

LAWRENCE AND MEMORIAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
A.		
	AFFILIATE NAME	LAWRENCE +MEMORIAL CORPORATION
1	Affiliate Description	PARENT CORPORATION
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	365 MONTAUK AVE
5	Town	New London
6	State	Connecticut
7	Zip Code	06320 -
8	CEO Name	BRUCE D. CUMMINGS
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	Lawrence + Memorial Hospital
11	CT Agent Company	N/A
12	CT Agent Company Street Address	365 MONTAUK AVE
13	CT Agent Town	New London
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06320 -
B.		
	AFFILIATE NAME	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.
1	Affiliate Description	Professional Caregiver/Physician Organization
2	Affiliate type of service	Physicians Services
3	Tax Status	Not for Profit
4	Street Address	365 Montauk Avenue
5	Town	New London
6	State	Connecticut
7	Zip Code	06320 -
8	CEO Name	Bruce D. Cummings
9	CEO Title	President & CEO
10	CT Agent Name	Lawrence + Memorial Corporation
11	CT Agent Company	N/A
12	CT Agent Company Street Address	365 Montauk Avenue
13	CT Agent Town	New London
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06320 -
C.		
	AFFILIATE NAME	L + M HEALTH CARE, INC.
1	Affiliate Description	HEALTHCARE RELATED BUSINESS ENTITIES
2	Affiliate type of service	Inactive
3	Tax Status	Not for Profit
4	Street Address	365 MONTAUK AVE
5	Town	New London
6	State	Connecticut
7	Zip Code	06320 -
8	CEO Name	BRUCE D. CUMMINGS
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	Lawrence + Memorial Coporation
11	CT Agent Company	N/A

LAWRENCE AND MEMORIAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
12	CT Agent Company Street Address	365 MONTAUK AVE
13	CT Agent Town	New London
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06320 -
D.	AFFILIATE NAME	L&M INDEMNITY COMPANY, LTD.
1	Affiliate Description	Insurance Business Insurance Business and Assurance Business
2	Affiliate type of service	Insurance
3	Tax Status	For Profit
4	Street Address	23 Lime Tree Bay Avenue, PO Box 1159
5	Town	Grand Cayman
6	State	Cayman Islands
7	Zip Code	11102 -
8	CEO Name	None
9	CEO Title	None
10	CT Agent Name	None
11	CT Agent Company	None
12	CT Agent Company Street Address	None, None
13	CT Agent Town	None
14	CT Agent State	Cayman Islands
15	CT Agent Zip Code	11102 -
E.	AFFILIATE NAME	L&M SYSTEMS, INC
1	Affiliate Description	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES
2	Affiliate type of service	Medical Practices
3	Tax Status	For Profit
4	Street Address	365 MONTAUK AVE
5	Town	New London
6	State	Connecticut
7	Zip Code	06320 -
8	CEO Name	BRUCE D. CUMMINGS
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	Lawrence + Memorial Corporation
11	CT Agent Company	N/A
12	CT Agent Company Street Address	365 MONTAUK AVE
13	CT Agent Town	New London
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06320 -
F.	AFFILIATE NAME	L+M PHYSICIAN ASSOCIATION, INC.
1	Affiliate Description	Physician Practices
2	Affiliate type of service	Physicians Services
3	Tax Status	Not for Profit
4	Street Address	194 Howard Street
5	Town	New London
6	State	Connecticut

LAWRENCE AND MEMORIAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
7	Zip Code	06320 -
8	CEO Name	Christopher M. Lehrach, MD
9	CEO Title	President
10	CT Agent Name	Lawrence + Memorial Corporation
11	CT Agent Company	N/A
12	CT Agent Company Street Address	365 Montauk Avenue
13	CT Agent Town	New London
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06320 -
G.		
	AFFILIATE NAME	LAWRENCE & MEMORIAL FOUNDATION INC.
1	Affiliate Description	FOUNDATION ENTITY - NOT ACTIVE
2	Affiliate type of service	Inactive
3	Tax Status	Not for Profit
4	Street Address	365 MONTAUK AVE
5	Town	New London
6	State	Connecticut
7	Zip Code	06320 -
8	CEO Name	BRUCE D. CUMMINGS
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	Lawrence + Memorial Corporation
11	CT Agent Company	N/A
12	CT Agent Company Street Address	365 MONTAUK AVE
13	CT Agent Town	New London
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06320 -
H.		
	AFFILIATE NAME	LMW HEALTHCARE INC.
1	Affiliate Description	Healthcare related Business Entity/Acute Hospital
2	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	25 Wells Street
5	Town	Westerly
6	State	Rhode Island
7	Zip Code	02891 -
8	CEO Name	Bruce D. Cummings
9	CEO Title	President
10	CT Agent Name	Stephen D. Zubiago, Esq.
11	CT Agent Company	Nixon Peabody, LLP
12	CT Agent Company Street Address	One Citizens Plaza, Suite 500
13	CT Agent Town	Providence
14	CT Agent State	Rhode Island
15	CT Agent Zip Code	02903 -
I.		
	AFFILIATE NAME	LMW PHYSICIANS, INC.
1	Affiliate Description	Physician Services

LAWRENCE AND MEMORIAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
2	Affiliate type of service	Inactive
3	Tax Status	Not for Profit
4	Street Address	One Citizens Plaza, Suite 500
5	Town	Providence
6	State	Rhode Island
7	Zip Code	02903 -
8	CEO Name	Bruce D. Cummings
9	CEO Title	President
10	CT Agent Name	Stephen D. Zubiago, Esq.
11	CT Agent Company	Nixon Peabody, LLP
12	CT Agent Company Street Address	One Citizens Plaza, Suite 500
13	CT Agent Town	Providence
14	CT Agent State	Rhode Island
15	CT Agent Zip Code	02903 -
J.	AFFILIATE NAME	SOUTHEASTERN CONNECICUT HEALTH PARTNERS, INC.
1	Affiliate Description	Service Organization
2	Affiliate type of service	Inactive
3	Tax Status	Not for Profit
4	Street Address	365 Montauk Avenue
5	Town	New London
6	State	Connecticut
7	Zip Code	06320 -
8	CEO Name	Daniel Rissi, MD
9	CEO Title	CEO
10	CT Agent Name	Lawrence + Memorial Corporation
11	CT Agent Company	N/A
12	CT Agent Company Street Address	365 Montauk Avenue
13	CT Agent Town	New London
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06320 -
K.	AFFILIATE NAME	VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC.
1	Affiliate Description	VISITING NURSES ASSOCIATION
2	Affiliate type of service	Home Health/VNAs
3	Tax Status	Not for Profit
4	Street Address	403 NORTH FRONTAGE RD
5	Town	Waterford
6	State	Connecticut
7	Zip Code	06385 -
8	CEO Name	Mary L. Lenzini, RN
9	CEO Title	PRESIDENT
10	CT Agent Name	R. S. Lewis
11	CT Agent Company	N/A
12	CT Agent Company Street Address	6 Grand Street
13	CT Agent Town	Niantic
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06357 -

* P.O. BOX IS UNACCEPTABLE WITHOUT A

STREET ADDRESS FOR EACH AGENT COMPANY

**LAWRENCE AND MEMORIAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015
REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2015
A . LAWRENCE AND MEMORIAL HOSPITAL			
1		Unrestricted	\$103,558,083
2		Temporarily Restricted by Donor	\$18,960,042
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$5,963,597
5		Intercompany Eliminations	\$0
		Total:	\$128,481,722
B . LAWRENCE +MEMORIAL CORPORATION			
1		Unrestricted	\$63,657,520
2		Temporarily Restricted by Donor	\$109,280
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$63,766,800
C . ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.			
1		Unrestricted	(\$354,915)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$354,915)
D . L + M HEALTH CARE, 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
E . L&M INDEMNITY COMPANY, LTD.			
1		Unrestricted	\$754,194
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$754,194
F . L&M SYSTEMS, INC			
1		Unrestricted	\$2,496,242
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$2,496,242
G . L+M PHYSICIAN ASSOCIATION, INC.			
1		Unrestricted	(\$2,758,748)
2		Temporarily Restricted by Donor	\$0

**LAWRENCE AND MEMORIAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015
REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2015
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$2,758,748)
H. LAWRENCE & MEMORIAL FOUNDATION 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
I. LMW HEALTHCARE INC.			
1		Unrestricted	\$39,412,015
2		Temporarily Restricted by Donor	\$1,217,275
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$9,343,359
5		Intercompany Eliminations	\$0
		Total:	\$49,972,649
J. LMW PHYSICIANS, INC.			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
K. SOUTHEASTERN CONNECICUT HEALTH PARTNERS, 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
L. VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC.			
1		Unrestricted	\$19,859,923
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$27,000
5		Intercompany Eliminations	\$0
		Total:	\$19,886,923
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$262,244,867
	Intercompany Eliminations		\$0
	Total of all Affiliates	Fund Balance:	\$262,244,867

**LAWRENCE AND MEMORIAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015
REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
A. LAWRENCE +MEMORIAL CORPORATION				
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$8,585,293
1		Tranfer of Funds	09/30/2015	\$5,083,677
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$13,668,970
B. ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	(\$25,409,933)
1		401K	09/30/2015	(\$2,166,023)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$27,575,956)
C. L + M HEALTH CARE, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
D. L&M INDEMNITY COMPANY, LTD.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	(\$1,673,733)
1		401K	09/30/2015	(\$1,000,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$2,673,733)
E. L&M SYSTEMS, INC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	(\$392,028)
1		Tranfer of Funds	09/30/2015	\$323,054
		Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$68,974)
F. L+M PHYSICIAN ASSOCIATION, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	(\$62,298,280)
1		Tranfer of Funds	09/30/2015	(\$19,828,960)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$82,127,240)
G. LAWRENCE & MEMORIAL FOUNDATION INC.				

**LAWRENCE AND MEMORIAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015
REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
H.	LMW HEALTHCARE INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	(\$5,063,962)
1		Transfer of Funds	09/30/2015	(\$3,820,945)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$8,884,907)
I.	LMW PHYSICIANS, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
J.	SOUTHEASTERN CONNECICUT HEALTH PARTNERS, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
K.	VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
			Grand Total:	(\$107,661,840)

**LAWRENCE AND MEMORIAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015
REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated Intercompany Balance	10/01/2014	\$12,406,800
A.	LAWRENCE +MEMORIAL CORPORATION		Nothing to Report		\$0
			Total:	9/30/2015	\$0
B.	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.		Nothing to Report		\$0
			Total:	9/30/2015	\$0
C.	L + M HEALTH CARE, INC.		Nothing to Report		\$0
			Total:	9/30/2015	\$0
D.	L&M INDEMNITY COMPANY, LTD.		Nothing to Report		\$0
			Total:	9/30/2015	\$0
E.	L&M SYSTEMS, INC				
1		L + M HEALTH CARE, INC.	Tranfer of Funds	09/30/2015	(\$25,781)
			Total:	9/30/2015	(\$25,781)
F.	L+M PHYSICIAN ASSOCIATION, INC.		Nothing to Report		\$0
			Total:	9/30/2015	\$0
G.	LAWRENCE & MEMORIAL FOUNDATION INC.		Nothing to Report		\$0
			Total:	9/30/2015	\$0
H.	LMW HEALTHCARE INC.		Nothing to Report		\$0
			Total:	9/30/2015	\$0
I.	LMW PHYSICIANS, INC.		Nothing to Report		\$0
			Total:	9/30/2015	\$0
J.	SOUTHEASTERN CONNECICUT HEALTH PARTNERS, INC.		Nothing to Report		\$0
			Total:	9/30/2015	\$0

**LAWRENCE AND MEMORIAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015
REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
K.	VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC.				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2015	\$12,381,019

**LAWRENCE AND MEMORIAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015**

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

(1) LINE	(2) AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	(3) AMOUNT	(4) DATE
A. LAWRENCE +MEMORIAL CORPORATION			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
B. ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
C. L + M HEALTH CARE, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
D. L&M INDEMNITY COMPANY, LTD.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
E. L&M SYSTEMS, INC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
F. L+M PHYSICIAN ASSOCIATION, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
G. LAWRENCE & MEMORIAL FOUNDATION INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
H. LMW HEALTHCARE INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
I. LMW PHYSICIANS, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
J. SOUTHEASTERN CONNECICUT HEALTH PARTNERS, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
K. VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
	Grand Total:	\$0	9/30/2015

**LAWRENCE AND MEMORIAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015
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.	LAWRENCE +MEMORIAL CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
B.	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	L + M HEALTH CARE, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	L&M INDEMNITY COMPANY, LTD.		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	L&M SYSTEMS, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	L+M PHYSICIAN ASSOCIATION, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	LAWRENCE & MEMORIAL FOUNDATION INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	LMW HEALTHCARE INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
I.	LMW PHYSICIANS, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	SOUTHEASTERN CONNECICUT HEALTH PARTNERS, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
K.	VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC.		
0	Nothing to Report	\$0	0

LAWRENCE AND MEMORIAL HOSPITAL
 ANNUAL REPORTING
 FISCAL YEAR 2015

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
	Total:	\$0	
	Grand Total:	\$0	

**LAWRENCE AND MEMORIAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015
REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR
INDIGENT CARE AND FREE BEDS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A . Indigent Care					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
B . Free Beds					
	Beginning Balance	\$1,243,463.00	\$1,334,646.00	\$91,183.00	7%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$54,625.00	\$49,805.00	(\$4,820.00)	-9%
3	Expenditures	\$50,316.26	\$72,830.96	\$22,514.70	45%
4	Unrealized Gains and Losses	\$86,874.26	\$45,185.51	(\$41,688.75)	-48%
	Ending Balance	\$1,334,646.00	\$1,356,805.55	\$22,159.55	2%
5	Projected Interest Income	\$53,000.00	\$51,000.00	(\$2,000.00)	-4%
C . Other					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

LAWRENCE AND MEMORIAL HOSPITAL		
ANNUAL REPORTING		
FISCAL YEAR 2015		
REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1.	Number of Applications for Hospital Bed Funds	675
2. A.	Number of Patients receiving Hospital Bed Fund Grants	24
2. B.	The Actual Total Dollar Amount provided to all patients from Hospital Bed Funds:	\$72,830.96
1	ABFMATSON	\$293.00
1	ABFMATSON	\$406.00
1	ABFMATSON	\$89.00
2	ABFTHOMAS	\$132.60
2	ABFTHOMAS	\$19.01
2	ABFTHOMAS	\$259.92
2	ABFTHOMAS	\$301.98
3	ABFTHOMAS	\$65.00
3	ABFTHOMAS	\$65.00
3	ABFTHOMAS	\$65.00
4	ABFARMSTRO	\$286.00
5	ABFSHERMAN	\$3,348.00
6	ABFALLYN	\$595.12
6	ABFARMSTRO	\$1,477.00
6	ABFALLYN	\$922.61
6	ABFALLYN	\$1,237.63
6	ABFALLYN	\$511.28
7	ABFALLYN	\$3,644.50
8	ABFTHOMAS	\$2,808.00
9	ABFCRAWFOR	\$497.00
9	ABFDUVAL	\$662.00
9	ABFHARKNES	\$1,524.00
9	ABFHOBRON	\$761.00
9	ABFMARVIN	\$1,763.00
9	ABFMAY	\$423.00
10	ABFBROCKIN	\$932.20
11	ABFFERRIN	\$100.00
11	ABFFERRIN	\$150.00
11	ABFFERRIN	\$100.00
12	ABFTHOMAS	\$4,930.49
13	ABFTHOMAS	\$520.00
13	ABFTHOMAS	\$365.00
14	ABFSHEPARD	\$543.00
14	ABFSHEPARD	\$198.00
15	ABFBROCKIN	\$6,959.12
15	ABFBROCKIN	\$13,740.86
16	ABFTHOMAS	\$508.00
17	ABFFERRIN	\$380.78
18	ABFTHOMAS	\$1,809.24
18	ABFTHOMAS	\$1,301.09
18	ABFTHOMAS	\$646.55
19	ABFTHOMAS	\$1,700.00
20	ABFALLYN	\$947.46
20	ABFALLYN	\$29.33
20	ABFALLYN	\$158.07
21	ABFTHOMAS	\$1,590.00
21	ABFTHOMAS	\$146.00
21	ABFTHOMAS	\$1,722.00
22	ABFTHOMAS	\$704.38
23	ABFTHOMAS	\$9,317.74
24	ABFWEBB	\$1,175.00
	Grand Total	\$72,830.96

LAWRENCE AND MEMORIAL HOSPITAL					
ANNUAL REPORTING					
FISCAL YEAR 2015					
REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
B. BED 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 Bed Fund, or the Principal attributable to each Hospital Bed				
(4)	Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund.				
(5)	Actual Dollar Amount of Earnings reinvested as Principal, if any.				
(6)	Actual Dollar Amount of Earnings available for Patient Care.				
	Armstrong, Elizabeth C	\$70,993.00	\$1,030.00	\$0.00	\$0.00
	Brockington, Samuel	\$351,259.00	\$5,098.00	\$0.00	\$0.00
	Crawford, Marion G	\$20,011.00	\$290.00	\$0.00	\$0.00
	Eunice Harding Marvin Fund	\$70,993.00	\$1,030.00	\$0.00	\$0.00
	Ferrin, Carlisle Dr. F	\$37,601.00	\$546.00	\$0.00	\$0.00
	Harkness, Edward S	\$61,380.00	\$891.00	\$0.00	\$0.00
	Hobson, DR & Mrs. Albert	\$30,663.00	\$445.00	\$0.00	\$0.00
	Matson, Harriet H	\$29,737.00	\$432.00	\$0.00	\$0.00
	May, Elizabeth & John Dr.	\$17,020.00	\$247.00	\$0.00	\$0.00
	Shepard, Cecelia S	\$29,904.00	\$434.00	\$0.00	\$0.00
	Sherman, Miranda H	\$134,816.00	\$1,957.00	\$0.00	\$0.00
	Strickland Duval, Mary E	\$26,653.00	\$387.00	\$0.00	\$0.00
	Webb-Fairbanks, Annie J	\$61,380.00	\$891.00	\$0.00	\$0.00
	Lyman & Emma Turner Allyn	\$324,026.00	\$4,703.00	\$0.00	\$0.00
	William S Thomas Trust	\$823,829.76	\$31,424.29	\$0.00	\$0.00
	Total Bed Funds :	\$2,090,265.76	\$49,805.29	\$0.00	\$0.00

**LAWRENCE AND MEMORIAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015**

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I. GENERAL COLLECTION PROCESSES AND PROCEDURES		
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	In FY15 the hospital assign bad debt to collection agents based on the 1st letter of the patients last name. Letters A-G went to Century, H-L Atlantic, & M-Z Marcam.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	L+M reimburses its collection agencies based on payments posted to patients' accounts in L+M's billing system. For payments sent directly to L+M, L+M sends a daily file of payments to agencies. Collection agencies send a monthly statement to L+M of payments received directly by them.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	17.17%
II. SPECIFIC COLLECTION AGENT INFORMATION		
A	Collection Agent	
1	Collection Agent Name	Century
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	In FY15 the hospital assign bad debt to collection agents based on the 1st letter of the patients last name. Letters A-G went to Century, H-L Atlantic, & M-Z Marcam.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	L+M reimburses its collection agencies based on payments posted to patients accounts in L+Ms billing system. For payments sent directly to L+M, L+M sends a daily file of payments to agencies. Collection agencies send a monthly statement to L+M of payments received directly by them.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	17.77%
B	Collection Agent	

**LAWRENCE AND MEMORIAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015**

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
1	Collection Agent Name	Atlantic
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	In FY15 the hospital assign bad debt to collection agents based on the 1st letter of the patients last name. Letters A-G went to Century, H-L Atlantic, & M-Z Marcam.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	L+M reimburses its collection agencies based on payments posted to patients accounts in L+Ms billing system. For payments sent directly to L+M, L+M sends a daily file of payments to agencies. Collection agencies send a monthly statement to L+M of payments received directly by them.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	19.44%
C	Collection Agent	
1	Collection Agent Name	Marcam Associates
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	In FY15 the hospital assign bad debt to collection agents based on the 1st letter of the patients last name. Letters A-G went to Century, H-L Atlantic, & M-Z Marcam.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	L+M reimburses its collection agencies based on payments posted to patients accounts in L+Ms billing system. For payments sent directly to L+M, L+M sends a daily file of payments to agencies. Collection agencies send a monthly statement to L+M of payments received directly by them.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	15.02%

**LAWRENCE AND MEMORIAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015**

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION

**LAWRENCE AND MEMORIAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015
REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL EMPLOYEES**

LINE	POSITION TITLE	EMPLOYEE NAME	SALARY	FRINGE BENEFITS	TOTAL
1.	President, CEO	Bruce Cummings	\$724,010	\$50,024	\$774,034
2.	VP. COO	Dan Rissi	\$478,541	\$39,515	\$518,056
3.	Vice President, Chief Transformation Officer	Christopher Leherach	\$423,406	\$45,289	\$468,695
4.	Vice President, CFO	Seth Van Essendelft	\$392,380	\$44,479	\$436,859
5.	Chief Information Officer	Kimberly Kalajainen	\$291,983	\$37,468	\$329,451
6.	Chief Legal Officer	Maureen Anderson	\$288,830	\$37,083	\$325,913
7.	Vice President, Patient Care	Lauren Williams	\$273,458	\$26,131	\$299,589
8.	Vice President, Development	Bill Stanley	\$219,106	\$34,585	\$253,691
9.	Medical Director Physician	Gerladine Ruffa	\$228,647	\$17,755	\$246,402
10.	Vice President, Human Resources	Donna Epps	\$225,776	\$16,750	\$242,526
		Grand Total:	\$3,546,137	\$349,079	\$3,895,216

**LAWRENCE +MEMORIAL CORPORATION
ANNUAL REPORTING
FISCAL YEAR 2015
REPORT 19B - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HEALTH SYSTEM EMPLOYEES**

LINE	POSITION TITLE	EMPLOYEE NAME AND COMPANY	SALARY	FRINGE BENEFITS	TOTAL
1.	Physician Neurosurgery	Patrick Doherty MD LMPA	\$1,801,981	\$51,710	\$1,853,691
2.	Physician Pain Management	Adrian Hamburger MD LMPA	\$777,521	\$36,641	\$814,162
3.	President, CEO	Bruce Cummnings L+M Hospital	\$724,010	\$50,024	\$774,034
4.	Physician Hand Surgery	Sepehr Sajjad MD LMPA	\$631,715	\$30,435	\$662,150
5.	Physician Cardiology	Jon Gaudio MD LMPA	\$624,696	\$34,734	\$659,430
6.	Physician Cardiology	Roshanak Bagheri MD LMPA	\$575,369	\$29,641	\$605,010
7.	Physician Orthopedic	Vincent MacAndrew MD LMPA	\$514,782	\$32,593	\$547,375
8.	Physician Dermatology	Michael Hardwood MD LMPA	\$508,341	\$32,787	\$541,128
9.	Chief Operating Officer	Daniel Rissi MD L+M Hospital	\$478,541	\$39,515	\$518,056
10.	Physician Sleep Medicine	Amit Khanna, MD LMPA	\$435,910	\$31,946	\$467,856
		Grand Total:	\$7,072,866	\$370,026	\$7,442,892

**LAWRENCE AND MEMORIAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015
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
A . LAWRENCE +MEMORIAL CORPORATION				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
B . ASSOCIATED SPECIALISTS OF SOUTHEASTERN 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
C . L + M HEALTH CARE, 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 . L&M INDEMNITY COMPANY, LTD.				
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
E . L&M SYSTEMS, INC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F . L+M PHYSICIAN ASSOCIATION, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
G . LAWRENCE & MEMORIAL 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
H . LMW HEALTHCARE INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
I . LMW PHYSICIANS, 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 . SOUTHEASTERN CONNECICUT HEALTH PARTNERS, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
K . VISITING NURSE ASSOCIATION OF SOUTHEASTERN 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

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.

**LAWRENCE AND MEMORIAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015
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 2015
A	Transfer of Assets or Operations	
1.	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
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

LAWRENCE AND MEMORIAL HOSPITAL

ANNUAL REPORTING

FISCAL YEAR 2015

REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 AMOUNT	FY 2015 AMOUNT	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	885	675	(210)	-24%
2.	Number of Approved Applicants	763	545	(218)	-29%
3.	Total Charges (A)	\$5,424,366	\$5,405,542	(\$18,824)	0%
	Average Charges	\$7,109	\$9,918	\$2,809	40%
4.	Ratio of Cost to Charges (RCC)	0.426266	0.426204	(0.000062)	0%
	Total Cost	\$2,312,223	\$2,303,864	(\$8,359)	0%
	Average Cost	\$3,030	\$4,227	\$1,197	39%
5.	Charity Care - Inpatient Charges	\$480,404	\$581,988	\$101,584	21%
6.	Charity Care - Outpatient Emergency Department Charges	599,970	545,274	(54,696)	-9%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	4,343,992	4,278,280	(65,712)	-2%
	Total Charges (A)	\$5,424,366	\$5,405,542	(\$18,824)	0%
8.	Charity Care - Number of Patient Days	85	129	44	52%
9.	Charity Care - Number of Discharges	27	38	11	41%
10.	Charity Care - Number of Outpatient ED Visits	461	334	(127)	-28%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,071	869	(202)	-19%
(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.					
B. Hospital Bed Funds (see Hospital Reporting System - Report 17)					
1.	Number of Applicants	885	675	(210)	-24%
2.	Number of Approved Applicants	27	24	(3)	-11%
3.	Total Charges (B)	\$50,316	\$72,831	\$22,515	45%
	Average Charges	\$1,864	\$3,035	\$1,171	63%
4.	Ratio of Cost to Charges (RCC)	0.426266	0.426204	(0.000062)	0%
	Total Cost	\$21,448	\$31,041	\$9,593	45%
	Average Cost	\$794	\$1,293	\$499	63%
5.	Bed Funds - Inpatient Charges	\$2,184	\$5,630	\$3,446	158%
6.	Bed Funds - Outpatient Emergency Department Charges	12,944	30,412	17,468	135%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	35,188	36,789	1,601	5%
	Total Charges (B)	\$50,316	\$72,831	\$22,515	45%
8.	Bed Funds - Number of Patient Days	1	2	1	100%
9.	Bed Funds - Number of Discharges	1	1	0	0%
10.	Bed Funds - Number of Outpatient ED Visits	14	10	(4)	-29%
11.	Bed Funds - Number of Outpatient Visits(Excludes ED Visits)	13	13	0	0%
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.					

LAWRENCE AND MEMORIAL HOSPITAL**ANNUAL REPORTING****FISCAL YEAR 2015****REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2014 AMOUNT</u>	<u>FY 2015 AMOUNT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>