report \$0 Ending Unconsolidated Intercompany Balance: 9/30/2012 \$0	G.	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATI	ON, INC.		
Nothing to Report \$0 Ending Unconsolidated Intercompany Balance: 9/30/2012 \$0				9/30/2011	\$0
			Nothing to Report		\$0
H. ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.			Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
	H.	ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.			

(1)	(2)	(3)	(4)	(5)
LINE		DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
			- /	(#5.000)
- 1		Beginning Unconsolidated Intercompany Balance:	9/30/2011 09/30/2012	<mark>(\$5,986)</mark> \$9,856
		Transfer of Donated Assets Ending Unconsolidated Intercompany Balance:		\$9,836 \$3,870
		Ending Unconsolidated Intercompany Balance.	9/30/2012	\$3,070
<u> </u>	ECHN CORPORATE SERVICES			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
		Nothing to Report	0.00.2011	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
J.	ECHN ELDERCARE SERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$180,545
1		Salary and Non-Salary Operating Expenses	09/30/2012	(\$176,598)
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$3,947
К.	ECHN ENTERPRISES, INC.		- / / / /	1 00 101
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$30,194
1		Transfer of Funds	09/30/2012	(\$30,194)
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
L.	EVERGREEN ENDOSCOPY CENTER, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
-		Nothing to Report	0/00/2011	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0 \$0
М.	EVERGREEN MEDICAL ASSOCIATES II, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
N.	EVERGREEN MEDICAL ASSOCIATES, LLC			
IN.	EVERGREEN MEDICAL ASSOCIATES, LLC	Persinning Uncerneelideted Intercommency Palanees	0/20/2014	\$0
		Beginning Unconsolidated Intercompany Balance: Nothing to Report	9/30/2011	\$0 \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0 \$0
		Ending onconsolidated intercompany balance.	9/30/2012	ψυ
0.	HAYNES STREET MEDICAL ASSOCIATES II, LLC			
-	, , 	Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
		Nothing to Report		\$0

(1)	(2)	(3)	(4)	(5)
				TRANSFER TO / FROM
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	HOSPITAL
			27.112	HOSFITAL
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
Ρ.	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			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
R.	MEDICAL PRACTICE PARTNERS			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
S.	METRO WHEELCHAIR SERVICE, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$40,500
1		Allocation of Investment Income/Loss	09/30/2012	(\$15,096)
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$25,404
-				
т.	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, IN		- / / / /	<u> </u>
1		Beginning Unconsolidated Intercompany Balance:	9/30/2011 09/30/2012	\$2,819,068
-		Allocation of Investment Income/Loss Ending Unconsolidated Intercompany Balance:		\$236,090 \$3,055,158
		Ending Onconsolidated Intercompany Balance.	9/30/2012	\$3,033,136
U.				
0.	THE MANCHESTER MEMORIAL HOSPITAL	Devinning Unequeelideted Intercomments Delences	0/20/2044	(\$10,013,968)
1		Beginning Unconsolidated Intercompany Balance: Transfer of Salary and Non-Salary Expenses	9/30/2011 09/30/2012	(\$10,013,988) \$10,788,051
- 1		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$10,788,031 \$ 774,083
		Ending onconsolidated intercompany balance.	9/30/2012	\$774,085
V.	TOLLAND IMAGING CENTER			
v.		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$49,584
1		Allocation of Investment Income/Loss	09/30/2012	\$45,364
<u> </u>		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$72,395
		Balance.	5/30/2012	<i><i></i></i>

ANNUAL REPORTING

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
W.	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, IN			
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		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$1,249,627
1		Allocation of Investment Income/Loss	09/30/2012	(\$1,249,627)
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
Χ.	WBC CONNECTICUT EAST, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
1		Allocation of Income/Loss	09/30/2012	\$60,000
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$60,000
			Grand Total:	\$2,270,112

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated		
			Intercompany Balance	10/01/2011	\$20,775,519
Α.	EASTERN CT HEALTH NETWORK , INC				
			Allocation of ECHN Expenses		
1		THE MANCHESTER MEMORIAL HOSPITAL	to Subsidy	09/30/2012	\$1,596,031
			Allocation of ECHN Expenses		
2		ECHN ELDERCARE SERVICES, INC.	to Subsidy	09/30/2012	\$43,588
		ECHN COMMUNITY HEALTHCARE	Allocation of ECHN Expenses		
3			to Subsidy	09/30/2012	\$17,072
		EASTERN CONNECTICUT MEDICAL	Allocation of ECHN Expenses	00/00/0040	#05 000
4		PROFESSIONALS FOUNDATION, INC.	to Subsidy	09/30/2012	\$65,262
			Total:	9/30/2012	\$1,721,953
_					
В.	AETNA AMBULANCE SERVICES, INC.				
			Allocation of Investment		
1		THE MANCHESTER MEMORIAL HOSPITAL	Income/Loss	09/30/2012	\$124,013
			Total:	9/30/2012	\$124,013
С.	AMBULANCE SERVICE OF MANCHESTER, LLC				
			Allocation of Investment		
1		THE MANCHESTER MEMORIAL HOSPITAL	Income/Loss	09/30/2012	\$116,973
			Total:	9/30/2012	\$116,973
D.	CONNECTICUT HEALTHCARE INSURANCE CO.				
			Allocation of Shareholders		
1		THE MANCHESTER MEMORIAL HOSPITAL	Equity	09/30/2012	(\$1,051,848)
			Total:	9/30/2012	(\$1,051,848)
Ε.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION,				
F.	INC.				
			Salary and Non-Salary		
1		THE MANCHESTER MEMORIAL HOSPITAL	Expenses	09/30/2012	\$3,902,744
			Total:	9/30/2012	\$3,902,744

(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.				
			Salary and Non-Salary		
1		EASTERN CT HEALTH NETWORK , INC	Expenses	09/30/2012	\$12,890
			Total:	9/30/2012	\$12,890
H. 1	ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.		Transform of Demotorial Associa	00/00/0040	\$005.054
2		THE MANCHESTER MEMORIAL HOSPITAL ECHN ELDERCARE SERVICES, INC.	Transfer of Donated Assets Transfer of Donated Assets	09/30/2012 09/30/2012	\$235,351 \$51,115
		ECHN ELDEROARE SERVICES, INC.	Total:	9/30/2012 9/30/2012	
			Iotai.	9/30/2012	\$286,466
-	ECHN CORPORATE SERVICES				
- 1.	ECHN CORFORATE SERVICES		Nothing to Report		\$0
			Total:	9/30/2012	\$0 \$0
			Total.	9/30/2012	ψŪ
J.	ECHN ELDERCARE SERVICES, INC.				
<u>.</u>			Salary and Non-Salary		
1		THE MANCHESTER MEMORIAL HOSPITAL	Expenses	09/30/2012	\$253,124
<u> </u>			Total:	9/30/2012	\$253,124
					<i> </i>
К.	ECHN ENTERPRISES, INC.				
			Non Salary Operating		
1		THE MANCHESTER MEMORIAL HOSPITAL	Expenses	09/30/2012	(\$485,272)
			Total:	9/30/2012	(\$485,272)
L.	EVERGREEN ENDOSCOPY CENTER, LLC				
			Allocation of Investment		
1		THE MANCHESTER MEMORIAL HOSPITAL	Income/Loss	09/30/2012	\$15,869
			Total:	9/30/2012	\$15,869
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)
Ν.	EVERGREEN MEDICAL ASSOCIATES, LLC				

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Allocation of Investment		
1		ECHN ENTERPRISES, INC.	Income/Loss	09/30/2012	(\$42,971)
			Total:	9/30/2012	(\$42,971)
Ο.	HAYNES STREET MEDICAL ASSOCIATES II, LLC				
0.	HATNES STREET MEDICAL ASSOCIATES II, LEC		Allocation of Investment		
1		ECHN ENTERPRISES, INC.	Income/Loss	09/30/2012	\$10,535
•		,,,	Total:	9/30/2012	\$10,535
Ρ.	HAYNES STREET MEDICAL ASSOCIATES, LLC				
			Allocation of Investment		
1		ECHN ENTERPRISES, INC.	Income/Loss	09/30/2012	(\$50,166)
			Total:	9/30/2012	(\$50,166)
Q.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
R.	MEDICAL PRACTICE PARTNERS				
			Allocation of Investment		(********
1		THE MANCHESTER MEMORIAL HOSPITAL	Income/Loss Total:	09/30/2012 9/30/2012	(\$80,368)
			l otai:	9/30/2012	(\$80,368)
S.	METRO WHEELCHAIR SERVICE, INC				
			Allocation of Investment		
1		THE MANCHESTER MEMORIAL HOSPITAL	Income/Loss	09/30/2012	(\$29,245)
			Total:	9/30/2012	(\$29,245)
т.	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON)				
1.			Allocation of Investment		
1		THE MANCHESTER MEMORIAL HOSPITAL	Income/Loss	09/30/2012	\$236,091
			Total:	9/30/2012	\$236,091
U.	THE MANCHESTER MEMORIAL HOSPITAL		Nothing to Deposit		* ~
			Nothing to Report Total:	9/30/2012	\$0
			l otal:	9/30/2012	\$0

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
۷.	TOLLAND IMAGING CENTER				
1		THE MANCHESTER MEMORIAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2012	\$32,750
			Total:	9/30/2012	\$32,750
W.	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, INC.				
1		THE MANCHESTER MEMORIAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2012	(\$2,741,991)
			Total:	9/30/2012	(\$2,741,991)
Х.	WBC CONNECTICUT EAST, LLC				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2012	\$22,920,087

ROCKVILLE GENERAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2012 ES BY AFEILIATES (BELATED CORPORATIONS FOR THE BENEFIT O

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

(1)	(2)	(3)	(4)
	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
	DESCRIPTION OF EXPENDITORE	AMOUNT	DAIL
Α.	EASTERN CT HEALTH NETWORK , INC		
0	Nothing to Report	\$0	
	lota	: \$0	9/30/2012
В.	AETNA AMBULANCE SERVICES, INC.		
0	Nothing to Report	\$0	
	Tota	: \$0	9/30/2012
_			
C .	AMBULANCE SERVICE OF MANCHESTER, LLC Nothing to Report	\$0	
-	lota		9/30/2012
D.	CONNECTICUT HEALTHCARE INSURANCE CO.		
0	Nothing to Report	\$0 : \$0	9/30/2012
	100	- \$ 0	9/30/2012
Е.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC		
0	Nothing to Report	\$0	
	Tota	: \$0	9/30/2012
F.	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.		
г. 0	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC. Nothing to Report	\$0	
	Tota		9/30/2012
_			
G .	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC. Nothing to Report	\$0	
-	Tota	-	9/30/2012
	ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.		
0	Nothing to Report Tota	\$0	0/00/0040
	lota	: \$0	9/30/2012
١.	ECHN CORPORATE SERVICES		
0	Nothing to Report	\$0	
	Tota	: \$0	9/30/2012
J.	ECHN ELDERCARE SERVICES, INC.		
0	Nothing to Report	\$0	
	Tota		9/30/2012
К .	ECHN ENTERPRISES, INC. Nothing to Report	\$0	
0	Tota		9/30/2012
			0/00/2012
	EVERGREEN ENDOSCOPY CENTER, LLC		
0	Nothing to Report Tota	\$0	0.00.000.00
-		\$0	9/30/2012
М.	EVERGREEN MEDICAL ASSOCIATES II, LLC		
0	Nothing to Report	\$0	
	Tota	: \$0	9/30/2012
NI NI			
N.	EVERGREEN MEDICAL ASSOCIATES, LLC Nothing to Report	\$0	
-	Tota		9/30/2012
	HAYNES STREET MEDICAL ASSOCIATES II, LLC		
0	Nothing to Report Tota	\$0 : \$0	9/30/2012
			5/50/2012
Ρ.	HAYNES STREET MEDICAL ASSOCIATES, LLC		
0	Nothing to Report	\$0	
	Tota	: \$0	9/30/2012
6			
Q .	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION	02	
	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION Nothing to Report Tota	\$0 : \$0	9/30/2012

ROCKVILLE GENERAL HOSPITAL 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
S.	METRO WHEELCHAIR SERVICE, INC		
0	Nothing to Report	\$0	
-	Total:	\$0	9/30/2012
Т.	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON)		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
U. 0	THE MANCHESTER MEMORIAL HOSPITAL	A 0	
0	Nothing to Report Total:	\$0 \$0	9/30/2012
	Total.	\$0	9/30/2012
V.	TOLLAND IMAGING CENTER		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
W .	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.	A 0	
0	Nothing to Report Total:	\$0	0/00/0040
	10tal.	\$0	9/30/2012
Х.	WBC CONNECTICUT EAST, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
	Grand Total:	\$0	9/30/2012

ROCKVILLE GENERAL 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
-			
A.	EASTERN CT HEALTH NETWORK , INC Nothing to Report	\$0	0
0	Total:	\$0 \$0	
		•-	
В.	AETNA AMBULANCE SERVICES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
С.	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	
E.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
_			
F.	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC. Nothing to Report	\$0	
0	Total:	\$0 \$0	0
		•	
G.	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
Н.	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.		
0	Nothing to Report Total:	\$0 \$0	0
		\$0	
l.	ECHN CORPORATE SERVICES		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	ECHN ELDERCARE SERVICES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
К.	ECHN ENTERPRISES, INC.		

ROCKVILLE GENERAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2012 REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS

(1)	(2)		(3)	(4)
	AFFILIATE NAME &		(-)	
LINE	DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT		AMOUNT	TERM IN YEARS
0	Nothing to Report		\$0	0
	Т	otal:	\$0	
-				
L. 0	EVERGREEN ENDOSCOPY CENTER, LLC Nothing to Report		\$0	0
0		otal:	\$0 \$0	0
	•			
м.	EVERGREEN MEDICAL ASSOCIATES II, LLC	_		
0	Nothing to Report		\$0	0
	T	otal:	\$0	
	EVERGREEN MEDICAL ASSOCIATES, LLC			
0	Nothing to Report		\$0	0
	T	otal:	\$0	
O.	HAYNES STREET MEDICAL ASSOCIATES II, LLC Nothing to Report	_	\$0	0
0		otal:	\$0 \$0	0
	'	otai.	40	
Р.	HAYNES STREET MEDICAL ASSOCIATES, LLC	_		
Г. 0	Nothing to Report	-	\$0	0
		otal:	\$0	
Q.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION			
0	Nothing to Report		\$0	0
		otal:	\$0	
R.	MEDICAL PRACTICE PARTNERS			
0	Nothing to Report	otal:	\$0 \$0	0
		otal.	\$0	
S.				
3 . 0	METRO WHEELCHAIR SERVICE, INC Nothing to Report	-	\$0	0
<u> </u>		otal:	\$0	
т.	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON)			
0	Nothing to Report		\$0	0
	T	otal:	\$0	
U.	THE MANCHESTER MEMORIAL HOSPITAL			
0	Nothing to Report	otoli	\$0 50	0
	I	otal:	\$0	

ROCKVILLE GENERAL 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
٧.	TOLLAND IMAGING CENTER		
0	Nothing to Report	\$0	0
	Total:	\$0	
W .	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
Х.	WBC CONNECTICUT EAST, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	
	Grand Total:	\$0	

ROCKVILLE GENERAL 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
-					
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	\$186,826.90	\$183,276.00	(\$3,550.90)	-2%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$4,005.97	\$5,644.82	\$1,638.85	41%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	(\$7,556.87)	\$33,545.46	\$41,102.33	-544%
	Ending Balance	\$183,276.00	\$222,466.28	\$39,190.28	21%
5	Projected Interest Income	\$10,000.00	\$10,000.00	\$0.00	0%
C.	Other				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

	ROCKVILLE GENERAL HOSPITAL	
	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

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		ROCKVILLE GENER	AL HOSPITAL		
		ANNUAL REPO	ORTING		
		FISCAL YEA	R 2012		
	REPORT 17 - HOSPITA	L BED FUNDS HELD C	OR ADMINISTERED B	Y THE HOSPITAL	
B. B	ED FUND ACTIVITY				
(1)	(2)	(3)	(4)	(5)	(6)
		FMV of Principal	Actual Earnings	Earnings	Earnings
Line	Name of Hospital Bed Fund		_	Reinvested	Available
(3)	Fair Market Value of the Principal of	each individual Hospi	tal Bed Fund, or the I	Principal attributable	e to each
(4)	Total Actual Earnings for each Hospi	ital Bed Fund or the E	arnings attributable t	o each Hospital Bed	Fund.
(4)	Total Actual Earnings for each Hosp	ital Bed Fund or the E	arnings attributable t	o each Hospital Bed	Fund.
(4)	Total Actual Earnings for each Hosp		•	o each Hospital Bed	Fund.
	· · ·		•	o each Hospital Bed	Fund.
(5)	Actual Dollar Amount of Earnings re	invested as Principal,	if any.	o each Hospital Bed	Fund.
	· · ·	invested as Principal,	if any.	o each Hospital Bed	Fund.
(5)	Actual Dollar Amount of Earnings re	invested as Principal,	if any.	o each Hospital Bed \$3,914.66	Fund. \$3,914.66
(5)	Actual Dollar Amount of Earnings re Actual Dollar Amount of Earnings av	invested as Principal, ailable for Patient Car	if any. e.		
(5)	Actual Dollar Amount of Earnings re Actual Dollar Amount of Earnings av Trumbull Chapter	invested as Principal, ailable for Patient Car \$182,613.05	if any. e. \$3,914.66	\$3,914.66	\$3,914.66
(5)	Actual Dollar Amount of Earnings re Actual Dollar Amount of Earnings av Trumbull Chapter CE Prescott	invested as Principal, ailable for Patient Car \$182,613.05 \$23,640.09	e. \$3,914.66 \$506.77	\$3,914.66 \$506.77	\$3,914.66 \$506.77
(5)	Actual Dollar Amount of Earnings re Actual Dollar Amount of Earnings av Trumbull Chapter CE Prescott Charles Phelps	invested as Principal, ailable for Patient Car \$182,613.05 \$23,640.09 \$12,801.53	if any. e. \$3,914.66 \$506.77 \$274.42	\$3,914.66 \$506.77 \$274.42	\$3,914.66 \$506.77 \$274.42
(5)	Actual Dollar Amount of Earnings re Actual Dollar Amount of Earnings av Trumbull Chapter CE Prescott Charles Phelps Winchell Foster	invested as Principal, ailable for Patient Car \$182,613.05 \$23,640.09 \$12,801.53 \$18,377.20	e. \$3,914.66 \$506.77 \$274.42 \$393.95	\$3,914.66 \$506.77 \$274.42 \$393.95	\$3,914.66 \$506.77 \$274.42 \$393.95

ROCKVILLE GENERAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2012

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I.	GENERAL COLLECTION PROCESSES AND PROCEDURES	
Α.	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.
В.	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	24.00%
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.

ROCKVILLE GENERAL 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.	24.00%

ROCKVILLE GENERAL 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
1.	Medical Director	\$322,480	\$1,978	\$324,458
2.	Medical Director	\$218,868	\$48,464	\$267,332
			••••	
3.	CEO	\$224,257	\$16,083	\$240,340
4.	VP Patient Care Services	\$152,428	\$16,072	\$168,500
		ψ132,+20	\$10,072	¥100,000
5.	RN Supervisor	\$148,330	\$19,476	\$167,806
6	Registered Nurse	\$126,715	¢22.202	\$148,917
6.		\$120,715	\$22,202	\$140,917
7.	Treasurer/Exec VP	\$141,461	\$5,278	\$146,739
		* 100 555	0 4 005	\$1.1.1.1EQ
8.	Medical Director MD	\$139,555	\$4,895	\$144,450
9.	Registered Nurse	\$126,563	\$274	\$126,837
			· · · · · ·	• ••••••
10.	Senior VP/Medical Director	\$120,003	\$4,438	\$124,441
	Grand Total:	\$1,720,660	\$139,160	\$1,859,820

ROCKVILLE GENERAL 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) ^C	FRINGE BENEFITS ^A (Directly or Indirectly) ^C	TOTAL
		or indirectly)	indirectly)	TOTAL
Α.	EASTERN CT 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
		· ·	· ·	·
C .	AMBULANCE SERVICE OF MANCHESTER, LLC		•	.
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0 \$0	\$0 \$0	\$0 \$0
	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
D .	CONNECTICUT HEALTHCARE INSURANCE CO.	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
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.			A .
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
G.	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, 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
Н.	ECHN COMMUNITY HEALTHCARE FOUNDATION , 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	\$0
		-		
1.	ECHN CORPORATE SERVICES	^	* 0	* 0
1	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0 \$0	\$0 \$0
2		φυ	φυ	φυ
J.	ECHN ELDERCARE SERVICES, INC.]		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Κ.	ECHN ENTERPRISES, 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
		1		
L. 1	EVERGREEN ENDOSCOPY CENTER, LLC	0.2	0.2	0.2
1 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
_		ψυ	ΨΟ	ψυ
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
N .	EVERGREEN MEDICAL ASSOCIATES, 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
0		7		
0.	HAYNES STREET MEDICAL ASSOCIATES II, 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 \$0	<u>\$0</u> \$0
			4 5	÷5
Ρ.	HAYNES STREET MEDICAL ASSOCIATES, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Q.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION]		

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

1 Pa 2 Pa	ESCRIPTION aid by the Entity Listed Above to Hospital Employees(B)	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directly or	
1 Pa 2 Pa		of mancetry)	Indirectly) ^C	TOTAL
2 Pa	aid by the Entity Listed Above to Hospital Employees(B)		indirectiy)	TOTAL
2 Pa		\$0	\$0	\$0
	aid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
-				
R. MI	EDICAL PRACTICE PARTNERS			
	aid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2 Pa	aid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
		_		
	ETRO WHEELCHAIR SERVICE, INC		• -	
	aid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2 Pa	aid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
T. NO	ORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC.	-		
	aid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
	aid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0 \$0
2 10		φυ	φυ	φυ
U. TH	HE MANCHESTER MEMORIAL HOSPITAL			
1 Pa	aid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2 Pa	aid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
-	OLLAND IMAGING CENTER			
	aid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2 Pa	aid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
		_		
	ISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, INC.	^	00	* 2
	aid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2 Pa	aid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
X. W	/BC CONNECTICUT EAST, LLC	-		
	aid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
	aid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0 \$0
- Fa		φυ	φυ	φυ

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.

ROCKVILLE GENERAL 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
А	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

	ROCKVILLE GEN 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	DIFFERENC
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial Sta	atement Notes)			
1.	Number of Applicants	352	1,117	765	217
2.	Number of Approved Applicants	303	1,026	703	239
۷.		503	1,020	125	233
3.	Total Charges (A)	\$821,721	\$2,192,753	\$1,371,032	167
	Average Charges	\$2,712	\$2,137	(\$575)	-2
		0.400000	0 4 4 4 0 4 7	0.040000	
4.	Ratio of Cost to Charges (RCC) Total Cost	0.432308	0.444947	0.012639	
		\$355,237	\$975,659	\$620,422	17
	Average Cost	\$1,172	\$951	(\$221)	-1
5.	Charity Care - Inpatient Charges	\$318,391	\$369,081	\$50,690	1
6.	Charity Care - Outpatient Emergency Department Charges	256,525	1,631,314	1,374,789	53
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	246,805	192,358	(54,447)	-2
	Total Charges (A)	\$821,721	\$2,192,753	\$1,371,032	16
		<i>q</i> = = ; = = :	+_,,	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>	
8.	Charity Care - Number of Patient Days	356	283	(73)	-2
9.	Charity Care - Number of Discharges	57	46	(11)	-1
10.	Charity Care - Number of Outpatient ED Visits	330	11,052	10,722	324
	Charity Care - Number of Outpatient Visits (Excludes ED				
	Visits)	205	011	0	
11.	VISILS)	205	211	6	
11.		205	211	6	
	e total amount must agree with the total amount listed in t				
A) Th	e total amount must agree with the total amount listed in t	he Hospital Audi			
		he Hospital Audi			
A) Th	e total amount must agree with the total amount listed in t Hospital Bed Funds (see Hospital Reporting System - Re	he Hospital Audi			
A) Th <u>B.</u>	e total amount must agree with the total amount listed in t Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants	he Hospital Audit			
A) Th <u>B.</u> 1.	e total amount must agree with the total amount listed in t Hospital Bed Funds (see Hospital Reporting System - Re	he Hospital Audit	ted Financial St		
A) Th <u>B.</u> 1.	e total amount must agree with the total amount listed in t Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants Total Charges (B)	he Hospital Audit	ted Financial St		
A) Th <u>B.</u> 1. 2.	e total amount must agree with the total amount listed in t Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants	he Hospital Audit	ted Financial St	atement Notes.	
A) The B. 1. 2. 3.	e total amount must agree with the total amount listed in t Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges	he Hospital Audi port 17) - - - \$0 \$0	ted Financial St - - - \$0 \$0	atement Notes.	
A) Th B. 1. 2.	e total amount must agree with the total amount listed in t 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)	he Hospital Audi port 17) - - - - \$0 \$0 \$0 0.432308	ted Financial St - - - \$0 \$0 0.444947	atement Notes.	
A) The B. 1. 2. 3.	e total amount must agree with the total amount listed in t 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	he Hospital Audi port 17) - - - - - - - - - - - - - - - - - - -	ted Financial St - - - \$0 \$0 0.444947 \$0	atement Notes.	
A) The B. 1. 2. 3.	e total amount must agree with the total amount listed in t 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)	he Hospital Audi port 17) - - - - \$0 \$0 \$0 0.432308	ted Financial St - - - \$0 \$0 0.444947	atement Notes.	
A) Th B. 1. 2. 3.	e total amount must agree with the total amount listed in t Hospital Bed Funds (see Hospital Reporting System - Ref 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	he Hospital Audi port 17) - - - - - - - - - - - - - - - - - - -	ted Financial St - - - \$0 \$0 0.444947 \$0	atement Notes.	
A) Th <u>B.</u> 1. 2. 3. 4.	e total amount must agree with the total amount listed in t 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	he Hospital Audi port 17) - - - - - - - - - - - - - - - - - - -	ted Financial St - - - - \$0 \$0 \$0 0.444947 \$0 \$0 \$0	atement Notes.	
A) Th <u>B.</u> 1. 2. 3. 4. 5.	e total amount must agree with the total amount listed in t Hospital Bed Funds (see Hospital Reporting System - Ref 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	he Hospital Audi port 17) - - - - - - - - - - - - - - - - - - -	ted Financial St - - - - - - - - - - - - - - - - - - -	atement Notes.	
A) Th <u>B.</u> 1. 2. 3. 4. 5. 6.	e total amount must agree with the total amount listed in t 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	he Hospital Audi port 17) - - - - - - - - - - - - - - - - - - -	ted Financial St	atement Notes.	
A) Th <u>B.</u> 1. 2. 3. 4. 5. 6. 7.	e total amount must agree with the total amount listed in t Hospital Bed Funds (see Hospital Reporting System - Ref 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)	he Hospital Audi port 17) - - - - - - - - - - - - - - - - - - -	ted Financial St	atement Notes \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	
A) Th <u>B.</u> 1. 2. 3. 4. 5. 6. 7. 8.	e total amount must agree with the total amount listed in t 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	he Hospital Audi port 17) - - - - - - - - - - - - - - - - - - -	ted Financial St 	atement Notes	
A) Th <u>B.</u> 1. 2. 3. 4. 5. 6. 7. 8. 9.	e total amount must agree with the total amount listed in t Hospital Bed Funds (see Hospital Reporting System - Ref Homological Bed Funds (see Hospital Reporting System - Ref Number of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	he Hospital Audi port 17) - - - - - - - - - - - - - - - - - - -	ted Financial St ted Fi	atement Notes. atement Notes. \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	
A) Th <u>B.</u> 1. 2. 3. 4. 5. 6. 7. 8.	e total amount must agree with the total amount listed in t e total amount must agree with the total amount listed in t 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	he Hospital Audi port 17) - - - - - - - - - - - - - - - - - - -	ted Financial St 	atement Notes	
A) Th <u>B.</u> 1. 2. 3. 4. 5. 6. 7. 8. 9.	e total amount must agree with the total amount listed in t Hospital Bed Funds (see Hospital Reporting System - Ref Homological Bed Funds (see Hospital Reporting System - Ref Number of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	he Hospital Audi port 17) - - - - - - - - - - - - - - - - - - -	ted Financial St ted Fi	atement Notes. atement Notes. \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	