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	
	Affiliate type of service	Parent Corporation	
	Tax Status	Not for Profit	
	Street Address	365 MONTAUK AVE	
_	Town	New London	
	State	Connecticut	
7	Zip Code	06320 -	
8	CEO Name	BRUCE D. CUMMINGS	
9	CEO Title	PRESIDENT & CEO	
	CT Agent Name	Lawrence + Memorial Hospital	
	CT Agent Company	N/A	
	CT Agent Company Street Address	365 MONTAUK AVE	
	CT Agent Town	New London	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06320 -	
_		ACCOCIATED OFFICIALISTS OF COUTUE ACTERN CONNECTIONS INC	
B.	AFFILIATE NAME	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.	
1	Affiliate Description	Professional Caregiver/Physician Organization	
	Affiliate type of service	Physicians Services	
3	Tax Status	Not for Profit	
	Street Address	365 Montauk Avenue	
	Town	New London	
6	State	Connecticut	
7	Zip Code	06320 -	
	CEO Name	Bruce D. Cummings	
	CEO Title	President & CEO	
	CT Agent Name	Lawrence + Memorial Corporation	
	CT Agent Company	N/A	
	CT Agent Company Street Address	365 Montauk Avenue	
	CT Agent Town	New London	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06320 -	
_	AFFILIATE MANG	I . M LIEAL TH CADE INC	
C.	AFFILIATE NAME	L + M HEALTH CARE, INC.	
1	Affiliate Description	HEALTHCARE RELATED BUSINESS ENTITIES	
	Affiliate type of service	Inactive	
	Tax Status	Not for Profit	
	Street Address	365 MONTAUK AVE	
5	Town	New London	
6	State	Connecticut	
7	Zip Code	06320 -	
	CEO Name	BRUCE D. CUMMINGS	
	CEO Title	PRESIDENT & CEO	
10	CT Agent Name	Lawrence + Memorial Coproration	
	CT Agent Company	N/A	

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FISCAL YEAR 2015

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

(1)	(2)	(3)		
l				
_	DESCRIPTION	AFFILIATE INFORMATION		
	CT Agent Company Street Address	365 MONTAUK AVE		
	CT Agent Town	New London		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06320 -		
D.	AFFILIATE NAME	L&M INDEMNITY COMPANY, LTD.		
l .				
	Affiliate Description	Insurance Business		
2	Affiliate type of service	Insurance		
3	Tax Status	For Profit		
	Street Address	23 Lime Tree Bay Avenue, PO Box 1159		
5	Town	Grand Cayman		
6	State	Cayman Islands		
	Zip Code	11102 -		
	CEO Name	None		
	CEO Title	None		
	CT Agent Name	None		
	CT Agent Company	None		
	CT Agent Company Street Address	None, None		
	CT Agent Town	None		
	CT Agent State	Cayman Islands		
15	CT Agent Zip Code	11102 -		
E.	AFFILIATE NAME	L&M SYSTEMS, INC		
<u> </u>	741127412104112			
	74 1 12011			
1	Affiliate Description	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES		
1 2	Affiliate Description Affiliate type of service	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices		
1 2 3	Affiliate Description Affiliate type of service Tax Status	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit		
1 2 3 4	Affiliate Description Affiliate type of service	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE		
1 2 3 4 5	Affiliate Description Affiliate type of service Tax Status Street Address Town	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London		
1 2 3 4 5 6	Affiliate Description Affiliate type of service Tax Status Street Address Town State	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut		
1 2 3 4 5 6 7	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 -		
1 2 3 4 5 6 7 8	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS		
1 2 3 4 5 6 7 8	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO		
1 2 3 4 5 6 7 8 9	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO Lawrence + Memorial Corporation		
1 2 3 4 5 6 7 8 9	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO Lawrence + Memorial Corporation N/A		
1 2 3 4 5 6 7 8 9 10 11	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO Lawrence + Memorial Corporation		
1 2 3 4 5 6 7 8 9 10 11 12 13	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO Lawrence + Memorial Corporation N/A 365 MONTAUK AVE New London		
1 2 3 4 5 6 7 8 9 10 11 12 13	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO Lawrence + Memorial Corporation N/A 365 MONTAUK AVE New London Connecticut		
1 2 3 4 5 6 7 8 9 10 11 12 13	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO Lawrence + Memorial Corporation N/A 365 MONTAUK AVE New London		
1 2 3 4 5 6 7 8 9 10 11 12 13	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO Lawrence + Memorial Corporation N/A 365 MONTAUK AVE New London Connecticut		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent State CT Agent State CT Agent Zip Code	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO Lawrence + Memorial Corporation N/A 365 MONTAUK AVE New London Connecticut 06320 -		
1 2 3 4 5 6 7 8 9 10 11 12 13	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Town CT Agent State	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO Lawrence + Memorial Corporation N/A 365 MONTAUK AVE New London Connecticut		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent State CT Agent State CT Agent Zip Code	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO Lawrence + Memorial Corporation N/A 365 MONTAUK AVE New London Connecticut 06320 -		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 F.	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent Zip Code AFFILIATE NAME	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO Lawrence + Memorial Corporation N/A 365 MONTAUK AVE New London Connecticut 06320 - L+M PHYSICIAN ASSOCIATION, INC.		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO Lawrence + Memorial Corporation N/A 365 MONTAUK AVE New London Connecticut 06320 - L+M PHYSICIAN ASSOCIATION, INC.		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 F.	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO Lawrence + Memorial Corporation N/A 365 MONTAUK AVE New London Connecticut 06320 - L+M PHYSICIAN ASSOCIATION, INC.		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 F.	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO Lawrence + Memorial Corporation N/A 365 MONTAUK AVE New London Connecticut 06320 - L+M PHYSICIAN ASSOCIATION, INC. Physician Practices Physicians Services Not for Profit		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 F.	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO Lawrence + Memorial Corporation N/A 365 MONTAUK AVE New London Connecticut 06320 - L+M PHYSICIAN ASSOCIATION, INC. Physicians Services Not for Profit 194 Howard Street		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 F.	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES Medical Practices For Profit 365 MONTAUK AVE New London Connecticut 06320 - BRUCE D. CUMMINGS PRESIDENT & CEO Lawrence + Memorial Corporation N/A 365 MONTAUK AVE New London Connecticut 06320 - L+M PHYSICIAN ASSOCIATION, INC. Physician Practices Physicians Services Not for Profit		

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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	
	Zip Code	06320 -	
	CEO Name	Christpher M. Lehrach, MD	
	CEO Title	President	
		Lawrence +Memorial Corporation	
	CT Agent Name		
	CT Agent Company	N/A	
	CT Agent Company Street Address	365 Montauk Avenue	
	CT Agent Town	New London	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06320 -	
G.	AFFILIATE NAME	LAWRENCE & MEMORIAL FOUNDATION INC.	
1	Affiliate Description	FOUNDATION ENTITY - NOT ACTIVE	
	Affiliate type of service	Inactive	
	Tax Status	Not for Profit	
	Street Address	365 MONTAUK AVE	
	Town	New London	
6	State	Connecticut	
	Zip Code	06320 -	
	CEO Name	BRUCE D. CUMMINGS	
	CEO Name CEO Title	PRESIDENT & CEO	
	CT Agent Name	Lawrence + Memorial Corporation	
	CT Agent Company	N/A	
	CT Agent Company Street Address	365 MONTAUK AVE	
	CT Agent Town	New London	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06320 -	
н.	AFFILIATE NAME	LMW HEALTHCARE INC.	
п.	AFFILIATE NAME	LINW 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	
$\overline{}$	Town	Westerly	
6	State	Rhode Island	
	Zip Code	02891 -	
	CEO Name	Bruce D. Cummings	
	CEO Title	President	
	CT Agent Name	Stephen D. Zubiago, Esq.	
	CT Agent Company	Nixon Peabody, LLP	
	CT Agent Company Street Address	One Citizens Plaza, Suite 500	
	CT Agent Town	Providence	
	CT Agent State	Rhode Island	
	CT Agent Clate CT Agent Zip Code	02903 -	
.0	C. Agont Zip Oodo		
I.	AFFILIATE NAME	LMW PHYSICIANS, INC.	
1	Affiliate Description	Physician Services	

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	
	Affiliate type of service	Inactive	
	Tax Status	Not for Profit	
	Street Address	One Citizens Plaza, Suite 500	
	Town	Providence	
	State	Rhode Island	
	Zip Code	02903 -	
	CEO Name	Bruce D. Cummings	
	CEO Title	President	
	CT Agent Name	Stephen D. Zubiago, Esq.	
	CT Agent Company	Nixon Peabody, LLP	
	CT Agent Company Street Address	One Citizens Plaza, Suite 500	
	CT Agent Town	Providence	
14	CT Agent State	Rhode Island	
15	CT Agent Zip Code	02903 -	
J.	AFFILIATE NAME	SOUTHEASTERN CONNECICUT HEALTH PARTNERS, INC.	
		· · · · · · · · · · · · · · · · · · ·	
	Affiliate Description	Service Organization	
	Affiliate type of service	Inactive	
	Tax Status	Not for Profit	
	Street Address	365 Montauk Avenue	
	Town	New London	
	State	Connecticut	
	Zip Code	06320 -	
	CEO Name	Daniel Rissi, MD CEO	
	CEO Title		
	CT Agent Name	Lawrence + Memorial Corporation N/A	
	CT Agent Company	365 Montauk Avenue	
	CT Agent Company Street Address CT Agent Town	New London	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent State CT Agent Zip Code	06320 -	
13	CT Agent Zip Code	00320	
K.	AFFILIATE NAME	VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC.	
	Affiliate Description	VISITING NURSES ASSOCIATION	
	Affiliate type of service	Home Health/VNAs	
	Tax Status	Not for Profit	
	Street Address	403 NORTH FRONTAGE RD	
	Town	Waterford	
	State 3: Condo	Connecticut	
	Zip Code	06385 -	
	CEO Name	Mary L. Lenzini, RN	
	CEO Title	PRESIDENT B. S. Louis	
	CT Agent Company	R. S. Lewis	
	CT Agent Company Street Address	N/A 6 Crond Street	
	CT Agent Town	6 Grand Street	
	CT Agent State	Niantic Connecticut	
	CT Agent Zip Code	Connecticut 06357 -	
	CT Agent Zip Code	CTREET ADDRESS FOR FACIL ACENT COMPANY	

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

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
	AFFILIATE MARKE	FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2015
Α.	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
В.	LAWRENCE +MEMORIAL CORPORATION		
1	LAWRENCE TIMEMORIAL CORPORATION	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)
_	L. MUEALTH CARE INC		
D.	L + M HEALTH CARE, INC.	I long at sint and	ФО.
1		Unrestricted	\$0 \$0
2		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0
3 4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
		Total.	40
Ε.	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
C	I .M DUVSICIANI ASSOCIATIONI INC		
G .	L+M PHYSICIAN ASSOCIATION, INC.	Unrestricted	(\$2,758,748)

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2015
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$2,758,748)
Н.	LAWRENCE & MEMORIAL FOUNDATION INC.		
1	LAWKENCE & WEWORIAL FOUNDATION INC.	Unrostricted	C O
2		Unrestricted Temporarily Restricted by Donor	\$0 \$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
		Totali	40
1.	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 \$0
5		Intercompany Eliminations	
		Total:	\$0
1/	COUTUE ACTERN CONNECICUT HEALTH DARTNERS INC		
Κ.	SOUTHEASTERN CONNECICUT HEALTH PARTNERS, INC.	Unrestricted	r _O
2		Temporarily Restricted by Donor	\$0 \$0 \$0
3		Temporarily Restricted by Board	φ0 \$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
			4.
	VISITING NURSE ASSOCIATION OF SOUTHEASTERN		
L.	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
	Table Call ACCP and the Care Late		
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$262,244,867
	Intercompany Eliminations		\$0
	Total of all Affiliates	Fund Balance:	\$262,244,867

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
_	LAWDENCE - MEMORIAL CORRORATION			
Α.	LAWRENCE +MEMORIAL CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$8,585,293
1		Tranfer of Funds	09/30/2015	\$5,083,677
<u> </u>		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$13,668,970
В.	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	9/30/2014	\$0 \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
D.	L&M INDEMNITY COMPANY, LTD.			
L_		Beginning Unconsolidated Intercompany Balance:	9/30/2014	(\$1,673,733)
1		401K Ending Unconsolidated Intercompany Balance:	09/30/2015 9/30/2015	(\$1,000,000) (\$2,673,733)
		Ending Officonsolidated Intercompany Balance.	9/30/2013	(\$2,013,133)
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)
_	L. M. DUIVOIOIAN, ACCOCIATION, INC.			
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.			

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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	TRANSFER TO / FROM HOSPITAL
				HOOFTAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
ш	I MAN LIEAT THOADE INC			
Н.	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)
l.	LMW PHYSICIANS, INC.			
			0/00/0044	•
		Beginning Unconsolidated Intercompany Balance: Nothing to Report	9/30/2014	\$0 \$0
-		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Ending officorisolidated intercompany balance.	3/30/2013	\$0
J.	SOUTHEASTERN CONNECICUT HEALTH PARTNERS, INC.			
			0/00/004	•
		Beginning Unconsolidated Intercompany Balance: Nothing to Report	9/30/2014	\$0 \$0
-		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Ending officonsolidated intercompany balance.	3/30/2013	\$0
ĸ.	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)

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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
	AFFILIATE TO ANOFEDDING FUNDS	AFEILIATE DECENTING EUNDO	DESCRIPTION OF TRANSFER	DATE	AMOUNT
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated Intercompany Balance	10/01/2014	\$12,406,800
Α.	LAWRENCE +MEMORIAL CORPORATION		intercompany balance	10/01/2014	\$12,400,000
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
В.	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
C.	L + M HEALTH CARE, INC.				
<u> </u>	L + W REALTH 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	L MUEAUTH CARE INC	T ((5)	00/00/00/15	(0.5.704)
1		L + M HEALTH CARE, INC.	Tranfer of Funds Total:	09/30/2015 9/30/2015	(\$25,781)
			i otai:	9/30/2015	(\$25,781)
F.	L+M PHYSICIAN ASSOCIATION, INC.				
<u> </u>	This introduction, inc.		Nothing to Report		\$0
			Total:	9/30/2015	\$0
G.	LAWRENCE & MEMORIAL FOUNDATION INC.				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
	LMW HEALTHCARE INC.				
H.	LINIVY REALITICANE INC.		Nothing to Report		\$0
1			Total:	9/30/2015	\$0
			i Otal.	3/33/2013	40
I.	LMW PHYSICIANS, INC.				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
J.	SOUTHEASTERN CONNECICUT HEALTH PARTNERS, INC.				
			Nothing to Report	0/00/0047	\$0
			Total:	9/30/2015	\$0

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

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
Α.	LAWRENCE +MEMORIAL CORPORATION		
0	Nothing to Report	\$0	
	То	tal: \$0	9/30/2015
В.	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.		
0	Nothing to Report	\$0	
Ť		tal: \$0	
C.	L + M HEALTH CARE, INC.		
0	Nothing to Report	\$0	
	10	tal: \$0	9/30/2015
D.	L&M INDEMNITY COMPANY, LTD.		
0	Nothing to Report	\$0	
		tal: \$0	
E.	L&M SYSTEMS, INC		
0	Nothing to Report	\$0	
	То	tal: \$0	9/30/2015
F .	L+M PHYSICIAN ASSOCIATION, INC. Nothing to Report		
		\$0 tal: \$0	
	10	,	3/30/2013
G.	LAWRENCE & MEMORIAL FOUNDATION INC.		
0	Nothing to Report	\$0	
		tal: \$0	
H.	LMW HEALTHCARE INC.		
0	Nothing to Report	\$0	
	То	tal: \$0	9/30/2015
_	LANW DUVELCIANC INC		
1. 0	LMW PHYSICIANS, INC. Nothing to Report	0.0	
<u> </u>		\$0 tal: \$0	
			3,33,23.3
J.	SOUTHEASTERN CONNECICUT HEALTH PARTNERS, INC.		
0	Nothing to Report	\$0	
	То	tal: \$0	9/30/2015
K.	VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC.		
0	Nothing to Report	\$0	
	10	tal: \$0	9/30/2015
	Grand To	tal: \$0	9/30/2015
	Cidila 10	Ψ	0,00/2010

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
	LAWRENCE MEMORIAL CORROLATION		
A. 0	LAWRENCE +MEMORIAL CORPORATION Nothing to Report	\$0	0
-	Total:	\$ 0	0
	Total	+ 3	
В.	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	
	LONDON DE LA COMPANY LES		
D.	L&M INDEMNITY COMPANY, LTD. Nothing to Report	\$0	0
-	Total:	\$ 0	0
	Total.	***	
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	0
0	Nothing to Report Total:	\$0 \$0	0
	I Otal:	\$0	
Н.	LMW HEALTHCARE INC.		
<u>п.</u> 0	Nothing to Report	\$0	0
-	Total:	* 1	
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	
1.7	WOLTHO AUDOL ACCOUNTING OF COULTERACTED VICE COUNTING OF COULTERACTED VICE COUNTING OF COURTER COUNTING OF COURTER COUNTING OF COURTER		
K .	VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC. Nothing to Report	\$0	0
U	I Notified to Report	Φ0	U

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) (5) (6) (3) (4) FY 2014 FY 2015 **ACTUAL ACTUAL** LINE DESCRIPTION AMOUNT DIFFERENCE % DIFFERENCE Α. Indigent Care **Beginning Balance** \$0.00 0% \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 0% 1 **Donations** 0% 2 Income \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 0% Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 0% 4 0% **Ending Balance** \$0.00 \$0.00 \$0.00 5 Projected Interest Income \$0.00 \$0.00 \$0.00 0% В. Free Beds **Beginning Balance** 7% \$1,243,463,00 \$1.334.646.00 \$91.183.00 \$0.00 \$0.00 \$0.00 0% 1 Donations -9% \$54,625.00 \$49,805.00 (\$4,820.00) 2 Income 45% \$50.316.26 \$72,830,96 \$22.514.70 3 Expenditures 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% Projected Interest Income \$53,000.00 \$51,000.00 -4% (\$2,000.00 C. Other **Beginning Balance** \$0.00 \$0.00 \$0.00 0% \$0.00 \$0.00 \$0.00 0% 1 Donations 2 \$0.00 \$0.00 \$0.00 0% Income 0% \$0.00 \$0.00 \$0.00 3 Expenditures Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 0% 4 **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	
RF	FISCAL YEAR 2015 PORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY T	HF HOSPITAI
	TOTAL TOTAL PLANTS IN THE STATE OF THE STATE	
A. Patient Activity		
(1)	(2)	(3)
<u>Patient</u>	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Application	ns for Hospital Bed Funds	675
2. A. Number of Patients red	ceiving Hospital Bed Fund Grants	24
2. B. The Actual Total Dollar	r Amount provided to all patients from Hospital Bed Funds:	\$72,830.96
1	ABFMATSON	\$293.00
1	ABFMATSON	\$406.00
2	ABFMATSON ABFTHOMAS	\$89.00 \$132.60
2	ABFTHOMAS	\$132.60 \$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 6	ABFSHERMAN ABFALLYN	\$3,348.00 \$595.12
6	ABFARMSTRO	\$393.12 \$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 ABFHOBRON	\$1,524.00 \$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 13	ABFTHOMAS ABFTHOMAS	\$4,930.49
13	ABFTHOMAS	\$520.00 \$365.00
14	ABFSHEPARD	\$503.00
14	ABFSHEPARD	\$198.00
15	ABFBROCKIN	\$6,959.12
15	ABFBROCKIN	\$13,740.86
16	ABFTHOMAS	\$508.00
17	ABFFERRIN	\$380.78
18 18	ABFTHOMAS ABFTHOMAS	\$1,809.24 \$1,301.09
18	ABFTHOMAS	\$1,301.09 \$646.55
19	ABITHOMAS	\$1,700.00
20	ABFALLYN	\$947.46
20	ABFALLYN	\$29.33
20	ABFALLYN	\$158.07
21	ABETHOMAS	\$1,590.00
21	ABETHOMAS	\$146.00
21 22	ABFTHOMAS ABFTHOMAS	\$1,722.00 \$704.38
23	ABFTHOMAS	\$704.38 \$9,317.74
24	ABLILIOMAS	\$9,317.74 \$1,175.00
	Grand Total	\$72,830.96
		Ţ. _ , 300 100

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) Earnings Reinvested Earnings Available FMV of Principal **Actual Earnings** Name of Hospital Bed Fund Line (3) Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each Hospital Bed Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund. (4) (5) Actual Dollar Amount of Earnings reinvested as Principal, if any. (6) Actual Dollar Amount of Earnings available for Patient Care. Armstrong, Elizabeth C \$70,993.00 \$1,030.00 \$0.00 \$0.00 Brockington, Samuel \$0.00 \$0.00 \$351,259.00 \$5,098.00 Crawford, Marion G \$290.00 \$0.00 \$20,011.00 \$0.00 **Eunice Harding Marvin Fund** \$70,993.00 \$1,030.00 \$0.00 \$0.00 Ferrin, Carlisle Dr. F \$546.00 \$0.00 \$37,601.00 \$0.00 Harkness, Edward S \$61,380.00 \$891.00 \$0.00 \$0.00 Hobson, DR & Mrs. Albert \$0.00 \$0.00 \$30,663.00 \$445.00 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 \$434.00 \$0.00 \$0.00 \$29,904.00 Sherman, Miranda H \$134,816.00 \$1,957.00 \$0.00 \$0.00 Strickland Duval, Mary E \$0.00 \$0.00 \$26,653.00 \$387.00 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

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.
В.	Hospital's processes and policies for compensating a Collection Agent for services rendered	L+M reimburses its collection agencies based on payments posted to patients' accounts in L+M's billing system. For payments sent directly to L+M, L+M sends a daily file of payments to agencies. Collection agencies send a monthly statement to L+M of payments received directly by them.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	17.17%
***	ODEOUEIO COLLECTIONI A CENT INICODIMATIONI	
II.	SPECIFIC COLLECTION AGENT INFORMATION	
Α	Collection Agent	
1	Collection Agent Name	Century
3	Collection Agent Type	Collection Agency
	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%
_		
В	Collection Agent	

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
1	Collection Agent Name	Atlantic
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	In 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%
С	Collection Agent	
1	Collection Agent Name	Marcam Associates
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	In 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%

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

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

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

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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

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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)
		SALARIES (Directly or	FRINGE BENEFITS ^A (DirectI	
LINE	DESCRIPTION	Indirectly) ^C	y or Indirectly) ^C	TOTAL
Α.	LAWRENCE +MEMORIAL CORPORATION		4.	
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT,			
В.	INC.			
<u>D.</u>	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 Floophian to Employees of the Emity Eleted Above	ΨΟ	ΨΟ Ι	ΨΟ
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
Ε.	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.			
———	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	Ф О
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
	and by the Hospital to Employees of the Entity Listed Above	ΨΟ	ΨΟ	ΨΟ
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
Η.	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
,	LANK DUVOICIANO INO			
1.	LMW PHYSICIANS, INC.	ФО.	1 60	ФО.
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0 *0	\$0	\$0 \$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
J .	SOUTHEASTERN CONNECICUT HEALTH PARTNERS, 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 mospher to Employees of the Entity Eleted 70000	ΨΟ	ΨΟ Ι	ΨΟ
	VISITING NURSE ASSOCIATION OF SOUTHEASTERN			
Κ.	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.

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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 RT 22 - TRANSFER OF ASSETS OR OPERATIONS OR

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
Α	Transfer of Assets or Operations	
	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of	
1.	Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

REPORT 22 23 OF 24 7/20/2016,8:46 AM

		REPORTING	TAL		
		L YEAR 2015	DDOWDED DV	THE HOODITAL	
	REPORT 23 - CHARITY CARE AND REDUCED (COST SERVICES	PROVIDED BY	THE HOSPITAL	
(1)	(2)	(3) FY 2014	(4) FY 2015	(5) AMOUNT	(6) %
LINE	DESCRIPTION	<u>AMOUNT</u>	<u>AMOUNT</u>	DIFFERENCE	DIFFERENCE
Α	Hospital Charity Care (see Hospital Audited Financial S	totoment Notes			
<u>A.</u>	HOSPITAL CHARITY Care (See Hospital Audited Financial S	tatement Notes)			
1.	Number of Applicants	885	675	(210)	-24%
2.	Number of Approved Applicants	763	545	(218)	-29%
	T-(-1-0) (A)	ΦE 404.000	ΦE 40E E40	(040,004)	
3.	Total Charges (A) Average Charges	\$5,424,366 \$7,109	\$5,405,542 \$9,918	(\$18,824) \$2,809	0% 40 %
	Average Unarges	Ψ1,103	ψ3,310	Ψ2,003	407
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%
J.	Charity Care - Impatient Charges Charity Care - Outpatient Emergency Department	φ400,404	φ361,966	\$101,364	217
6.	Charges	599,970	545,274	(54,696)	-9%
	Charity Care - Outpatient Charges (Excludes ED				
7.	Charges)	4,343,992	4,278,280	(65,712)	-29
	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	419
o.					
10.	Charity Care - Number of Outpatient ED Visits	461	334	(127)	-28%
10.	Charity Care - Number of Outpatient Visits (Excludes ED				
		1,071	869	(202)	
10. 11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,071	869	(202)	
10. 11.	Charity Care - Number of Outpatient Visits (Excludes ED	1,071	869	(202)	
10. 11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,071	869	(202)	
10. 11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,071	869	(202)	
10. 11. (A) Th	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R	1,071 the Hospital Aud	869 ited Financial S	(202)	-19%
10. 11. (A) Th B. 1.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants	1,071 the Hospital Aud eport 17)	869 ited Financial S	(202) tatement Notes.	-19% -24%
10. 11. (A) Th	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R	1,071 the Hospital Aud	869 ited Financial S	(202)	-19% -24%
10. 11. (A) Th B. 1.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants	1,071 the Hospital Aud eport 17)	869 ited Financial S	(202) tatement Notes.	-19% -24% -11% 45%
10. 11. (A) Th B. 1. 2.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants	1,071 the Hospital Aud eport 17) 885 27	ited Financial S 675 24	(202) tatement Notes. (210) (3)	-19% -24% -11% 45%
10. 11. (A) Th B. 1. 2. 3.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges	1,071 the Hospital Aud eport 17) 885 27 \$50,316 \$1,864	869 ited Financial S 675 24 \$72,831 \$3,035	(202) tatement Notes. (210) (3) \$22,515 \$1,171	-24% -11% 45% 63%
10. 11. (A) Th B. 1. 2.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in 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)	1,071 the Hospital Aud eport 17) 885 27 \$50,316 \$1,864 0.426266	869 ited Financial S 675 24 \$72,831 \$3,035	(202) tatement Notes. (210) (3) \$22,515 \$1,171 (0.000062)	-19% -24% -11% -45% 63%
10. 11. (A) Th B. 1. 2. 3.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in 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	1,071 the Hospital Aud eport 17) 885 27 \$50,316 \$1,864	869 ited Financial S 675 24 \$72,831 \$3,035 0.426204 \$31,041	(202) tatement Notes. (210) (3) \$22,515 \$1,171	-19% -24% -119 45% 63% 0% 45%
10. 11. (A) Th B. 1. 2. 3.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in 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	1,071 the Hospital Aud eport 17) 885 27 \$50,316 \$1,864 0.426266 \$21,448 \$794	869 ited Financial S 675 24 \$72,831 \$3,035 0.426204 \$31,041 \$1,293	(202) tatement Notes. (210) (3) \$22,515 \$1,171 (0.000062) \$9,593 \$499	-19% -24% -119 45% 63% 0% 45% 63%
10. 11. (A) Th B. 1. 2. 3.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in 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	1,071 the Hospital Aud eport 17) 885 27 \$50,316 \$1,864 0.426266 \$21,448	869 ited Financial S 675 24 \$72,831 \$3,035 0.426204 \$31,041	(202) tatement Notes. (210) (3) \$22,515 \$1,171 (0.000062) \$9,593	-19% -24% -119 45% 63% 0% 45% 63%
10. 11. (A) Th B. 1. 2. 3.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in 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	1,071 the Hospital Aud eport 17) 885 27 \$50,316 \$1,864 0.426266 \$21,448 \$794 \$2,184	869 ited Financial S 675 24 \$72,831 \$3,035 0.426204 \$31,041 \$1,293	(202) tatement Notes. (210) (3) \$22,515 \$1,171 (0.000062) \$9,593 \$499 \$3,446	-19% -24% -11% -45% -63% -63% -158%
10. 11. (A) Th B. 1. 2. 3.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in 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	1,071 the Hospital Aud eport 17) 885 27 \$50,316 \$1,864 0.426266 \$21,448 \$794	869 ited Financial S 675 24 \$72,831 \$3,035 0.426204 \$31,041 \$1,293	(202) tatement Notes. (210) (3) \$22,515 \$1,171 (0.000062) \$9,593 \$499	-19% -24% -11% -45% -63% -63% -158%
10. 11. (A) Th B. 1. 2. 3.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in 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	1,071 the Hospital Aud eport 17) 885 27 \$50,316 \$1,864 0.426266 \$21,448 \$794 \$2,184	869 ited Financial S 675 24 \$72,831 \$3,035 0.426204 \$31,041 \$1,293	(202) tatement Notes. (210) (3) \$22,515 \$1,171 (0.000062) \$9,593 \$499 \$3,446	-24% -11% 45% 63% 0% 45% 63% 158%
10. 11. (A) Th B. 1. 2. 3. 4.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in 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	1,071 the Hospital Aud eport 17) 885 27 \$50,316 \$1,864 0.426266 \$21,448 \$794 \$2,184 12,944	869 ited Financial S 675 24 \$72,831 \$3,035 0.426204 \$31,041 \$1,293 \$5,630 30,412	(202) tatement Notes. (210) (3) \$22,515 \$1,171 (0.000062) \$9,593 \$499 \$3,446 17,468	-19% -24% -11% -45% 63% -3% -158% -35% -24% -115% -24% -115% -24% -115% -24% -115% -24% -135% -24% -24% -135% -24% -24% -24% -24% -24% -24% -24% -24
10. 11. (A) Th B. 1. 2. 3. 4. 5. 6.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in 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)	1,071 the Hospital Aud eport 17) 885 27 \$50,316 \$1,864 0.426266 \$21,448 \$794 \$2,184 12,944 35,188 \$50,316	869 ited Financial S 675 24 \$72,831 \$3,035 0.426204 \$31,041 \$1,293 \$5,630 30,412 36,789 \$72,831	(202) tatement Notes. (210) (3) \$22,515 \$1,171 (0.000062) \$9,593 \$499 \$3,446 17,468 1,601 \$22,515	-19% -249 -119 459 639 09 459 639 1589 1359
10. 11. (A) Th B. 1. 2. 3. 4. 5. 6. 7.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in 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	1,071 the Hospital Aud eport 17) 885 27 \$50,316 \$1,864 0.426266 \$21,448 \$794 \$2,184 12,944 35,188 \$50,316	869 ited Financial S 675 24 \$72,831 \$3,035 0.426204 \$31,041 \$1,293 \$5,630 30,412 36,789 \$72,831	(202) tatement Notes. (210) (3) \$22,515 \$1,171 (0.000062) \$9,593 \$499 \$3,446 17,468 1,601 \$22,515	-19% -24% -119 -19% -24% -119 -19% -24% -119 -19% -24% -119 -19% -19% -19% -19% -19% -19% -19
10. 11. (A) Th B. 1. 2. 3. 4. 5. 6. 7.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	1,071 the Hospital Aud eport 17) 885 27 \$50,316 \$1,864 0.426266 \$21,448 \$794 \$2,184 12,944 35,188 \$50,316	869 ited Financial S 675 24 \$72,831 \$3,035 0.426204 \$31,041 \$1,293 \$5,630 30,412 36,789 \$72,831	(202) tatement Notes. (210) (3) \$22,515 \$1,171 (0.000062) \$9,593 \$499 \$3,446 17,468 1,601 \$22,515 1 0	-19% -24% -119 -19% -24% -119 -15% -38% -38% -38% -38% -38% -38% -38% -38
10. 11. (A) Th B. 1. 2. 3. 4. 5. 6. 7.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges Bed Funds - Number of Outpatient ED Visits	1,071 the Hospital Aud eport 17) 885 27 \$50,316 \$1,864 0.426266 \$21,448 \$794 \$2,184 12,944 35,188 \$50,316	869 ited Financial S 675 24 \$72,831 \$3,035 0.426204 \$31,041 \$1,293 \$5,630 30,412 36,789 \$72,831	(202) tatement Notes. (210) (3) \$22,515 \$1,171 (0.000062) \$9,593 \$499 \$3,446 17,468 1,601 \$22,515	-19% -24% -119 -197 -24% -119 -198 -24% -119 -198 -24% -119 -198 -198 -198 -198 -198 -198 -198
10. 11. (A) Th B. 1. 2. 3. 4. 5. 6. 7.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	1,071 the Hospital Aud eport 17) 885 27 \$50,316 \$1,864 0.426266 \$21,448 \$794 \$2,184 12,944 35,188 \$50,316	869 ited Financial S 675 24 \$72,831 \$3,035 0.426204 \$31,041 \$1,293 \$5,630 30,412 36,789 \$72,831	(202) tatement Notes. (210) (3) \$22,515 \$1,171 (0.000062) \$9,593 \$499 \$3,446 17,468 1,601 \$22,515 1 0	-28% -19% -19% -24% -11% -24% -11% -45% -63% -63% -158% -135% -5% -45% -100% -29% -0% -29% -0%

	LAWRENCE AND MEMORIAL HOSPITAL							
	ANNUAL REPORTING							
	FISC	AL YEAR 2015						
	REPORT 23 - CHARITY CARE AND REDUCED	COST SERVICE	S PROVIDED BY	THE HOSPITAL				
(1)	(2)	(3)	(4)	(5)	(6)			
	FY 2014 FY 2015 AMOUNT %							
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE			