ANNUAL REPORTING

FISCAL YEAR 2014

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
LINE	DESCRIPTION	AFFICIATE INFORMATION	
A.	AFFILIATE NAME	L+M CORPORATION	
	7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		
	Affiliate Description	DARENT CORPORATION	
2	Affiliate Description Affiliate type of service	PARENT CORPORATION Parent Corporation	
3	Tax Status	Not for Profit	
4	Street Address	365 MONTAUK AVE	
5	Town	New London	
6	State	Connecticut	
	Zip Code	06320 -	
	CEO Name	BRUCE D. CUMMINGS	
	CEO Title	PRESIDENT & CEO	
10	CT Agent Name	BRUCE D. CUMMINGS	
	CT Agent Company	L+M Hosp. or N/A	
	CT Agent Company Street Address	365 MONTAUK AVE	
	CT Agent Town	New London	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06320 -	
		ACCOCIATED OFFICIALISTS OF COUTUE ACTERN CONNECTICUT, INC.	
B.	AFFILIATE NAME	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.	
1	Affiliate Description	Professional Caregiver/Physician Organization	
2	Affiliate type of service	Physicians Hospital Org. (PHO)	
3	Tax Status	Not for Profit	
4	Street Address	365 Montauk Avenue	
5	Town	New London	
6	State	Connecticut	
7	Zip Code	06320 -	
	CEO Name	Daniel Rissi, MD	
	CEO Title	President & CEO	
	CT Agent Name	Daniel Rissi, MD	
	CT Agent Company	Lawrence & Memorial Hospital	
	CT Agent Company Street Address	365 Montauk Avenue	
	CT Agent Town	New London	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06320 -	
	AFEILIATE NAME	L & M FOUNDATION INC	
C.	AFFILIATE NAME	L& M FOUNDATION INC.	
1	Affiliate Description	FOUNDATION ENTITY - NOT ACTIVE	
2	Affiliate type of service	Inactive	
3	Tax Status	Not for Profit	
4	Street Address	365 MONTAUK AVE	
5	Town	New London	
6	State	Connecticut	
7	Zip Code	06320 -	
8	CEO Name	BRUCE D. CUMMINGS	
	CEO Title	PRESIDENT & CEO	
	CT Agent Name	BRUCE D. CUMMINGS	
11	CT Agent Company	L+M Corporation	

ANNUAL REPORTING

FISCAL YEAR 2014

(1)	(2)	(3)	
	DESCRIPTION	AFFILIATE INFORMATION	
	CT Agent Company Street Address	365 MONTAUK AVE	
	CT Agent Town	New London	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06320 -	
D.	AFFILIATE NAME	L& M HEALTHCARE INC.	
1	Affiliate Description	HEALTHCARE RELATED BUSINESS ENTITIES	
	Affiliate type of service	Inactive	
	Tax Status	Not for Profit	
4	Street Address	365 MONTAUK AVE	
5	Town	New London	
6	State	Connecticut	
7	Zip Code	06320 -	
	CEO Name	BRUCE D. CUMMINGS	
	CEO Title	PRESIDENT & CEO	
	CT Agent Name	BRUCE D. CUMMINGS	
	CT Agent Company	L+M Corporation	
	CT Agent Company Street Address	365 MONTAUK AVE	
	CT Agent Town	New London	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06320 -	
	9		
E.	AFFILIATE NAME	L&M INDEMNITY COMPANY, INC.	
E.	AFFILIATE NAME	L&M INDEMNITY COMPANY, INC.	
1	Affiliate Description	Carry on all kinds of Insurance and Assurance Business	
1 2	Affiliate Description Affiliate type of service	Carry on all kinds of Insurance and Assurance Business Insurance	
1 2 3	Affiliate Description Affiliate type of service Tax Status	Carry on all kinds of Insurance and Assurance Business Insurance For Profit	
1 2 3 4	Affiliate Description Affiliate type of service Tax Status Street Address	Carry on all kinds of Insurance and Assurance Business Insurance For Profit 23 Lime Tree Bay Avenue, PO Box 1159	
1 2 3 4 5	Affiliate Description Affiliate type of service Tax Status Street Address Town	Carry on all kinds of Insurance and Assurance Business Insurance For Profit 23 Lime Tree Bay Avenue, PO Box 1159 Grand Cayman	
1 2 3 4 5 6	Affiliate Description Affiliate type of service Tax Status Street Address Town State	Carry on all kinds of Insurance and Assurance Business Insurance For Profit 23 Lime Tree Bay Avenue, PO Box 1159 Grand Cayman Cayman Islands	
1 2 3 4 5 6 7	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code	Carry on all kinds of Insurance and Assurance Business Insurance For Profit 23 Lime Tree Bay Avenue, PO Box 1159 Grand Cayman Cayman Islands 11102 -	
1 2 3 4 5 6 7 8	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name	Carry on all kinds of Insurance and Assurance Business Insurance For Profit 23 Lime Tree Bay Avenue, PO Box 1159 Grand Cayman Cayman Islands 11102 - None	
1 2 3 4 5 6 7 8	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title	Carry on all kinds of Insurance and Assurance Business Insurance For Profit 23 Lime Tree Bay Avenue, PO Box 1159 Grand Cayman Cayman Islands 11102 - None None	
1 2 3 4 5 6 7 8 9	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name	Carry on all kinds of Insurance and Assurance Business Insurance For Profit 23 Lime Tree Bay Avenue, PO Box 1159 Grand Cayman Cayman Islands 11102 - None None None	
1 2 3 4 5 6 7 8 9	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company	Carry on all kinds of Insurance and Assurance Business Insurance For Profit 23 Lime Tree Bay Avenue, PO Box 1159 Grand Cayman Cayman Islands 11102 - None None None None	
1 2 3 4 5 6 7 8 9 10 11	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address	Carry on all kinds of Insurance and Assurance Business Insurance For Profit 23 Lime Tree Bay Avenue, PO Box 1159 Grand Cayman Cayman Islands 11102 - None None None None None None None	
1 2 3 4 5 6 7 8 9 10 11 12	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town	Carry on all kinds of Insurance and Assurance Business Insurance For Profit 23 Lime Tree Bay Avenue, PO Box 1159 Grand Cayman Cayman Islands 11102 - None None None None None None None None	
1 2 3 4 5 6 7 8 9 10 11 12 13	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Town CT Agent Town CT Agent Town CT Agent State	Carry on all kinds of Insurance and Assurance Business Insurance For Profit 23 Lime Tree Bay Avenue, PO Box 1159 Grand Cayman Cayman Islands 11102 - None None None None None None Cayman Islands	
1 2 3 4 5 6 7 8 9 10 11 12 13	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town	Carry on all kinds of Insurance and Assurance Business Insurance For Profit 23 Lime Tree Bay Avenue, PO Box 1159 Grand Cayman Cayman Islands 11102 - None None None None None None None None	
1 2 3 4 5 6 7 8 9 10 11 12 13	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Town CT Agent Town CT Agent Town CT Agent State	Carry on all kinds of Insurance and Assurance Business Insurance For Profit 23 Lime Tree Bay Avenue, PO Box 1159 Grand Cayman Cayman Islands 11102 - None None None None None None Cayman Islands	
1 2 3 4 5 6 7 8 9 10 11 12 13	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Town CT Agent Town CT Agent Town CT Agent State	Carry on all kinds of Insurance and Assurance Business Insurance For Profit 23 Lime Tree Bay Avenue, PO Box 1159 Grand Cayman Cayman Islands 11102 - None None None None None None Cayman Islands	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent State CT Agent Zip Code	Carry on all kinds of Insurance and Assurance Business Insurance For Profit 23 Lime Tree Bay Avenue, PO Box 1159 Grand Cayman Cayman Islands 11102 - None None None None None None Cayman Islands 11103 - None None None None None None None None	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 F.	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	Carry on all kinds of Insurance and Assurance Business Insurance For Profit 23 Lime Tree Bay Avenue, PO Box 1159 Grand Cayman Cayman Islands 11102 - None None None None None None Cayman Islands 11103 - None None None None None None None None	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description	Carry on all kinds of Insurance and Assurance Business Insurance For Profit 23 Lime Tree Bay Avenue, PO Box 1159 Grand Cayman Cayman Islands 11102 - None None None None Cayman Islands 100000 - L&M SYSTEMS INC PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 F.	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	Carry on all kinds of Insurance and Assurance Business Insurance For Profit 23 Lime Tree Bay Avenue, PO Box 1159 Grand Cayman Cayman Islands 11102 - None None None None Comman Islands None None None None None Cayman Islands 00000 - L&M SYSTEMS INC PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 F.	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	Carry on all kinds of Insurance and Assurance Business Insurance For Profit 23 Lime Tree Bay Avenue, PO Box 1159 Grand Cayman Cayman Islands 11102 - None None None None Comman Islands None None None None None Cayman Islands 00000 - L&M SYSTEMS INC PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 F.	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	Carry on all kinds of Insurance and Assurance Business Insurance For Profit 23 Lime Tree Bay Avenue, PO Box 1159 Grand Cayman Cayman Islands 11102 - None None None None Cayman Islands 100000 - L&M SYSTEMS INC PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 F.	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	Carry on all kinds of Insurance and Assurance Business Insurance For Profit 23 Lime Tree Bay Avenue, PO Box 1159 Grand Cayman Cayman Islands 11102 - None None None None Comman Islands None None None None None Cayman Islands 00000 - L&M SYSTEMS INC PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit	

ANNUAL REPORTING

FISCAL YEAR 2014

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
	Zip Code	06320 -	
	CEO Name	BRUCE D. CUMMINGS	
9	CEO Title	PRESIDENT & CEO	
	CT Agent Name	BRUCE D. CUMMINGS	
	CT Agent Name CT Agent Company	L+M Corporation	
	CT Agent Company Street Address	365 MONTAUK AVE	
	CT Agent Company Street Address CT Agent Town	New London	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent Zip Code	06320 -	
15	CT Agent Zip Code	00320 -	
G.	AFFILIATE NAME	L+M PHYSICIAN ASSOCIATION, INC.	
	Affiliate Description	Physician Practices	
2	Affiliate type of service	Physicians Services	
3	Tax Status	Not for Profit	
4	Street Address	2 Lorenz Industrial Parkway	
5	Town	Ledyard	
6	State	Connecticut	
7	Zip Code	06339 -	
8	CEO Name	Daniel Rissi, MD	
9	CEO Title	Chair	
10	CT Agent Name	L+M Corporation	
11	CT Agent Company	Daniel Rissi, MD	
12	CT Agent Company Street Address	2 Lorenz Industrial Parkway	
13	CT Agent Town	Ledyard	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06339 -	
н.	AFFILIATE NAME	LMW HEALTHCARE INC.	
1	Affiliate Description	Healthcare related Business Entity/Hospital	
2	Affiliate type of service	Inactive	
3	Tax Status	Not for Profit	
4	Street Address	25 Wells Street	
5	Town	Westerly	
6	State	Rhode Island	
7	Zip Code	02891 -	
8	CEO Name	Bruce D. Cummings	
9	CEO Title	President	
	CT Agent Name	Bruce D. Cummings	
	CT Agent Company	Bruce D. Cummings	
	CT Agent Company Street Address	One Citizens Plaza, Suite 500	
	CT Agent Town	Providence	
	CT Agent State	Rhode Island	
	CT Agent Zip Code	02903 -	
	<u> </u>		
I.	AFFILIATE NAME	LMW PHYSICIANS, INC.	
1	Affiliate Description	Physician Services	
<u> </u>	Anniale Description	prinysioian ocivioss	

ANNUAL REPORTING

FISCAL YEAR 2014

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
2	Affiliate type of service	Inactive
3	Tax Status	Not for Profit
4	Street Address	One Citizens Plaza, Suite 500
5	Town	Providence
	State	Rhode Island
7	Zip Code	02903 -
	CEO Name	Bruce D. Cummings
	CEO Title	President
	CT Agent Name	Bruce D. Cummings
	CT Agent Company	Bruce D. Cummings
	CT Agent Company Street Address	One Citizens Plaza, Suite 500
	CT Agent Town	Providence
	CT Agent State	Rhode Island
15	CT Agent Zip Code	02903 -
J.	AFFILIATE NAME	SOUTHEAST CT PARTNERS INC.
1	Affiliate Description	Service Organization
	Affiliate Description Affiliate type of service	Inactive
	Tax Status	Not for Profit
	Street Address	365 Montauk Avenue
	Town	New London
	State	Connecticut
	Zip Code	06320 -
	CEO Name	Daniel Rissi, MD
	CEO Title	CEO
	CT Agent Name	Daniel Rissi, MD
	CT Agent Company	Daniel Rissi, MD
	CT Agent Company Street Address	365 Montauk Avenue
	CT Agent Town	New London
	CT Agent State	Connecticut
15	CT Agent Zip Code	06320 -
K.	AFFILIATE NAME	VNA OF SOUTHEASTERN CT
	Affiliate Description	VISITING NURSES ASSOCIATION
	Affiliate type of service	Home Health/VNAs
	Tax Status	Not for Profit
	Street Address	403 NORTH FRONTAGE RD
	Town	Waterford
	State	Connecticut
	Zip Code	06385 -
	CEO Name	BRUCE D. CUMMINGS
	CEO Title	PRESIDENT & CEO
	CT Agent Name	BRUCE D. CUMMINGS
	CT Agent Company	BRUCE D. CUMMINGS
	CT Agent Company Street Address	403 NORTH FRONTAGE ROAD
	CT Agent State	Waterford
	CT Agent Zip Code	Connecticut 06385 -
	CT Agent Zip Code	OUDDO - STREET ADDRESS FOR EACH ACENT COMPANY

^{*} P.O. BOX IS UNACCEPTABLE WITHOUT A

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

LAWRENCE AND MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2014

(1) (2) (3) (4) **FUND DESCRIPTION / BALANCE AS OF** LINE AFFILIATE NAME **FUND PURPOSE** 9/30/2014 Α. LAWRENCE AND MEMORIAL HOSPITAL 1 Unrestricted \$138,729,444 2 Temporarily Restricted by Donor \$23,432,028 3 Temporarily Restricted by Board \$0 4 Permanently Restricted by Donor \$6,047,975 5 Intercompany Eliminations \$0 \$168,209,447 Total: В. L+M CORPORATION Unrestricted \$67,562,541 2 Temporarily Restricted by Donor \$150,439 3 Temporarily Restricted by Board \$0 Permanently Restricted by Donor 4 \$0 5 Intercompany Eliminations \$0 Total: \$67,712,980 ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC. Unrestricted (\$555,677) 1 2 Temporarily Restricted by Donor \$0 3 Temporarily Restricted by Board \$0 4 Permanently Restricted by Donor \$0 5 Intercompany Eliminations \$0 Total: (\$555,677) D. L& M FOUNDATION INC. Unrestricted \$0 1 2 Temporarily Restricted by Donor \$0 3 Temporarily Restricted by Board \$0 4 Permanently Restricted by Donor \$0 Intercompany Eliminations 5 \$0 Total: \$0 Ε. L& M HEALTHCARE INC. \$0 Unrestricted 2 Temporarily Restricted by Donor \$0 Temporarily Restricted by Board \$0 3 Permanently Restricted by Donor \$0 4 5 Intercompany Eliminations \$0 Total: \$0 L&M INDEMNITY COMPANY, INC. \$1,001,322 1 Unrestricted 2 Temporarily Restricted by Donor \$0 3 Temporarily Restricted by Board \$0 4 Permanently Restricted by Donor \$0 Intercompany Eliminations 5 \$0 Total: \$1,001,322 G. L&M SYSTEMS INC Unrestricted \$2,173,187

Temporarily Restricted by Donor

2

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2014
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$2,173,187
н.	L+M PHYSICIAN ASSOCIATION, INC.		
1		Unrestricted	(\$916,909)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$916,909)
	I MAN LICAL THE ARE INC		
<u>l.</u>	LMW HEALTHCARE INC.	I love etviete d	(00.450.000
1		Unrestricted	\$33,152,392
2		Temporarily Restricted by Donor Temporarily Restricted by Board	\$1,188,220
3		Permanently Restricted by Board Permanently Restricted by Donor	\$0 \$0,000,040
<u>4</u> 5		Intercompany Eliminations	\$9,628,843 \$0
5			
		Total:	\$43,969,455
	LANGE PLIVOIGIANIA INIA		
J.	LMW PHYSICIANS, INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations Total:	\$0
		Total:	20
Κ.	SOUTHEAST CT PARTNERS INC.		
11		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
L.	VNA OF SOUTHEASTERN CT		
1		Unrestricted	\$18,628,628
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$27,000
5		Intercompany Eliminations	\$0
		Total:	\$18,655,628
	Total of all Affiliates (before Intercompany Eliminations)	Fund Polonos	\$200.040.400
	Intercompany Eliminations	Fund Balance:	\$300,249,433
	Total of all Affiliates		\$0
	Total of all Affiliates	Fund Balance:	\$300,249,433

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REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	F TRANSFER DATE	
Α.	L+M CORPORATION			
Α.	L+W CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$21,960,577
1		Transfer of Funds	09/30/2014	(\$13,375,284)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$8,585,293
В.	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$21,461,181)
1		Transfer of Funds	09/30/2014	(\$3,948,752)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$25,409,933)
C.	L& M FOUNDATION INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report	3/00/2010	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
D.	L& M HEALTHCARE INC.			
		Paginning Uncancelidated Intercompany Palance	0/20/2012	***
		Beginning Unconsolidated Intercompany Balance: Nothing to Report	9/30/2013	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$ 0
	LOW INDEMNITY COMPANY INC			
E.	L&M INDEMNITY COMPANY, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$1,673,733)
		Nothing to Report	0,00,2010	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$1,673,733)
F.	L&M SYSTEMS INC			
		Designation Unconcelled to distance and any Delever	0/20/2042	(6407.550)
1		Beginning Unconsolidated Intercompany Balance: Transfer of Funds	9/30/2013 09/30/2014	(\$167,550) \$863,271
<u> </u>		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$695,721
			3/00/2014	¥333,721
G.	L+M PHYSICIAN ASSOCIATION, INC.			
	· · · · · · · · · · · · · · · · · · ·		+	

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REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$41,258,135)
1		Transfer of Funds	09/30/2014	(\$20,040,144)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$61,298,279)
Н.	LMW HEALTHCARE INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$4,770,384)
1		Transfer of Funds	09/30/2014	(\$293,578)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$5,063,962)
I.	LMW PHYSICIANS, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0 \$0 \$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
J.	SOUTHEAST CT PARTNERS INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
K.	VNA OF SOUTHEASTERN CT			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
			Grand Total:	(\$84,164,893)
			Grana rotal.	(\$\psi_104,033)

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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
	· ·	· ·	, ,	ì	` ,
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated		
	L M CORPORATION		Intercompany Balance	10/01/2013	\$12,922,372
A.	L+M CORPORATION		Nothing to Report		\$0
			Total:	9/30/2014	\$0
			Total	3/00/2014	\$ 0
B.	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
C.	L& M FOUNDATION INC.				
L.	L& W FOUNDATION INC.		Nothing to Report		\$0
			Total:	9/30/2014	\$0
					, :
D.	L& M HEALTHCARE INC.				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
	I OM INDEMANITY COMPANY INC				
E.	L&M INDEMNITY COMPANY, INC.		Nothing to Report		\$0
			Total:	9/30/2014	\$0
			Totali	0/00/2011	+0
F.	L&M SYSTEMS INC				
1		L& M HEALTHCARE INC.	Transfer of Funds	09/30/2014	(\$515,572)
			Total:	9/30/2014	(\$515,572)
	L M BUNGIGIAN ACCOCIATION INC				
G.	L+M PHYSICIAN ASSOCIATION, INC.		Nothing to Report		\$0
			Total:	9/30/2014	\$0
				0,00,2011	**
H.	LMW HEALTHCARE INC.				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
	I MW DHYCICIANG INC				
I.	LMW PHYSICIANS, INC.		Nothing to Report		\$0
			Total:	9/30/2014	\$0 \$0
			Total.	3,33,2311	40
J.	SOUTHEAST CT PARTNERS INC.				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
1.0	WALA OF COLUTIVE ACTERNICT				
K.	VNA OF SOUTHEASTERN CT				

REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
			Ending Unconsolidated		
			Intercompany Balance	9/30/2014	\$12,406,800

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
Α.	L+M CORPORATION			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
B.	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.			
0	Nothing to Report	Total:	\$0 \$0	9/30/2014
		Total.	\$0	9/30/2014
C.	L& M FOUNDATION INC.			
0	Nothing to Report		\$0	
	reaming as repair	Total:	\$ 0	9/30/2014
D.	L& M HEALTHCARE INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
E.	L&M INDEMNITY COMPANY, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
_	LAM OVOTEMO INO			
F .	L&M SYSTEMS INC Nothing to Report		Φ0	
	Nothing to Report	Total:	\$0 \$0	9/30/2014
		- Ottali	Ψ0	3/30/2014
G.	L+M PHYSICIAN ASSOCIATION, INC.			
0	Nothing to Report		\$0	
	3.4.41.4.	Total:	\$0	9/30/2014
H.	LMW HEALTHCARE INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
I.	LMW PHYSICIANS, INC.			
0	Nothing to Report	Total:	\$0	0/00/0044
		i Otali.	\$0	9/30/2014
J.	SOUTHEAST CT PARTNERS INC.			
0	Nothing to Report		\$0	
۳	Trothing to Report	Total:	\$0 \$0	9/30/2014
			40	5,55,2014
K.	VNA OF SOUTHEASTERN CT			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
	Grand	d Total:	\$0	9/30/2014

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.	L+M CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
В.	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	L& M FOUNDATION INC.	¢0	0
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	L& M HEALTHCARE INC.	\$0	
U	Nothing to Report Total:	\$0 \$0	0
	i Otal:	\$0	
_			
E. 0	L&M INDEMNITY COMPANY, INC. Nothing to Report	\$0	0
-	Total:	\$ 0	0
	Total.	ψ0	
-	L&M SYSTEMS INC		
F .	Nothing to Report	\$0	0
	Total:	\$0	Ü
	1000	40	
G.	L+M PHYSICIAN ASSOCIATION, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	-
		,	
H.	LMW HEALTHCARE INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
I.	LMW PHYSICIANS, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	SOUTHEAST CT PARTNERS INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
K.	VNA OF SOUTHEASTERN CT		
0	Nothing to Report	\$0	0

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	
	Grand Total:	\$0	

LAWRENCE AND MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2014 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR

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

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2013	FY 2014		
LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
Α.	Indigent Care				
	Beginning Balance	\$0.00	\$0.00		0%
1	Donations	\$0.00	\$0.00		0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	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%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
В.	Free Beds				
	Beginning Balance	\$1,114,469.81	\$1,243,463.00	\$128,993.19	12%
1	Donations	\$0.00	\$0.00	-	0%
2	Income	\$54,746.00	\$54,625.00		0%
3	Expenditures	\$56,887.66	\$50,316.26		-12%
4	Unrealized Gains and Losses	\$131,134.85	\$86,874.26		-34%
	Ending Balance	\$1,243,463.00	\$1,334,646.00		7%
5	Projected Interest Income	\$55,000.00	\$53,000.00	(\$2,000.00)	-4%
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%
3	Expenditures	\$0.00	\$0.00		0%
4	Unrealized Gains and Losses	\$0.00	\$0.00		0%
	Ending Balance	\$0.00	\$0.00		0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

	LAWRENCE AND MEMORIAL HOSPITAL	
	ANNUAL REPORTING	
	FISCAL YEAR 2014	
	REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY 1	THE HOSPITAL
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
	ations for Hospital Bed Funds	885
2. A. Number of Patients	s receiving Hospital Bed Fund Grants	27
2. B. The Actual Total De	ollar Amount provided to all patients from Hospital Bed Funds:	\$50,316.00
1	Matson, Harriet H	\$327.00
2	William S Thomas Trust	\$627.00
3	Hobson, DR & Mrs. Albert	\$412.00
4	William S Thomas Trust	\$333.00
5	William S Thomas Trust	\$738.00
6	William S Thomas Trust	\$5,195.00
7	May, Elizabeth & John Dr.	\$412.00
8	Armstrong, Elizabeth C	\$412.00
9	William S Thomas Trust	\$4,614.00
10	Lyman & Emma Turner Allyn	\$1,979.00
10	Strickland Duval, Mary E	\$309.00
11	William S Thomas Trust	\$340.00
12	William S Thomas Trust	\$921.00
13	William S Thomas Trust	\$320.00
14	William S Thomas Trust	\$285.00
15	Lyman & Emma Turner Allyn	\$5,306.00
16	Brockington, Samuel	\$279.00
17	William S Thomas Trust	\$5,734.00
18	Harkness, Edward S	\$1,524.00
19	Armstrong, Elizabeth C	\$974.00
19	Crawford, Marion G	\$497.00
19	Strickland Duval, Mary E	\$353.00
19	Hobson, DR & Mrs. Albert	\$349.00
19	May, Elizabeth & John Dr.	\$11.00
20	William S Thomas Trust	\$718.00
21	Matson, Harriet H	\$461.00
22	Armstrong, Elizabeth C	\$371.00
23	William S Thomas Trust	\$11,908.00
24	Ferrin, Carlisle Dr. F	\$934.00
24	William S Thomas Trust	\$761.00
25	Eunice Harding Marvin Fund	\$1,763.00
26	Brockington, Samuel	\$412.00
2/	Snepard, Cecella S	\$737.00
	Grand Total	\$50,316.00

LAWRENCE AND MEMORIAL HOSPITAL ANNUAL REPORTING **FISCAL YEAR 2014** REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL B. BED FUND ACTIVITY (1) (2) (3) (4) (5) (6) Earnings Reinvested Earnings Available FMV of Principal **Actual Earnings** Name of Hospital Bed Fund Line (3) Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each Hospital Bed Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund. (4) (5) Actual Dollar Amount of Earnings reinvested as Principal, if any. (6) Actual Dollar Amount of Earnings available for Patient Care. Armstrong, Elizabeth C \$74,816.00 \$1,013.00 \$0.00 \$0.00 Brockington, Samuel \$5,011.00 \$0.00 \$0.00 \$370,178.00 Crawford, Marion G \$0.00 \$21,088.00 \$285.00 \$0.00 **Eunice Harding Marvin Fund** \$74,816.00 \$0.00 \$0.00 \$1,013.00 Ferrin, Carlisle Dr. F \$0.00 \$39,626.00 \$536.00 \$0.00 Harkness, Edward S \$64,686.00 \$876.00 \$0.00 \$0.00 Hobson, DR & Mrs. Albert \$0.00 \$0.00 \$32,315.00 \$437.00 Matson, Harriet H \$31,339.00 \$424.00 \$0.00 \$0.00 May, Elizabeth & John Dr. \$17,937.00 \$243.00 \$0.00 \$0.00 Shepard, Cecelia S \$427.00 \$0.00 \$0.00 \$31,514.00 Sherman, Miranda H \$142,077.00 \$1,923.00 \$0.00 \$0.00 Strickland Duval, Mary E \$0.00 \$0.00 \$28,088.00 \$380.00 Webb-Fairbanks, Annie J \$64,686.00 \$876.00 \$0.00 \$0.00 Lyman & Emma Turner Allyn \$341,478.00 \$4,622.00 \$0.00 \$0.00 William S Thomas Trust \$905,163.82 \$36,559.00 \$0.00 \$0.00 Total Bed Funds : \$2,239,807.82 \$54,625.00 \$0.00 \$0.00

REPORT 17B FUND ACTIVITY 16 OF 23 7/7/2015, 5:20 PM

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I.	GENERAL COLLECTION PROCESSES AND PROCEDURES	
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	
		In FY14 the hospital assign bad debt to collection agents based on the 1st letter of the patients last name. Letters A-G went to Century, H-L Atlantic, & M-Z Marcam.
В.	Hospital's processes and policies for compensating a Collection Agent for services rendered	L+M reimburses its collection agencies based on payments posted to patients accounts in L+M s billing system. For payments sent directly to L+M, L+M sends a daily file of payments to agencies. Collection agencies send a monthly statement to L+M of payments recieved by them.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	17.42%
	CDECIFIC COLLECTION ACENT INFORMATION	
II.	SPECIFIC COLLECTION AGENT INFORMATION	
A	Collection Agent Collection Agent Name	Century
2	Collection Agent Name Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
	If the Hospital follows the same processes and policies described	INOLINEIALEU
_	in Section I, for assigning debt with this Collection Agent?	
	indicate "Same as General Processes and Policies" Otherwise	
	Provide Details.	In FY14 the hospital assign bad debt to collection agents based on the 1st letter of the patients last name. Letters A-G went to Century, H-L Atlantic, & M-Z Marcam.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	L+M reimburses its collection agencies based on payments posted to patients accounts in L+M s billing system. For payments sent directly to L+M, L+M sends a daily file of payments to agencies. Collection agencies send a monthly statement to L+M of payments recieved by them.
6	Recovery Rate on Accounts Assigned (excluding Medicare	
	accounts) to Collection Agent.	16.53%
В	Collection Agent	

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
1	Collection Agent Name	Atlantic
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.	In FY14 the hospital assign bad debt to collection agents based on the 1st letter of the patients last name. Letters A-G went to Century, H-L Atlantic, & M-Z Marcam.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	L+M reimburses its collection agencies based on payments posted to patients accounts in L+M s billing system. For payments sent directly to L+M, L+M sends a daily file of payments to agencies. Collection agencies send a monthly statement to L+M of payments recieved by them.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	18.42%
С	Collection Agent	
1	Collection Agent Name	Marcam Associates
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.	In FY14 the hospital assign bad debt to collection agents based on the 1st letter of the patients last name. Letters A-G went to Century, H-L Atlantic, & M-Z Marcam.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	L+M reimburses its collection agencies based on payments posted to patients accounts in L+M s billing system. For payments sent directly to L+M, L+M sends a daily file of payments to agencies. Collection agencies send a monthly statement to L+M of payments recieved by them.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	15.64%

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
D	Collection Agent	
1	Collection Agent Name	Michalik, Bauer, Silvia, & Ciccariello
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4		In FY14 the hospital assign bad debt to collection agents based on the 1st letter of the patients last name. Letters A-G went to Century, H-L Atlantic, & M-Z Marcam.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	L+M reimburses its collection agencies based on payments posted to patients accounts in L+M s billing system. For payments sent directly to L+M, L+M sends a daily file of payments to agencies. Collection agencies send a monthly statement to L+M of payments recieved by them.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	141.02%

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

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	President, CEO	\$710,383	\$51,490	\$761,873
2.	Vice President, Physician Practice Mngt	\$528,761	\$42,658	\$571,419
3.	Chief Operating Officer	\$417,203	\$37,904	\$455,107
4.	Vice President, Chief Transformation Officer	\$331,403	\$38,888	\$370,291
5.	Chief Legal Officer	\$278,565	\$36,090	\$314,655
		* -,	*	. ,
6.	VP of Strategic Planning	\$273,129	\$32,799	\$305,928
7.	Vice President, Patient Care	\$264,126	\$25,839	\$289,965
8.	Chief Information Officer	\$244,379	\$34,965	\$279,344
9.	Vice President, Development	\$225,345	\$33,993	\$259,338
10.	Medical Director	\$219,729	\$17,845	\$237,574
	Grand Total:	\$3,493,023	\$352,471	\$3,845,494

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LAWRENCE AND MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2014 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 (DirectI	
LINE	DESCRIPTION	indirectly) ^c	y or Indirectly) ^C	TOTAL
	22031III 11011	man cony,	y or manoemy,	101712
Α.	L+M CORPORATION			
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
_	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT,			
В.	INC.			A 0
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0 \$0	\$0	\$0 \$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
C .	L& M FOUNDATION INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
_	,,,,,,	7-	, ,,	7.5
D.	L& M HEALTHCARE INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Ε.	L&M INDEMNITY COMPANY, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F.	L&M SYSTEMS INC			
<u>г.</u> 1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Entity Listed Above to Hospital Employees(b) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0	\$0 \$0
	and by the mospital to Employees of the Emity Listed Above	ΨΟ	ΨΟ	ΨΟ
G .	L+M PHYSICIAN ASSOCIATION, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Н.	LMW HEALTHCARE INC.			
11	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
	LANW PLIVEICIANIC INC			
1.	LMW PHYSICIANS, INC.	фo	1 60	C C
<u>1</u> 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
	T ald by the Hospital to Employees of the Emily Listed Above	φυ	μ φυ	φυ
J .	SOUTHEAST CT PARTNERS INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Κ.	VNA OF SOUTHEASTERN CT			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

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

REPORT 21 21 OF 23 7/7/2015,5:20 PM

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.

CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY

LAWRENCE AND MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2014 REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR

(1) (2) (3) LINE DESCRIPTION **ACTUAL FY 2014** Transfer of Assets or Operations Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions. N/A Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions. N/A Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control. N/A 3. Date that each Transfer of Assets or Operations or Change of Control involving Hospital

N/A

\$0

Clinical or Nonclinical Services or Functions occurred.

Clinical or Nonclinical Services or Functions.

Amount of each Transfer of Assets or Operations or Change of Control involving Hospital

	LAWRENCE AND M		TAL		
		LEPORTING LL YEAR 2014			
	REPORT 23 - CHARITY CARE AND REDUCED		PROVIDED BY	THE HOSPITAL	
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2013	FY 2014	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	<u>AMOUNT</u>	DIFFERENCE	DIFFERENCE
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial S	tatement Notes)			
1.	Number of Applicants	1,665	885	(780)	-47%
2.	Number of Approved Applicants	1,258	763	(495)	-39%
	The state of the s	.,		(100)	
3.	Total Charges (A)	\$7,039,023	\$5,424,366	(\$1,614,657)	-23%
	Average Charges	\$5,595	\$7,109	\$1,514	27%
	Detico (0 e et to 0) e e e e (000)	0.440705	0.400000	(0.000500)	50.
4.	Ratio of Cost to Charges (RCC) Total Cost	0.449795 \$3,166,117	0.426266 \$2,312,223	(0.023529) (\$853,895)	-5% -27%
	Average Cost	\$3,166,117	\$3,030	(\$655,695) \$514	20%
	Average oost	Ψ2,511	ψ3,030	ΨΟΙΨ	207
5.	Charity Care - Inpatient Charges	\$753,355	\$480,404	(\$272,951)	-36%
	Charity Care - Outpatient Emergency Department				
6.	Charges	862,053	599,970	(262,083)	-30%
_	Charity Care - Outpatient Charges (Excludes ED	5 400 045	4 0 40 000	(4.070.000)	000
7.	Charges) Total Charges (A)	5,423,615 \$7,039,023	4,343,992 \$5,424,366	(1,079,623) (\$1,614,657)	-20% - 23 %
	Total Charges (A)	\$7,039,023	\$5,424,300	(\$1,614,657)	-23%
8.	Charity Care - Number of Patient Days	134	85	(49)	-37%
9.	Charity Care - Number of Discharges	42	27	(15)	-36%
10.	Charity Care - Number of Outpatient ED Visits	783	461	(322)	-41%
	Charity Care - Number of Outpatient Visits (Excludes ED				
11.	Visits)	2,001	1,071	(930)	-46%
(A) Ih	e total amount must agree with the total amount listed in				
		tne Hospital Aud	ited Financial S	tatement Notes.	
	Heavital Dad Funda (see Heavital Deposition Contains D		ited Financial S	tatement Notes.	
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - R		ited Financial S	tatement Notes.	
		eport 17)			-47%
<u>B.</u> 1. 2.	Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants		885	(780) (11)	-47% -29 %
1.	Number of Applicants	eport 17) 1,665	885	(780) (11)	
1.	Number of Applicants Number of Approved Applicants Total Charges (B)	eport 17) 1,665 38 \$56,888	885 27 \$50,316	(780) (11) (\$6,572)	-29 % -12%
1. 2.	Number of Applicants Number of Approved Applicants	eport 17) 1,665 38	885 27	(780) (11)	-29%
1. 2. 3.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges	1,665 38 \$56,888 \$1,497	\$50,316 \$1,864	(780) (11) (\$6,572) \$367	-29% -12% 24 %
1. 2.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC)	\$56,888 \$1,497	\$50,316 \$1,864 0.426266	(780) (11) (\$6,572) \$367 (0.023529)	-29% -12% 24 % -5%
1. 2. 3.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges	1,665 38 \$56,888 \$1,497	\$50,316 \$1,864	(780) (11) (\$6,572) \$367	-29 % -12%
1. 2. 3.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost	\$56,888 \$1,497 0.449795 \$25,588 \$673	\$50,316 \$1,864 0.426266 \$21,448 \$794	(780) (11) (\$6,572) \$367 (0.023529) (\$4,140) \$121	-29% -12% 24% -5% -16% 18%
1. 2. 3.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost	\$56,888 \$1,497 0.449795 \$25,588	\$50,316 \$1,864 0.426266 \$21,448	(780) (11) (\$6,572) \$367 (0.023529) (\$4,140)	-29% -12% 24% -5% -16% 18%
1. 2. 3. 4.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges	\$56,888 \$1,497 0.449795 \$25,588 \$673	\$50,316 \$1,864 0.426266 \$21,448 \$794	(780) (11) (\$6,572) \$367 (0.023529) (\$4,140) \$121	-29% -12% 24% -5% -16% 18%
1. 2. 3. 4.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges	1,665 38 \$56,888 \$1,497 0.449795 \$25,588 \$673 \$362 25,739	\$50,316 \$1,864 0.426266 \$21,448 \$794 \$2,184	(780) (11) (\$6,572) \$367 (0.023529) (\$4,140) \$121 \$1,822 (12,795)	-29% -12% 24% -5% -16% 18% -50%
1. 2. 3. 4.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges)	1,665 38 \$56,888 \$1,497 0.449795 \$25,588 \$673 \$362 25,739	\$50,316 \$1,864 0.426266 \$21,448 \$794 \$2,184 12,944 35,188	(780) (11) (\$6,572) \$367 (0.023529) (\$4,140) \$121 \$1,822 (12,795)	-29% -12% 24% -5% -16% 18% -50% -50%
1. 2. 3. 4.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges	1,665 38 \$56,888 \$1,497 0.449795 \$25,588 \$673 \$362 25,739	\$50,316 \$1,864 0.426266 \$21,448 \$794 \$2,184	(780) (11) (\$6,572) \$367 (0.023529) (\$4,140) \$121 \$1,822 (12,795)	-29% -12% 24% -5% -16% 18% -50% -50%
1. 2. 3. 4. 5. 6.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B)	1,665 38 \$56,888 \$1,497 0.449795 \$25,588 \$673 \$362 25,739 30,787 \$56,888	\$50,316 \$1,864 0.426266 \$21,448 \$794 \$2,184 12,944 35,188	(780) (11) (\$6,572) \$367 (0.023529) (\$4,140) \$121 \$1,822 (12,795) 4,401 (\$6,572)	-29% -12% 24% -5% -16% 18% -50% -14% -12%
1. 2. 3. 4.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges)	1,665 38 \$56,888 \$1,497 0.449795 \$25,588 \$673 \$362 25,739	\$50,316 \$1,864 0.426266 \$21,448 \$794 \$2,184 12,944 35,188 \$50,316	(780) (11) (\$6,572) \$367 (0.023529) (\$4,140) \$121 \$1,822 (12,795)	-29% -12% 24% -5% -16% 18% -50% -14% -12%
1. 2. 3. 4. 5. 6. 7.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days	1,665 38 \$56,888 \$1,497 0.449795 \$25,588 \$673 \$362 25,739 30,787 \$56,888	\$50,316 \$1,864 0.426266 \$21,448 \$794 \$2,184 12,944 35,188 \$50,316	(780) (11) (\$6,572) \$367 (0.023529) (\$4,140) \$121 \$1,822 (12,795) 4,401 (\$6,572)	-29% -12% 24% -5% -16% 18% -50% -14% -12% -0% -0%
1. 2. 3. 4. 5. 6. 7.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Outpatient ED Visits Bed Funds - Number of Outpatient Visits(Excludes ED	1,665 38 \$56,888 \$1,497 0.449795 \$25,588 \$673 \$362 25,739 30,787 \$56,888	\$50,316 \$1,864 0.426266 \$21,448 \$794 \$2,184 12,944 35,188 \$50,316	(780) (11) (\$6,572) \$367 (0.023529) (\$4,140) \$121 \$1,822 (12,795) 4,401 (\$6,572) 0 0 (11)	-29% -12% 24% -5% -16% 18% -50% -50% -14% -12% -0% -44%
1. 2. 3. 4. 5. 6. 7.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges Bed Funds - Number of Outpatient ED Visits	1,665 38 \$56,888 \$1,497 0.449795 \$25,588 \$673 \$362 25,739 30,787 \$56,888	\$50,316 \$1,864 0.426266 \$21,448 \$794 \$2,184 12,944 35,188 \$50,316	(780) (11) (\$6,572) \$367 (0.023529) (\$4,140) \$121 \$1,822 (12,795) 4,401 (\$6,572)	-29% -12% 24% -5% -16% 18% -503% -50% -14% -12% -0% -0%

	LAWRENCE AND MEMORIAL HOSPITAL								
	ANNUAL REPORTING								
	FISC	AL YEAR 2014							
	REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL								
(1)	(2)	(3)	(4)	(5)	(6)				
	FY 2013 FY 2014 AMOUNT %								
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE				