#### **ANNUAL REPORTING**

#### **FISCAL YEAR 2015**

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

| (1)            | (2)                              | (3)  |  |  |
|----------------|----------------------------------|--|--|--|
|                | DESCRIPTION                      | AFFILIATE INFORMATION  |  |  |
| LINE           | DESCRIPTION                      | AFFILIATE INFORMATION  |  |  |
|                |                                  |  |  |  |
| A.             | AFFILIATE NAME                   | EASTERN CONNECTICUT HEALTH NETWORK,INC.                                      |  |  |
|                |                                  | PARENT CORPORATION AND PROVIDES OVERALL DIRECTION AND CONTROL TO ALL OTHER   |  |  |
|                | Affiliate Description            | CORPORATIONS   |  |  |
|                | Affiliate type of service        | Parent Corporation   |  |  |
|                | Tax Status                       | Not for Profit   |  |  |
| _              | Street Address                   | 71 HAYNES STREET, MANCHESTER, CT   |  |  |
|                | Town                             | Manchester   |  |  |
|                | State                            | Connecticut  |  |  |
|                | Zip Code                         | 06040 -  |  |  |
|                | CEO Name                         | PETER J. KARL  |  |  |
|                | CEO Title                        | PRESIDENT & CEO  |  |  |
|                | CT Agent Company                 | Sharon Holmes  |  |  |
|                | CT Agent Company                 | ECHN 74 HAVNES STREET MANCHESTER OT  |  |  |
|                | CT Agent Town                    | 71 HAYNES STREET, MANCHESTER, CT   |  |  |
|                | CT Agent State                   | Manchester  Connecticut  |  |  |
|                | CT Agent State CT Agent Zip Code | Onnecticut  06040 -  |  |  |
| 15             | CT Agent Zip Code                | 00040 -  |  |  |
|                |                                  |  |  |  |
| В.             | AFFILIATE NAME                   | A CARING HAND, LLC   |  |  |
|                |                                  |  |  |  |
|                |                                  | PROVIDES PRIVATE SERVICES (COMPANIONS, HOMEMAKERS, PERSONAL CARE ASSISTANTS, |  |  |
|                | Affiliate Description            | LIVE IN CARE)  |  |  |
|                | Affiliate type of service        | Other HealthCare Svcs(Specify)   |  |  |
|                | Tax Status                       | Not for Profit   |  |  |
|                | Street Address                   | 8 Keynote Drive  |  |  |
|                | Town                             | Vernon   |  |  |
|                | State                            | Connecticut  |  |  |
|                | Zip Code                         | 06066 -  |  |  |
|                | CEO Name                         | Todd Rose  |  |  |
|                | CEO Title                        | President & CEO  |  |  |
|                | CT Agent Name                    | Todd Rose  |  |  |
|                | CT Agent Company                 |  |  |  |
|                | CT Agent Company Street Address  | 8 Keynote Drive  |  |  |
|                | CT Agent Town                    | Vernon   |  |  |
|                | CT Agent State                   | Connecticut  |  |  |
| 15             | CT Agent Zip Code                | 06066 -  |  |  |
|                |                                  |  |  |  |
| c.             | AFFILIATE NAME                   | AETNA AMBULANCE SERVICES, INC.   |  |  |
| <del>  `</del> | ALLIENTE IVANE                   |  |  |  |
|                |                                  |  |  |  |
| 1              | Affiliate Description            | PROVIDES AMBULANCE TRANSPORTATION SERVICES                                   |  |  |
| 2              | Affiliate type of service        | Ambulatory Services  |  |  |
| 3              | Tax Status                       | For Profit   |  |  |
| 4              | Street Address                   | 140 Van Block Avenue   |  |  |
| 5              | Town                             | Hartford   |  |  |
|                | State                            | Connecticut  |  |  |
|                | Zip Code                         | 06106 -  |  |  |
|                | CEO Name                         | Wayne Wright   |  |  |
|                | CEO Title                        | President  |  |  |
|                | CT Agent Name                    | C T Corporation System   |  |  |
| 11             | CT Agent Company                 |  |  |  |

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| (1)    | (2)                                  | (3)   |  |
|--------|--------------------------------------|---|--|
| l      |                                      |   |  |
|        | DESCRIPTION                          | AFFILIATE INFORMATION   |  |
|        | CT Agent Company Street Address      | One Corporate Center  |  |
|        | CT Agent Town                        | Hartford  |  |
|        | CT Agent State                       | Connecticut   |  |
| 15     | CT Agent Zip Code                    | 06103 -   |  |
|        |                                      |   |  |
| D.     | AFFILIATE NAME                       | AMBULANCE SERVICE OF MANCHESTER, LLC  |  |
|        |                                      |   |  |
| 1 .    |                                      |   |  |
|        | Affiliate Description                | PROVIDE TRANSPORTATION SERVICES   |  |
| 2      | Affiliate type of service            | Ambulatory Services   |  |
| 3      | Tax Status                           | For Profit  |  |
| 4      | Street Address                       | 275 New State Road, Manchester, CT  |  |
| 5      | Town                                 | Manchester  |  |
| 6      | State                                | Connecticut   |  |
| 7      | Zip Code                             | 06040 -   |  |
| 8      | CEO Name                             | Wayne Wright  |  |
| 9      | CEO Title                            | President   |  |
|        | CT Agent Name                        | C T Corporation System  |  |
|        | CT Agent Company                     |   |  |
|        | CT Agent Company Street Address      | One Corporate Center  |  |
|        | CT Agent Town                        | Hartford  |  |
|        | CT Agent State                       | Connecticut   |  |
| 15     | CT Agent Zip Code                    | 06103 -   |  |
|        |                                      |   |  |
| E.     | AFFILIATE NAME                       | CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC                                 |  |
| -      | ALL LANE                             | <u> </u>  |  |
|        |                                      |   |  |
| 1      | Affiliate Description                | Provides medical management, quality oversight and insures value of community based care. |  |
| 2      | Affiliate type of service            | Other HealthCare Svcs(Specify)  |  |
| 3      | Tax Status                           | Not for Profit  |  |
| 4      | Street Address                       | 26 Haynes Street  |  |
| 5      | Town                                 | Manchester  |  |
| 6      | State                                | Connecticut   |  |
| 7      | Zip Code                             | 06040 -   |  |
| 8      | CEO Name                             | Edward J Roberts  |  |
| 9      | CEO Title                            | Manager   |  |
| 10     | CT Agent Name                        | Edward J Roberts  |  |
| 11     | CT Agent Company                     |   |  |
|        | CT Agent Company Street Address      | 26 Haynes Street  |  |
|        | CT Agent Town                        | Manchester  |  |
|        | CT Agent State                       | Connecticut   |  |
|        | CT Agent Zip Code                    | 06040 -   |  |
|        |                                      |   |  |
|        |                                      |   |  |
| F.     | AFFILIATE NAME                       | CONNECTICUT HEALTHCARE INSURANCE CO.  |  |
|        |                                      |   |  |
| 1      | Affiliate Description                | ECHN's Malpractice Insurance Co.  |  |
| 2      | Affiliate Description                |   |  |
| 3      | Affiliate type of service Tax Status | Insurance Not for Profit  |  |
|        | Street Address                       | Not for Profit  |  |
|        |                                      | 71 Haynes St.   |  |
| 4      |                                      |   |  |
| 5<br>6 | Town State                           | Manchester Connecticut  |  |

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

| (1) | (2)                                  | (3)   |  |
|-----|--------------------------------------|---|--|
|     | DECODINE                             | A FEW LATE INFORMATION  |  |
|     | DESCRIPTION                          | AFFILIATE INFORMATION   |  |
| 7   | Zip Code                             | 06040 -   |  |
| 8   | CEO Name                             | Peter Karl President  |  |
|     | CEO Title                            |   |  |
|     | CT Agent Name                        | Sharon Holmes   |  |
|     | CT Agent Company                     | ECHN  |  |
|     | CT Agent Company Street Address      | 100 Main St.  |  |
|     | CT Agent Town                        | Grand Cayman  |  |
|     | CT Agent State                       | Cayman Islands  |  |
| 15  | CT Agent Zip Code                    | 06040 -   |  |
|     |                                      |   |  |
| G.  | AFFILIATE NAME                       | CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC   |  |
|     |                                      |   |  |
|     | Affiliate Department                 | Provides management services for the occupational health programs of Manchester Memorial Hospital, St. Francis Hospital & Medical Center, and Bristol Hospital. |  |
|     | Affiliate Description                | ·   |  |
| 2   | Affiliate type of service Tax Status | Occupational Heath For Profit   |  |
| 3   |                                      |   |  |
| 4   | Street Address                       | 1000 Asylum Ave, Suite 4302   |  |
|     | Town                                 | Hartford  |  |
| 6   | State                                | Connecticut   |  |
| 7   | Zip Code                             | 06105 -   |  |
|     | CEO Name                             | John Rodis, MD  |  |
|     | CEO Title                            | CEO   |  |
|     | CT Agent Name                        | Janeanne Christine Lubin-Szafranski   |  |
|     | CT Agent Company                     |   |  |
|     | CT Agent Company Street Address      | 114 Woodland Street   |  |
|     | CT Agent Town                        | Hartford  |  |
|     | CT Agent State                       | Connecticut   |  |
| 15  | CT Agent Zip Code                    | 06105 -   |  |
|     |                                      |   |  |
| Н.  | AFFILIATE NAME                       | EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.  |  |
|     | ALLIERIE NAME                        |   |  |
|     |                                      |   |  |
| 1   | Affiliate Description                | Entity owns and manages a series of community-based medical practices.  |  |
| 2   | Affiliate type of service            | Outpatient Care   |  |
| 3   | Tax Status                           | Not for Profit  |  |
| 4   | Street Address                       | 71 HAYNES STREET, MANCHESTER, CT  |  |
| 5   | Town                                 | Manchester  |  |
| 6   | State                                | Connecticut   |  |
| 7   | Zip Code                             | 06040 -   |  |
| 8   | CEO Name                             | PETER J. KARL   |  |
|     | CEO Title                            | PRESIDENT & CEO   |  |
|     | CT Agent Name                        | Sharon Holmes   |  |
|     | CT Agent Company                     | ECHN  |  |
|     | CT Agent Company Street Address      | 71 Haynes Street,   |  |
|     | CT Agent Town                        | Manchester  |  |
|     | CT Agent State                       | Connecticut   |  |
|     | CT Agent Zip Code                    | 06040 -   |  |
|     |                                      |   |  |
|     |                                      |   |  |
| I.  | AFFILIATE NAME                       | EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.   |  |
|     |                                      | DDOFFCCIONAL CEDVICE DEDDECENTING BUVOIGNANG IN MANAGED CARE CONTRACT   |  |
| 1   | Affiliate Description                | PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS  |  |
|     | Anniale Description                  | INEGOTIATIONS   |  |

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

| LINE DESCRIPTION  AFFILIATE INFORMATION  Affiliate type of service  Affiliate Support Services  Affiliate Support Services  Affiliate Support Services  Affiliate Support Services  Street Address  26 Hayres Street, Lower Level  5 Torm  Manchester  6 Stein  Connecticut  7 Zp Code  96940-  8 CFC Name  9 CFO Totle  10 CT Agent Name  11 CT Agent Company  11 CT Agent Town  Hartford  12 CT Agent Town  Hartford  13 CT Agent Town  Hartford  14 CT Agent Stein  Connecticut  5 CT Agent Agent  ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.  Entity responsible for raising funds for the benefit of exempt organizations associated with East  Hartford Affiliate type of service  1 Affiliate Description  4 Street Address  4 Hartford, Ch.  2 Trumbull Street, Hartford, Ct.  Entity responsible for Taining funds for the benefit of exempt organizations associated with East  Hartford Hartford, Inc.  Entity responsible for Taining funds for the benefit of exempt organizations associated with East  Hartfillate Description  4 Street Address  4 Harpeas Street  4 Street Address  4 Harpeas Street  5 Town  Manchester  6 State  Connecticut  7 Zp Code  9 CEO Taile  10 CT Agent Name  11 CT Agent Company  PETER, J. KARL  12 CT Agent Company  13 CT Agent Name  14 CT Agent Name  15 CT Agent Name  16 State  17 CT Agent Name  18 Street Address  19 CEO Taile  10 CT Agent Name  10 CT Agent Name  11 CT Agent Company  12 CT Agent Company  12 CT Agent Company  13 CT Agent Town  14 CT Agent State  15 CT Agent State  16 CHN CORPORATE SERVICES INC.  17 Harpes Street  18 Street Address  19 CT Agent Town  Manchester  10 CT Agent State  10 CT Agent State  11 CT Agent Company  12 CT Agent Company  13 CT Agent Town  Manchester  14 CT Agent State  15 CT Agent Company  16 State  17 Harpes Street  18 State  19 COC Taile  19 CT Agent Company  10 CT Agent Town  Manchester  10 CT Agent Company  11 CT Agent Town  Manchester  11 CT Agent Company  12 CT Agent Company  13 CT Agent Town  Manchester  14 CT Agent State  15 CT Agent Agent State  16 COMPAN STATE  17 Harpes Street  1 | (1)  | (2)                   | (3)   |  |
|--|------|-----------------------|---|--|
| Affiliate type of service  |      |                       |   |  |
| 3 Tax Status   | -    |                       |   |  |
| 4 Sireet Address   |      |                       |   |  |
| 5 Town   |      |                       |   |  |
| 6 State Connecticut 7 Zip Code 06040 - 8 CEO Name Dennis O'Neill, MD 9 CEO Title 10 CT Agent Name R & C Service Company 11 CT Agent Company 12 CT Agent Company 12 CT Agent Company 13 CT Agent State Connecticut 14 CT Agent State Connecticut 15 CT Agent Zip Code 06103 -  16 CT Agent Zip Code 06103 -  17 Affiliate Description Entity responsible for raising funds for the benefit of exempt organizations associated with East Health Network, Inc. 2 Affiliate Description Fund Agent State Connecticut 1 Affiliate Description Health Network, Inc. 2 Affiliate State Connecticut 3 Tax Status Not for Profit State State Health Network, Inc. 4 Steet Address 44 Haymas Street 5 Town Manchester 6 State Connecticut 7 Zip Code 068040 - 8 CEO Name PETER J. KARL 9 CEO Title PRESIDENT & CEO 10 CT Agent Name Street Address THAME Street Name Street 11 CT Agent Company Street Address THAME Street Address THAME Street Address THAME State Address THAME STREET AGENT AG |      |                       |   |  |
| 7  |      |                       | **    |  |
| B CEO Name   |      |                       |   |  |
| Page   CEO Title   CEO Title   CEO Title   CEO Tagent Name   R & C Service Company   |      | •                     |   |  |
| To Cr Agent Company   R & C Service Company  |      |                       | Dennis O'Neill, MD  |  |
| 11   CT Agent Company  |      |                       |   |  |
| 12 CT Agent Town   |      |                       | R & C Service Company   |  |
| 13 CT Agent State   Connecticut  |      |                       |   |  |
| 14   CT Agent Zip Code   06103 -   |      |                       |   |  |
| Section  |      |                       |   |  |
| J. AFFILIATE NAME  ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.  Entity responsible for raising funds for the benefit of exempt organizations associated with East Health Network, Inc.  Affiliate Description Health Network, Inc.  Affiliate type of service Fund Raising/Management  Tax Status Not for Profit  Street Address 44 Haynes Street  Street Address 44 Haynes Street  Connecticut  Tay Code 06040 -  CEO Name PETER J. KARL  PRESIDENT & CEO  CT Agent Name Sharon Holmes  CT Agent Company Street Address 71 Haynes Street,  CT Agent Company Street Address 71 Haynes Street,  CT Agent Zip Code 06040 -  CEO Agent Town Manchester  Affiliate Description For-profit subsidiary of ECHN serving as parent of Medical Practice Partners  Affiliate bye of service Affiliate Support Services  Tax Status For Profit  Street Address 71 Haynes Street,  Town Manchester  Affiliate Description For-profit subsidiary of ECHN serving as parent of Medical Practice Partners  Affiliate bye of service Affiliate Support Services  Town Manchester  State Connecticut  C |      |                       |   |  |
| Entity responsible for raising funds for the benefit of exempt organizations associated with East Health Network, Inc.  Affiliate type of service Fund Raising/Management  Type of State Fund Raising/Management  Street Address Fund Raising/Management  Street Address Haynes Street  Town Manchester  State Connecticut  Zip Code 06040 -  ECEO Name PETER J. KARL  PETER J. KARL  CEO Name PETER J. KARL  CEO Title PRESIDENT & CEO  OCT Agent Name Sharon Holmes  Tot Agent Company ECHN  CT Agent Company Street Address TH Haynes Street,  CT Agent Town Manchester  CT Agent Zip Code 06040 -  ECHN CORPORATE SERVICES INC.  K. AFFILIATE NAME ECHN CORPORATE SERVICES INC.  Affiliate Description For-profit subsidiary of ECHN serving as parent of Medical Practice Partners  Affiliate type of service Affiliate Support Services  They are a state Connecticut  CT Agent Company Street Address TH Haynes Street,  Street Address TH Haynes Street,  Affiliate Description For-profit subsidiary of ECHN serving as parent of Medical Practice Partners  Affiliate Type of service Affiliate Support Services  They are a state Connecticut  Connecticut Connecticut  Affiliate Description For-profit subsidiary of ECHN serving as parent of Medical Practice Partners  Affiliate Type of service Affiliate Support Services  They are a state Connecticut  Affiliate Description For-profit subsidiary of ECHN serving as parent of Medical Practice Partners  Affiliate Description For-profit subsidiary of ECHN serving as parent of Medical Practice Partners  Affiliate Description For-profit subsidiary of ECHN serving as parent of Medical Practice Partners  Affiliate Description For-profit subsidiary of ECHN serving as parent of Medical Practice Partners  Affiliate Description For-profit subsidiary of ECHN serving as parent of Medical Practice Partners  Affiliate Description For-profit subsidiary of ECHN serving as parent of Medical Practice Partners  Affiliate Description For-profit subsidiary of ECHN serving Affiliate Support Service Partners  The profit For-profit subsi | 15 ( | CT Agent Zip Code     | 06103 -   |  |
| Entity responsible for raising funds for the benefit of exempt organizations associated with East Health Network, Inc.  Affiliate type of service Fund Raising/Management  Tay Status Not for Profit Fund Raising/Management  Street Address 44 Haynes Street  Town Manchester  State Connecticut  Zip Code 06040 -  ECEO Name PETER J. KARL  CEO Name PETER J. KARL  CEO Title PRESIDENT & CEO  To Agent Company ECHN  To Agent Company Street Address 71 Haynes Street,  Tay Code 06040 -  ECHN CORPORATE SERVICES INC.  K. AFFILIATE NAME  ECHN CORPORATE SERVICES INC.  ECHN CORPORATE SERVICES INC.  For Profit subsidiary of ECHN serving as parent of Medical Practice Partners  Affiliate byse of service Affiliate Support Services  Tay Street Address Tay Haynes Street,  Tay Street Address Tay Haynes Street,  Street Address Tay Haynes Street,  They company Street Address Tay Haynes Street,  Affiliate Description For-profit subsidiary of ECHN serving as parent of Medical Practice Partners  Affiliate type of service Affiliate Support Services  Tay Street Address Tay Haynes Street,  Affiliate Description Response Street,  Affiliate Order State Connecticut  Connecticut  Affiliate Order State Connecticut  RECHN CORPORATE SERVICES INC.  RECHN CORPORATE SERVICES INC.   |      |                       |   |  |
| Entity responsible for raising funds for the benefit of exempt organizations associated with East Health Network, Inc.  Affiliate type of service Fund Raising/Management  Tay Status Not for Profit Fund Raising/Management  Street Address 44 Haynes Street  Town Manchester  State Connecticut  Zip Code 06040 -  ECEO Name PETER J. KARL  CEO Name PETER J. KARL  CEO Title PRESIDENT & CEO  To Agent Company ECHN  To Agent Company Street Address 71 Haynes Street,  Tay Code 06040 -  ECHN CORPORATE SERVICES INC.  K. AFFILIATE NAME  ECHN CORPORATE SERVICES INC.  ECHN CORPORATE SERVICES INC.  For Profit subsidiary of ECHN serving as parent of Medical Practice Partners  Affiliate byse of service Affiliate Support Services  Tay Street Address Tay Haynes Street,  Tay Street Address Tay Haynes Street,  Street Address Tay Haynes Street,  They company Street Address Tay Haynes Street,  Affiliate Description For-profit subsidiary of ECHN serving as parent of Medical Practice Partners  Affiliate type of service Affiliate Support Services  Tay Street Address Tay Haynes Street,  Affiliate Description Response Street,  Affiliate Order State Connecticut  Connecticut  Affiliate Order State Connecticut  RECHN CORPORATE SERVICES INC.  RECHN CORPORATE SERVICES INC.   |      | AEEU IATE NAME        | FCHN COMMUNITY HEALTHCARE FOUNDATION INC  |  |
| 1 Affiliate Description         Health Network, Inc.           2 Affiliate type of service         Fund Ratising/Management           3 Tax Status         Not for Profit           4 Street Address         44 Haynes Street           5 Town         Manchester           6 State         Connecticut           7 Zip Code         06040 -           8 CEO Name         PETER J. KARL           9 CEO Title         PRESIDENT & CEO           10 CT Agent Name         Sharon Holmes           11 CT Agent Company         ECHN           12 CT Agent Company Street Address         71 Haynes Street,           13 CT Agent Town         Manchester           4 CT Agent State         Connecticut           5 CT Agent Zip Code         06040 -           6 CT Agent Zip Code         06040 -           1 Affiliate Description         For-profit subsidiary of ECHN serving as parent of Medical Practice Partners           1 Affiliate Support Services         Affiliate Support Services           3 Tax Status         For Profit           4 Street Address         71 Haynes Street,           5 Town         Manchester           6 State         Connecticut           7 Zip Code         06040 -           6 State         Connecticut <th>J.</th> <th>ALLIERIE NAME</th> <th>ESTIN GOMMONT THEAETHOAKE FOONDATION, INC.</th>  | J.   | ALLIERIE NAME         | ESTIN GOMMONT THEAETHOAKE FOONDATION, INC.  |  |
| 1 Affiliate Description         Health Network, Inc.           2 Affiliate type of service         Fund Ratising/Management           3 Tax Status         Not for Profit           4 Street Address         44 Haynes Street           5 Town         Manchester           6 State         Connecticut           7 Zip Code         06040 -           8 CEO Name         PETER J. KARL           9 CEO Title         PRESIDENT & CEO           10 CT Agent Name         Sharon Holmes           11 CT Agent Company         ECHN           12 CT Agent Company Street Address         71 Haynes Street,           13 CT Agent Town         Manchester           4 CT Agent State         Connecticut           5 CT Agent Zip Code         06040 -           6 CT Agent Zip Code         06040 -           1 Affiliate Description         For-profit subsidiary of ECHN serving as parent of Medical Practice Partners           1 Affiliate Support Services         Affiliate Support Services           3 Tax Status         For Profit           4 Street Address         71 Haynes Street,           5 Town         Manchester           6 State         Connecticut           7 Zip Code         06040 -           6 State         Connecticut <td></td> <td></td> <td>Entity responsible for raising funds for the benefit of exempt organizations associated with Eastern CT</td>  |      |                       | Entity responsible for raising funds for the benefit of exempt organizations associated with Eastern CT |  |
| 2 Affiliate type of service Fund Raising/Management 3 Tax Status Not for Profit 4 Street Address 44 Haynes Street 5 Town Manchester 6 State Connecticut 6 State CEO Name PETER J. KARL 9 CEO Title PRESIDENT & CEO 10 CT Agent Company ECHN 11 CT Agent Company Street Address 71 Haynes Street, 13 CT Agent Company Street Address 71 Haynes Street, 14 CT Agent Zip Code 06040 -  K. AFFILIATE NAME ECHN CORPORATE SERVICES INC.  Affiliate Description For-profit subsidiary of ECHN serving as parent of Medical Practice Partners Affiliate type of service Affiliate Support Services 5 Town Manchester 6 State Connecticut 7 Zip Code 06040 - 8 CEO Name PETER J. KARL 9 CEO Title PRESIDENT & CEO 9 Manchester 11 CT Agent Company Street Address 71 Haynes Street, 12 CT Agent State Connecticut 13 CT Agent State Connecticut 14 CT Agent Zip Code 06040 -  ECHN CORPORATE SERVICES INC.  1 Affiliate Uppe of service Affiliate Support Services 3 Tax Status For Profit 4 Street Address 71 Haynes Street,  5 Town Manchester 6 State Connecticut 7 Zip Code 06040 - 8 CEO Name Dennis O'Neill 9 CEO Title President 11 CT Agent Company R&C Service Company 12 CT Agent Company Street Address 280 Tumbull Street 13 CT Agent Town Hartford 14 CT Agent State Connecticut 15 CT Agent Town Hartford 16 CT Agent State Connecticut 17 CT Agent Town Hartford 17 CT Agent State Connecticut 18 CT Agent State Connecticut 19 CT Agent State Connecticut 19 CT Agent State Connecticut 10 CT Agent State Connecticut 11 CT Agent State Connecticut  | 1 /  | Affiliate Description |   |  |
| 3   Tax Status   |      |                       |   |  |
| 4         Street Address         44 Haynes Street           5         Town         Manchester           6         State         Connecticut           7         Zip Code         06040 -           8         CEO Name         PETER J. KARL           9         CEO Title         PRESIDENT & CEO           10         CT Agent Name         Sharon Holmes           11         CT Agent Company         ECHN           12         CT Agent Company Street Address         71 Haynes Street,           13         CT Agent State         Connecticut           15         CT Agent Zip Code         06040 -           K.         AFFILIATE NAME         ECHN CORPORATE SERVICES INC.           I         Affiliate Description         For-profit subsidiary of ECHN serving as parent of Medical Practice Partners           2         Affiliate type of service         Affiliate Support Services           3         Tax Status         For Profit           4         Street Address         71 Haynes Street, `           5         Town         Manchester           6         State         Connecticut           7         Zip Code         06040 -           8         CEO Name         Dennis O'Neill<  |      |                       |   |  |
| 5         Town         Manchester           6         State         Connecticut           7         Zip Code         06040 -           8         CEO Name         PETER J. KARL           9         CEO Title         PRESIDENT & CEO           10         CT Agent Campany         ECHN           11         CT Agent Company         ECHN           12         CT Agent Company Street Address         71 Haynes Street,           13         CT Agent Town         Manchester           14         CT Agent Zip Code         06040 -           K.         AFFILIATE NAME         ECHN CORPORATE SERVICES INC.           K.         Affiliate Description         For-profit subsidiary of ECHN serving as parent of Medical Practice Partners           2         Affiliate type of service         Affiliate Support Services           3         Tax Status         For Profit           4         Street Address         71 Haynes Street, `           5         Town         Manchester           6         State         Connecticut           7         Zip Code         06040 -           8         CEO Name         Dennis O'Neill           9         CEO Title         President  |      | Street Address        | 44 Haynes Street  |  |
| 6         State         Connecticut           7         Zip Code         06040 -           8         CEO Name         PETER J. KARL           9         CEO Title         PRESIDENT & CEO           10         CT Agent Name         Sharon Holms           11         CT Agent Company         ECHN           12         CT Agent Company Street Address         71 Haynes Street,           13         CT Agent Town         Manchester           4         CT Agent Zip Code         06040 -           15         CT Agent Zip Code         06040 -           6         CT Agent Zip Code         06040 -           7         Affiliate Upse of service         Affiliate Support Services           3         Tax Status         For Profit subsidiary of ECHN serving as parent of Medical Practice Partners           4         Street Address         71 Haynes Streets           5         Town         Manchester           6         State         Connecticut           7         Zip Code         06040 -           8         CEO Name         Dennis O'Neill           9         CEO Title         President           10         CT Agent Name         R&C Service Company   |      |                       |   |  |
| 7         Zip Code         06040 -           8         CEO Name         PETER J. KARL           9         CEO Title         PRESIDENT & CEO           10         CT Agent Name         Sharon Holmes           11         CT Agent Company         ECHN           12         CT Agent Company Street Address         71 Haynes Street,           13         CT Agent State         Connecticut           15         CT Agent Zip Code         06040 -           6         State         Connecticut           7         Affiliate Description         For-profit subsidiary of ECHN serving as parent of Medical Practice Partners           4         Affiliate type of service         Affiliate Support Services           3         Tax Status         For Profit           4         Street Address         71 Haynes Street, `           5         Town         Manchester           6         State         Connecticut           7         Zip Code         06040 -           8         CEO Name         Dennis O'Neill           9         CEO Title         President           10         CT Agent Name         R&C Service Company           11         CT Agent Company         R&C Service Company<  |      |                       | Connecticut   |  |
| 8 CEO Name PETER J. KARL 9 CEO Title PRESIDENT & CEO 10 CT Agent Name Sharon Holmes 11 CT Agent Company ECHN 12 CT Agent Company Street Address 71 Haynes Street, 13 CT Agent Town Manchester 14 CT Agent Zip Code 06040 -  15 CT Agent Zip Code DECHN Service Sinc.  1 Affiliate Description For-profit subsidiary of ECHN serving as parent of Medical Practice Partners 2 Affiliate type of service Affiliate Support Services 3 Tax Status For Profit Street, Address 71 Haynes Street,  4 Street Address 71 Haynes Street,  5 Town Manchester 6 State Connecticut 7 Zip Code 06040 - 8 CEO Name Dennis O'Neill President 10 CT Agent Name R&C Service Company 11 CT Agent Company Street Address 280 Trumbul Street 11 CT Agent Company Street Address 280 Trumbul Street 13 CT Agent Company Street Address 280 Trumbul Street 14 CT Agent Company Street Address 280 Trumbul Street 15 CT Agent Company Street Address 280 Trumbul Street 16 CT Agent Company R&C Service Company 17 CT Agent Company Street Address 280 Trumbul Street 18 CT Agent Company Street Address 280 Trumbul Street 19 CT Agent Company Street Address 280 Trumbul Street 10 CT Agent Company Street Address 280 Trumbul Street 11 CT Agent Town Hartford 12 CT Agent Company Street Address 280 Trumbul Street 13 CT Agent Town Hartford 14 CT Agent State Connecticut   |      |                       |   |  |
| 9 CEO Title PRESIDENT & CEO 10 CT Agent Name Sharon Holmes 11 CT Agent Company ECHN 12 CT Agent Company Street Address 71 Haynes Street, 13 CT Agent Town Manchester 14 CT Agent State Connecticut 15 CT Agent Zip Code 06040 -  K. AFFILIATE NAME ECHN CORPORATE SERVICES INC.  K. AFFILIATE NAME  ECHN CORPORATE SERVICES INC.  ECHN CORPORATE SERVICES INC.  Affiliate Upscription For-profit subsidiary of ECHN serving as parent of Medical Practice Partners Affiliate type of service Affiliate Support Services 3 Tax Status For Profit 4 Street Address 71 Haynes Street,  5 Town Manchester 6 State Connecticut 7 Zip Code 06040 - 8 CEO Name Dennis O'Neill 9 CEO Title President 10 CT Agent Company R&C Service Company 11 CT Agent Company Street Address 280 Trumbull Street 13 CT Agent Company Street Address 280 Trumbull Street 14 CT Agent Company Street Address 280 Trumbull Street 15 CT Agent State Connecticut 16 CT Agent Town Harford 17 CT Agent State Connecticut 18 CT Agent State Connecticut 19 CT Agent State Connecticut 10 CT Agent State Connecticut 10 CT Agent State Connecticut 11 CT Agent State Connecticut 12 CT Agent State Connecticut 13 CT Agent Town Harford 14 CT Agent State Connecticut 15 CT Agent State Connecticut 16 CT Agent State Connecticut 17 CT Agent State Connecticut 18 CT Agent State Connecticut 19 CT Agent State Connecticut 10 CT Agent State Connecticut 10 CT Agent State Connecticut 10 CT Agent State Connecticut 11 CT Agent State Connecticut  |      |                       |   |  |
| 10 CT Agent Name   Sharon Holmes   |      |                       | PRESIDENT & CEO   |  |
| 11 CT Agent Company  |      |                       | Sharon Holmes   |  |
| To Agent Company Street Address To Agent Town Manchester  Connecticut To CT Agent State Connecticut CT Agent Zip Code  ECHN CORPORATE SERVICES INC.  Affiliate Description For-profit subsidiary of ECHN serving as parent of Medical Practice Partners Affiliate type of service Affiliate Support Services Town Affiliate Street Address Town Manchester  State Connecticut Town Manchester Connecticut Town CEO Title President President To Agent Company R&C Service Company To Agent Company To Agent Company Te CT Agent Town Te Agent State Town The Manchester The Mancheste |      | •                     | ECHN  |  |
| 13 CT Agent Town Manchester  14 CT Agent State Connecticut  15 CT Agent Zip Code 06040 -  K. AFFILIATE NAME ECHN CORPORATE SERVICES INC.  1 Affiliate Description For-profit subsidiary of ECHN serving as parent of Medical Practice Partners  2 Affiliate type of service Affiliate Support Services  3 Tax Status For Profit  4 Street Address 71 Haynes Street,  5 Town Manchester  6 State Connecticut  7 Zip Code 06040 -  8 CEO Name Dennis O'Neill  9 CEO Title President  10 CT Agent Company  11 CT Agent Company Street Address 280 Trumbull Street  13 CT Agent Company Street Address 280 Trumbull Street  14 CT Agent State Connecticut  15 CT Agent Company Street Address 280 Trumbull Street  16 CT Agent Town Hartford  17 CT Agent State Connecticut  18 CT Agent Town Hartford  19 CT Agent State Connecticut  10 CT Agent State Connecticut  11 CT Agent State Connecticut  12 CT Agent Town Hartford   |      |                       |   |  |
| 14 CT Agent State Connecticut 15 CT Agent Zip Code 06040 -  K. AFFILIATE NAME ECHN CORPORATE SERVICES INC.  1 Affiliate Description For-profit subsidiary of ECHN serving as parent of Medical Practice Partners 2 Affiliate type of service Affiliate Support Services 3 Tax Status For Profit 4 Street Address 71 Haynes Street, ` 5 Town Manchester 6 State Connecticut 7 Zip Code 06040 - 8 CEO Name Dennis O'Neill 9 CEO Title President 10 CT Agent Name R&C Service Company 11 CT Agent Company Street Address 280 Trumbull Street 13 CT Agent Company Street Address 280 Trumbull Street 14 CT Agent State Connecticut Connecticut CT Agent State  |      |                       |   |  |
| K. AFFILIATE NAME  ECHN CORPORATE SERVICES INC.  1 Affiliate Description For-profit subsidiary of ECHN serving as parent of Medical Practice Partners Affiliate type of service Affiliate Support Services 3 Tax Status For Profit 4 Street Address 71 Haynes Street, ` 5 Town Manchester 6 State Connecticut 7 Zip Code 06040 - 8 CEO Name Dennis O'Neill 9 CEO Title President 10 CT Agent Name R&C Service Company 11 CT Agent Company Street Address 280 Trumbull Street 13 CT Agent Town Hartford 14 CT Agent State  Connecticut Connecticut Rartford Connecticut Rartford Connecticut Connecticut Rartford Connecticut Connecticut Connecticut Rartford Connecticut Connecticut Connecticut Connecticut Connecticut  |      |                       | Connecticut   |  |
| K. AFFILIATE NAME  ECHN CORPORATE SERVICES INC.  1 Affiliate Description For-profit subsidiary of ECHN serving as parent of Medical Practice Partners Affiliate type of service Affiliate Support Services 3 Tax Status For Profit 4 Street Address 71 Haynes Street, ` 5 Town Manchester 6 State Connecticut 7 Zip Code 06040 - 8 CEO Name Dennis O'Neill 9 CEO Title 10 CT Agent Name R&C Service Company 11 CT Agent Company 12 CT Agent Company Street Address 280 Trumbull Street 13 CT Agent Town Hartford 14 CT Agent State Connecticut Connecticut Connecticut   |      |                       |   |  |
| 1 Affiliate Description For-profit subsidiary of ECHN serving as parent of Medical Practice Partners 2 Affiliate type of service Affiliate Support Services 3 Tax Status For Profit 4 Street Address 71 Haynes Street, ` 5 Town Manchester 6 State Connecticut 7 Zip Code 06040 - 8 CEO Name Dennis O'Neill 9 CEO Title President 10 CT Agent Name R&C Service Company 11 CT Agent Company Street Address 280 Trumbull Street 13 CT Agent Town Hartford 14 CT Agent State Connecticut  |      |                       |   |  |
| 1 Affiliate Description For-profit subsidiary of ECHN serving as parent of Medical Practice Partners 2 Affiliate type of service Affiliate Support Services 3 Tax Status For Profit 4 Street Address 71 Haynes Street, ` 5 Town Manchester 6 State Connecticut 7 Zip Code 06040 - 8 CEO Name Dennis O'Neill 9 CEO Title President 10 CT Agent Name R&C Service Company 11 CT Agent Company Street Address 280 Trumbull Street 13 CT Agent Town Hartford 14 CT Agent State Connecticut  |      |                       |   |  |
| 2 Affiliate type of service Affilate Support Services 3 Tax Status For Profit 4 Street Address 71 Haynes Street, ` 5 Town Manchester 6 State Connecticut 7 Zip Code 06040 - 8 CEO Name Dennis O'Neill 9 CEO Title President 10 CT Agent Name R&C Service Company 11 CT Agent Company R&C Service Company 12 CT Agent Company Street Address 280 Trumbull Street 13 CT Agent Town Hartford 14 CT Agent State Connecticut  | K.   | AFFILIATE NAME        | ECHN CORPORATE SERVICES INC.  |  |
| 2 Affiliate type of service Affilate Support Services 3 Tax Status For Profit 4 Street Address 71 Haynes Street, ` 5 Town Manchester 6 State Connecticut 7 Zip Code 06040 - 8 CEO Name Dennis O'Neill 9 CEO Title President 10 CT Agent Name R&C Service Company 11 CT Agent Company R&C Service Company 12 CT Agent Company Street Address 280 Trumbull Street 13 CT Agent Town Hartford 14 CT Agent State Connecticut  |      |                       |   |  |
| 2 Affiliate type of service Affilate Support Services 3 Tax Status For Profit 4 Street Address 71 Haynes Street, 5 Town Manchester 6 State Connecticut 7 Zip Code 06040 - 8 CEO Name Dennis O'Neill 9 CEO Title President 10 CT Agent Name R&C Service Company 11 CT Agent Company R&C Service Company 12 CT Agent Town Hartford 13 CT Agent Town Hartford 14 CT Agent State Connecticut   |      |                       |   |  |
| 3 Tax Status For Profit 4 Street Address 71 Haynes Street, ` 5 Town Manchester 6 State Connecticut 7 Zip Code 06040 - 8 CEO Name Dennis O'Neill 9 CEO Title President 10 CT Agent Name R&C Service Company 11 CT Agent Company R&C Service Company 12 CT Agent Company Street Address 280 Trumbull Street 13 CT Agent Town Hartford 14 CT Agent State Connecticut  |      |                       |   |  |
| 4 Street Address 71 Haynes Street, ` 5 Town Manchester 6 State Connecticut 7 Zip Code 06040 - 8 CEO Name Dennis O'Neill 9 CEO Title President 10 CT Agent Name R&C Service Company 11 CT Agent Company R&C Service Company 12 CT Agent Company Street Address 280 Trumbull Street 13 CT Agent Town Hartford 14 CT Agent State Connecticut  |      |                       |   |  |
| 5         Town         Manchester           6         State         Connecticut           7         Zip Code         06040 -           8         CEO Name         Dennis O'Neill           9         CEO Title         President           10         CT Agent Name         R&C Service Company           11         CT Agent Company         R&C Service Company           12         CT Agent Company Street Address         280 Trumbull Street           13         CT Agent Town         Hartford           14         CT Agent State         Connecticut   |      |                       |   |  |
| 6         State         Connecticut           7         Zip Code         06040 -           8         CEO Name         Dennis O'Neill           9         CEO Title         President           10         CT Agent Name         R&C Service Company           11         CT Agent Company         R&C Service Company           12         CT Agent Company Street Address         280 Trumbull Street           13         CT Agent Town         Hartford           14         CT Agent State         Connecticut   |      |                       |   |  |
| 7         Zip Code         06040 -           8         CEO Name         Dennis O'Neill           9         CEO Title         President           10         CT Agent Name         R&C Service Company           11         CT Agent Company         R&C Service Company           12         CT Agent Company Street Address         280 Trumbull Street           13         CT Agent Town         Hartford           14         CT Agent State         Connecticut   |      |                       |   |  |
| 8         CEO Name         Dennis O'Neill           9         CEO Title         President           10         CT Agent Name         R&C Service Company           11         CT Agent Company         R&C Service Company           12         CT Agent Company Street Address         280 Trumbull Street           13         CT Agent Town         Hartford           14         CT Agent State         Connecticut  |      |                       |   |  |
| 9         CEO Title         President           10         CT Agent Name         R&C Service Company           11         CT Agent Company         R&C Service Company           12         CT Agent Company Street Address         280 Trumbull Street           13         CT Agent Town         Hartford           14         CT Agent State         Connecticut  |      |                       |   |  |
| 10     CT Agent Name     R&C Service Company       11     CT Agent Company     R&C Service Company       12     CT Agent Company Street Address     280 Trumbull Street       13     CT Agent Town     Hartford       14     CT Agent State     Connecticut  |      |                       |   |  |
| 11     CT Agent Company     R&C Service Company       12     CT Agent Company Street Address     280 Trumbull Street       13     CT Agent Town     Hartford       14     CT Agent State     Connecticut   |      |                       |   |  |
| 12     CT Agent Company Street Address     280 Trumbull Street       13     CT Agent Town     Hartford       14     CT Agent State     Connecticut   |      |                       |   |  |
| 13 CT Agent Town Hartford 14 CT Agent State Connecticut  |      |                       | R&C Service Company   |  |
| 14 CT Agent State Connecticut  |      |                       |   |  |
|  |      |                       | Hartford  |  |
| 1 15 ICT Agent Zip Code   06103 -  |      |                       |   |  |
|  | 15 ( | CT Agent Zip Code     | 06103 -   |  |
|  |      |                       |   |  |

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#### **ANNUAL REPORTING**

#### **FISCAL YEAR 2015**

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

| Affiliate Description   | (1)  | (2)                   | (3)  |  |
|---|------|-----------------------|--|--|
| TO INTITATE. DEVELOP, OPERATE, AND MAINTAIN PROGRAMS DIRECT DOWARD IMPRE   Affiliate Description  | LINE | DESCRIPTION           | AFFILIATE INFORMATION  |  |
| TO INTITATE, DEVELOP, OPERATE, AND MAINTAIN PROGRAMS DIRECT DWARD IMPRE   Affiliate Description   | L.   | AFFILIATE NAME        | ECHN ELDERCARE SERVICES, INC.  |  |
| 1         Affiliate Description         PROVIDING COST EFFECTIVE HEALTH CARE TO PUBLIC WHILE MAINTAINING A HIGH QU           2         Affiliate type of service         Long Term Care           3         Tax Status         Not for Profit           4         Street Address         2a SHENIPISTI TAKE ROAD, TOLLAND, CT           5         Town         Tolland           6         State         Connecticut           7         Zip Code         60684 -           8         CEO Mame         PETER J. KARL           9         CEO Title         PRESIDENT CEO           10         CT Agent Name         Sharon Holmes           11         CT Agent Company         Street Address           11         CT Agent Company Street Address         71 Haynes Street           12         CT Agent Typ Code         06940 -           13         CT Agent Typ Code         06940 -           14         CT Agent State         Connecticut           15         CT Agent State         Connecticut           16         CT Agent State         Connecticut           17         AN ORGANIZATION E STABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS AND REAL E           18         Affiliate Description         Affiliate Support Services      <   |      | , <del></del>         | TO INITIATE, DEVELOP, OPERATE, AND MAINTAIN PROGRAMS DIRECTED TOWARD IMPROVING       |  |
| A Milliate type of service  |      |                       | EFFICIENCY OF UTILIZATION OF HEALTH CARE. FACILIITIES AND SERVICES IN EASTERN CT AND |  |
| 3   Tax Status  |      |                       |  |  |
| A   Sircet Address   26 SHENIPSIT LAKE ROAD, TOLLAND, CT  |      |                       |  |  |
| Town  |      |                       |  |  |
| 6         State         Connecticut           7         Zip Code         06084           8         CEO Name         PETER J. KARL           9         CEO Title         PRESIDENT CEO           10         CT Agent Name         Sharon Holmes           11         CT Agent Company         ECHN           12         CT Agent Company Street Address         TI Haynes Street           13         CT Agent State         Connecticut           14         CT Agent State         Connecticut           15         CT Agent State         Connecticut           16         CT Agent Agent State         Connecticut           17         Affiliate Description         AGRANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS AND REAL EMPTORY           18         Affiliate Description         Affiliate Support Services           3         Tax Status         For Profit           4         Streat Address         71 HAYNES STREET, MANCHESTER, CT           4         Streat Address         71 HAYNES STREET, MANCHESTER, CT           5         Town         Manchester           6         State         Connecticut           6         State         Connecticut           7         Zip Code  |      |                       |  |  |
| 7   |      |                       |  |  |
| 8         CEO Name         PETER J. KARL           9         CEO Title         PRESIDENT CEO           10         CT Agent Name         Sharon Holmes           11         CT Agent Company         ECHN           12         CT Agent Company Street Address         71 Haynes Street           13         CT Agent Town         Manchester           14         CT Agent State         Connecticut           15         CT Agent Zip Code         06040 -           M.         AFFILIATE NAME         ECHN ENTERPRISES, INC.           AM ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS AND REAL E         HOLDINGS.           A Affiliate type of service         Affiliate Support Services           1         Ta Status         For Profit           4         Street Address         71 HAYNES STREET, MANCHESTER, CT           5         Town         Manchester           6         State         Connecticut           7         Zip Code         06040 -           8         CEO Name         PETER J. KARL           9         CEO Title         PRESIDENT & CEO           10         CT Agent State         COnnecticut           11         CT Agent State         Connecticut  |      |                       |  |  |
| 9   CEO Title   |      |                       |  |  |
| 10   CT Agent Company   Sharon Holmes   Schw   Sharon Holmes   Schw     |      |                       |  |  |
| 11   CT Agent Company Street Address  |      |                       |  |  |
| 12  |      |                       |  |  |
| 13  |      |                       |  |  |
| 14  |      |                       |  |  |
| M.   AFFILIATE NAME   |      | •                     |  |  |
| M. AFFILIATE NAME  ECHN ENTERPRISES, INC.  AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS AND REAL E HOLDINGS.  Affiliate type of service  Tax Status  For Profit  Street Address  T1 HAYNES STREET, MANCHESTER, CT  Town  Manchester  Connecticut  Zip Code  GEO Name  PETER J. KARL  PRESIDENT & CEO  To QET Tagent Company  ECHN  CT Agent Company Street Address  T1 Haynes Street,  CT Agent Company Street Address  T1 Haynes Street,  CT Agent Town  Manchester  CT Agent Town  Manchester  Affiliate Description  Affiliate Description  Joint venture with community GI physicians  Affiliate type of service  Affiliate bescription  Joint venture with community GI physicians  Affiliate type of service  Ambulatory Services  Town  South Windsor  Connecticut  CT Agent Address  Z400 Tamarack Avenue  State  Connecticut  GEO Name  Gregory J. Pepe, Esq.  Gregory J. Pepe, Esq.  Gregory J. Pepe, Esq.  |      |                       |  |  |
| AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS AND REAL E HOLDINGS.  Affiliate type of service Affiliate Support Services Town Manchester State Connecticut Zip Code CEO Name PETER J. KARL PESIDENT & CEO CT Agent Company CT Agent Company Street Address T1 Haynes Street, Manchester CT Agent Company Street Address T1 Haynes Street, Manchester CT Agent Company Street Address T1 Haynes Street, Manchester CT Agent Company Street Address T1 Haynes Street, Manchester CT Agent Zip Code D6040 -  Resident Company Street Address T1 Haynes Street, Manchester CT Agent Town Manchester CT Agent Zip Code D6040 -  N. AFFILIATE NAME EVERGREEN ENDOSCOPY CENTER, LLC  Affiliate Description Joint venture with community GI physicians Ambulatory Services Tax Status For Profit Street Address 2400 Tamarack Avenue State Connecticut CT Zip Code D6074 - State Connecticut |      | 9 1                   |  |  |
| AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS AND REAL E HOLDINGS.  Affiliate type of service Affiliate Support Services Town Manchester State Connecticut Zip Code CEO Name PETER J. KARL PESIDENT & CEO CT Agent Company CT Agent Company Street Address T1 Haynes Street, Manchester CT Agent Company Street Address T1 Haynes Street, Manchester CT Agent Company Street Address T1 Haynes Street, Manchester CT Agent Company Street Address T1 Haynes Street, Manchester CT Agent Zip Code D6040 -  Resident Company Street Address T1 Haynes Street, Manchester CT Agent Town Manchester CT Agent Zip Code D6040 -  N. AFFILIATE NAME EVERGREEN ENDOSCOPY CENTER, LLC  Affiliate Description Joint venture with community GI physicians Ambulatory Services Tax Status For Profit Street Address 2400 Tamarack Avenue State Connecticut CT Zip Code D6074 - State Connecticut |      |                       |  |  |
| 1         Affiliate Description         HOLDINGS.           2         Affiliate type of service         Affiliate Support Services           3         Tax Status         For Profit           4         Street Address         71 HAYNES STREET, MANCHESTER, CT           5         Town         Manchester           6         State         Connecticut           7         Zip Code         06040 -           8         CEO Name         PETER J. KARL           9         CEO Title         PRESIDENT & CEO           10         CT Agent Name         Sharon Holmes           11         CT Agent Company         ECHN           12         CT Agent Company Street Address         71 Haynes Street,           13         CT Agent Town         Manchester           14         CT Agent State         Connecticut           15         CT Agent Zip Code         06040 -           1         Affiliate Description         Joint venture with community GI physicians           2         Affiliate type of service         Ambulatory Services           3         Tax Status         For Profit           4         Steet Address         2400 Tamarack Avenue           5         Town         South W   | M.   | AFFILIATE NAME        | ECHN ENTERPRISES, INC.   |  |
| 1         Affiliate Description         HOLDINGS.           2         Affiliate type of service         Affiliate Support Services           3         Tax Status         For Profit           4         Street Address         71 HAYNES STREET, MANCHESTER, CT           5         Town         Manchester           6         State         Connecticut           7         Zip Code         06040 -           8         CEO Name         PETER J. KARL           9         CEO Title         PRESIDENT & CEO           10         CT Agent Name         Sharon Holmes           11         CT Agent Company         ECHN           12         CT Agent Company Street Address         71 Haynes Street,           13         CT Agent State         Connecticut           15         CT Agent State         Connecticut           15         CT Agent Zip Code         06040 -           1         Affiliate Description         Joint venture with community GI physicians           2         Affiliate type of service         Ambulatory Services           3         Tax Status         For Profit           4         Street Address         2400 Tamarack Avenue           5         Town         Sout   |      |                       |  |  |
| 2         Affiliate type of service         Affiliate Support Services           3         Tax Status         For Profit           4         Street Address         71 HAYNES STREET, MANCHESTER, CT           5         Town         Manchester           6         State         Connecticut           7         Zip Code         06040 -           8         CEO Name         PETER J. KARL           9         CEO Title         PRESIDENT & CEO           10         CT Agent Name         Sharon Holmes           11         CT Agent Company         ECHIN           12         CT Agent Company Street Address         71 Haynes Street,           13         CT Agent Town         Manchester           14         CT Agent State         Connecticut           15         CT Agent Zip Code         06040 -           N.         AFFILIATE NAME         EVERGREEN ENDOSCOPY CENTER, LLC           1         Affiliate Upse of service         Ambulatory Services           3         Tax Status         For Profit           4         Street Address         2400 Tamarack Avenue           5         Town         South Windsor           6         State         Connecticut <tr< td=""><td>.  </td><td>Affiliate Description</td><td></td></tr<>   | .    | Affiliate Description |  |  |
| 3   Tax Status  |      |                       |  |  |
| 4         Street Address         71 HAYNES STREET, MANCHESTER, CT           5         Town         Manchester           6         State         Connecticut           7         Zip Code         06040 -           8         CEO Name         PETER J. KARL           9         CEO Title         PRESIDENT & CEO           10         CT Agent Name         Sharon Holmes           11         CT Agent Company         ECHN           12         CT Agent Company Street Address         71 Haynes Street,           13         CT Agent State         Connecticut           15         CT Agent Zip Code         06040 -           N.         AFFILIATE NAME         EVERGREEN ENDOSCOPY CENTER, LLC           1         Affiliate Description         Joint venture with community GI physicians           2         Affiliate Ups of service         Ambulatory Services           3         Tax Status         For Profit           4         Street Address         2400 Tamarack Avenue           5         Town         South Windsor           6         State         Connecticut           7         Zip Code         06074 -           8         CEO Name         Ali Hemacha, MD  |      |                       |  |  |
| 5         Town         Manchester           6         State         Connecticut           7         Zip Code         06040 -           8         CEO Name         PETER J. KARL           9         CEO Title         PRESIDENT & CEO           10         CT Agent Name         Sharon Holmes           11         CT Agent Company         ECHN           12         CT Agent Company Street Address         71 Haynes Street,           13         CT Agent Town         Manchester           14         CT Agent Zip Code         06040 -           15         CT Agent Zip Code         06040 -           1         Affiliate Description         Joint venture with community GI physicians           2         Affiliate type of service         Ambulatory Services           3         Tax Status         For Profit           4         Street Address         2400 Tamarack Avenue           5         Town         South Windsor           6         State         Connecticut           7         Zip Code         06074 -           8         CEO Name         Ali Hemacha, MD           9         CEO Title         President           10         CT Agent Nam  |      |                       |  |  |
| 6         State         Connecticut           7         Zip Code         06040 -           8         CEO Name         PETER J. KARL           9         CEO Title         PRESIDENT & CEO           10         CT Agent Name         Sharon Holmes           11         CT Agent Company         ECHN           12         CT Agent Company Street Address         71 Haynes Street,           13         CT Agent Town         Manchester           14         CT Agent State         Connecticut           15         CT Agent Zip Code         06040 -           N.         AFFILIATE NAME         EVERGREEN ENDOSCOPY CENTER, LLC           V         Affiliate Description         Joint venture with community GI physicians           2         Affiliate type of service         Ambulatory Services           3         Tax Status         For Profit           4         Street Address         2400 Tamarack Avenue           5         Town         South Windsor           6         State         Connecticut           7         Zip Code         06074 -           8         CEO Name         Ali Hemacha, MD           9         CEO Title         President <td< td=""><td></td><td></td><td></td></td<>  |      |                       |  |  |
| 7         Zip Code         06040 -           8         CEO Name         PETER J. KARL           9         CEO Title         PRESIDENT & CEO           10         CT Agent Name         Sharon Holmes           11         CT Agent Company         ECHN           12         CT Agent Town         Manchester           14         CT Agent State         Connecticut           15         CT Agent Zip Code         06040 -           N.         AFFILIATE NAME         EVERGREEN ENDOSCOPY CENTER, LLC           1         Affiliate Description         Joint venture with community GI physicians           2         Affiliate type of service         Ambulatory Services           3         Tax Status         For Profit           4         Street Address         2400 Tamarack Avenue           5         Town         South Windsor           6         State         Connecticut           7         Zip Code         06074 -           8         CEO Name         Ali Hemacha, MD           9         CEO Title         President           10         CT Agent Company  |      |                       |  |  |
| 8 CEO Name PETER J. KARL 9 CEO Title PRESIDENT & CEO 10 CT Agent Name Sharon Holmes 11 CT Agent Company ECHN 12 CT Agent Company Street Address 71 Haynes Street, 13 CT Agent Town Manchester 14 CT Agent State Connecticut 15 CT Agent Zip Code 06040 -  N. AFFILIATE NAME EVERGREEN ENDOSCOPY CENTER, LLC  1 Affiliate Description Joint venture with community GI physicians 2 Affiliate type of service Ambulatory Services 3 Tax Status For Profit 4 Street Address 2400 Tamarack Avenue 5 Town South Windsor 6 State Connecticut 7 Zip Code 06074 - 8 CEO Name Ai Hemacha, MD 9 CEO Title President 10 CT Agent Company   |      |                       |  |  |
| 9 CEO Title PRESIDENT & CEO 10 CT Agent Name Sharon Holmes 11 CT Agent Company ECHN 12 CT Agent Company Street Address 71 Haynes Street, 13 CT Agent Town Manchester 14 CT Agent State Connecticut 15 CT Agent Zip Code 06040 -  N. AFFILIATE NAME EVERGREEN ENDOSCOPY CENTER, LLC  1 Affiliate Description Joint venture with community GI physicians 2 Affiliate type of service Ambulatory Services 3 Tax Status For Profit 4 Street Address 2400 Tamarack Avenue 5 Town South Windsor 6 State Connecticut 7 Zip Code 06074 - 8 CEO Name Ali Hemacha, MD 9 CEO Title President 10 CT Agent Company   |      |                       |  |  |
| 10 CT Agent Name Sharon Holmes 11 CT Agent Company ECHN 12 CT Agent Company Street Address 71 Haynes Street, 13 CT Agent Town Manchester 14 CT Agent State Connecticut 15 CT Agent Zip Code 06040 -  N. AFFILIATE NAME EVERGREEN ENDOSCOPY CENTER, LLC  1 Affiliate Description Joint venture with community GI physicians 2 Affiliate type of service Ambulatory Services 3 Tax Status For Profit 4 Street Address 2400 Tamarack Avenue 5 Town South Windsor 6 State Connecticut 7 Zip Code 06074 - 8 CEO Name Ali Hemacha, MD 9 CEO Title President 10 CT Agent Company   | -    |                       |  |  |
| 11 CT Agent Company ECHN 12 CT Agent Company Street Address 71 Haynes Street, 13 CT Agent Town Manchester 14 CT Agent State Connecticut 15 CT Agent Zip Code 06040 -  N. AFFILIATE NAME EVERGREEN ENDOSCOPY CENTER, LLC  1 Affiliate Description Joint venture with community GI physicians 2 Affiliate type of service Ambulatory Services 3 Tax Status For Profit 4 Street Address 2400 Tamarack Avenue 5 Town South Windsor 6 State Connecticut 7 Zip Code 06074 - 8 CEO Name Ali Hemacha, MD 9 CEO Title President 10 CT Agent Company  |      |                       |  |  |
| 12 CT Agent Company Street Address 71 Haynes Street, 13 CT Agent Town Manchester 14 CT Agent State Connecticut 15 CT Agent Zip Code  N. AFFILIATE NAME EVERGREEN ENDOSCOPY CENTER, LLC  1 Affiliate Description Joint venture with community GI physicians 2 Affiliate type of service Ambulatory Services For Profit 4 Street Address 2400 Tamarack Avenue 5 Town South Windsor 6 State Connecticut 7 Zip Code 06074 - 8 CEO Name Ali Hemacha, MD 9 CEO Title 10 CT Agent Name Gregory J. Pepe, Esq. 11 CT Agent Company   |      |                       |  |  |
| 13 CT Agent Town 14 CT Agent State 15 CT Agent Zip Code  N. AFFILIATE NAME  EVERGREEN ENDOSCOPY CENTER, LLC  1 Affiliate Description 2 Affiliate type of service 3 Tax Status 4 Street Address 5 Town 5 South Windsor 6 State 7 Zip Code 8 CEO Name 9 CEO Title 10 CT Agent Zip Code  Manchester Connecticut Gregory J. Pepe, Esq.  Manchester Connecticut Connecticut Gregory J. Pepe, Esq.  |      | • • • •               |  |  |
| 14 CT Agent State Connecticut 15 CT Agent Zip Code  N. AFFILIATE NAME EVERGREEN ENDOSCOPY CENTER, LLC  1 Affiliate Description Joint venture with community GI physicians 2 Affiliate type of service Ambulatory Services 3 Tax Status For Profit 4 Street Address 2400 Tamarack Avenue 5 Town South Windsor 6 State Connecticut 7 Zip Code 06074 - 8 CEO Name Ali Hemacha, MD 9 CEO Title President 10 CT Agent Name Gregory J. Pepe, Esq.   |      |                       |  |  |
| N. AFFILIATE NAME EVERGREEN ENDOSCOPY CENTER, LLC  1 Affiliate Description Joint venture with community GI physicians 2 Affiliate type of service Ambulatory Services 3 Tax Status For Profit 4 Street Address 2400 Tamarack Avenue 5 Town South Windsor 6 State Connecticut 7 Zip Code 06074 - 8 CEO Name Ali Hemacha, MD 9 CEO Title President 10 CT Agent Name Gregory J. Pepe, Esq.   | 14   | CT Agent State        | Connecticut  |  |
| 1 Affiliate Description Joint venture with community GI physicians 2 Affiliate type of service Ambulatory Services 3 Tax Status For Profit 4 Street Address 2400 Tamarack Avenue 5 Town South Windsor 6 State Connecticut 7 Zip Code 06074 - 8 CEO Name Ali Hemacha, MD 9 CEO Title President 10 CT Agent Name Gregory J. Pepe, Esq.  | 15   | CT Agent Zip Code     | 06040 -  |  |
| 1 Affiliate Description Joint venture with community GI physicians 2 Affiliate type of service Ambulatory Services 3 Tax Status For Profit 4 Street Address 2400 Tamarack Avenue 5 Town South Windsor 6 State Connecticut 7 Zip Code 06074 - 8 CEO Name Ali Hemacha, MD 9 CEO Title President 10 CT Agent Name Gregory J. Pepe, Esq.  |      |                       |  |  |
| 1 Affiliate Description Joint venture with community GI physicians 2 Affiliate type of service Ambulatory Services 3 Tax Status For Profit 4 Street Address 2400 Tamarack Avenue 5 Town South Windsor 6 State Connecticut 7 Zip Code 06074 - 8 CEO Name Ali Hemacha, MD 9 CEO Title President 10 CT Agent Name Gregory J. Pepe, Esq.  |      |                       |  |  |
| 2 Affiliate type of service Ambulatory Services 3 Tax Status For Profit 4 Street Address 2400 Tamarack Avenue 5 Town South Windsor 6 State Connecticut 7 Zip Code 06074 - 8 CEO Name Ali Hemacha, MD 9 CEO Title President 10 CT Agent Name Gregory J. Pepe, Esq. 11 CT Agent Company   | N.   | AFFILIATE NAME        | EVERGREEN ENDOSCOPY CENTER, LLC  |  |
| 2 Affiliate type of service Ambulatory Services 3 Tax Status For Profit 4 Street Address 2400 Tamarack Avenue 5 Town South Windsor 6 State Connecticut 7 Zip Code 06074 - 8 CEO Name Ali Hemacha, MD 9 CEO Title President 10 CT Agent Name Gregory J. Pepe, Esq. 11 CT Agent Company   |      |                       |  |  |
| 2 Affiliate type of service Ambulatory Services 3 Tax Status For Profit 4 Street Address 2400 Tamarack Avenue 5 Town South Windsor 6 State Connecticut 7 Zip Code 06074 - 8 CEO Name Ali Hemacha, MD 9 CEO Title President 10 CT Agent Name Gregory J. Pepe, Esq. 11 CT Agent Company   | 1    | Affiliate Description | Joint venture with community GL physicians   |  |
| 3         Tax Status         For Profit           4         Street Address         2400 Tamarack Avenue           5         Town         South Windsor           6         State         Connecticut           7         Zip Code         06074 -           8         CEO Name         Ali Hemacha, MD           9         CEO Title         President           10         CT Agent Name         Gregory J. Pepe, Esq.           11         CT Agent Company   |      |                       |  |  |
| 4         Street Address         2400 Tamarack Avenue           5         Town         South Windsor           6         State         Connecticut           7         Zip Code         06074 -           8         CEO Name         Ali Hemacha, MD           9         CEO Title         President           10         CT Agent Name         Gregory J. Pepe, Esq.           11         CT Agent Company   |      |                       | ,  |  |
| 5         Town         South Windsor           6         State         Connecticut           7         Zip Code         06074 -           8         CEO Name         Ali Hemacha, MD           9         CEO Title         President           10         CT Agent Name         Gregory J. Pepe, Esq.           11         CT Agent Company   |      |                       |  |  |
| 6         State         Connecticut           7         Zip Code         06074 -           8         CEO Name         Ali Hemacha, MD           9         CEO Title         President           10         CT Agent Name         Gregory J. Pepe, Esq.           11         CT Agent Company  |      |                       |  |  |
| 7         Zip Code         06074 -           8         CEO Name         Ali Hemacha, MD           9         CEO Title         President           10         CT Agent Name         Gregory J. Pepe, Esq.           11         CT Agent Company  |      |                       |  |  |
| 8         CEO Name         Ali Hemacha, MD           9         CEO Title         President           10         CT Agent Name         Gregory J. Pepe, Esq.           11         CT Agent Company   |      |                       |  |  |
| 9         CEO Title         President           10         CT Agent Name         Gregory J. Pepe, Esq.           11         CT Agent Company  |      | •                     |  |  |
| 10     CT Agent Name     Gregory J. Pepe, Esq.       11     CT Agent Company  |      |                       |  |  |
| 11 CT Agent Company   |      |                       | Gregory J. Pepe, Esq.  |  |
|   |      |                       |  |  |
| 12 CT Agent Company Street Address 195 Church Street, 13th Floor  |      |                       | 195 Church Street, 13th Floor  |  |

#### **ANNUAL REPORTING**

#### **FISCAL YEAR 2015**

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

| (1)  | (2)                             | (3)  |  |
|------|---------------------------------|--|--|
| LINE | DESCRIPTION                     | AFEILIATE INFORMATION  |  |
| _    | DESCRIPTION                     | AFFILIATE INFORMATION  |  |
|      | CT Agent Town                   | New Haven  |  |
|      | CT Agent State                  | Connecticut 06510 -  |  |
| 15   | CT Agent Zip Code               | 06510 -  |  |
|      |                                 |  |  |
| О.   | AFFILIATE NAME                  | EVERGREEN MEDICAL ASSOCIATES II, LLC   |  |
|      | Affiliate Description           | Owns and operates the Evergreen II Medical Building in South Windsor adjacent to the ECHN Medical Building at Evergreen Walk |  |
| 2    | Affiliate type of service       | Real Estate  |  |
|      | Tax Status                      | For Profit   |  |
| 4    | Street Address                  | 95 Glastonbury Blvd, Suite 214   |  |
| 5    | Town                            | Glastonbury  |  |
|      | State                           | Connecticut  |  |
|      | Zip Code                        | 06033 -  |  |
|      | CEO Name                        | David Sessions   |  |
|      | CEO Title                       | Manager  |  |
| 10   | CT Agent Name                   | Joseph R. Labrosse   |  |
| 11   | CT Agent Company                | c/o Grove Properaty Fund LLC   |  |
| 12   | CT Agent Company Street Address | 95 Glastonbury Blvd, Suite 214   |  |
| 13   | CT Agent Town                   | Glastonbury  |  |
| 14   | CT Agent State                  | Connecticut  |  |
| 15   | CT Agent Zip Code               | 06033 -  |  |
|      |                                 |  |  |
|      |                                 |  |  |
| P.   | AFFILIATE NAME                  | EVERGREEN MEDICAL ASSOCIATES, LLC  |  |
|      |                                 |  |  |
|      |                                 |  |  |
|      | Affiliate Description           | Owns and operates the ECHN medical building at Evergreen Walk in South Windsor.  |  |
| 2    | Affiliate type of service       | Real Estate  |  |
|      | Tax Status                      | For Profit   |  |
| 4    | Street Address                  | 95 Glastonbury Blvd, Suite 214   |  |
|      | Town                            | Glastonbury  |  |
| 6    | State                           | Connecticut  |  |
|      | Zip Code                        | 06033 -  |  |
|      | CEO Name                        | David Sessions   |  |
| 9    | CEO Title                       | Manager  |  |
|      | CT Agent Name                   | Joseph R. Labrosse   |  |
|      | CT Agent Company                | c/o Grove Properaty Fund LLC   |  |
|      | CT Agent Company Street Address | 95 Glastonbury Blvd, Suite 214,  |  |
|      | CT Agent Town                   | Glastonbury  |  |
|      | CT Agent State                  | Connecticut  |  |
| 15   | CT Agent Zip Code               | 06033 -  |  |
|      |                                 |  |  |
|      |                                 | HAVVIEG GEREET MERICAL ACCOCITETO II I I G   |  |
| Q.   | AFFILIATE NAME                  | HAYNES STREET MEDICAL ASSOCIATES II, LLC   |  |
|      |                                 |  |  |
| 1    | Affiliate Description           | Owns and operates a medical office bulding at 100 Haynes Street in Manchester  |  |
| 1    | Affiliate Description           |  |  |
|      | Affiliate type of service       | Real Estate  |  |
|      | Tax Status                      | For Profit   |  |
| 4    | Street Address                  | 95 Glastonbury Blvd, Suite 214   |  |
|      | Town                            | Glastonbury  |  |
|      | State Zip Code                  | Connecticut 06033 -  |  |
| 7    |                                 |  |  |

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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   |  |
|      | CEO Name   | David Sessions  |  |
|      | CEO Title  | Manager   |  |
|      | CT Agent Name                                    | Joseph R. Labrosse  |  |
|      | CT Agent Name CT Agent Company                   | c/o Grove Properaty Fund LLC  |  |
|      | CT Agent Company CT Agent Company Street Address | 95 Glastonbury Blvd, Suite 214  |  |
|      | CT Agent Company Street Address CT Agent Town    | Glastonbury   |  |
|      |  | ,   |  |
|      | CT Agent State                                   | Connecticut 06033 -   |  |
| 15   | CT Agent Zip Code                                | 06033 -   |  |
| R.   | AFFILIATE NAME                                   | HAYNES STREET MEDICAL ASSOCIATES, LLC   |  |
|      |  |   |  |
| 1    | Affiliate Description                            | Owns and operates a medical office building at 17-29 Haynes Street in Manchester  |  |
|      | Affiliate type of service                        | Real Estate   |  |
|      | Tax Status                                       | For Profit  |  |
|      | Street Address                                   | 95 Glastonbury Blvd, Suite 214  |  |
|      |  |   |  |
|      | Town   | Glastonbury   |  |
| 6    | State  | Connecticut   |  |
|      | Zip Code   | 06033 -   |  |
|      | CEO Name   | David Sessions  |  |
|      | CEO Title  | Manager   |  |
|      | CT Agent Name                                    | Joseph R. Labrosse  |  |
| 11   | CT Agent Company                                 | c/o Grove Properaty Fund LLC  |  |
| 12   | CT Agent Company Street Address                  | 95 Glastonbury Blvd, Suite 214,   |  |
| 13   | CT Agent Town                                    | Glastonbury   |  |
|      | CT Agent State                                   | Connecticut   |  |
|      | CT Agent Zip Code                                | 06033 -   |  |
|      | -  |   |  |
|      |  |   |  |
| S.   | AFFILIATE NAME                                   | HAYNES STREET PROPERTY MANAGEMENT, LLC  |  |
|      |  |   |  |
|      |  |   |  |
|      | Affiliate Description                            | Leases office space at 622 Hebron Avenue, Glastonbury, CT for medical services.   |  |
| 2    | Affiliate type of service                        | Real Estate   |  |
| 3    | Tax Status                                       | For Profit  |  |
| 4    | Street Address                                   | 71 Haynes Street  |  |
| 5    | Town   | Manchester  |  |
| 6    | State  | Connecticut   |  |
| 7    | Zip Code   | 06040 -   |  |
|      | CEO Name   | Peter J. Karl   |  |
|      | CEO Title  | President & CEO   |  |
|      | CT Agent Name                                    | Sharon Holmes   |  |
|      | CT Agent Name CT Agent Company                   | - CHARGOT FIGURES   |  |
|      | CT Agent Company CT Agent Company Street Address | 71 Haynes Street  |  |
|      | CT Agent Company Street Address CT Agent Town    | Manchester  |  |
|      |  |   |  |
|      | CT Agent State CT Agent Zip Code                 | Connecticut   |  |
| 15   | L LAGONT AN LOGO                                 | 06040 -   |  |
|      | CT Agent Zip Code                                |   |  |
|      | OT Agent Zip Code                                |   |  |
| т.   | AFFILIATE NAME                                   | MEDICAL PRACTICE PARTNERS   |  |
|      |  |   |  |
| т.   | AFFILIATE NAME                                   | MEDICAL PRACTICE PARTNERS  Provides Medical billing services, electronic health records, information services and practice management services. |  |
|      |  | Provides Medical billing services, electronic health records, information services and practice management                                      |  |

#### **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   |  |  |
| 3    | Tax Status                                       | For Profit  |  |  |
| 4    | Street Address                                   | 29 Naek Road  |  |  |
| 5    | Town   | Vernon  |  |  |
| 6    | State  | Connecticut   |  |  |
|      | Zip Code   | 06066 -   |  |  |
|      | CEO Name   | ECHN Corporate Services, Inc.   |  |  |
|      | CEO Title  | Owners  |  |  |
|      | CT Agent Name                                    | Gregory M. Williams   |  |  |
|      | CT Agent Company                                 |   |  |  |
|      | CT Agent Company Street Address                  | 29 Naek Road  |  |  |
|      | CT Agent Town                                    | Vernon  |  |  |
|      | CT Agent State                                   | Connecticut   |  |  |
| 15   | CT Agent Zip Code                                | 06066 -   |  |  |
| U.   | AFFILIATE NAME                                   | METRO WHEELCHAIR SERVICE, INC   |  |  |
| 1    | Affiliate Description                            | PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS. |  |  |
| 2    | Affiliate type of service                        | Ambulatory Services   |  |  |
| 3    | Tax Status                                       | For Profit  |  |  |
| 4    | Street Address                                   | 275 New State Road, Manchester, CT  |  |  |
| 5    | Town   | Manchester  |  |  |
|      | State  | Connecticut   |  |  |
|      | Zip Code   | 06040 -   |  |  |
|      | CEO Name   | Wayne Wright  |  |  |
|      | CEO Title  | President   |  |  |
| 10   | CT Agent Name                                    | C T Corporation System  |  |  |
| 11   | CT Agent Company                                 | † ' '   |  |  |
| 12   | CT Agent Company Street Address                  | One Corporate Center  |  |  |
| 13   | CT Agent Town                                    | Hartford  |  |  |
|      | CT Agent State                                   | Connecticut   |  |  |
| 15   | CT Agent Zip Code                                | 06103 -   |  |  |
|      |  |   |  |  |
|      |  |   |  |  |
| ٧.   | AFFILIATE NAME                                   | NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)   |  |  |
|      |  | Joint Venture of four area hospitals that operates The John A. DeQuattro Community Cancer Center in     |  |  |
| 1    | Affiliate Description                            | Manchester and the Phoenix Community Cancer Center in Enfield.  |  |  |
| 2    | Affiliate type of service                        | Outpatient Care   |  |  |
| 3    | Tax Status                                       | Not for Profit  |  |  |
| 4    | Street Address                                   | 100 Haynes Street   |  |  |
| 5    | Town   | Manchester Connecticut  |  |  |
|      | State Zip Code                                   | Connecticut 06040 -   |  |  |
|      | Zip Code<br>CEO Name                             | Donna Handley   |  |  |
|      | CEO Name<br>CEO Title                            | President President   |  |  |
|      | CT Agent Name                                    | Kristoffer Popovitch  |  |  |
|      | CT Agent Name CT Agent Company                   | INISIONELL OPOVICUI   |  |  |
|      | CT Agent Company CT Agent Company Street Address | 100 Haynes Street   |  |  |
|      | CT Agent Company Street Address CT Agent Town    | Manchester Manchester   |  |  |
|      | CT Agent Town CT Agent State                     | Connecticut   |  |  |
|      | CT Agent State CT Agent Zip Code                 | 06040 -   |  |  |
| Ë    | Cgom zip Godo                                    |   |  |  |
|      |  |   |  |  |

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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)  |  |
|----------|---------------------------------|--|--|
|          | DECODIDE                        | AFFILIATE INFORMATION  |  |
| LINE     | DESCRIPTION                     | AFFILIATE INFORMATION  |  |
| w.       | AFFILIATE NAME                  | THE ROCKVILLE GENERAL HOSPITAL INCORPORATED                                      |  |
|          |                                 |  |  |
| 1        | Affiliate Description           | Community based bespital that provides modical care on an acute basis            |  |
| 2        | Affiliate type of service       | Community based hospital that provides medical care on an acute basis.  Hospital |  |
| 3        | Tax Status                      | Not for Profit   |  |
| 4        | Street Address                  | 31 UNION STREET, ROCKVILLE, CT   |  |
| 5        | Town                            | Vernon Rockville   |  |
| 6        | State                           | Connecticut  |  |
|          | Zip Code                        | 06066 -  |  |
|          | CEO Name                        | PETER J. KARL  |  |
| 9        | CEO Title                       | PRESIDENT & CEO  |  |
| 10       | CT Agent Name                   | Sharon Holmes  |  |
|          | CT Agent Company                | ECHN   |  |
|          | CT Agent Company Street Address | 71 Haynes Street,  |  |
|          | CT Agent Town                   | Manchester   |  |
|          | CT Agent State                  | Connecticut  |  |
| 15       | CT Agent Zip Code               | 06040 -  |  |
|          |                                 |  |  |
| v        | AFEILIATE MARKE                 | TOUL AND IMACING CENTER  |  |
| X.       | AFFILIATE NAME                  | TOLLAND IMAGING CENTER   |  |
|          |                                 |  |  |
| 1        | Affiliate Description           | Joint venture to provide outpatient diagnostic imaging services                  |  |
| 2        | Affiliate type of service       | Imaging Services   |  |
| 3        | Tax Status                      | Not for Profit   |  |
| 4        | Street Address                  | 6 Fieldstone Commons, Suite E  |  |
| 5        | Town                            | Tolland  |  |
| 6        | State                           | Connecticut  |  |
|          | Zip Code                        | 06084 -  |  |
|          | CEO Name                        | MMH, RGH, Johnson, Windham   |  |
| 9        | CEO Title                       | President  |  |
|          | CT Agent Name                   | R&C Service Company  |  |
|          | CT Agent Company                | R&C Service Company  |  |
|          | CT Agent Company Street Address | 280 Trumbull Street  |  |
|          | CT Agent Town                   | Hartford   |  |
|          | CT Agent State                  | Connecticut 06103 -  |  |
| 15       | CT Agent Zip Code               | 100100 -   |  |
|          |                                 |  |  |
| Υ.       | AFFILIATE NAME                  | VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.                          |  |
| <u> </u> | ATTEME NAME                     | VIOLING HORSE AND REALTH SERVICES OF SOURCESTION, INC.                           |  |
|          |                                 |  |  |
| 1        | Affiliate Description           | Provides at-home nursing care and hospice care.                                  |  |
| 2        | Affiliate type of service       | Other HealthCare Svcs(Specify)   |  |
| 3        | Tax Status                      | Not for Profit   |  |
| 4        | Street Address                  | 8 Keynote Drive  |  |
| 5        | Town                            | Vernon   |  |
| 6        | State                           | Connecticut  |  |
| 7        | Zip Code                        | 06066 -  |  |
| 8        | CEO Name                        | Todd Rose  |  |
| 9        | CEO Title                       | President/Chief Executive Officer  |  |
|          | CT Agent Name                   | Todd Rose  |  |
|          | CT Agent Company                | law . D:   |  |
| 12       | CT Agent Company Street Address | 8 Keynote Drive  |  |

#### **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   |  |
| 13   | CT Agent Town                   | Vernon  |  |
| 14   | CT Agent State                  | Connecticut   |  |
| 15   | CT Agent Zip Code               | 06066 -   |  |
|      |                                 |   |  |
| z.   | AFFILIATE NAME                  | WBC CONNECTICUT EAST, LLC   |  |
|      |                                 | A joint venture to provide comprehensive outpatient behavioral health services for adults and adolescents with eating disorrders, a distinct intensive outpatient program for adults with binge eating disorrders and |  |
| 1    | Affiliate Description           | aftercare support services.   |  |
| 2    | Affiliate type of service       | Mental Health Facility  |  |
| 3    | Tax Status                      | Not for Profit  |  |
| 4    | Street Address                  | 2400 Tamarack Ave, Suite 203  |  |
| 5    | Town                            | South Windsor   |  |
| 6    | State                           | Connecticut   |  |
| 7    | Zip Code                        | 06074 -   |  |
| 8    | CEO Name                        | Stuart Koman  |  |
| 9    | CEO Title                       | Manager   |  |
| 10   | CT Agent Name                   | Corporation Service Company   |  |
| 11   | CT Agent Company                |   |  |
| 12   | CT Agent Company Street Address | 50 Weston Street  |  |
| 13   | CT Agent Town                   | Hartford  |  |
| 14   | CT Agent State                  | Connecticut   |  |
| 15   | CT Agent Zip Code               | 06120 - 1537  |  |

<sup>\*</sup> P.O. BOX IS UNACCEPTABLE WITHOUT A

STREET ADDRESS FOR EACH AGENT COMPANY

## MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2015 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          |
| Α.            | MANCHESTER MEMORIAL HOSPITAL             |   |                    |
| 1             | MANORESTER MEMORIAE HOST TIAL            | Unrestricted  | \$2,829,380        |
| 2             |  | Temporarily Restricted by Donor                                 | \$494,603          |
| 3             |  | Temporarily Restricted by Board                                 | \$0                |
| 4             |  | Permanently Restricted by Donor                                 | \$11,681,476       |
| 5             |  | Intercompany Eliminations                                       | \$0                |
|               |  | Total:  | \$15,005,459       |
|               |  |   |                    |
| В.            | EASTERN CONNECTICUT HEALTH NETWORK,INC.  | Linux atriata d   | ФО 7C4 04Б         |
| 1             |  | Unrestricted  | \$3,761,845        |
| 3             |  | Temporarily Restricted by Donor Temporarily Restricted by Board | \$323,132<br>\$0   |
| 4             |  | Permanently Restricted by Donor                                 | \$0                |
| 5             |  | Intercompany Eliminations                                       | \$0                |
| Ť             |  | Total:  | \$4,084,977        |
|               |  |   | , ,,,,,            |
| C.            | A CARING HAND, LLC                       |   |                    |
| 1             |  | Unrestricted  | \$729,096          |
| 2             |  | Temporarily Restricted by Donor                                 | \$0                |
| 3             |  | Temporarily Restricted by Board                                 | \$0                |
| 4             |  | Permanently Restricted by Donor                                 | \$0<br>\$0         |
| 5             |  | Intercompany Eliminations                                       | ·                  |
|               |  | Total:  | \$729,096          |
| D.            | AETNA AMBULANCE SERVICES, INC.           |   |                    |
| 1             |  | Unrestricted  | \$3,762,858        |
| 2             |  | Temporarily Restricted by Donor                                 | \$0                |
| 3             |  | Temporarily Restricted by Board                                 | \$0                |
| 4             |  | Permanently Restricted by Donor                                 | \$0                |
| 5             |  | Intercompany Eliminations                                       | \$0                |
|               |  | Total:  | \$3,762,858        |
| _             | AMPLILANCE SERVICE OF MANCHESTER ALC     |   |                    |
| Ε.            | AMBULANCE SERVICE OF MANCHESTER, LLC     | Liprostrictod   | \$0,670,007        |
| 2             |  | Unrestricted Temporarily Restricted by Donor                    | \$8,679,807<br>\$0 |
| 3             |  | Temporarily Restricted by Board                                 | \$0                |
| 4             |  | Permanently Restricted by Donor                                 |                    |
| 5             |  | Intercompany Eliminations                                       | \$0<br>\$0         |
| Ť             |  | Total:  | \$8,679,807        |
|               |  |   | . , ,              |
|               | CLINICALLY INTEGRATED NETWORK OF EASTERN |   |                    |
| F.            | CONNECTICUT, LLC                         |   | •                  |
| 1             |  | Unrestricted  | \$0                |
| 2             |  | Temporarily Restricted by Donor                                 | \$0<br>\$0         |
| 3             |  | Temporarily Restricted by Board Permanently Restricted by Donor | \$0<br>\$0         |
| <u>4</u><br>5 |  | Intercompany Eliminations                                       | \$0<br>\$0         |
|               |  | Total:  | \$0                |
|               |  | Total.  | 40                 |
| G.            | CONNECTICUT HEALTHCARE INSURANCE CO.     |   |                    |
| 1             |  | Unrestricted  | \$704,717          |
| 2             |  | Temporarily Restricted by Donor                                 | \$0                |

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#### REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

| (1)           | (2)  | (3)   | (4)           |
|---------------|--|---|---------------|
|               |  | FUND DESCRIPTION /  | BALANCE AS OF |
|               | AFFILIATE NAME   | FUND PURPOSE  | 9/30/2015     |
| 3             |  | Temporarily Restricted by Board                                 | \$0           |
| 4             |  | Permanently Restricted by Donor                                 | \$0<br>\$0    |
| 5             |  | Intercompany Eliminations                                       | ·             |
|               |  | Total:  | \$704,717     |
|               |  |   |               |
| Н.            | CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC            |   |               |
| 1             |  | Unrestricted  | \$0           |
| 2             |  | Temporarily Restricted by Donor                                 | \$0<br>\$0    |
| 3<br>4        |  | Temporarily Restricted by Board Permanently Restricted by Donor | \$0           |
| 5             |  | Intercompany Eliminations                                       | \$0           |
| <del>ٽ</del>  |  | Total:  | \$0           |
|               |  | Total.  | Ψ             |
| 1.            | EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC. |   |               |
| 1             |  | Unrestricted  | \$517,745     |
| 2             |  | Temporarily Restricted by Donor                                 | \$0           |
| 3             |  | Temporarily Restricted by Board                                 | \$0           |
| 4             |  | Permanently Restricted by Donor                                 | \$0           |
| 5             |  | Intercompany Eliminations                                       | \$0           |
|               |  | Total:  | \$517,745     |
| J.            | EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.  |   |               |
| 1             |  | Unrestricted  | \$0           |
| 2             |  | Temporarily Restricted by Donor                                 | \$0           |
| 3             |  | Temporarily Restricted by Board                                 | \$0           |
| <u>4</u><br>5 |  | Permanently Restricted by Donor Intercompany Eliminations       | \$0<br>\$0    |
| <u> </u>      |  | Total:  | \$0           |
|               |  | Total.  | Ψ0            |
| Κ.            | ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.                 |   |               |
| 1             | •  | Unrestricted  | \$2,702,985   |
| 2             |  | Temporarily Restricted by Donor                                 | \$15,474,485  |
| 3             |  | Temporarily Restricted by Board                                 | \$0           |
| 4             |  | Permanently Restricted by Donor                                 | \$1,567,312   |
| 5             |  | Intercompany Eliminations                                       | \$0           |
|               |  | Total:  | \$19,744,782  |
| L.            | ECHN CORPORATE SERVICES INC.                               |   |               |
| 1             | ESTIN SOM SMALL SERVICES INC.                              | Unrestricted  | \$670,607     |
| 2             |  | Temporarily Restricted by Donor                                 | \$070,007     |
| 3             |  | Temporarily Restricted by Board                                 | \$0           |
| 4             |  | Permanently Restricted by Donor                                 | \$0           |
| 5             |  | Intercompany Eliminations                                       | \$0           |
|               |  | Total:  | \$670,607     |
| М.            | ECHN ELDERCARE SERVICES, INC.                              |   |               |
| 1             | ·  | Unrestricted  | \$5,919,060   |
| 2             |  | Temporarily Restricted by Donor                                 | \$4,912       |
| 3             |  | Temporarily Restricted by Board                                 | \$0           |
| 4             |  | Permanently Restricted by Donor                                 | \$0           |

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#### REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

| (1)           | (2)                                      | (3)   | (4)                            |
|---------------|--|---|--------------------------------|
| LINE          | AFFILIATE NAME                           | FUND DESCRIPTION /<br>FUND PURPOSE                              | BALANCE AS OF 9/30/2015        |
| 5             |  | Intercompany Eliminations                                       | \$0                            |
|               |  | Total:  | \$5,923,972                    |
|               |  |   |                                |
| N.            | ECHN ENTERPRISES, INC.                   |   |                                |
| 1             |  | Unrestricted  | \$208,941                      |
| 2             |  | Temporarily Restricted by Donor                                 | \$0                            |
| 3             |  | Temporarily Restricted by Board                                 | \$0                            |
| 4             |  | Permanently Restricted by Donor                                 | \$0                            |
| 5             |  | Intercompany Eliminations                                       | \$0                            |
|               |  | Total:  | \$208,941                      |
|               |  |   |                                |
| 0.            | EVERGREEN ENDOSCOPY CENTER, LLC          |   |                                |
| 1             |  | Unrestricted  | \$826,898                      |
| 2             |  | Temporarily Restricted by Donor                                 | \$0                            |
| 3<br>4        |  | Temporarily Restricted by Board Permanently Restricted by Donor | \$0<br>\$0                     |
| 5             |  | Intercompany Eliminations                                       | \$0                            |
| <del>ٽ</del>  |  | Total:  | \$826,898                      |
|               |  | Total.  | \$620,090                      |
| Ρ.            | EVERGREEN MEDICAL ASSOCIATES II, LLC     |   |                                |
| 1             | EVERGREEN MEDICAL ASSOCIATES II, EEC     | Unrestricted  | \$2,710,936                    |
| 2             |  | Temporarily Restricted by Donor                                 | \$2,710,930                    |
| 3             |  | Temporarily Restricted by Board                                 | \$0                            |
| 4             |  | Permanently Restricted by Donor                                 | \$0                            |
| 5             |  | Intercompany Eliminations                                       | \$0                            |
|               |  | Total:  | \$2,710,936                    |
|               |  |   |                                |
| Q.            | EVERGREEN MEDICAL ASSOCIATES, LLC        |   |                                |
| 1             |  | Unrestricted  | \$1,601,896                    |
| 2             |  | Temporarily Restricted by Donor                                 | \$0                            |
| 3             |  | Temporarily Restricted by Board                                 | \$0                            |
| 4             |  | Permanently Restricted by Donor                                 | \$0                            |
| 5             |  | Intercompany Eliminations                                       | \$0                            |
|               |  | Total:  | \$1,601,896                    |
|               |  |   |                                |
|               | HAYNES STREET MEDICAL ASSOCIATES II, LLC |   |                                |
| 1             |  | Unrestricted  | \$1,695,326                    |
| 2             |  | Temporarily Restricted by Donor                                 | \$0<br>\$0                     |
| 3             |  | Temporarily Restricted by Board                                 | \$0                            |
| <u>4</u><br>5 |  | Permanently Restricted by Donor Intercompany Eliminations       | \$0<br>\$0                     |
| υ             |  | · · ·   | ·                              |
|               |  | Total:  | \$1,695,326                    |
| S.            | HAVNES STREET MEDICAL ASSOCIATES LLC     |   |                                |
| 3.<br>1       | HAYNES STREET MEDICAL ASSOCIATES, LLC    | Unrestricted  | \$670,383                      |
| 2             |  | Temporarily Restricted by Donor                                 | \$670,383                      |
|               |  | Temporarily Restricted by Board                                 | \$0                            |
| . 3           |  |   | 0.2                            |
| 3<br>4        |  | Permanently Restricted by Donor                                 |                                |
| 3<br>4<br>5   |  | Permanently Restricted by Donor Intercompany Eliminations       | \$0                            |
| 4             |  | Intercompany Eliminations  Total:                               |                                |
| 4             |  | Intercompany Eliminations                                       | \$0<br>\$0<br><b>\$670,383</b> |
| 4             | HAYNES STREET PROPERTY MANAGEMENT, LLC   | Intercompany Eliminations                                       |                                |

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#### REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

| (1)  | (2)   | (3)                                | (4)                        |
|------|---|------------------------------------|----------------------------|
| LINE | AFFILIATE NAME  | FUND DESCRIPTION /<br>FUND PURPOSE | BALANCE AS OF<br>9/30/2015 |
| 2    |   | Temporarily Restricted by Donor    | \$0                        |
| 3    |   | Temporarily Restricted by Board    | \$0                        |
| 4    |   | Permanently Restricted by Donor    | \$0                        |
| 5    |   | Intercompany Eliminations          | \$0                        |
|      |   | Total:                             | \$47,868                   |
| U.   | MEDICAL PRACTICE PARTNERS                                   |                                    |                            |
| 1    | MEDIONE I INCOMOL I MICHAELO                                | Unrestricted                       | \$0                        |
| 2    |   | Temporarily Restricted by Donor    | \$0                        |
| 3    |   | Temporarily Restricted by Board    | \$0                        |
| 4    |   | Permanently Restricted by Donor    | \$0                        |
| 5    |   | Intercompany Eliminations          | \$0<br>\$0                 |
|      |   | Total:                             | \$0                        |
| ٧.   | METRO WHEELCHAIR SERVICE, INC                               |                                    |                            |
| 1    | , -   | Unrestricted                       | \$8,359                    |
| 2    |   | Temporarily Restricted by Donor    | \$0                        |
| 3    |   | Temporarily Restricted by Board    | \$0                        |
| 4    |   | Permanently Restricted by Donor    | \$0                        |
| 5    |   | Intercompany Eliminations          | \$0                        |
|      |   | Total:                             | \$8,359                    |
|      | NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON) |                                    |                            |
| 1    |   | Unrestricted                       | \$13,144,745               |
| 2    |   | Temporarily Restricted by Donor    | \$0                        |
| 3    |   | Temporarily Restricted by Board    | \$0                        |
| 4    |   | Permanently Restricted by Donor    | \$0                        |
| 5    |   | Intercompany Eliminations          | \$0                        |
|      |   | Total:                             | \$13,144,745               |
| Χ.   | THE ROCKVILLE GENERAL HOSPITAL INCORPORATED                 |                                    |                            |
| 1    |   | Unrestricted                       | \$14,969,087               |
| 2    |   | Temporarily Restricted by Donor    | \$537,851                  |
| 3    |   | Temporarily Restricted by Board    | \$0                        |
| 4    |   | Permanently Restricted by Donor    | \$3,371,972                |
| 5    |   | Intercompany Eliminations          | \$0                        |
|      |   | Total:                             | \$18,878,910               |
| Υ.   | TOLLAND IMAGING CENTER                                      |                                    |                            |
| 1    |   | Unrestricted                       | \$960,395                  |
| 2    |   | Temporarily Restricted by Donor    | \$0                        |
| 3    |   | Temporarily Restricted by Board    | \$0                        |
| 4    |   | Permanently Restricted by Donor    | \$0                        |
| 5    |   | Intercompany Eliminations          | \$0                        |
|      |   | Total:                             | \$960,395                  |
|      | VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.     |                                    |                            |
| 1    |   | Unrestricted                       | \$9,900,881                |
| 2    |   | Temporarily Restricted by Donor    | \$126,038                  |
| 3    |   | Temporarily Restricted by Board    | \$0                        |
| 4    |   | Permanently Restricted by Donor    | \$0                        |

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#### REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

| (1)  | (2)  | (3)                                | (4)                        |
|------|--|------------------------------------|----------------------------|
| LINE | AFFILIATE NAME   | FUND DESCRIPTION /<br>FUND PURPOSE | BALANCE AS OF<br>9/30/2015 |
| 5    |  | Intercompany Eliminations          | \$0                        |
|      |  | Total:                             | \$10,026,919               |
| AA.  | WBC CONNECTICUT EAST, LLC                                  |                                    |                            |
| 1    |  | Unrestricted                       | \$1,325,261                |
| 2    |  | Temporarily Restricted by Donor    | \$0                        |
| 3    |  | Temporarily Restricted by Board    | \$0                        |
| 4    |  | Permanently Restricted by Donor    | \$0                        |
| 5    |  | Intercompany Eliminations          | \$0                        |
|      |  | Total:                             | \$1,325,261                |
|      | Total of all Affiliates (before Intercompany Eliminations) | Fund Balance:                      | \$111,930,857              |
|      | Intercompany Eliminations                                  |                                    | \$0                        |
|      | Total of all Affiliates                                    | Fund Balance:                      | \$111,930,857              |

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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<br>HOSPITAL |
| Α.            | EASTERN CONNECTICUT HEALTH NETWORK,INC.                   |   |                                |                                |
| Α.            | LASTERN CONNECTICOT HEALTH NETWORK, INC.                  |   |                                |                                |
|               |   | Beginning Unconsolidated Intercompany Balance:                                      | 9/30/2014                      | \$2,638,137                    |
| 1             |   | Allocation of Income/Loss   | 09/30/2015                     | \$1,455,618                    |
|               |   | Ending Unconsolidated Intercompany Balance:   | 9/30/2015                      | \$4,093,755                    |
|               |   |   |                                |                                |
| B.            | A CARING HAND, LLC  |   |                                |                                |
|               |   |   |                                |                                |
|               |   | Beginning Unconsolidated Intercompany Balance:                                      | 9/30/2014                      | \$0                            |
| 1             |   | Salary and Non-Salary Operating Expenses  | 09/30/2015                     | \$22,680                       |
|               |   | Ending Unconsolidated Intercompany Balance:   | 9/30/2015                      | \$22,680                       |
|               |   |   |                                |                                |
| C.            | AETNA AMBULANCE SERVICES, INC.                            |   |                                |                                |
|               |   |   | 0/00/0044                      | <b>\$4.070.047</b>             |
| 1             |   | Beginning Unconsolidated Intercompany Balance: Allocation of Investment Income/Loss | <b>9/30/2014</b><br>09/30/2015 | \$1,373,047<br>(\$56,046)      |
| - '           |   | Ending Unconsolidated Intercompany Balance:   | 9/30/2015                      | \$1,317,001                    |
|               |   | Ending Officerisonidated intercompany Balance.                                      | 3/30/2013                      | \$1,317,001                    |
| D.            | AMBULANCE SERVICE OF MANCHESTER, LLC                      |   |                                |                                |
| <del></del> - | AMBOEAROE GERTIGE OF MARGINEGIER, LEG                     |   |                                |                                |
|               |   | Beginning Unconsolidated Intercompany Balance:                                      | 9/30/2014                      | \$2,659,109                    |
| 1             |   | Allocation of Investment Income/Loss  | 09/30/2015                     | \$938,823                      |
| 2             |   | Distribution  | 09/30/2015                     | (\$560,000)                    |
|               |   | Ending Unconsolidated Intercompany Balance:   | 9/30/2015                      | \$3,037,932                    |
|               |   |   |                                |                                |
| E.            | CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC |   |                                |                                |
|               |   |   |                                |                                |
|               |   | Beginning Unconsolidated Intercompany Balance:                                      | 9/30/2014                      | \$0                            |
|               |   | Nothing to Report  Ending Unconsolidated Intercompany Balance:                      | 9/30/2015                      | \$0<br><b>\$0</b>              |
|               |   | Ending Unconsolidated Intercompany Balance:   | 9/30/2015                      | \$0                            |
| _             | CONNECTICUT HEALTHCARE INCURANCE CO                       |   |                                |                                |
| F.            | CONNECTICUT HEALTHCARE INSURANCE CO.                      |   |                                |                                |
|               |   | Beginning Unconsolidated Intercompany Balance:                                      | 9/30/2014                      | \$350,818                      |
| 1             |   | malpractice   | 09/30/2015                     | \$3,632,491                    |
| <u> </u>      |   | Ending Unconsolidated Intercompany Balance:   | 9/30/2015                      | \$3,983,309                    |
|               |   |   |                                |                                |
| G.            | CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC           |   |                                |                                |
| 1             | -   |   | +                              |                                |

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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<br>HOSPITAL |
|                 |   |  |                                |                                |
|                 |   | Beginning Unconsolidated Intercompany Balance:                   | 9/30/2014                      | \$20,000                       |
|                 |   | Nothing to Report  |                                | \$0                            |
|                 |   | Ending Unconsolidated Intercompany Balance:                      | 9/30/2015                      | \$20,000                       |
| н.              | EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.      |  |                                |                                |
| <b>-</b> '''-   | EASTERN CONNECTION INCLUDED IN ROLL ESSIONALS I CONDATION, INC. |  |                                |                                |
|                 |   | Beginning Unconsolidated Intercompany Balance:                   | 9/30/2014                      | \$11,038,330                   |
| 1               |   | Operating Subsidy  | 09/30/2015                     | \$2,842,197                    |
|                 |   | Ending Unconsolidated Intercompany Balance:                      | 9/30/2015                      | \$13,880,527                   |
|                 |   |  |                                |                                |
| I.              | EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.       |  |                                |                                |
|                 |   | Baringia a Una caralidate distance anno ano Balance              | 0/00/0044                      | **                             |
| 1               |   | Beginning Unconsolidated Intercompany Balance: Operating Subsidy | <b>9/30/2014</b><br>09/30/2015 | <b>\$0</b> (\$71,521)          |
| <del>- '-</del> |   | Ending Unconsolidated Intercompany Balance:                      | 9/30/2015                      | (\$71,521)                     |
|                 |   |  |                                | (+**,5=*)                      |
| J.              | ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.                      |  |                                |                                |
|                 |   | Beginning Unconsolidated Intercompany Balance:                   | 9/30/2014                      | \$142,498                      |
| 1               |   | Transfer of Donated Assets                                       | 09/30/2015                     | \$10,742                       |
|                 |   | Ending Unconsolidated Intercompany Balance:                      | 9/30/2015                      | \$153,240                      |
|                 |   |  |                                |                                |
| K.              | ECHN CORPORATE SERVICES INC.                                    |  |                                |                                |
|                 |   |  | 0/00/0044                      | •                              |
|                 |   | Beginning Unconsolidated Intercompany Balance: Nothing to Report | 9/30/2014                      | <b>\$0</b><br>\$0              |
|                 |   | Ending Unconsolidated Intercompany Balance:                      | 9/30/2015                      | \$0                            |
|                 |   | Zilanig Giloonoonaatoa masioompany Zalanoon                      | 3/33/2313                      | 40                             |
| L.              | ECHN ELDERCARE SERVICES, INC.                                   |  |                                |                                |
|                 | ·   |  |                                |                                |
|                 |   | Beginning Unconsolidated Intercompany Balance:                   | 9/30/2014                      | (\$23,158)                     |
| 1               |   | Salary and Non-Salary Operating Expenses                         | 09/30/2015                     | \$25,346                       |
|                 |   | Ending Unconsolidated Intercompany Balance:                      | 9/30/2015                      | \$2,188                        |
| М.              | ECHN ENTERPRISES, INC.  |  |                                |                                |
| 141.            | LOTHE ENTERN MOLO, INC.   |  |                                |                                |
|                 |   | Beginning Unconsolidated Intercompany Balance:                   | 9/30/2014                      | \$1,637,794                    |

#### 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<br>HOSPITAL |
| 1        |  | Non Salary Expense  | 09/30/2015 | (\$373,931)                    |
|          |  | Ending Unconsolidated Intercompany Balance:                       | 9/30/2015  | \$1,263,863                    |
|          |  |   |            |                                |
| N.       | EVERGREEN ENDOSCOPY CENTER, LLC          |   |            |                                |
|          |  | Beginning Unconsolidated Intercompany Balance:                    | 9/30/2014  | \$359,698                      |
| 1        |  | Allocation of Investment Income/Loss                              | 09/30/2015 |                                |
| <u> </u> |  | Ending Unconsolidated Intercompany Balance:                       | 9/30/2015  | \$564,631                      |
|          |  |   |            | . ,                            |
| 0.       | EVERGREEN MEDICAL ASSOCIATES II, LLC     |   |            |                                |
|          |  | Beginning Unconsolidated Intercompany Balance:                    | 9/30/2014  | \$0                            |
|          |  | Nothing to Report  Ending Unconsolidated Intercompany Balance:    | 9/30/2015  | \$0<br><b>\$0</b>              |
|          |  | Ending officerisondated intercompany balance.                     | 3/30/2013  | 40                             |
| P.       | EVERGREEN MEDICAL ASSOCIATES, LLC        |   |            |                                |
|          |  |   |            |                                |
|          |  | Beginning Unconsolidated Intercompany Balance:                    | 9/30/2014  | \$0                            |
|          |  | Nothing to Report   |            | \$0                            |
|          |  | Ending Unconsolidated Intercompany Balance:                       | 9/30/2015  | \$0                            |
|          | HAVALES STREET MEDICAL ASSOCIATES II LLO |   |            |                                |
| Q.       | HAYNES STREET MEDICAL ASSOCIATES II, LLC |   |            |                                |
|          |  | Beginning Unconsolidated Intercompany Balance:                    | 9/30/2014  | \$0                            |
|          |  | Nothing to Report   | 3,00,00    | \$0                            |
|          |  | Ending Unconsolidated Intercompany Balance:                       | 9/30/2015  | \$0                            |
|          |  |   |            |                                |
| R.       | HAYNES STREET MEDICAL ASSOCIATES, LLC    |   |            |                                |
|          |  | Designation the consultate of later common Poleman                | 0/00/0044  | **                             |
| -        |  | Beginning Unconsolidated Intercompany Balance:  Nothing to Report | 9/30/2014  | <b>\$0</b>                     |
|          |  | Ending Unconsolidated Intercompany Balance:                       | 9/30/2015  | \$0                            |
|          |  | =   | 0,00,20.0  | 4.0                            |
| S.       | HAYNES STREET PROPERTY MANAGEMENT, LLC   |   |            |                                |
|          |  |   |            |                                |
|          |  | Beginning Unconsolidated Intercompany Balance:                    | 9/30/2014  | \$0                            |
| 1        |  | Non Salary Expense  | 09/30/2015 |                                |
|          |  | Ending Unconsolidated Intercompany Balance:                       | 9/30/2015  | \$170,979                      |
| _        | MEDICAL PRACTICE PARTNERS                |   |            |                                |
| l '·     | WILDIGAL FRACTICE FARTNERS               |   |            |                                |

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

| (1)      | (2)   | (3)   | (4)                            | (5)                           |
|----------|---|---|--------------------------------|-------------------------------|
|          |   |   |                                |                               |
|          | AFFILIATE MAME  | DESCRIPTION OF TRANSFER   | DATE                           | TRANSFER TO / FROM            |
| LINE     | AFFILIATE NAME  | DESCRIPTION OF TRANSFER   | DATE                           | HOSPITAL                      |
|          |   | Beginning Unconsolidated Intercompany Balance:                                      | 9/30/2014                      | \$0                           |
|          |   | Nothing to Report   | 3/30/2014                      | \$0                           |
|          |   | Ending Unconsolidated Intercompany Balance:   | 9/30/2015                      | \$0<br><b>\$0</b>             |
|          |   |   |                                |                               |
| U.       | METRO WHEELCHAIR SERVICE, INC                               |   |                                |                               |
|          |   |   | 0/00/00/                       | •                             |
| L_       |   | Beginning Unconsolidated Intercompany Balance: Allocation of Investment Income/Loss | 9/30/2014                      | <b>\$0</b><br>\$2,926         |
| -        |   | Ending Unconsolidated Intercompany Balance:   | 09/30/2015<br><b>9/30/2015</b> | \$2,926<br>\$2,926            |
|          |   | Ending officonsolidated intercompany balance.                                       | 3/30/2013                      | <b>\$2,320</b>                |
|          |   |   |                                |                               |
| V.       | NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON) |   |                                |                               |
|          |   |   |                                |                               |
|          |   | Beginning Unconsolidated Intercompany Balance:                                      | 9/30/2014                      | \$3,299,195                   |
| 1        |   | Allocation of Investment Income/Loss  | 09/30/2015                     | (\$13,008)                    |
|          |   | Ending Unconsolidated Intercompany Balance:   | 9/30/2015                      | \$3,286,187                   |
| 10/      | THE DOOKS HE OF NEDAL HOODITAL INCORDORATED                 |   |                                |                               |
| W.       | THE ROCKVILLE GENERAL HOSPITAL INCORPORATED                 |   |                                |                               |
|          |   | Beginning Unconsolidated Intercompany Balance:                                      | 9/30/2014                      | (\$5,298,863)                 |
| 1        |   | Salary and Non-Salary Operating Expenses  | 09/30/2015                     | \$2,018,357                   |
|          |   | Ending Unconsolidated Intercompany Balance:   | 9/30/2015                      | (\$3,280,506)                 |
|          |   |   |                                |                               |
| X.       | TOLLAND IMAGING CENTER                                      |   |                                |                               |
|          |   |   |                                |                               |
|          |   | Beginning Unconsolidated Intercompany Balance: Allocation of Investment Income/Loss | <b>9/30/2014</b><br>09/30/2015 | <b>\$190,409</b><br>\$145,729 |
| 1        |   | Ending Unconsolidated Intercompany Balance:   | 9/30/2015                      | \$145,729<br>\$336,138        |
|          |   | Ending officonsolidated intercompany balance.                                       | 3/30/2013                      | <b>\$330,130</b>              |
| Υ.       | VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.     |   |                                |                               |
| <u> </u> |   |   |                                |                               |
|          |   | Beginning Unconsolidated Intercompany Balance:                                      | 9/30/2014                      | \$0                           |
| 1        |   | Salary and Non-Salary Operating Expenses  | 09/30/2015                     | \$215,084                     |
|          |   | Ending Unconsolidated Intercompany Balance:   | 9/30/2015                      | \$215,084                     |
|          |   |   |                                |                               |
| Z.       | WBC CONNECTICUT EAST, LLC                                   |   |                                |                               |
|          |   | Beginning Unconsolidated Intercompany Balance:                                      | 9/30/2014                      | \$127.205                     |
| 1        |   | Allocation of Investment Income/Loss  | 09/30/2015                     | <b>\$137,295</b><br>\$15,031  |
|          |   | Allocation of hivestinent income/Eoss   | 03/30/2013                     | ψ10,031                       |

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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<br>HOSPITAL |
|      |                | Ending Unconsolidated Intercompany Balance: | 9/30/2015    | \$152,326                      |
|      |                |   |              |                                |
|      |                |   | Grand Total: | \$29,150,739                   |

#### 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<br>Intercompany Balance | 40/04/0044 | £40,000,044  |
| Α.              | EASTERN CONNECTICUT HEALTH NETWORK,INC.                    |                                       | Intercompany Balance                             | 10/01/2014 | \$12,230,014 |
|                 | EASTERN CONNECTICOT HEAETH NETWORK, INC.                   |                                       | Allocation of ECHN Expenses to                   |            |              |
| 1               |  | ECHN ENTERPRISES, INC.                | Subsidy  | 09/30/2015 | (\$2,100)    |
|                 |  | ECHN COMMUNITY HEALTHCARE             |  |            | (+ //        |
| 2               |  | FOUNDATION, INC.                      | Fundraising                                      | 09/30/2015 | (\$2,355)    |
|                 |  | FOUN EL BERGARE GERVIGES INIG         | Allocation of ECHN Expenses to                   |            |              |
| 3               |  | ECHN ELDERCARE SERVICES, INC.         | Subsidy Total:                                   | 09/30/2015 | \$38,156     |
|                 |  |                                       | l otal:  | 9/30/2015  | \$33,701     |
| В.              | A CARING HAND, LLC   |                                       |  |            |              |
| — <u> </u>      | n value hare, ELV  | VISITING NURSE AND HEALTH SERVICES OF |  |            |              |
| 1               |  | CONNECTICUT, INC.                     | Professional Services                            | 09/30/2015 | (\$18,236)   |
|                 |  |                                       | Total:   | 9/30/2015  | (\$18,236)   |
|                 |  |                                       |  |            |              |
| C.              | AETNA AMBULANCE SERVICES, INC.                             |                                       |  |            |              |
|                 |  | THE ROCKVILLE GENERAL HOSPITAL        | Allocation of Investment                         |            |              |
| 1               |  | INCORPORATED                          | Income/Loss                                      | 09/30/2015 | (\$24,020)   |
|                 |  |                                       | Total:   | 9/30/2015  | (\$24,020)   |
| D.              | AMBULANCE SERVICE OF MANCHESTER, LLC                       |                                       |  |            |              |
| <del>- Б.</del> | AMBOLANCE SERVICE OF MARCHESTER, LEC                       | THE ROCKVILLE GENERAL HOSPITAL        | Allocation of Investment                         |            |              |
| 1               |  | INCORPORATED                          | Income/Loss                                      | 09/30/2015 | \$162,353    |
|                 |  |                                       | Total:   | 9/30/2015  | \$162,353    |
|                 |  |                                       |  |            |              |
|                 |  |                                       |  |            |              |
| E.              | CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC  |                                       |  |            | *            |
|                 |  |                                       | Nothing to Report                                | 2/22/22/17 | \$0          |
|                 |  |                                       | Total:   | 9/30/2015  | \$0          |
| F.              | CONNECTICUT HEALTHCARE INSURANCE CO.                       |                                       |  |            |              |
| ١.              | CONNECTION REALITIONIC INSUINANCE CO.                      | THE ROCKVILLE GENERAL HOSPITAL        | Allocation of Shareholders                       |            |              |
| 1               |  | INCORPORATED                          | Equity   | 09/30/2015 | (\$99,212)   |
|                 |  |                                       | Total:   | 9/30/2015  | (\$99,212)   |
|                 |  |                                       |  |            |              |
| G.              | CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC            |                                       |  |            |              |
|                 |  |                                       | Nothing to Report                                |            | \$0          |
|                 |  |                                       | Total:   | 9/30/2015  | \$0          |
|                 |  |                                       |  |            |              |
| н.              | EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC. |                                       |  |            |              |
| п.              | EASTERN CONNECTION INEDICAL PROFESSIONALS FOUNDATION, INC. |                                       |  |            |              |
| 1               |  | ECHN FLDERCARE SERVICES INC           | Salary and Non-Salary Expenses                   | 09/30/2015 | \$14,250     |
| 1               |  | ECHN ELDERCARE SERVICES, INC.         | Salary and Non-Salary Expenses                   | 09/30/2015 | \$14,25      |

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#### 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                            |
|          |  | THE ROCKVILLE GENERAL HOSPITAL               |                                |            |                                   |
| 2        |  | INCORPORATED                                 | Salary and Non-Salary Expenses | 09/30/2015 | \$766,488                         |
| 2        |  | EASTERN CONNECTICUT HEALTH NETWORK,INC.      | Operating Subsidy              | 09/30/2015 | ¢2 240 705                        |
| 3        |  | NETWORK,ING.                                 | Total:                         | 9/30/2015  | \$3,349,705<br><b>\$4,130,443</b> |
|          |  |  | Total.                         | 9/30/2013  | φ4,130,443                        |
|          |  |  |                                |            |                                   |
| I.       | EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.  |  |                                |            |                                   |
|          |  | THE ROCKVILLE GENERAL HOSPITAL               |                                |            |                                   |
| 1        |  | INCORPORATED                                 | Salary and Non-Salary Expenses | 09/30/2015 | \$10,478                          |
|          |  |  | Total:                         | 9/30/2015  | \$10,478                          |
| <u> </u> | FOUN COMMUNITY US AT THE ARE FOUNDATION INC  |  |                                |            |                                   |
| J.       | ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.   | EASTERN CONNECTICUT HEALTH                   |                                |            |                                   |
| 1        |  | NETWORK,INC.                                 | Fundraising                    | 09/30/2015 | \$2,355                           |
|          |  | THE ROCKVILLE GENERAL HOSPITAL               | 1 dilataising                  | 03/00/2010 | Ψ2,000                            |
| 2        |  | INCORPORATED                                 | Fundraising                    | 09/30/2015 | (\$10,956)                        |
| 3        |  | ECHN ELDERCARE SERVICES, INC.                | Fundraising                    | 09/30/2015 | (\$3)                             |
|          |  |  | Total:                         | 9/30/2015  | (\$8,604)                         |
|          |  |  |                                |            |                                   |
| K.       | ECHN CORPORATE SERVICES INC.   | EASTERN CONNECTICUT HEALTH                   |                                |            |                                   |
| 1        |  | NETWORK,INC.                                 | Salary and Non-Salary Expenses | 09/30/2015 | \$1,685                           |
| <u>'</u> |  | INE I WORK, INC.                             | Total:                         | 9/30/2015  | \$1,685                           |
|          |  |  | Total.                         | 3/30/2010  | ψ1,000                            |
| L.       | ECHN ELDERCARE SERVICES, INC.  |  |                                |            |                                   |
|          |  | EASTERN CONNECTICUT MEDICAL                  |                                |            |                                   |
| 1        |  | PROFESSIONALS FOUNDATION, INC.               | Salary and Non Salary Expenses | 09/30/2015 | (\$14,250)                        |
|          |  | ECHN COMMUNITY HEALTHCARE                    |                                |            |                                   |
| 2        |  | FOUNDATION, INC.  EASTERN CONNECTICUT HEALTH | Fundraising                    | 09/30/2015 | \$233                             |
| 3        |  | NETWORK,INC.                                 | Salary and Non-Salary Expenses | 09/30/2015 | (\$38,156)                        |
| 3        |  | THE ROCKVILLE GENERAL HOSPITAL               | Salary and Non-Salary Expenses | 09/30/2013 | (\$30,130)                        |
| 4        |  | INCORPORATED                                 | Salary and Non-Salary Expenses | 09/30/2015 | (\$185,629)                       |
|          |  |  | Total:                         | 9/30/2015  | (\$237,802)                       |
|          |  |  |                                |            |                                   |
| М.       | ECHN ENTERPRISES, INC.   |  |                                |            |                                   |
|          |  | EASTERN CONNECTICUT HEALTH                   | Colomicand New C. J. 5         | 00/00/00/5 | ***                               |
| 1        |  | NETWORK,INC.                                 | Salary and Non-Salary Expenses | 09/30/2015 | \$2,100<br><b>\$2</b> ,100        |
|          |  |  | Total:                         | 9/30/2015  | \$2,100                           |
| N.       | EVERGREEN ENDOSCOPY CENTER, LLC  |  |                                |            |                                   |
| .4.      | THE STATE OF THE S |  | Nothing to Report              |            | \$0                               |
|          |  |  | Total:                         | 9/30/2015  | \$0                               |
|          | +  |  |                                |            | 7.                                |

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#### 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                    |
| O.              | EVERGREEN MEDICAL ASSOCIATES II, LLC                        | AFFILIATE RECEIVING FUNDS                  | DESCRIPTION OF TRANSFER              | DATE                           | AWOUNT                    |
| <del>  0.</del> | EVERGREEN MEDICAL ASSOCIATES II, LLC                        |  | Allocation of Investment             |                                |                           |
| 1               |   | ECHN ENTERPRISES, INC.                     | Income/Loss                          | 09/30/2015                     | \$1,518                   |
|                 |   |  | Total:                               | 9/30/2015                      | \$1,518                   |
|                 |   |  |                                      |                                |                           |
| P.              | EVERGREEN MEDICAL ASSOCIATES, LLC                           |  | Allocation of Investment             |                                |                           |
| 1               |   | ECHN ENTERPRISES, INC.                     | Income/Loss                          | 09/30/2015                     | \$13,126                  |
|                 |   |  | Total:                               | 9/30/2015                      | \$13,126                  |
|                 |   |  |                                      |                                |                           |
| Q.              | HAYNES STREET MEDICAL ASSOCIATES II, LLC                    |  | All C                                |                                |                           |
| 1               |   | ECHN ENTERPRISES, INC.                     | Allocation of Investment Income/Loss | 09/30/2015                     | \$4,555                   |
| <del>  '</del>  |   | EOIN ENTERTRIBLO, INC.                     | Total:                               | 9/30/2015                      | \$4,555                   |
|                 |   |  |                                      |                                | <b>+</b> 1,000            |
| R.              | HAYNES STREET MEDICAL ASSOCIATES, LLC                       |  |                                      |                                |                           |
|                 |   | FOLIN ENTERPRISES INC                      | Allocation of Investment             | 00/00/0045                     | 00.044                    |
| 1               |   | ECHN ENTERPRISES, INC.                     | Income/Loss Total:                   | 09/30/2015<br><b>9/30/2015</b> | \$3,844<br><b>\$3,844</b> |
|                 |   |  | Total.                               | 9/30/2013                      | \$3,044                   |
| S.              | HAYNES STREET PROPERTY MANAGEMENT, LLC                      |  |                                      |                                |                           |
|                 |   |  | Nothing to Report                    |                                | \$0                       |
|                 |   |  | Total:                               | 9/30/2015                      | \$0                       |
| T.              | MEDICAL PRACTICE PARTNERS                                   |  |                                      |                                |                           |
| <b>-</b> ''-    | INCOME I NATIOE I ANTICENS                                  |  | Nothing to Report                    |                                | \$0                       |
|                 |   |  | Total:                               | 9/30/2015                      | \$0                       |
|                 |   |  |                                      |                                |                           |
| U.              | METRO WHEELCHAIR SERVICE, INC                               | THE ROCKVILLE GENERAL HOSPITAL             | Allocation of Investment             |                                |                           |
| 1               |   | INCORPORATED                               | Income/Loss                          | 09/30/2015                     | \$1,254                   |
| <u> </u>        |   |  | Total:                               | 9/30/2015                      | \$1,254                   |
|                 |   |  |                                      |                                |                           |
|                 |   |  |                                      |                                |                           |
| V.              | NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON) | THE ROCKVILLE GENERAL HOSPITAL             | Allocation of Investment             |                                |                           |
| 1               |   | INCORPORATED                               | Income/Loss                          | 09/30/2015                     | (\$13,008)                |
|                 |   |  | Total:                               | 9/30/2015                      | (\$13,008)                |
|                 |   |  |                                      |                                |                           |
| W.              | THE ROCKVILLE GENERAL HOSPITAL INCORPORATED                 | FOUND COMMUNITY AND A SECOND               |                                      |                                |                           |
| 1               |   | ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. | Fundraising                          | 09/30/2015                     | \$10,956                  |
| <u> </u>        |   | I GONDATION, INC.                          | i unuraising                         | 09/30/2013                     | φ10, <del>3</del> 30      |
| 2               |   | ECHN ELDERCARE SERVICES, INC.              | Salary and Non-Salary Expenses       | 09/30/2015                     | \$185,629                 |

#### 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        |
|           |   | EASTERN CONNECTICUT MEDICAL          |                                 |            |               |
| 3         |   | PROFESSIONALS FOUNDATION, INC.       | Salary and Non-Salary Expenses  | 09/30/2015 | (\$766,488)   |
| 4         |   | CONNECTICUT HEALTHCARE INSURANCE CO. | Salary and Non-Salary Expenses  | 09/30/2015 | \$723,207     |
| <u> </u>  |   | EASTERN CONNECTICUT HEALTH           | Calary and Horr Calary Exponece | 00/00/2010 | ψ120,201      |
| 5         |   | NETWORK,INC.                         | Salary and Non-Salary Expenses  | 09/30/2015 | (\$2,299,134) |
|           |   |                                      | Total:                          | 9/30/2015  | (\$2,145,830) |
|           |   |                                      |                                 |            |               |
| Χ.        | TOLLAND IMAGING CENTER                                  |                                      |                                 |            |               |
|           |   | THE ROCKVILLE GENERAL HOSPITAL       | Allocation of Investment        |            | •             |
| 1         |   | INCORPORATED                         | Income/Loss                     | 09/30/2015 | \$145,729     |
|           |   |                                      | Total:                          | 9/30/2015  | \$145,729     |
| Υ.        | VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC. |                                      |                                 |            |               |
| <u>''</u> | VISITING NORSE AND HEALTH SERVICES OF CONNECTICUT, INC. | EASTERN CONNECTICUT HEALTH           |                                 |            |               |
| 1         |   | NETWORK,INC.                         | Salary and Non-Salary Expenses  | 09/30/2015 | (\$56,650)    |
| 2         |   | A CARING HAND, LLC                   | Salary and Non-Salary Expenses  | 09/30/2015 | \$18,236      |
|           |   |                                      | Total:                          | 9/30/2015  | (\$38,414)    |
|           |   |                                      |                                 |            | , i           |
| Z.        | WBC CONNECTICUT EAST, LLC                               |                                      |                                 |            |               |
|           |   | THE ROCKVILLE GENERAL HOSPITAL       | Allocation of Investment        |            |               |
| 1         |   | INCORPORATED                         | Income/Loss                     | 09/30/2015 | \$6,442       |
|           |   |                                      | Total:                          | 9/30/2015  | \$6,442       |
|           |   |                                      | Ending Unconcilidated           |            |               |
|           |   |                                      | Ending Unconsolidated           | 0/20/2045  | \$14.162.116  |
|           |   |                                      | Intercompany Balance            | 9/30/2015  | \$14,162,116  |

#### 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 |

#### 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      |
|            | DESCRIPTION OF EXPENDITURE   |        | AMOUNT            | DATE      |
| Α.         | EASTERN CONNECTICUT HEALTH NETWORK,INC.                            |        |                   |           |
| 0          | Nothing to Report  |        | \$0               |           |
|            |  | Total: | \$0               | 9/30/2015 |
| _          | A CARDING HAND II C  |        |                   |           |
| <b>B.</b>  | A CARING HAND, LLC  Nothing to Report                              |        | \$0               |           |
| -          | Housing to Report  | Total: | \$0<br>\$0        | 9/30/2015 |
|            |  |        |                   |           |
| C.         | AETNA AMBULANCE SERVICES, INC.                                     |        |                   |           |
| 0          | Nothing to Report  |        | \$0               |           |
|            |  | Total: | \$0               | 9/30/2015 |
| D.         | AMBULANCE SERVICE OF MANCHESTER, LLC                               |        |                   |           |
| 0          | Nothing to Report  |        | \$0               |           |
|            |  | Total: | \$0               | 9/30/2015 |
|            |  |        |                   |           |
| E.         | CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC          |        |                   |           |
| 0          | Nothing to Report  | Total: | \$0<br><b>\$0</b> | 9/30/2015 |
|            |  | Total. | φυ                | 9/30/2013 |
| F.         | CONNECTICUT HEALTHCARE INSURANCE CO.                               |        |                   |           |
| 0          | Nothing to Report  |        | \$0               |           |
|            |  | Total: | \$0               | 9/30/2015 |
|            |  |        |                   |           |
| <b>G</b> . | CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC  Nothing to Report |        | ¢ο                |           |
|            | Nothing to Report  | Total: | \$0<br><b>\$0</b> | 9/30/2015 |
|            |  |        | <del>,</del>      | 0/00/2010 |
| H.         | EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.         |        |                   |           |
| 0          | Nothing to Report  |        | \$0               |           |
|            |  | Total: | \$0               | 9/30/2015 |
| I.         | EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.          |        |                   |           |
| 0          | Nothing to Report  |        | \$0               |           |
|            | 3 4 4 4  | Total: | \$0               | 9/30/2015 |
|            |  |        |                   |           |
| J.         | ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.                         |        |                   |           |
| 0          | Nothing to Report  | Total: | \$0<br><b>\$0</b> | 9/30/2015 |
|            |  | Total. | 20                | 9/30/2015 |
| K.         | ECHN CORPORATE SERVICES INC.                                       |        |                   |           |
| 0          | Nothing to Report  |        | \$0               |           |
|            |  | Total: | \$0               | 9/30/2015 |
|            | FOUNT EL DEDOADE GEDWOEG ING                                       |        |                   |           |
| L.<br>0    | ECHN ELDERCARE SERVICES, INC.  Nothing to Report                   |        | \$0               |           |
| H          | Trouming to Report   | Total: | \$0<br>\$0        | 9/30/2015 |
|            |  |        |                   |           |
| М.         | ECHN ENTERPRISES, INC.   |        |                   |           |
| 0          | Nothing to Report  | Total  | \$0               |           |
|            |  | Total: | \$0               | 9/30/2015 |
| N.         | EVERGREEN ENDOSCOPY CENTER, LLC                                    |        |                   |           |
| 0          | Nothing to Report  |        | \$0               |           |
|            |  | Total: | \$0               | 9/30/2015 |
|            |  |        |                   |           |
| Ο.         | EVERGREEN MEDICAL ASSOCIATES II, LLC                               |        |                   |           |

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

| (1)       | (2)  |            | (3)               | (4)       |
|-----------|--|------------|-------------------|-----------|
| LINE      | AFFILIATE NAME & DESCRIPTION OF EXPENDITURE              |            | AMOUNT            | DATE      |
| 0         | Nothing to Report  |            | \$0               |           |
|           |  | Total:     | \$0               | 9/30/2015 |
|           | EVEDOREEN MEDICAL ACCOCIATES 11.0                        |            |                   |           |
| <b>P.</b> | EVERGREEN MEDICAL ASSOCIATES, LLC  Nothing to Report     |            | \$0               |           |
| 0         | Nothing to Neport  | Total:     | \$0<br>\$0        | 9/30/2015 |
|           |  |            | Ψ0                | 3/30/2013 |
| Q.        | HAYNES STREET MEDICAL ASSOCIATES II, LLC                 |            |                   |           |
| 0         | Nothing to Report  |            | \$0               |           |
| Ů         | Troubling to Report                                      | Total:     | \$0               | 9/30/2015 |
|           |  |            |                   |           |
|           | HAYNES STREET MEDICAL ASSOCIATES, LLC                    |            |                   |           |
| 0         | Nothing to Report  | Tatali     | \$0               | 0/00/0045 |
|           |  | Total:     | \$0               | 9/30/2015 |
| S.        | HAYNES STREET PROPERTY MANAGEMENT, LLC                   | _          |                   |           |
| 0         | Nothing to Report  |            | \$0               |           |
| Ť         | roaming to respect                                       | Total:     | \$0               | 9/30/2015 |
|           |  |            | <b>4</b> 5        | 5/55/2515 |
| T.        | MEDICAL PRACTICE PARTNERS                                |            |                   |           |
| 0         | Nothing to Report  |            | \$0               |           |
|           |  | Total:     | \$0               | 9/30/2015 |
|           |  |            |                   |           |
| U.        | METRO WHEELCHAIR SERVICE, INC                            |            |                   |           |
| 0         | Nothing to Report  | Total:     | \$0<br><b>\$0</b> | 9/30/2015 |
|           |  | Total.     | 30                | 9/30/2013 |
| ٧.        | NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRI | RON)       |                   |           |
| 0         | Nothing to Report  | ,          | \$0               |           |
|           |  | Total:     | \$0               | 9/30/2015 |
|           |  |            |                   |           |
| W.        | THE ROCKVILLE GENERAL HOSPITAL INCORPORATED              |            |                   |           |
| 0         | Nothing to Report  | Tatali     | \$0               |           |
|           |  | Total:     | \$0               | 9/30/2015 |
| Χ.        | TOLLAND IMAGING CENTER                                   |            |                   |           |
| 0         | Nothing to Report  |            | \$0               |           |
| Ů         | Housing to Report  | Total:     | \$ <b>0</b>       | 9/30/2015 |
|           |  |            |                   |           |
| Y.        | VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.  |            |                   |           |
| 0         | Nothing to Report  |            | \$0               |           |
|           |  | Total:     | \$0               | 9/30/2015 |
| Z.        | WBC CONNECTICUT EAST, LLC                                |            |                   |           |
| 0         | Nothing to Report  |            | \$0               |           |
| ٣         | rouning to rroport                                       | Total:     | \$0<br>\$0        | 9/30/2015 |
|           |  |            |                   |           |
|           | Gra  | and Total: | \$0               | 9/30/2015 |

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#### 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 |
|           |   |                     |               |
| <b>A.</b> | EASTERN CONNECTICUT HEALTH NETWORK,INC.  Nothing to Report                    | \$0                 | 0             |
| -         | Tota  | -                   | U             |
|           | Tota  | . 50                |               |
| В.        | A CARING HAND, LLC  |                     |               |
| 0         | Nothing to Report   | \$0                 | 0             |
|           | Tota  | : \$0               |               |
|           |   |                     |               |
| C.        | AETNA AMBULANCE SERVICES, INC.  |                     |               |
| 0         | Nothing to Report   | \$0                 | 0             |
|           | Tota  | : \$0               |               |
|           |   |                     |               |
| D.        | AMBULANCE SERVICE OF MANCHESTER, LLC  | Φ0                  | 0             |
| 0         | Nothing to Report   | \$0                 | 0             |
|           | Tota  | \$0                 |               |
|           | CHANGALLY INTEGRATED METMORY OF FACTERN COMMENTATION AND                      |                     |               |
| <b>E.</b> | CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC  Nothing to Report  | \$0                 | 0             |
| _         | Tota  |                     | Ŭ             |
|           | 10.0  |                     |               |
| F.        | CONNECTICUT HEALTHCARE INSURANCE CO.  |                     |               |
| 0         | Nothing to Report   | \$0                 | 0             |
|           | Tota  | \$0                 |               |
|           |   |                     |               |
| G.        | CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC                               |                     |               |
| 0         | Nothing to Report   | \$0                 | 0             |
|           | Tota  | : \$0               |               |
|           |   |                     |               |
| <b>H.</b> | EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.  Nothing to Report | 60                  | 0             |
| U         | Nothing to Report  Tota   | \$0<br>: <b>\$0</b> | 0             |
|           | Tota  | 30                  |               |
| I.        | EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.                     |                     |               |
| 0         | Nothing to Report   | \$0                 | 0             |
|           | Tota  |                     |               |
|           |   |                     |               |
| J.        | ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.                                    |                     |               |
| 0         | Nothing to Report   | \$0                 | 0             |
|           | Tota  | : \$0               |               |
|           |   |                     |               |
| K.        | ECHN CORPORATE SERVICES INC.  |                     |               |
| 0         | Nothing to Report   | \$0                 | 0             |

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

| LINE DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT AMOUNT TERM IN YEARS  Total: \$0  L. ECHN ELDERCARE SERVICES, INC.  0 Nothing to Report \$0  M. ECHN ENTERPRISES, INC.  0 Nothing to Report \$0  Nothing to Report \$0  Nothing to Report \$0  Nothing to Report \$0  O Nothing to Report \$0  Nothing to Report \$0  O EVERGREEN ENDOSCOPY CENTER, LLC  O Nothing to Report \$0  Nothing to Report \$0  O. EVERGREEN MEDICAL ASSOCIATES II, LLC  O Nothing to Report \$0  So S   | (1)  | (2)   | (3)         | (4)           |
|---|------|---|-------------|---------------|
| L.   ECHN ELDERCARE SERVICES, INC.  | LINE | AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT | AMOUNT      | TERM IN YEARS |
| Nothing to Report   |      | Total:  | \$0         |               |
| Nothing to Report   |      |   |             |               |
| Nothing to Report   | L.   | ECHN ELDERCARE SERVICES, INC.                                     |             |               |
| M.         ECHN ENTERPRISES, INC.         Nothing to Report         \$0           Image: Control of the control | 0    | Nothing to Report   |             | 0             |
| Nothing to Report   |      | Total:  | \$0         |               |
| Nothing to Report   |      |   |             |               |
| N. EVERGREEN ENDOSCOPY CENTER, LLC  O Nothing to Report  Total:  \$0  O. EVERGREEN MEDICAL ASSOCIATES II, LLC   |      | ECHN ENTERPRISES, INC.  |             |               |
| N. EVERGREEN ENDOSCOPY CENTER, LLC  0 Nothing to Report \$0  Total: \$0  O. EVERGREEN MEDICAL ASSOCIATES II, LLC  | 0    |   |             | 0             |
| 0 Nothing to Report \$0  Total: \$0  O. EVERGREEN MEDICAL ASSOCIATES II, LLC  |      | Total:  | \$0         |               |
| 0 Nothing to Report \$0  Total: \$0  O. EVERGREEN MEDICAL ASSOCIATES II, LLC  |      |   |             |               |
| O. EVERGREEN MEDICAL ASSOCIATES II, LLC   |      | EVERGREEN ENDOSCOPY CENTER, LLC                                   | 20          |               |
| O. EVERGREEN MEDICAL ASSOCIATES II, LLC   | 0    |   |             | 0             |
| O. EVERGREEN MEDICAL ASSOCIATES II, LLC  Nothing to Report  \$0   |      | Total:  | \$0         |               |
| O. EVERGREEN MEDICAL ASSOCIATES II, LLC  Nothing to Report  |      |   |             |               |
| Nothing to Report   |      | EVERGREEN MEDICAL ASSOCIATES II, LLC                              | <b>₽</b> O  | 0             |
|   | 0    | - '   |             |               |
| Total: \$0  |      | I Otal:   | \$0         |               |
|   |      |   |             |               |
| P. EVERGREEN MEDICAL ASSOCIATES, LLC  0 Nothing to Report \$0   |      | EVERGREEN MEDICAL ASSOCIATES, LLC                                 | <b>\$</b> 0 | 0             |
| Total:  |      |   |             | 0             |
| Total. 30   |      | Total.  | 40          |               |
| O HAVAICE CERCET MEDICAL ACCOCIATES II 1 I C  |      | HAVAIC CERCET MEDICAL ACCOCIATES II 11 C                          |             |               |
| Q. HAYNES STREET MEDICAL ASSOCIATES II, LLC  0 Nothing to Report \$0  |      | Nothing to Report   | \$0         | 0             |
| Total:  | Ě    |   |             | 3             |
|   |      |   | 4.0         |               |
| R. HAYNES STREET MEDICAL ASSOCIATES, LLC  | R    | HAVNES STREET MEDICAL ASSOCIATES LLC                              |             |               |
| 0 Nothing to Report \$0   |      | Nothing to Report   | \$0         | 0             |
| Total: \$0  |      |   |             |               |
|   |      |   |             |               |
| S. HAYNES STREET PROPERTY MANAGEMENT, LLC   | S.   | HAYNES STREET PROPERTY MANAGEMENT, LLC                            |             |               |
| 0 Nothing to Report \$0   |      | Nothing to Report   | \$0         | 0             |
| Total: \$0  |      | Total:  | \$0         |               |
|   |      |   |             |               |
| T. MEDICAL PRACTICE PARTNERS  | T.   | MEDICAL PRACTICE PARTNERS   |             |               |
| 0 Nothing to Report \$0   |      | Nothing to Report   |             | 0             |
| Total: \$0  |      | Total:  | \$0         |               |
|   |      |   |             |               |
| U. METRO WHEELCHAIR SERVICE, INC  |      | METRO WHEELCHAIR SERVICE, INC                                     |             |               |
| 0 Nothing to Report \$0   | 0    | Nothing to Report   |             | 0             |
| Total: \$0  |      | Total:  | \$0         |               |
|   |      |   |             |               |

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

| (1)        | (2)   | (3)        | (4)           |
|------------|---|------------|---------------|
|            | AFFILIATE NAME &  |            |               |
| LINE       | DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT            | AMOUNT     | TERM IN YEARS |
| ٧.         | NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON) |            |               |
| 0          | Nothing to Report   | \$0        | 0             |
|            | Total:  | \$0        |               |
|            |   |            |               |
| W.         | THE ROCKVILLE GENERAL HOSPITAL INCORPORATED                 |            |               |
| 0          | Nothing to Report   | \$0        | 0             |
|            | Total:  | \$0        |               |
|            |   |            |               |
| X.         | TOLLAND IMAGING CENTER                                      |            |               |
| 0          | Nothing to Report   | \$0        | 0             |
|            | Total:  | \$0        |               |
|            |   |            |               |
| Y.         | VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.     |            |               |
| 0          | Nothing to Report   | \$0        | 0             |
|            | Total:  | \$0        |               |
|            |   |            |               |
| <b>Z</b> . | WBC CONNECTICUT EAST, LLC                                   | <b>6</b> 0 | 0             |
| 0          | Nothing to Report   | \$0        | 0             |
|            | Total:  | \$0        |               |
|            |   |            |               |
|            | Grand Total:  | \$0        |               |

#### MANCHESTER MEMORIAL HOSPITAL **ANNUAL REPORTING FISCAL YEAR 2015 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR**

### **INDIGENT CARE AND FREE BEDS**

| 1   Donations   \$0.00   \$0.0 | (1)  | (2)                         | (3)          | (4)      | (5)               | (6)          |
|--|------|-----------------------------|--------------|----------|-------------------|--------------|
| A. Indigent Care   S0.00   \$  |      |                             | FY 2014      | FY 2015  |                   |              |
| Beginning Balance  | LINE | DESCRIPTION                 | ACTUAL       | ACTUAL   | AMOUNT DIFFERENCE | % DIFFERENCE |
| Beginning Balance  |      |                             |              |          |                   |              |
| 1   Donations   \$0.00   \$0.0 | Α.   | Indigent Care               |              |          |                   |              |
| 2   Income   |      | Beginning Balance           |              |          |                   | 0%           |
| 3   Expenditures   \$0.00   \$ | 1    | Donations                   |              |          |                   | 0%           |
| 4   Unrealized Gains and Losses   \$0.00   \$0   | 2    | Income                      |              |          |                   | 0%           |
| Ending Balance   \$0.00   \$0. | 3    | Expenditures                | \$0.00       | \$0.00   | \$0.00            | 0%           |
| 5         Projected Interest Income         \$0.00         \$0.00         \$0.00         0%           B.         Free Beds         Free Beds           Beginning Balance         \$747,375.96         \$683,845.37         (\$63,530.59)         -9%           1         Donations         \$10,344.00         \$0.00         (\$10,344.00)         -100%           2         Income         \$150,577.50         \$394.88         (\$150,182.62)         -100%           3         Expenditures         \$126,020.08         \$2,743.45         (\$123,276.63)         -98%           4         Unrealized Gains and Losses         (\$98,432.01)         \$0.00         \$984,32.01         -100%           Ending Balance         \$683,845.37         \$681,496.80         (\$2,348.57)         0%           5         Projected Interest Income         \$400.00         \$800.00         \$400.00         100%           C.         Other         \$0.00         <  | 4    |                             |              |          |                   | 0%           |
| B .         Free Beds           Beginning Balance         \$747,375.96         \$683,845.37         (\$63,530.59)         -9%           1 Donations         \$10,344.00         \$0.00         (\$10,344.00)         -100%           2 Income         \$150,577.50         \$394.88         (\$150,182.62)         -100%           3 Expenditures         \$126,020.08         \$2,743.45         (\$123,276.63)         -98%           4 Unrealized Gains and Losses         (\$98,432.01)         \$0.00         \$98,432.01         -100%           Ending Balance         \$683,845.37         \$681,496.80         (\$2,348.57)         0%           5 Projected Interest Income         \$400.00         \$800.00         \$400.00         100%           C .         Other         \$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         \$0.00           4 Unrealized Gains and Losses         \$0.00         \$0.00         \$0.00         \$0.00           Ending Balance         \$0.00         \$0.00         \$0.00         \$0.00   |      |                             |              |          |                   | 0%           |
| Beginning Balance  | 5    | Projected Interest Income   | \$0.00       | \$0.00   | \$0.00            | 0%           |
| Beginning Balance  |      |                             |              |          |                   |              |
| 1         Donations         \$10,344.00         \$0.00         (\$10,344.00)         -100%           2         Income         \$150,577.50         \$394.88         (\$150,182.62)         -100%           3         Expenditures         \$126,020.08         \$2,743.45         (\$123,276.63)         -98%           4         Unrealized Gains and Losses         (\$98,432.01)         \$0.00         \$98,432.01         -100%           Ending Balance         \$683,845.37         \$681,496.80         (\$2,348.57)         0%           5         Projected Interest Income         \$400.00         \$800.00         \$400.00         100%           C         Other         \$0.00         \$0.00         \$0.00         \$0.00         0%           1         Donations         \$0.00         \$0.00         \$0.00         \$0.00         0%           2         Income         \$0.00         \$0.00         \$0.00         \$0.00         0%           3         Expenditures         \$0.00         \$0.00         \$0.00         \$0.00         0%           4         Unrealized Gains and Losses         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00           Ending Balance         \$0.00         \$0.00         \$0.0  | В.   | Free Beds                   |              |          |                   |              |
| 2         Income         \$150,577.50         \$394.88         (\$150,182.62)         -100%           3         Expenditures         \$126,020.08         \$2,743.45         (\$123,276.63)         -98%           4         Unrealized Gains and Losses         (\$98,432.01)         \$0.00         \$98,432.01         -100%           Ending Balance         \$683,845.37         \$681,496.80         (\$2,348.57)         0%           5         Projected Interest Income         \$400.00         \$800.00         \$400.00         100%           C         Other         \$0.00         \$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         \$0.00         \$0.00         \$0.00   |      |                             |              |          |                   | -9%          |
| Sexpenditures   \$126,020.08   \$2,743.45   \$123,276.63   -98%  | 1    |                             |              |          | ( )               | -100%        |
| 4         Unrealized Gains and Losses         (\$98,432.01)         \$0.00         \$98,432.01         -100%           Ending Balance         \$683,845.37         \$681,496.80         (\$2,348.57)         0%           5         Projected Interest Income         \$400.00         \$800.00         \$400.00         100%           C         Other         \$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%   |      |                             |              |          |                   | -100%        |
| Ending Balance         \$683,845.37         \$681,496.80         (\$2,348.57)         0%           5         Projected Interest Income         \$400.00         \$800.00         \$400.00         100%           C .         Other         \$0.00   |      |                             |              |          |                   | -98%         |
| 5         Projected Interest Income         \$400.00         \$800.00         \$400.00         100%           C .         Other         Seginning Balance         \$0.00   | 4    |                             |              |          | . ,               |              |
| C . Other         \$0.00   |      | Ending Balance              | \$683,845.37 |          |                   | 0%           |
| Beginning Balance         \$0.00         \$0.00         \$0.00           1 Donations         \$0.00         \$0.00         \$0.00         \$0.00           2 Income         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00           3 Expenditures         \$0.00         \$0.0  | 5    | Projected Interest Income   | \$400.00     | \$800.00 | \$400.00          | 100%         |
| Beginning Balance         \$0.00         \$0.00         \$0.00           1 Donations         \$0.00         \$0.00         \$0.00         \$0.00           2 Income         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00           3 Expenditures         \$0.00         \$0.0  |      |                             |              |          |                   |              |
| 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       \$0.00       0%         Ending Balance       \$0.00  | С.   | Other                       |              |          |                   |              |
| 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       \$0.00       0%         Ending Balance       \$0.00  |      | Beginning Balance           | \$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       \$0.00       0%   | 1    |                             | \$0.00       | \$0.00   | \$0.00            | 0%           |
| 4       Unrealized Gains and Losses       \$0.00       \$0.00       \$0.00       0%         Ending Balance       \$0.00 <t< td=""><td>2</td><td>Income</td><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td><td>0%</td></t<>   | 2    | Income                      | \$0.00       | \$0.00   | \$0.00            | 0%           |
| Ending Balance \$0.00 \$0.00 \$0.00 0%   | 3    | Expenditures                | \$0.00       | \$0.00   | \$0.00            | 0%           |
|  | 4    | Unrealized Gains and Losses |              |          |                   | 0%           |
| 5 Projected Interest Income \$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%           |
|  |      |                             |              |          |                   |              |

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|                                    | MANCHESTER MEMORIAL HOSPITAL                          |                   |
|------------------------------------|---|-------------------|
|                                    | ANNUAL REPORTING                                      |                   |
|                                    | FISCAL YEAR 2015                                      |                   |
| REPORT '                           | 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERE          | D BY THE HOSPITAL |
| A. Patient Activity                |   |                   |
| (1)                                | (2)   | (3)               |
| <u>Patient</u>                     | Name of Hospital Bed Fund (FULL NAME)                 | Amount            |
| 1. Number of Applications for F    | ospital Bed Funds                                     | 1                 |
| 2. A. Number of Patients receiving | Hospital Bed Fund Grants                              | 1                 |
| 2. B. The Actual Total Dollar Amou | int provided to all patients from Hospital Bed Funds: | \$2,743.45        |
|                                    |   |                   |
| 1                                  | Drake Bed Fund  | \$2,743.45        |
|                                    | Grand Total   | \$2,743.45        |

#### MANCHESTER 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) FMV of Principal **Actual Earnings Earnings Reinvested Earnings Available** Name of Hospital Bed Fund Line (3) Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each Hospital Bed Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund. (4) (5) Actual Dollar Amount of Earnings reinvested as Principal, if any. Actual Dollar Amount of Earnings available for Patient Care. (6) **Erna Loomis** \$196,394.42 \$21,687.86 \$0.00 \$21,687.86 Elsie Cheney Disher \$16,654.64 \$0.00 \$16,654.64 \$151,579.19 **Mattie Hills Preston** \$8,000.00 \$0.00 \$1,115.53 \$1,115.53 P O Boynton \$923.00 \$144.16 \$0.00 \$144.16 **Drake Bed Fund** \$83,541.28 \$0.00 \$83,541.28 \$90,499.84 Ralph and Lula Pinney Fund \$10,344.00 \$22.56 \$0.00 \$22.56 Total Bed Funds : \$457,740.45 \$123,166.03 \$0.00 \$123,166.03

#### REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

| (1)  | (2)   | (3)  |
|------|---|--|
| LINE | DESCRIPTION   | COLLECTION INFORMATION   |
|      |   |  |
| I.   | GENERAL COLLECTION PROCESSES AND PROCEDURES   |  |
| A.   | Hospital's processes and policies for assigning a debt to a Collection Agent  | ECHN offers options and will not bill, refer to a coll, a SP patient prior to giving opp to fin assist or choose a pay option that fits needs. If pat does not request an app  |
| B.   | Hospital's processes and policies for compensating a Collection<br>Agent for services rendered  | for fin aid, they have 120 days to pay acct in full.  ECHN has agreements with Coll Agencies to initiate collection efforts on those accts that ECHN refers to them. If pay schedules are not kept, accts will be transferred from coll agents to secondary collections attorneys for follow-up. |
| C.   | Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents   | 16.82%   |
| II.  | SPECIFIC COLLECTION AGENT INFORMATION   |  |
| A.   | Collection Agent  |  |
| 1    | Collection Agent Name   | American Adjustment Bureau   |
| 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. | ECHN offers options and will not bill, refer to a coll, a SP patient prior to giving opp to fin assist or choose a pay option that fits needs. If pat does not request an app for fin aid, they have 120 days to pay acct in full.   |
|      | If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.        | ECHN has agreements with Coll Agencies to initiate collection efforts on those accts that ECHN refers to them. If pay schedules are not kept, accts will be transferred from coll agents to secondary collections attorneys for follow-up.   |
| 6    | Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.   | 16.48%   |
| В    | Collection Agent  |  |
|      | Collection Agent  |  |

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#### REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

| (1)  | (2)  | (3)  |
|------|--|--|
| LINE | DESCRIPTION  | COLLECTION INFORMATION   |
| 1    | Collection Agent Name  | TransContinental Credit & Collection   |
| 2    | Collection Agent Type  | Collection Agency  |
| 3    | Related / Not Related Entity   | Not Related  |
|      |  | ECHN offers options and will not bill, refer to a coll, a SP patient prior to giving opp to fin assist or choose a pay option that fits needs. If pat does not request an app for fin aid, they have 120 days to pay acct in full.         |
|      | If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details. | ECHN has agreements with Coll Agencies to initiate collection efforts on those accts that ECHN refers to them. If pay schedules are not kept, accts will be transferred from coll agents to secondary collections attorneys for follow-up. |
| 6    | Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.  | 17.15%   |

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

| LINE | POSITION TITLE                                     | EMPLOYEE NAME      | SALARY      | FRINGE BENEFITS | TOTAL           |
|------|--|--------------------|-------------|-----------------|-----------------|
| 1.   | President/Chief Executive Officer                  | Peter J Karl       | \$721,402   | \$42,740        | \$764,142       |
|      |  |                    |             | <del>_</del>    |                 |
| 2.   | Chair Dept of Psychiatry and Medical Director      | Osman Qureshi      | \$510,526   | \$36,532        | \$547,058       |
| 3.   | Chair & Sr Medical Director ED                     | Robert Carroll     | \$467,112   | \$35,711        | \$502,823       |
| 4.   | Emergency Room Physician                           | Theordore Sherry   | \$375,975   | \$35,106        | \$411,081       |
| ··-  |  | Theoretic Charly   | φονο,σνο    | φου, του        | <b>4.11,001</b> |
| 5.   | Assistant Medical Director ED                      | James A Castellone | \$376,978   | \$20,775        | \$397,753       |
| 6.   | Emergency Room Physician                           | Andreas J Bojko    | \$351,590   | \$34,977        | \$386,567       |
| 7.   | Emergency Room Physician                           | Enoch Darko        | \$351,294   | \$24,675        | \$375,969       |
| 8.   | Emergency Room Physician                           | Matthew Cauchon    | \$335,854   | \$34,212        | \$370,066       |
| 9.   | Emergency Room Physician                           | Arthur Belmont     | \$326,984   | \$34,608        | \$361,592       |
| 10.  | Senior VP of Medical Affairs&Chief Medical Officer | Joel Reich         | \$337,266   | \$22,918        | \$360,184       |
|      |  | Grand Total:       | \$4,154,981 | \$322,254       | \$4,477,235     |

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## EASTERN CONNECTICUT HEALTH NETWORK,INC. 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.   | President, Chief Executive Officer                 | Peter J Karl - Eastern CT Health Network                                     | \$1,077,472 | \$64,653        | \$1,142,125 |
|      |  |  |             |                 |             |
| 2.   | Eastern CT Medical Prof Foundation Physician       | James W OBrien- Eastern CT Medical Professionals Foundation, Inc.            | \$578,645   | \$38,760        | \$617,405   |
| 3.   | Chair Dept of Psychiatry and Medical Director      | Osman Qureshi- Manchester Memorial Hospital and Rockville General Hospital   | \$510,375   | \$37,321        | \$547,696   |
| 4.   | Eastern CT Medical Prof Foundation Physician       | Ali Hemacha - Eastern CT Medical Professionals Foundation, Inc.              | \$510,110   | \$37,194        | \$547,304   |
| 5.   | Eastern CT Medical Prof Foundation Surgeon         | Barry N Messinger- Eastern CT Medical Professionals Foundation, Inc.         | \$500,000   | \$14,597        | \$514,597   |
| 6.   | Senior Vice President & Chief Financial Officer    | Michael Veillette - Eastern CT Health Network                                | \$474,159   | \$39,698        | \$513,857   |
| 7.   | Senior VP of Medical Affairs&Chief Medical Officer | Joel Reich- Eastern CT Health Network  | \$477,004   | \$33,207        | \$510,211   |
| 8.   | Chair & Sr Medical Director ED                     | Robert Carroll - Manchester Memorial Hospital and Rockville General Hospital | \$467,563   | \$36,559        | \$504,122   |
| 9.   | Eastern CT Medical Prof Foundation Physician       | Danny Korkmaz - Eastern CT Medical Professionals Foundation, Inc.            | \$458,017   | \$36,404        | \$494,421   |
| 10.  | Senior Vice President & General Counsel            | Joyce A Tichy - Eastern CT Health Network                                    | \$425,017   | \$36,163        | \$461,180   |
|      |  | Grand Total:   | \$5,478,362 | \$374,556       | \$5,852,918 |

## MANCHESTER 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                 | FRINGE                         | . ,            |
|         |  | (Directly or             | BENEFITS <sup>A</sup> (DirectI |                |
| LINE    | DESCRIPTION  | Indirectly) <sup>C</sup> | y or Indirectly) <sup>C</sup>  | TOTAL          |
| LINE    | DESCRIFTION  | munectry)                | y or indirectly)               | IOIAL          |
| Α.      | EASTERN CONNECTICUT HEALTH NETWORK,INC.  |                          |                                |                |
| 1       | Paid by the Entity Listed Above to Hospital Employees(B)   | \$0                      | \$0                            | \$0            |
| 2       | Paid by the Hospital to Employees of the Entity Listed Above   | \$0                      | \$0                            | \$0            |
|         |  |                          | <u> </u>                       |                |
| В.      | A CARING HAND, LLC   |                          | <del>_</del>                   |                |
| 1       | Paid by the Entity Listed Above to Hospital Employees(B)   | \$0                      | \$0                            | \$0            |
| 2       | Paid by the Hospital to Employees of the Entity Listed Above   | \$0                      | \$0                            | \$0            |
| С.      | AETNA AMBULANCE SERVICES, INC.   |                          |                                |                |
| 1       | Paid by the Entity Listed Above to Hospital Employees(B)   | \$0                      | \$0                            | \$0            |
| 2       | Paid by the Hospital to Employees of the Entity Listed Above   | \$0                      | \$0                            | \$0<br>\$0     |
|         | and by the morphism to Employees of the Emmy Elected master  | ¥-5                      | Ψ-                             | <del>+</del> • |
| D.      | AMBULANCE SERVICE OF MANCHESTER, LLC   |                          |                                |                |
| 1       | Paid by the Entity Listed Above to Hospital Employees(B)   | \$0                      | \$0                            | \$0            |
| 2       | Paid by the Hospital to Employees of the Entity Listed Above   | \$0                      | \$0                            | \$0            |
|         | OLINIOALI VINTEODATED NETWORK OF TAXABLE   |                          |                                |                |
| _       | CLINICALLY INTEGRATED NETWORK OF EASTERN   |                          |                                |                |
| Ε.      | CONNECTICUT, LLC Paid by the Entity Listed Above to Hospital Employees(B)  | <u></u>                  | T &0 T                         | <b></b>        |
| 1 2     | Paid by the Entity Listed Above to Hospital Employees(B)  Paid by the Hospital to Employees of the Entity Listed Above | \$0<br>\$0               | \$0<br>\$0                     | \$0<br>\$0     |
|         | and by the Hospital to Employees of the Entity Listed Above  | ΨΟ                       | ΨΟ                             | ΨΟ             |
| F.      | CONNECTICUT HEALTHCARE INSURANCE CO.   |                          |                                |                |
| 1       | Paid by the Entity Listed Above to Hospital Employees(B)   | \$0                      | \$0                            | \$0            |
| 2       | Paid by the Hospital to Employees of the Entity Listed Above   | \$0                      | \$0                            | \$0            |
|         |  |                          |                                |                |
|         |  |                          |                                |                |
| G.      | CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC  | Φ.                       | 40                             | Φ.             |
| 1 2     | Paid by the Entity Listed Above to Hospital Employees(B)  Paid by the Hospital to Employees of the Entity Listed Above | \$0<br>\$0               | \$0<br>\$0                     | \$0<br>\$0     |
|         | Faid by the Hospital to Employees of the Entity Listed Above   | φυ                       | φυ                             | φυ             |
|         | EASTERN CONNECTICUT MEDICAL PROFESSIONALS  |                          |                                |                |
| Н.      | 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            |
|         |  |                          |                                |                |
|         | EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION,   |                          |                                |                |
| l.      | INC.   | Φ.                       | 40                             | <b></b>        |
| 1       | Paid by the Entity Listed Above to Hospital Employees(B)  Paid by the Hospital to Employees of the Entity Listed Above | \$0<br>\$0               | \$0<br>\$0                     | \$0<br>\$0     |
| 2       | raid by the Hospital to Employees of the Entity Listed Above   | \$0                      | φυ                             | \$0            |
| J .     | ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.   |                          |                                |                |
| 1       | Paid by the Entity Listed Above to Hospital Employees(B)   | \$0                      | \$0                            | \$0            |
| 2       | Paid by the Hospital to Employees of the Entity Listed Above   | \$0                      | \$0                            | \$0            |
|         |  |                          |                                |                |
| Κ.      | ECHN CORPORATE SERVICES INC.   |                          |                                |                |
| 1       | Paid by the Entity Listed Above to Hospital Employees(B)   | \$0                      | \$0                            | \$0            |
| 2       | Paid by the Hospital to Employees of the Entity Listed Above   | \$0                      | \$0                            | \$0            |
| ı       | ECHN ELDERCARE SERVICES, INC.  |                          |                                |                |
| L.<br>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<br>\$0               | \$0                            | \$0<br>\$0     |
|         | . a.a. 27 a.a. Hoopital to Employees of the Emity Eleter Above   | ΨΟ                       | Ψ~                             | ΨΟ             |
| М.      | ECHN ENTERPRISES, INC.   |                          |                                |                |
| 1       | · · · · · · · · · · · · · · · · · · ·  |                          |                                |                |

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## MANCHESTER 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                                | FRINGE                         |            |
|          |  | (Directly or                            | BENEFITS <sup>A</sup> (DirectI |            |
| LINE     | DESCRIPTION  | indirectly) <sup>c</sup>                | y or Indirectly) <sup>C</sup>  | TOTAL      |
|          |  | • |                                |            |
| 1        | Paid by the Entity Listed Above to Hospital Employees(B)   | \$0                                     | \$0                            | \$0        |
| 2        | Paid by the Hospital to Employees of the Entity Listed Above   | \$0                                     | \$0                            | \$0        |
| N.I      | EVERGREEN ENDOSCOPY CENTER, LLC  |   |                                |            |
| N .<br>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<br>\$0                              | \$0                            | \$0<br>\$0 |
|          | That by the thospital to Employees of the Emity Elector Above  | Ψ0                                      | Ψ0                             | Ψ0         |
| 0.       | EVERGREEN MEDICAL ASSOCIATES II, LLC   |   |                                |            |
| 1        | Paid by the Entity Listed Above to Hospital Employees(B)   | \$0                                     | \$0                            | \$0        |
| 2        | Paid by the Hospital to Employees of the Entity Listed Above   | \$0                                     | \$0                            | \$0        |
|          | EVED OBJECT MEDIOAL ACCOUNTED IN O   |   |                                |            |
| P.       | Paid by the Entity Listed Above to Hospital Employees(B)   | <u>ф</u> о                              | <u> </u>                       | <u> </u>   |
| 1 2      | Paid by the Entity Listed Above to Hospital Employees(b)  Paid by the Hospital to Employees of the Entity Listed Above | \$0<br>\$0                              | \$0<br>\$0                     | \$0<br>\$0 |
|          | as by the Hoophar to Employees of the Entity Listed Above  | ΨΟ                                      | ΨΟ                             | ΨΟ         |
| Q.       | HAYNES STREET MEDICAL ASSOCIATES II, LLC   |   |                                |            |
| 1        | Paid by the Entity Listed Above to Hospital Employees(B)   | \$0                                     | \$0                            | \$0        |
| 2        | Paid by the Hospital to Employees of the Entity Listed Above   | \$0                                     | \$0                            | \$0        |
|          |  |   |                                |            |
| R.       | HAYNES STREET MEDICAL ASSOCIATES, LLC  | Φ0                                      |                                | <b></b>    |
| 1 2      | Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above  | \$0<br>\$0                              | \$0<br>\$0                     | \$0<br>\$0 |
|          | Faid by the Hospital to Employees of the Entity Listed Above   | φ0                                      | φυ                             | φυ         |
| S.       | HAYNES STREET PROPERTY MANAGEMENT, LLC   |   |                                |            |
| 1        | Paid by the Entity Listed Above to Hospital Employees(B)   | \$0                                     | \$0                            | \$0        |
| 2        | Paid by the Hospital to Employees of the Entity Listed Above   | \$0                                     | \$0                            | \$0        |
|          |  |   |                                |            |
| Т.       | MEDICAL PRACTICE PARTNERS  | •                                       |                                |            |
| 1        | Paid by the Entity Listed Above to Hospital Employees(B)   | \$0<br>\$0                              | \$0                            | \$0<br>\$0 |
| 2        | Paid by the Hospital to Employees of the Entity Listed Above   | \$0                                     | \$0                            | \$0        |
| U.       | METRO WHEELCHAIR SERVICE, INC  |   |                                |            |
| 1        | Paid by the Entity Listed Above to Hospital Employees(B)   | \$0                                     | \$0                            | \$0        |
| 2        | Paid by the Hospital to Employees of the Entity Listed Above   | \$0                                     | \$0                            | \$0        |
|          |  |   |                                |            |
|          | NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.  |   |                                |            |
| ٧.       | (NRRON)  |   | 1 00                           |            |
| 1 2      | Paid by the Entity Listed Above to Hospital Employees(B)  Paid by the Hospital to Employees of the Entity Listed Above | \$0<br>\$0                              | \$0<br>\$0                     | \$0<br>\$0 |
|          | and by the Hospital to Employees of the Entity Listed Above  | φυ                                      | φυ                             | φυ         |
| W.       | THE ROCKVILLE GENERAL HOSPITAL INCORPORATED  |   |                                |            |
| 1        | Paid by the Entity Listed Above to Hospital Employees(B)   | \$0                                     | \$0                            | \$0        |
| 2        | Paid by the Hospital to Employees of the Entity Listed Above   | \$0                                     | \$0                            | \$0        |
|          |  |   |                                |            |
| Χ.       | TOLLAND IMAGING CENTER   | ***                                     | 1 40                           | ***        |
| 1        | Paid by the Entity Listed Above to Hospital Employees(B)  Paid by the Hospital to Employees of the Entity Listed Above | \$0<br>\$0                              | \$0<br>\$0                     | \$0<br>\$0 |
| 2        | raid by the mospital to Employees of the Entity Listed Above   | \$0                                     | \$0                            | \$0        |
|          |  |   |                                |            |
| Υ.       | VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.  |   |                                |            |
| 1        | Paid by the Entity Listed Above to Hospital Employees(B)   | \$0                                     | \$0                            | \$0        |
| 2        | Paid by the Hospital to Employees of the Entity Listed Above   | \$0                                     | \$0                            | \$0        |
|          |  |   |                                |            |

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## MANCHESTER 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<br>(Directly or | FRINGE<br>BENEFITS <sup>A</sup> (DirectI |       |
| LINE | DESCRIPTION  | Indirectly) <sup>C</sup> | y or Indirectly) <sup>c</sup>            | TOTAL |
|      |  |                          |  |       |
| Ζ.   | WBC CONNECTICUT EAST, LLC                                    |                          |  |       |
| 1    | Paid by the Entity Listed Above to Hospital Employees(B)     | \$0                      | \$0                                      | \$0   |
| 2    | Paid by the Hospital to Employees of the Entity Listed Above | \$0                      | \$0                                      | \$0   |
|      |  |                          |  |       |

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

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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.

# MANCHESTER 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)            |
|-----|--|----------------|
| INE | 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       |                |
|     | Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or |                |
| 1.  | Functions.   | N/A            |
|     |  |                |
|     | Description of each Transfer of Assets or Operations or Change of Control involving Hospital     |                |
| 2.  | Clinical or Nonclinical Services or Functions.   | N/A            |
|     |  |                |
| _   | Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved |                |
| 3.  | in a change of control.  | N/A            |
|     | Details that such Transfer of Assets as Organization as Observe of Osetal involving Hamilton     |                |
|     | Date that each Transfer of Assets or Operations or Change of Control involving Hospital          | <b>N</b> 1/A   |
| 4.  | Clinical or Nonclinical Services or Functions occurred.  | N/A            |
|     |  |                |
| _   | Amount of each Transfer of Assets or Operations or Change of Control involving Hospital          | 00             |
| 5.  | Clinical or Nonclinical Services or Functions.   | \$0            |

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#### MANCHESTER 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)FY 2014 FY 2015 **AMOUNT** % LINE DESCRIPTION **AMOUNT AMOUNT DIFFERENCE** DIFFERENCE A. Hospital Charity Care (see Hospital Audited Financial Statement Notes) 1. Number of Applicants 1,139 891 (248)-22% Number of Approved Applicants 2. 1,000 808 (192)-19% 3. Total Charges (A) \$2,411,263 \$1,553,798 (\$857.465) -36% Average Charges \$2,411 \$1,923 (\$488) -20% Ratio of Cost to Charges (RCC) 0.323425 0.299224 (0.024201)-7% **Total Cost** \$779,863 \$464,934 (\$314,929) -40% Average Cost -26% \$780 \$575 (\$204) 5. Charity Care - Inpatient Charges \$540,716 \$305,958 (\$234,758)-43% Charity Care - Outpatient Emergency Department Charges 6. 1,415,036 828,535 (586,501)-41% Charity Care - Outpatient Charges (Excludes ED 7. Charges) -8% 455,511 419,305 (36,206)Total Charges (A) \$2,411,263 \$1,553,798 (\$857,465) -36% Charity Care - Number of Patient Days 8. 704 503 (201)-29% Charity Care - Number of Discharges 143 122 -15% 9. (21)10. Charity Care - Number of Outpatient ED Visits 860 626 (234)-27% Charity Care - Number of Outpatient Visits (Excludes ED Visits) 11. 1,468 1,152 (316)-22% (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 32 1 (31)-97% 2. Number of Approved Applicants -97% 32 1 (31)\$126,020 \$2,743 (\$123,277) -98% 3. Total Charges (B) Average Charges \$2,743 (\$1,195) -30% \$3,938 Ratio of Cost to Charges (RCC) 0.323425 0.299224 (0.024201)-7% 4. **Total Cost** \$40.758 -98% \$821 (\$39,937)Average Cost \$1,274 \$821 -36% (\$453)5. Bed Funds - Inpatient Charges \$4,471 \$0 (\$4,471)-100% Bed Funds - Outpatient Emergency Department Charges 0 (105,450)6. 105,450 -100% Bed Funds - Outpatient Charges (Excludes ED Charges) 16.099 7. 2.743 (13,356)-83% Total Charges (B) \$126,020 \$2,743 (\$123,277) -98% Bed Funds - Number of Patient Days 8. 1 0 (1)-100% Bed Funds - Number of Discharges -100% 9. 1 0 (1)10. Bed Funds - Number of Outpatient ED Visits 26 0 (26)-100% Bed Funds - Number of Outpatient Visits(Excludes ED Visits) (4)11. 5 1 -80% (B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.

| MANCHESTER 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)        |
|   |             | FY 2014 | FY 2015 | AMOUNT     | %          |
| LINE  | DESCRIPTION | AMOUNT  | AMOUNT  | DIFFERENCE | DIFFERENCE |
|   |             |         |         |            |            |

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