(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
А.	AFFILIATE NAME	EASTERN CT HEALTH NETWORK , INC	
		PARENT CORP AND PROVIDES OVERALL DIRECTION AND CONTROL TO ALL OTHER	
	Affiliate Description	CORPORATIONS	
	Affiliate type of service	Parent Corporation	
	Tax Status Street Address		
		71 HAYNES STREET, MANCHESTER,CT Manchester	
-	Town State	Connecticut	
	Zip Code	06040 -	
	CEO Name	PETER J. KARL	
_	CEO Title	PRESIDENT & CEO	
-	CT Agent Name	Sharon Holmes	
	CT Agent Company	ECHN	
	CT Agent Company Street Address	71 HAYNES STREET, MANCHESTER,CT	
	CT Agent Town	Manchester	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06040 -	
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)	
3	Tax Status		
-	Street Address	8 KEYNOTE DRIVE VERNON	
	Town 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	
	CT Agent Zip Code	06066 -	
C.	AFFILIATE NAME	AETNA AMBULANCE SERVICES, INC.	
4	Affiliate Description		
1	Affiliate Description	PROVIDES AMBULANCE TRANSPORTATION SERVICES	
	Affiliate type of service	Ambulatory Services For Profit	
	Tax Status	140 Van Block Ave	
	Street Address	Hartford	
	Town State	Connecticut	
	State Zip Code	06106 -	
	CEO Name	Wayne Wright	
	CEO Name CEO Title	President	
	CT Agent Name	C T Corporation System	
	CT Agent Name CT Agent Company		
		4	

(1)	(2)	(3)	
	DESCRIPTION		
	CT Agent Company Street Address	One Corporate Center	
	CT Agent Town	Hartford	
	CT Agent State	Connecticut 06103 -	
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	
	State	Connecticut	
	Zip Code	06040 -	
8	CEO Name	Wayne Wright	
-	CEO Title	President	
	CT Agent Name	C T Corporation System	
	CT Agent Company		
	CT Agent Company Street Address	One Corporate Center Hartford	
	CT Agent Town		
	CT Agent State	Connecticut 06103 -	
15	CT Agent Zip Code	06103 -	
E.	AFFILIATE NAME	CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC	
4	Affiliate Description		
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	
	Zip Code	06040 -	
8	CEO Name	Edward J Roberts	
9	CEO Title	Manager	
	CT Agent Name	Edward J Roberts	
	CT Agent Company		
	CT Agent Company Street Address	26 Haynes St	
13	CT Agent Town	Manchester	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06040 -	
F.	AFFILIATE NAME	CONNECTICUT HEALTHCARE INSURANCE CO.	
<u> </u>			
1	Affiliate Description	ECHN's Malpractice Insurance Co.	
2	Affiliate type of service	Insurance	
3	Tax Status	Not for Profit	
4	Street Address	71 Haynes Street	
5	Town	Manchester	
6	State	Connecticut	
<u> </u>			

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
	Zip Code	06040 -	
	CEO Name	Peter Karl	
9	CEO Title	President	
	CT Agent Name	Lloyd T. Pelletier	
11	CT Agent Company		
12	CT Agent Company Street Address	100 Main ST	
13	CT Agent Town	Grand Cayman	
14	CT Agent State	Cayman Islands	
15	CT Agent Zip Code	06040 -	
G.	AFFILIATE NAME	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC	
		PROVIDES MANAGEMENT SERVICES FOR THE OCCUPATIONAL HEALTH PROGRAMS OF	
1	Affiliate Description	MANCHESTER MEMORIAL HOSPITAL, ST. FRANCIS HOSPITAL & MEDICAL CENTER, AND BRISTOL	
-	Affiliate Description	HOSPITAL.	
	Affiliate type of service	Occupational Heath For Profit	
-	Tax Status		
	Street Address	1000 Asylum Ave, Suite 4302	
5	Town	Hartford	
	State	Connecticut	
	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.	
1	Affiliate Description	ENTITY OWNS AND MANAGES A SERIES OF COMMUNITY-BASED MEDICAL PRACTICES.	
2	Affiliate type of service	Outpatient Care	
3	Tax Status	Not for Profit	
4	Street Address	71 HAYNES STREET, MANCHESTER,CT	
5	Town	Manchester	
6	State	Connecticut	
7	Zip Code	06040 -	
	CEO Name	PETER J. KARL	
	CEO Title	PRESIDENT & CEO	
-	CT Agent Name	SHARON HOLMES	
	CT Agent Company	ECHN	
	CT Agent Company Street Address	71 HAYNES STREET, MANCHESTER,CT	
	CT Agent Town	Manchester	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06040 -	
-			
١.	AFFILIATE NAME	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.	
4	Affiliate Description	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS	
1	Affiliate Description	INEGUTIATIONS	

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
2	Affiliate type of service	Affilate Support Services	
3	Tax Status	Not for Profit	
4	Street Address	26 Haynes Street, Lower Level	
5	Town	Manchester	
6	State	Connecticut	
	Zip Code	06040 -	
	CEO Name	Dennis O'Neill, MD	
-	CEO Title		
	CT Agent Name	R & C Service Company	
	CT Agent Company		
	CT Agent Company Street Address	280 Trumbull Street, Hartford, CT	
	CT Agent Town	Hartford	
	CT Agent State	Connecticut 06103 -	
G	CT Agent Zip Code	00103 -	
J.	AFFILIATE NAME	ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.	
		ENTITY RESPONSIBLE FOR RAISING FUNDS FOR THE BENEFIT OF EXEMPT ORGANIZATIONS	
1	Affiliate Description	ASSOCIATED WITH EASTERN CT HEALTH NETWORK, INC.	
	Affiliate type of service	Fund Raising/Management	
3	Tax Status	Not for Profit	
4	Street Address	71 HAYNES STREET, MANCHESTER,CT	
5	Town	Manchester	
6	State	Connecticut	
7	Zip Code	06040 -	
	CEO Name	PETER J. KARL	
	CEO Title	PRESIDENT & CEO	
	CT Agent Name	SHARON HOLMES	
	CT Agent Company	ECHN	
	CT Agent Company Street Address	71 HAYNES STREET, MANCHESTER,CT	
	CT Agent Town	Manchester	
	CT Agent State		
15	CT Agent Zip Code	06040 -	
К.	AFFILIATE NAME	ECHN CORPORATE SERVICES	
	Affiliate Description	For-profit subsidiary of ECHN serving as parent of Medical Practice Partners	
	Affiliate type of service	Affilate Support Services	
3	Tax Status	For Profit	
4	Street Address	71 Haynes Street	
5	Town	Manchester	
6	State	Connecticut	
	Zip Code	06040 -	
	CEO Name	Dennis O'Neill	
	CEO Title	President	
	CT Agent Name	R&C Service Company	
	CT Agent Company	R&C Service Company	
	CT Agent Company Street Address	280 Trumbull Street	
	CT Agent Town	Hartford	
	CT Agent State	Connecticut 06103 -	
15	CT Agent Zip Code		

LINE DESCRIPTION AFFILIATE INFORMATION		
L. AFFILIATE NAME ECHN ELDERCARE SERVICES, INC.		
TO INITIATE, DEVELOP, OPERATE, AND MAINTAIN PROGRAMS DIRE	ECTED TOWARD IMPROVING	
EFFICIENCY OF UTILIZATION OF HEALTH CARE. FACILIITIES AND S	ERVICES IN EASTERN CT AND	
1 Affiliate Description PROVIDING COST EFFECTIVE HEALTH CARE TO PUBLIC WHILE MA	INTAINING A HIGH QUALITY OF	
2 Affiliate type of service Long Term Care		
3 Tax Status Not for Profit		
4         Street Address         26 SHENIPSIT LAKE RD, TOLLAND,CT           5         Town         Tolland		
6 State Connecticut		
O         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     71 Haynes Str		
13 CT Agent Town Manchester		
14         CT Agent State         Connecticut		
15 CT Agent Zip Code 06040 -		
M. AFFILIATE NAME ECHN ENTERPRISES, INC.		
AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BU	UII DINGS AND REAL ESTATE	
1 Affiliate Description HOLDINGS.		
2 Affiliate type of service Affilate Support Services		
3 Tax Status For Profit		
4 Street Address 71 HAYNES STREET, MANCHESTER,CT		
5 Town Manchester		
6 State Connecticut		
7 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, MANCHESTER,CT		
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		
3     Tax Status     For Profit       4     Street Address     2400 Tamarack Ave		
4     Street Address     2400 ramatic Ave       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		
12 CT Agent Company Street Address 195 Church St., 13th Floor		

(1)	(2)	(3)	
	DESCRIPTION	AFFILIATE INFORMATION	
		New Haven	
	CT Agent Town CT Agent State		
	CT Agent Zip Code	06510 -	
10			
0.	AFFILIATE NAME	EVERGREEN MEDICAL ASSOCIATES II, LLC	
1	Affiliate Description	Owns and operates the Evergreen II and Evergreen III Medical buildings in South Windsor adjacent to the ECHN Medical Building at Evergreen Walk	
2	Affiliate type of service	Real Estate	
3	Tax Status	For Profit	
4	Street Address	95 Glastonbury Blvd, Suite 214	
5	Town	Glastonbury	
6	State	Connecticut	
	Zip Code	06033 -	
		David Sessions	
-	CEO Title	Manager Joe R. Labrosse	
-	CT Agent Name		
	CT Agent Company CT Agent Company Street Address	c/o Property Fund LLC 95 Glastonbury BLVD, Suite 214	
	CT Agent Company Street Address	Glastonbury	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06033 -	
10			
Р.	AFFILIATE NAME	EVERGREEN MEDICAL ASSOCIATES, LLC	
1	Affiliate Description	OWNS AND OPERATES THE ECHN MEDICAL BUILDING AT EVERGREEN WALK IN SOUTH WINDSOR.	
2	Affiliate type of service	Real Estate	
3	Tax Status	For Profit	
4	Street Address	95 Glastonbury Blvd, Suite 214	
5	Town	Glastonbury	
6 7	State Zip Code	Connecticut	
	CEO Name	06033 - David Sessions	
	CEO Name CEO Title	Manager	
-	CEO Inte CT Agent Name	Joseph R. Labrosse	
	CT Agent Company	c/o Grove Properaty Fund LLC	
	CT Agent Company CT Agent Company Street Address	95 Glastonbury Blvd, Suite 214,	
	CT Agent Town	Glastonbury	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06033 -	
Q.	AFFILIATE NAME	HAYNES STREET MEDICAL ASSOCIATES II, LLC	
1	Affiliate Description	Owns and operates a medical office building at 100 Haynes Street in Manchester	
2	Affiliate type of service	Real Estate	
3	Tax Status	For Profit	
4	Street Address	95 Glastonbury Blvd, Suite 214	
5	Town	Glastonbury	
6	State	Connecticut	
7	Zip Code	06033 -	

(1)	(2)	(3)	
	DESCRIPTION	AFFILIATE INFORMATION	
	CEO Name	David Sessions	
	CEO Title	Manager	
	CT Agent Name	Joseph R. Labrosse	
	CT Agent Company	c/o Grove Properaty Fund LLC	
	CT Agent Company Street Address	95 Glastonbury Blvd, Suite 214	
	CT Agent Town	Glastonbury	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06033 -	
15			
R.	AFFILIATE NAME	HAYNES STREET MEDICAL ASSOCIATES, LLC	
1	Affiliate Description	OWNS AND OPERATES A MEDICAL OFFICE BUILDING LOCATED AT 17-19 HAYNES ST IN MANCHESTER.	
2	Affiliate type of service	Real Estate	
	Tax Status	For Profit	
4	Street Address	95 Glastonbury Blvd, Suite 214	
5	Town	Glastonbury	
6	State	Connecticut	
7	Zip Code	06033 -	
	CEO Name	David Sessions	
	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	
13	CT Agent Town	Glastonbury	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06033 -	
10			
S.	AFFILIATE NAME	HAYNES STREET PROPERTY MANAGEMENT, LLC	
S.	AFFILIATE NAME	HAYNES STREET PROPERTY MANAGEMENT, LLC	
S.	AFFILIATE NAME	HAYNES STREET PROPERTY MANAGEMENT, LLC	
	Affiliate Description	HAYNES STREET PROPERTY MANAGEMENT, LLC LEASES OFFICE SPACE AT 622 HEBRON AVENUE, FLASTONBURY, CT FOR MEDICAL SERVICES.	
1 2	Affiliate Description Affiliate type of service		
1 2 3	Affiliate Description Affiliate type of service Tax Status	LEASES OFFICE SPACE AT 622 HEBRON AVENUE, FLASTONBURY, CT FOR MEDICAL SERVICES. Real Estate For Profit	
1 2 3 4	Affiliate Description Affiliate type of service	LEASES OFFICE SPACE AT 622 HEBRON AVENUE, FLASTONBURY, CT FOR MEDICAL SERVICES. Real Estate For Profit 71 HAYNES STREET	
1 2 3	Affiliate Description Affiliate type of service Tax Status	LEASES OFFICE SPACE AT 622 HEBRON AVENUE, FLASTONBURY, CT FOR MEDICAL SERVICES. Real Estate For Profit	
1 2 3 4 5 6	Affiliate Description Affiliate type of service Tax Status Street Address	LEASES OFFICE SPACE AT 622 HEBRON AVENUE, FLASTONBURY, CT FOR MEDICAL SERVICES. Real Estate For Profit 71 HAYNES STREET	
1 2 3 4 5 6 7	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code	LEASES OFFICE SPACE AT 622 HEBRON AVENUE, FLASTONBURY, CT FOR MEDICAL SERVICES. Real Estate For Profit 71 HAYNES STREET MANCHESTER Connecticut 06040 -	
1 2 3 4 5 6 7 8	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name	LEASES OFFICE SPACE AT 622 HEBRON AVENUE, FLASTONBURY, CT FOR MEDICAL SERVICES. Real Estate For Profit 71 HAYNES STREET MANCHESTER Connecticut 06040 - PETER J. KARL	
1 2 3 4 5 6 7 8 9	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code	LEASES OFFICE SPACE AT 622 HEBRON AVENUE, FLASTONBURY, CT FOR MEDICAL SERVICES. Real Estate For Profit 71 HAYNES STREET MANCHESTER Connecticut 06040 -	
1 2 3 4 5 6 7 8 9	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name	LEASES OFFICE SPACE AT 622 HEBRON AVENUE, FLASTONBURY, CT FOR MEDICAL SERVICES. Real Estate For Profit 71 HAYNES STREET MANCHESTER Connecticut 06040 - PETER J. KARL	
1 2 3 4 5 6 7 8 9 10	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title	LEASES OFFICE SPACE AT 622 HEBRON AVENUE, FLASTONBURY, CT FOR MEDICAL SERVICES. Real Estate For Profit 71 HAYNES STREET MANCHESTER Connecticut 06040 - PETER J. KARL PRESIDENT & CEO	
1 2 3 4 5 6 7 8 9 10 11	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name	LEASES OFFICE SPACE AT 622 HEBRON AVENUE, FLASTONBURY, CT FOR MEDICAL SERVICES. Real Estate For Profit 71 HAYNES STREET MANCHESTER Connecticut 06040 - PETER J. KARL PRESIDENT & CEO SHARON HOLMES	
1 2 3 4 5 6 7 8 9 10 11 12	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company	LEASES OFFICE SPACE AT 622 HEBRON AVENUE, FLASTONBURY, CT FOR MEDICAL SERVICES. Real Estate For Profit 71 HAYNES STREET MANCHESTER Connecticut 06040 - PETER J. KARL PRESIDENT & CEO SHARON HOLMES ECHN	
1 2 3 4 5 6 7 8 9 10 11 12 13	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address	LEASES OFFICE SPACE AT 622 HEBRON AVENUE, FLASTONBURY, CT FOR MEDICAL SERVICES. Real Estate For Profit 71 HAYNES STREET MANCHESTER Connecticut 06040 - PETER J. KARL PRESIDENT & CEO SHARON HOLMES ECHN 71 HAYNES STREET MANCHESTER Connecticut	
1 2 3 4 5 6 7 8 9 10 11 12 13 14	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town	LEASES OFFICE SPACE AT 622 HEBRON AVENUE, FLASTONBURY, CT FOR MEDICAL SERVICES. Real Estate For Profit 71 HAYNES STREET MANCHESTER Connecticut 06040 - PETER J. KARL PRESIDENT & CEO SHARON HOLMES ECHN 71 HAYNES STREET MANCHESTER	
1 2 3 4 5 6 7 8 9 10 11 12 13 14	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Town	LEASES OFFICE SPACE AT 622 HEBRON AVENUE, FLASTONBURY, CT FOR MEDICAL SERVICES. Real Estate For Profit 71 HAYNES STREET MANCHESTER Connecticut 06040 - PETER J. KARL PRESIDENT & CEO SHARON HOLMES ECHN 71 HAYNES STREET MANCHESTER Connecticut	
1 2 3 4 5 6 7 8 9 10 11 12 13 14	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Town	LEASES OFFICE SPACE AT 622 HEBRON AVENUE, FLASTONBURY, CT FOR MEDICAL SERVICES. Real Estate For Profit 71 HAYNES STREET MANCHESTER Connecticut 06040 - PETER J. KARL PRESIDENT & CEO SHARON HOLMES ECHN 71 HAYNES STREET MANCHESTER Connecticut	
1 2 3 4 5 6 7 8 9 10 11 12 13 14	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Town	LEASES OFFICE SPACE AT 622 HEBRON AVENUE, FLASTONBURY, CT FOR MEDICAL SERVICES. Real Estate For Profit 71 HAYNES STREET MANCHESTER Connecticut 06040 - PETER J. KARL PRESIDENT & CEO SHARON HOLMES ECHN 71 HAYNES STREET MANCHESTER Connecticut	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 <b>T.</b>	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent Zip Code AFFILIATE NAME	LEASES OFFICE SPACE AT 622 HEBRON AVENUE, FLASTONBURY, CT FOR MEDICAL SERVICES. Real Estate For Profit 71 HAYNES STREET MANCHESTER Connecticut 06040 - PETER J. KARL PRESIDENT & CEO SHARON HOLMES ECHN 71 HAYNES STREET MANCHESTER Connecticut 06040 - MEDICAL PRACTICE PARTNERS Provides Medical billing services, eletronic health records, information services and practice management	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Town CT Agent State CT Agent Zip Code	LEASES OFFICE SPACE AT 622 HEBRON AVENUE, FLASTONBURY, CT FOR MEDICAL SERVICES. Real Estate For Profit 71 HAYNES STREET MANCHESTER Connecticut 06040 - PETER J. KARL PRESIDENT & CEO SHARON HOLMES ECHN 71 HAYNES STREET MANCHESTER Connecticut 06040 - MEDICAL PRACTICE PARTNERS	

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
	Tax Status	For Profit	
	Street Address	29 Naek Road	
	Town	Vernon	
	State	Connecticut	
	Zip Code	06066 -	
	CEO Name	ECHN Corporate Services, Inc.	
	CEO Title	Owner	
	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	
		PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY	
	Affiliate Description	SERVICES FOR MEDIAL APPOINTMENTS.	
	Affiliate type of service	Ambulatory Services	
	Tax Status	For Profit	
	Street Address	275 New State Road , Manchester, CT	
	Town	Manchester	
	State	Connecticut	
	Zip Code	06040 -	
	CEO Name	Wayne Wright	
		President	
	CT Agent Name	C T Corporation System	
	CT Agent Company		
	CT Agent Company Street Address	One Corporate Center Hartford	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent Zip Code	06103 -	
15			
۷.	AFFILIATE NAME	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON)	
		Joint Venture of four area hospitals that operates The John A. DeQuattro Community Cancer Center in	
	Affiliate Description	Manchester and the Phoenix Community Cancer Center in Enfield	
	Affiliate type of service	Outpatient Care	
	Tax Status	Not for Profit	
	Street Address	100 Haynes Street	
5	Town	Manchester	
	State	Connecticut	
	Zip Code	06040 -	
		Donna Handley	
	CEO Title	Chairman Kristoffar Dapovitah	
	CT Agent Name	Kristoffer Popovitch	
	CT Agent Company	100 Houmon Street	
	CT Agent Company Street Address	100 Haynes Street	
	CT Agent Town CT Agent State	Manchester Connectiont	
1/1		Connecticut	
	CT Agent Zip Code	06040 -	

(1)	(2)	(3)	
LINE	DESCRIPTION		
w.	AFFILIATE NAME	THE MANCHESTER MEMORIAL HOSPITAL	
		NON-PROFIT COMMUNITY HOSPITAL IN THE TOWN OF MANCHESTER, TO PROVIDE MEDICAL	
1	Affiliate Description	CARE ON AN ACUTE BASIS	
2	Affiliate type of service	Hospital	
3	Tax Status	Not for Profit	
4	Street Address	71 HAYNES STREET, MANCHESTER,CT	
5	Town	Manchester	
6	State	Connecticut	
7	Zip Code	06040 -	
	CEO Name	PETER J. KARL	
	CEO Title	PRESIDENT & CEO	
	CT Agent Name	Sharon Holmes	
	CT Agent Company	ECHN	
	CT Agent Company Street Address	71 HAYNES STREET, MANCHESTER,CT	
	CT Agent Town	Manchester	
	CT Agent State	Connecticut 06040 -	
15	CT Agent Zip Code	00040 -	
Х.	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	06103 -	
	CEO Name	MMH, RGH, Johnson, & Windham Hospitals	
		President	
	CT Agent Name	R&C Service Company	
	CT Agent Company	R&C Service Company 280 Trumbull Street	
	CT Agent Company Street Address CT Agent Town	Hartford	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent State	06103 -	
10			
v			
Υ.	AFFILIATE NAME	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, INC.	
4	Affiliate Description	Brouides at home pureing care and hospics care	
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	
	Street Address	8 Keynote Drive	
	Town	Vernon Connecticut	
6 7	State Zip Code	06066 -	
	Zip Code CEO Name	Todd Rose	
	CEO Name CEO Title	President/Chief Executive Office	
	CT Agent Name	Todd Rose	
	CT Agent Company		
	CT Agent Company Street Address	8 Keynote Drive	
<u> </u>	S		

(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	
14 15	CT Agent State	Connecticut	

\* P.O. BOX IS UNACCEPTABLE WITHOUT A

STREET ADDRESS FOR EACH AGENT COMPANY

(1)	(2)	(3)	(4)
. ,		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2015
_			
	ROCKVILLE GENERAL HOSPITAL		<b>#</b> 44,000,007
1 2		Unrestricted	\$14,969,087
2		Temporarily Restricted by Donor Temporarily Restricted by Board	<u>\$537,851</u> \$0
4		Permanently Restricted by Donor	\$0 \$3,371,972
5		Intercompany Eliminations	\$0
		Total:	\$18,878,910
			<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
В.	EASTERN CT HEALTH NETWORK , INC		
1		Unrestricted	\$3,761,845
2		Temporarily Restricted by Donor	\$323,132
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$4,084,977
	A CARING HAND, LLC	Lines stricts d	
1		Unrestricted	\$729,096
2 3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$729,096
			ψ125,050
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
	AMBULANCE SERVICE OF MANCHESTER, LLC		
1		Unrestricted	\$8,679,807
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
5		· · ·	
		Total:	\$8,679,807
	CLINICALLY INTEGRATED NETWORK OF EASTERN		
F.	CONNECTICUT, LLC		
1	· ·	Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
G.	CONNECTICUT HEALTHCARE INSURANCE CO.		(han 1 a 1 a
1		Unrestricted	\$704,717
2		Temporarily Restricted by Donor	\$0

(1)	(2)	(3)	(4)
,		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2015
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$704,717
ы	CONNECTICUT OCCUPATIONAL MEDICINE DARTNERS LLC		
<u>н.</u> 1	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC	Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Doard	\$0
5		Intercompany Eliminations	\$0
U		Total:	\$0
			+0
	EASTERN CONNECTICUT MEDICAL PROFESSIONALS		
١.	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
	EASTERN CONNECTICUT PHYSICIAN HOSPITAL		
	ORGANIZATION, INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
5		Total:	\$0 \$0
			<del>۵</del> ۵
К.	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		
1		Unrestricted	\$670,607
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$670,607
Μ.	ECHN ELDERCARE SERVICES, INC.		
1 <b>vi</b> .	LOIN LEDENGANE SERVICES, INC.	Unrestricted	\$5,919,060
2		Temporarily Restricted by Donor	\$3,919,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2015
5		Intercompany Eliminations	\$0
		Total:	\$5,923,972
Ν.	ECHN ENTERPRISES, INC.		
1		Unrestricted	\$208,941
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
5			
		Total:	\$208,941
~			
0.	EVERGREEN ENDOSCOPY CENTER, LLC	Linna atriata d	
1 2		Unrestricted Temporarily Restricted by Donor	\$826,898
2		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$826,898
			+0_0,000
Ρ.	EVERGREEN MEDICAL ASSOCIATES II, LLC		
1		Unrestricted	\$2,710,936
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$2,710,936
	EVERGREEN MEDICAL ASSOCIATES, LLC		
1		Unrestricted	\$1,601,896
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
5		Total:	
			\$1,601,896
R.	HAYNES STREET MEDICAL ASSOCIATES II, LLC		
1		Unrestricted	\$1,695,326
2		Temporarily Restricted by Donor	\$1,095,520
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,695,326
S.	HAYNES STREET MEDICAL ASSOCIATES, LLC		
1		Unrestricted	\$670,383
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$670,383
-			
	HAYNES STREET PROPERTY MANAGEMENT, LLC		<u> </u>
1		Unrestricted	\$47,868

(1)	(2)	(3)	(4)
. ,		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	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
-	MEDICAL PRACTICE PARTNERS	Uprostricted	
1 2		Unrestricted Temporarily Restricted by Donor	\$0 \$0
2		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
Ũ		Total:	\$0
			÷.
۷.	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
<b>w</b> .	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, 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 MANCHESTER MEMORIAL HOSPITAL		
<b>^.</b> 1		Unrestricted	¢2 020 200
2		Temporarily Restricted by Donor	\$2,829,380 \$494,603
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$11,681,476
5		Intercompany Eliminations	\$0
		Total:	\$15,005,459
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
Ζ.	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, INC.		
<u> </u>		Unrestricted	\$9,900,881
2		Temporarily Restricted by Donor	\$126,038
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0

(1)	(2)	(3)	(4)
	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 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

(1)	(2)	(3)	(4)	(5)
LINE		DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
Α.	EASTERN CT HEALTH NETWORK , INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	(\$2,463)
1		Allocation of Income/Loss	09/30/2015	(\$963,506)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$965,969)
В.	A CARING HAND, LLC			
Б.	A CARING HAND, LEC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
C.	AETNA AMBULANCE SERVICES, INC.			
		Designing Uncernedidated Intercompany Delences	0/20/204.4	¢500.440
1		Beginning Unconsolidated Intercompany Balance: Allocation of Investment Income/Loss	9/30/2014 09/30/2015	\$588,448 (\$24,019)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$564,429
		Enang onconsolidated intercompany balance.	5/50/2013	<b>400</b> 4,420
D.	AMBULANCE SERVICE OF MANCHESTER, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$1,139,618
1		Allocation of Investment Income/Loss	09/30/2015	\$402,353
2		Distribution	09/30/2015	(\$240,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$1,301,971
-				
Ε.	CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
<b>F</b> .	CONNECTICUT HEALTHCARE INSURANCE CO.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$150,350
1		Malpractice Costs	09/30/2015	\$1,177,419
<u> </u>		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$1,327,769
G.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC			

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report	0/00/2014	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
н.	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.			
		Beginning Unconsolidated Intercompany Balance: Nothing to Report	9/30/2014	<b>\$0</b> \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0 \$0
Ι.	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
1		Operating Subsidy	09/30/2015	
		Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$30,652)
J.	ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	(\$7,353)
1		Transfer of Donated Assets Ending Unconsolidated Intercompany Balance:	09/30/2015 9/30/2015	(\$10,946) <b>(\$18,299)</b>
				(+,)
К.	ECHN CORPORATE SERVICES			
		Beginning Unconsolidated Intercompany Balance: Nothing to Report	9/30/2014	<b>\$0</b>
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0 <b>\$0</b>
1.	ECHN ELDERCARE SERVICES, INC.			
1		Beginning Unconsolidated Intercompany Balance: Salary and Non-Salary Operating Expenses	9/30/2014 09/30/2015	\$55,195
1		Ending Unconsolidated Intercompany Balance:	9/30/2015 9/30/2015	(\$40,279) <b>\$14,916</b>
Μ.	ECHN ENTERPRISES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0

LINE /	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Nothing to Report	- / /	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
N. 1	EVERGREEN ENDOSCOPY CENTER, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report		<b>\$0</b> \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
0. I	EVERGREEN MEDICAL ASSOCIATES II, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report	0,00,2011	<b>\$0</b> \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
P. I	EVERGREEN MEDICAL ASSOCIATES, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	¢0
<u> </u>		Nothing to Report	9/30/2014	<b>\$0</b> \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
Q. I	HAYNES STREET MEDICAL ASSOCIATES II, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report	5/50/2014	<b>\$0</b> \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
R. I	HAYNES STREET MEDICAL ASSOCIATES, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	¢0,
<u> </u>		Nothing to Report	9/30/2014	<b>\$0</b> \$0
+		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0 \$0
S. I	HAYNES STREET PROPERTY MANAGEMENT, LLC			
┟───┼		Beginning Unconsolidated Intercompany Balance: Nothing to Report	9/30/2014	<b>\$0</b> \$0
┟───┼		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0 <b>\$0</b>
			0,00,2010	<b>~~</b>
т. г	MEDICAL PRACTICE PARTNERS			

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report	0,00,2011	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
υ.	METRO WHEELCHAIR SERVICE, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
1		Allocation of Investment Income/Loss	09/30/2015	\$1,254
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$1,254
۷.	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, 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
W.	THE MANCHESTER MEMORIAL HOSPITAL			
		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
Х.	TOLLAND IMAGING CENTER			
<u>^.</u>				
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$190,409
1		Allocation of Investment Income/Loss	09/30/2015	\$145,729
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$336,138
Υ.	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0 <b>\$0</b>
		Entry enconsolidated intercompany Balance.	5/50/2015	
Z.	WBC CONNECTICUT EAST, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$55,840
1		Allocation of Investment Income/Loss	09/30/2015	\$6,442

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$62,282
			Grand Total:	\$9,160,532

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated		
			Intercompany Balance	10/01/2014	\$21,924,467
Α.	EASTERN CT HEALTH NETWORK , INC				
			Allocation of ECHN Expenses to		
1		ECHN ENTERPRISES, INC.	Subsidy	09/30/2015	(\$2,100)
		ECHN COMMUNITY HEALTHCARE			(*** ****
2		FOUNDATION , INC.	Fundraising Allocation of ECHN Expenses to	09/30/2015	(\$2,355)
3		ECHN ELDERCARE SERVICES, INC.	Subsidy	09/30/2015	\$38,156
4		ECHN ELDERGARE SERVICES, INC.	Notes Payable	09/30/2015	\$16,284
		EASTERN CONNECTICUT MEDICAL	Notes i ayable	03/30/2013	ψ10,204
5		PROFESSIONALS FOUNDATION, INC.	Operating Subsidy	09/30/2015	(\$3,349,705)
— Ť			Allocation of ECHN Expenses to	00,00,2010	(\$0,010,100)
6		THE MANCHESTER MEMORIAL HOSPITAL	Subsidy	09/30/2015	\$2,751,298
			Total:	9/30/2015	(\$548,422)
В.	A CARING HAND, LLC				
		VISITING NURSE AND HEALTH SERVICES			
1		OFCONNECTICUT, INC.	Professional Services	09/30/2015	(\$18,236)
2		THE MANCHESTER MEMORIAL HOSPITAL	Salary & Wage & Fringe	09/30/2015	(\$7,017)
			Total:	9/30/2015	(\$25,253)
С.	AETNA AMBULANCE SERVICES, INC.				
			Allocation of Investment		
1		THE MANCHESTER MEMORIAL HOSPITAL	Income/Loss	09/30/2015	(\$56,047)
			Total:	9/30/2015	(\$56,047)
D.	AMBULANCE SERVICE OF MANCHESTER, LLC				
			Allocation of Investment		<b>*</b>
1		THE MANCHESTER MEMORIAL HOSPITAL	Income/Loss	09/30/2015	\$378,823
			Total:	9/30/2015	\$378,823
Е.	CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC				
Е.	CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTION, LLC		Nothing to Report		02
}			Total:	9/30/2015	\$0 <b>\$0</b>
			Total.	9/30/2013	\$U
F.	CONNECTICUT HEALTHCARE INSURANCE CO.				
<u> </u>			Allocation of Shareholders		
1		THE MANCHESTER MEMORIAL HOSPITAL	Equity	09/30/2015	(\$231,495)
<u> </u>			Total:	9/30/2015	(\$231,495)
			, otal.	0,00,2010	(#201,400)
G.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC				
			Nothing to Report		\$0

(1)	(2)	(3)	(4)	(5)	(6)
	· · ·				
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
Н.	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.				
1		ECHN ELDERCARE SERVICES, INC.	Salary and Non Salary Expenses	09/30/2015	\$14,250
		,,,,			÷,=••
2		THE MANCHESTER MEMORIAL HOSPITAL	Salary and Non Salary Expenses	09/30/2015	(\$3,993,109)
3		EASTERN CT HEALTH NETWORK , INC	Operating Subsidy	09/30/2015	\$3,349,705
			Total:	9/30/2015	(\$629,154)
١.	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.				
1		THE MANCHESTER MEMORIAL HOSPITAL	Salary and Non Salary Expenses	09/30/2015	\$24,448
			Total:	9/30/2015	\$24,448
-					
<b>J</b> . 1	ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.	EASTERN CT HEALTH NETWORK , INC	Fundraising	09/30/2015	\$2,355
2		THE MANCHESTER MEMORIAL HOSPITAL	Fundraising	09/30/2015	\$37,102
3		ECHN ELDERCARE SERVICES, INC.	Fundraising	09/30/2015	(\$3)
			Total:	9/30/2015	\$39,454
К.	ECHN CORPORATE SERVICES				
				00/00/00/5	<b>*</b> 4 005
1		EASTERN CT HEALTH NETWORK , INC	Salary and Non-Salary Expenses Total:	09/30/2015 9/30/2015	\$1,685 <b>\$1,685</b>
			Total.	9/30/2015	\$1,000
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.	Fundraising	09/30/2015	\$233
3		THE MANCHESTER MEMORIAL HOSPITAL	Salary and Non-Salary Expenses	09/30/2015	(\$101,206)
				00,00,2010	(\$101,200)
4		EASTERN CT HEALTH NETWORK , INC	Salary and Non-Salary Expenses	09/30/2015	(\$38,156)
			Total:	9/30/2015	(\$153,379)
М.	ECHN ENTERPRISES, INC.				
1		EASTERN CT HEALTH NETWORK , INC	Salary and Non-Salary Expenses	09/30/2015	\$2,100
				00/00/2010	ψ2,100
2		THE MANCHESTER MEMORIAL HOSPITAL	Salary and Non Salary Expenses	09/30/2015	(\$235,541)
			Total:	9/30/2015	(\$233,441)

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
Ν.	EVERGREEN ENDOSCOPY CENTER, LLC				
1		THE MANCHESTER MEMORIAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2015	\$204,933
-			Total:	9/30/2015	\$204,933 \$204,933
				0/00/2010	\$20 1,000
0.	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
Ρ.	EVERGREEN MEDICAL ASSOCIATES, LLC				
г.			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				
1		ECHN ENTERPRISES, INC.	Allocation of Investment Income/Loss	09/30/2015	¢ 1 EEE
		EGHN ENTERFRISES, INC.	Total:	9/30/2015 9/30/2015	\$4,555 <b>\$4,555</b>
			- Total.	3/00/2010	φ4,000
R.	HAYNES STREET MEDICAL ASSOCIATES, LLC				
			Allocation of Investment		
1		ECHN ENTERPRISES, INC.	Income/Loss	09/30/2015	\$3,844
			Total:	9/30/2015	\$3,844
S.	HAYNES STREET PROPERTY MANAGEMENT, LLC				
3.			Nothing to Report		\$0
			Total:	9/30/2015	\$0 \$0
Т.	MEDICAL PRACTICE PARTNERS				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
U.	METRO WHEELCHAIR SERVICE, INC				
			Allocation of Investment		
1		THE MANCHESTER MEMORIAL HOSPITAL	Income/Loss	09/30/2015	\$2,926
			Total:	9/30/2015	\$2,926
۷.	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON)		Allocation of Investment		
1		THE MANCHESTER MEMORIAL HOSPITAL	Income/Loss	09/30/2015	(\$13,008)
<u> </u>			Total:	9/30/2015	(\$13,008)
W.	THE MANCHESTER MEMORIAL HOSPITAL				

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
		ECHN COMMUNITY HEALTHCARE		00/00/00/7	
1		FOUNDATION , INC.	Fundraising	09/30/2015	(\$37,102)
2		ECHN ENTERPRISES, INC.	Salary and Non-Salary Expenses	09/30/2015	\$235,541
					. ,
3		ECHN ELDERCARE SERVICES, INC.	Salary and Non-Salary Expenses	09/30/2015	\$101,206
		EASTERN CONNECTICUT MEDICAL			•• •••
4		PROFESSIONALS FOUNDATION, INC.	Operating Subsidy	09/30/2015	\$3,993,109
5		CONNECTICUT HEALTHCARE INSURANCE CO.	malpractice	09/30/2015	\$770,889
		VISITING NURSE AND HEALTH SERVICES			* -,
6		OFCONNECTICUT, INC.	Salary and Non-Salary Expenses	09/30/2015	\$123,900
-				00/00/0045	<b>*</b> ~~~~~
7		A CARING HAND, LLC	Salary and Non-Salary Expenses	09/30/2015	\$68,897
8		EASTERN CT HEALTH NETWORK , INC	Salary and Non Salary Expenses	09/30/2015	(\$3,757,301)
			Total:	9/30/2015	\$1,499,139
Х.	TOLLAND IMAGING CENTER				
1		THE MANCHESTER MEMORIAL HOSPITAL	Salary and Non-Salary Expenses Total:	09/30/2015 9/30/2015	\$145,729 <b>\$145,729</b>
			Total:	9/30/2015	\$145,729
Υ.	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, INC.				
	,				
1		A CARING HAND, LLC	Salary and Non Salary Expenses	09/30/2015	\$18,236
2		EASTERN CT HEALTH NETWORK , INC	Salary and Non Salary Expenses	09/30/2015	(\$56,650)
2			balary and Non balary Expenses	00/00/2010	(\$00,000)
3		THE MANCHESTER MEMORIAL HOSPITAL	Salary and Non Salary Expenses	09/30/2015	\$62,675
			Total:	9/30/2015	\$24,261
_					
Ζ.	WBC CONNECTICUT EAST, LLC		Allocation of laws stars and		
4		THE MANCHESTER MEMORIAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2015	\$15,031
I		THE MANCHESTER MEMORIAL HUSPITAL	Total:	9/30/2015 9/30/2015	\$15,031 \$15,031
			Total.	3/30/2013	φ13,031
			Ending Unconsolidated		
			Intercompany Balance	9/30/2015	\$22,393,740

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#### ROCKVILLE GENERAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2015 REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

#### (3)

(1)	(2)	(2) (3)		(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT

### ROCKVILLE GENERAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2015 REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)		(3)	(4)
	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE		AMOUNT	DATE
LINE	DESCRIPTION OF EXPENDITORE		AMOUNT	DATE
Α.	EASTERN CT HEALTH NETWORK , INC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2015
<b>B</b> .	A CARING HAND, LLC			
0	Nothing to Report	Total:	\$0 <b>\$0</b>	9/30/2015
		Total.	<b>40</b>	5/50/2015
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	Total:	\$0 <b>\$0</b>	9/30/2015
		Total.	\$0	9/30/2015
E.	CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC			
0	Nothing to Report		\$0	
	-	Total:	\$0	9/30/2015
F.	CONNECTICUT HEALTHCARE INSURANCE CO.			
0	Nothing to Report	<b>T</b> ( )	\$0	
		Total:	\$0	9/30/2015
G.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC			
0	Nothing to Report		\$0	
Ű		Total:	\$0 \$0	9/30/2015
Н.	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC	-		
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2015
<u> </u>	FASTERN CONNECTICUT DUVERSIAN LIOSDITAL ODCANIZATION INC.			
<b>I</b> . 0	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC. Nothing to Report		\$0	
Ű		Total:	\$0 \$0	9/30/2015
J.	ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2015
<b>К.</b> 0	ECHN CORPORATE SERVICES Nothing to Report		\$0	
<u> </u>	rotaning to report	Total:	\$0	9/30/2015
			**	
L.	ECHN ELDERCARE SERVICES, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2015
<u>М.</u> 0	ECHN ENTERPRISES, INC. Nothing to Report		¢0	
<u> </u>		Total:	\$0 <b>\$0</b>	9/30/2015
			**	5/00/2010
N.	EVERGREEN ENDOSCOPY CENTER, LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2015
_				
0.	EVERGREEN MEDICAL ASSOCIATES II, LLC			

### ROCKVILLE GENERAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2015 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	)
	Tot		
Ρ.	EVERGREEN MEDICAL ASSOCIATES, LLC		
0	Nothing to Report	\$(	
	Tota	al: \$(	9/30/2015
<b>Q.</b> 0	HAYNES STREET MEDICAL ASSOCIATES II, LLC Nothing to Report		
0	Tota	\$( al: \$	
		μ. φι	5 5/30/2013
R.	HAYNES STREET MEDICAL ASSOCIATES, LLC		
0	Nothing to Report	\$	
0	Tota		
		ψ <b>ι</b>	5/50/2013
S.	HAYNES STREET PROPERTY MANAGEMENT, LLC		
0	Nothing to Report	\$	
	Tota		
		· · · · · · · · · · · · · · · · · · ·	0,00,2010
т.	MEDICAL PRACTICE PARTNERS		
0	Nothing to Report	\$(	)
	Tota		
U.	METRO WHEELCHAIR SERVICE, INC		
0	Nothing to Report	\$(	)
	Tota	al: \$(	9/30/2015
٧.	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON)		
0	Nothing to Report	\$0	)
	Tota	al: \$0	9/30/2015
Ψ.	THE MANCHESTER MEMORIAL HOSPITAL		
0	Nothing to Report	\$0	
	Tota	al: \$(	9/30/2015
Χ.	TOLLAND IMAGING CENTER		
0	Nothing to Report	\$(	
	Tota	al: \$0	9/30/2015
Υ.	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, INC.		
0	Nothing to Report	\$0	
	Tota	al: \$0	9/30/2015
-			
<b>Z.</b>	WBC CONNECTICUT EAST, LLC		
0	Nothing to Report	\$0 1: \$	
			9/30/2015
	Grand Tota	ıl: \$(	9/30/2015
	Statu Tou	····	5,55,2013

#### ROCKVILLE GENERAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2015 REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
•	EASTERN CT HEALTH NETWORK , INC		
<b>A.</b> 0	Nothing to Report	\$0	0
	Total:	\$0	
	A CARING HAND, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	
C.	AETNA AMBULANCE SERVICES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	AMBULANCE SERVICE OF MANCHESTER, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	
_			
<b>E.</b> 0	CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC Nothing to Report	\$0	0
	Total:	\$0 \$0	
F.	CONNECTICUT HEALTHCARE INSURANCE CO.		
0	Nothing to Report	\$0	
	Total:	\$0	
<b>G.</b> 0	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC Nothing to Report	\$0	0
0	Total:		
		φ0	
Н.	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
<u>l.</u>	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.		
0	Nothing to Report Total:	\$0 <b>\$0</b>	
		50	
J.	ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.		
<b>J.</b> 0	Nothing to Report	\$0	0
	Total:	\$0	
	ECHN CORPORATE SERVICES		
0	Nothing to Report	\$0	0

#### ROCKVILLE GENERAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2015 REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
	Total:	\$0	
	ECHN ELDERCARE SERVICES, INC.		
0	Nothing to Report Total:	\$0 <b>\$0</b>	
	i otai:	\$0	
м.	ECHN ENTERPRISES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
Ν.	EVERGREEN ENDOSCOPY CENTER, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	
<b>O</b> .	EVERGREEN MEDICAL ASSOCIATES II, LLC Nothing to Report	\$0	0
0	Total:	\$0 <b>\$0</b>	0
Ρ.	EVERGREEN MEDICAL ASSOCIATES, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
Q.	HAYNES STREET MEDICAL ASSOCIATES II, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	
<b>D</b>			
<b>R.</b> 0	HAYNES STREET MEDICAL ASSOCIATES, LLC Nothing to Report	\$0	0
	Total:		
		••••	
S.	HAYNES STREET PROPERTY MANAGEMENT, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
<u>т.</u> 0	MEDICAL PRACTICE PARTNERS Nothing to Report	\$0	
	Total:	\$0 <b>\$0</b>	
		\$0	
U.	METRO WHEELCHAIR SERVICE, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	

#### ROCKVILLE GENERAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2015 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 ONCOLOGYNETWORK, INC. (NRRON)		
0	Nothing to Report	\$0	0
	Total:	\$0	
W.	THE MANCHESTER MEMORIAL HOSPITAL		
0	Nothing to Report	\$0	0
	Total:	\$0	
Χ.	TOLLAND IMAGING CENTER		
0	Nothing to Report	\$0	0
	Total:	\$0	
Y.	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
Z.	WBC CONNECTICUT EAST, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Orand Tatal		
	Grand Total:	\$0	

### ROCKVILLE GENERAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2015 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR INDIGENT CARE AND FREE BEDS

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015		
LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
Α.	Indigent Care				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00		0%
2	Income	\$0.00	\$0.00	\$0.00	0%
	Expenditures	\$0.00	\$0.00		0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
В.	Free Beds				
	Beginning Balance	\$252,214.64	\$264,001.47	\$11,786.83	5%
1	Donations	\$500.00	\$0.00		-100%
	Income	\$55,561.43	\$134.31	(\$55,427.12)	-100%
3	Expenditures	\$12,389.17	\$0.00		-100%
4	Unrealized Gains and Losses	(\$31,885.43)	\$0.00		-100%
	Ending Balance	\$264,001.47	\$264,135.78		0%
5	Projected Interest Income	\$150.00	\$300.00	\$150.00	100%
С.	Other				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00		0%
4	Unrealized Gains and Losses	\$0.00	\$0.00		0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

ANNUAL REPORTING

ROCKVILLE GENERAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2015 REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL						
A. Patient Activity						
(1)	(2)	(3)				
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount				
1. Number of Applications for He	ospital Bed Funds	0				
Grand Total \$0.00						

E

		ROCKVILLE GENERA ANNUAL REPO			
		FISCAL YEAR			
	REPORT 17B - HOSPITA	L BED FUNDS HELD C	DR ADMINISTERED B	IT THE HUSPITAL	
B. BE	D FUND ACTIVITY				
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
(3)	Fair Market Value of the Principal of each	individual Hospital Be	d Fund, or the Princi	pal attributable to each	n Hospital Bed
(4)	Total Actual Earnings for each Hospital B	ed Fund or the Earning	gs attributable to eac	h Hospital Bed Fund.	
(5)	Actual Dollar Amount of Earnings reinves	ted as Principal, if any	•		
(6)	Actual Dollar Amount of Earnings availabl	le for Patient Care.			
	Trumbull Chapter	\$157,268.00	\$62,291.23	\$0.00	\$62,291.23
	CE Prescott	\$15,000.00	\$1,614.31	\$0.00	\$1,614.31
	Charles Phelps	\$10,000.00	\$1,099.60	\$0.00	\$1,099.60
	Winchell Foster	\$15,000.00	\$1,643.03	\$0.00	\$1,643.03
	Betsy C. Tucker	\$2,000.00	\$216.23	\$0.00	\$216.23
	Anna Shelton Whitlock	\$20,120.00	\$2,173.48	\$0.00	\$2,173.48
	Elsie Sykes Phelps	\$5,975.00	\$643.34	\$0.00	\$643.34
	John and Martha Kress Fund	\$500.00	\$0.22	\$0.00	\$0.22
	Total Bed Funds :	\$225,863.00	\$69,681.44	\$0.00	\$69,681.44

# ROCKVILLE GENERAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2015 REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I.	GENERAL COLLECTION PROCESSES AND PROCEDURES	
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	
		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.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	ECHN has agreements with Coll Agencies to initiate collection efforts on those accts that ECHN refers to them. If pay schedules are not kept, accts will be transferred from coll agents to secondary collections attorneys for follow-up.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	17.78%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
A	Collection Agent	
1	Collection Agent Name	American Adjustment Bureau
2	Collection Agent Type	Collection Agency
	Related / Not Related Entity	Not Related
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.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	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.	15.30%
	Collection Arout	
В	Collection Agent	

# ROCKVILLE GENERAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2015 REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
1	Collection Agent Name	TransContinental Credit & Collection
2	Collection Agent Type	Collection Agency
	Related / Not Related Entity	Not Related
	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	ECHN offers options and will not bill, refer to a coll, a SP patient prior to giving opp to fin assist or choose a pay option that fits needs. If pat does not request an app for fin aid, they have 120 days to pay acct in full.
	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	ECHN has agreements with Coll Agencies to initiate collection efforts on those accts that ECHN refers to them. If pay schedules are not kept, accts will be transferred from coll agents to secondary collections attorneys for follow-up.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	20.25%

## ROCKVILLE GENERAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2015 REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL EMPLOYEES

LINE	POSITION TITLE	EMPLOYEE NAME	SALARY	FRINGE BENEFITS	TOTAL
1.	Medical Director	David Neuhaus	\$367,691	\$13,306	\$380,997
0	President/Chief Executive Officer	Peter J Karl	¢2.44.220	¢00,000	¢264 E42
2.	President/Chief Executive Officer	Peter J Kan	\$341,320	\$20,222	\$361,542
3.	Urgent Care Physician	Alexis M Cordiano	\$252,561	\$32,749	\$285,310
4.	Senior VP Patient Care Svc & Chief Nursing Officer	Mary Powers	\$242,406	\$19,088	\$261,494
5.	Infection Control Medical Director	Ellen G Neuhaus	\$227,779	\$33,115	\$260,894
6.	Urgent Care Physician	Johvonne Claybourne	\$175,863	\$28,426	\$204,289
7.	Psychiatrist	Mariela Podolski	\$155,878	\$31,389	\$187,267
8.	Nurse Manager	Sue Cavaliere	\$157,786	\$17,991	\$175,777
9.	Registered Nurse	Pamela Lord	\$134,444	\$17,567	\$152,011
10.	Registered Nurse	Sandra J Lambert	\$127,364	\$22,178	\$149,542
		Grand Total:	\$2,183,092	\$236,031	\$2,419,123

#### EASTERN CT 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

### ROCKVILLE GENERAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2015 REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS

# PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

Line         DESCRIPTION         SALARIES (Directly or part of the starting of part of the starting of the starting of the starting of part of the starting of the starting of the starting of part of the starting of the starting of the starting of part of the starting of the starting of the starting of the starting of part of the starting of the starting of the starting of the starting of part of the starting of the starting of the starting of the starting of part of the starting o	(1)	(2)	(3)	(4)	(5)
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A.       EASTERN CT HEALTH NETWORK, INC         1       Paid by the Entry Listed Above to Hospital Employees(6)       \$0       \$0       \$0       \$0         2       Paid by the Entry Listed Above to Hospital Employees(6)       \$0       \$0       \$0       \$0         1       Paid by the Entry Listed Above to Hospital Employees(6)       \$0       \$0       \$0       \$0         2       Paid by the Entry Listed Above to Hospital Employees(6)       \$0       \$0       \$0       \$0         2       Paid by the Entry Listed Above to Hospital Employees(6)       \$0       \$0       \$0       \$0         1       Paid by the Entry Listed Above to Hospital Employees(6)       \$0       \$0       \$0       \$0         2       Paid by the Entry Listed Above to Hospital Employees(7)       \$0       \$0       \$0       \$0         2       Paid by the Entry Listed Above to Hospital Employees(7)       \$0       \$0       \$0       \$0         2       Paid by the Entry Listed Above to Hospital Employees(8)       \$0       \$0       \$0       \$0         2       Paid by the Entry Listed Above to Hospital Employees(8)       \$0       \$0       \$0       \$0         2       Paid by the Entry Listed Above to Hospital Employees(8)       \$0       \$0       \$0		DESCRIPTION	• •		ΤΟΤΑΙ
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B.         A CARING HAND, LLC         S0					
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C.       AETNA AMBULANCE SERVICES, INC.       0					
1         Paid by the Entity Listed Above to Hospital Employees(B)         \$0         \$0         \$0           2         Paid by the Hospital to Employees of the Entity Listed Above         \$0         \$0         \$0           0.         AMBULANCE SERVICE OF MANCHESTER, LLC            \$0         \$0         \$0         \$0           1         Paid by the Entity Listed Above to Hospital Employees(B)         \$0         \$0         \$0         \$0           2         Paid by the Entity Listed Above to Hospital Employees(B)         \$0         \$0         \$0         \$0           2         Paid by the Hospital to Employees of the Entity Listed Above         \$0         \$0         \$0         \$0           2         Paid by the Hospital to Employees of the Entity Listed Above         \$0         \$0         \$0         \$0           2         Paid by the Entity Listed Above to Hospital Employees(B)         \$0         \$0         \$0         \$0         \$0           2         Paid by the Hospital to Employees of the Entity Listed Above         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0         \$0<	2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
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D.       AMBULANCE SERVICE OF MANCHESTER, LLC         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)       \$0       \$0       \$0         2       Paid by the Hospital to Employees of the Entity Listed Above       \$0       \$0       \$0         2       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0       \$0         1       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0       \$0         2       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0       \$0         2       Paid by the Hospital to Employees of the Entity Listed Above       \$0       \$0       \$0       \$0         2       Paid by the Hospital to Employees of the Entity Listed Above       \$0       \$0       \$0       \$0         2       Paid by the Hospital to Employees of the Entity Listed Above       \$0       \$0       \$0       \$0         2       Paid by the Hospital to Employees of the Entity Listed Above       \$0       \$0       \$0       \$0         3       Paid by the Hospital to Employees of the Entity Listed Above       \$0       \$0       \$0       \$0					
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2       Paid by the Hospital to Employees of the Entity Listed Above       \$0       \$0       \$0       \$0         E       CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC			\$0	\$0	\$0
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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         3       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0       \$0         2       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0       \$0         2       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0       \$0         2       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0       \$0         4       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0       \$0         2       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0       \$0         2       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0       \$0         2       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0       \$0         3       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0       \$0 <td></td> <td></td> <td></td> <td></td> <td></td>					
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H.       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         2       Paid by the Hospital to Employees of the Entity Listed Above       \$0       \$0       \$0         2       Paid by the Hospital to Employees of the Entity Listed Above       \$0       \$0       \$0         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)       \$0       \$0       \$0         2       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0         3.       ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.	2		\$0	\$0	\$0
H.       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         2       Paid by the Hospital to Employees of the Entity Listed Above       \$0       \$0       \$0         2       Paid by the Hospital to Employees of the Entity Listed Above       \$0       \$0       \$0         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)       \$0       \$0       \$0         2       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0         3.       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         2       Paid by the Hospital to Employees of the Entity Listed Above       \$0       \$0       \$0         2       Paid by the Hospital to Employees of the Entity Listed Above       \$0       \$0       \$0         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         2       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0         3.       ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.					
2       Paid by the Hospital to Employees of the Entity Listed Above       \$0       \$0       \$0         EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.       INC.       INC.       INC.         1       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0         2       Paid by the Hospital to Employees of the Entity Listed Above       \$0       \$0       \$0         J.       ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.       INC.       INC.       INC.         1       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0         2       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0         2       Paid by the Hospital to Employees of the Entity Listed Above       \$0       \$0       \$0         4       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0         5       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0         5       ECHN ELDERCARE SERVICES, INC.       INC.       INC.       INC.       INC.         1       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0       \$0         2       Paid by the Entity Listed Above to Hospit	Η.				·
EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.       I       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0         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         3.       ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.       I       I       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0         2       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0       \$0         4       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0       \$0         5       ECHN CORPORATE SERVICES       I       I       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0         2       Paid by the Hospital to Employees of the Entity Listed Above       \$0       \$0       \$0       \$0         4       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0       \$0         2       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0       \$0         4       Paid by the Entity Listed Above to Hospi	· · · ·				
1.       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         3.       ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.	2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
1.       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         3.       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         J       ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.         \$0       \$0         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)       \$0       \$0       \$0         2       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0         4       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0         2       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0         2       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0         2       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0         4       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0         2       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0         2       Paid by the Hospital to Employees of the Entity L	1				
2       Paid by the Hospital to Employees of the Entity Listed Above       \$0       \$0       \$0         J.       ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.			\$0	\$0	\$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         2       Paid by the Hospital to Employees of the Entity Listed Above       \$0       \$0       \$0         K.       ECHN CORPORATE SERVICES	-				
1       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0         2       Paid by the Hospital to Employees of the Entity Listed Above       \$0       \$0       \$0         K.       ECHN CORPORATE SERVICES			<i>c</i> –		·
2       Paid by the Hospital to Employees of the Entity Listed Above       \$0       \$0       \$0         K.       ECHN CORPORATE SERVICES	J.				
K.       ECHN CORPORATE SERVICES         1       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0         2       Paid by the Hospital to Employees of the Entity Listed Above       \$0       \$0       \$0         L.       ECHN ELDERCARE SERVICES, INC.	1				
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         2       ECHN ELDERCARE SERVICES, INC.             1       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0         2       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0         2       Paid by the Hospital to Employees of the Entity Listed Above       \$0       \$0       \$0	2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
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         2       ECHN ELDERCARE SERVICES, INC.             1       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0         2       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0         2       Paid by the Hospital to Employees of the Entity Listed Above       \$0       \$0       \$0					
2       Paid by the Hospital to Employees of the Entity Listed Above       \$0       \$0       \$0         L.       ECHN ELDERCARE SERVICES, INC.			¢0		<u>фо</u>
L.       ECHN ELDERCARE SERVICES, INC.         1       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0         2       Paid by the Hospital to Employees of the Entity Listed Above       \$0       \$0					
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	2		φυ	φ0	φυ
1       Paid by the Entity Listed Above to Hospital Employees(B)       \$0       \$0       \$0         2       Paid by the Hospital to Employees of the Entity Listed Above       \$0       \$0       \$0	L.	ECHN ELDERCARE SERVICES, INC.			
2 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0			\$0	\$0	\$0
M . ECHN ENTERPRISES, INC.					
	Μ.	ECHN ENTERPRISES, INC.			

### ROCKVILLE GENERAL 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> (Directl	
LINE	DESCRIPTION	Indirectly) <sup>C</sup>	y or Indirectly) <sup>C</sup>	TOTAL
LINE	DESCRIPTION	manectry	y or manecity)	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	<u>\$0</u>	\$0	<u>\$0</u>
_		+-	- +	
Ν.	EVERGREEN ENDOSCOPY CENTER, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
0.	EVERGREEN MEDICAL ASSOCIATES II, LLC			
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	<u> </u>	\$0	<u>\$0</u> \$0
~		φυ	ψυ	φυ
Ρ.	EVERGREEN MEDICAL ASSOCIATES, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
0				
Q.	HAYNES STREET MEDICAL ASSOCIATES II, LLC	¢0		¢0
1 2	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	<u>\$0</u> \$0	\$0 \$0	<u>\$0</u> \$0
		φυ	φU	φU
R.	HAYNES STREET MEDICAL ASSOCIATES, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
S .	HAYNES STREET PROPERTY MANAGEMENT, LLC	·		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Τ.	MEDICAL PRACTICE PARTNERS			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
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 ONCOLOGYNETWORK, INC.			
ν.	(NRRON)			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Ψ.	THE MANCHESTER MEMORIAL HOSPITAL	A -		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0 \$0	\$0	\$0 \$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Χ.	TOLLAND IMAGING CENTER			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
、 <i>.</i>				
Υ.	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, INC.	<b>\$</b> 2		<b>(()</b>
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0 \$0	\$0 \$0	\$0 \$0
2	Paid by the Hospital to Employees of the Entity Listed Above	ΦU	φU	\$0

### ROCKVILLE GENERAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2015 REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS

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

(1)	(2)	(3)	(4)	(5)
		SALARIES (Directly or	FRINGE BENEFITS <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.

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.

### ROCKVILLE GENERAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2015 REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2015
Α	Transfer of Assets or Operations	
	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of	
1.	Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

ANNUAL REPORTING

	REPORT 23 - CHARITY CARE AND REDUCED	AL YEAR 2015 COST SERVICES	PROVIDED BY	THE HOSPITAL	
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial S	tatement Notes)			
<u>1.</u> 2.	Number of Applicants Number of Approved Applicants	337 305	349 322	12 17	49 <b>6</b> 9
3.	Total Charges (A)	\$1,188,543	\$797,362	(\$391,181)	-33%
0.	Average Charges	\$3,897	\$2,476	(\$1,421)	-36%
4.	Ratio of Cost to Charges (RCC)	0.313322	0.308781	(0.004541)	-19
	Total Cost	\$372,397	\$246,210	(\$126,186)	-349
	Average Cost	\$1,221	\$765	(\$456)	-379
5.	Charity Care - Inpatient Charges	\$362,107	\$163,974	(\$198,133)	-559
	Charity Care - Outpatient Emergency Department	+,	+ ,	(+ · · · · , · · · · /	
6.	Charges Charity Care - Outpatient Charges (Excludes ED	628,554	539,804	(88,750)	-149
7.	Charges)	197,882	93,584	(104,298)	-539
7.	Total Charges (A)	\$1,188,543	\$797,362	(\$391,181)	-33°
		0.07		(70)	
8.	Charity Care - Number of Patient Days	207	134	(73)	-359
9.	Charity Care - Number of Discharges	37	<u> </u>	(10)	-279
10.	Charity Care - Number of Outpatient ED Visits Charity Care - Number of Outpatient Visits (Excludes ED	403	204	(139)	-349
11.	Visits)	310	191	(119)	-389
(A) Th	e total amount must agree with the total amount listed ir	the Hospital Auc	lited Financial S	tatement Notes.	
		·	lited Financial S	tatement Notes.	
(A) The <u>B.</u>	e total amount must agree with the total amount listed ir Hospital Bed Funds (see Hospital Reporting System - F	·	lited Financial S	itatement Notes.	
		·	lited Financial S	tatement Notes.	-100
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - F	Report 17)			
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - F	Report 17) 8	-	(8)	-100
<u>B.</u> 1. 2.	Hospital Bed Funds (see Hospital Reporting System - F Number of Applicants Number of Approved Applicants	Report 17) 8 8	-	(8) (8)	<b>-100</b> -100
<u>B.</u> 1. 2.	Hospital Bed Funds (see Hospital Reporting System - F Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC)	Report 17) 8 8 8 \$12,389 \$1,549 0.313322	- - \$0	(8) (8) (\$12,389) <b>(\$1,549)</b> (0.004541)	-100° -100° -100° -100° -100°
<u>B.</u> 1. 2. 3.	Hospital Bed Funds (see Hospital Reporting System - F Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost	Report 17)           8           8           \$12,389           \$12,389           \$1,549           0.313322           \$3,882	- - \$0 <b>\$0</b> 0.308781 <b>\$0</b>	(8) (8) (\$12,389) (\$1,549) (0.004541) (\$3,882)	-100° -100° -100° -100° -1°
<u>B.</u> 1. 2. 3.	Hospital Bed Funds (see Hospital Reporting System - F Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC)	Report 17) 8 8 8 \$12,389 \$1,549 0.313322	- - \$0 <b>\$0</b> 0.308781	(8) (8) (\$12,389) <b>(\$1,549)</b> (0.004541)	-100' -100' -100' -1'
<u>B.</u> 1. 2. 3.	Hospital Bed Funds (see Hospital Reporting System - F Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost	Report 17)           8           8           \$12,389           \$12,389           \$1,549           0.313322           \$3,882	- - \$0 <b>\$0</b> 0.308781 <b>\$0</b>	(8) (8) (\$12,389) (\$1,549) (0.004541) (\$3,882)	-100 -100 -100 -1 -1 -100 -100
<u>B.</u> 1. 2. 3. 4. 5.	Hospital Bed Funds (see Hospital Reporting System - F         Number of Applicants         Number of Approved Applicants         Total Charges (B)         Average Charges         Ratio of Cost to Charges (RCC)         Total Cost         Average Cost         Bed Funds - Inpatient Charges	Report 17)         8         8         8         \$12,389         \$1,549         0.313322         \$3,882         \$485         \$0	- - \$0 <b>\$0</b> 0.308781 <b>\$0</b> <b>\$0</b> <b>\$0</b> <b>\$0</b>	(8) (8) (\$12,389) (\$1,549) (0.004541) (\$3,882) (\$485) \$0	-100 -100 -100 -1 -1 -100 -100 0
<u>B.</u> 1. 2. 3. 4.	Image: Colspital Bed Funds (see Hospital Reporting System - Formatting System - Formatten - Formatt	Report 17)         8         8         8         \$12,389         \$1,549         0.313322         \$3,882         \$485         \$0         9,594	- - \$0 <b>\$0</b> 0.308781 <b>\$0</b> <b>\$0</b>	(8) (8) (\$12,389) (\$1,549) (\$1,549) (\$3,882) (\$3,882) (\$485) \$0 (9,594)	-100 -100 -100 -1 -1 -100 -100 -100
<u>B.</u> 1. 2. 3. 4. 5.	Hospital Bed Funds (see Hospital Reporting System - F         Number of Applicants         Number of Approved Applicants         Total Charges (B)         Average Charges         Ratio of Cost to Charges (RCC)         Total Cost         Average Cost         Bed Funds - Inpatient Charges         Bed Funds - Outpatient Emergency Department Charges         Bed Funds - Outpatient Charges (Excludes ED Charges)	Report 17)           8           8           8           \$12,389           \$1,549           0.313322           \$3,882           \$485           \$0           9,594           2,795	- - \$0 <b>\$0</b> <b>\$0</b> <b>\$0</b> <b>\$0</b> <b>\$0</b> <b>\$0</b> <b>\$0</b> <b></b>	(8) (8) (\$12,389) (\$1,549) (\$1,549) (\$3,882) (\$3,882) (\$485) \$0 (9,594) (2,795)	-100 -100 -100 -1 -1 -100 -100 -100 -10
<u>B.</u> 1. 2. 3. 4. 5. 6.	Image: Colspital Bed Funds (see Hospital Reporting System - Formatting System - Formatten - Formatt	Report 17)         8         8         8         \$12,389         \$1,549         0.313322         \$3,882         \$485         \$0         9,594	- - \$0 <b>\$0</b> 0.308781 <b>\$0</b> <b>\$0</b> <b>\$0</b> <b>\$0</b> <b>\$0</b>	(8) (8) (\$12,389) (\$1,549) (\$1,549) (\$3,882) (\$3,882) (\$485) \$0 (9,594)	-100 -100 -100 -1 -100 -100 -100 -100
<u>B.</u> 1. 2. 3. 4. 5. 6.	Hospital Bed Funds (see Hospital Reporting System - F         Number of Applicants         Number of Approved Applicants         Total Charges (B)         Average Charges         Ratio of Cost to Charges (RCC)         Total Cost         Average Cost         Bed Funds - Inpatient Charges         Bed Funds - Outpatient Emergency Department Charges         Bed Funds - Outpatient Charges (Excludes ED Charges)	Report 17)           8           8           8           \$12,389           \$1,549           0.313322           \$3,882           \$485           \$0           9,594           2,795	- - \$0 <b>\$0</b> <b>\$0</b> <b>\$0</b> <b>\$0</b> <b>\$0</b> <b>\$0</b> <b>\$0</b> <b></b>	(8) (8) (\$12,389) (\$1,549) (\$1,549) (\$3,882) (\$3,882) (\$485) \$0 (9,594) (2,795)	-100 -100 -100 -1 -1 -100 -100 -100
B.         1.         2.         3.         4.         5.         6.         7.	Hospital Bed Funds (see Hospital Reporting System - F         Number of Applicants         Number of Approved Applicants         Total Charges (B)         Average Charges         Ratio of Cost to Charges (RCC)         Total Cost         Average Cost         Bed Funds - Inpatient Charges         Bed Funds - Outpatient Emergency Department Charges         Bed Funds - Outpatient Charges (Excludes ED Charges)         Total Charges (B)         Bed Funds - Number of Patient Days         Bed Funds - Number of Discharges	Report 17)         8         8         8         8         8         \$12,389         \$12,389         \$1,549         0.313322         \$3,882         \$485         \$0         9,594         2,795         \$12,389         0         0         0         0         0         0         0	- - \$0 \$0 0.308781 \$0 \$0 \$0 0 0 \$0 \$0	(8) (8) (\$12,389) (\$1,549) (\$1,549) (\$1,549) (\$3,882) (\$485) (\$485) (\$485) (\$12,389) (\$12,389) (\$12,389) 0 0	-100 -100 -100 -100 -100 -100 -100 -100
B.         1.         2.         3.         4.         5.         6.         7.         8.	Hospital Bed Funds (see Hospital Reporting System - F         Number of Applicants         Number of Approved Applicants         Total Charges (B)         Average Charges         Ratio of Cost to Charges (RCC)         Total Cost         Average Cost         Bed Funds - Inpatient Charges         Bed Funds - Outpatient Emergency Department Charges         Bed Funds - Outpatient Charges (Excludes ED Charges)         Total Charges (B)         Bed Funds - Number of Patient Days         Bed Funds - Number of Discharges         Bed Funds - Number of Outpatient ED Visits	Report 17)         8         8         8         8         \$12,389         \$12,389         \$1,549         0.313322         \$3,882         \$485         \$0         9,594         2,795         \$12,389         0         0         0         0	- - \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 0	(8) (8) (\$12,389) (\$1,549) (\$1,549) (\$1,549) (\$3,882) (\$485) (\$485) (\$485) (\$12,389) (\$12,389) 0	-100 -100 -100 -100 -100 -100 -100 -100
B.         1.         2.         3.         4.         5.         6.         7.         8.         9.	Hospital Bed Funds (see Hospital Reporting System - F         Number of Applicants         Number of Approved Applicants         Total Charges (B)         Average Charges         Ratio of Cost to Charges (RCC)         Total Cost         Average Cost         Bed Funds - Inpatient Charges         Bed Funds - Outpatient Emergency Department Charges         Bed Funds - Outpatient Charges (Excludes ED Charges)         Total Charges (B)         Bed Funds - Number of Patient Days         Bed Funds - Number of Discharges	Report 17)         8         8         8         8         8         \$12,389         \$12,389         \$1,549         0.313322         \$3,882         \$485         \$0         9,594         2,795         \$12,389         0         0         0         0         0         0         0	- - \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 0 0 0 0 0	(8) (8) (\$12,389) (\$1,549) (\$1,549) (\$1,549) (\$3,882) (\$485) (\$485) (\$485) (\$12,389) (\$12,389) (\$12,389) 0 0	-100 -100 -100 -100 -100 -100 -100 -100

ANNUAL REPORTING

ROCKVILLE GENERAL 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		