(1)	(2)	(3)	
LINE	DESCRIPTION		
A.	AFFILIATE NAME	EASTERN CONNECTICUT HEALTH NETWORK,INC.	
		PARENT CORPORATION AND PROVIDES OVERALL DIRECTION AND CONTROL TO ALL OTHER	
	Affiliate Description	CORPORATIONS	
	Affiliate type of service	Parent Corporation Not for Profit	
_	Tax Status Street Address	71 HAYNES STREET, MANCHESTER, CT	
	Town	Manchester	
	State	Connecticut	
	Zip Code	06040 -	
	CEO Name	PETER J. KARL	
_	CEO Title	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	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06040 -	
В.	AFFILIATE NAME	A CARING HAND, LLC	
1	Affiliate Description	PROVIDES PRIVATE SERVICES (COMPANIONS, HOMEMAKERS, PERSONAL CARE ASSISTANTS, LIVE IN CARE)	
	Affiliate type of service	Other HealthCare Svcs(Specify)	
	Tax Status	Not for Profit	
-	Street Address	8 Keynote Drive	
	Town	Vernon	
	State	Connecticut	
7	Zip Code	06066 -	
8	CEO Name	Todd Rose	
9	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	
15	CT Agent Zip Code	06066 -	
C.	AFFILIATE NAME	AETNA AMBULANCE SERVICES, INC.	
С.		ALTINA AMBOLANCE SERVICES, INC.	
1	Affiliate Description	PROVIDES AMBULANCE TRANSPORTATION SERVICES	
	Affiliate type of service	Ambulatory Services	
	Tax Status	For Profit	
	Street Address	140 Van Block Avenue	
	Town	Hartford	
	State	Connecticut	
	Zip Code	06106 -	
	CEO Name	Wayne Wright	
	CEO Title	President	
	CT Agent Name	Winship Service Corporation	
11	CT Agent Company	c/o Shipman and Goodwin LLP	

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
12	CT Agent Company Street Address	One Constitution Plaza	
13	CT Agent Town	Hartford	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06103 -	
D.	AFFILIATE NAME	AMBULANCE SERVICE OF MANCHESTER, LLC	
1	Affiliate Description	PROVIDE TRANSPORTATION SERVICES	
	Affiliate type of service	Ambulatory Services	
3	Tax Status	For Profit	
4	Street Address	275 New State Road, Manchester, CT	
5	Town	Manchester	
6	State	Connecticut	
_	Zip Code	06040 -	
	CEO Name	Wayne Wright	
	CEO Title	President	
	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 -	
10			
E.	AFFILIATE NAME	CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC	
	Affiliate Description	Provides medical management, quality oversight and insures value of community based care.	
2	Affiliate type of service	Other HealthCare Svcs(Specify)	
2 3		Other HealthCare Svcs(Specify) Not for Profit	
2 3 4	Affiliate type of service Tax Status Street Address	Other HealthCare Svcs(Specify)         Not for Profit         26 Haynes Street	
2 3 4 5	Affiliate type of service Tax Status	Other HealthCare Svcs(Specify) Not for Profit	
2 3 4 5 6	Affiliate type of service Tax Status Street Address Town State	Other HealthCare Svcs(Specify)         Not for Profit         26 Haynes Street         Manchester         Connecticut	
2 3 4 5 6 7	Affiliate type of service Tax Status Street Address Town State Zip Code	Other HealthCare Svcs(Specify)         Not for Profit         26 Haynes Street         Manchester         Connecticut         06040 -	
2 3 4 5 6 7 8	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name	Other HealthCare Svcs(Specify)         Not for Profit         26 Haynes Street         Manchester         Connecticut         06040 -         Edward J Roberts	
2 3 4 5 6 7 8 9	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title	Other HealthCare Svcs(Specify)         Not for Profit         26 Haynes Street         Manchester         Connecticut         06040 -         Edward J Roberts         Manager	
2 3 4 5 6 7 8 9 10	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name	Other HealthCare Svcs(Specify)         Not for Profit         26 Haynes Street         Manchester         Connecticut         06040 -         Edward J Roberts	
2 3 4 5 6 7 8 9 10 11	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company	Other HealthCare Svcs(Specify)         Not for Profit         26 Haynes Street         Manchester         Connecticut         06040 -         Edward J Roberts         Manager         Edward J Roberts	
2 3 4 5 6 7 8 9 10 11 12	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	Other HealthCare Svcs(Specify)         Not for Profit         26 Haynes Street         Manchester         Connecticut         06040 -         Edward J Roberts         Manager         Edward J Roberts         26 Haynes Street	
2 3 4 5 6 7 8 9 10 11 12 13	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	Other HealthCare Svcs(Specify)         Not for Profit         26 Haynes Street         Manchester         Connecticut         06040 -         Edward J Roberts         Manager         Edward J Roberts         26 Haynes Street         Manchester	
2 3 4 5 6 7 8 9 10 11 12 13 14	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	Other HealthCare Svcs(Specify)         Not for Profit         26 Haynes Street         Manchester         Connecticut         06040 -         Edward J Roberts         Manager         Edward J Roberts         26 Haynes Street         Manchester         Connecticut	
2 3 4 5 6 7 8 9 10 11 12 13 14	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	Other HealthCare Svcs(Specify)         Not for Profit         26 Haynes Street         Manchester         Connecticut         06040 -         Edward J Roberts         Manager         Edward J Roberts         26 Haynes Street         Manchester	
2 3 4 5 6 7 8 9 10 11 12 13 14	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	Other HealthCare Svcs(Specify)         Not for Profit         26 Haynes Street         Manchester         Connecticut         06040 -         Edward J Roberts         Manager         Edward J Roberts         26 Haynes Street         Manchester         Connecticut	
2 3 4 5 6 7 8 9 10 11 12 13 14 15	Affiliate type of service         Tax Status         Street Address         Town         State         Zip Code         CEO Name         CEO Title         CT Agent Name         CT Agent Company         CT Agent Town         CT Agent Town         CT Agent State         CT Agent State         CT Agent State         CT Agent Zip Code	Other HealthCare Svcs(Specify)         Not for Profit         26 Haynes Street         Manchester         Connecticut         06040 -         Edward J Roberts         Manager         Edward J Roberts         26 Haynes Street         Manchester         Connecticut         06040 -	
2 3 4 5 6 7 8 9 10 11 12 13 14	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	Other HealthCare Svcs(Specify)         Not for Profit         26 Haynes Street         Manchester         Connecticut         06040 -         Edward J Roberts         Manager         Edward J Roberts         26 Haynes Street         Manchester         Connecticut	
2 3 4 5 6 7 8 9 10 11 12 13 14 15	Affiliate type of service         Tax Status         Street Address         Town         State         Zip Code         CEO Name         CEO Title         CT Agent Name         CT Agent Company         CT Agent Town         CT Agent Town         CT Agent State         CT Agent State         CT Agent State         CT Agent Zip Code	Other HealthCare Svcs(Specify)         Not for Profit         26 Haynes Street         Manchester         Connecticut         06040 -         Edward J Roberts         Manager         Edward J Roberts         26 Haynes Street         Manchester         Connecticut         06040 -	
2 3 4 5 6 7 8 9 10 11 12 13 14 15 <b>F</b> .	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 Town         CT Agent State         CT Agent Zip Code	Other HealthCare Svcs(Specify)         Not for Profit         26 Haynes Street         Manchester         Connecticut         06040 -         Edward J Roberts         Manager         Edward J Roberts         26 Haynes Street         Manchester         Connecticut         06040 -         Edward J Roberts         Manager         Edward J Roberts         Ochaynes Street         Manchester         Connecticut         06040 -	
2 3 4 5 6 7 8 9 10 11 12 13 14 15 <b>F.</b> 1	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 State         CT Agent Town         CT Agent Town         CT Agent Town         CT Agent State         CT Agent Zip Code	Other HealthCare Svcs(Specify)         Not for Profit         26 Haynes Street         Manchester         Connecticut         06040 -         Edward J Roberts         Manager         Edward J Roberts         Manchester         Connecticut         06040 -         Edward J Roberts         Manager         Edward J Roberts         Onnecticut         06040 -         26 Haynes Street         Manchester         Connecticut         06040 -         Echonecticut         06040 -         ECHN's Malpractice Insurance Co.	
2 3 4 5 6 7 8 9 10 11 12 13 14 15 <b>F</b> . 1 2	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 State         CT Agent Town         CT Agent State         CT Agent Zip Code         Affiliate Description         Affiliate type of service	Other HealthCare Svcs(Specify)         Not for Profit         26 Haynes Street         Manchester         Connecticut         06040 -         Edward J Roberts         Manager         Edward J Roberts         26 Haynes Street         Manager         Edward J Roberts         26 Haynes Street         Manchester         Connecticut         06040 -         26 Haynes Street         Manchester         Connecticut         06040 -         ECHN's Malpractice Insurance Co.         Insurance	
2 3 4 5 6 7 8 9 10 11 12 13 14 15 <b>F.</b> 1 2 3	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 State         CT Agent Town         CT Agent State         CT Agent Zip Code         Affiliate Description         Affiliate type of service         Tax Status	Other HealthCare Svcs(Specify)         Not for Profit         26 Haynes Street         Manchester         Connecticut         06040 -         Edward J Roberts         Manager         Edward J Roberts         Manager         Connecticut         06040 -         Edward J Roberts         Manager         Connecticut         06040 -         26 Haynes Street         Manchester         Connecticut         06040 -         26 Haynes Street         Manchester         Connecticut         06040 -         ECHN's Malpractice Insurance Co.         Insurance         Not for Profit	
2 3 4 5 6 7 8 9 10 11 12 13 14 15 <b>F.</b> 1 2 3 4	Affiliate type of service         Tax Status         Street Address         Town         State         Zip Code         CEO Name         CEO Title         CT Agent Name         CT Agent Company         CT Agent Town         CT Agent Town         CT Agent State         CT Agent State         CT Agent Zip Code         Affiliate Description         Affiliate type of service         Tax Status         Street Address	Other HealthCare Svcs(Specify)         Not for Profit         26 Haynes Street         Manchester         Connecticut         06040 -         Edward J Roberts         Manager         Edward J Roberts         26 Haynes Street         Manager         Edward J Roberts         26 Haynes Street         Manchester         Connecticut         06040 -         26 Haynes Street         Manchester         Connecticut         06040 -         Ectward J Roberts         Ectward J Roberts         Ectward J Roberts         Ecthaynes Street         Manchester         Connecticut         06040 -         EcthN's Malpractice Insurance Co.         Insurance         Not for Profit         71 Haynes St.	
2 3 4 5 6 7 8 9 10 11 12 13 14 15 <b>F.</b> 1 2 3	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 State         CT Agent Town         CT Agent State         CT Agent Zip Code         Affiliate Description         Affiliate type of service         Tax Status	Other HealthCare Svcs(Specify)         Not for Profit         26 Haynes Street         Manchester         Connecticut         06040 -         Edward J Roberts         Manager         Edward J Roberts         Manager         Connecticut         06040 -         Edward J Roberts         Manager         Connecticut         06040 -         26 Haynes Street         Manchester         Connecticut         06040 -         26 Haynes Street         Manchester         Connecticut         06040 -         ECHN's Malpractice Insurance Co.         Insurance         Not for Profit	

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
	Zip Code	06040 -	
	CEO Name	Peter Karl	
9	CEO Title	President	
	CT Agent Name	Lloyd Pelletier	
	CT Agent Company	ECHN	
	CT Agent Company Street Address	100 Main St.	
13	CT Agent Town	Grand Cayman	
14	CT Agent State	Cayman Islands	
15	CT Agent Zip Code	06040 -	
G.	AFFILIATE NAME	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC	
		Provides management services for the occupational health programs of Manchester Memorial Hospital, St.	
	Affiliate Description	Francis Hospital & Medical Center, and Bristol Hospital.	
2	Affiliate type of service	Occupational Heath	
3	Tax Status	For Profit	
4	Street Address	1000 Asylum Ave, Suite 4302	
5	Town	Hartford	
6	State	Connecticut	
7	Zip Code	06105 -	
8	CEO Name	DERRICK AMATO	
9	CEO Title	CHIEF EXECTUTIVE OFFICER	
10	CT Agent Name	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC	
11	CT Agent Company	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC	
	CT Agent Company Street Address	1000 Asylum Ave, Suite 4302	
13	CT Agent Town	Hartford	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06105 -	
		EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.	
Н.	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	
7	Zip Code	06040 -	
	CEO Name	PETER J. KARL	
	CEO Title	PRESIDENT & CEO	
	CT Agent Name	Sharon Holmes	
-	CT Agent Company	ECHN	
-	CT Agent Company Street Address		
	CT Agent Town	71 Haynes Street,	
	CT Agent State	Manchester Connecticut	
	CT Agent Zip Code	06040 -	
10			
Ι.	AFFILIATE NAME	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.	
1	Affiliate Description	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS	
		INCONTRAINING	

(1)	(2)	(3)		
	DESCRIPTION	AFFILIATE INFORMATION		
	Affiliate type of service	Affilate Support Services		
	Tax Status	Not for Profit		
	Street Address	26 Haynes Street, Lower Level		
5	Town	Manchester		
6	State			
	Zip Code	06040 -		
	CEO Name CEO Title	Peter J. Karl 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		
	CT Agent State	Connecticut		
	CT Agent Zip Code	06103 -		
10				
J.	AFFILIATE NAME	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.		
4	Affiliate Dependentian	Entity responsible for raising funds for the benefit of exempt organizations associated with Eastern CT		
	Affiliate Description	Health Network, Inc.		
2	Affiliate type of service	Fund Raising/Management		
3	Tax Status	Not for Profit		
	Street Address	71 Haynes Street		
5	Town	Manchester		
	State			
	Zip Code	06040 -		
	CEO Title	PRESIDENT & CEO		
	CT Agent Name	Sharon Holmes ECHN		
	CT Agent Company			
	CT Agent Company Street Address CT Agent Town	71 Haynes Street, Manchester		
	CT Agent State CT Agent Zip Code	Connecticut 06040 -		
15				
К.	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		
	Tax Status	For Profit		
	Street Address	71 Haynes Street, `		
5	Town	Manchester		
	State	Connecticut		
	Zip Code	06040 -		
	CEO Name	Dennis O'Neill		
	CEO Title	President		
	CT Agent Name	R&C Service Company		
	CT Agent Company	R&C Service Company		
	CT Agent Company Street Address	280 Trumbull Street		
	CT Agent Town	Hartford		
	CT Agent State	Connecticut		
	CT Agent Zip Code	06103 -		

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
		ECHN ELDERCARE SERVICES, INC.	
L.	AFFILIATE NAME	TO INITIATE, DEVELOP, OPERATE, AND MAINTAIN PROGRAMS DIRECTED TOWARD IMPROVING	
		EFFICIENCY OF UTILIZATION OF HEALTH CARE. FACILIITIES AND SERVICES IN EASTERN CT AND	
1	Affiliate Description	PROVIDING COST EFFECTIVE HEALTH CARE TO PUBLIC WHILE MAINTAINING A HIGH QUALITY OF	
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	CEO Name	PETER J. KARL	
9	CEO Title	PRESIDENT CEO Sharon Holmes	
	CT Agent Name CT Agent Company	ECHN	
	CT Agent Company Street Address	71 Haynes Street	
	CT Agent Company Street Address	Manchester	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06040 -	
10			
м.	AFFILIATE NAME	ECHN ENTERPRISES, INC.	
		AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS AND REAL ESTATE	
1	Affiliate Description	HOLDINGS.	
2	Affiliate type of service	Affilate Support Services	
3	Tax Status	For Profit	
4	Street Address	71 HAYNES STREET, MANCHESTER, CT	
5	Town	Manchester	
6	State	Connecticut	
7		06040 - PETER J. KARL	
8 9	CEO Name 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 -	
Ν.	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 7	State Zip Code	Connecticut 06074 -	
		Jeffrey Breiter, MD	
8 9	CEO Name CEO Title	President	
	CT Agent Name	Gregory J. Pepe, Esq.	
	CT Agent Company		
12	CT Agent Company Street Address	195 Church Street, 13th Floor	
14	on Agent Company Street Address		

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
13	CT Agent Town	New Haven	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06510 -	
0.	AFFILIATE NAME	EVERGREEN MEDICAL ASSOCIATES II, LLC	
1	Affiliate Description	Owns and operates the Evergreen II Medical Building in South Windsor adjacent to the ECHN Medical Building at Evergreen Walk	
2	Affiliate type of service	Real Estate	
3	Tax Status	For Profit	
4	Street Address	95 Glastonbury Blvd, Suite 214	
5	Town	Glastonbury	
6	State	Connecticut	
	Zip Code	06033 -	
-	CEO Name	David Sessions	
9	CEO Title	Manager	
	CT Agent Name	Joseph R. Labrosse	
	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 06033 -	
15	CT Agent Zip Code	00033 -	
Р.	AFFILIATE NAME	EVERGREEN MEDICAL ASSOCIATES, LLC	
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	
5	Town	Glastonbury	
6 7	State	Connecticut	
	Zip Code CEO Name	06033 - David Sessions	
9	CEO Name	Manager	
-	CT Agent Name	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 Company Street Address	Glastonbury	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06033 -	
Q.	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	
		Glastonbury	
5	Town		
5 6 7	Town State Zip Code	Glastonbury Connecticut 06033 -	

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
8	CEO Name	David Sessions	
9	CEO Title	Manager	
10	CT Agent Name	Joseph R. Labrosse	
	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 -	
R.	AFFILIATE NAME	HAYNES STREET MEDICAL ASSOCIATES, LLC	
	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 -	
	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 -	
S.	AFFILIATE NAME	HAYNES STREET PROPERTY MANAGEMENT, LLC	
S.	AFFILIATE NAME	HAYNES STREET PROPERTY MANAGEMENT, LLC	
_			
1	Affiliate Description	Leases office space at 622 Hebron Avenue, Glastonbury, CT for medical services.	
1 2	Affiliate Description Affiliate type of service	Leases office space at 622 Hebron Avenue, Glastonbury, CT for medical services. Real Estate	
1 2 3	Affiliate Description Affiliate type of service Tax Status	Leases office space at 622 Hebron Avenue, Glastonbury, CT for medical services. Real Estate For Profit	
1 2 3 4	Affiliate Description Affiliate type of service Tax Status Street Address	Leases office space at 622 Hebron Avenue, Glastonbury, CT for medical services. Real Estate For Profit 71 Haynes Street	
1 2 3 4 5	Affiliate Description Affiliate type of service Tax Status	Leases office space at 622 Hebron Avenue, Glastonbury, CT for medical services. Real Estate For Profit 71 Haynes Street Manchester	
1 2 3 4 5 6	Affiliate Description Affiliate type of service Tax Status Street Address Town State	Leases office space at 622 Hebron Avenue, Glastonbury, CT for medical services.         Real Estate         For Profit         71 Haynes Street         Manchester         Connecticut	
1 2 3 4 5 6 7	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code	Leases office space at 622 Hebron Avenue, Glastonbury, CT for medical services. Real Estate For Profit 71 Haynes Street Manchester Connecticut 06040 -	
1 2 3 4 5 6 7 8	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name	Leases office space at 622 Hebron Avenue, Glastonbury, CT for medical services. Real Estate For Profit 71 Haynes Street Manchester Connecticut 06040 - Peter J. Karl	
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	Leases office space at 622 Hebron Avenue, Glastonbury, CT for medical services. Real Estate For Profit 71 Haynes Street Manchester Connecticut 06040 - Peter J. Karl President & CEO	
1 2 3 4 5 6 7 8 9 10	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name	Leases office space at 622 Hebron Avenue, Glastonbury, CT for medical services. Real Estate For Profit 71 Haynes Street Manchester Connecticut 06040 - Peter J. Karl	
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	Leases office space at 622 Hebron Avenue, Glastonbury, CT for medical services. Real Estate For Profit 71 Haynes Street Manchester Connecticut 06040 - Peter J. Karl President & CEO	
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	Leases office space at 622 Hebron Avenue, Glastonbury, CT for medical services. Real Estate For Profit 71 Haynes Street Manchester Connecticut 06040 - Peter J. Karl President & CEO	
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	Leases office space at 622 Hebron Avenue, Glastonbury, CT for medical services.         Real Estate         For Profit         71 Haynes Street         Manchester         Connecticut         06040 -         Peter J. Karl         President & CEO         Sharon Holmes	
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	Leases office space at 622 Hebron Avenue, Glastonbury, CT for medical services.         Real Estate         For Profit         71 Haynes Street         Manchester         Connecticut         06040 -         Peter J. Karl         President & CEO         Sharon Holmes         71 Haynes Street	
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	Leases office space at 622 Hebron Avenue, Glastonbury, CT for medical services.         Real Estate         For Profit         71 Haynes Street         Manchester         Connecticut         06040 -         Peter J. Karl         President & CEO         Sharon Holmes         71 Haynes Street         Manchester	
1 2 3 4 5 6 7 8 9 10 11 12 13 14	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Town	Leases office space at 622 Hebron Avenue, Glastonbury, CT for medical services.         Real Estate         For Profit         71 Haynes Street         Manchester         Connecticut         06040 -         Peter J. Karl         President & CEO         Sharon Holmes         71 Haynes Street         Manchester	
1 2 3 4 5 6 7 8 9 10 11 12 13 14	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Town	Leases office space at 622 Hebron Avenue, Glastonbury, CT for medical services.         Real Estate         For Profit         71 Haynes Street         Manchester         Connecticut         06040 -         Peter J. Karl         President & CEO         Sharon Holmes         71 Haynes Street         Manchester	
1 2 3 4 5 6 7 8 9 10 11 12 13 14	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Town	Leases office space at 622 Hebron Avenue, Glastonbury, CT for medical services.         Real Estate         For Profit         71 Haynes Street         Manchester         Connecticut         06040 -         Peter J. Karl         President & CEO         Sharon Holmes         71 Haynes Street         Manchester	
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	Leases office space at 622 Hebron Avenue, Glastonbury, CT for medical services. Real Estate For Profit 71 Haynes Street Manchester Connecticut 06040 - Peter J. Karl President & CEO Sharon Holmes 71 Haynes Street Manchester Connecticut 06040 - MEDICAL PRACTICE PARTNERS	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 <b>T.</b>	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Town CT Agent State CT Agent State CT Agent Zip Code AFFILIATE NAME	Leases office space at 622 Hebron Avenue, Glastonbury, CT for medical services. Real Estate For Profit 71 Haynes Street Manchester Connecticut 06040 - Peter J. Karl President & CEO Sharon Holmes 71 Haynes Street Manchester Connecticut 06040 - President & CEO Sharon Holmes President & CEO Sharon Holmes Provides Medical billing services, electronic health records, information services and practice management	
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	Leases office space at 622 Hebron Avenue, Glastonbury, CT for medical services. Real Estate For Profit 71 Haynes Street Manchester Connecticut 06040 - Peter J. Karl President & CEO Sharon Holmes 71 Haynes Street Manchester Connecticut 06040 - MEDICAL PRACTICE PARTNERS	

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
3	Tax Status	For Profit	
4	Street Address	29 Naek Road	
5	Town	Vernon	
6	State	Connecticut	
7	Zip Code	06066 -	
8	CEO Name	Gregory M. Williams	
9	CEO Title	President	
10	CT Agent Name	Gregory M. Williams	
11	CT Agent Company		
12	CT Agent Company Street Address	29 Naek Road	
	CT Agent Town	Vernon	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06066 -	
_			
υ.	AFFILIATE NAME	METRO WHEELCHAIR SERVICE, INC	
1	Affiliate Description	PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS.	
	Affiliate type of service	Ambulatory Services	
	Tax Status	For Profit	
4	Street Address	275 New State Road, Manchester, CT	
5	Town	Manchester	
	State	Connecticut	
-	Zip Code	06040 -	
	CEO Name	Wayne Wright	
	CEO Title	President	
	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 -	
10			
۷.	AFFILIATE NAME	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)	
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.	
	Affiliate type of service	Outpatient Care	
	Tax Status	Not for Profit	
	Street Address	100 Haynes Street	
5	Town	Manchester	
	State	Connecticut	
	Zip Code	06040 -	
	CEO Name		
	CEO Title	Donna Handley President	
	CT Agent Name	Kristoffer Popovitch	
	CT Agent Company		
	CT Agent Company CT Agent Company Street Address	100 Haynes Street	
		Manchester	
	CT Agent Town		
	CT Agent State CT Agent Zip Code	Connecticut 06040 -	
15			

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
w.	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	
	Street Address	11 Research Drive, Suite 4	
5	Town	Woodbridge	
6	State	Connecticut	
7	Zip Code	06525 -	
	CEO Name	Robert Babkowski, MD	
	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	
	CT Agent Town	Hartford	
	CT Agent State	Connecticut 06103 - 3469	
15	CT Agent Zip Code	00103 - 5409	
х.	AFFILIATE NAME	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	
	Affiliate Description	Community based hospital that provides medical care on an acute basis.	
2	Affiliate type of service	Hospital	
3	Tax Status		
4 5	Street Address	31 UNION STREET, ROCKVILLE, CT Vernon Rockville	
5 6	Town State	Connecticut	
	Zip Code	06066 -	
	CEO Name	PETER J. KARL	
	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	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06040 -	
Υ.	AFFILIATE NAME	TOLLAND IMAGING CENTER	
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	
	Town	Tolland	
6	State	Connecticut	
7	Zip Code	06084 -	
	CEO Name	Kevin Murphy	
	CEO Title	President	
	CT Agent Name	R&C Service Company	
	CT Agent Company	R&C Service Company	
12	CT Agent Company Street Address	280 Trumbull Street	

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
13	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06103 -	
Z.	AFFILIATE NAME	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.	
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	
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	Todd Rose	
11	CT Agent Company		
12	CT Agent Company Street Address	8 Keynote Drive	
	CT Agent Town	Vernon	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06066 -	
AA.	AFFILIATE NAME	WBC CONNECTICUT EAST, LLC	
		A joint venture to provide comprehensive outpatient behavioral health services for adults and adolescents	
		with eating disorrders, a distinct intensive outpatient program for adults with binge eating disorrders and	
	Affiliate Description	aftercare support services.	
	Affiliate type of service	Mental Health Facility	
3	Tax Status	Not for Profit	
	Street Address	2400 Tamarack Ave, Suite 203	
	Town	South Windsor Connecticut	
	State Zip Code	06074 -	
-	CEO Name	Stuart Koman	
	CEO Title	Stuart Koman Manager	
	CT Agent Name	Corporation Service Company	
	CT Agent Company		
	CT Agent Company CT Agent Company Street Address	50 Weston Street	
	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
	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	9/30/2014
Α.	MANCHESTER MEMORIAL HOSPITAL		
1		Unrestricted	\$11,344,473
2		Temporarily Restricted by Donor	\$974,762
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$12,479,183
5		Intercompany Eliminations	\$0
		Total:	\$24,798,418
В.	EASTERN CONNECTICUT HEALTH NETWORK, INC.		
1		Unrestricted	\$3,761,850
2		Temporarily Restricted by Donor	\$473,013
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$4,234,863
С.	A CARING HAND, LLC		i i
1		Unrestricted	\$451,553
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	\$0
		Total:	\$451,553
_			
	AETNA AMBULANCE SERVICES, INC.		
1		Unrestricted	\$1,772,500
2		Temporarily Restricted by Donor	\$0
3 4		Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0
4 5		Intercompany Eliminations	\$0
5		Total:	
		lotal:	\$1,961,496
Ε.	AMBULANCE SERVICE OF MANCHESTER, LLC		
	AMBULANCE SERVICE OF MANCHESTER, LLC	Line stricts d	<u> </u>
1 2		Unrestricted	\$3,772,317
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
4		Permanently Restricted by Donor	\$0
4 5		Intercompany Eliminations	\$0 \$26,411
<u> </u>		Total:	\$3,798,728
			φ <u></u> σ,130,120
	CLINICALLY INTEGRATED NETWORK OF EASTERN		
F.	CONNECTICUT, LLC		
<u>г.</u> 1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Doard	\$0
5		Intercompany Eliminations	\$0
Ĕ		Total:	\$0
			φυ
G.	CONNECTICUT HEALTHCARE INSURANCE CO.		
1		Unrestricted	\$501,168
2		Temporarily Restricted by Donor	\$01,108
2			

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
	AFFILIATE NAME	FUND PURPOSE	9/30/2014
3		Temporarily Restricted by Board	\$0
4 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 (\$463,940)
5		Total:	
			\$37,228
Н.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC		
1		Unrestricted	\$20,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
5			
		Total:	\$20,000
	EASTERN CONNECTICUT MEDICAL PROFESSIONALS		
<b>I</b> . 1	FOUNDATION, INC.	Unrestricted	¢£47 745
2		Temporarily Restricted by Donor	\$517,745 \$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$517,745
J.	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
К.	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.		
1	ECHA COMMONT FILERETTICARE FOUNDATION, INC.	Unrestricted	\$2,865,431
2		Temporarily Restricted by Donor	\$14,031,431
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$1,567,312
5		Intercompany Eliminations	\$0
		Total:	\$18,464,174
	ECHN CORPORATE SERVICES INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3 4		Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0
4 5		Intercompany Eliminations	\$0
		Total:	\$0 \$0
Μ.	ECHN ELDERCARE SERVICES, INC.		
1		Unrestricted	\$5,537,374
2		Temporarily Restricted by Donor	\$24,686
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0

(1)	(2)	(3)	(4)
- · · ·		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2014
5		Intercompany Eliminations	\$0
		Total:	\$5,562,060
Ν.	ECHN ENTERPRISES, INC.		
1		Unrestricted	(\$5,666)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$5,666)
•			
	EVERGREEN ENDOSCOPY CENTER, LLC	Lines stricts al	
1 2		Unrestricted	\$292,807
2		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$66,891
		Total:	\$359,698
			+
Ρ.	EVERGREEN MEDICAL ASSOCIATES II, LLC		
1		Unrestricted	\$559,585
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$23,834
		Total:	\$583,419
	EVERGREEN MEDICAL ASSOCIATES, LLC		<b>.</b>
1		Unrestricted	\$258,137
2		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$6,366
Ū		Total:	\$264,503
			φ204,000
R.	HAYNES STREET MEDICAL ASSOCIATES II, LLC		
1		Unrestricted	\$236,834
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$12,911
		Total:	\$249,745
S.	HAYNES STREET MEDICAL ASSOCIATES, LLC		
1		Unrestricted	\$150,193
2		Temporarily Restricted by Donor	\$0
3 4		Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0
4 5		Intercompany Eliminations	(\$385)
Ť		Total:	\$149,808
			ψ1+3,000
т.	HAYNES STREET PROPERTY MANAGEMENT, LLC		
1		Unrestricted	\$131,342
· · ·			÷

(1)	(2)	(3)	(4)
(1)		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2014
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$131,342
			<i>•••••••••••••••••••••••••••••••••••••</i>
υ.	MEDICAL PRACTICE PARTNERS		
1		Unrestricted	\$754,230
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$754,230
			<i><i></i></i>
۷.	METRO WHEELCHAIR SERVICE, INC		
1		Unrestricted	\$54,225
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$54,225)
		Total:	\$0
			ψυ
	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK,		
	INC. (NRRON)		<u> </u>
1		Unrestricted	\$6,216,646
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4 5		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$381,743
		Total:	\$6,598,389
V			
	PATHOLOGY AND LABORATORY SERVICES, LLC		
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			\$0 \$0
		Total:	<u>۵</u> ۵
v			
Υ.	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED		<u> </u>
1		Unrestricted	\$24,111,838
2		Temporarily Restricted by Donor	\$549,043
3		Temporarily Restricted by Board	\$0
4 5		Permanently Restricted by Donor Intercompany Eliminations	\$3,573,421 \$0
<u>&gt;</u>			+ -
		Total:	\$28,234,302
Ζ.	TOLLAND IMAGING CENTER		
1		Unrestricted	\$201,009
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0 \$170,800
5		Intercompany Eliminations	\$179,809

(1)	(2)	(3)	(4)
	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2014
		Total:	\$380,818
	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT,		
AA.	INC.		
1		Unrestricted	\$10,387,031
2		Temporarily Restricted by Donor	\$74,805
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$10,461,836
AB.	WBC CONNECTICUT EAST, LLC		
1		Unrestricted	\$197,590
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$1,455)
		Total:	\$196,135
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$107,837,868
	Intercompany Eliminations		\$366,956
	Total of all Affiliates	Fund Balance:	\$108,204,824

(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:	9/30/2013	\$6,291,937
1		Allocation of Investment Income/Loss	09/30/2014	(\$3,653,800)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$2,638,137
В.	A CARING HAND, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report	9/30/2013	\$0 \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0 \$0
C.	AETNA AMBULANCE SERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$1,240,749
1		Allocation of Investments Income/Loss	09/30/2014	\$132,298
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$1,373,047
D.	AMBULANCE SERVICE OF MANCHESTER, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$2,640,622
1		Distribution	09/30/2014	(\$700,000)
2		Allocation of Investment Income/Loss	09/30/2014	\$718,487
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$2,659,109
Е.	CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC			
	CEINICALET INTEGRATED NETWORK OF LASTERN CONNECTION, ELC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
-		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
F.	CONNECTICUT HEALTHCARE INSURANCE CO.			
			0/00/00/0	
4		Beginning Unconsolidated Intercompany Balance: Accounting Fees	9/30/2013 09/30/2014	(\$599,612) \$950,430
		Ending Unconsolidated Intercompany Balance:	9/30/2014 9/30/2014	\$950,430 <b>\$350,818</b>
		Enang onconsolidated intercompany balance.	5/50/2014	4350,018
G.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC			

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$20,000
		Nothing to Report	9/30/2013	\$20,000 \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$20,000
н.	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$12,667,088
1		Accounting Fees	09/30/2014	(\$1,628,758)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$11,038,330
١.	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.			
		Beginning Unconsolidated Intercompany Balance: Nothing to Report	9/30/2013	<b>\$0</b>
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0 <b>\$0</b>
J.	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$348,558
1		Transfer of Donated Assets	09/30/2014	(\$206,060)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$142,498
К.	ECHN CORPORATE SERVICES INC.			
		Beginning Unconsolidated Intercompany Balance: Nothing to Report	9/30/2013	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0 <b>\$0</b>
L.	ECHN ELDERCARE SERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$21,562
1		Salary and Non-Salary Operating Expenses	09/30/2014	(\$44,720)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$23,158)
м.	ECHN ENTERPRISES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$1,901,460

LINE         AFFILIATE NAME         DESCRIPTION OF TRANSFER         DATE         TRANSFER TO HOSPITA           1         Non Salary Expense         09/30/2014         09/30/2014         09/30/2014           Non Salary Expense         09/30/2014         09/30/2014         0         0           Non Salary Expense         09/30/2014         0         0         0         0           Non Salary Expense         09/30/2014         0	
Ending Unconsolidated Intercompany Balance:       9/30/2014         N.       EVERGREEN ENDOSCOPY CENTER, LLC       Beginning Unconsolidated Intercompany Balance:       9/30/2013         1       Distribution       09/30/2014       09/30/2014         2       Allocation of Investment Income/Loss       09/30/2014         0.       EVERGREEN MEDICAL ASSOCIATES II, LLC       Beginning Unconsolidated Intercompany Balance:       9/30/2013         0.       EVERGREEN MEDICAL ASSOCIATES II, LLC       Beginning Unconsolidated Intercompany Balance:       9/30/2013         P.       EVERGREEN MEDICAL ASSOCIATES, LLC       Ending Unconsolidated Intercompany Balance:       9/30/2013         Nothing to Report       9/30/2014       Ending Unconsolidated Intercompany Balance:       9/30/2013         P.       EVERGREEN MEDICAL ASSOCIATES, LLC       Ending Unconsolidated Intercompany Balance:       9/30/2013         Output       Nothing to Report       Ending Unconsolidated Intercompany Balance:       9/30/2013         Q.       HAYNES STREET MEDICAL ASSOCIATES II, LLC       Ending Unconsolidated Intercompany Balance:       9/30/2014	
N.       EVERGREEN ENDOSCOPY CENTER, LLC         Beginning Unconsolidated Intercompany Balance:       9/30/2013         1       Distribution       09/30/2014         2       Allocation of Investment Income/Loss       09/30/2014         6       EVERGREEN MEDICAL ASSOCIATES II, LLC       Ending Unconsolidated Intercompany Balance:       9/30/2013         0       EVERGREEN MEDICAL ASSOCIATES II, LLC       Beginning Unconsolidated Intercompany Balance:       9/30/2013         Nothing to Report       Ending Unconsolidated Intercompany Balance:       9/30/2014         P.       EVERGREEN MEDICAL ASSOCIATES, LLC       Beginning Unconsolidated Intercompany Balance:       9/30/2014         P.       EVERGREEN MEDICAL ASSOCIATES, LLC       Beginning Unconsolidated Intercompany Balance:       9/30/2013         Nothing to Report       Stributing to Report       9/30/2014         Ending Unconsolidated Intercompany Balance:       9/30/2014         P.       EVERGREEN MEDICAL ASSOCIATES, LLC       Stributing to Report         Stributing to Report       Stributing to Report       Stributing to Report         Stributing to Report       Stributing to Report       9/30/2013         Nothing to Report       Stributing to Report       Stributing to Report         Stributing to Report       Stributing to Report       Stributing to R	51,637,794
Beginning Unconsolidated Intercompany Balance:       9/30/2013         1       Distribution       09/30/2014         2       Allocation of Investment Income/Loss       09/30/2014         0       Ending Unconsolidated Intercompany Balance:       9/30/2014         0       EVERGREEN MEDICAL ASSOCIATES II, LLC       Image: Street Medical Intercompany Balance:       9/30/2013         0       EVERGREEN MEDICAL ASSOCIATES II, LLC       Image: Street Medical Intercompany Balance:       9/30/2013         1       Beginning Unconsolidated Intercompany Balance:       9/30/2013       Image: Street Medical Associates, LLC         1       Image: Street Medical Associates, LLC       Image: Street Medical Associates, LLC       Image: Street Medical Associates, LLC         2       Image: Street Medical Associates, LLC       Image: Street Medical Associates, LLC       Image: Street Medical Associates, LLC         3       Image: Street Medical Associates, LLC       Image: Street Medical Associates, LLC       Image: Street Medical Associates II, LLC         4       Image: Street Medical Associates II, LLC       Image: Street Medical Associates II, LLC       Image: Street Medical Associates II, LLC	
Beginning Unconsolidated Intercompany Balance:       9/30/2013         1       Distribution       09/30/2014         2       Allocation of Investment Income/Loss       09/30/2014         0       Ending Unconsolidated Intercompany Balance:       9/30/2014         0       EVERGREEN MEDICAL ASSOCIATES II, LLC       Image: Street Medical Intercompany Balance:       9/30/2013         0       EVERGREEN MEDICAL ASSOCIATES II, LLC       Image: Street Medical Intercompany Balance:       9/30/2013         1       Beginning Unconsolidated Intercompany Balance:       9/30/2013       Image: Street Medical Associates, LLC         1       Image: Street Medical Associates, LLC       Image: Street Medical Associates, LLC       Image: Street Medical Associates, LLC         1       Image: Street Medical Associates, LLC       Image: Street Medical Associates, LLC       Image: Street Medical Associates, LLC         1       Image: Street Medical Associates II, LLC       Image: Street Medical Associates II, LLC       Image: Street Medical Associates II, LLC         1       Image: Street Medical Associates II, LLC       Image: Street Medical Associates II, LLC       Image: Street Medical Associates II, LLC         1       Image: Street Medical Associates II, LLC	
1       Distribution       09/30/2014         2       Allocation of Investment Income/Loss       09/30/2014         2       Ending Unconsolidated Intercompany Balance:       9/30/2014         0.       EVERGREEN MEDICAL ASSOCIATES II, LLC       Beginning Unconsolidated Intercompany Balance:       9/30/2013         0.       EVERGREEN MEDICAL ASSOCIATES II, LLC       Beginning Unconsolidated Intercompany Balance:       9/30/2013         0.       EVERGREEN MEDICAL ASSOCIATES, LLC       Ending Unconsolidated Intercompany Balance:       9/30/2014         P.       EVERGREEN MEDICAL ASSOCIATES, LLC       Eeginning Unconsolidated Intercompany Balance:       9/30/2013         0.       HAYNES STREET MEDICAL ASSOCIATES II, LLC       Ending Unconsolidated Intercompany Balance:       9/30/2014	
1       Distribution       09/30/2014         2       Allocation of Investment Income/Loss       09/30/2014         2       Ending Unconsolidated Intercompany Balance:       9/30/2014         0.       EVERGREEN MEDICAL ASSOCIATES II, LLC       Beginning Unconsolidated Intercompany Balance:       9/30/2013         0.       EVERGREEN MEDICAL ASSOCIATES II, LLC       Beginning Unconsolidated Intercompany Balance:       9/30/2013         0.       EVERGREEN MEDICAL ASSOCIATES, LLC       Ending Unconsolidated Intercompany Balance:       9/30/2014         P.       EVERGREEN MEDICAL ASSOCIATES, LLC       Eeginning Unconsolidated Intercompany Balance:       9/30/2013         0.       HAYNES STREET MEDICAL ASSOCIATES II, LLC       Ending Unconsolidated Intercompany Balance:       9/30/2014	\$292.807
2       Allocation of Investment Income/Loss       09/30/2014         Ending Unconsolidated Intercompany Balance:       9/30/2014         0.       EVERGREEN MEDICAL ASSOCIATES II, LLC         Beginning Unconsolidated Intercompany Balance:       9/30/2013         Nothing to Report       9/30/2014         P.       EVERGREEN MEDICAL ASSOCIATES, LLC         Beginning Unconsolidated Intercompany Balance:       9/30/2014         P.       EVERGREEN MEDICAL ASSOCIATES, LLC         Beginning Unconsolidated Intercompany Balance:       9/30/2014         P.       EVERGREEN MEDICAL ASSOCIATES, LLC         Beginning Unconsolidated Intercompany Balance:       9/30/2013         Volting to Report       9/30/2013         Beginning Unconsolidated Intercompany Balance:       9/30/2013         O.       HAYNES STREET MEDICAL ASSOCIATES II, LLC       Image: Street Medical Associates II, LLC	\$425,000
Ending Unconsolidated Intercompany Balance:       9/30/2014         O.       EVERGREEN MEDICAL ASSOCIATES II, LLC       Beginning Unconsolidated Intercompany Balance:       9/30/2013         Nothing to Report       Nothing to Report       9/30/2014         P.       EVERGREEN MEDICAL ASSOCIATES, LLC       Beginning Unconsolidated Intercompany Balance:       9/30/2014         Beginning Unconsolidated Intercompany Balance:       9/30/2014       9/30/2014         P.       EVERGREEN MEDICAL ASSOCIATES, LLC       Image: Street Medical Intercompany Balance:       9/30/2013         Mothing to Report       Image: Street Medical Associates II, LLC       Image: Street Medical Associates II, LLC       Image: Street Medical Associates II, LLC         Q.       HAYNES STREET MEDICAL ASSOCIATES II, LLC       Image: Street Medical Associates II, LLC       Image: Street Medical Associates II, LLC	\$491,891
Beginning Unconsolidated Intercompany Balance:       9/30/2013         Nothing to Report       9/30/2014         Ending Unconsolidated Intercompany Balance:       9/30/2014         P.       EVERGREEN MEDICAL ASSOCIATES, LLC         Beginning Unconsolidated Intercompany Balance:       9/30/2013         Nothing to Report       9/30/2013         P.       EVERGREEN MEDICAL ASSOCIATES, LLC         Beginning Unconsolidated Intercompany Balance:       9/30/2013         Nothing to Report       9/30/2013         Nothing to Report       9/30/2013         Nothing to Report       9/30/2014         HAYNES STREET MEDICAL ASSOCIATES II, LLC       Image: Street Medical Associates II, LLC	\$359,698
Beginning Unconsolidated Intercompany Balance:       9/30/2013         Nothing to Report       9/30/2014         Ending Unconsolidated Intercompany Balance:       9/30/2014         P.       EVERGREEN MEDICAL ASSOCIATES, LLC         Beginning Unconsolidated Intercompany Balance:       9/30/2013         Nothing to Report       9/30/2013         P.       EVERGREEN MEDICAL ASSOCIATES, LLC         Beginning Unconsolidated Intercompany Balance:       9/30/2013         Nothing to Report       9/30/2013         Nothing to Report       9/30/2013         Nothing to Report       9/30/2014         HAYNES STREET MEDICAL ASSOCIATES II, LLC       Image: Street Medical Associates II, LLC	
Image: Street Medical Associates II, LLC       Nothing to Report       9/30/2014         Image: Street Medical Associates II, LLC       Image: Street Medical Associates II, LLC       9/30/2013         Image: Street Medical Associates II, LLC       Image: Street Medical Associates II, LLC       Image: Street Medical Associates II, LLC	
Image: Street Medical Associates II, LLC       Nothing to Report       9/30/2014         Image: Street Medical Associates II, LLC       Image: Street Medical Associates II, LLC       9/30/2013         Image: Street Medical Associates II, LLC       Image: Street Medical Associates II, LLC       Image: Street Medical Associates II, LLC	••
Image: Street Medical Associates II, LLC       Ending Unconsolidated Intercompany Balance:       9/30/2014         Image: Street Medical Associates II, LLC       Image: Street Medical Associates II, LLC       Image: Street Medical Associates II, LLC	<b>\$0</b> \$0
P.       EVERGREEN MEDICAL ASSOCIATES, LLC       Beginning Unconsolidated Intercompany Balance:       9/30/2013         Nothing to Report       Nothing to Report       1         Q.       HAYNES STREET MEDICAL ASSOCIATES II, LLC       1       1	\$0 <b>\$0</b>
Beginning Unconsolidated Intercompany Balance:       9/30/2013         Nothing to Report       9/30/2014         Ending Unconsolidated Intercompany Balance:       9/30/2014         Q.       HAYNES STREET MEDICAL ASSOCIATES II, LLC	
Beginning Unconsolidated Intercompany Balance:       9/30/2013         Nothing to Report       9/30/2014         Ending Unconsolidated Intercompany Balance:       9/30/2014         Q.       HAYNES STREET MEDICAL ASSOCIATES II, LLC	
Nothing to Report       Image: Motion of the second s	
Nothing to Report       Image: Motion of the second s	\$0
Q.     HAYNES STREET MEDICAL ASSOCIATES II, LLC	\$0
	\$0
Persing Uncerneelideted Intercompany Balance	
	\$0
Nothing to Report	\$0 \$0
Ending Unconsolidated Intercompany Balance: 9/30/2014	\$0 <b>\$0</b>
R. HAYNES STREET MEDICAL ASSOCIATES, LLC	
Beginning Unconsolidated Intercompany Balance: 9/30/2013	\$0
Nothing to Report	\$0 <b>\$0</b>
Ending Unconsolidated Intercompany Balance: 9/30/2014	\$0
S. HAYNES STREET PROPERTY MANAGEMENT, LLC	
Beginning Unconsolidated Intercompany Balance: 9/30/2013	\$0
Degrining onconsolidated intercompany balance:         0/00/2013           Nothing to Report	<b>\$0</b> \$0
Ending Unconsolidated Intercompany Balance: 9/30/2014	÷ 5
	\$0

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
т.	MEDICAL PRACTICE PARTNERS			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0 <b>\$0</b>
		Ending Unconsolidated Intercompany Balance:	9/30/2014	<del>ل</del> و
U.	METRO WHEELCHAIR SERVICE, INC			
0.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$37,957
1		Allocation of Investment Income/Loss	09/30/2014	
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
٧.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$3,108,323
1		Allocation of Investment Income/Loss	09/30/2014	\$190,872
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$3,299,195
14/				
w.	PATHOLOGY AND LABORATORY SERVICES, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report	5/50/2015	\$0 \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0 \$0
Х.	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$7,220,571)
1		Transfer of Salary and Non-Salary Expenses	09/30/2014	\$1,921,708
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$5,298,863)
Υ.	TOLLAND IMAGING CENTER			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$100,505
1		Allocation of Investment Income/Loss Ending Unconsolidated Intercompany Balance:	09/30/2014	\$89,904
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$190,409
Z.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.			
<u> </u>	VISITING NURSE AND REALTH SERVICES OF CONNECTICUT, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
AA.	WBC CONNECTICUT EAST, LLC			
1		Beginning Unconsolidated Intercompany Balance: Allocation of Investment Income/Loss	<b>9/30/2013</b> 09/30/2014	
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$137,295
			Grand Total:	\$18,524,309

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated Intercompany Balance	10/01/2013	\$11,488,900
Α.	EASTERN CONNECTICUT HEALTH NETWORK, INC.			10/01/2013	\$11,400,500
1		ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.	Allocation of ECHN Expenses to Subsidy	09/30/2014	\$633
- 1		FOUNDATION, INC.	Allocation of ECHN Expenses to	09/30/2014	აიებ
2		ECHN ELDERCARE SERVICES, INC.	Subsidy	09/30/2014	(\$3,227,514)
2			Allocation of ECHN Expenses to Subsidy	00/20/2014	(\$25,200)
3		ECHN ENTERPRISES, INC. EASTERN CONNECTICUT MEDICAL	Allocation of ECHN Expenses to	09/30/2014	(\$25,200)
4		PROFESSIONALS FOUNDATION, INC.	Subsidy	09/30/2014	\$2,973,130
			Total:	9/30/2014	(\$278,951)
В.	A CARING HAND, LLC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
C.	AETNA AMBULANCE SERVICES, INC.	THE ROCKVILLE GENERAL HOSPITAL	Allocation of Investment		
1		INCORPORATED	Income/Loss	09/30/2014	\$56,699
· ·			Total:	9/30/2014	\$56,699
D.	AMBULANCE SERVICE OF MANCHESTER, LLC				
1		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Allocation of Investment Income/Loss	09/30/2014	\$7,923
1			Total:	9/30/2014	\$7,923
E.	CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
F.	CONNECTICUT HEALTHCARE INSURANCE CO.	THE ROCKVILLE GENERAL HOSPITAL	Allegation of Oberghald		
1			Allocation of Shareholders	00/20/2014	¢150.050
1		INCORPORATED	Equity Total:	09/30/2014 9/30/2014	\$150,350 <b>\$150,350</b>
			Total.	3/30/2014	φ150,550
G.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC				
<u> </u>			Nothing to Report		\$0
			Total:	9/30/2014	\$ <u>0</u>
					· · · · ·
_					
Н.	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.				<b>A</b> =
<b> </b>			Nothing to Report	0/20/2011	\$0
			Total:	9/30/2014	\$0

(1)	(2)	(3)	(4)	(5)	(6)
					. ,
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
Ι.	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.				
			Nothing to Report	9/30/2014	\$0 <b>\$0</b>
			Total:	9/30/2014	\$0
J.	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.				
- U.	Long Common Prezento ALE POORDA HOR, NO.	EASTERN CONNECTICUT MEDICAL			
1		PROFESSIONALS FOUNDATION, INC.	Salary and Non-Salary Expenses	09/30/2014	\$546
			Total:	9/30/2014	\$546
К.	ECHN CORPORATE SERVICES INC.				A.
			Nothing to Report	0/00/004.4	\$0 <b>\$0</b>
			Total:	9/30/2014	\$U
L.	ECHN ELDERCARE SERVICES, INC.				
		ECHN COMMUNITY HEALTHCARE			
1		FOUNDATION, INC.	Salary and Non-Salary Expenses	09/30/2014	(\$2,743)
		THE ROCKVILLE GENERAL HOSPITAL			
2		INCORPORATED	Salary and Non-Salary Expenses	09/30/2014	(\$2,833)
			Total:	9/30/2014	(\$5,576)
M.	ECHN ENTERPRISES, INC.				
IVI.	ECHN ENTERPRISES, INC.		Nothing to Report		\$0
			Total:	9/30/2014	\$0 \$0
				5/00/2014	ΨŬ
N.	EVERGREEN ENDOSCOPY CENTER, LLC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
0.	EVERGREEN MEDICAL ASSOCIATES II, LLC				
1		ECHN ENTERPRISES, INC.	Allocation of Investment Income/Loss	09/30/2014	\$23,834
<u> </u>		ECHNENTERFRISES, INC.	Total:	9/30/2014 9/30/2014	\$23,834 \$23,834
			Total.	5/50/2014	ψ25,054
Ρ.	EVERGREEN MEDICAL ASSOCIATES, LLC				
			Allocation of Investment		
1		ECHN ENTERPRISES, INC.	Income/Loss	09/30/2014	\$6,366
			Total:	9/30/2014	\$6,366
Q.	HAYNES STREET MEDICAL ASSOCIATES II, LLC		Allocation of Investment		
1		ECHN ENTERPRISES, INC.	Allocation of Investment Income/Loss	09/30/2014	\$12,911
<u> </u>			Total:	9/30/2014	\$12,911 \$12,911
				5/00/2014	<i><i><i>ψ</i>.2,011</i></i>

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
R.	HAYNES STREET MEDICAL ASSOCIATES, LLC				
			Allocation of Investment	00/00/0044	(\$005)
1		ECHN ENTERPRISES, INC.	Income/Loss Total:	09/30/2014 9/30/2014	(\$385) ( <b>\$385</b> )
			l otal:	9/30/2014	(\$363)
S.	HAYNES STREET PROPERTY MANAGEMENT, LLC				
			Nothing to Report		\$0
<u> </u>			Total:	9/30/2014	\$0
					-
Т.	MEDICAL PRACTICE PARTNERS				
		EASTERN CONNECTICUT HEALTH	Allocation of ECHN Expenses to		
1		NETWORK,INC.	Subsidy	09/30/2014	\$384,850
			Total:	9/30/2014	\$384,850
U.	METRO WHEELCHAIR SERVICE, INC	THE ROCKVILLE GENERAL HOSPITAL	Allocation of Investment		
1		INCORPORATED	Income/Loss	09/30/2014	(\$16,268)
<u> </u>			Total:	9/30/2014	(\$16,268)
				0/00/2011	(\$10,200)
V.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)				
		THE ROCKVILLE GENERAL HOSPITAL	Allocation of Investment		
1		INCORPORATED	Income/Loss	09/30/2014	\$190,872
			Total:	9/30/2014	\$190,872
W.	PATHOLOGY AND LABORATORY SERVICES, LLC		Nothing to Report		¢0.
			Total:	9/30/2014	\$0 <b>\$0</b>
			Total.	5/50/2014	Ψ
Х.	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED				
		THE ROCKVILLE GENERAL HOSPITAL			
1		INCORPORATED	Salary and Non-Salary Expenses	09/30/2014	\$15,799
			Total:	9/30/2014	\$15,799
Υ.	TOLLAND IMAGING CENTER				
4		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Allocation of Investment Income/Loss	00/20/2014	¢00.004
1		INCORPORATED	Total:	09/30/2014 9/30/2014	\$89,904 <b>\$89,904</b>
			i otal.	3/30/2014	<b>409,904</b>
Z.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.				
1		A CARING HAND, LLC	Salary and Non-Salary Expenses	09/30/2014	\$102,677
			Total:	9/30/2014	\$102,677
AA.	WBC CONNECTICUT EAST, LLC				

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
		THE ROCKVILLE GENERAL HOSPITAL	Allocation of Investment		
1		INCORPORATED	Income/Loss	09/30/2014	(\$437)
			Total:	9/30/2014	(\$437)
			Ending Unconsolidated		
			Intercompany Balance	9/30/2014	\$12,230,014

### MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2014 REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)		(3)	(4)
			AMOUNT	DATE
LINE	DESCRIPTION OF EXPENDITURE		AMOUNT	DATE
Α.	EASTERN CONNECTICUT HEALTH NETWORK,INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
<b>B</b> .	A CARING HAND, LLC			
0	Nothing to Report	Total:	\$0 <b>\$0</b>	9/30/2014
		Totall	<b>40</b>	5/50/2014
C.	AETNA AMBULANCE SERVICES, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
_				
<b>D</b> . 0	AMBULANCE SERVICE OF MANCHESTER, LLC Nothing to Report		<u>*</u>	
0		Total:	\$0 <b>\$0</b>	9/30/2014
			<b></b>	0/00/2011
E.	CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
_				
<b>F.</b> 0	CONNECTICUT HEALTHCARE INSURANCE CO. Nothing to Report		<b>*</b> 0	
0		Total:	\$0 <b>\$0</b>	9/30/2014
			**	
G.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
Н. 0	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC Nothing to Report		\$0	
		Total:	\$0	9/30/2014
١.	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
J.	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.	-		
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
К.	ECHN CORPORATE SERVICES INC.			
0	Nothing to Report	Total:	\$0	010010011
			\$0	9/30/2014
L.	ECHN ELDERCARE SERVICES, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
M.	ECHN ENTERPRISES, INC.			
0	Nothing to Report	Total:	\$0 \$0	0/20/2044
			\$0	9/30/2014
N.	EVERGREEN ENDOSCOPY CENTER, LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
0.	EVERGREEN MEDICAL ASSOCIATES II, LLC			

### MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2014 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	9/30/2014
	EVERGREEN MEDICAL ASSOCIATES, LLC			
0	Nothing to Report	Total	\$0	0/00/0044
		Total:	\$0	9/30/2014
Q.	HAYNES STREET MEDICAL ASSOCIATES II, LLC			
0	Nothing to Report		\$0	
	5	Total:	\$0	9/30/2014
	HAYNES STREET MEDICAL ASSOCIATES, LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
e				
<b>S</b> . 0	HAYNES STREET PROPERTY MANAGEMENT, LLC Nothing to Report		\$0	
Ŭ		Total:	\$0 \$0	9/30/2014
Τ.	MEDICAL PRACTICE PARTNERS			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
<b>U</b> .	METRO WHEELCHAIR SERVICE, INC Nothing to Report			
0	Nothing to Report	Total:	\$0 <b>\$0</b>	9/30/2014
			<b></b>	5/56/2014
٧.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (	NRRON)		
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
	PATHOLOGY AND LABORATORY SERVICES, LLC			
0	Nothing to Report	Total:	\$0 <b>\$0</b>	9/30/2014
		Total.		9/30/2014
Х.	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
Υ.	TOLLAND IMAGING CENTER			
0	Nothing to Report	Tatal	\$0	0/00/0044
		Total:	\$0	9/30/2014
Z.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.			
<u>2</u> .	Nothing to Report		\$0	
<u> </u>		Total:	\$0 \$0	9/30/2014
	WBC CONNECTICUT EAST, LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
		Grand Total:	\$0	9/30/2014
			ψŪ	3/30/2014

#### MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 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
	EASTERN CONNECTICUT HEALTH NETWORK,INC.		
<b>A.</b> 0	Nothing to Report	\$0	0
	Total:	\$0	
В.	A CARING HAND, LLC		-
0	Nothing to Report Total:	\$0 <b>\$0</b>	0
	lota:	50	
C.	AETNA AMBULANCE SERVICES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	AMBULANCE SERVICE OF MANCHESTER, LLC		
0	Nothing to Report Total:	\$0 \$0	0
		\$0	
E.	CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	CONNECTICUT HEALTHCARE INSURANCE CO.	<b>Č</b>	0
0	Nothing to Report Total:	\$0 <b>\$0</b>	0
G.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
<u>Н.</u> 0	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC. Nothing to Report	02	0
U	Nothing to Report	\$0 \$0	0
I.	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.		
0	Nothing to Report Total:	\$0 <b>\$0</b>	0
		\$0	
К.	ECHN CORPORATE SERVICES INC.		
<b>N.</b> 0	Nothing to Report	\$0	0
J		ļ	~

#### MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 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
	Total:	\$0	
	ECHN ELDERCARE SERVICES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
м.	ECHN ENTERPRISES, INC.		
0 0	Nothing to Report	\$0	0
-	Total:	\$0	-
Ν.	EVERGREEN ENDOSCOPY CENTER, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
0.	EVERGREEN MEDICAL ASSOCIATES II, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
<b>P.</b>	EVERGREEN MEDICAL ASSOCIATES, LLC Nothing to Report	\$0	0
0	Total:	\$0 <b>\$0</b>	0
		÷**	
Q.	HAYNES STREET MEDICAL ASSOCIATES II, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
R.	HAYNES STREET MEDICAL ASSOCIATES, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
<b>S.</b> 0	HAYNES STREET PROPERTY MANAGEMENT, LLC Nothing to Report	\$0	0
	Total:	\$0 <b>\$0</b>	0
Т.	MEDICAL PRACTICE PARTNERS		
0	Nothing to Report	\$0	0
	Total:	\$0	
U.	METRO WHEELCHAIR SERVICE, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	

#### MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2014 REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS

(1)	(2)	(3)	(4)
	AFFILIATE NAME &		
LINE	DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
٧.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)		
0	Nothing to Report	\$0	0
	Total:	\$0	
W.	PATHOLOGY AND LABORATORY SERVICES, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
<b>X.</b>	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED Nothing to Report	\$0	0
0	Total:	\$0 <b>\$0</b>	0
	i otai.	\$0	
Y.			
<b>Y.</b>	TOLLAND IMAGING CENTER Nothing to Report	\$0	0
	Total:	\$0 \$0	0
		֥	
Z.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT. INC		
0	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC. Nothing to Report	\$0	0
	Total:	\$0	
AA.	WBC CONNECTICUT EAST, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

### MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2014 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR 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	\$0.00	0%
1	Donations	\$0.00	\$0.00		0%
2	Income	\$0.00	\$0.00	\$0.00	0%
	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
В.	Free Beds				
	Beginning Balance	\$603,993.23	\$747,375.96	\$143,382.73	24%
1	Donations	\$0.00	\$10,344.00	\$10,344.00	0%
	Income	\$119,329.49	\$150,577.50		26%
3	Expenditures	\$0.00	\$126,020.08	\$126,020.08	0%
4	Unrealized Gains and Losses	\$24,053.24	(\$98,432.01)	(\$122,485.25)	-509%
	Ending Balance	\$747,375.96	\$683,845.37	(\$63,530.59)	-9%
5	Projected Interest Income	\$15,000.00	\$400.00	(\$14,600.00)	-97%
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%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

#### MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING **FISCAL YEAR 2014 REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL** A. Patient Activity (2) (3) (1) Name of Hospital Bed Fund (FULL NAME) Amount Patient Number of Applications for Hospital Bed Funds 32 1. 2. A. Number of Patients receiving Hospital Bed Fund Grants 2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed Funds: 32 \$126.020.08 Loren Garner \$9,997.09 Loren Garner 2 \$9,166.46 Loren Garner 3 \$8.841.95 4 Loren Garner \$8,325.33 5 Loren Garner \$8,065.50 6 Loren Garner \$7,783.83 \$7,527.48 Loren Garner 8 Loren Garner \$7,397.61 \$4,470.83 9 Loren Garner 10 Elsie Cheney Disher \$2,698.00 Mattie Hills Preston \$2,843.55 11 12 Mattie Hills Preston \$2.825.12 Mattie Hills Preston \$2,780.69 13 14 Mattie Hills Preston \$2,751.68 Mattie Hills Preston \$2,751.54 15 16 Mattie Hills Preston \$2.665.03 Mattie Hills Preston 17 \$2,656.88 \$2,646.19 18 Mattie Hills Preston 19 Mattie Hills Preston \$2,638.78 20 Mattie Hills Preston \$2,610.76 21 Mattie Hills Preston \$2,213.78 22 P O Boynton \$2,578.36 23 P O Boynton \$2,540.11 24 P O Boynton \$177.53 25 Erna Loomis \$2,531.84 26 \$2,430.38 Erna Loomis 27 Erna Loomis \$2,414.71 28 Erna Loomis \$2,381.07 29 Erna Loomis \$2,372.99 30 Erna Loomis \$2,365.25 31 Erna Loomis \$2,334.01 32 Erna Loomis \$235.75 \$126,020.08 Grand Total

	Ν	MANCHESTER MEMOR			
		ANNUAL REPO	-		
		FISCAL YEAR			
	REPORT 17B - HOSPITA	L BED FUNDS HELD (	OR ADMINISTERED B	SY THE HOSPITAL	
	ED FUND ACTIVITY				
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
(3)	Fair Market Value of the Principal of each	individual Hospital Be	d Fund, or the Princi	pal attributable to each	h Hospital Bed
. ,	· · ·	· ·			•
(4)	Total Actual Earnings for each Hospital B	ed Fund or the Earning	as attributable to eac	h Hospital Bed Fund.	
. ,			<b>j</b>		
(5)	Actual Dollar Amount of Earnings reinves	ted as Principal, if any			
(•)	rotaal Donal randali of Lannigo rontoo	liou do Frincipal, ir uny	•		
(6)	Actual Dollar Amount of Earnings availab	le for Patient Care.			
(0)					
	Erna Loomis	\$196,394.42	\$21,545.70	\$0.00	\$21,545.70
	Elsie Cheney Disher	\$151,579.19	\$16,544.98	\$0.00	\$16,544.98
	Loren Garner	\$0.00	\$0.00	\$0.00	\$0.00
	Mattie Hills Preston	\$8,000.00	\$1,109.59	\$0.00	\$1,109.59
	P O Boynton	\$923.00	\$143.47	\$0.00	\$143.47
	Drake Bed Fund	\$90,499.84	\$86,170.86	\$0.00	\$86,170.86
	Ralph and Lula Pinney Fund	\$10,344.00	\$0.00	\$0.00	\$0.00
	Total Bed Funds :	\$457,740.45	\$125,514.60	\$0.00	\$125,514.60

# MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2014 REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I.	GENERAL COLLECTION PROCESSES AND PROCEDURES	
А.	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 patient prior to giving opp to fin assist or choose a pay option that fits needs. If pat does not request an app for fin aid, they have 120 days to pay acct in full.
В.	Hospital's processes and policies for compensating a Collection Agent for services rendered	ECHN has agreements with Coll Agencies to initiate collection efforts on those accts that ECHN refers to them. If pay schedules are not kept, accts will be transferred from coll agents to secondary collections attorneys for follow-up.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	21.03%
	SPECIFIC COLLECTION AGENT INFORMATION	
	Collection Agent	
	Collection Agent Name	American Adjustment Bureau
	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 Provide Details.	ECHN offers options and will not bill, refer to a coll, a SP patient prior to giving opp to fin assist or choose a pay option that fits needs. If pat does not request an app for fin aid, they have 120 days to pay acct in full.
	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	ECHN has agreements with Coll Agencies to initiate collection efforts on those accts that ECHN refers to them. If pay schedules are not kept, accts will be transferred from coll agents to secondary collections attorneys for follow-up.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	32.18%
В	Collection Agent	

# MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2014 REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
1	Collection Agent Name	TransContinental Credit & Collection
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 Provide Details.	ECHN offers options and will not bill, refer to a coll, a SP patient prior to giving opp to fin assist or choose a pay option that fits needs. If pat does not request an app for fin aid, they have 120 days to pay acct in full.
	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	ECHN has agreements with Coll Agencies to initiate collection efforts on those accts that ECHN refers to them. If pay schedules are not kept, accts will be transferred from coll agents to secondary collections attorneys for follow-up.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	9.87%

### MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2014 REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	CEO	\$647,357	\$36,041	\$683,398
2.	Medical Director ED	\$454,126	\$32,603	\$486,729
	Emergency Room MD	¢070 4 54	¢25.042	\$411,993
3.		\$376,151	\$35,842	\$411,993
4.	Medical Director ED	\$363,826	\$33,166	\$396,992
5.	Emergency Room MD	\$352,240	\$32,340	\$384,580
6.	Medical Director MD	\$351,794	\$31,830	\$383,624
7.	Senior VP of Medical Affairs	\$347,331	\$27,725	\$375,056
8.	Emergency Room MD	\$349,545	\$25,005	\$374,550
			·	
9.	Emergency Room MD	\$337,126	\$34,279	\$371,405
10.	Emergency Room MD	\$335,000	\$27,526	\$362,526
	Grand Total:	\$3,914,496	\$316,357	\$4,230,853

### MANCHESTER 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 <sup>A</sup> (Directl	
LINE	DESCRIPTION	Indirectly) <sup>C</sup>	y or Indirectly) <sup>C</sup>	TOTAL
		<b>,</b>	<b>, , , , , , , , , ,</b>	
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
P				
<u>В.</u> 1	A CARING HAND, LLC Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	<u> </u>	\$0	<u>\$0</u> \$0
		<u> </u>	<u><u></u></u>	
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	¢0		¢c
1	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0 \$0	\$0 \$0
2		φ <b>υ</b>	φυ	φυ
	CLINICALLY INTEGRATED NETWORK OF EASTERN			
Ε.	CONNECTICUT, 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
F.	CONNECTICUT HEALTHCARE INSURANCE CO.	<b>*</b> *		<b>*</b> -
1	Paid by the Entity Listed Above to Hospital Employees(B)	<u>\$0</u> \$0	\$0 \$0	<u>\$0</u> \$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$U	<del>پ</del> ۵	\$U
G.	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			
Н.	FOUNDATION, INC.	<u> </u>	<b>*</b> 0	<u> </u>
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		ψυ	ψυ	ψυ
	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION,			
Ι.	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. 1	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. 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
				<u><u></u><u></u></u>
К.	ECHN CORPORATE 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 ELDERCARE SERVICES, INC.	¢0		¢c
1	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		ψυ	ψυ	ψυ
Μ.	ECHN ENTERPRISES, INC.			

### MANCHESTER 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	(0)
		(Directly or	BENEFITS <sup>A</sup> (Directl	
	DECODIDITION			TOTAL
LINE	DESCRIPTION	Indirectly) <sup>C</sup>	y or Indirectly) <sup>C</sup>	TOTAL
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
-		<u> </u>	<b>V</b> U	ψu
Ν.	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	\$0	\$0	\$0
0.	EVERGREEN MEDICAL ASSOCIATES II, LLC	<b>*</b>	<b>*</b> 0	<u> </u>
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Ρ.	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
Q.	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
R.	HAYNES STREET MEDICAL ASSOCIATES, LLC	<u> </u>	<b>*</b> 0	<u> </u>
1	Paid by the Entity Listed Above to Hospital Employees(B)	<u>\$0</u> \$0	\$0 \$0	\$0 \$0
2	Paid by the Hospital to Employees of the Entity Listed Above	<u></u> ФО	<del>پ</del> 0	\$U
S .	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
Τ.	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
υ.	METRO WHEELCHAIR SERVICE, INC			
<u> </u>	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
		+-		
	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.			
ν.	(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
10/				
<u>W</u> .	PATHOLOGY AND LABORATORY SERVICES, LLC 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	<u>\$0</u> \$0	\$0	<u>\$0</u> \$0
4		ψυ	ψυ	ψυ
Χ.	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Υ.	TOLLAND IMAGING CENTER	A -		<b>A</b> -
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 2014 REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS

### PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) <sup>C</sup>	FRINGE BENEFITS <sup>A</sup> (Directl y or Indirectly) <sup>c</sup>	TOTAL
Ζ.	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
AA .	WBC CONNECTICUT EAST, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

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

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

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

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

### MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2014 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 2014
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

		EMORIAL HOSPIT REPORTING AL YEAR 2014	AL		
	REPORT 23 - CHARITY CARE AND REDUCED	-	PROVIDED BY	THE HOSPITAL	
(1)	(2)	(3) FY 2013	(4) FY 2014	(5) AMOUNT	(6) %
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
Α.	Hospital Charity Care (see Hospital Audited Financial S	Statement Notes)			
1.	Number of Applicants	2,817	1,139	(1,678)	-60%
2.	Number of Approved Applicants	2,500	1,000	(1,500)	-60%
3.	Total Charges (A)	\$3,908,882	\$2,411,263	(\$1,497,619)	-38%
	Average Charges	\$1,564	\$2,411	\$848	54%
		0.000.440	0.000.405	(0.000007)	
4.	Ratio of Cost to Charges (RCC) Total Cost	0.360412 <b>\$1,408,808</b>	0.323425 <b>\$779,863</b>	(0.036987) ( <b>\$628,945</b> )	-10% - <b>45%</b>
	Average Cost	\$1,408,808	\$779,883	(\$028,945) \$216	-45%
			<i></i>	÷=:•	
5.	Charity Care - Inpatient Charges	\$1,269,114	\$540,716	(\$728,398)	-57%
	Charity Care - Outpatient Emergency Department			/ ·>	
6.	Charges Charity Care - Outpatient Charges (Excludes ED	1,792,557	1,415,036	(377,521)	-21%
7.	Charges)	847,211	455,511	(391,700)	-46%
1.	Total Charges (A)	\$3,908,882	\$2,411,263	(\$1,497,619)	-38%
				• • • •	
8.	Charity Care - Number of Patient Days	1,097	704	(393)	-36%
9.	Charity Care - Number of Discharges	199	143	(56)	-28%
10.	Charity Care - Number of Outpatient ED Visits Charity Care - Number of Outpatient Visits (Excludes ED	1,400	860	(540)	-39%
11.	Visits)	1,647	1,468	(179)	-11%
(A) Th	o total amount must agree with the total amount listed in	the Hespital Aug	lited Einancial S	tatomont Notos	
(A) Th	e total amount must agree with the total amount listed in	n the Hospital Auc	dited Financial S	tatement Notes.	
(A) Th <u>B.</u>	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - I	-	lited Financial S	tatement Notes.	
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - I	-			0%
		-	dited Financial S	tatement Notes.	0% <b>0%</b>
<u>B.</u> 1.	Hospital Bed Funds (see Hospital Reporting System - I Number of Applicants	-	32	32	
<u>B.</u> 1.	Hospital Bed Funds (see Hospital Reporting System - I Number of Applicants Number of Approved Applicants Total Charges (B)	Report 17) - - - \$0	32 32 \$126,020	32 32 \$126,020	<b>0%</b> 0%
<u>B.</u> 1. 2.	Hospital Bed Funds (see Hospital Reporting System - I Number of Applicants Number of Approved Applicants	Report 17) - -	32 32	32 32	<b>0%</b> 0%
<u>B.</u> 1. 2. 3.	Hospital Bed Funds (see Hospital Reporting System - I Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges	Report 17) - - \$0 <b>\$0</b>	32 32 \$126,020 <b>\$3,938</b>	32 32 \$126,020 <b>\$3,938</b>	0% 0% 0%
<u>B.</u> 1. 2.	Hospital Bed Funds (see Hospital Reporting System - I Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC)	Report 17) - - \$0 <b>\$0</b> 0	32 32 \$126,020 <b>\$3,938</b> 0.323425	32 32 \$126,020 <b>\$3,938</b> 0.323425	0% 0% 0%
<u>B.</u> 1. 2. 3.	Hospital Bed Funds (see Hospital Reporting System - I Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges	Report 17) - - \$0 <b>\$0</b>	32 32 \$126,020 <b>\$3,938</b>	32 32 \$126,020 <b>\$3,938</b>	
<u>B.</u> 1. 2. 3. 4.	Hospital Bed Funds (see Hospital Reporting System - I         Number of Applicants         Number of Approved Applicants         Total Charges (B)         Average Charges         Ratio of Cost to Charges (RCC)         Total Cost         Average Cost	Report 17) - - - - \$0 \$0 \$0 \$0 \$0 \$0 \$0	32 32 \$126,020 <b>\$3,938</b> 0.323425 <b>\$40,758</b> <b>\$1,274</b>	32 32 \$126,020 \$3,938 0.323425 \$40,758 \$1,274	0% 0% 0% 0% 0% 0%
<u>B.</u> 1. 2. 3.	Hospital Bed Funds (see Hospital Reporting System - Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost	Report 17) - - - \$0 <b>\$0</b> <b>\$0</b> 0 <b>\$0</b>	32 32 \$126,020 <b>\$3,938</b> 0.323425 <b>\$40,758</b>	32 32 \$126,020 <b>\$3,938</b> 0.323425 <b>\$40,758</b>	0% 0% 0% 0% 0% 0%
<u>B.</u> 1. 2. 3. 4.	Hospital Bed Funds (see Hospital Reporting System - I         Number of Applicants         Number of Approved Applicants         Total Charges (B)         Average Charges         Ratio of Cost to Charges (RCC)         Total Cost         Average Cost	Report 17) - - - - \$0 \$0 \$0 \$0 \$0 \$0 \$0	32 32 \$126,020 <b>\$3,938</b> 0.323425 <b>\$40,758</b> <b>\$1,274</b>	32 32 \$126,020 \$3,938 0.323425 \$40,758 \$1,274	0% 0% 0% 0% 0%
<u>B.</u> <u>1.</u> 2. <u>3.</u> <u>4.</u> <u>5.</u> <u>6.</u>	Hospital Bed Funds (see Hospital Reporting System - I         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	Report 17)         -         -         -         -         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0	32 32 \$126,020 <b>\$3,938</b> 0.323425 <b>\$40,758</b> <b>\$1,274</b> \$4,471 105,450	32 32 \$126,020 <b>\$3,938</b> 0.323425 <b>\$40,758</b> <b>\$1,274</b> \$4,471 105,450	0% 0% 0% 0% 0% 0% 0%
<u>B.</u> 1. 2. 3. 4.	Hospital Bed Funds (see Hospital Reporting System - I         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)	Report 17)         -         -         -         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0	32 32 \$126,020 <b>\$3,938</b> 0.323425 <b>\$40,758</b> <b>\$1,274</b> \$4,471 105,450 16,099	32 32 \$126,020 <b>\$3,938</b> 0.323425 <b>\$40,758</b> <b>\$1,274</b> \$4,471 105,450 16,099	0% 0% 0% 0% 0% 0%
<u>B.</u> <u>1.</u> 2. <u>3.</u> <u>4.</u> <u>5.</u> <u>6.</u>	Hospital Bed Funds (see Hospital Reporting System - I         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	Report 17)         -         -         -         \$0	32 32 \$126,020 <b>\$3,938</b> 0.323425 <b>\$40,758</b> <b>\$1,274</b> \$4,471 105,450	32 32 \$126,020 <b>\$3,938</b> 0.323425 <b>\$40,758</b> <b>\$1,274</b> \$4,471 105,450	0% 0% 0% 0% 0% 0% 0% 0% 0%
B.           1.           2.           3.           4.           5.           6.           7.           8.	Hospital Bed Funds (see Hospital Reporting System - I         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	Report 17)         -         -         -         -         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         0         0         0         0         0         0         0         0         0         0         0	32 32 \$126,020 <b>\$3,938</b> 0.323425 <b>\$40,758</b> <b>\$1,274</b> \$4,471 105,450 16,099 <b>\$126,020</b> 1	32 32 \$126,020 <b>\$3,938</b> 0.323425 <b>\$40,758</b> <b>\$1,274</b> \$4,471 105,450 16,099 <b>\$126,020</b> 1	0% 0% 0% 0% 0% 0% 0% 0% 0% 0%
B.           1.           2.           3.           4.           5.           6.           7.           8.           9.	Hospital Bed Funds (see Hospital Reporting System - I         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	Report 17)         -      <	32 32 \$126,020 <b>\$3,938</b> 0.323425 <b>\$40,758</b> <b>\$1,274</b> \$4,471 105,450 16,099 <b>\$126,020</b> 1 1	32 32 \$126,020 <b>\$3,938</b> 0.323425 <b>\$40,758</b> <b>\$1,274</b> \$4,471 105,450 16,099 <b>\$126,020</b> 1 1	0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0%
B.           1.           2.           3.           4.           5.           6.           7.           8.	Hospital Bed Funds (see Hospital Reporting System - I         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	Report 17)         -         -         -         -         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         0         0         0         0         0         0         0         0         0         0         0	32 32 \$126,020 <b>\$3,938</b> 0.323425 <b>\$40,758</b> <b>\$1,274</b> \$4,471 105,450 16,099 <b>\$126,020</b> 1	32 32 \$126,020 <b>\$3,938</b> 0.323425 <b>\$40,758</b> <b>\$1,274</b> \$4,471 105,450 16,099 <b>\$126,020</b> 1	0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0%
B.           1.           2.           3.           4.           5.           6.           7.           8.           9.	Hospital Bed Funds (see Hospital Reporting System - I         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	Report 17)         -      <	32 32 \$126,020 <b>\$3,938</b> 0.323425 <b>\$40,758</b> <b>\$1,274</b> \$4,471 105,450 16,099 <b>\$126,020</b> 1 1	32 32 \$126,020 <b>\$3,938</b> 0.323425 <b>\$40,758</b> <b>\$1,274</b> \$4,471 105,450 16,099 <b>\$126,020</b> 1 1	0% 0% 0% 0% 0% 0% 0% 0% 0%

ANNUAL REPORTING

MANCHESTER MEMORIAL HOSPITAL						
	ANNUAL REPORTING					
	FISCAL 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	