ANNUAL REPORTING

FISCAL YEAR 2014

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

(1)	(2)	(3)		
LINE DESCRIPTION AFFILIATE INFORMATION		AFFILIATE INFORMATION		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
A.	AFFILIATE NAME	EASTERN CT HEALTH NETWORK , INC		
1	Affiliate Description	PARENT CORP AND PROVIDES OVERALL DIRECTION AND CONTROL TO ALL OTHER CORPORATIONS		
	Affiliate type of service	Parent Corporation		
3	Tax Status	Not for Profit		
4	Street Address	71 HAYNES STREET, MANCHESTER,CT		
5	Town	Manchester		
6	State	Connecticut		
7	Zip Code	06040 -		
8	CEO Name	PETER J. KARL		
9	CEO Title	PRESIDENT & CEO		
	CT Agent Name	Sharon Holmes		
	CT Agent Company	ECHN		
	CT Agent Company Street Address	71 HAYNES STREET, MANCHESTER,CT		
	CT Agent Town	Manchester		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06040 -		
_	AFEILIATE MANGE	A CARING HAND III C		
B.	AFFILIATE NAME	A CARING HAND, LLC		
		PROVIDES PRIVATE SERVICES (COMPANIONS, HOMEMAKERS, PERSONAL CARE ASSISTANTS,		
1	Affiliate Description	LIVE IN CARE)		
2	Affiliate type of service	Other HealthCare Svcs(Specify)		
3	Tax Status	Not for Profit		
4	Street Address	8 KEYNOTE DRIVE		
5	Town	VERNON		
6	State	Connecticut		
7	Zip Code	06066 -		
	CEO Name	TODD ROSE		
	CEO Title	PRESIDENT & CEO		
	CT Agent Name	TODD ROSE		
	CT Agent Company			
	CT Agent Company Street Address	8 KEYNOTE DRIVE		
	CT Agent Town	VERNON		
	CT Agent State	Connecticut 06066 -		
15	CT Agent Zip Code	00000 -		
C.	AFFILIATE NAME	AETNA AMBULANCE SERVICES, INC.		
<u> </u>	ALTERIALE NAME			
	Affiliate Description	PROVIDES AMBULANCE TRANSPORTATION SERVICES		
2	Affiliate type of service	Ambulatory Services		
3	Tax Status	For Profit		
4	Street Address	140 Van Block Ave		
5	Town	Hartford		
6	State	Connecticut		
	Zip Code	06106 -		
8	CEO Name	Wayne Wright		
	CEO Title	President		
	CT Agent Name	Winship Service Corp		
11	CT Agent Company	c/o Shipman and Goodwin LLP		

REPORT 20 1 OF 41 7/7/2015,5:49 PM

ANNUAL REPORTING

FISCAL YEAR 2014

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
12	CT Agent Company Street Address	One Constitution Plaza	
	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	
2	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 Corp	
	CT Agent Company	Shipman and Goodwin LLP	
	CT Agent Company Street Address	Once Constitution Plaza	
	CT Agent Town	Hartford	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06103 -	
E.	AFFILIATE NAME	CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC	
1	Affiliate Description	Provides medical management, quality oversight and insures value of community based care	
2	Affiliate type of service	Provides medical management, quality oversight and insures value of community based care. Other HealthCare Svcs(Specify)	
	Tax Status	Not for Profit	
4	Street Address	26 Haynes Street	
5	Town	Manchester	
	State	Connecticut	
	Zip Code	06040 -	
	CEO Name	Edward J Roberts	
	CEO Title	Manager	
	CT Agent Name	Edward J Roberts	
	CT Agent Company		
	CT Agent Company Street Address	26 Haynes St	
	CT Agent Town	Manchester	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06040 -	
F.	AFFILIATE NAME	CONNECTICUT HEALTHCARE INSURANCE CO.	
1	Affiliate Description	ECHN's Malpractice Insurance Co.	
2	Affiliate Description Affiliate type of service	Insurance	
	71	Not for Profit	
	Tax Status	71 Haynes Street	
<u>4</u> 5	Street Address	Manchester	
6	Town State	Connecticut	
U	Olaic	Connecticut	

ANNUAL REPORTING

FISCAL YEAR 2014

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
7	Zip Code	06040 -	
8	CEO Name	Peter Karl	
9	CEO Title	President	
10	CT Agent Name	Lloyd T. Pelletier	
11	CT Agent Company		
	CT Agent Company Street Address	100 Main ST	
	CT Agent Town	Grand Cayman	
	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	
1	Affiliate Description	MANCHESTER MEMORIAL HOSPITAL, ST. FRANCIS HOSPITAL & MEDICAL CENTER, AND BRISTOL HOSPITAL.	
2	Affiliate type of service	Occupational Heath	
	Tax Status	For Profit	
4	Street Address	1000 Asylum Ave, Suite 4302	
5	Town	Hartford	
_	State	Connecticut	
	Zip Code	06105 -	
	CEO Name	DERRICK AMATO	
	CEO Title	CEO	
	CT Agent Company	DERRICK AMATO	
	CT Agent Company CT Agent Company Street Address	CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC	
	CT Agent Company Street Address CT Agent Town	1000 Asylum Ave, Suite 4302	
	CT Agent Town CT Agent State	Hartford Connecticut	
	CT Agent State CT Agent Zip Code	06105 -	
13	CT Agent Zip Code		
н.	AFFILIATE NAME	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.	
	Affiliate Description	ENTITY OWNS AND MANAGES A SERIES OF COMMUNITY-BASED MEDICAL PRACTICES.	
	Affiliate type of service	Outpatient Care	
	Tax Status	Not for Profit	
4	Street Address	71 HAYNES STREET, MANCHESTER,CT	
	Town	Manchester	
6	State	Connecticut	
_	Zip Code	06040 -	
	CEO Name	PETER J. KARL	
9	CEO Title	PRESIDENT & CEO	
	CT Agent Name	SHARON HOLMES	
	CT Agent Company	ECHN	
	CT Agent Company Street Address	71 HAYNES STREET, MANCHESTER,CT	
	CT Agent Town	Manchester	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06040 -	
Ι.	AFFILIATE NAME	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.	
l.	AFFILIATE NAME	LASTERN CONNECTICUT FITISICIAN RUSFITAL UNGANIZATIUN, INC.	
		PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT	
1	Affiliate Description	NEGOTIATIONS	
· ·			

ANNUAL REPORTING

FISCAL YEAR 2014

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

(1)	(2)	(3)	
	DESCRIPTION	AFFILIATE INFORMATION	
	Affiliate type of service	Affilate Support Services	
3	Tax Status	Not for Profit	
	Street Address	26 Haynes Street, Lower Level	
5	Town	Manchester	
6	State	Connecticut	
	Zip Code	06040 -	
	CEO Name	Peter J. Karl	
	CEO Title	President and Chief Executive Officer	
	CT Agent Name	Robinson and Cole	
	CT Agent Company	Robinson and Cole	
	CT Agent Company Street Address	280 Trumbull Street, Hartford, CT	
	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06103 -	
J.	AFFILIATE NAME	ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.	
		ENTITY DECORAGINE FOR PAIGING FUNDS FOR THE PENEET OF EVENDT ORGANIZATIONS	
4	Affiliate Description	ENTITY RESPONSIBLE FOR RAISING FUNDS FOR THE BENEFIT OF EXEMPT ORGANIZATIONS	
	Affiliate Description	ASSOCIATED WITH EASTERN CT HEALTH NETWORK, INC.	
3	Affiliate type of service Tax Status	Fund Raising/Management	
		Not for Profit	
	Street Address	71 HAYNES STREET, MANCHESTER,CT	
5	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 The street was street as a street was street as a	
	CT Agent Company Street Address	71 HAYNES STREET, MANCHESTER,CT	
	CT Agent Town	Manchester	
	CT Agent State	Connecticut 06040 -	
15	CT Agent Zip Code		
.	A FEW LATE MARKE	ECUN CORRORATE SERVICES	
K.	AFFILIATE NAME	ECHN CORPORATE SERVICES	
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	
7	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 CT Agent Company Street Address	280 Trumbull Street	
	CT Agent Company Street Address CT Agent Town		
	CT Agent Town CT Agent State	Hartford Connecticut	
	CT Agent State CT Agent Zip Code	06103 -	
13	OT Agont Zip Oode		

REPORT 20 4 OF 41 7/7/2015,5:49 PM

ANNUAL REPORTING

FISCAL YEAR 2014

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

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
l		FOUN EL DEDOADE CEDVICEC INC	
L.	AFFILIATE NAME	ECHN ELDERCARE SERVICES, INC. TO INITIATE, DEVELOP, OPERATE, AND MAINTAIN PROGRAMS DIRECTED TOWARD IMPROVING	
		EFFICIENCY OF UTILIZATION OF HEALTH CARE. FACILITIES 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 RD, TOLLAND,CT	
5	Town	Tolland	
6	State	Connecticut	
	Zip Code	06084 -	
	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 Str	
	CT Agent Town	Manchester Connecticut	
	CT Agent State CT Agent Zip Code	06040 -	
15	CT Agent Zip Code	00040 -	
М.	AFFILIATE NAME	ECHN ENTERPRISES, INC.	
IVI.	ATTEME NAME	ESTIN ENTER MOES, 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	
	Zip Code	06040 -	
8	CEO Name	PETER J. KARL	
9	CEO Title	PRESIDENT & CEO	
	CT Agent Name	SHARON HOLMES	
	CT Agent Company	ECHN	
	CT Agent Company Street Address	71 HAYNES STREET, MANCHESTER,CT	
	CT Agent Town	Manchester	
	CT Agent State CT Agent Zip Code	Connecticut 06040 -	
13	CT Agent zip Code	00040	
N.	AFFILIATE NAME	EVERGREEN ENDOSCOPY CENTER, LLC	
	7.1.1.2.1.2.1.7.1.1.2		
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 Ave	
5	Town	South Windsor	
6	State	Connecticut	
	Zip Code	06074 -	
	CEO Name	Jeffrey Breiter, MD	
	CEO Title	President	
	CT Agent Name	Gregory J. Pepe, Esq	
	CT Agent Company	105 O O 104 FI	
12	CT Agent Company Street Address	195 Church St., 13th Floor	

REPORT 20 5 OF 41 7/7/2015,5:49 PM

ANNUAL REPORTING

FISCAL YEAR 2014

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

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
	CT Agent Town	New Haven	
	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 and Evergreen III Medical buildings 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 Connecticut	
7	State Zip Code	06033 -	
	CEO Name	David Sessions	
	CEO Title	Manager	
	CT Agent Name	Joe R. Labrosse	
	CT Agent Company	c/o Property Fund LLC	
	CT Agent Company Street Address	95 Glastonbury BLVD, Suite 214	
	CT Agent Town	Glastonbury	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06033 -	
P.	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	State	Connecticut	
7 8	Zip Code	06033 - David Sessions	
9	CEO Name CEO Title	Manager	
	CT Agent Name	Joseph R. Labrosse	
	CT Agent Company	c/o Grove Properaty Fund LLC	
12	CT Agent Company Street Address	95 Glastonbury Blvd, Suite 214,	
	CT Agent Town	Glastonbury	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06033 -	
Q.	AFFILIATE NAME	HAYNES STREET MEDICAL ASSOCIATES II, LLC	
1	Affiliate Description	Owns and operates a medical office building at 100 Haynes Street in Manchester	
2	Affiliate type of service	Real Estate	
3	Tax Status	For Profit	
4	Street Address	95 Glastonbury Blvd, Suite 214	
5	Town	Glastonbury	
6	State	Connecticut	
7	Zip Code	06033 -	

REPORT 20 6 OF 41 7/7/2015,5:49 PM

ANNUAL REPORTING

FISCAL YEAR 2014

(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	
		CHANG AND OPERATED A MEDICAL OFFICE DINI DINIO LOCATED AT AT ACLARAMITE OT IN	
1	Affiliate Decembring	OWNS AND OPERATES A MEDICAL OFFICE BUILDING LOCATED AT 17-19 HAYNES ST IN	
2	Affiliate Description	MANCHESTER.	
3	Affiliate type of service Tax Status	Real Estate For Profit	
4	Street Address	95 Glastonbury Blvd, Suite 214	
5	Town	Glastonbury Connecticut	
7	State	06033 -	
	Zip Code		
	CEO Name	David Sessions	
	CEO Title	Manager	
	CT Agent Name	Joseph R. Labrosse	
	CT Agent Company	c/o Grove Properaty Fund LLC	
	CT Agent Company Street Address	95 Glastonbury Blvd, Suite 214	
	CT Agent Town	Glastonbury	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06033 -	
S.	AFFILIATE NAME	HAYNES STREET PROPERTY MANAGEMENT, LLC	
٥.	AFFICIATE NAME	TIATRES STREET TROI ERTT MANAGEMENT, LES	
1	Affiliate Description	LEASES OFFICE SPACE AT 622 HEBRON AVENUE, FLASTONBURY, CT FOR MEDICAL SERVICES.	
2	Affiliate type of service	Real Estate	
3	Tax Status	For Profit	
4	Street Address	71 HAYNES STREET	
	Town	MANCHESTER	
6	State	Connecticut	
7	Zip Code	06040 -	
8	CEO Name	PETER J. KARL	
9	CEO Title	PRESIDENT & CEO	
	CT Agent Name	SHARON HOLMES	
	· ·	ECHN ECHN	
	CT Agent Company		
14	CT Agent Company CT Agent Company Street Address		
	CT Agent Company Street Address	71 HAYNES STREET	
13	CT Agent Company Street Address CT Agent Town		
13 14	CT Agent Company Street Address CT Agent Town CT Agent State	71 HAYNES STREET MANCHESTER	
13 14	CT Agent Company Street Address CT Agent Town	71 HAYNES STREET MANCHESTER Connecticut	
13 14	CT Agent Company Street Address CT Agent Town CT Agent State	71 HAYNES STREET MANCHESTER Connecticut	
13 14	CT Agent Company Street Address CT Agent Town CT Agent State	71 HAYNES STREET MANCHESTER Connecticut	
13 14 15	CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code	71 HAYNES STREET MANCHESTER Connecticut 06040 - MEDICAL PRACTICE PARTNERS	
13 14 15 T .	CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME	71 HAYNES STREET MANCHESTER Connecticut 06040 - MEDICAL PRACTICE PARTNERS Provides Medical billing services, eletronic health records, information services and practice management	
13 14 15	CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code	71 HAYNES STREET MANCHESTER Connecticut 06040 - MEDICAL PRACTICE PARTNERS	

ANNUAL REPORTING

FISCAL YEAR 2014

(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		
	CT Agent Company Street Address	29 Naek Road	
13	CT Agent Town	Vernon	
14	CT Agent State	Connecticut	
	CT Agent Zip Code	06066 -	
U.	AFFILIATE NAME	METRO WHEELCHAIR SERVICE, INC	
1	Affiliate Description	PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS.	
2	Affiliate type of service	Ambulatory Services	
	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	
9	CEO Title	President	
10	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	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06103 -	
	•		
٧.	AFFILIATE NAME	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON)	
		Joint Venture of four area hospitals that operates The John A. DeQuattro Community Cancer Center in	
	Affiliate Description	Manchester and the Phoenix Community Cancer Center in Enfield	
2	Affiliate type of service	Outpatient Care	
-	Tax Status	Not for Profit	
4	Street Address	100 Haynes Street	
5	Town	Manchester	
	State	Connecticut	
	Zip Code	06040 -	
	CEO Name	Donna Handley	
	CEO Title	Chairman	
10	CT Agent Name	Kristoffer Popovitch	
	CT Agent Company		
	CT Agent Company Street Address	100 Haynes Street	
	CT Agent Town	Manchester	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06040 -	

ANNUAL REPORTING

FISCAL YEAR 2014

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
LINE	DESCRIPTION	AFFICIATE 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	
4	Street Address	11 Research Drive, Suite 4	
5	Town	Woodbridge	
6	State	Connecticut	
7	Zip Code	06525 -	
8	CEO Name	Robert Babkowski, MD	
9	CEO Title	CEO	
	CT Agent Name	MCR&P Service Corporation	
	CT Agent Company	Murtha, Cullina, Richter, & Pinney	
	CT Agent Company Street Address	Cityplace I, 185 Asylum Street	
	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06040 -	
v	AFFILIATE NAME	THE MANCHESTER MEMORIAL HOSPITAL	
X.	AFFILIATE NAME	THE MANCHESTER MEMORIAL HOSPITAL	
		NON-PROFIT COMMUNITY HOSPITAL IN THE TOWN OF MANCHESTER, TO PROVIDE MEDICAL	
1	Affiliate Description	CARE ON AN ACUTE BASIS	
2	Affiliate type of service	Hospital	
3	Tax Status	Not for Profit	
4	Street Address	71 HAYNES STREET, MANCHESTER,CT	
5	Town	Manchester	
6	State	Connecticut	
	Zip Code	06040 -	
	CEO Name	PETER J. KARL	
	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 Cook	Manchester	
	CT Agent State CT Agent Zip Code	Connecticut 06040 -	
13	OT Agent Zip Code		
Υ.	AFFILIATE NAME	TOLLAND IMAGING CENTER	
	741127412174112		
1	Affiliate Description	Joint venture to provide outpatient diagnostic imaging services	
2	Affiliate type of service	Imaging Services	
3	Tax Status	Not for Profit	
4	Street Address	6 Fieldstone Commons, Suite E	
5	Town	Tolland	
6	State	Connecticut	
7	Zip Code	06103 -	
8	CEO Name	Kevin Murphy Resident	
9	CEO Title	President PRC Company	
	CT Agent Company	R&C Service Company	
	CT Agent Company	R&C Service Company	
12	CT Agent Company Street Address	280 Trumbull Street	

ANNUAL REPORTING

FISCAL YEAR 2014

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

(1)	(2)	(3)	
	_,	(-)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
13	CT Agent Town	Hartford	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06103 -	
_		WIGHTING NUIDOE AND LIEAL TH GERWIGES OF COMMERCIALITY INC.	
Z.	AFFILIATE NAME	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, 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 Office	
	CT Agent Name	Todd Rose	
11	CT Agent Company		
12	CT Agent Company Street Address	8 Keynote Drive	
13	CT Agent Town	Vernon	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06066 -	
	9		
AA.	AFFILIATE NAME	WBC CONNECTICUT EAST, LLC	
		A joint venture to provide comprehensive outpatient behavioral health services for adults and adolescents	
١,	Affiliate Description	with eating disorrders, a distinct intensive outpatient program for adults with binge eating disorrders and	
2	Affiliate Description Affiliate type of service	aftercare support services.	
3	Tax Status	Mental Health Facility	
4		Not for Profit	
5	Street Address	2400 Tamarack Ave, Suite 203 South Windsor	
	Town		
6 7	State Zip Code	Connecticut 06074 -	
8	CEO Name	Stuart Koman	
9	CEO Title	Manager	
	CT Agent Name	Corporation Service Company	
11	CT Agent Name CT Agent Company	Corporation on vice company	
	CT Agent Company CT Agent Company Street Address	50 Weston Street	
13	CT Agent Company Street Address CT Agent Town	Hartford	
14	CT Agent Town CT Agent State	Connecticut	
15	CT Agent State CT Agent Zip Code	06120 - 1537	
13	O I Agent Zip Code	00120 1007	

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

STREET ADDRESS FOR EACH AGENT COMPANY

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2014
Α.	ROCKVILLE GENERAL HOSPITAL		
1	NOOKTEEL CENEINE HOOF HAE	Unrestricted	\$24,211,838
2		Temporarily Restricted by Donor	\$549,043
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$3,573,421
5		Intercompany Eliminations	\$0
		Total:	\$28,334,302
	EACTEDN OT HEALTH NETWORK INC		
B .	EASTERN CT HEALTH NETWORK , INC	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
C.	A CARING HAND, LLC		A.T.
1		Unrestricted	\$451,553
2		Temporarily Restricted by Donor	\$0
<u>3</u>		Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	\$0
		Total:	\$451,553
		- I Stan	4.0.1,000
D.	AETNA AMBULANCE SERVICES, INC.		
1		Unrestricted	\$1,772,500
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$188,996
		Total:	\$1,961,496
E.	AMBULANCE SERVICE OF MANCHESTER, LLC		
1		Unrestricted	\$3,772,317
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$26,941
		Total:	\$3,799,258
	CLINICALL VINTEGRATER NETWORK OF FACTERY		
F.	CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	COMMENTAL THE ALTHOUGH AND TO SEE		
G.	CONNECTICUT HEALTHCARE INSURANCE CO.	Unrestricted	¢504.460
2		Unrestricted Temporarily Restricted by Donor	\$501,168 \$0

REPORT 5 11 OF 40 7/7/2015, 5:49 PM

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
<u> </u>		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2014
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$463,940)
		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		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$20,000
	FACTERN CONNECTION MEDICAL PROFESSIONALS		
١.	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.		
1	i CONDATION, INC.	Unrestricted	\$517,745
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$517,745
			
	EASTERN CONNECTICUT PHYSICIAN HOSPITAL		
J.	ORGANIZATION, INC.		
1	·	Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	
		Total:	\$0
Κ.	ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.		
1		Unrestricted	\$2,865,431
2		Temporarily Restricted by Donor	\$14,031,431
3		Temporarily Restricted by Board	\$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$1,567,312 \$0
		Total:	\$18,464,174
		i otal.	φ10,404,174
L.	ECHN CORPORATE SERVICES		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	\$0
		Total:	\$0
М.	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

REPORT 5 12 OF 40 7/7/2015, 5:49 PM

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)			
LINE	AFFILIATE NAME	FUND DESCRIPTION /	BALANCE AS OF
	AFFILIATE NAME	FUND PURPOSE	9/30/2014
5		Intercompany Eliminations Total:	\$0 \$5,562,060
		i Otal.	\$3,302,000
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		A 000 007
1		Unrestricted	\$292,807
2		Temporarily Restricted by Donor	\$0 \$0
3 4		Temporarily Restricted by Board Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$66,891
		Total:	\$359,698
		Total.	ψ000,000
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
	EVED ODEEN MEDICAL ACCOCIATES LLC		
Q.	EVERGREEN MEDICAL ASSOCIATES, LLC	I leve etviete d	COED 407
2		Unrestricted Temporarily Restricted by Donor	\$258,137 \$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$6,366
		Total:	\$264,503
			+=0.,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
-	HAVNES STREET MEDICAL ASSOCIATES 110		
S.	HAYNES STREET MEDICAL ASSOCIATES, LLC	Unrestricted	¢450.400
2		Unrestricted Temporarily Restricted by Donor	\$150,193 \$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$385)
		Total:	\$149,808
Τ.	HAYNES STREET PROPERTY MANAGEMENT, LLC		
		Unrestricted	\$131,342

REPORT 5 13 OF 40 7/7/2015, 5:49 PM

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2014
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
U.	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
\ <u>/</u>	METRO WHEELCHAID SERVICE INC		
V .	METRO WHEELCHAIR SERVICE, INC	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)
Ŭ		Total:	\$0
		1 otal.	Ψ
	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON)		
1		Unrestricted	\$6,216,646
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$381,743
		Total:	\$6,598,389
Χ.	PATHOLOGY AND LABORATORY SERVICES, LLC		
1	PATHOLOGI AND LABORATORT SERVICES, LLC	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
Υ.	THE MANCHESTER MEMORIAL HOSPITAL		
1		Unrestricted	\$24,111,838
2		Temporarily Restricted by Donor	\$549,043
3 4		Temporarily Restricted by Board Permanently Restricted by Donor	\$0
4 -5		Intercompany Eliminations	\$3,573,421 \$0
5		Total:	\$28,234,302
		i otai.	₹20,234,302
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
5		Intercompany Eliminations	\$179,809

REPORT 5 14 OF 40 7/7/2015, 5:49 PM

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2014
		Total:	\$380,818
AA.	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, INC.		
1		\$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:	\$111,373,752
	Intercompany Eliminations		\$367,486
	Total of all Affiliates	Fund Balance:	\$111,741,238

REPORT 5 15 OF 40 7/7/2015, 5:49 PM

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

(1)	(2)	(3)	(4)	(5)
	, ,		` '	. ,
				TRANSFER TO / FROM
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	HOSPITAL
A.	EASTERN CT HEALTH NETWORK , INC			
<u></u>		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$389,643)
1		Allocation of Income/Loss	09/30/2014	\$387,180
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$2,463)
	A CARINO HAND III O			
B.	A CARING HAND, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report	9/30/2013	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Ziranig Onconconcatos intercompany Balanco.	5/55/2511	Ţ-
C.	AETNA AMBULANCE SERVICES, INC.			
<u> </u>				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$531,750
1		Allocation of Income/Loss	09/30/2014	\$56,698
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$588,448
D.	AMBULANCE SERVICE OF MANCHESTER, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$1,131,695
1		Allocation of Income/Loss	09/30/2014	\$307,923
2		Distribution	09/30/2014	(\$300,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$1,139,618
l _				
E.	CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC			
		Basinning Unconcellidated Intercomposity Balances	0/20/2042	* 0
		Beginning Unconsolidated Intercompany Balance: Nothing to Report	9/30/2013	\$0 \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Ending officorisonated intercompany balance.	3/30/2014	40
F.	CONNECTICUT HEALTHCARE INSURANCE CO.			
	CONTROL HEALTHOAKE MOOKANGE CO.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$256,976)
1		Accounting Fees	09/30/2014	\$407,326
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$150,350
G.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC			
-	•			

REPORT 6 16 OF 40 7/7/2015, 5:49 PM

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
н.	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0 \$0
		Ending onconsolidated intercompany balance.	3/30/2014	40
I.	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.			
		Beginning Unconsolidated Intercompany Balance: Nothing to Report	9/30/2013	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0 \$0
J.	ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.			
	, , ,	Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$8,446)
1		Transfer of Donated Assets	09/30/2014	\$1,093
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$7,353)
1/	ECHN CORPORATE SERVICES			
K.	ECHN CORPORATE SERVICES			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
	ECHN ELDERCARE SERVICES, INC.			
	ECHN ELDERGARE SERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$58,029
1		Salary and Non-Salary Operating Expenses	09/30/2014	(\$2,834)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$55,195
M.	ECHN ENTERPRISES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0

(1)	(2)	(3)	(4)	(5)
				TRANSFER TO / FROM
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
N.	EVERGREEN ENDOSCOPY CENTER, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
	EVED O DE EN MEDICAL ACCOCIATES II LLO			
Ο.	EVERGREEN MEDICAL ASSOCIATES II, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report	3/30/2013	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
P.	EVERGREEN MEDICAL ASSOCIATES, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
Q.	HAYNES STREET MEDICAL ASSOCIATES II, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report	9/30/2013	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
			0/00/2011	40
R.	HAYNES STREET MEDICAL ASSOCIATES, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
S.	HAYNES STREET PROPERTY MANAGEMENT, LLC			
		Perinning Unconcelled and Intercompany Pelance	9/30/2013	**
		Beginning Unconsolidated Intercompany Balance: Nothing to Report	9/30/2013	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0 \$0
			3,33,2011	+5
T.	MEDICAL PRACTICE PARTNERS			
	1			

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report	3/00/2010	\$0 \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
				·
U.	METRO WHEELCHAIR SERVICE, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$16,267
1		Allocation of Income/Loss	09/30/2014	(\$16,267)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
٧.	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON)			
		Basinaia a Una cara lideta distance anno ano Balance.	0/00/0040	\$2,400,000
1		Beginning Unconsolidated Intercompany Balance: Allocation of Investment Income/Loss	9/30/2013 09/30/2014	\$3,108,323 \$190,872
- '		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$3,299,195
		Ending officonsolidated intercompany balance.	3/30/2014	ψ3,293,193
W.	PATHOLOGY AND LABORATORY SERVICES, LLC			
- vv.	FATHOLOGI AND LABORATORT SERVICES, LEC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report	0/00/2010	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
X.	THE MANCHESTER MEMORIAL HOSPITAL			
		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
Y.	TOLLAND IMAGING CENTER			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$100,505
1		Allocation of Investment Income/Loss	09/30/2014	\$89,904
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$190,409
Z.	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0 \$0

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
AA.	WBC CONNECTICUT EAST, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$59,277
1		Allocation of Income/Loss	09/30/2014	V / /
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$55,840
			Grand Total:	\$10,768,102

(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	\$27,256,630
Α.	EASTERN CT HEALTH NETWORK , INC		intercompany balance	10/01/2013	Ψ21,230,030
		ECHN COMMUNITY HEALTHCARE	Allocation of ECHN Expenses to		
1		FOUNDATION, INC.	Subsidy	09/30/2014	\$632
			Allocation of ECHN Expenses to		
2		ECHN ELDERCARE SERVICES, INC.	Subsidy	09/30/2014	(\$286,607)
		FOUN ENTERPRISES INC	Allocation of ECHN Expenses to	00/00/0044	(005,000)
3		ECHN ENTERPRISES, INC. EASTERN CONNECTICUT MEDICAL	Subsidy Allocation of ECHN Expenses to	09/30/2014	(\$25,200)
4		PROFESSIONALS FOUNDATION, INC.	Subsidy	09/30/2014	(\$3,227,514)
		TROLEGGIONALO FOUNDATION, INC.	Allocation of ECHN Expenses to	03/30/2014	(ψ5,221,514)
5		THE MANCHESTER MEMORIAL HOSPITAL	Subsidy	09/30/2014	(\$2,116,146)
			Total:	9/30/2014	(\$5,654,835)
В.	A CARING HAND, LLC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
C.	AETNA AMBULANCE SERVICES, INC.		Allo antine of law antenna		
4		THE MANCHESTER MEMORIAL HOSPITAL	Allocation of Investment Income/Loss	00/20/2044	¢422.207
1		THE MANCHESTER MEMORIAL HOSPITAL	Total:	09/30/2014 9/30/2014	\$132,297 \$132,297
			i otal.	9/30/2014	\$132,297
D.	AMBULANCE SERVICE OF MANCHESTER, LLC				
	TAMBOLIANOL OLIVITOL OF INJURIOUZOTEK, ELO		Allocation of Investment		
1		THE MANCHESTER MEMORIAL HOSPITAL	Income/Loss	09/30/2014	\$18,488
			Total:	9/30/2014	\$18,488
E.	CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
F.	CONNECTICUT HEALTHCARE INSURANCE CO.				
F.	CONNECTION REALITICARE INSURANCE CO.		Allocation of Shareholders		
1		CONNECTICUT HEALTHCARE INSURANCE CO.	Equity	09/30/2014	\$350,818
- '-			Total:	9/30/2014	\$350,818
			. otali	5.55,2571	+ + + + + + + + + + + + + + + + + + +
G.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
l					
H.	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.				

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
			_		
l.	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.				
<u> </u>					
1		EASTERN CT HEALTH NETWORK , INC	Salary and Non-Salary Expenses	09/30/2014	(\$31,490)
			Total:	9/30/2014	(\$31,490)
J.	ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.	EACTEDN CONNECTION AND DO			
1		EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.	Salary and Non-Salary Expenses	00/20/2044	CE40
1		FROFESSIONALS FOUNDATION, INC.	Total:	09/30/2014 9/30/2014	\$546 \$546
			Total.	9/30/2014	- 40
K.	ECHN CORPORATE SERVICES				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
-					
L.	ECHN ELDERCARE SERVICES, INC.	FACTERN CONNECTION T MERICAL			
1		EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.	Salary and Non-Salary Expenses	09/30/2014	(\$2,745)
		PROFESSIONALS FOUNDATION, INC.	Salary and Non-Salary Expenses	09/30/2014	(\$2,745)
2		THE MANCHESTER MEMORIAL HOSPITAL	Salary and Non-Salary Expenses	09/30/2014	(\$44,719)
			Total:	9/30/2014	(\$47,464)
M.	ECHN ENTERPRISES, INC.				
4		EASTERN CT HEALTH NETWORK , INC	Salary and Non-Salary Expenses	09/30/2014	(\$25,200)
1		EASTERN CT HEALTH NETWORK, INC	Total:	9/30/2014	(\$25,200)
			Total.	3/30/2014	(ψ23,200)
N.	EVERGREEN ENDOSCOPY CENTER, LLC				
	·		Nothing to Report		\$0
			Total:	9/30/2014	\$0
О.	EVERGREEN MEDICAL ASSOCIATES II, LLC		Allocation of Investment		
1		ECHN ENTERPRISES, INC.	Allocation of Investment Income/Loss	09/30/2014	\$23,834
		EGIN ENTERTRIBLE, INC.	Total:	9/30/2014	\$23,834
			. Ottal.	3.33,2011	\$20,004
P.	EVERGREEN MEDICAL ASSOCIATES, LLC				
			Allocation of Investment		
1		ECHN ENTERPRISES, INC.	Income/Loss	09/30/2014	\$6,366
			Total:	9/30/2014	\$6,366
	HAVNES STREET MEDICAL ASSOCIATES II LLC				
Q.	HAYNES STREET MEDICAL ASSOCIATES II, LLC				

(1)	(2)	(3)	(4)	(5)	(6)
	· · ·	, ,		, ,	` '
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Allocation of Investment		
1		ECHN ENTERPRISES, INC.	Income/Loss	09/30/2014	\$23,911
\vdash			Total:	9/30/2014	\$23,911
R.	HAYNES STREET MEDICAL ASSOCIATES, LLC				
IX.	HATNES STREET MEDICAL ASSOCIATES, LEG		Allocation of Investment		
1		ECHN ENTERPRISES, INC.	Income/Loss	09/30/2014	\$385
			Total:	9/30/2014	\$385
S.	HAYNES STREET PROPERTY MANAGEMENT, LLC				
<u> </u>			Nothing to Report		\$0
			Total:	9/30/2014	\$0
T.	MEDICAL PRACTICE PARTNERS				
- '-	MIEDICAL FRACTICE FARTNERS				
1		EASTERN CT HEALTH NETWORK , INC	Salary and Non-Salary Expenses	09/30/2014	\$384,850
			Total:	9/30/2014	\$384,850
U.	METRO WHEELCHAIR SERVICE, INC				
		THE MANICHECTED MEMORIAL HOORITAL	Allocation of Investment	00/00/0044	(007.057)
1		THE MANCHESTER MEMORIAL HOSPITAL	Income/Loss Total:	09/30/2014 9/30/2014	(\$37,957) (\$37,957)
			i otai.	9/30/2014	(\$37,937)
٧.	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON)				
	, , ,		Allocation of Investment		
1		THE MANCHESTER MEMORIAL HOSPITAL	Income/Loss	09/30/2014	\$190,872
			Total:	9/30/2014	\$190,872
14/	DATUOLOGY AND LABORATORY OF DIVIOES LLC				
W.	PATHOLOGY AND LABORATORY SERVICES, LLC		Nothing to Report		\$0
			Total:	9/30/2014	\$0 \$0
			- Cturi	0/00/2011	Ψ.
X.	THE MANCHESTER MEMORIAL HOSPITAL				
1		EASTERN CT HEALTH NETWORK , INC	Salary and Non-Salary Expenses	09/30/2014	(\$1,328,873)
2		ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.	Salary and Non-Salary Expenses	09/30/2014	മാവര വരവ
2		FOUNDATION, INC.	Saidry and Non-Saidry Expenses	09/30/2014	\$206,060
3		ECHN ENTERPRISES, INC.	Salary and Non-Salary Expenses	09/30/2014	\$263,666
			Total:	9/30/2014	(\$859,147)
Y.	TOLLAND IMAGING CENTER				
		THE MANOLIECTED MEMORIAL LICCOUTAGE	Allocation of Investment	00/00/004	***
1		THE MANCHESTER MEMORIAL HOSPITAL	Income/Loss	09/30/2014	\$89,904

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Total:	9/30/2014	\$89,904
Z.	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, 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				
			Allocation of Investment		
1		THE MANCHESTER MEMORIAL HOSPITAL	Income/Loss	09/30/2014	(\$1,018)
			Total:	9/30/2014	(\$1,018)
_			Ending Unconsolidated		
			Intercompany Balance	9/30/2014	\$21,924,467

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
LINE	DESCRIPTION OF EXPENDITURE		AMOUNT	DATE
Α.	EASTERN CT HEALTH NETWORK , INC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
	A CARING HAND II C			
B.	A CARING HAND, LLC Nothing to Report		\$0	
	Nothing to Report	Total:	\$0 \$0	9/30/2014
C.	AETNA AMBULANCE SERVICES, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
D.	AMBULANCE SERVICE OF MANCHESTER, LLC			
0	Nothing to Report		\$0	
	3.0 31.0	Total:	\$0	9/30/2014
E.	CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC			
0	Nothing to Report	Total	\$0	0/00/0044
		Total:	\$0	9/30/2014
F.	CONNECTICUT HEALTHCARE INSURANCE CO.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
G.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC			
0	Nothing to Report	Total:	\$0	0/20/204.4
		Total.	\$0	9/30/2014
Н.	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
1. 0	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC. Nothing to Report		ΦO	
	Nothing to Report	Total:	\$0 \$0	9/30/2014
		1 0 10	40	0/00/2014
J.	ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
K.	ECHN CORPORATE SERVICES			
0	Nothing to Report		\$0	
	g to suppose	Total:	\$0	9/30/2014
L.	ECHN ELDERCARE SERVICES, INC.			
0	Nothing to Report	Total	\$0	0/00/0044
		Total:	\$0	9/30/2014
M.	ECHN ENTERPRISES, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
N.	EVERGREEN ENDOSCOPY CENTER, LLC			
0	Nothing to Report	Total:	\$0 \$0	0/00/004.4
		rotal.	\$0	9/30/2014
0.	 EVERGREEN MEDICAL ASSOCIATES II, LLC			
<u> </u>				

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

(1)	(2)	(3)	(4)
` `	AFFILIATE NAME &		
_	DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
0	Nothing to Report Tot	\$0 al: \$0	9/30/2014
	100	\$U	9/30/2014
P.	EVERGREEN MEDICAL ASSOCIATES, LLC		
0	Nothing to Report	\$0	
	Tot		9/30/2014
	HAYNES STREET MEDICAL ASSOCIATES II, LLC		
0	Nothing to Report	\$0	2/22/22/4
	Tot	al: \$0	9/30/2014
R.	HAYNES STREET MEDICAL ASSOCIATES, LLC		
0	Nothing to Report	\$0	
Ů	Tot		9/30/2014
S.	HAYNES STREET PROPERTY MANAGEMENT, LLC		
0	Nothing to Report	\$0	
	Tot	al: \$0	9/30/2014
_			
T .	MEDICAL PRACTICE PARTNERS Nothing to Report	Φ0	
-0	Tot	\$0 al: \$0	9/30/2014
		40	3/30/2014
U.	METRO WHEELCHAIR SERVICE, INC		
0	Nothing to Report	\$0	
	Tot	al: \$0	9/30/2014
	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON)		
0	Nothing to Report Tot	\$0	0/20/2044
	100	al: \$0	9/30/2014
W.	PATHOLOGY AND LABORATORY SERVICES, LLC		
0	Nothing to Report	\$0	
	Tot		9/30/2014
	THE MANCHESTER MEMORIAL HOSPITAL		
0	Nothing to Report	\$0	
	Tot	al: \$0	9/30/2014
Υ.	TOLLAND IMAGING CENTER		
0	Nothing to Report	\$0	
	Tot		9/30/2014
		Ţ.	
Z.	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, INC.		
0	Nothing to Report	\$0	
	Tot	al: \$0	9/30/2014
	WIDO CONNECTICUT FACT LLO		
AA.	WBC CONNECTICUT EAST, LLC Nothing to Report	00	
	Nothing to Report Tot	\$0 al: \$0	9/30/2014
		40	3/33/2014
	Grand Tot	al: \$0	9/30/2014

REPORT 7 26 OF 40 7/7/2015, 5:49 PM

REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
A.	EASTERN CT HEALTH NETWORK , INC	60	0
U	Nothing to Report Total:	\$0 \$0	0
	ı otal.	\$0	
B.	A CARING HAND, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	AETNA AMBULANCE SERVICES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	AMBULANCE SERVICE OF MANCHESTER, LLC	40	
0	Nothing to Report	\$0	0
	Total:	\$0	
	CUINICALLY INTEGRATER METWORK OF FACTERN CONNECTION.		
E .	CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC Nothing to Report	\$0	0
	Total:	\$0	0
		**	
F.	CONNECTICUT HEALTHCARE INSURANCE CO.		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	FACTERN CONNECTION MEDICAL PROFESCIONAL O FOUNDATION INC		
H.	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC. Nothing to Report	\$0	0
	Total:	\$ 0	0
	Total.	-	
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	\$0	0
	Total:	\$0	
K.	ECHN CORPORATE SERVICES	60	
0	Nothing to Report	\$0	0

REPORT 8 27 OF 40 7/7/2015,5:49 PM

REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
	Total:	\$0	
L.	ECHN ELDERCARE SERVICES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
M. 0	ECHN ENTERPRISES, INC. Nothing to Report	\$0	0
-	Total:	\$ 0	0
	Total.	Ψ0	
N.	EVERGREEN ENDOSCOPY CENTER, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
Ο.	EVERGREEN MEDICAL ASSOCIATES II, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
_			
P. 0	EVERGREEN MEDICAL ASSOCIATES, LLC Nothing to Report	\$0	0
-	Total:	\$ 0	0
	104.1	40	
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	
S.	HAYNES STREET PROPERTY MANAGEMENT, LLC		
<u> </u>	Nothing to Report	\$0	0
	Total:	\$0	
T.	MEDICAL PRACTICE PARTNERS		
0	Nothing to Report	\$0	0
	Total:	\$0	
U.	METRO WHEELCHAIR SERVICE, INC	¢0	0
U	Nothing to Report Total:	\$0 \$0	0
	1 Otal.	30	

REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
٧.	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON)		
0	Nothing to Report	\$0	0
	Total:	\$0	
W.	PATHOLOGY AND LABORATORY SERVICES, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
Χ.	THE MANCHESTER MEMORIAL HOSPITAL		
0	Nothing to Report	\$0	0
	Total:	\$0	
Y.	TOLLAND IMAGING CENTER	¢0	0
0	Nothing to Report	\$0	0
	Total:	\$0	
_			
Z.	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, INC. Nothing to Report	© 0	0
U	Total:	\$0 \$0	0
	Total.	40	
•	WDO CONVECTION FACT IN C		
AA.	WBC CONNECTICUT EAST, LLC Nothing to Report	\$0	0
	Total:	\$ 0	Ö
	Total.	40	
	Grand Total:	\$0	
	Grand Total.	Ψ0	

REPORT 8 29 OF 40 7/7/2015,5:49 PM

ROCKVILLE GENERAL 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%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$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%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
В.	Free Beds				
	Beginning Balance	\$222,466.28	\$252,214.64	\$29,748.36	13%
1	Donations	\$0.00	\$500.00		0%
2	Income	\$7,697.59	\$55,561.43		622%
	Expenditures	\$0.00	\$12,389.17		0%
4	Unrealized Gains and Losses	\$22,050.77	(\$31,885.43)		-245%
	Ending Balance	\$252,214.64	\$264,001.47		5%
5	Projected Interest Income	\$6,500.00	\$150.00	(\$6,350.00)	-98%
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%
4	Unrealized Gains and Losses	\$0.00	\$0.00		0%
	Ending Balance	\$0.00	\$0.00	- 1	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

REPORT 16 30 OF 40 7/7/2015, 5:49 PM

	BOOK/WILE OFNERAL HOCDITAL	
	ROCKVILLE GENERAL HOSPITAL	
	ANNUAL REPORTING	
	FISCAL YEAR 2014	
	REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY 1	THE HOSPITAL
A. Patient Activity		
(1)	(2)	(3)
<u>Patient</u>	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of App	lications for Hospital Bed Funds	8
2. A. Number of Patie	ents receiving Hospital Bed Fund Grants al Dollar Amount provided to all patients from Hospital Bed Funds:	8
2. B. The Actual Tota	al Dollar Amount provided to all patients from Hospital Bed Funds:	\$12,389.17
1	Winchell Foster	\$2,794.50
2	Winchell Foster	\$2,651.50
3	Charles Phelps	\$2,614.80
4	Charles Phelps	\$1,672.20
5	Anna Shelton Whitlock	\$1,849.00
6	CE Prescott	\$394.17
7	Elsie Sykes Phelps	\$271.00
8	Betsy C. Tucker	\$142.00
	Grand Total	\$12,389.17

ROCKVILLE GENERAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2014 REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL B. BED FUND ACTIVITY (1) (2) (3) (4) (5) (6) FMV of Principal **Actual Earnings Earnings Reinvested Earnings Available** Name of Hospital Bed Fund Line (3) Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each Hospital Bed Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund. (4) (5) Actual Dollar Amount of Earnings reinvested as Principal, if any. Actual Dollar Amount of Earnings available for Patient Care. (6) Trumbull Chapter \$157,268.00 \$62,191.45 \$0.00 \$62,191.45 **CE Prescott** \$15,000.00 \$1,606.75 \$0.00 \$1,606.75 **Charles Phelps** \$10,000.00 \$1,094.58 \$1,094.58 \$0.00 Winchell Foster \$15,000.00 \$1,635.46 \$0.00 \$1,635.46 Betsy C. Tucker \$215.22 \$2,000.00 \$215.22 \$0.00 Anna Shelton Whitlock \$20,120.00 \$2,163.35 \$0.00 \$2,163.35 Elsie Sykes Phelps \$5,975.00 \$640.32 \$0.00 \$640.32 John and Martha Kress Fund \$0.00 \$500.00 \$0.00 \$0.00 Total Bed Funds : \$225,863.00 \$69,547.13 \$0.00 \$69,547.13

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I.	GENERAL COLLECTION PROCESSES AND PROCEDURES	
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	ECHN offers options and will not bill, refer to a coll, a SP patient prior to giving opp to fin assist or choose a pay option that fits needs. If patient does not request an appt 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	22.25%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
A	Collection Agent	
1	Collection Agent Name	American Adjustment Bureau
2	Collection Agent Type	Collection Agency
	Related / Not Related Entity	Not Related
	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise 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 patient does not request an appt 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.	30.72%
В	Collection Agent	
	Johnson Agent	

REPORT 18 33 OF 40 7/7/2015,5:49 PM

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
3	Related / Not Related Entity	Not Related
	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 patient does not request an appt for fin aid, they have 120 days to pay acct in full.
5	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.	13.77%

REPORT 18 34 OF 40 7/7/2015,5:49 PM

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

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	Medical Director	\$325,050	\$13,815	\$338,865
2.	Urgent Care MD	\$278,094	\$32,927	\$311,021
3.	CEO	\$255,613	\$14,231	\$269,844
	'	-		
4.	Infection Control Director MD	\$225,348	\$39,003	\$264,351
		0004.440	000.004	****
5.	Psychiatrist	\$231,419	\$29,821	\$261,240
6.	Urgent Care MD	\$226,529	\$30,061	\$256,590
7.	Urgent Care MD	\$209,168	\$28,409	\$237,577
8.	VP Patient Care Services	\$191,589	\$32,752	\$224,341
9.	Registered Nurse	\$160,271	\$16,683	\$176,954
10.	Clinician	\$131,847	\$24,075	\$155,922
			-	
	Grand Total:	\$2,234,928	\$261,777	\$2,496,705

REPORT 19 35 OF 40 7/7/2015, 5:49 PM

ROCKVILLE GENERAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2014 REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS

PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
		SALARIES	FRINGE	` '
		(Directly or	BENEFITS ^A (DirectI	
	DECORIDEION		- I	TOTAL
LINE	DESCRIPTION	Indirectly) ^C	y or Indirectly) ^C	TOTAL
Δ	FACTERN OT LIFALTH NETWORK INC			
Α.	Paid by the Entity Listed Above to Hospital Employees(B)	<u>¢</u> 0	\$0	Ф О
2	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0	\$0 \$0
	Taid by the Hospital to Employees of the Entity Listed Above	ΨΟ	ψυ	ΨΟ
В.	A CARING HAND, 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
		·		·
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			
11	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
	OLINIOALLY INTEGRATED METWORK OF EXCEPTIVE			
_	CLINICALLY INTEGRATED NETWORK OF EASTERN			
Ε.	CONNECTICUT, LLC	ФО.	Φ0	ФО.
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	Paid by the Hospital to Employees of the Entity Listed Above	Ψυ	Φυ	Ψυ
F.	CONNECTICUT HEALTHCARE INSURANCE CO.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0 \$0
_	Tala by the Hoopital to Employees of the Entity Eletea riseve	Ψ0	Ψΰ	Ψ0
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			
Η.	FOUNDATION, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
	FACTERN CONNECTION TO DIVIDICATE AND ADDRESS OF THE CONNECTION OF			
,	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION,			
Ι.	INC.	40	Δ0	40
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0 \$0	\$0 \$0	\$0 \$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	⊅ U	\$0
J .	ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0	\$0 \$0
	and by the Hoopital to Employees of the Entity Eleted Above	ΨΟ	Ψ	ΨΟ
Κ.	ECHN CORPORATE SERVICES			
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.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Μ.	ECHN ENTERPRISES, INC.			

REPORT 21 36 OF 40 7/7/2015,5:49 PM

ROCKVILLE GENERAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2014 REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS

PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
		SALARIES	FRINGE	
		(Directly or	BENEFITS ^A (DirectI	
LINE	DESCRIPTION	Indirectly) ^C	y or Indirectly) ^C	TOTAL
LINE	DESCRIPTION	indirectly)	y or indirectly)	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
	Tala by the Hoopital to Employees of the Entity Eloted Above	ΨΟ	ΨΟ	ΨΟ
N .	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			
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
	EVEROREEN MEDICAL ACCOUNTED LLO			
P.	Paid by the Entity Listed Above to Hospital Employees(B)	¢ο	C O	<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	\$0 \$0	\$0 \$0	\$0 \$0
	i aid by the Hospital to Employees of the Entity Listed Above	φυ	ΨΟ	φυ
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			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
S.	HAYNES STREET PROPERTY MANAGEMENT, LLC	Φ0	Φ0	Φ0
2	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0 \$0	\$0 \$0
	Paid by the Hospital to Employees of the Entity Listed Above	φυ	ΨΟ	ΨΟ
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
		·	·	·
U.	METRO WHEELCHAIR SERVICE, INC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
	NODELIE ACT DECICAL DADIATION CANCEL CONSTRUCTOR			
.,	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON)			
٧.		¢ο		<u>¢</u> 0
1 2	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0 \$0	\$0 \$0
	That by the Hospital to Employees of the Entity Listed Above	ΨΟ	ΨΟ	ΨΟ
W.	PATHOLOGY AND LABORATORY SERVICES, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Χ.	THE MANCHESTER MEMORIAL HOSPITAL			
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
V	TOLLAND IMACING CENTER			
Y.	TOLLAND IMAGING CENTER Poid by the Entity Listed Above to Hespital Employees(P)	¢Λ	C O	¢ 0
2	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0 \$0	\$0 \$0
	T and by the Hoopital to Employees of the Entity Listed Above	ΨΟ	ΨΟ	ΨΟ

REPORT 21 37 OF 40 7/7/2015,5:49 PM

ROCKVILLE GENERAL 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) ^C	FRINGE BENEFITS ^A (Directl y or Indirectly) ^C	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.

REPORT 21 38 OF 40 7/7/2015,5:49 PM

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

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

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

CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY

ROCKVILLE GENERAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2014 REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR

(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	
	Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or	
1.	Functions.	N/A
	Description of each Transfer of Assets or Operations or Change of Control involving Hospital	
2.	Clinical or Nonclinical Services or Functions.	N/A
	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved	
3.	in a change of control.	N/A
	Date that each Transfer of Assets or Operations or Change of Control involving Hospital	
4.	Clinical or Nonclinical Services or Functions occurred.	N/A
	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital	
5.	Clinical or Nonclinical Services or Functions.	\$0

REPORT 22 39 OF 40 7/7/2015,5:49 PM

		NERAL HOSPITAI REPORTING	<u> </u>		
		L YEAR 2014			
	REPORT 23 - CHARITY CARE AND REDUCED		PROVIDED BY	THE HOSPITAL	
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2013	FY 2014	AMOUNT	%
LINE	DESCRIPTION	<u>AMOUNT</u>	<u>AMOUNT</u>	DIFFERENCE	DIFFEREN
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial S	tatement Notes)			
1.	Number of Applicants	1,303	337	(966)	
2.	Number of Approved Applicants	1,145	305	(840)	_
3.	Total Charges (A)	\$1,271,767	\$1,188,543	(\$83,224)	
	Average Charges	\$1,111	\$3,897	\$2,786	2
4.	Ratio of Cost to Charges (RCC)	0.379802	0.313322	(0.066480)	-
	Total Cost	\$483,020	\$372,397	(\$110,623)	-
	Average Cost	\$422	\$1,221	\$799	1
5.	Charity Care - Inpatient Charges	\$273,433	\$362,107	\$88,674	
	Charity Care - Outpatient Emergency Department				
6.	Charges Charity Care - Outpatient Charges (Excludes ED	790,135	628,554	(161,581)	-
7.	Charges)	208,199	197,882	(10,317)	
	Total Charges (A)	\$1,271,767	\$1,188,543	(\$83,224)	
^	Oladia Ossa Nasilasa (Bafaat Ba	474	007	00	
8.	Charity Care - Number of Patient Days	174	207	33	
9.	Charity Care - Number of Discharges Charity Care - Number of Outpatient ED Visits	38	37	(1)	
10.	Charity Care - Number of Outpatient ED Visits Charity Care - Number of Outpatient Visits (Excludes ED	585	403	(182)	-
11.	Visits)	388	310	(78)	-
				` '	
A) Th	e total amount must agree with the total amount listed in	the Hospital Aud	lited Financial S		
			lited Financial S		
	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R		lited Financial S		
B. 1.	Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants		lited Financial S		
B.	Hospital Bed Funds (see Hospital Reporting System - R			tatement Notes.	
1. 2.	Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants	eport 17)	8 8	statement Notes.	
1. 2.	Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants		8	statement Notes.	
1. 2.	Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B)	eport 17)	8 8 \$12,389	8 8 8 8	
1. 2.	Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost	\$0 \$0 \$0 \$0 \$0 \$0	\$12,389 \$1,549 0.313322 \$3,882	\$12,389 \$1,549 \$1,066480) \$3,882	
1. 2.	Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC)	\$0 \$0 \$0	\$12,389 \$1,549	\$12,389 \$1,549	
1. 2. 3.	Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost	\$0 \$0 \$0 \$0 \$0 \$0	\$12,389 \$1,549 0.313322 \$3,882	\$12,389 \$1,549 \$1,066480) \$3,882	
B. 1. 2. 3. 4. 5.	Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost	\$0 \$0 \$0 \$0 \$0 \$0 \$0	8 8 \$12,389 \$1,549 0.313322 \$3,882 \$485	\$\\\ 8\\\ 8\\\\ 8\\\\ \$12,389\\\\\ \$1,549\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
B. 1. 2. 3. 4. 5. 6.	Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges	\$0 \$0 \$0 \$0 0.379802 \$0 \$0	8 8 \$12,389 \$1,549 0.313322 \$3,882 \$485 \$0 9,594	8 8 8 8 \$12,389 \$1,549 (0.066480) \$3,882 \$485	
B. 1. 2. 3. 4. 5. 6.	Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges	\$0 \$0 \$0 \$0 0.379802 \$0 \$0	8 8 \$12,389 \$1,549 0.313322 \$3,882 \$485	8 8 8 8 \$12,389 \$1,549 (0.066480) \$3,882 \$485	
B. 1. 2. 3. 4. 5. 6. 7.	Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B)	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$12,389 \$1,549 0.313322 \$3,882 \$485 \$0 9,594 2,795 \$12,389	8 8 8 8 \$12,389 \$1,549 (0.066480) \$3,882 \$485 \$0 9,594 2,795 \$12,389	
B.1.2.3.4.5.6.7.8.	Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$12,389 \$1,549 0.313322 \$3,882 \$485 \$0 9,594 2,795 \$12,389	8 8 8 8 \$12,389 \$1,549 (0.066480) \$3,882 \$485 \$0 9,594 2,795 \$12,389	
1. 2. 3. 4. 5. 6. 7. 9.	Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	0.379802 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$12,389 \$1,549 0.313322 \$3,882 \$485 \$0 9,594 2,795 \$12,389	8 8 8 8 8 \$12,389 \$1,549 (0.066480) \$3,882 \$485 \$0 9,594 2,795 \$12,389	-
B.1.2.3.4.5.6.7.8.	Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges Bed Funds - Number of Outpatient ED Visits	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$12,389 \$1,549 0.313322 \$3,882 \$485 \$0 9,594 2,795 \$12,389	8 8 8 8 \$12,389 \$1,549 (0.066480) \$3,882 \$485 \$0 9,594 2,795 \$12,389	
B.1.2.3.4.5.6.7.8.9.	Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	0.379802 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$12,389 \$1,549 0.313322 \$3,882 \$485 \$0 9,594 2,795 \$12,389	8 8 8 8 8 \$12,389 \$1,549 (0.066480) \$3,882 \$485 \$0 9,594 2,795 \$12,389	

	ROCKVILLE GENERAL 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			

REPORT 23 41 of 41 7/7/2015, 5:49 PM