(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
Α.	AFFILIATE NAME	EASTERN CONNECTICUT HEALTH NETWORK,INC.	
1	Affiliate Description	PARENT CORPORATION AND PROVIDES OVERALL DIRECTION AND CONTROL TO ALL 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 8	Zip Code CEO Name	06040 - PETER J. KARL	
	CEO Name CEO Title	PETER J. KARL PRESIDENT & CEO	
	CT Agent Name	Sharon Holmes	
	CT Agent Company	ECHN	
	CT Agent Company Street Address	71 HAYNES STREET, MANCHESTER, CT	
	CT Agent Town	Manchester	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06040 -	
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В.	AFFILIATE NAME	A CARING HAND, LLC	
1	Affiliate Description	PROVIDES PRIVATE SERVICES (COMPANIONS, HOMEMAKERS, PERSONAL CARE ASSISTANTS, LIVE IN CARE)	
2	Affiliate type of service	Other HealthCare Svcs(Specify)	
3	Tax Status	Not for Profit	
4	Street Address	8 Keynote Drive	
5	Town	Vernon	
6	State	Connecticut	
7	Zip Code	06066 -	
	CEO Name	Todd Rose	
	CEO Title	President & CEO	
	CT Agent Name	Todd Rose	
	CT Agent Company CT Agent Company Street Address	8 Keynote Drive	
	CT Agent Town	Vernon	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06066 -	
c.	AFFILIATE NAME	AETNA AMBULANCE SERVICES, INC.	
1	Affiliate Description	PROVIDES AMBULANCE TRANSPORTATION SERVICES	
2	Affiliate type of service	Ambulatory Services	
3	Tax Status	For Profit	
4	Street Address	140 Van Block Avenue	
5	Town	Hartford	
6	State	Connecticut	
	Zip Code	06106 -	
	CEO Name	Wayne Wright	
	CEO Title	President Winship Service Corporation	
	CT Agent Name CT Agent Company	c/o Shipman and Goodwin LLP	
	CT Agent Company CT Agent Company Street Address	One Constitution Plaza	
	CT Agent Town	Hartford	
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ANNUAL REPORTING

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06103 -	
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D.	AFFILIATE NAME	AMBULANCE SERVICE OF MANCHESTER, LLC	
1	Affiliate Description	PROVIDE TRANSPORTATION SERVICES	
2	Affiliate type of service	Ambulatory Services	
3	Tax Status	For Profit	
4	Street Address	275 New State Road, Manchester, CT	
5	Town	Manchester	
6	State	Connecticut	
7	Zip Code	06040 - Marine Weinlet	
8 9	CEO Name CEO Title	Wayne Wright President	
-	CEO Title CT Agent Name	Winship Service Corporation	
	CT Agent Company	c/o Shipman and Goodwin LLP	
	CT Agent Company Street Address	One Constitution Plaza	
	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06103 -	
E.	AFFILIATE NAME	CONNECTICUT HEALTHCARE INSURANCE CO.	
1	Affiliate Description	ECHN's Malpractice Insurance Co.	
2	Affiliate type of service	Insurance	
3	Tax Status	Not for Profit	
4	Street Address	71 Haynes St.	
5	Town	Manchester	
6	State	Connecticut	
7	Zip Code	06040 -	
	CEO Name	Peter Karl	
9	CEO Title	President	
	CT Agent Name	Lloyd Pelletier	
	CT Agent Company CT Agent Company Street Address	ECHN 100 Main St.	
	CT Agent Company Street Address	Grand Cayman	
	CT Agent State	Cayman Islands	
	CT Agent Zip Code	06040 -	
F.	AFFILIATE NAME	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC	
1	Affiliate Description	Provides management services for the occupational health programs of Manchester Memorial Hospital, St. Francis Hospital & Medical Center, and Bristol Hospital	
2	Affiliate Description Affiliate type of service	St. Francis Hospital & Medical Center, and Bristol Hospital. Occupational Heath	
3	Tax Status	For Profit	
4	Street Address	1000 Asylum Ave, Suite 4302	
5	Town	Hartford	
6	State	Connecticut	
7	Zip Code	06105 -	
8	CEO Name	DERRICK AMATO	
9	CEO Title	CHIEF EXECTUTIVE OFFICER	
	CT Agent Name	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC	
11	CT Agent Company	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC	

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
	CT Agent Company Street Address	1000 Asylum Ave, Suite 4302	
	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06105 -	
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G.	AFFILIATE NAME	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.	
1	Affiliate Description	Entity owns and manages a series of community-based medical practices.	
2	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	
	Zip Code	06040 -	
	CEO Name	PETER J. KARL	
9	CEO Title	PRESIDENT & CEO	
-	CT Agent Name	Sharon Holmes	
	CT Agent Company	ECHN	
	CT Agent Company Street Address	71 Haynes Street,	
	CT Agent Town	Manchester	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06040 -	
н.	AFFILIATE NAME	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.	
		PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT	
1	Affiliate Description	NEGOTIATIONS	
2	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	
	Zip Code	06040 -	
	CEO Name	Peter J. Karl	
9	CEO Title	President and Chief Executive Officer	
	CT Agent Name	Robinson and Cole	
	CT Agent Company	Robinson & Cole	
	CT Agent Company Street Address	280 Trumbull Street, Hartford, Ct	
	CT Agent Town	Hartford	
		Connecticut	
• • -	CT Agent State		
15	CT Agent State CT Agent Zip Code	06103 -	
15			
	CT Agent Zip Code	06103 -	
15 I.			
	CT Agent Zip Code	06103 - ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.	
I.	CT Agent Zip Code AFFILIATE NAME	06103 - ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. Entity responsible for raising funds for the benefit of exempt organizations associated with Eastern CT	
I . 1	CT Agent Zip Code AFFILIATE NAME Affiliate Description	06103 - ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. Entity responsible for raising funds for the benefit of exempt organizations associated with Eastern CT Health Network, Inc.	
I. 1 2	CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service	06103 - ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. Entity responsible for raising funds for the benefit of exempt organizations associated with Eastern CT Health Network, Inc. Fund Raising/Management	
I. 1 2 3	CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status	06103 - ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. Entity responsible for raising funds for the benefit of exempt organizations associated with Eastern CT Health Network, Inc. Fund Raising/Management Not for Profit	
I. 1 2 3 4	CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address	06103 - ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. Entity responsible for raising funds for the benefit of exempt organizations associated with Eastern CT Health Network, Inc. Fund Raising/Management Not for Profit 71 Haynes Street	
I . 1 2 3 4 5	CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town	06103 - ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. Entity responsible for raising funds for the benefit of exempt organizations associated with Eastern CT Health Network, Inc. Fund Raising/Management Not for Profit 71 Haynes Street Manchester	
I. 1 2 3 4 5 6	CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State	06103 - ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. Entity responsible for raising funds for the benefit of exempt organizations associated with Eastern CT Health Network, Inc. Fund Raising/Management Not for Profit 71 Haynes Street Manchester Connecticut	
I . 1 2 3 4 5 6 7	CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code	06103 - ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. Entity responsible for raising funds for the benefit of exempt organizations associated with Eastern CT Health Network, Inc. Fund Raising/Management Not for Profit 71 Haynes Street Manchester Connecticut 06040 -	
I. 1 2 3 4 5 6	CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State	06103 - ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. Entity responsible for raising funds for the benefit of exempt organizations associated with Eastern CT Health Network, Inc. Fund Raising/Management Not for Profit 71 Haynes Street Manchester Connecticut	

(1)	(2)	(3)	
	DECODIDITION		
	DESCRIPTION	AFFILIATE INFORMATION	
	CT Agent Name	Sharon Holmes	
	CT Agent Company	ECHN	
	CT Agent Company Street Address	71 Haynes Street, Manchester	
	CT Agent Town CT Agent State	Connecticut	
14	CT Agent Zip Code	06040 -	
10	or Agent Zip odde		
J.	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	
7	Zip Code	06040 -	
8	CEO Name	Dennis O'Neill	
		President	
	CT Agent Name	R&C Service Company	
	CT Agent Company	R&C Service Company	
	CT Agent Company Street Address	280 Trumbull Street Hartford	
	CT Agent Town		
	CT Agent State CT Agent Zip Code	Connecticut 06103 -	
15	CT Agent Zip Code		
к.	AFFILIATE NAME	ECHN ELDERCARE SERVICES, INC.	
	TO INITIATE, DEVELOP, OPERATE, AND MAINTAIN PROGRAMS DIRECTED TOWARD		
	EFFICIENCY OF UTILIZATION OF HEALTH CARE. FACILIITIES AND SERVICES IN EAST		
1	Affiliate Description	PROVIDING COST EFFECTIVE HEALTH CARE TO PUBLIC WHILE MAINTAINING A HIGH QUALITY	
2	Affiliate type of service	Long Term Care	
3	Tax Status	Not for Profit	
4	Street Address	26 SHENIPSIT LAKE ROAD, TOLLAND, CT	
5	Town	Tolland	
6	State	Connecticut	
7	Zip Code	06084 -	
8		PETER J. KARL	
9		PRESIDENT CEO	
	CT Agent Name	Sharon Holmes	
11	CT Agent Company	ECHN	
		71 Haynes Street	
40	CT Agent Company Street Address		
	CT Agent Town	Manchester Commentation	
14	CT Agent Town CT Agent State	Connecticut	
14	CT Agent Town		
14	CT Agent Town CT Agent State	Connecticut	
14	CT Agent Town CT Agent State	Connecticut	
14 15	CT Agent Town CT Agent State CT Agent Zip Code	Connecticut 06040 - ECHN ENTERPRISES, INC.	
14 15 L.	CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME	Connecticut 06040 - ECHN ENTERPRISES, INC. AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS AND REAL ESTATE	
14 15 L .	CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description	Connecticut 06040 - ECHN ENTERPRISES, INC. AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS AND REAL ESTATE HOLDINGS.	
14 15 L.	CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service	Connecticut 06040 - ECHN ENTERPRISES, INC. AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS AND REAL ESTATE HOLDINGS. Affilate Support Services	
14 15 L. 1 2 3	CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status	Connecticut 06040 - ECHN ENTERPRISES, INC. AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS AND REAL ESTATE HOLDINGS. Affilate Support Services For Profit	
14 15 L. 1 2 3 4	CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address	Connecticut 06040 - ECHN ENTERPRISES, INC. AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS AND REAL ESTATE HOLDINGS. Affilate Support Services For Profit 71 HAYNES STREET, MANCHESTER, CT	
14 15 L . 1 2 3 4 5	CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town	Connecticut 06040 - ECHN ENTERPRISES, INC. AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS AND REAL ESTATE HOLDINGS. Affilate Support Services For Profit 71 HAYNES STREET, MANCHESTER, CT Manchester	
14 15 L. 1 2 3 4	CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address	Connecticut 06040 - ECHN ENTERPRISES, INC. AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS AND REAL ESTATE HOLDINGS. Affilate Support Services For Profit 71 HAYNES STREET, MANCHESTER, CT	

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
8	CEO Name	PETER J. KARL	
9	CEO Title	PRESIDENT & CEO	
	CT Agent Name	Sharon Holmes	
11	CT Agent Company	ECHN	
	CT Agent Company Street Address	71 Haynes Street, Manchester	
13 14	CT Agent Town CT Agent State	Connecticut	
	CT Agent Zip Code	06040 -	
10			
М.	AFFILIATE NAME	EVERGREEN ENDOSCOPY CENTER, LLC	
1	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	Town	South Windsor	
6	State	Connecticut	
7	Zip Code	06074 -	
8	CEO Name	Jeffrey Breiter, MD	
9	CEO Title	President	
	CT Agent Name	Gregory J. Pepe, Esq.	
11	CT Agent Company		
	CT Agent Company Street Address	195 Church Street, 13th Floor	
	CT Agent Town	New Haven	
14	CT Agent State	Connecticut 06510 -	
15	CT Agent Zip Code		
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N.	AFFILIATE NAME	EVERGREEN MEDICAL ASSOCIATES II, LLC	
		Owns and operates the Evergreen II Medical Building in South Windsor adjacent to the ECHN Medical	
1	Affiliate Description	Building at Evergreen Walk	
2	Affiliate type of service	Real Estate	
3	Tax Status	For Profit	
4 5	Street Address	95 Glastonbury Blvd, Suite 214	
5 6	Town	Glastonbury Connecticut	
0 7	State Zip Code	06033 -	
8	CEO Name	David Sessions	
9	CEO Title	Manager	
10	CT Agent Name	Joseph R. Labrosse	
11	CT Agent Company	c/o Grove Properaty Fund LLC	
12	CT Agent Company Street Address	95 Glastonbury Blvd, Suite 214	
13	CT Agent Town	Glastonbury	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06033 -	
0.	AFFILIATE NAME	EVERGREEN MEDICAL ASSOCIATES, LLC	
1			
1	Affiliate Description	Owns and operates the ECHN medical building at Evergreen Walk in South Windsor.	
2	Affiliate type of service	Real Estate	
3	Tax Status	For Profit	
4	Street Address	95 Glastonbury Blvd, Suite 214	
	Town	Glastonbury	
5			

(1)	(2)	(3)	
	DESCRIPTION	AFFILIATE INFORMATION	
6	State	Connecticut	
7	Zip Code	06033 -	
	CEO Name	David Sessions	
9	CEO Title	Manager	
	CT Agent Name	Joseph R. Labrosse c/o Grove Properaty Fund LLC	
	CT Agent Company CT Agent Company Street Address	95 Glastonbury Blvd, Suite 214,	
	CT Agent Town	Glastonbury	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06033 -	
10			
Р.	AFFILIATE NAME	HAYNES STREET MEDICAL ASSOCIATES II, LLC	
1	Affiliate Description	Owns and operates a medical office bulding at 100 Haynes Street in Manchester	
2	Affiliate type of service	Real Estate	
3	Tax Status	For Profit	
4	Street Address	95 Glastonbury Blvd, Suite 214	
5	Town	Glastonbury	
6	State	Connecticut	
7	Zip Code	06033 -	
8	CEO Name	David Sessions	
9 10	CEO Title	Manager Joseph R. Labrosse	
-	CT Agent Name CT Agent Company	c/o Grove Properaty Fund LLC	
	CT Agent Company Street Address	95 Glastonbury Blvd, Suite 214	
	CT Agent Town	Glastonbury	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06033 -	
Q.	AFFILIATE NAME	HAYNES STREET MEDICAL ASSOCIATES, LLC	
1	Affiliate Description	Owns and operates a medical office building at 17-29 Haynes Street in Manchester	
2	Affiliate type of service	Real Estate	
3	Tax Status	For Profit	
4	Street Address	95 Glastonbury Blvd, Suite 214	
5	Town	Glastonbury	
6	State	Connecticut	
7	Zip Code	06033 -	
8	CEO Name	David Sessions	
9	CEO Title	Manager	
	CT Agent Name	Joseph R. Labrosse	
11	CT Agent Company	c/o Grove Properaty Fund LLC	
	CT Agent Company Street Address	95 Glastonbury Blvd, Suite 214,	
	CT Agent Town	Glastonbury	
14 15	CT Agent State	Connecticut 06033 -	
15	CT Agent Zip Code		
R.	AFFILIATE NAME	HAYNES STREET PROPERTY MANAGEMENT, LLC	
1	Affiliate Description	Leases office space at 622 Hebron Avenue, Glastonbury, CT for medical services.	
2	Affiliate type of service	Real Estate	
3	Tax Status	For Profit	

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
4	Street Address	71 Haynes Street	
5	Town	Manchester	
6	State	Connecticut	
7	Zip Code	06040 -	
8	CEO Name	Peter J. Karl	
9	CEO Title	President & CEO	
	CT Agent Name	Sharon Holmes	
	CT Agent Company		
	CT Agent Company Street Address	71 Haynes Street	
13	CT Agent Town	Manchester	
	CT Agent State	Connecticut 06040 -	
15	CT Agent Zip Code	06040 -	
S.	AFFILIATE NAME	MEDICAL PRACTICE PARTNERS	
4		Provides Medical billing services, electronic health records, information services and practice	
1	Affiliate Description	management services.	
2	Affiliate type of service Tax Status	Affilate Support Services	
3	Street Address	For Profit	
4 5		29 Naek Road	
	Town	Vernon	
6 7	State Zin Code	Connecticut 06066 -	
8	Zip Code CEO Name		
0 9	CEO Title	Gregory M. Williams President	
	CT Agent Name	Gregory M. Williams	
	CT Agent Company CT Agent Company Street Address	29 Naek Road	
12	CT Agent Town	Vernon	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06066 -	
15	CT Agent Zip Code		
т.	AFFILIATE NAME	METRO WHEELCHAIR SERVICE, INC	
		PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY	
1	Affiliate Description	SERVICES FOR MEDIAL APPOINTMENTS.	
2	Affiliate type of service	Ambulatory Services	
3	Tax Status	For Profit	
4	Street Address	275 New State Road, Manchester, CT	
5	Town	Manchester Connectiont	
6 7	State Zip Code	Connecticut 06040 -	
	Zip Code CEO Name		
8 9	CEO Name CEO Title	Wayne Wright President	
	CEO Title CT Agent Name	Winship Service Corporation	
11	CT Agent Company	c/o Shipman and Goodwin LLP	
	CT Agent Company CT Agent Company Street Address	One Constitution Plaza	
12	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06103 -	
<u> </u>			
U.	AFFILIATE NAME	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)	
		laint Vantura of four area bashitala that anaratan Tha Jahn A. DaQuatta Qarananita Qarana Quata i	
1	Affiliate Description	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.	
	חוווומוב שבטרוטוו	Interneties and the Fhoenix Community Cancer Center III Ennet.	

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
2	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 CEO Name	06040 -	
8 9	CEO Title	Donna Handley President	
	CT Agent Name	Kristoffer Popovitch	
	CT Agent Company		
	CT Agent Company Street Address	100 Haynes Street	
	CT Agent Town	Manchester	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06040 -	
۷.	AFFILIATE NAME	PATHOLOGY AND LABORATORY SERVICES, LLC	
1	Affiliate Description	Joint venture company including pathology practices and hospitals performing specialty cytology services.	
2	Affiliate type of service	Lab	
3	Tax Status	Not for Profit	
4	Street Address	11 Research Drive, Suite 4	
5	Town	Woodbridge	
6	State	Connecticut	
7	Zip Code	06525 -	
8	CEO Name	Robert Babkowski, MD	
9	CEO Title	CEO	
	CT Agent Name	MCR&P Service Corporation	
	CT Agent Company	Murtha, Cullina, Richter, & Pinney	
	CT Agent Company Street Address	Cityplace I, 185 Asylum Street Hartford	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent Zip Code	06103 - 3469	
10			
w.	AFFILIATE NAME	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	
1	Affiliate Description	Community based hospital that provides medical care on an acute basis.	
2 3	Affiliate type of service	Hospital	
3 4	Tax Status Street Address	Not for Profit 31 UNION STREET, ROCKVILLE, CT	
5	Town	Vernon Rockville	
6	State	Connecticut	
7	Zip Code	06066 -	
8	CEO Name	PETER J. KARL	
9	CEO Title	PRESIDENT & CEO	
	CT Agent Name	Sharon Holmes	
	CT Agent Company	ECHN	
	CT Agent Company Street Address	71 Haynes Street,	
	CT Agent Town	Manchester	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06040 -	
Х.	AFFILIATE NAME	TOLLAND IMAGING CENTER	

LINEDESCRIPTIONAFFILIATE INFORMATION1Affiliate DescriptionJoint venture to provide outpatient diagnostic imaging services2Affiliate type of serviceImaging Services3Tax StatusNot for Profit4Street Address6 Fieldstone Commons, Suite E5TownTolland6StateConnecticut7Zip Code06084 -8CEO NameKevin Murphy9CEO TitlePresident10CT Agent NameR&C Service Company11CT Agent CompanyR&C Service Company	
1 Affiliate Description Joint venture to provide outpatient diagnostic imaging services 2 Affiliate type of service Imaging Services 3 Tax Status Not for Profit 4 Street Address 6 Fieldstone Commons, Suite E 5 Town Tolland 6 State Connecticut 7 Zip Code 06084 - 8 CEO Name Kevin Murphy 9 CEO Title President 10 CT Agent Name R&C Service Company	
2 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 7 Zip Code 06084 - 8 CEO Name Kevin Murphy 9 CEO Title President 10 CT Agent Name R&C Service Company	
2 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 7 Zip Code 06084 - 8 CEO Name Kevin Murphy 9 CEO Title President 10 CT Agent Name R&C Service Company	
2 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 7 Zip Code 06084 - 8 CEO Name Kevin Murphy 9 CEO Title President 10 CT Agent Name R&C Service Company	
3 Tax Status Not for Profit 4 Street Address 6 Fieldstone Commons, Suite E 5 Town Tolland 6 State Connecticut 7 Zip Code 06084 - 8 CEO Name Kevin Murphy 9 CEO Title President 10 CT Agent Name R&C Service Company	
5 Town Tolland 6 State Connecticut 7 Zip Code 06084 - 8 CEO Name Kevin Murphy 9 CEO Title President 10 CT Agent Name R&C Service Company	
6 State Connecticut 7 Zip Code 06084 - 8 CEO Name Kevin Murphy 9 CEO Title President 10 CT Agent Name R&C Service Company	
7 Zip Code 06084 - 8 CEO Name Kevin Murphy 9 CEO Title President 10 CT Agent Name R&C Service Company	
8 CEO Name Kevin Murphy 9 CEO Title President 10 CT Agent Name R&C Service Company	
9 CEO Title President 10 CT Agent Name R&C Service Company	
10 CT Agent Name R&C Service Company	
12 CT Agent Company Street Address 280 Trumbull Street	
13 CT Agent Town Hartford	
14 CT Agent State Connecticut	
15 CT Agent Zip Code 06103 -	
Y. AFFILIATE NAME VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC	<u>).</u>
1 Affiliate Description Provides at-home nursing care and hospice care.	
2 Affiliate type of service Other HealthCare Svcs(Specify)	
3 Tax Status Not for Profit	
4 Street Address 8 Keynote Drive , Vernon, CT	
5 Town Vernon	
6 State Connecticut	
7 Zip Code 06066 -	
8 CEO Name Todd Rose	
9 CEO Title President/Chief Executive Officer	
10 CT Agent Name Sharon Holmes	
11 CT Agent Company ECHN	
12 CT Agent Company Street Address 71 Haynes Street 13 CT Agent Town Manchester	
13 CT Agent Town Manchester 14 CT Agent State Connecticut	
15 CT Agent Zip Code 06040 -	
Z. AFFILIATE NAME WBC CONNECTICUT EAST, LLC	
A joint venture to provide comprehensive outpatient behavioral health	
with eating disorrders, a distinct intensive outpatient program for adults	s with binge eating disorrders and
1 Affiliate Description aftercare support services. 2 Affiliate type of service Mental Health Facility	
2 Affiliate type of service Mental Health Facility 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	
15 CT Agent Zip Code 06120 - 1537 * P.O. BOX IS UNACCEPTABLE WITHOUT A STREET ADDRESS FOR EACH AGENT COMPANY	

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2013
Α.	MANCHESTER MEMORIAL HOSPITAL		
1		Unrestricted	\$27,759,929 \$1,392,902
2 3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$1,392,902
4		Permanently Restricted by Donor	\$8,578,909
5		Intercompany Eliminations	\$0
-		Total:	\$37,731,740
Β.	EASTERN CONNECTICUT HEALTH NETWORK, INC.		
1		Unrestricted	(\$3,959,264)
2		Temporarily Restricted by Donor	\$521,718
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
5		Total:	(\$3,437,546)
			(\$3,437,340)
С.	A CARING HAND, LLC		
1	,	Unrestricted	\$124,765
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$124,765
<u>D.</u>	AETNA AMBULANCE SERVICES, INC.		.
1		Unrestricted	\$1,562,298
2 3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$210,202
-		Total:	\$1,772,500
Ε.	AMBULANCE SERVICE OF MANCHESTER, LLC		
1		Unrestricted	\$3,675,104
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$07 212
5			\$97,213
		Total:	\$3,772,317
F.	CONNECTICUT HEALTHCARE INSURANCE CO.		
1		Unrestricted	(\$856,588)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$909,060
		Total:	\$52,472
G.	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	\$20,000
		Total:	\$20,000

(1)	(2)	(3)	(4)
(-)	(-)	FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2013
	EASTERN CONNECTICUT MEDICAL PROFESSIONALS		
Н.	FOUNDATION, INC.		
1		Unrestricted	(\$27,691)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0 \$0
4 5		Permanently Restricted by Donor Intercompany Eliminations	
5		Total:	(\$27,691)
			(\$27,091)
	EASTERN CONNECTICUT PHYSICIAN HOSPITAL		
١.	ORGANIZATION, INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
5		Total:	\$0 \$0
			\$0
J.	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.		
J. 1	CONTROLING TO THE ALTICATE FOUNDATION, INC.	Unrestricted	\$2,591,715
2		Temporarily Restricted by Donor	\$2,591,715
2		Temporarily Restricted by Board	\$13,524,728
4		Permanently Restricted by Doard	\$1,567,312
5		Intercompany Eliminations	\$0
		Total:	\$17,683,755
			<i><i><i></i></i></i>
К.	ECHN CORPORATE SERVICES INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
<u>L</u> .	ECHN ELDERCARE SERVICES, INC.		A
1		Unrestricted	\$4,772,427
2		Temporarily Restricted by Donor	\$24,475
3		Temporarily Restricted by Board	\$0
4 5		Intercompany Eliminations	\$0 \$0
5		Total:	\$4,796,902
			\$4,750,50Z
м.	ECHN ENTERPRISES, INC.		
1		Unrestricted	(\$294,250)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
		Intercompany Eliminations	\$0
5			(\$294,250)
5		Total:	(\$254,250)
-		Total:	(\$254,250)
Ν.	EVERGREEN ENDOSCOPY CENTER, LLC		
N .	EVERGREEN ENDOSCOPY CENTER, LLC	Unrestricted	\$397,153
N . 1 2	EVERGREEN ENDOSCOPY CENTER, LLC	Unrestricted Temporarily Restricted by Donor	\$397,153
N . 1 2 3	EVERGREEN ENDOSCOPY CENTER, LLC	Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board	\$397,153 \$0 \$0
N . 1 2 3 4	EVERGREEN ENDOSCOPY CENTER, LLC	Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor	\$397,153 \$0 \$0 \$0 \$0 \$0
N . 1 2 3	EVERGREEN ENDOSCOPY CENTER, LLC	Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board	\$397,153 \$0 \$0 \$0

(1)	(2)	(3)	(4)
LINE AFFILI		FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2013
		FUND FURFUSE	9/30/2013
O. EVERG	REEN MEDICAL ASSOCIATES II, LLC	Unrestricted	\$605.95
2		Temporarily Restricted by Donor	\$605,85 \$
3		Temporarily Restricted by Board	\$
4		Permanently Restricted by Donor	\$
5		Intercompany Eliminations	(\$46,269
		Total:	\$559,58
P. EVERG	REEN MEDICAL ASSOCIATES, LLC		
1		Unrestricted	\$258,81
2		Temporarily Restricted by Donor	\$
3		Temporarily Restricted by Board	\$
4		Permanently Restricted by Donor	\$
5		Intercompany Eliminations	(\$681
		Total:	\$258,13
Q. HAYNE	S STREET MEDICAL ASSOCIATES II, LLC		
1		Unrestricted	\$252,36
2		Temporarily Restricted by Donor	\$
3		Temporarily Restricted by Board	\$
4		Permanently Restricted by Donor	\$
5		Intercompany Eliminations	(\$15,531
		Total:	\$236,83
R. HAYNE	S STREET MEDICAL ASSOCIATES, LLC		
1		Unrestricted	\$146,67
2		Temporarily Restricted by Donor	\$
3		Temporarily Restricted by Board	\$
4		Permanently Restricted by Donor	\$(
5		Intercompany Eliminations	\$3,51
		Total:	\$150,19
S. HAYNE	S STREET PROPERTY MANAGEMENT, LLC		
1		Unrestricted	\$210,07
2		Temporarily Restricted by Donor	\$
3		Temporarily Restricted by Board	\$(
4		Permanently Restricted by Donor	\$
5		Intercompany Eliminations	\$(
		Total:	\$210,07
T. MEDIC	AL PRACTICE PARTNERS		
1		Unrestricted	\$380,10
2		Temporarily Restricted by Donor	\$
3		Temporarily Restricted by Board	\$
4		Permanently Restricted by Donor	\$
5		Intercompany Eliminations	\$
		Total:	\$380,10
	WHEELCHAIR SERVICE, INC		
1		Unrestricted	\$84,68
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$(
4 5		Permanently Restricted by Donor Intercompany Eliminations	(\$20.457
3			(\$30,457
		Total:	\$54,224
NORTH	IEAST REGIONAL RADIATION ONCOLOGY NETV	VORK,	
V . INC. (N			

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2013
1		Unrestricted	\$6,110,316
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$106,331
		Total:	\$6,216,647
w.	PATHOLOGY AND LABORATORY SERVICES, 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
×			
Χ.	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED		(AAA 770 555
1		Unrestricted	\$26,773,989
2		Temporarily Restricted by Donor	\$561,463
3		Temporarily Restricted by Board	\$0
4 5		Permanently Restricted by Donor Intercompany Eliminations	<u>\$3,717,011</u> \$0
5		Total:	\$31,052,463
			φ 01,002,400
Υ.	TOLLAND IMAGING CENTER		
1		Unrestricted	\$144,790
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations Total:	\$56,220
			\$201,010
z.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.		
<u> </u>		Unrestricted	\$9,880,179
2		Temporarily Restricted by Donor	\$86,733
3		Temporarily Restricted by Board	\$0
4 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
5		Total:	\$9,966,912
			40,000,012
	WBC CONNECTICUT EAST, LLC		
1		Unrestricted	\$200,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$2,410)
		Total:	\$197,590
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$110,768,702
	Intercompany Eliminations		\$1,202,849
	Total of all Affiliates	Fund Balance:	\$111,971,551

REPORT 5

(1)	(2)	(3)	(4)	(5)
LINE		DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
Α.	EASTERN CONNECTICUT HEALTH NETWORK,INC.			
А.	EASTERN CONNECTICUT HEALTH NETWORK, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$14,216,380
1		Allocation of Investment Income/Loss	09/30/2013	(\$7,924,443)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$6,291,937
В.	A CARING HAND, LLC			
		Devinning Unconcellidated Intercompony Delences	0/20/2012	¢o
		Beginning Unconsolidated Intercompany Balance: Nothing to Report	9/30/2012	\$0 \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	φ0 \$0
			0/00/2010	
C.	AETNA AMBULANCE SERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$1,093,608
1		Allocation of Investments Income/Loss	09/30/2013	\$147,141
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$1,240,749
D.	AMBULANCE SERVICE OF MANCHESTER, LLC			
		De sie sie stille een stillete die teer en sowe Delen een	0/00/0040	* 0 570 570
- 1		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$2,572,573 (\$805,000)
1		Distribution Allocation of Investment Income/Loss	09/30/2013 09/30/2013	(\$805,000) \$873,049
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$2,640,622
			0,00,2010	+1,010,011
E.	CONNECTICUT HEALTHCARE INSURANCE CO.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$2,816
1		Accounting Fees	09/30/2013	(\$602,428)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	(\$599,612)
F.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC			
		Designing Unequeelideted Intercomments Delences	0/20/2042	¢20.000
		Beginning Unconsolidated Intercompany Balance: Nothing to Report	9/30/2012	\$20,000 \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0 \$20,000
			3/30/2013	φ20,000
G.	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.			
<u> </u>			+	

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$7,845,414
1		Accounting Fees	09/30/2013	
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$12,667,088
н.	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0 \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0 \$0
Ι.	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$484,258
1		Transfer of Donated Assets	09/30/2013	(\$135,700)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$348,558
J.	ECHN CORPORATE SERVICES INC.			
		Beginning Unconsolidated Intercompany Balance: Nothing to Report	9/30/2012	\$0 \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0 \$0
К.	ECHN ELDERCARE SERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	(\$44,500)
1		Salary and Non-Salary Operating Expenses	09/30/2013	\$66,062
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$21,562
L.	ECHN ENTERPRISES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$2,074,116
1		Non Salary Expense Ending Unconsolidated Intercompany Balance:	09/30/2013 9/30/2013	(\$172,656) \$1,901,460
			9/30/2013	۵۱, 9 01,460
М.	EVERGREEN ENDOSCOPY CENTER, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$397,153
1		Distribution	09/30/2013	(\$450,000)

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
2		Allocation of Investment Income/Loss	09/30/2013	\$345,654
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$292,807
N.	EVERGREEN MEDICAL ASSOCIATES II, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report	5/50/2012	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
0.	EVERGREEN MEDICAL ASSOCIATES, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0 \$0
		Ending onconsolidated intercompany Balance.	9/30/2013	
Р.	HAYNES STREET MEDICAL ASSOCIATES II, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
Q.	HAYNES STREET MEDICAL ASSOCIATES, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
R.	HAYNES STREET PROPERTY MANAGEMENT, LLC			
		Peringing Upgeneelideted Intercompany Polence.	9/30/2012	¢0
		Beginning Unconsolidated Intercompany Balance: Nothing to Report	9/30/2012	\$0 \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0 \$0
			0.00,2010	
S.	MEDICAL PRACTICE PARTNERS			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$41,269
1		Net Asset Transfer	09/30/2013	
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
-				
Т.	METRO WHEELCHAIR SERVICE, INC			

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$59,277
1		Allocation of Investment Income/Loss	09/30/2013	(\$21,320)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$37,957
U.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$3,055,158
1		Allocation of Investment Income/Loss	09/30/2013	\$53,165
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$3,108,323
V.	PATHOLOGY AND LABORATORY SERVICES, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0 \$0
		Nothing to Report Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0 \$0
		Ending onconsolidated intercompany Balance.	9/30/2013	\$ 0
W.	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	(\$774,083)
1		Transfer of Salary and Non-Salary Expenses	09/30/2013	(\$6,446,488)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	(\$7,220,571)
Х.	TOLLAND IMAGING CENTER			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$72,395
1		Allocation of Investment Income/Loss	09/30/2013	\$28,110
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$100,505
Υ.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.			
		Beginning Unconsolidated Intercompany Balance: Nothing to Report	9/30/2012	\$0 \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
Z.	WBC CONNECTICUT EAST, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$140,000
1		Allocation of Investment Income/Loss	09/30/2013	(\$1,687)

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$138,313
			Grand Total:	\$20,989,698

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated		
-			Intercompany Balance	10/01/2012	\$6,124,851
Α.	EASTERN CONNECTICUT HEALTH NETWORK, INC.				
1			Allocation of ECHN Expenses to Subsidy	09/30/2013	¢240.640
- 1		ECHN ELDERCARE SERVICES, INC. EASTERN CONNECTICUT MEDICAL	Allocation of ECHN Expenses to	09/30/2013	\$240,640
2		PROFESSIONALS FOUNDATION, INC.	Subsidy	09/30/2013	\$131,115
		THE ROCKVILLE GENERAL HOSPITAL	Allocation of ECHN Expenses to	00/00/2010	<i><i>ϕ</i>.ο.,ο</i>
3		INCORPORATED	Subsidy	09/30/2013	\$4,742,933
			Total:	9/30/2013	\$5,114,688
В.	A CARING HAND, LLC				± -
<u> </u>			Nothing to Report	0/00/0010	\$0
			Total:	9/30/2013	\$0
C.	AETNA AMBULANCE SERVICES, INC.				
<u> </u>	AETNA AMBOLANCE SERVICES, INC.	THE ROCKVILLE GENERAL HOSPITAL	Allocation of Investment		
1		INCORPORATED	Income/Loss	09/30/2013	\$63,061
· ·			Total:	9/30/2013	\$63,061
					<i></i>
D.	AMBULANCE SERVICE OF MANCHESTER, LLC				
		THE ROCKVILLE GENERAL HOSPITAL	Allocation of Investment		
1		INCORPORATED	Income/Loss	09/30/2013	\$29,163
			Total:	9/30/2013	\$29,163
Ε.	CONNECTICUT HEALTHCARE INSURANCE CO.				
1		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Allocation of Shareholders	09/30/2013	(\$250,402)
1		INCORPORATED	Equity Total:	9/30/2013 9/30/2013	(\$258,183) (\$258,183)
			Total.	5/50/2015	(\$250,105)
F.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
G.	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
н.	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.				
п.	EASTERN CONNECTICUT PHI SICIAN HUSPITAL UKGANIZATION, INC.	EASTERN CONNECTICUT HEALTH			
1		NETWORK,INC.	Salary and Non-Salary Expenses	09/30/2013	\$35,757
<u> </u>			Total:	9/30/2013 9/30/2013	\$35,757
			Total.	3/30/2013	ψ00,101
		ļ			

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
Ι.	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.				
1		EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.	Salary and Non-Salary Expenses	09/30/2013	\$400
		EASTERN CONNECTICUT HEALTH	Salary and Non-Salary Expenses	09/30/2013	
2		NETWORK,INC.	Salary and Non-Salary Expenses	09/30/2013	\$22,761
			Total:	9/30/2013	\$23,161
J.	ECHN CORPORATE SERVICES INC.		Nathing to Depart		\$ 0
			Nothing to Report Total:	9/30/2013	\$0 \$0
			Total.	9/30/2013	۵ ۵
К.	ECHN ELDERCARE SERVICES, INC.				
		ECHN COMMUNITY HEALTHCARE			
1		FOUNDATION, INC.	Salary and Non-Salary Expenses	09/30/2013	\$56,522
		THE ROCKVILLE GENERAL HOSPITAL			A5 (000
2		INCORPORATED	Salary and Non-Salary Expenses Total:	09/30/2013 9/30/2013	\$54,082 \$110,604
				9/30/2013	\$110,004
L.	ECHN ENTERPRISES, INC.				
		EASTERN CONNECTICUT HEALTH			
1		NETWORK,INC.	Salary and Non-Salary Expenses	09/30/2013	\$33,007
			Total:	9/30/2013	\$33,007
М.	EVERGREEN ENDOSCOPY CENTER, LLC				
141.	EVERGREEN ENDOSCOFT CENTER, LLC		Nothing to Report		\$0
			Total:	9/30/2013	\$0
Ν.	EVERGREEN MEDICAL ASSOCIATES II, LLC				
		ECHN ENTERPRISES, INC.	Allocation of Investment Income/Loss	00/00/0040	(* 40,000)
1		EGHN ENTERFRISES, INC.	Total:	09/30/2013 9/30/2013	(\$46,269) (\$46,269)
				5/00/2010	(\$40,200)
0.	EVERGREEN MEDICAL ASSOCIATES, LLC				
			Allocation of Investment		
1		ECHN ENTERPRISES, INC.	Income/Loss	09/30/2013	(\$681)
			Total:	9/30/2013	(\$681)
Р.	HAYNES STREET MEDICAL ASSOCIATES II, LLC				
r.			Allocation of Investment		
1		ECHN ENTERPRISES, INC.	Income/Loss	09/30/2013	(\$15,531)
			Total:	9/30/2013	(\$15,531)
Q.	HAYNES STREET MEDICAL ASSOCIATES, LLC				
4				00/20/2012	\$3,517
1		ECHN ENTERPRISES, INC.	Allocation of Investment Income/Loss	09/30/2013	

LINE					
LINE					
LINE					
	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Total:	9/30/2013	\$3,517
R. H	IAYNES STREET PROPERTY MANAGEMENT, LLC		Nothing to Depart		\$ 0
┝───┼─			Nothing to Report Total:	9/30/2013	\$0 \$0
			Total:	9/30/2013	۵ 0
S. M	MEDICAL PRACTICE PARTNERS				
		EASTERN CONNECTICUT HEALTH			
1		NETWORK,INC.	Note Receivable	09/30/2013	\$89,856
			Total:	9/30/2013	\$89,856
Т. М	METRO WHEELCHAIR SERVICE, INC				
1		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Allocation of Investment Income/Loss	09/30/2013	(0.407)
		INCORPORATED	Total:	9/30/2013 9/30/2013	(\$9,137) (\$9,137)
			Total.	3/30/2013	(\$3,137)
U. N	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)				
		THE ROCKVILLE GENERAL HOSPITAL	Allocation of Investment		
1		INCORPORATED	Income/Loss	09/30/2013	\$53,165
			Total:	9/30/2013	\$53,165
V. P	PATHOLOGY AND LABORATORY SERVICES, LLC		Nothing to Report		\$ 0
			Total:	9/30/2013	\$0 \$0
			Total:	9/30/2013	\$U
W. Т	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED				
		ECHN COMMUNITY HEALTHCARE			
1		FOUNDATION, INC.	Salary and Non-Salary Expenses	09/30/2013	\$12,316
			Total:	9/30/2013	\$12,316
Х. Т	FOLLAND IMAGING CENTER		Allocation of Investment		
1		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Allocation of Investment Income/Loss	09/30/2013	\$28,110
		INCOLL ON ALED	Total:	9/30/2013 9/30/2013	\$28,110 \$28,110
			i otai.	0,00/2010	ψ20,110
Y. V	/ISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.				
	· · ·				
1		A CARING HAND, LLC	Salary and Non-Salary Expenses	09/30/2013	\$98,168
			Total:	9/30/2013	\$98,168
Z. W	VBC CONNECTICUT EAST, LLC	THE ROCKVILLE GENERAL HOSPITAL	Allocation of Investment		
1		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Allocation of Investment Income/Loss	09/30/2013	(\$723)

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Total:	9/30/2013	(\$723)
			Ending Unconsolidated		
			Intercompany Balance	9/30/2013	\$11,488,900

MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2013 REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)		(3)	(4)
			AMOUNT	DATE
LINE	DESCRIPTION OF EXPENDITURE		AMOONT	DATE
Α.	EASTERN CONNECTICUT HEALTH NETWORK,INC.			
0	Nothing to Report		\$0	
		Total:	\$0 \$0	9/30/2013
В.	A CARING HAND, LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
•				
C . 0	AETNA AMBULANCE SERVICES, INC. Nothing to Report		\$0	
0	Notining to Report	Total:	\$0 \$0	9/30/2013
			, , , , , , , , , , , , , , , , , , , 	0/00/2010
D.	AMBULANCE SERVICE OF MANCHESTER, LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
	CONNECTICUT HEALTHCARE INSURANCE CO.			
0	Nothing to Report	Total	\$0	0/00/0010
		Total:	\$0	9/30/2013
F.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC			
<u>г.</u> 0	Nothing to Report		\$0	
-		Total:	\$0 \$0	9/30/2013
G.	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.			
0	Nothing to Report	Total:	\$0 \$0	9/30/2013
		Total.		9/30/2013
١.	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
	ECHN CORPORATE SERVICES INC.			
0	Nothing to Report	Tatal	\$0	0/00/00/0
		Total:	\$0	9/30/2013
К.	ECHN ELDERCARE SERVICES, INC.			
n . 0	Nothing to Report		\$0	
Ĕ.		Total:	\$0 \$0	9/30/2013
L.	ECHN ENTERPRISES, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
	EVERGREEN ENDOSCOPY CENTER, LLC			
0	Nothing to Report	Total:	\$0 \$0	9/30/2013
			\$0	9/30/2013
N.	EVERGREEN MEDICAL ASSOCIATES II, LLC			
0	Nothing to Report		\$0	
		Total:	\$0 \$0	9/30/2013
0.	EVERGREEN MEDICAL ASSOCIATES, LLC			

MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2013 REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)		(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE		AMOUNT	DATE
0	Nothing to Report		\$0	
		Total:	\$0 \$0	9/30/2013
Ρ.	HAYNES STREET MEDICAL ASSOCIATES II, LLC			
0	Nothing to Report		\$0	
-		Total:	\$0	9/30/2013
Q.	HAYNES STREET MEDICAL ASSOCIATES, LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
	HAYNES STREET PROPERTY MANAGEMENT, LLC			
0	Nothing to Report	Total	\$0	0/00/00/0
		Total:	\$0	9/30/2013
S.	MEDICAL PRACTICE PARTNERS			
3. 0	Nothing to Report		\$0	
0		Total:	\$0 \$0	9/30/2013
			**	0/00/2010
Т.	METRO WHEELCHAIR SERVICE, INC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
U.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRI	RON)		
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
	PATHOLOGY AND LABORATORY SERVICES, LLC			
0	Nothing to Report	Total:	\$0 \$0	9/30/2013
		Total.		9/30/2013
w.	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED			
0	Nothing to Report		\$0	
-	······································	Total:	\$0	9/30/2013
Х.	TOLLAND IMAGING CENTER			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.			
0	Nothing to Report	T ()	\$0	- / /
		Total:	\$0	9/30/2013
7				
Z.	WBC CONNECTICUT EAST, LLC Nothing to Report		¢0	
0		Total:	\$0 \$0	9/30/2013
			40 40	5/50/2013
	Gra	and Total:	\$0	9/30/2013

MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2013 REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
•			
A. 0	EASTERN CONNECTICUT HEALTH NETWORK,INC. Nothing to Report	\$0	0
	Total:	\$0	
		· · · ·	
В.	A CARING HAND, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	AETNA AMBULANCE SERVICES, INC. Nothing to Report	0.3	0
0	Total:	\$0 \$0	0
		\$0	
D.	AMBULANCE SERVICE OF MANCHESTER, LLC		
0.	Nothing to Report	\$0	0
	Total:	\$0	
	CONNECTICUT HEALTHCARE INSURANCE CO.		
0	Nothing to Report	\$0	0
	Total:	\$0	
F. 0	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC Nothing to Report	\$0	0
0	Total:	\$0 \$0	0
	i dai.	\$0	
G.	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.		
0	Nothing to Report	\$0	0
	Total:		
	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
I. 0	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. Nothing to Report	\$0	0
0	Total:	\$0 \$0	0
J.	ECHN CORPORATE SERVICES INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	ECHN ELDERCARE SERVICES, INC.		
0	Nothing to Report	\$0	0

MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2013 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
	Total:	\$0	
L. 0	ECHN ENTERPRISES, INC.	¢0.	
0	Nothing to Report Total:	\$0 \$0	0
м.	EVERGREEN ENDOSCOPY CENTER, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
N. 0	EVERGREEN MEDICAL ASSOCIATES II, LLC Nothing to Report	\$0	0
Ű	Total:	\$0 \$0	
0.	EVERGREEN MEDICAL ASSOCIATES, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
Ρ.	HAYNES STREET MEDICAL ASSOCIATES II, LLC		
<u>г.</u> 0	Nothing to Report	\$0	0
	Total:		
Q.	HAYNES STREET MEDICAL ASSOCIATES, LLC		
0	Nothing to Report Total:	\$0 \$0	0
R.	HAYNES STREET PROPERTY MANAGEMENT, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	
S. 0	MEDICAL PRACTICE PARTNERS Nothing to Report	\$0	0
	Total:		
Т.	METRO WHEELCHAIR SERVICE, INC		
0	Nothing to Report	\$0	
	Total:	\$0	
U.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)		
0. 0	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON) Nothing to Report	\$0	0
	Total:		

MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2013 REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS

ANNUAL REPORTING

(1)	(2)	(3)	(4)
	AFFILIATE NAME &		
LINE	DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
٧.	PATHOLOGY AND LABORATORY SERVICES, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
W.	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED		
0	Nothing to Report	\$0	0
	Total:	\$0	
X.	TOLLAND IMAGING CENTER	Č	
0	Nothing to Report	\$0	0
	Total:	\$0	
Y. 0	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.	<u>۴</u> ۵	0
0	Nothing to Report	\$0	0
	Total:	\$0	
- 7			
Z.	WBC CONNECTICUT EAST, LLC Nothing to Report	\$0	0
	Total:	\$0 \$0	0
	Grand Total:	\$0	
L		Ψŏ	

MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2013 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR INDIGENT CARE AND FREE BEDS

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012	FY 2013		
LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
Α.	Indigent Care				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00		0%
2	Income	\$0.00	\$0.00	\$0.00	0%
	Expenditures	\$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	\$461,820.94	\$603,993.23		31%
1	Donations	\$0.00	\$0.00		0%
	Income	\$12,434.73	\$119,329.49		860%
3	Expenditures	\$0.00	\$0.00		0%
4	Unrealized Gains and Losses	\$129,737.56	\$24,053.24		-81%
	Ending Balance	\$603,993.23	\$747,375.96		24%
5	Projected Interest Income	\$50,000.00	\$15,000.00	(\$35,000.00)	-70%
С.	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%

ANNUAL REPORTING

REPORT 1	MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2013 7A - HOSPITAL BED FUNDS HELD OR ADMINISTERE	ED BY THE HOSPITAL
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for He	ospital Bed Funds	0
	Grand Total	\$0.00

		MANCHESTER MEMOR			
		ANNUAL REPO			
		FISCAL YEAR			
	REPORT 17B - HOSPIT	AL BED FUNDS HELD C	OR ADMINISTERED E	BY THE HOSPITAL	
B. BE	D 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 eac	h individual Hospital Be	d Fund. or the Princi	pal attributable to each	h Hospital Bed
(-)					
(1)					
(4)	Total Actual Farnings for each Hospital	Bed Fund or the Farning	as attributable to eac	h Hospital Bed Fund.	
(4)	Total Actual Earnings for each Hospital	Bed Fund or the Earning	gs attributable to eac	h Hospital Bed Fund.	
				h Hospital Bed Fund.	
(4)	Actual Dollar Amount of Earnings reinve			h Hospital Bed Fund.	
(5)	Actual Dollar Amount of Earnings reinve	ested as Principal, if any		h Hospital Bed Fund.	
		ested as Principal, if any		h Hospital Bed Fund.	
(5)	Actual Dollar Amount of Earnings reinve	ested as Principal, if any			\$21,078.00
(5)	Actual Dollar Amount of Earnings reinve Actual Dollar Amount of Earnings availa	ested as Principal, if any ble for Patient Care.	•		\$21,078.00 \$6,496.00
(5)	Actual Dollar Amount of Earnings reinve Actual Dollar Amount of Earnings availa Erna Loomis	ested as Principal, if any ble for Patient Care. \$217,472.10	\$37,987.35	\$37,987.35 \$47,403.11	
(5)	Actual Dollar Amount of Earnings reinve Actual Dollar Amount of Earnings availa Erna Loomis Elsie Cheney Disher	ested as Principal, if any ble for Patient Care. \$217,472.10 \$158,074.99	\$37,987.35 \$47,403.11	\$37,987.35 \$47,403.11 \$8,288.25	\$6,496.00
(5)	Actual Dollar Amount of Earnings reinve Actual Dollar Amount of Earnings availa Erna Loomis Elsie Cheney Disher Loren Garner	ested as Principal, if any ble for Patient Care. \$217,472.10 \$158,074.99 \$66,239.37	\$37,987.35 \$47,403.11 \$8,288.25 \$4,457.50	\$37,987.35 \$47,403.11 \$8,288.25 \$4,457.50	\$6,496.00 \$8,288.25 \$4,457.50
(5)	Actual Dollar Amount of Earnings reinve Actual Dollar Amount of Earnings availa Erna Loomis Elsie Cheney Disher Loren Garner Mattie Hills Preston	ested as Principal, if any ble for Patient Care. \$217,472.10 \$158,074.99 \$66,239.37 \$35,624.16	\$37,987.35 \$47,403.11 \$8,288.25	\$37,987.35 \$47,403.11 \$8,288.25 \$4,457.50 \$736.77	\$6,496.00 \$8,288.25

MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2013 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	ECHN has agreements with Coll Agencies to initiate collection efforts on these
	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	
0.	accounts) to Collection Agents	25.20%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
Α	Collection Agent	
1	Collection Agent Name	American Adjustment Bureau
2	Collection Agent Type	Collection Agency
	Related / Not Related Entity	Not Related
	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	ECHN offers options and will not bill, refer to a coll, a SP pat prior to giving opp to
	Provide Details.	fin assist or choose a pay option that fits needs. If pat does not request an appt
5	If the Hospital follows the same processes and policies described	for fin aid within 10 days, they have 120 days to pay acct in full.
0	in Section I, for compensating this Collection Agent? indicate	
	"Same as General Processes and Policies" Otherwise Provide	ECHN has agreements with Coll Agencies to initiate collection efforts on those
	Details.	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.
6	Recovery Rate on Accounts Assigned (excluding Medicare	
	accounts) to Collection Agent.	25.20%

MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2013 REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS

LINE POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1. CEO	\$518,718	\$39,380	\$558,098
		** • • • • •	A /07 007
2. Emergency Room MD	\$372,112	\$34,975	\$407,087
3. Emergency Room MD	\$346,071	\$55,513	\$401,584
4. Emergency Room MD	\$337,492	\$34,512	\$372,004
5. Emergency Room MD	\$334,786	\$28,669	\$363,455
6. Medical Director ED	\$324,008	\$23,990	\$347,998
7. Emergency Room MD	\$321,718	\$33,395	\$355,113
8. Emergency Room MD	\$314,119	\$56,715	\$370,834
9. Treasurer/Exec VP	\$314,116	\$24,298	\$338,414
10. Senior VP of Medical Affairs	\$288,103	\$45,870	\$333,973
G	rand Total: \$3,471,243	\$377,317	\$3,848,560

MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2013 REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS

PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
		SALARIES	FRINGE	
		(Directly or	BENEFITS ^A (Directly	
LINE	DESCRIPTION	Indirectly) ^C	or Indirectly) ^c	TOTAL
Α.	EASTERN CONNECTICUT HEALTH NETWORK, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Β.	A CARING HAND, LLC	ድ	¢ 0	
1 2	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	<u>\$0</u> \$0	\$0 \$0	\$0 \$0
		φυ	φυ	φυ
С.	AETNA AMBULANCE 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
D.	AMBULANCE SERVICE OF MANCHESTER, 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
Ε.	CONNECTICUT HEALTHCARE INSURANCE CO.			
	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
1 2	Paid by the Hospital to Employees of the Entity Listed Above	<u> </u>	\$0	<u>\$0</u> \$0
		ΨΟ	ΨΟ	ΨΟ
F.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
	EASTERN CONNECTICUT MEDICAL PROFESSIONALS			
G.	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
	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION			
н.	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	<u>\$0</u>	\$0	<u>\$0</u>
		¥ -	+	• -
Ι.	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
J.	ECHN CORPORATE SERVICES INC.	ድሳ	¢0	¢0
1 2	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	<u>\$0</u> \$0	\$0 \$0	<u>\$0</u> \$0
2		Φ U	φυ	φυ
Κ.	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
L.	ECHN ENTERPRISES, INC.	* -		* -
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Μ.	EVERGREEN ENDOSCOPY CENTER, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	<u> </u>	\$0	<u>\$0</u> \$0
		ψυ	ψυ	ΨΟ
Ν.	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

MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2013 REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS

PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
		SALARIES	FRINGE	
		(Directly or	BENEFITS ^A (Directly	
LINE	DESCRIPTION	Indirectly) ^C	or Indirectly) ^C	TOTAL
	DESCRIPTION	manectry)	of manecity)	TOTAL
Ο.	EVERGREEN MEDICAL ASSOCIATES, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Ρ.	HAYNES STREET 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
Q.	HAYNES STREET MEDICAL ASSOCIATES, LLC		* 0	* 0
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
2		φυ	φυ	φυ
R.	HAYNES STREET PROPERTY MANAGEMENT, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
S .	MEDICAL PRACTICE PARTNERS			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
_				
Τ.	METRO WHEELCHAIR SERVICE, INC	* 0	A 0	.
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	\$U	\$0
	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.			
υ.	(NRRON)			
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.	PATHOLOGY AND LABORATORY SERVICES, 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
10/				
W.	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	¢0		¢0
1 2	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	<u>\$0</u> \$0	\$0 \$0	\$0 \$0
2		φυ	φυ	φυ
Χ.	TOLLAND IMAGING CENTER			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Υ.	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
7				
Ζ.	WBC CONNECTICUT EAST, LLC	¢0		# 0
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
2		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.

MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2013 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 2013
Α	Transfer of Assets or Operations	
	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of	
1.	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

		EPORTING			
	REPORT 23 - CHARITY CARE AND REDUCED		PROVIDED BY	THE HOSPITAL	
(1) LINE	(2) DESCRIPTION	(3) FY 2012 AMOUNT	(4) FY 2013 AMOUNT	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
		AMOUNT	AMOUNT	DITTERENCE	DITERENCE
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial S	tatement Notes)			
1.	Number of Applicants	2,746	2,817	71	3%
2.	Number of Approved Applicants	2,467	2,500	33	19
3.	Total Charges (A)	\$4,953,633	\$3,908,882	(\$1,044,751)	-219
	Average Charges	\$2,008	\$1,564	(\$444)	-22%
4.	Ratio of Cost to Charges (RCC)	0.39893	0.360412	(0.038518)	-10%
	Total Cost	\$1,976,153	\$1,408,808	(\$567,345)	-29%
	Average Cost	\$801	\$564	(\$238)	-30%
5.	Charity Care - Inpatient Charges	\$951,484	\$1,269,114	\$317,630	339
5.	Charity Care - Outpatient Emergency Department	φ 9 51,404	φ1,209,114	φ317,030	
6.	Charges	2,293,856	1,792,557	(501,299)	-22%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	1 709 202	847,211	(861,082)	500
7.	Total Charges (A)	1,708,293 \$4,953,633	\$3,908,882	(\$1,044,751)	-50% - 21 %
		+ .,	<i></i>	(+ :, - : :, - : ,	
8.	Charity Care - Number of Patient Days	754	1,097	343	459
9.	Charity Care - Number of Discharges	158	199	41	269
10.	Charity Care - Number of Outpatient ED Visits	2,288	1,400	(888)	-39%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,273	1,647	374	29%
(A) Th	e total amount must agree with the total amount listed in	the Hospital Aud	ited Financial S	tatement Notes.	
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - R	eport 17)			
1.	Number of Applicants	-	-	-	09
2.	Number of Approved Applicants	-	-	-	0%
3.	Total Charges (B)	\$0	\$0	\$0	
3.	Total Charges (B) Average Charges	\$0 \$0	\$0 \$0	\$0 \$0	
3.	Average Charges	\$0		\$0	09
			\$0		0 9 -1009
	Average Charges Ratio of Cost to Charges (RCC)	\$0 0.39893	\$0	\$0 (0.398930)	-1009 09
4.	Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost	\$0 0.39893 \$0 \$0	0 \$0 \$0 \$0	\$0 (0.398930) \$0 \$0	-1009 09 09
	Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges	\$0 0.39893 \$0	\$0 0 \$0	\$0 (0.398930) \$0	-1009 09 09
4.	Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost	\$0 0.39893 \$0 \$0	0 \$0 \$0 \$0	\$0 (0.398930) \$0 \$0	09 09 -1009 09 09
4. 5.	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 0.39893 \$0 \$0 \$0 \$0 0 0	\$0 0 \$0 \$0 \$0 \$0 0 0	\$0 (0.398930) \$0 \$0 \$0 \$0 0 0	-1009 -1009 09 09 09
4. 5. 6.	Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges	\$0 0.39893 \$0 \$0 \$0 0	\$0 0 \$0 \$0 \$0 \$0 0	\$0 (0.398930) \$0 \$0 \$0 \$0	-1009 -1009 09 09 09
4. 5. 6. 7.	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 0.39893 \$0 \$0 \$0 \$0 0 0	\$0 0 \$0 \$0 \$0 \$0 0 0	\$0 (0.398930) \$0 \$0 \$0 \$0 0 0	-1009 09 09 09 09 09
4. 5. 6.	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 0.39893 \$0 \$0 \$0 \$0 0 0 \$0 \$0	\$0 0 \$0 \$0 \$0 \$0 0 \$0 \$0 \$0	\$0 (0.398930) \$0 \$0 \$0 \$0 0 \$0 \$0	-100° -100° 0° 0° 0°
4. 5. 6. 7. 8.	Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Outpatient ED Visits	\$0 0.39893 \$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 (0.398930) \$0 \$0 \$0 \$0 0 \$0 \$0	0°
4. 5. 6. 7. 8. 9.	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 0.39893 \$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 0 0 0 0 0	\$0 (0.398930) \$0 \$0 \$0 \$0 0 \$0 \$0 0 0 0 0 0	-1009 09 09

ANNUAL REPORTING

MANCHESTER MEMORIAL HOSPITAL					
ANNUAL REPORTING					
FISCAL YEAR 2013					
REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012	FY 2013	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE