ANNUAL REPORTING FISCAL YEAR 2016 REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
Α.	AFFILIATE NAME	LAWRENCE +MEMORIAL CORPORATION	
1	Affiliate Description	PARENT CORPORATION	
	Affiliate type of service	Parent Corporation	
	Tax Status	Not for Profit	
	Street Address	365 MONTAUK AVE	
	Town	New London	
	State	Connecticut	
	Zip Code	06320 -	
	CEO Name CEO Title	BRUCE D. CUMMINGS PRESIDENT & CEO	
	CT Agent Name	Lawrence + Memorial Hospital	
	CT Agent Company	N/A	
	CT Agent Company Street Address	365 MONTAUK AVE	
	CT Agent Town	New London	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06320 -	
В.	AFFILIATE NAME	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.	
Б.	AFFILIATE NAME	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICOT, INC.	
1	Affiliate Description	Professional Caregiver/Physician Organization	
	Affiliate type of service	Physicians Services	
	Tax Status	Not for Profit	
4	Street Address	365 Montauk Avenue	
	Town	New London	
	State	Connecticut	
	Zip Code CEO Name	06320 - Bruce D. Cummings	
	CEO Title	President & CEO	
	CT Agent Name	Lawrence + Memorial Corporation	
	CT Agent Company	N/A	
	CT Agent Company Street Address	365 Montauk Avenue	
13	CT Agent Town	New London	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06320 -	
c.	AFFILIATE NAME	L + M HEALTH CARE, INC.	
<u>.</u>	AFFILIATE NAME	L T III ILALIII GARL; ING.	
	Affiliate Description	HEALTHCARE RELATED BUSINESS ENTITIES	
	Affiliate type of service	Inactive	
	Tax Status	Not for Profit	
	Street Address	365 MONTAUK AVE	
	Town State	New London Connecticut	
	State Zip Code	Connecticut 06320 -	
	CEO Name	BRUCE D. CUMMINGS	
	CEO Title	PRESIDENT & CEO	
	CT Agent Name	Lawrence + Memorial Coproration	
	CT Agent Company	N/A	
	CT Agent Company Street Address	365 MONTAUK AVE	
	CT Agent Town	New London	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06320 -	

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ANNUAL REPORTING FISCAL YEAR 2016 REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
D.	AFFILIATE NAME	L&M HOME CARE SERVICES, INC.
1	Affiliate Description	Home Care Services
	Affiliate type of service	For Profit Services (Specify)
3	Tax Status	For Profit
4	Street Address	365 Montauck Avenue
5 6	Town State	New London Connecticut
7	Zip Code	06320 -
8	CEO Name	Bruce D. Cummings
	CEO Title	President & CEO
	CT Agent Name	Lawrence + Memorial Corporation
	CT Agent Company	N/A
	CT Agent Town	365 Montauck Avenue New London
	CT Agent Town CT Agent State	Connecticut
	CT Agent Zip Code	06320 -
	0 1	
E.	AFFILIATE NAME	L&M INDEMNITY COMPANY, LTD.
1	Affiliate Description	Insurance Business Insurance Business and Assurance Business
2	Affiliate type of service	Insurance
3	Tax Status	For Profit
4	Street Address	23 Lime Tree Bay Avenue, PO Box 1159
5	Town	Grand Cayman
6 7	State Zip Code	Cayman Islands 11102 -
8	CEO Name	None
9	CEO Title	None
10	CT Agent Name	None
	CT Agent Company	None
	CT Agent Company Street Address	None, None
	CT Agent Town CT Agent State	None Coumon Islanda
	CT Agent State CT Agent Zip Code	Cayman Islands 11102 -
10	or rigonical poddo	
F.	AFFILIATE NAME	L&M SYSTEMS, INC
1	Affiliate Description	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES
2	Affiliate type of service	Medical Practices
3	Tax Status	For Profit
4	Street Address	365 MONTAUK AVE
5	Town	New London Connections
6 7	State Zip Code	Connecticut 06320 -
8	CEO Name	BRUCE D. CUMMINGS
	CEO Title	PRESIDENT & CEO
	CT Agent Name	Lawrence + Memorial Corporation
	CT Agent Company	N/A
	CT Agent Company Street Address	365 MONTAUK AVE
13 14	CT Agent State	New London Connecticut
	CT Agent State CT Agent Zip Code	Connecticut 06320 -
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ANNUAL REPORTING FISCAL YEAR 2016 REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
G.	AFFILIATE NAME	L+M PHYSICIAN ASSOCIATION, INC.	
Ŭ.	, <u> </u>		
	Affiliate Description Affiliate type of service	Physician Practices Physicians Services	
	Tax Status	Not for Profit	
	Street Address	194 Howard Street	
5	Town	New London	
	State	Connecticut	
	Zip Code	06320 -	
	CEO Name	Christpher M. Lehrach, MD	
	CEO Title CT Agent Name	President	
	CT Agent Name CT Agent Company	Lawrence +Memorial Corporation N/A	
	CT Agent Company CT Agent Company Street Address	365 Montauk Avenue	
	CT Agent Town	New London	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06320 -	
l		LAWDENGE & MEMORIAL FOUNDATION INC	
H.	AFFILIATE NAME	LAWRENCE & MEMORIAL FOUNDATION INC.	
1	Affiliate Description	FOUNDATION ENTITY - NOT ACTIVE	
	Affiliate type of service	Inactive	
	Tax Status	Not for Profit	
4	Street Address	365 MONTAUK AVE	
	Town State	New London Connecticut	
	Zip Code	Connecticut 06320 -	
	CEO Name	BRUCE D. CUMMINGS	
	CEO Title	PRESIDENT & CEO	
10	CT Agent Name	Lawrence + Memorial Corporation	
	CT Agent Company	N/A	
	CT Agent Company Street Address	365 MONTAUK AVE	
	CT Agent Town	New London	
	CT Agent State CT Agent Zip Code	Connecticut 06320 -	
13	C1 Agent zip Code	00020 -	
I.	AFFILIATE NAME	LMW HEALTHCARE INC.	
1	Affiliate Description	Healthcare related Pusiness Entity/Acute Heanite!	
2	Affiliate Description Affiliate type of service	Healthcare related Business Entity/Acute Hospital Hospital	
	Tax Status	Not for Profit	
	Street Address	25 Wells Street	
	Town	Westerly	
6	State	Rhode Island	
	Zip Code	02891 -	
	CEO Name	Bruce D. Cummings	
	CEO Title	President	
	CT Agent Name	Stephen D. Zubiago, Esq.	
	CT Agent Company CT Agent Company Street Address	Nixon Peabody, LLP One Citizens Plaza, Suite 500	
	CT Agent Company Street Address CT Agent Town	Providence	
	CT Agent Town CT Agent State	Rhode Island	
	CT Agent Zip Code	02903 -	
-	- '		

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ANNUAL REPORTING FISCAL YEAR 2016 REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
J.	AFFILIATE NAME	LMW PHYSICIANS, INC.	
1	Affiliate Description	Physician Sandaga	
	Affiliate Description Affiliate type of service	Physician Services Inactive	
	Tax Status	Not for Profit	
	Street Address	One Citizens Plaza, Suite 500	
	Town	Providence	
	State	Rhode Island	
	Zip Code CEO Name	02903 - Bruce D. Cummings	
	CEO Title	President	
	CT Agent Name	Stephen D. Zubiago, Esq.	
	CT Agent Company	Nixon Peabody, LLP	
12	CT Agent Company Street Address	One Citizens Plaza, Suite 500	
	CT Agent Town	Providence	
	CT Agent State	Rhode Island	
15	CT Agent Zip Code	02903 -	
K.	AFFILIATE NAME	SOUTHEASTERN CONNECICUT HEALTH PARTNERS, INC.	
1	Affiliate Description	Sarvice Organization	
	Affiliate type of service	Service Organization Inactive	
	Tax Status	Not for Profit	
4	Street Address	365 Montauk Avenue	
5	Town	New London	
	State	Connecticut	
	Zip Code	06320 -	
	CEO Name CEO Title	Daniel Rissi, MD CEO	
	CT Agent Name	Lawrence + Memorial Corporation	
	CT Agent Company	N/A	
12	CT Agent Company Street Address	365 Montauk Avenue	
13	CT Agent Town	New London	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06320 -	
L.	AFFILIATE NAME	THE WESTERLY HOSPITAL AUXILIARY, INC.	
1	Affiliate Description	Fostering the community's understanding of LMW Healthcare, Inc. promoting greater involvement in the	
2	Affiliate Description Affiliate type of service	service of the hospital. Auxilary	
	Tax Status	Not for Profit	
	Street Address	25 Wells Street	
	Town	Westerly	
	State	Rhode Island	
	Zip Code	02891 -	
	CEO Name	Bruce Cummings	
	CEO Title CT Agent Name	CEO Bruce Cummings	
	CT Agent Name CT Agent Company	N/A	
	CT Agent Company Street Address	LMW Healthcare Inc, 25 Wells Street	
13	CT Agent Town	Westerly	
	CT Agent State	Rhode Island	
15	CT Agent Zip Code	02891 -	

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ANNUAL REPORTING FISCAL YEAR 2016 REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
М.	AFFILIATE NAME	THE WESTERLY HOSPITAL FOUNDATION
1	Affiliate Description	To promote the charitable, educational and scientific purposes of LMW Healthcare Inc.
2	Affiliate type of service	Foundation
3	Tax Status	Not for Profit
4	Street Address	25 Wells Street
5	Town	Westerly
6	State	Rhode Island
7	Zip Code	02891 -
8	CEO Name	Bruce Cummings
9	CEO Title	CEO
10	CT Agent Name	Nicholas J. Stahl
11	CT Agent Company	N/A
12	CT Agent Company Street Address	25 Wells Street
13	CT Agent Town	Westerly
14	CT Agent State	Rhode Island
15	CT Agent Zip Code	02891 -

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2016
	LAWRENCE AND MEMORIAL HOSPITAL		
A .	LAWRENCE AND MEMORIAL HOSPITAL	Unrestricted	\$96.150.407
2		Temporarily Restricted by Donor	\$86,150,497 \$20,326,874
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$6,124,455
5		Intercompany Eliminations	\$0
		Total:	\$112,601,826
	LAWRENCE -MEMORIAL CORRORATION		
В.	LAWRENCE +MEMORIAL CORPORATION	Harrage to the stand	\$07.007.000
2		Unrestricted Temporarily Restricted by Depar	\$67,297,320 \$219,503
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$219,503
<u> </u>		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$17,713,550)
		Total:	\$49,803,273
			, ,,,,,,,
С.	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.		
1		Unrestricted	(\$660,087)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$660,087)
D.	L + M HEALTH CARE, INC.		
1	E I MITEAETH GARE, ING.	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
Ε.	L&M HOME CARE SERVICES, INC.		
	Law Home Care Services, INC.	Unrestricted	\$0
1 2		Temporarily Restricted by Donor	\$0 \$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
_	I OM INDEMNITY COMPANY I TO		
<u>F.</u> 1	L&M INDEMNITY COMPANY, LTD.	Unrestricted	(\$316,078)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
-		Total:	(\$316,078)
G.	L&M SYSTEMS, INC	Upportricted	#0.000 =c=
1		Unrestricted	\$2,838,797
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
4		Permanently Restricted by Donor	\$0 \$0
		Intercompany Eliminations	\$0
5		HILLELCOHIDATIV I HILLIHARIOLIS	

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

LINE AFFILIATE NAME	(1)	(2)	(3)	(4)
H. L+M PHYSICIAN ASSOCIATION, INC. Unrestricted Temporarily Restricted by Donor Service of the program of th	` '	, ,		BALANCE AS OF
Unrestricted \$231,95	LINE	AFFILIATE NAME		
Unrestricted \$231,95				
Unrestricted \$231,95	н.	L+M PHYSICIAN ASSOCIATION, INC.		
Temporarily Restricted by Board \$			Unrestricted	\$231,953
Temporarily Restricted by Doard S Permanently Restricted by Doard S Permanently Restricted by Doard S S S S S S S S S				\$0
Permanently Restricted by Donor State				\$0
Total: \$231,95	4		Permanently Restricted by Donor	\$0
LAWRENCE & MEMORIAL FOUNDATION INC. Unrestricted S	5		Intercompany Eliminations	\$0
Unrestricted S Temporarily Restricted by Donor S Temporarily Restricted by Board S Total: S Temporarily Restricted by Donor S S Temporarily Restricted by Board S Temporarily Restricted by Board S Total: Total: S Total: Total: Total: S Total: Total			Total:	\$231,953
Unrestricted S Temporarily Restricted by Donor S Temporarily Restricted by Board S Total: S Temporarily Restricted by Donor S S Temporarily Restricted by Board S Temporarily Restricted by Board S Total: Total: S Total: Total: Total: S Total: Total				
Temporarily Restricted by Donor S S Temporarily Restricted by Donor S S Temporarily Restricted by Donor S S Total: S S S S S S S S S	Ι.	LAWRENCE & MEMORIAL FOUNDATION INC.		
Temporarily Restricted by Board Permanently Restricted by Donor St. Intercompany Eliminations St. J. LIMW HEALTHCARE INC. Unrestricted Temporarily Restricted by Donor St. Total: St. J. LIMW HEALTHCARE INC. Unrestricted Temporarily Restricted by Donor St. Total: St. Total: St. Total: St. Total: St. Total: St. Total: St. The WESTERLY HOSPITAL AUXILIARY, INC. Unrestricted Temporarily Restricted by Donor St. The WESTERLY HOSPITAL FOUNDATION Unrestricted Temporarily Restricted by Donor St. Total: St. VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC. Unrestricted Temporarily Restricted by Donor St. Total: St. Total: St. VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC. Unrestricted Total: St. Tota				\$0
4 Permanently Restricted by Donor Strotal: Strot	2		Temporarily Restricted by Donor	\$0
Intercompany Eliminations				\$0
J. LMW HEALTHCARE INC. Unrestricted Temporarily Restricted by Donor September 1 Temporarily Restricted by Donor September 2 Temporarily Restricted by Donor September 3 Temporarily Restricted by Donor September 3 Total: September 3 Total: September 3 Total: September 3 Total: The Westerly Hospital Auxiliary, INC. Unrestricted Temporarily Restricted by Donor September 3 Total: Temporarily Restricted by Donor September 3 Total: The Westerly Hospital Foundation Total: Total: The Westerly Hospital Foundation Total: Temporarily Restricted by Donor September 3 Temporarily Restricted by Donor Total: T			Permanently Restricted by Donor	\$0
LIMW HEALTHCARE INC.	5			
Unrestricted \$27,535,24			Total:	\$0
Unrestricted \$27,535,24				
Temporarily Restricted by Donor Temporarily Restricted by Donor Temporarily Restricted by Donor Syn727,52 Intercompany Eliminations Total: Syn726,277 K. THE WESTERLY HOSPITAL AUXILIARY, INC. Unrestricted Directicted Directicted by Donor Syn726,277 Temporarily Restricted by Donor Syn726,277 L. THE WESTERLY HOSPITAL AUXILIARY, INC. Temporarily Restricted by Donor Total: Temporarily Restricted by Donor Syn726,277 Temporarily Restricted by Donor Syn726,277 Temporarily Restricted by Donor Syn726,277 Temporarily Restricted by Donor Total: The WESTERLY HOSPITAL FOUNDATION Unrestricted Temporarily Restricted by Donor Syn726,277 Temporarily Restricted by Donor Total: VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC. Unrestricted Temporarily Restricted by Donor Total: VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC. Unrestricted Temporarily Restricted by Donor Syn726,277 Temporarily Restricted by Donor Total: Syn726,277 Syn726,277 Syn726,277 Syn726,277 Syn726,277 Syn726,277 Temporarily Restricted by Donor Syn726,277 Temporarily Restricted by Donor Syn726,277 Temporarily Restricted by Donor Tempo		LMW HEALTHCARE INC.		
Temporarily Restricted by Board \$\$ 4 Permanently Restricted by Donor \$9,727,52 5 Intercompany Eliminations \$37,262,77. K. THE WESTERLY HOSPITAL AUXILIARY, INC. THE WESTERLY HOSPITAL AUXILIARY, INC. Unrestricted Unrestricted by Donor \$\$ 1 Emporarily Restricted by Donor \$\$ 2 Temporarily Restricted by Donor \$\$ 5 Intercompany Eliminations \$				\$27,535,245
Permanently Restricted by Donor \$9,727,52				\$0
Intercompany Eliminations \$ \$ \$ \$ \$ \$ \$ \$ \$				\$0
K. THE WESTERLY HOSPITAL AUXILIARY, INC. 1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Board 4 Permanently Restricted by Donor 5 Intercompany Eliminations 5 Total: Converting Nestricted by Donor 5 Temporarily Restricted by Donor 6 State of Temporarily Restricted by Donor 7 Temporarily Restricted by Donor 7 Temporarily Restricted by Donor 7 Temporarily Restricted by Donor 8 Temporarily Restricted by Donor 9 Temporarily Restricted by Donor 9 Total: VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC. Unrestricted 1 Unrestricted 9 Temporarily Restricted by Donor 9 Total: 9				
K. THE WESTERLY HOSPITAL AUXILIARY, INC. 1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Donor 5 Temporarily Restricted by Donor 5 Intercompany Eliminations 5 Total: 1 Unrestricted 5 Temporarily Restricted by Donor 5 Intercompany Eliminations 5 Total: 5 Total: 5 Total: 5 Temporarily Restricted by Donor 7 Sylvary Restricted by Donor 8 Sylvary Restricted by Donor 9 Sylvary Restricted by Donor	5			\$0
1 Unrestricted Signary Temporarily Restricted by Donor Signary Restricted by Board Signary Restricted by Board Signary Restricted by Donor Signary Restricted by Donor Signary Restricted by Donor Signary Restricted Signary			Total:	\$37,262,772
1 Unrestricted Signary Temporarily Restricted by Donor Signary Restricted by Board Signary Restricted by Board Signary Restricted by Donor Signary Restricted by Donor Signary Restricted by Donor Signary Restricted Signary				
Temporarily Restricted by Donor Intercompany Eliminations Total: The Westerly Hospital Foundation The Westerly Hospital Foundation The Westerly Hospital Foundation Temporarily Restricted by Donor Temporarily Restricted by Donor Temporarily Restricted by Donor Temporarily Restricted by Donor Total: Temporarily Restricted by Donor Total: T		THE WESTERLY HOSPITAL AUXILIARY, INC.		
Temporarily Restricted by Board Permanently Restricted by Donor Total: THE WESTERLY HOSPITAL FOUNDATION Unrestricted Temporarily Restricted by Donor Total: VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC. Unrestricted Temporarily Restricted by Donor Total: VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC. Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Donor Total: VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC. Unrestricted Temporarily Restricted by Donor Total: VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC. Unrestricted Temporarily Restricted by Donor Total: VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC. Unrestricted Temporarily Restricted by Donor Total: S21,379,80: S21,3				\$0
4 Permanently Restricted by Donor \$ 5 Intercompany Eliminations \$ 5 Total: \$ 6 Total: \$ 6 Total: \$ 6 Total: \$ 6 Total: \$ 7 Total: \$ 7 Temporarily Restricted by Donor \$ 8 Temporarily Restricted by Donor \$ 9 Temporarily Restricted by Board \$ 9 Permanently Restricted by Donor \$ 1 Total: \$ 8 Temporarily Restricted by Donor \$ 9 Total: \$ 9				\$0
Total: L. THE WESTERLY HOSPITAL FOUNDATION 1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Board 4 Permanently Restricted by Donor 5 Intercompany Eliminations 5 VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC. 1 Unrestricted 2 Temporarily Restricted by Donor 5 Intercompany Eliminations 5 Total: 5 VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC. 1 Unrestricted 5 Temporarily Restricted by Donor 6 Section 1 Temporarily Restricted by Donor 7 Temporarily Restricted by Donor 8 Section 2 Temporarily Restricted by Donor 9 Section 2 Temporarily Restricted 2 Section 3 Temporarily Restricted 3 Section 3 Temporarily Restricted 3 Section 3 Temporarily Restricted 3 Section 3				\$0
L. THE WESTERLY HOSPITAL FOUNDATION 1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Board 4 Permanently Restricted by Donor 5 Intercompany Eliminations 5 VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC. 1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Donor 4 Permanently Restricted by Donor 5 Temporarily Restricted by Donor 5 Total: N. WESTERLY HOSPITAL ENERGY COMPANY, LLC 1 Unrestricted 5 Temporarily Restricted by Donor 6 Temporarily Restricted by Donor 7 Total: 8 \$21,406,805				\$0
L. THE WESTERLY HOSPITAL FOUNDATION 1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Board 4 Permanently Restricted by Donor 5 Intercompany Eliminations 5 VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC. 1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Donor 4 Permanently Restricted by Donor 5 Temporarily Restricted by Donor 5 Temporarily Restricted by Donor 5 Total:				
1 Unrestricted \$\$ 2 Temporarily Restricted by Donor \$\$ 3 Temporarily Restricted by Donor \$\$ 4 Permanently Restricted by Donor \$\$ 5 Intercompany Eliminations \$\$ 5 VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC. M . CONNECTICUT, INC. Unrestricted \$\$21,379,80: 5 Temporarily Restricted by Donor \$\$ 3 Temporarily Restricted by Donor \$\$ 4 Permanently Restricted by Board \$\$ 5 Intercompany Eliminations \$\$ 5 Unrestricted \$\$ 5 Unrestricted \$\$ 5 Unrestricted \$\$ 6 Unrestricted \$\$ 7 Unrestricted by Donor \$\$ 7 Unrestricted by Donor \$\$ 7 Unrestricted \$\$ 9 Unrestricted \$\$ 9 Unrestricted by Donor \$\$ 9 Unrestricted \$\$ 9 Unrestricted by Donor \$\$ 9			Total:	\$0
1 Unrestricted \$\$ 2 Temporarily Restricted by Donor \$\$ 3 Temporarily Restricted by Donor \$\$ 4 Permanently Restricted by Donor \$\$ 5 Intercompany Eliminations \$\$ 5 VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC. M . CONNECTICUT, INC. Unrestricted \$\$21,379,80: 5 Temporarily Restricted by Donor \$\$ 3 Temporarily Restricted by Donor \$\$ 4 Permanently Restricted by Board \$\$ 5 Intercompany Eliminations \$\$ 5 Unrestricted \$\$ 5 Unrestricted \$\$ 5 Unrestricted \$\$ 6 Unrestricted \$\$ 7 Unrestricted by Donor \$\$ 7 Unrestricted by Donor \$\$ 7 Unrestricted \$\$ 9 Unrestricted \$\$ 9 Unrestricted by Donor \$\$ 9 Unrestricted \$\$ 9 Unrestricted by Donor \$\$ 9		THE WESTER! A HOSBITAL COLINDATION		
Temporarily Restricted by Donor \$\$ Temporarily Restricted by Board \$\$ Permanently Restricted by Donor \$\$ Intercompany Eliminations \$\$ VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC. Unrestricted \$\$ Temporarily Restricted by Donor \$\$ Temporarily Restricted by Donor \$\$ Temporarily Restricted by Donor \$\$ Temporarily Restricted by Board \$\$ Permanently Restricted by Donor \$\$ Intercompany Eliminations \$\$ Total: \$\$ N. WESTERLY HOSPITAL ENERGY COMPANY, LLC Unrestricted \$\$ Temporarily Restricted by Donor \$\$ Temporarily Restricted by Donor \$\$ Total: \$\$21,406,80: Temporarily Restricted by Donor \$\$ Permanently Restricted by Donor \$\$ Temporarily Restricted by Board \$\$		THE WESTERLY HOSFITAL FOUNDATION	Unrectricted	\$0
4 Permanently Restricted by Donor \$				ΦO
4 Permanently Restricted by Donor \$				φ0 02
Total: VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC. Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations N. WESTERLY HOSPITAL ENERGY COMPANY, LLC Unrestricted Unrestricted Temporarily Restricted by Donor \$27,000 Unrestricted Total: \$21,406,800 Unrestricted Permanently Restricted by Donor \$21,406,800 Intercompany Eliminations Intercompany Eliminations Intercompany Eliminations Intercompany Eliminations				\$0
Total: VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC. Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations N. WESTERLY HOSPITAL ENERGY COMPANY, LLC Unrestricted Unrestricted Temporarily Restricted by Donor \$27,000 Unrestricted Total: \$21,406,800 Unrestricted Permanently Restricted by Donor \$21,406,800 Intercompany Eliminations Intercompany Eliminations Intercompany Eliminations Intercompany Eliminations				\$0
VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC. 1 Unrestricted \$21,379,803 2 Temporarily Restricted by Donor \$3 4 Permanently Restricted by Board \$27,000 5 Intercompany Eliminations \$3 N. WESTERLY HOSPITAL ENERGY COMPANY, LLC 1 Unrestricted \$3 Temporarily Restricted by Donor \$21,406,803 N. WESTERLY HOSPITAL ENERGY COMPANY, LLC 1 Unrestricted \$3 Temporarily Restricted by Donor \$3 Temporarily Restricted by Donor \$3 Temporarily Restricted by Board \$3 Temporarily Restricted by Board \$3 Temporarily Restricted by Donor \$3 Intercompany Eliminations \$3				\$0
M . CONNECTICUT, INC. Unrestricted \$21,379,803 2 Temporarily Restricted by Donor \$6 3 Temporarily Restricted by Board \$6 4 Permanently Restricted by Donor \$27,000 5 Intercompany Eliminations \$6 Total: \$21,406,803 N . WESTERLY HOSPITAL ENERGY COMPANY, LLC \$1 1 Unrestricted \$3 2 Temporarily Restricted by Donor \$6 3 Temporarily Restricted by Board \$6 4 Permanently Restricted by Donor \$6 5 Intercompany Eliminations \$6			7.0001	Ψ
M . CONNECTICUT, INC. Unrestricted \$21,379,803 2 Temporarily Restricted by Donor \$6 3 Temporarily Restricted by Board \$6 4 Permanently Restricted by Donor \$27,000 5 Intercompany Eliminations \$6 Total: \$21,406,803 N . WESTERLY HOSPITAL ENERGY COMPANY, LLC \$1 1 Unrestricted \$3 2 Temporarily Restricted by Donor \$6 3 Temporarily Restricted by Board \$6 4 Permanently Restricted by Donor \$6 5 Intercompany Eliminations \$6		VISITING NURSE ASSOCIATION OF SOUTHEASTERN		
Unrestricted \$21,379,803	м.			
Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations N. WESTERLY HOSPITAL ENERGY COMPANY, LLC Unrestricted Temporarily Restricted by Donor Statl: Temporarily Restricted by Donor Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Intercompany Eliminations			Unrestricted	\$21 379 803
Temporarily Restricted by Board Permanently Restricted by Donor \$27,000 Intercompany Eliminations N. WESTERLY HOSPITAL ENERGY COMPANY, LLC Unrestricted Temporarily Restricted by Donor \$3 Temporarily Restricted by Donor \$3 Temporarily Restricted by Board \$3 Temporarily Restricted by Board \$3 Temporarily Restricted by Donor \$3 Intercompany Eliminations \$3				\$0
4 Permanently Restricted by Donor \$27,000 5 Intercompany Eliminations \$1 Total: \$21,406,800 N. WESTERLY HOSPITAL ENERGY COMPANY, LLC 1 Unrestricted Unrestricted \$1 2 Temporarily Restricted by Donor \$1 3 Temporarily Restricted by Board \$1 4 Permanently Restricted by Donor \$1 5 Intercompany Eliminations \$1				\$0
5 Intercompany Eliminations \$ Total: \$21,406,803 N. WESTERLY HOSPITAL ENERGY COMPANY, LLC 1 Unrestricted \$ 2 Temporarily Restricted by Donor \$ 3 Temporarily Restricted by Board \$ 4 Permanently Restricted by Donor \$ Intercompany Eliminations \$ 5				\$27,000
N. WESTERLY HOSPITAL ENERGY COMPANY, LLC Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations			Intercompany Eliminations	\$0
N. WESTERLY HOSPITAL ENERGY COMPANY, LLC 1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Board 4 Permanently Restricted by Donor 5 Intercompany Eliminations				\$21,406,803
1 Unrestricted \$ 2 Temporarily Restricted by Donor \$ 3 Temporarily Restricted by Board \$ 4 Permanently Restricted by Donor \$ 5 Intercompany Eliminations \$				
1 Unrestricted \$ 2 Temporarily Restricted by Donor \$ 3 Temporarily Restricted by Board \$ 4 Permanently Restricted by Donor \$ 5 Intercompany Eliminations \$	N.	WESTERLY HOSPITAL ENERGY COMPANY, LLC		
2Temporarily Restricted by Donor\$13Temporarily Restricted by Board\$14Permanently Restricted by Donor\$15Intercompany Eliminations\$1			Unrestricted	\$0
				\$0
				\$0
				\$0
			Total:	\$0

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)	
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2016	
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$240,882,809	
	Intercompany Eliminations		(\$17,713,550)	
	Total of all Affiliates	Fund Balance:	\$223,169,259	

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
Α.	LAWRENCE +MEMORIAL CORPORATION			
Α.	LAWRENCE +MEMORIAL CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$13,668,970
1		Allocation of Income/Loss	09/30/2016	(\$11,733,361)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$1,935,609
В.	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	(\$27,575,956)
1		Allocation of Income/Loss	09/30/2016	\$27,682,656
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$106,700
C.	L + M HEALTH CARE, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report	3/33/23/3	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
D.	L&M HOME CARE SERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
E.	L&M INDEMNITY COMPANY, LTD.			
E.	L&M INDEMNITY COMPANY, LTD.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	(\$2,673,733)
1		Allocation of Income/Loss	09/30/2016	\$2,673,733
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
	LOM CYCTEMS INC			
F.	L&M SYSTEMS, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	(\$68,974)
1		Allocation of Income/Loss	09/30/2016	(\$2,769,823)

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$2,838,797)
G.	L+M PHYSICIAN ASSOCIATION, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	(\$82,127,240)
1		Allocation of Income/Loss	09/30/2016	\$85,868,240
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$3,741,000
Н.	LAWRENCE & MEMORIAL FOUNDATION INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0 \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
-	LMW HEALTHCARE INC.			
<u>'</u>	LINW HEALTHCARE INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	(\$8,884,907)
1		Allocation of Income/Loss	09/30/2016	\$19,977,271
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$11,092,364
J.	LMW PHYSICIANS, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report Ending Unconsolidated Intercompany Balance:	0/00/0040	\$0 \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
K.	SOUTHEASTERN CONNECICUT HEALTH PARTNERS, INC.			
_ <u>r.</u>	SOUTHEASTERN CONNECTED THEALTH PARTNERS, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0 \$0
		Ending onconsolidated intercompany balance.	3/30/2010	φ0
L.	THE WESTERLY HOSPITAL AUXILIARY, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
М.	THE WESTERLY HOSPITAL FOUNDATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0 \$0
		Ending onconsolidated intercompany balance.	3/30/2010	40
N.	VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0 \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
Ο.	WESTERLY HOSPITAL ENERGY COMPANY, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
-		Nothing to Report Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0 \$0
			3/00/2010	40
			Grand Total:	\$14,036,876

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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
, ,	· ·	, ,	, ,	ì	` ,
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated		
			Intercompany Balance	10/01/2015	\$12,381,019
Α.	LAWRENCE +MEMORIAL CORPORATION				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
В.	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.				
Ь.	ASSOCIATED SECURLISTS OF SOUTHEASTERN CONNECTICUT, INC.		Nothing to Report		\$0
			Total:	9/30/2016	\$0
			1 Ottali	0/00/2010	\$ \$
C.	L + M HEALTH CARE, INC.				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
D.	L&M HOME CARE SERVICES, INC.				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
_	LOM INDEMNITY COMPANY LTD				
E.	L&M INDEMNITY COMPANY, LTD.		Nothing to Report		\$0
-			Total:	9/30/2016	\$0
			i otai.	3/30/2010	Ψ
F.	L&M SYSTEMS, INC				
1		LAWRENCE +MEMORIAL CORPORATION	Transfer of Funds	09/30/2016	\$5,078
			Total:	9/30/2016	\$5,078
G.	L+M PHYSICIAN ASSOCIATION, INC.				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
ļ.,.	LAWDENCE & MEMORIAL FOLINDATION INC				
H.	LAWRENCE & MEMORIAL FOUNDATION INC.		Nothing to Report		\$0
—			Total:	9/30/2016	\$0
			i otal.	3/33/2010	Ψ0
ı.	LMW HEALTHCARE INC.				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
J.	LMW PHYSICIANS, INC.				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
1.0	CONTRACTED CONNECTION THE ALTHER AND THE CONTRACTOR OF THE CONTRAC				
K.	SOUTHEASTERN CONNECICUT HEALTH PARTNERS, INC.				

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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
L.	THE WESTERLY HOSPITAL AUXILIARY, INC.				
	·		Nothing to Report		\$0
			Total:	9/30/2016	\$0
M.	THE WESTERLY HOSPITAL FOUNDATION				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
N.	VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC.				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
0.	WESTERLY HOSPITAL ENERGY COMPANY, LLC				
	·		Nothing to Report		\$0
			Total:	9/30/2016	\$0
			Funding the consolidated		
			Ending Unconsolidated Intercompany Balance	9/30/2016	\$12,386,097

LAWRENCE AND MEMORIAL HOSPITAL ANNUAL REPORTING

FISCAL YEAR 2016 REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)		(3)	(4)
LINE	AFFILIATE NAME &		AMOUNT	DATE
LINE	DESCRIPTION OF EXPENDITURE		AMOUNT	DATE
Α.	LAWRENCE +MEMORIAL CORPORATION			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2016
В.	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.	_		
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2016
C .	L + M HEALTH CARE, INC. Nothing to Report	_	0.0	
		Total:	\$0 \$0	9/30/2016
			•	
D.	L&M HOME CARE SERVICES, INC.			
0	Nothing to Report	Total:	\$0	0/20/2046
		i Otai.	\$0	9/30/2016
E.	L&M INDEMNITY COMPANY, LTD.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2016
F.	L&M SYSTEMS, INC	_		
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2016
G .	L+M PHYSICIAN ASSOCIATION, INC. Nothing to Report	_	ro.	
		Total:	\$0 \$0	9/30/2016
			40	0/00/2010
Н.	LAWRENCE & MEMORIAL FOUNDATION INC.			
0	Nothing to Report	r-4-l-	\$0	2/22/22
		Total:	\$0	9/30/2016
I.	LMW HEALTHCARE INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2016
	LAWA DILIVERGIANG INC			
J.	LMW PHYSICIANS, INC. Nothing to Report		\$0	
		Total:	\$0	9/30/2016
К.	SOUTHEASTERN CONNECICUT HEALTH PARTNERS, INC.	\rightarrow		
0	Nothing to Report	Total:	\$0 \$0	9/30/2016
				5,55,2010
L.	THE WESTERLY HOSPITAL AUXILIARY, INC.			
0	Nothing to Report	F=4=1:	\$0	2/22/22/2
		Total:	\$0	9/30/2016
М.	THE WESTERLY HOSPITAL FOUNDATION			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2016
A.I	VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC.			
N.	Nothing to Report	-	\$0	
Ě		Total:	\$0	9/30/2016
0.	WESTERLY HOSPITAL ENERGY COMPANY, LLC	\rightarrow	-	
0	Nothing to Report	Total:	\$0 \$0	9/30/2016
		,	ψ0	3/30/2010
	Grand 1	Total:	\$0	9/30/2016

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
•	LAWRENCE MEMORIAL CORROBATION		
A.	LAWRENCE +MEMORIAL CORPORATION Nothing to Report	\$0	0
	Total:	\$ 0	Ü
	Totali	40	
В.	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	L + M HEALTH CARE, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	LOW HOME OVER OFFICE THE		
D.	L&M HOME CARE SERVICES, INC. Nothing to Report	\$0	0
	Total:	\$ 0	Ü
	ı Otal.	40	
E.	L&M INDEMNITY COMPANY, LTD.		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	L&M SYSTEMS, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	L+M PHYSICIAN ASSOCIATION, INC.	ФО.	0
0	Nothing to Report Total:	\$0	U
	I Otal:	\$0	
H.	LAWRENCE & MEMORIAL FOUNDATION INC.		
n. 0	Nothing to Report	\$0	0
	Total:	\$0	, and the second
		**	
I.	LMW HEALTHCARE INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	LMW PHYSICIANS, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	

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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
K.	SOUTHEASTERN CONNECICUT HEALTH PARTNERS, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
L,	THE WESTERLY HOSPITAL AUXILIARY, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
M.	THE WESTERLY HOSPITAL FOUNDATION	_	
0	Nothing to Report	\$0	0
	Total:	\$0	
N.	VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
0.	WESTERLY HOSPITAL ENERGY COMPANY, LLC	фо.	0
0	Nothing to Report	\$0	U
	Total:	\$0	
	Cusu d Tetal.	60	
	Grand Total:	\$0	

LAWRENCE AND MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2016 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR INDIGENT CARE AND FREE BEDS

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016		
LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
Α.	Indigent Care				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00		0%
	Ending Balance	\$0.00	\$0.00		0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
В.	Free Beds				
	Beginning Balance	\$1,334,646.00	\$1,356,805.55	\$22,159.55	2%
1	Donations	\$0.00	\$0.00		0%
	Income	\$49,805.00	\$60,614.00		22%
	Expenditures	\$72,830.96	\$51,042.00		-30%
	Unrealized Gains and Losses	\$45,185.51	\$16,417.00		-64%
	Ending Balance	\$1,356,805.55	\$1,382,794.55		2%
5	Projected Interest Income	\$51,000.00	\$55,000.00	\$4,000.00	8%
С.	Other				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00		0%
2	Income	\$0.00	\$0.00		0%
	Expenditures	\$0.00	\$0.00		0%
	Unrealized Gains and Losses	\$0.00	\$0.00		0%
	Ending Balance	\$0.00	\$0.00		0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

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	LAWRENCE AND MEMORIAL HOSPITAL	
	ANNUAL REPORTING	
	FISCAL YEAR 2016	
RE	PORT 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
	ns for Hospital Bed Funds	584
	receiving Hospital Bed Fund Grants ar Amount provided to all patients from Hospital Bed Funds:	42 \$51,041.97
z. B. The Actual Total Dolla	a Amount provided to an patients from Hospital Bed Funds.	φ31,041.9 <i>1</i>
1	Lyman & Emma Turner Allyn Fund	\$1,886.00
2	Lyman & Emma Turner Allyn Fund	\$1,575.00
3	Lyman & Emma Turner Allyn Fund	\$811.00
4	Lyman & Emma Turner Allyn Fund	\$1,922.00
5	Lyman & Emma Turner Allyn Fund	\$372.00
5	Lyman & Emma Turner Allyn Fund	\$1,480.00 \$4,763.00
<i>r</i> 8	Armstrong, Elizabeth C Fund Crawford, Marion G Fund	\$1,763.00 \$407.00
9	Strickland Duval, Mary E Fund	\$497.00 \$294.00
5 10	Strickland Duval, Mary E Fund	\$254.00
10	Hobron, Albert Dr. & Mrs. Fund	\$300.00 \$761.00
10	Shepard, Cecelia S Fund	\$741.00
11	Ferrin, Carlisle Dr. F Fund	\$271.00
12	Ferrin, Carlisle Dr. F Fund	\$663.00
13	Harkness, Edwards S Fund	\$1,524.00
14	Eunice Harding Marvin Fund	\$566.00
15	Eunice Harding Marvin Fund	\$1,197.00
16	May, Elizabeth & John Dr. Fund	\$423.00
17	Sherman, Miranda H Fund	\$3,348.00
17	William S Thomas Fund	\$4,038.00
18	William S Thomas Fund	\$163.00
19	William S Thomas Fund	\$1,729.00
20	William S Thomas Fund	\$730.82
21	William S Thomas Fund	\$246.35
22	William S Thomas Fund	\$373.00
23	William S Thomas Fund	\$1,260.00
24	William S Thomas Fund	\$526.06
25 26	William S Thomas Fund William S Thomas Fund	\$50.41
26 27	William S Thomas Fund	\$62.55 \$348.00
2 <i>1</i> 28	William S Thomas Fund	\$346.00 \$7.296.82
29	William S Thomas Fund	\$7,250.02
30	William S Thomas Fund	\$184.00 \$184.00
31	William S Thomas Fund	\$221.00
32	William S Thomas Fund	\$123.66
33	William S Thomas Fund	\$30.50
34	William S Thomas Fund	\$30.50
35	William S Thomas Fund	\$2,336.00
36	William S Thomas Fund	\$30.50
37	William S Thomas Fund	\$518.56
38	William S Thomas Fund	\$7,254.50
39	William S Thomas Fund	\$47.74
40	William S Thomas Fund	\$811.00
41	Webb-Fairbanks, Annie J Fund	\$981.00
42	Webb-Fairbanks, Annie J Fund	\$543.00
	Grand Total	\$51,041.97

REPORT 17A PATIENT ACTIVITY 18 OF 35 9/20/2017, 9:00 AM

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	L	AWRENCE AND MEMO	RIAL HOSPITAL				
	ANNUAL REPORTING						
		FISCAL YEAR	2016				
	REPORT 17B - HOSPITA	AL BED FUNDS HELD C	OR ADMINISTERED BY	THE HOSPITAL			
B. B	ED FUND ACTIVITY						
(1)	(2)	(3)	(4)	(5)	(6)		
		FMV of Principal	Actual Earnings	Earnings	Earnings Available		
Line	Name of Hospital Bed Fund			Reinvested			
(3)	Fair Market Value of the Principal of each	n individual Hospital Be	ed Fund, or the Princip	al attributable to ead	ch Hospital Bed		
(4)	Total Actual Earnings for each Hospital E	Bed Fund or the Earning	gs attributable to each	Hospital Bed Fund.			
(5)	Actual Dollar Amount of Earnings reinve	sted as Principal, if any	<i>J</i> .				
	_						
(6)	Actual Dollar Amount of Earnings availab	ole for Patient Care.					
	Armstrong, Elizabeth C	\$77,516.00	\$1,055.00	\$0.00	\$1,055.00		
	Brockington, Samuel	\$383,532.00	\$5,219.00	\$0.00	\$5,219.00		
	Crawford, Marion G	\$21,849.00	\$297.00	\$0.00	\$297.00		
	Eunice Harding Marvin Fund	\$77,516.00	\$1,055.00	\$0.00			
	Ferrin, Carlisle Dr. F	A44 055 00			\$1,055.00		
		\$41,055.00	\$559.00	\$0.00	\$1,055.00 \$559.00		
	Harkness, Edward S	\$41,055.00 \$67,020.00	\$559.00 \$912.00	\$0.00 \$0.00	· · · · · · · · · · · · · · · · · · ·		
	Harkness, Edward S Hobson, DR & Mrs. Albert		*	*	\$559.00 \$912.00		
		\$67,020.00	\$912.00	\$0.00	\$559.00 \$912.00 \$456.00		
	Hobson, DR & Mrs. Albert	\$67,020.00 \$33,481.00	\$912.00 \$456.00	\$0.00 \$0.00	\$559.00 \$912.00 \$456.00 \$442.00		
	Hobson, DR & Mrs. Albert Matson, Harriet H	\$67,020.00 \$33,481.00 \$32,470.00	\$912.00 \$456.00 \$442.00	\$0.00 \$0.00 \$0.00	\$559.00 \$912.00 \$456.00 \$442.00 \$253.00		
	Hobson, DR & Mrs. Albert Matson, Harriet H May, Elizabeth & John Dr.	\$67,020.00 \$33,481.00 \$32,470.00 \$18,584.00	\$912.00 \$456.00 \$442.00 \$253.00	\$0.00 \$0.00 \$0.00 \$0.00	\$559.00 \$912.00 \$456.00 \$442.00 \$253.00 \$444.00		
	Hobson, DR & Mrs. Albert Matson, Harriet H May, Elizabeth & John Dr. Shepard, Cecelia S	\$67,020.00 \$33,481.00 \$32,470.00 \$18,584.00 \$32,651.00	\$912.00 \$456.00 \$442.00 \$253.00 \$444.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$559.00 \$912.00 \$456.00 \$442.00 \$253.00 \$444.00 \$2,003.00		
	Hobson, DR & Mrs. Albert Matson, Harriet H May, Elizabeth & John Dr. Shepard, Cecelia S Sherman, Miranda H	\$67,020.00 \$33,481.00 \$32,470.00 \$18,584.00 \$32,651.00 \$147,203.00	\$912.00 \$456.00 \$442.00 \$253.00 \$444.00 \$2,003.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$559.00 \$912.00 \$456.00 \$442.00 \$253.00 \$444.00 \$2,003.00 \$396.00		
	Hobson, DR & Mrs. Albert Matson, Harriet H May, Elizabeth & John Dr. Shepard, Cecelia S Sherman, Miranda H Strickland Duval, Mary E	\$67,020.00 \$33,481.00 \$32,470.00 \$18,584.00 \$32,651.00 \$147,203.00 \$29,102.00	\$912.00 \$456.00 \$442.00 \$253.00 \$444.00 \$2,003.00 \$396.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$559.00 \$912.00 \$456.00 \$442.00 \$253.00 \$444.00 \$2,003.00 \$396.00		
	Hobson, DR & Mrs. Albert Matson, Harriet H May, Elizabeth & John Dr. Shepard, Cecelia S Sherman, Miranda H Strickland Duval, Mary E Webb-Fairbanks, Annie J	\$67,020.00 \$33,481.00 \$32,470.00 \$18,584.00 \$32,651.00 \$147,203.00 \$29,102.00 \$67,020.00	\$912.00 \$456.00 \$442.00 \$253.00 \$444.00 \$2,003.00 \$396.00 \$912.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$559.00		

REPORT 17B FUND ACTIVITY 19 OF 36 9/20/2017, 9:00 AM

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I.	GENERAL COLLECTION PROCESSES AND PROCEDURES	
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	
		In FY15 the hospital assign bad debt to collection agents based on the 1st letter of the patients last name.Letters A-G went to Century, H-L Atlantic, & M-Z Marcam.
В.	Hospital's processes and policies for compensating a Collection Agent for services rendered	L+M reimburses its collection agencies based on payments posted to patients' accounts in L+M's billing system. For payments sent directly to L+M, L+M sends a daily file of payments to agencies. Collection agencies send a monthly statement to L+M of payments received directly by them.
C.	Total Recovery Rate on accounts assigned (excluding Medicare	
	accounts) to Collection Agents	16.32%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
Α	Collection Agent	
1	Collection Agent Name	Century
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise	In FY15 the hospital assign bad debt to collection agents based on the 1st letter
	Provide Details.	of the patients last name.Letters A-G went to Century, H-L Atlantic, & M-Z Marcam.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	L+M reimburses its collection agencies based on payments posted to patients accounts in L+Ms billing system. For payments sent directly to L+M, L+M sends a daily file of payments to agencies. Collection agencies send a monthly statement to L+M of payments received directly by them.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	16.94%

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
В	Collection Agent	
1	Collection Agent Name	Marcum Associates
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise	In FY15 the hospital assign bad debt to collection agents based on the 1st letter
	Provide Details.	of the patients last name.Letters A-G went to Century, H-L Atlantic, & M-Z Marcam.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	L+M reimburses its collection agencies based on payments posted to patients accounts in L+Ms billing system. For payments sent directly to L+M, L+M sends a daily file of payments to agencies. Collection agencies send a monthly statement to L+M of payments received directly by them.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	12.37%
	Outline Control Annual	
С	Collection Agent	Advise
1	Collection Agent Name	Atlantic
3	Collection Agent Type Related / Not Related Entity	Collection Agency 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.	
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	L+M reimburses its collection agencies based on payments posted to patients accounts in L+Ms billing system. For payments sent directly to L+M, L+M sends a daily file of payments to agencies. Collection agencies send a monthly statement to L+M of payments received directly by them.

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
6	Recovery Rate on Accounts Assigned (excluding Medicare	
	accounts) to Collection Agent.	24.68%

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

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

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

LINE	POSITION TITLE	EMPLOYEE NAME	SALARY	FRINGE BENEFITS	TOTAL
1.	President, CEO	Bruce Cummings	\$958,866	\$76,550	\$1,035,416
2.	Chief Operating Officer	Daniel Rissi	\$561,937	\$66,499	\$628,436
	_		1		
3.	Vice President, Chief Transformation Officer	Christopher Leherach	\$493,734	\$74,066	\$567,800
	Tur. D. 11 1 050	10 11 11 11 11	<u> </u>	***	ATOS 224
4.	Vice President, CFO	Seth Van Essendelft	\$456,341	\$65,890	\$522,231
5.	Chief Legal Officer	Maureen Anderson	¢200 500	ФF0 000	\$425 FD4
5.	Crilei Legai Officei	Maureen Anderson	\$366,588	\$59,006	\$425,594
6.	Chief Information Officer	Kimberly Kalajainen	\$374,108	\$46,892	\$421,000
<u> </u>	Office information officer	rumbeny ruaajamen	φον 1,100	Ų 10,00Z	V.21,000
7.	Vice President, Patient Care	Lauren Williams	\$337,543	\$26,739	\$364,282
			· , , , , , , , , , , , , , , , , , , ,	· · ·	
8.	Contracted Executive Performance Improvement	David Gladstone	\$336,250	\$14,253	\$350,503
		•		•	
9.	Vice President, Human Resources	Donna Epps	\$283,460	\$24,613	\$308,073
10.	Vice President, Development	William Stanley	\$247,807	\$50,815	\$298,622
		1	A 1	4505 0001	A. A.
		Grand Total:	\$4,416,634	\$505,323	\$4,921,957

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LAWRENCE +MEMORIAL CORPORATION ANNUAL REPORTING FISCAL YEAR 2016

REPORT 19B - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HEALTH SYSTEM EMPLOYEES

LINE	POSITION TITLE	EMPLOYEE NAME AND COMPANY	SALARY	FRINGE BENEFITS	TOTAL
1.	Physician Neurosurgery	Patrick Doherty-Lawrence Memorial Physician Association	\$1,097,095	\$13,377	\$1,110,472
2.	President, CEO	Bruce Cummings- L+M Hospital	\$958,866	\$76,550	\$1,035,416
3.	Physician Pain Management	Adrian Hamburger-Lawrence Memorial Physician Association	\$755,963	\$59,644	\$815,607
4.	Physician Cardiology	Jon Gaudio-Lawrence Memorial Physician Association	\$687,356	\$42,776	\$730,132
5.	Chief Operating Officer	Daniel Rissi-L+M Hospital	\$561,937	\$66,499	\$628,436
6.	Physician Cardiology	Roshanak Bagheri-Lawrence Memorial Physician Association	\$570,704	\$50,141	\$620,845
7.	Physician Dermatology	Michael Harwood-Lawrence Memorial Physician Association	\$554,655	\$38,248	\$592,903
8.	Vice President, Chief Transformation Officer	Christoper Leherach-L+M Hospital	\$493,734	\$74,066	\$567,800
9.	Vice President, CFO	Seth Van Essendelft-L+M Hospital	\$456,341	\$65,890	\$522,231
10.	Physician Sleep Medicine	Amit Khanna-Lawrence Memorial Physician Association	\$491,642	\$24,878	\$516,520
		Grand Total:	\$6,628,293	\$512,069	\$7,140,362

REPORT 19C - FINANCIAL GAINS REALIZED FROM A TRANSFER OF OWNERSHIP CON

LINE	NAME	POSITION TYPE	SALARY	SEVERANCE PAYMENT	STOCK OFFERING VALUE	OTHER FINANCIAL GAIN	TOTAL
1.	Not Applicable		\$0	\$0	\$0	\$0	\$0
2.			\$0	\$0	\$0		\$0
3.			\$0	\$0			\$0
4.			\$0	\$0			\$0 \$0 \$0
5.			\$0	\$0	\$0		\$0 \$0
6.			\$0	\$0	\$0		\$0
7.			\$0	\$0	\$0		\$0
8.			\$0	\$0	\$0		\$0
9.			\$0	\$0			\$0 \$0 \$0 \$0 \$0
10.			\$0	\$0	\$0		\$0
11.			\$0	\$0	\$0		\$0
12.			\$0	\$0			\$0
13.			\$0	\$0	\$0		\$0
14.			\$0	\$0	\$0		\$0 \$0 \$0
15.			\$0	\$0			\$0
16.			\$0	\$0	\$0		\$0 \$0 \$0
17.			\$0	\$0			\$0
18.			\$0	\$0			\$0
19.			\$0	\$0	\$0		\$0
20.			\$0	\$0			\$0
21.			\$0	\$0			\$0
22.			\$0	\$0	\$0		\$0
23.			\$0	\$0			\$0 \$0 \$0 \$0 \$0
24.			\$0	\$0	\$0		\$0
25.			\$0	\$0	\$0		\$0
26.			\$0	\$0	\$0		\$0
27.			\$0	\$0			\$0
28.			\$0	\$0			\$0 \$0 \$0 \$0 \$0
29.			\$0	\$0			\$0
30.			\$0	\$0			\$0
31.			\$0	\$0	\$0		\$0 \$0 \$0 \$0
32.			\$0	\$0			\$0
33.			\$0	\$0			\$0
34.			\$0	\$0	\$0		\$0
35.			\$0	\$0	\$0	\$0	\$0

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REPORT 19C - FINANCIAL GAINS REALIZED FROM A TRANSFER OF OWNERSHIP CON

LINE	NAME	POSITION TYPE	SALARY	SEVERANCE PAYMENT	STOCK OFFERING VALUE	OTHER FINANCIAL GAIN	TOTAL
36.			\$0	\$0	\$0	\$0	\$0
37.			\$0 \$0	\$0 \$0	\$0	\$0	\$0
38.			\$0	\$0 \$0	\$0	\$0	\$0
39.			\$0	\$0	\$0	\$0	\$0
40.			\$0	\$0	\$0	\$0	\$0
41.			\$0	\$0	\$0	\$0	\$0
42.			\$0	\$0	\$0	\$0	\$0
43.			\$0	\$0	\$0	\$0	\$0
44.			\$0	\$0	\$0	\$0	\$0
45.			\$0	\$0	\$0	\$0	\$0
46.			\$0	\$0	\$0	\$0	\$0
47.			\$0	\$0	\$0	\$0	\$0
48.			\$0	\$0	\$0	\$0	\$0
49.			\$0	\$0	\$0	\$0	\$0
50.			\$0	\$0	\$0	\$0	\$0
		Grand Total:	\$0	\$0	\$0	\$0	\$0

LAWRENCE AND MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2016 REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS

PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
		SALARIES	FRINGE	
		(Directly or	BENEFITS ^A (DirectI	
LINE	DESCRIPTION	Indirectly) ^C	y or Indirectly) ^C	TOTAL
Α.	LAWRENCE + MEMORIAL CORPORATION	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
	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT,			
В.	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
С.	L + M HEALTH CARE, INC.		4.	
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0 \$0	\$0	<u>\$0</u>
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
D.	L&M HOME CARE SERVICES, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
		·		
Ε.	L&M INDEMNITY COMPANY, LTD.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F.	L&M SYSTEMS, INC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0	\$0 \$0
_			**	7.
G.	L+M PHYSICIAN ASSOCIATION, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
- 11	LAWRENCE & MEMORIAL FOUNDATION INC.			
H. 1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0	\$0 \$0
	and by the Freephan to Employees of the Emily Elected Fibere	Ψ0	,	Ψυ
Ι.	LMW HEALTHCARE INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
J.	LMW PHYSICIANS, INC.	<u>Ф</u> О		ФО.
1 2	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0 \$0	\$0 \$0
	Taid by the Hospital to Employees of the Entity Listed Above	ΨΟ	ψ0	Ψ0
Κ.	SOUTHEASTERN CONNECICUT HEALTH PARTNERS, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
L.	THE WESTERLY HOSPITAL AUXILIARY, 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
М.	THE WESTERLY HOSPITAL FOUNDATION			
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 \$0
_				

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LAWRENCE AND MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2016 REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS

PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directl y or Indirectly) ^C	TOTAL
	VISITING NURSE ASSOCIATION OF SOUTHEASTERN			
Ν.	CONNECTICUT, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Ο.	WESTERLY HOSPITAL ENERGY COMPANY, 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.

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 2016
Α	Transfer of Assets or Operations	
	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of	
	Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or	
1.	Functions.	N/A
	Description of each Transfer of Assets or Operations or Change of Control involving Hospital	
2.	Clinical or Nonclinical Services or Functions.	N/A
	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved	
3.	in a change of control.	N/A
	Date that each Transfer of Assets or Operations or Change of Control involving Hospital	
4.	Clinical or Nonclinical Services or Functions occurred.	N/A
	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital	
5.	Clinical or Nonclinical Services or Functions.	\$0

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	LAWRENCE AND I		TAL		
		REPORTING AL YEAR 2016			
	REPORT 23 - CHARITY CARE AND REDUCED		PROVIDED BY	THE HOSPITAL	
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	<u>AMOUNT</u>	<u>AMOUNT</u>	DIFFERENCE	DIFFERENCE
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial	Statement Notes)			
<u> </u>	mospital orianty date (see Hospital Addition Financial)	<u>Statement Notes</u>			
1.	Number of Applicants	675	584	(91)	-13%
2.	Number of Approved Applicants	545	492	(53)	-10%
3.	Total Charges (A)	\$5,405,542	\$5,374,494	(\$31,048)	-1%
J.	Average Charges	\$9,918	\$10,924	\$1,005	10%
		42,012	4 7	+ 1,000	
4.	Ratio of Cost to Charges (RCC)	0.426204	0.402387	(0.023817)	-6%
	Total Cost	\$2,303,864	\$2,162,627	(\$141,237)	-6%
	Average Cost	\$4,227	\$4,396	\$168	4%
5.	Charity Care - Inpatient Charges	\$581,988	\$807,981	\$225,993	39%
	Charity Care - Outpatient Emergency Department	ψοσ1,οσσ	ψουτ,301	Ψ220,330	0070
6.	Charges	545,274	724,172	178,898	33%
	Charity Care - Outpatient Charges (Excludes ED				
7.	Charges)	4,278,280	3,842,341	(435,939)	-10%
	Total Charges (A)	\$5,405,542	\$5,374,494	(\$31,048)	-1%
8.	Charity Care - Number of Patient Days	129	155	26	20%
9.	Charity Care - Number of Discharges	38	36	(2)	-5%
10.	Charity Care - Number of Outpatient ED Visits	334	381	47	14%
	Charity Care - Number of Outpatient Visits (Excludes ED				
11.	Visits)	869	1,055	186	21%
(A) Ih	e total amount must agree with the total amount listed in	n the Hospital Aud	lited Financial S	tatement Notes.	
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System -	Report 17)			
	N. alas (Assline)	075	504	(04)	400/
1. 2.	Number of Applicants Number of Approved Applicants	675 24	584 42	(91) 18	-13% 75%
۷.	Number of Approved Applicants	24	42	10	13/0
3.	Total Charges (B)	\$72,831	\$51,042	(\$21,789)	-30%
	Average Charges	\$3,035	\$1,215	(\$1,819)	-60%
	Datio of Coat to Charges (DCC)	0.420204	0.402207	(0.000047)	C 0/
4.	Ratio of Cost to Charges (RCC) Total Cost	0.426204 \$31,041	0.402387 \$20,539	(0.023817) (\$10,502)	-6% -34%
	Average Cost	\$1,293	\$489	(\$804)	-62%
	go ooo	V1,200	Ų.00	(400.)	<u> </u>
5.	Bed Funds - Inpatient Charges	\$5,630	\$1,260	(\$4,370)	-78%
	Ded Founds Contractions Foresteen Demonstrate Observed	20.440	44.004	(4.0, 400)	E 40/
6.	Bed Funds - Outpatient Emergency Department Charges	30,412	14,004	(16,408)	-54%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	36,789	35,778	(1,011)	-3%
	Total Charges (B)	\$72,831	\$51,042	(\$21,789)	-30%
	Ded Finade Number of Definition		4	741	500
8. 9.	Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	2	1 1	(1)	-50% 0%
10.	Bed Funds - Number of Discharges Bed Funds - Number of Outpatient ED Visits	10	9	(1)	-10%
10.	Bed Funds - Number of Outpatient ED visits Bed Funds - Number of Outpatient Visits(Excludes ED	10	3	(1)	-10/6
11.	Visits)	13	29	16	123%
[(B) Th	e total amount must agree with the total amount listed of	on Hospital Report	ing System - Re	eport 17.	

	LAWRENCE AND MEMORIAL HOSPITAL							
	ANNUAL REPORTING							
	FISCAL YEAR 2016							
	REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL							
(1)	(2)	(3)	(4)	(5)	(6)			
	FY 2015 FY 2016 AMOUNT %							
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE			