MANCHESTER MEMORIAL HOSPITAL 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** A. **AFFILIATE NAME** EASTERN CONNECTICUT HEALTH NETWORK, INC. PARENT CORPORATION AND PROVIDES OVERALL DIRECTION AND CONTROL TO ALL OTHER Affiliate Description CORPORATIONS 1 2 Affiliate type of service Parent Corporation 3 Tax Status Not for Profit 71 HAYNES STREET, MANCHESTER, CT 4 Street Address 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 Connecticut 14 CT Agent State 06040 -15 CT Agent Zip Code A CARING HAND, LLC В. **AFFILIATE NAME** PROVIDES PRIVATE SERVICES (COMPANIONS, HOMEMAKERS, PERSONAL CARE ASSISTANTS, Affiliate Description LIVE IN CARE) 2 Affiliate type of service Other HealthCare Svcs(Specify) 3 Tax Status Not for Profit 8 Keynote Drive 4 Street Address 5 Vernon Town 6 Connecticut State 7 06066 -Zip Code Todd Rose 8 CEO Name CEO Title President & CEO 9 10 Todd Rose CT Agent Name 11 **CT Agent Company** 12 CT Agent Company Street Address 8 Keynote Drive 13 CT Agent Town Vernon 14 CT Agent State Connecticut 15 CT Agent Zip Code 06066 -AETNA AMBULANCE SERVICES, INC. C. **AFFILIATE NAME** Affiliate Description PROVIDES AMBULANCE TRANSPORTATION SERVICES Affiliate type of service **Ambulatory Services** 3 For Profit Tax Status 140 Van Block Avenue 4 Street Address 5 Hartford Town 6 State Connecticut 7 Zip Code 06106 -

MANCHESTER MEMORIAL HOSPITAL **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** Kim Aroh **CEO Name** 9 CEO Title President 10 CT Agent Name C T Corporation System 11 **CT Agent Company** 12 CT Agent Company Street Address One Corporate Center 13 Hartford CT Agent Town 14 CT Agent State Connecticut 15 CT Agent Zip Code 06103 -D. **AFFILIATE NAME** AMBULANCE SERVICE OF MANCHESTER, LLC Affiliate Description PROVIDE TRANSPORTATION SERVICES Ambulatory Services Affiliate type of service 3 Tax Status For Profit 4 Street Address 275 New State Road, Manchester, CT 5 Manchester Town 6 State Connecticut Zip Code 06040 -7 8 **CEO Name** Kim Aroh 9 CEO Title President 10 C T Corporation System CT Agent Name 11 CT Agent Company 12 CT Agent Company Street Address One Corporate Center 13 CT Agent Town Hartford 14 CT Agent State Connecticut 06103 -15 CT Agent Zip Code E. CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC **AFFILIATE NAME** Affiliate Description Provides medical management, quality oversight and insures value of community based care. 1 2 Affiliate type of service Other HealthCare Svcs(Specify) 3 Not for Profit Tax Status 26 Haynes Street 4 Street Address 5 Manchester Town Connecticut 6 State 7 Zip Code 06040 -8 **CEO Name** Peter Karl 9 CEO Title CEO Edward J Roberts 10 CT Agent Name 11 CT Agent Company 12 CT Agent Company Street Address 26 Haynes Street 13 CT Agent Town Manchester 14 CT Agent State Connecticut 06040 -15 CT Agent Zip Code CONNECTICUT HEALTHCARE INSURANCE CO. **AFFILIATE NAME**

	MANGUEGTER MEMORIAL HOORITAL				
	N.	MANCHESTER MEMORIAL HOSPITAL			
		ANNUAL REPORTING			
	FISCAL YEAR 2016				
		- REPORT OF EACH JOINT VENTURE, PARTNERSHIP			
	AND	CORPORATION RELATED TO THE HOSPITAL			
(1)	(2)	(3)			
LINE	DESCRIPTION	AFFILIATE INFORMATION			
l .					
	Affiliate Description	ECHN's Malpractice Insurance Co.			
3	Affiliate type of service Tax Status	Insurance Not for Profit			
4	Street Address	71 Haynes St.			
5	Town	Manchester			
6	State	Connecticut			
7	Zip Code	06040 -			
	CEO Name	Peter Karl			
	CEO Title	President			
	CT Agent Name	Sharon Holmes			
	CT Agent Company	ECHN			
	CT Agent Company Street Address	100 Main St.			
	CT Agent Town	Grand Cayman			
	CT Agent State	Cayman Islands			
15	CT Agent Zip Code	06040 -			
	AFEU 14TE MANE	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS LLC			
G.	AFFILIATE NAME	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC			
		Provides management services for the occupational health programs of Manchester Memorial Hospital, St.			
1	Affiliate Description	Francis Hospital & Medical Center, and Bristol Hospital.			
2	Affiliate type of service	Occupational Heath			
3	Tax Status	For Profit			
4	Street Address	1000 Asylum Ave, Suite 4302			
5	Town	Hartford			
6	State	Connecticut			
7	Zip Code	06105 -			
8	CEO Name	Derrick Amato			
9	CEO Title	CEO			
	CT Agent Company	Janeanne Christine Lubin-Szafranski			
	CT Agent Company Street Address	114 Woodland Street			
	CT Agent Company Street Address CT Agent Town	114 Woodland Street Hartford			
	CT Agent Town CT Agent State	Connecticut			
	CT Agent Clate CT Agent Zip Code	06105 -			
.5	3				
H.	AFFILIATE NAME	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.			
1 .	A 600 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 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			
5	Street Address Town	71 HAYNES STREET, MANCHESTER, CT Manchester			
6	State	Connecticut			
7	Zip Code	06040 -			
8	CEO Name	PETER J. KARL			
9	CEO Title	PRESIDENT & CEO			
	CT Agent Name	Sharon Holmes			
	· • • • • • • • • • • • • • • • • • • •				

	MANCHESTER MEMORIAL HOSPITAL			
		ANNUAL REPORTING		
	FISCAL YEAR 2016			
	REPORT	20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP		
	Α	ND CORPORATION RELATED TO THE HOSPITAL		
(1)	(2)	(3)		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
11	CT Agent Company	ECHN		
	CT Agent Company Street Address	71 Haynes Street,		
	CT Agent Town	Manchester		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06040 -		
I.	AFFILIATE NAME	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.		
1	Affiliate Description	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS		
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		
7	Zip Code	06040 -		
8	CEO Name	Barbara Phillips, MD		
9	CEO Title	Chair		
	CT Agent Name	R & C Service Company		
11	CT Agent Company	000 To add 110 (cont. Houts of O)		
	CT Agent Company Street Address	280 Trumbull Street, Hartford, Ct Hartford		
	CT Agent Town CT Agent State	Connecticut		
	CT Agent State CT Agent Zip Code	06103 -		
	er rigent zip eede			
J.	AFFILIATE NAME	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.		
1	Affiliate Description	Entity responsible for raising funds for the benefit of exempt organizations associated with Eastern CT Health Network, Inc.		
2	Affiliate type of service	Fund Raising/Management		
3	Tax Status	Not for Profit		
4	Street Address	44 Haynes Street		
5	Town	Manchester		
6	State	Connecticut		
7	Zip Code	06040 -		
8	CEO Name	PETER J. KARL		
9	CEO Title	PRESIDENT & CEO		
	CT Agent Name	Sharon Holmes		
11	CT Agent Company	ECHN		
	CT Agent Company Street Address	71 Haynes Street,		
13	CT Agent Town	Manchester		
14 15	CT Agent State CT Agent Zip Code	Connecticut 06040 -		
15	O FAgerit Zip Code	000 TO -		
K.	AFFILIATE NAME	ECHN CORPORATE SERVICES INC.		
				
1	Affiliate Description	For-profit subsidiary of ECHN serving as parent of Medical Practice Partners		
2	Affiliate type of service	Affilate Support Services		

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MANCHESTER MEMORIAL HOSPITAL 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** For Profit Tax Status 4 71 Haynes Street, Street Address 5 Manchester Town 6 State Connecticut 7 06040 -Zip Code 8 Dennis O'Neill **CEO Name** 9 CEO Title President 10 CT Agent Name R&C Service Company 11 R&C Service Company CT Agent Company 12 CT Agent Company Street Address 280 Trumbull Street 13 Hartford CT Agent Town 14 CT Agent State Connecticut 06103 -15 CT Agent Zip Code **AFFILIATE NAME** ECHN ELDERCARE SERVICES, INC. TO INITIATE, DEVELOP, OPERATE, AND MAINTAIN PROGRAMS DIRECTED TOWARD IMPROVING EFFICIENCY OF UTILIZATION OF HEALTH CARE. FACILIITIES AND SERVICES IN EASTERN CT AND 1 Affiliate Description PROVIDING COST EFFECTIVE HEALTH CARE TO PUBLIC WHILE MAINTAINING A HIGH QUALITY OF 2 Affiliate type of service Long Term Care 3 Tax Status Not for Profit Street Address 4 26 SHENIPSIT LAKE ROAD, TOLLAND, CT 5 Town Tolland 6 State Connecticut 7 06084 -Zip Code 8 PETER J. KARL **CEO Name** 9 CEO Title PRESIDENT CEO 10 CT Agent Name Sharon Holmes 11 CT Agent Company **ECHN** 12 CT Agent Company Street Address 71 Haynes Street 13 CT Agent Town Manchester 14 CT Agent State Connecticut 06040 -15 CT Agent Zip Code Μ. ECHN ENTERPRISES, INC. **AFFILIATE NAME** AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS AND REAL ESTATE HOLDINGS. Affiliate Description 2 Affiliate type of service Affilate Support Services 3 Tax Status For Profit 4 Street Address 71 HAYNES STREET, MANCHESTER, CT 5 Manchester Town 6 State Connecticut 7 06040 -Zip Code 8 PETER J. KARL **CEO Name** 9 CEO Title PRESIDENT & CEO 10 CT Agent Name Sharon Holmes 11 **CT Agent Company ECHN** 12 CT Agent Company Street Address 71 Haynes Street, 13 CT Agent Town Manchester 14 CT Agent State Connecticut

MANCHESTER MEMORIAL HOSPITAL 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** CT Agent Zip Code 06040 -**EVERGREEN ENDOSCOPY CENTER, LLC** N. **AFFILIATE NAME** Affiliate Description Joint venture with community GI physicians 2 Ambulatory Services Affiliate type of service For Profit 3 Tax Status 4 Street Address 2400 Tamarack Avenue 5 Town South Windsor 6 State Connecticut 7 06074 -Zip Code Ali Hemacha, MD 8 CEO Name 9 President **CEO Title** 10 CT Agent Name Gregory J. Pepe, Esq. 11 **CT Agent Company** 12 CT Agent Company Street Address 195 Church Street, 13th Floor 13 CT Agent Town New Haven Connecticut 14 CT Agent State 15 CT Agent Zip Code 06510 -**EVERGREEN MEDICAL ASSOCIATES II. LLC** Ο. **AFFILIATE NAME** Owns and operates the Evergreen II Medical Building in South Windsor adjacent to the ECHN Medical Building at Evergreen Walk Affiliate Description Real Estate Affiliate type of service 3 Tax Status For Profit 95 Glastonbury Blvd, Suite 214 4 Street Address 5 Glastonbury Town 6 State Connecticut 06033 -7 Zip Code David Sessions 8 **CEO Name** Manager 9 CEO Title 10 CT Agent Name Joseph R. Labrosse c/o Grove Properaty Fund LLC 11 CT Agent Company 12 95 Glastonbury Blvd, Suite 214 CT Agent Company Street Address 13 Glastonbury CT Agent Town 14 CT Agent State Connecticut 06033 -15 CT Agent Zip Code **AFFILIATE NAME EVERGREEN MEDICAL ASSOCIATES, LLC** Affiliate Description Owns and operates the ECHN medical building at Evergreen Walk in South Windsor. 1 2 Real Estate Affiliate type of service For Profit 3 Tax Status Street Address 95 Glastonbury Blvd, Suite 214 4 5 Town Glastonbury Connecticut 6 State

MANCHESTER MEMORIAL HOSPITAL 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** 06033 -Zip Code 8 CEO Name **David Sessions** 9 CEO Title Manager 10 CT Agent Name Joseph R. Labrosse 11 CT Agent Company c/o Grove Properaty Fund LLC 12 95 Glastonbury Blvd, Suite 214, CT Agent Company Street Address 13 CT Agent Town Glastonbury 14 CT Agent State Connecticut 15 CT Agent Zip Code 06033 -HAYNES STREET MEDICAL ASSOCIATES II, LLC Q. **AFFILIATE NAME** Affiliate Description Owns and operates a medical office bulding at 100 Haynes Street in Manchester Affiliate type of service Real Estate 3 Tax Status For Profit 4 Street Address 95 Glastonbury Blvd, Suite 214 5 Town Glastonbury Connecticut 6 State 7 Zip Code 06033 -8 **CEO Name David Sessions** 9 CEO Title Manager 10 CT Agent Name Joseph R. Labrosse c/o Grove Properaty Fund LLC 11 CT Agent Company 12 CT Agent Company Street Address 95 Glastonbury Blvd, Suite 214 13 CT Agent Town Glastonbury 14 CT Agent State Connecticut 06033 -15 CT Agent Zip Code HAYNES STREET MEDICAL ASSOCIATES, LLC R. **AFFILIATE NAME** Affiliate Description Owns and operates a medical office building at 17-29 Haynes Street in Manchester 1 2 Real Estate Affiliate type of service For Profit 3 Tax Status 95 Glastonbury Blvd, Suite 214 4 Street Address 5 Glastonbury Town 6 State Connecticut 06033 -7 Zip Code 8 CEO Name **David Sessions** Manager 9 CEO Title Joseph R. Labrosse 10 CT Agent Name 11 c/o Grove Properaty Fund LLC CT Agent Company 12 CT Agent Company Street Address 95 Glastonbury Blvd, Suite 214, 13 CT Agent Town Glastonbury 14 CT Agent State Connecticut 06033 -15 CT Agent Zip Code HAYNES STREET PROPERTY MANAGEMENT, LLC S. **AFFILIATE NAME**

MANCHESTER MEMORIAL HOSPITAL 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** Affiliate Description Leases office space at 622 Hebron Avenue, Glastonbury, CT for medical services. 1 2 Affiliate type of service Real Estate For Profit 3 Tax Status 71 Haynes Street 4 Street Address Manchester 5 Town 6 Connecticut State 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 12 CT Agent Company Street Address 71 Haynes Street 13 CT Agent Town Manchester 14 Connecticut CT Agent State 06040 -15 CT Agent Zip Code MEDICAL PRACTICE PARTNERS T. **AFFILIATE NAME** Provides Medical billing services, electronic health records, information services and practice management Affiliate Description services 2 Affiliate type of service Affilate Support Services 3 Tax Status For Profit 4 Street Address 29 Naek Road 5 Vernon Town 6 State Connecticut 7 06066 -Zip Code 8 ECHN Corporate Services, Inc. **CEO Name** 9 **CEO Title** Owners 10 CT Agent Name Gregory M. Williams **CT Agent Company** 11 12 CT Agent Company Street Address 29 Naek Road 13 CT Agent Town Vernon 14 CT Agent State Connecticut 15 CT Agent Zip Code 06066 -U. METRO WHEELCHAIR SERVICE, INC **AFFILIATE NAME** PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS. Affiliate Description Affiliate type of service **Ambulatory Services** 3 Tax Status For Profit 4 Street Address 275 New State Road, Manchester, CT 5 Manchester Town 6 State Connecticut Zip Code 7 06040 -8 CEO Name Kim Aroh 9 CEO Title President 10 C T Corporation System CT Agent Name

	MANCHESTER MEMORIAL HOSPITAL			
		ANNUAL REPORTING		
	FISCAL YEAR 2016			
	REPORT	20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP		
		ND CORPORATION RELATED TO THE HOSPITAL		
(1)	(2)	(3)		
(-)	(-/	(4)		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
	CT Agent Company			
	CT Agent Company Street Address	One Corporate Center		
	CT Agent Town	Hartford		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06103 -		
٧.	AFFILIATE NAME	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)		
		Joint Venture of four area hospitals that operates The John A. DeQuattro Community Cancer Center in		
1	Affiliate Description	Manchester and the Phoenix Community Cancer Center in Enfield.		
	Affiliate type of service	Outpatient Care		
	Tax Status	Not for Profit		
4	Street Address	100 Haynes Street		
5	Town	Manchester		
6	State	Connecticut		
	Zip Code	06040 -		
	CEO Name	Donna Handley		
	CEO Title	President		
	CT Agent Name	Kristoffer Popovitch		
	CT Agent Company			
	CT Agent Company Street Address	100 Haynes Street		
	CT Agent Town	Manchester		
	CT Agent State CT Agent Zip Code	Connecticut 06040 -		
15	CT Agent zip Code	00040		
W.	AFFILIATE NAME	THE MANCHESTER MEMORIAL HOSPITAL		
	Affiliate Description	Community Based Acute Care Hospital.		
2	Affiliate type of service	Hospital		
3 4	Tax Status	Not for Profit 71 Haynes Street		
5	Street Address Town	Manchester		
6	State	Connecticut		
	Zip Code	06040 -		
8	CEO Name	Peter Karl		
	CEO Title	Interim CEO		
	CT Agent Name	Sharon Holmes		
	CT Agent Company	ECHN		
	CT Agent Company Street Address	71 Haynes Street		
	CT Agent Town	Manchester		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06040 -		
	APPH 14TP 2245	THE DOCKVILLE CENEDAL HOSPITAL INCORPORATED		
X.	AFFILIATE NAME	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED		
1	Affiliate Description	Community based hospital that provides medical care on an acute basis.		
2	Affiliate type of service	Hospital		

MANCHESTER MEMORIAL HOSPITAL 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** Not for Profit Tax Status 4 31 UNION STREET, ROCKVILLE, CT Street Address 5 Town Vernon Rockville 6 State Connecticut Zip Code 06066 -8 PETER J. KARL CEO Name PRESIDENT & CEO 9 CEO Title 10 CT Agent Name Sharon Holmes 11 ECHN CT Agent Company CT Agent Company Street Address 12 71 Haynes Street, 13 CT Agent Town Manchester 14 CT Agent State Connecticut 06040 -15 CT Agent Zip Code **TOLLAND IMAGING CENTER** Y. **AFFILIATE NAME** 1 Affiliate Description Joint venture to provide outpatient diagnostic imaging services 2 Imaging Services Affiliate type of service 3 Tax Status Not for Profit 6 Fieldstone Commons, Suite E 4 Street Address 5 Tolland Town Connecticut 6 State 06084 -7 Zip Code 8 **CEO Name** Dennis McConville CEO Title 9 President 10 CT Agent Name R&C Service Company 11 CT Agent Company R&C Service Company 12 CT Agent Company Street Address 280 Trumbull Street Hartford 13 CT Agent Town 14 CT Agent State Connecticut 06103 -15 CT Agent Zip Code VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC. **AFFILIATE NAME** Provides at-home nursing care and hospice care. Affiliate Description 2 Affiliate type of service Other HealthCare Svcs(Specify) Tax Status Not for Profit Street Address 8 Keynote Drive 5 Vernon Town Connecticut 6 State 7 06066 -Zip Code 8 Todd Rose CEO Name 9 CEO Title President/Chief Executive Officer 10 CT Agent Name Todd Rose 11 CT Agent Company 12 CT Agent Company Street Address 8 Keynote Drive 13 CT Agent Town Vernon 14 CT Agent State Connecticut

MANCHESTER MEMORIAL HOSPITAL **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** 06066 -15 CT Agent Zip Code WBC CONNECTICUT EAST, LLC AA. **AFFILIATE NAME** 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 Affiliate Description aftercare support services. 2 Affiliate type of service Mental Health Facility 3 Not for Profit Tax Status 4 Street Address 2400 Tamarack Ave, Suite 203 5 Town South Windsor Connecticut 6 State 06074 -7 Zip Code 8 Stuart Koman CEO Name 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 P.O. BOX IS UNACCEPTABLE WITHOUT A STREET ADDRESS FOR EACH AGENT COMPANY

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	MANCHESTER ME		
	ANNUAL R		
		EAR 2016 RELATED CORPORATION NET ASSETS	
	REPORT 5 - HOSPITAL, AFFILIATE AND	RELATED CORPORATION NET ASSETS	
(1)	(2)	(3)	(4)
(.)	(-)	FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2016
Α.	MANCHESTER MEMORIAL HOSPITAL		
1		Unrestricted	(\$16,517,740)
2		Temporarily Restricted by Donor	\$3,678
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$12,018,052
5		Intercompany Eliminations	\$0
		Total:	(\$4,496,010)
В.	EASTERN CONNECTICUT HEALTH NETWORK,INC.		
1	LAGILINA COMMECTICOT HEALTH METWORK, MC.	Unrestricted	(\$1,091,354)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$1,091,354)
C.	A CARING HAND, LLC		
1		Unrestricted	\$423,392
2		Temporarily Restricted by Donor	\$0
3 Temporarily Restricted by Board 4 Permanently Restricted by Donor		\$0 \$0	
5		Intercompany Eliminations	\$0
Ŭ		Total:	\$423,392
			V 120,002
D.	AETNA AMBULANCE SERVICES, INC.		
1	·	Unrestricted	\$3,507,755
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$3,507,755
E.	AMBILLANCE SERVICE OF MANCHESTER 11.0		
	AMBULANCE SERVICE OF MANCHESTER, LLC	Unrostricted	¢7 074 620
2		Unrestricted Temporarily Restricted by Donor	\$7,974,628 \$0
3		Temporarily Restricted by Board	φυ \$0
4		Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	\$0
		Total:	\$7,974,628
	CLINICALLY INTEGRATED NETWORK OF EASTERN		
F.	CONNECTICUT, LLC		
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
ິບ		Total:	\$0
		I Utal.	\$0

	MANCHESTER MEMORI		
	ANNUAL REPOR		
	FISCAL YEAR		
	REPORT 5 - HOSPITAL, AFFILIATE AND RELA	ATED CORPORATION NET ASSETS	
(4)	(0)	(0)	(4)
(1)	(2)	(3) FUND DESCRIPTION /	(4) BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2016
		FOND FORFOSE	9/30/2010
	CONNECTICUT HEALTHCARE INSURANCE CO.	I love etricted	(ME DEC 420)
2		Unrestricted Temporarily Restricted by Donor	(\$5,856,430)
3		Temporarily Restricted by Board	\$0 \$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$5,856,430)
		Totali	(40,000,100)
Н.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, 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
	EASTERN CONNECTICUT MEDICAL PROFESSIONALS		
	FOUNDATION, INC.	Here it is to be	#000 00F
1		Unrestricted	\$233,085
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$233,085
			, ,,,,,,,,
J.	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0 \$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	
		Total:	\$0
1/	COUNT COMMUNITY LIE ALTHOUGH FOUNDATION INC		
	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.	I le ve etviete d	40
2		Unrestricted Tomporarily Postricted by Dopor	\$0 \$4,260
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$4,260
4		Permanently Restricted by Donor	\$1,567,312
5		Intercompany Eliminations	\$0
-		Total:	\$1,571,572
	ECHN CORDODATE SERVICES INC		7 .,5-1 .,51
L.	ECHN CORPORATE SERVICES INC.	Uprostricted	¢405 400
2		Unrestricted Temporarily Restricted by Donor	\$495,139 \$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$495,139

	MANCHESTER MEMORIAL HOSPITAL				
	ANNUAL REPORTING				
	FISCAL YEAR 2016 REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS				
	REPORT 5 - HOSPITAL, AFFILIATE AND	RELATED CORPORATION NET ASSETS			
(1)	(2)	(3)	(4)		
(1)	(2)	FUND DESCRIPTION /	BALANCE AS OF		
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2016		
			0.00.000		
М.	ECHN ELDERCARE SERVICES, INC.				
1		Unrestricted	\$521,626		
2		Temporarily Restricted by Donor			
3		Temporarily Restricted by Board	\$0 \$0		
4		Permanently Restricted by Donor	\$0		
5		Intercompany Eliminations	\$0		
		Total:	\$521,626		
	FOLIN ENTERPRISES INC				
Ν.	ECHN ENTERPRISES, INC.	I loroptricts d	#000.000		
2		Unrestricted Temporarily Restricted by Donor	\$392,992 \$0		
3		Temporarily Restricted by Board	\$0		
4		Permanently Restricted by Donor	\$0		
5		Intercompany Eliminations	\$0		
		Total:	\$392,992		
Ο.	EVERGREEN ENDOSCOPY CENTER, LLC				
1		Unrestricted	\$942,514		
2		Temporarily Restricted by Donor	\$0		
3 Temporarily Restricted by Board		\$0			
4 Permanently Restricted by Donor 5 Intercompany Eliminations		\$0 \$0			
		Total:	\$942,514		
		Total.	Ψ3+Z,31+		
Ρ.	EVERGREEN MEDICAL ASSOCIATES II, LLC				
1	,,,,,,,,,,,,,,,,,,,,,,,,,,,	Unrestricted	\$3,079,785		
2		Temporarily Restricted by Donor	\$0		
3		Temporarily Restricted by Board	\$0		
4		Permanently Restricted by Donor	\$0		
5		Intercompany Eliminations	\$0		
		Total:	\$3,079,785		
	EVED ODEEN MEDICAL ACCORDATES 110				
Q.	EVERGREEN MEDICAL ASSOCIATES, LLC	Llargatriatad	\$4.520.400		
2		Unrestricted Temporarily Restricted by Donor	\$1,520,100 \$0		
3		Temporarily Restricted by Board	φυ 		
4		Permanently Restricted by Donor	\$0 \$0		
5		Intercompany Eliminations	\$0		
		Total:	\$1,520,100		
R.	HAYNES STREET MEDICAL ASSOCIATES II, LLC				
1		Unrestricted	\$1,894,735		
2		Temporarily Restricted by Donor	\$0		
3		Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0		
5		Intercompany Eliminations	\$0		
Ť		Total:	\$1,894,735		
		10000	Ψ1,007,100		
S.	HAYNES STREET MEDICAL ASSOCIATES, LLC				

	MANCHESTER MEMORI	AL HOSPITAL	•
	ANNUAL REPOR		
	FISCAL YEAR		
	REPORT 5 - HOSPITAL, AFFILIATE AND RELA	ATED CORPORATION NET ASSETS	
(4)	(2)	(2)	(4)
(1)	(2)	(3) FUND DESCRIPTION /	(4) BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2016
1	7	Unrestricted	\$597,856
2		Temporarily Restricted by Donor	\$397,630
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	\$0
		Total:	\$597,856
Τ.	HAYNES STREET PROPERTY MANAGEMENT, LLC		
1		Unrestricted	\$39,134
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0
<u>4</u> 5		Intercompany Eliminations	\$0
ب		Total:	\$39,134
		i otai.	\$39,134
U.	MEDICAL PRACTICE PARTNERS		
1	MEDICAL I RACITOL I ARTHERO	Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0 \$0 \$0 \$0 \$0
5		Intercompany Eliminations	
		Total:	\$0
٧.	METRO WHEELCHAIR SERVICE, INC		A10.574
1		Unrestricted	\$10,574
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
4		Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	\$0
		Total:	\$10,574
w.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)		
1		Unrestricted	\$11,742,625
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	
		Total:	\$11,742,625
Χ.	THE MANCHESTER MEMORIAL HOSPITAL		
1	THE WANGESTER WEWORIAL RUSPITAL	Unrestricted	¢0
2		Temporarily Restricted by Donor	\$0 \$0
3		Temporarily Restricted by Board	\$0 .\$0
4		Permanently Restricted by Donor	\$0 \$0 \$0
5		Intercompany Eliminations	\$0
		Total:	\$0
Υ.	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED		
1		Unrestricted	\$11,556,416

ASSETS
(4)
TION / BALANCÉ AS OF
SE 9/30/2016
Donor \$582
Board \$0
Donor \$5,174,177
\$0
\$16,731,175
\$1,403,640
Donor \$0
Board \$0
Donor \$0
\$0
\$1,403,640
\$4,035,739
Donor \$0
Board \$0
Donor \$0
\$4,035,739
04.555.500
\$1,555,580
Donor \$0
Donor \$0 Board \$0
Donor \$0 Board \$0 Donor \$0
Donor \$0 Board \$0 Donor \$0 \$0 \$0
Donor \$0 Board \$0 Donor \$0
Donor \$0 Board \$0 Donor \$0 \$0 \$0
Donor \$0 Board \$0 Donor \$0 \$0 \$1,555,580 \$47,229,852
Donor \$0 Board \$0 Donor \$0 Donor \$0 \$0 \$1,555,580 \$47,229,852 \$0
Donor \$0 Board \$0 Donor \$0 \$0 \$0 \$0 \$1,555,580 \$47,229,852
Donor \$0 Board \$0 Donor \$0 \$0 \$0 \$1,555,580 \$47,229,852 \$0

	MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING						
	FISCAL YEAR 2016						
	REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS						
(1)	(2)	(3)	(4)	(5)			
(')	(2)	(3)	(4)	(3)			
				TRANSFER TO / FROM			
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	HOSPITAL			
Α.	EASTERN CONNECTICUT HEALTH NETWORK,INC.						
	, ,						
		Beginning Unconsolidated Intercompany Balance: Allocation of Income/Loss	9/30/2015 09/30/2016	\$4,093,755 (\$7,547,214			
-		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$3,453,459)			
В.	A CARING HAND, LLC						
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$22,680			
1		Salary and Non-Salary Operating Expenses	09/30/2016	(\$22,680)			
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0			
C.	AETNA AMBULANCE SERVICES, INC.						
<u> </u>	ALTERNATION OF THE STATE OF THE						
L.		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$1,317,001			
1		Allocation of Investment Income/Loss Ending Unconsolidated Intercompany Balance:	09/30/2016 9/30/2016	(\$89,286) \$1,227,715			
		Enamy enconsendated intercompany Bulance.	3/33/2313	Ψ1,221,110			
D.	AMBULANCE SERVICE OF MANCHESTER, LLC						
		Beginning Unconcelled to distance many Belonce.	9/30/2015	¢2.027.027			
1		Beginning Unconsolidated Intercompany Balance: Allocation of Investment Income/Loss	09/30/2016	\$3,037,932 (\$246,812			
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$2,791,120			
E.	CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC						
	CEMICALET INTEGRATED NETWORK OF EASTERN COMMECTION, EEG						
		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	Ψ			
F.	CONNECTICUT HEALTHCARE INSURANCE CO.						
		Beginning Unconcelled to distance many Belonce.	0/20/2045	¢2.002.200			
1		Beginning Unconsolidated Intercompany Balance: Allocation of Investment Income/Loss	9/30/2015 09/30/2016	\$3,983,30 9 \$5,064,431			
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$9,047,740			
	CONNECTICUE OCCUPATIONAL MEDICINE DADTNEDO LLO						
G.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC						
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$20,000			
1		To adjust for beginning discrepancy	09/30/2016	(\$6,000			
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$14,000			
H.	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.						
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$13,880,527			
1		Operating Subsidy	09/30/2016	(\$2,621,902			
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$11,258,625			
ı.	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.						
	, , , , , , , , , , , , , , , , , , , ,						
1		Beginning Unconsolidated Intercompany Balance: Operating Subsidy	9/30/2015 09/30/2016	(\$ 71,521) \$53,894			
⊢'-		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$53,89 ² (\$17,627)			
J.	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.						
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$153,240			
1		Transfer of Donated Assets	09/30/2016	(\$171,819			
		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$18,579)			
K.	ECHN CORPORATE SERVICES INC.						
- ``							
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0			
		Nothing to Report Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0 \$0			
				φι			
		Ending Onconsolidated Intercompany Balance:					
L.	ECHN ELDERCARE SERVICES, INC.	Ending Onconsolidated intercompany balance:					
L.	ECHN ELDERCARE SERVICES, INC.			\$0.40c			
L. 1	ECHN ELDERCARE SERVICES, INC.	Beginning Unconsolidated Intercompany Balance: Salary and Non-Salary Operating Expenses	9/30/2015 09/30/2016	\$2,188 (\$582,295			

	MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING						
		FISCAL YEAR 2016					
	REPORT 6 - TRANSACTIONS BETWEEN T	THE HOSPITAL AND AFFILIATES OR RELATED CORPORA	ATIONS				
(1)	(1) (2) (3) (4)						
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM			
LINE	AFFILIATE NAIME	DESCRIPTION OF TRANSFER	DATE	HOSPITAL			
M.	ECHN ENTERPRISES, INC.						
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$1,263,863			
1		Non Salary Expense Ending Unconsolidated Intercompany Balance:	09/30/2017 9/30/2016	\$47,744 \$1,311,607			
		Enanty onconcentrated intercompany Butanee.	3/00/2010	ψ1,511,001			
N.	EVERGREEN ENDOSCOPY CENTER, LLC						
<u> </u>		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$564,631			
1		Allocation of Investment Income/Loss Ending Unconsolidated Intercompany Balance:	09/30/2016 9/30/2016	(\$84,166) \$480,465			
	EVED CREEN MEDICAL ASSOCIATES II LLC						
0.	EVERGREEN MEDICAL ASSOCIATES II, LLC						
		Beginning Unconsolidated Intercompany Balance: Nothing to Report	9/30/2015	\$0			
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0			
P.	EVERGREEN MEDICAL ASSOCIATES, LLC						
Ė		5					
		Beginning Unconsolidated Intercompany Balance: Nothing to Report	9/30/2015	\$0			
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0			
Q.	HAYNES STREET MEDICAL ASSOCIATES II, LLC						
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	*0			
		Nothing to Report		\$0 \$0			
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0			
R.	HAYNES STREET MEDICAL ASSOCIATES, LLC						
		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			
S.	HAYNES STREET PROPERTY MANAGEMENT, LLC						
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$170,979			
1		Non Salary Expense Ending Unconsolidated Intercompany Balance:	09/30/2016 9/30/2016	\$7,715 \$178,694			
_	WEDIGAL DRAGTICE DARTHERS						
Т.	MEDICAL PRACTICE PARTNERS						
		Beginning Unconsolidated Intercompany Balance: Nothing to Report	9/30/2015	\$0 \$0 \$0			
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0 \$0			
U.	METRO WHEELCHAIR SERVICE, INC						
<u> </u>	METRO WILLEST PARK SERVICE, INC			****			
1		Beginning Unconsolidated Intercompany Balance: Allocation of Investment Income/Loss	9/30/2015 09/30/2016	\$2,926 \$775			
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$3,701			
٧.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)						
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$3,286,187			
1		Allocation of Investment Income/Loss Ending Unconsolidated Intercompany Balance:	09/30/2016 9/30/2016	(\$350,531) \$2,935,656			
		J					
W.	THE MANCHESTER MEMORIAL HOSPITAL						
<u> </u>		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0 \$0			
—		Nothing to Report Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0 \$0			
v	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED						
Х.	THE ROCKVILLE GENERAL HUSPHAL INCORPORATED						
1		Beginning Unconsolidated Intercompany Balance: Salary and Non-Salary Operating Expenses	9/30/2015 09/30/2016	(\$3,280,506) \$2,600,785			
		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$679,721)			
Y.	TOLLAND IMAGING CENTER						

	MAN	CHESTER MEMORIAL HOSPITAL		
		ANNUAL REPORTING		
	DEPORT A TRANSACTIONS DETINE	FISCAL YEAR 2016	4710110	
	REPORT 6 - TRANSACTIONS BETWEE	N THE HOSPITAL AND AFFILIATES OR RELATED CORPOR	ATIONS	
(1)	(2)	(3)	(4)	(5)
(1)	(2)	(3)	(4)	(5)
				TRANSFER TO / FROM
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$336,138
1		Allocation of Investment Income/Loss	09/30/2016	\$155,100
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$491,238
Z.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$215,084
1		Salary and Non-Salary Operating Expenses	09/30/2016	(\$215,084)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
AA.	WBC CONNECTICUT EAST, LLC			
70.	MEG GOMMESTIGGT EACT, EEG			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$152,326
1		Allocation of Investment Income/Loss	09/30/2016	\$26,435
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$178,761
				*
			Grand Total:	\$25,169,829

	MANCHESTER MEMORIAL HOSPITAL						
	ANNUAL REPORTING						
	FISCAL YEAR 2016 REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS						
	REPORT 6A - TRANSACTIONS BI	ETWEEN HOSPITAL AFFILIATES OR RELATED C	URPURATIONS				
(1)	(2)	(3)	(4)	(5)	(6)		
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT		
			Beginning Unconsolidated	40/04/2045	\$44.4C2.44C		
A.	EASTERN CONNECTICUT HEALTH NETWORK,INC.		Intercompany Balance	10/01/2015	\$14,162,116		
4		FOUN ENTERPRISES INC	Allocation of ECHN Expenses to	00/00/0040	(00.400)		
1		ECHN ENTERPRISES, INC. ECHN COMMUNITY HEALTHCARE	Subsidy	09/30/2016	(\$2,100)		
2		FOUNDATION, INC.	Fundraising Allocation of ECHN Expenses to	09/30/2016	(\$5,607)		
3		ECHN ELDERCARE SERVICES, INC.	Subsidy	09/30/2016	(\$14,638)		
4		EASTERN CONNECTICUT MEDICAL	On continue Outstalds	00/00/0040	(05.404.500)		
<u>4</u> 5		PROFESSIONALS FOUNDATION, INC. ECHN CORPORATE SERVICES INC.	Operating Subsidy Notes Payable	09/30/2016 09/30/2016	(\$5,464,538) (\$4,263)		
		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Allocation of ECHN Expenses to	00/00/0040	\$0,000 AFF		
6		INCORPORATED	Subsidy Allocation of ECHN Expenses to	09/30/2016	\$2,683,455		
7		THE MANCHESTER MEMORIAL HOSPITAL	Subsidy	09/30/2016 9/30/2016	(\$8,365,191)		
			Total:	9/30/2016	(\$11,172,882)		
В.	A CARING HAND, LLC		0.1				
1		THE MANCHESTER MEMORIAL HOSPITAL	Salary & Wage & Fringe Total:	09/30/2016 9/30/2016	(\$22,680) (\$22,680)		
			i otal.	5,00,1010	(422,000)		
C.	AETNA AMBULANCE SERVICES, INC.		Allocation of Investment				
1		THE MANCHESTER MEMORIAL HOSPITAL	Income/Loss	09/30/2016	(\$89,286)		
2		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Allocation of Investment Income/Loss	09/30/2016	(\$38,266)		
		INCORPORATED	Total:	9/30/2016	(\$38,266) (\$127,552)		
D.	AMBULANCE SERVICE OF MANCHESTER, LLC		Allocation of Investment				
1		THE MANCHESTER MEMORIAL HOSPITAL	Income/Loss	09/30/2016	(\$246,812)		
2		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Allocation of Investment Income/Loss	09/30/2016	(\$105,777)		
		MOON ON THE	Total:	9/30/2016	(\$352,589)		
E.	CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC						
			Nothing to Report	0/20/2040	\$0 \$0		
			Total:	9/30/2016	\$0		
F.	CONNECTICUT HEALTHCARE INSURANCE CO.						
1		THE MANCHESTER MEMORIAL HOSPITAL	Allocation of Shareholders Equity	09/30/2016	\$4.670.430		
		THE ROCKVILLE GENERAL HOSPITAL			\$2,004,040		
2		INCORPORATED	Allocation of Shareholders Equity Total:	09/30/2016 9/30/2016	\$2,001,613 \$6,672,043		
G.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC		Nothing to Report		\$0		
			Total:	9/30/2016	\$0		
H.	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.						
1		THE MANCHESTER MEMORIAL HOSPITAL	Salary and Non Salary Expenses	09/30/2016	(\$7,422,939)		
		THE ROCKVILLE GENERAL HOSPITAL	Salary and Non-Salary Operating				
2		INCORPORATED EASTERN CONNECTICUT HEALTH	Expenses	09/30/2016	\$1,359,041		
3		NETWORK,INC.	Operating Subsidy	09/30/2016	\$5,463,338		
			Total:	9/30/2016	(\$600,560)		
l.	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.						
1		THE MANCHESTER MEMORIAL HOSPITAL	Salary and Non-Salary Expenses	09/30/2016	(\$53,894)		
2		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Salary and Non Salary Expenses	09/30/2016	(\$23,097)		
		HOOKFORATED	Total:	9/30/2016	(\$23,097) (\$76,991)		
	ECUN COMMUNITY HEAT THEADS FOUNDATION INC.						
J.	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.	EASTERN CONNECTICUT HEALTH					
1		NETWORK,INC.	Fundraising	09/30/2016	\$5,607		
2		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Fundraising	09/30/2016	(\$10,272)		
3		THE MANCHESTER MEMORIAL HOSPITAL	Fundraising	09/30/2016	(\$140,953)		
4		ECHN ELDERCARE SERVICES, INC.	Fundraising Total:	09/30/2016 9/30/2016	(\$4,011) (\$149,629)		
			, otal.	5,50,E010	(\$140,020)		
K.	ECHN CORPORATE SERVICES INC.	EASTERN CONNECTICUT HEALTH					
1		NETWORK,INC.	Salary and Non-Salary Expenses	09/30/2017	\$4,263		
1							

	MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING					
		FISCAL YEAR 2016				
	REPORT 6A - TRANSACTIONS BE	TWEEN HOSPITAL AFFILIATES OR RELATED C	ORPORATIONS			
(1)	(2)	(3)	(4)	(5)	(6)	
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT	
			Total:	9/30/2016	\$4,263	
L.	ECHN ELDERCARE SERVICES, INC.					
1		ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.	Fundraising	09/30/2016	\$4,011	
2		THE MANCHESTER MEMORIAL HOSPITAL	Salary and Non Salary Expenses		(\$192,940)	
		EASTERN CONNECTICUT HEALTH		09/30/2016		
3		NETWORK,INC. THE ROCKVILLE GENERAL HOSPITAL	Salary and Non Salary Expenses	09/30/2016	\$14,638	
4		INCORPORATED	Salary and Non-Salary Expenses	09/30/2016	\$5,980,553	
			Total:	9/30/2016	\$5,806,262	
M.	ECHN ENTERPRISES, INC.					
1		EASTERN CONNECTICUT HEALTH NETWORK,INC.	Salary and Non Salary Expenses	09/30/2016	\$2,100	
2		THE MANCHESTER MEMORIAL HOSPITAL	Salary and Non Salary Expenses	09/30/2016	\$50,355	
		THE MANCHESTER MEMORIAL HOSPITAL	Total:	9/30/2016	\$52,455	
N.	EVERGREEN ENDOSCOPY CENTER, LLC					
			Allocation of Investment			
1		THE MANCHESTER MEMORIAL HOSPITAL	Income/Loss Total:	09/30/2016 9/30/2016	(\$84,167) (\$84,167)	
			Total.	3/00/2010	(\$04,107)	
0.	EVERGREEN MEDICAL ASSOCIATES II, LLC		Allocation of Investment			
1		ECHN ENTERPRISES, INC.	Income/Loss	09/30/2016	\$31,020	
			Total:	9/30/2016	\$31,020	
P.	EVERGREEN MEDICAL ASSOCIATES, LLC					
1		ECHN ENTERPRISES, INC.	Allocation of Investment Income/Loss	09/30/2016	\$26,391	
			Total:	9/30/2016	\$26,391	
Q.	HAYNES STREET MEDICAL ASSOCIATES II, LLC					
1		ECHN ENTERPRISES, INC.	Allocation of Investment Income/Loss	09/30/2016	\$29,911	
		EGINA ENTENT MOES, INC.	Total:	9/30/2016	\$29,911	
R.	HAYNES STREET MEDICAL ASSOCIATES, LLC					
	TARNEO OTREET MEDICAL ACCOGNATES, EEG	EQUAL ENTERPRISES INC	Allocation of Investment		(0	
1		ECHN ENTERPRISES, INC.	Income/Loss Total:	09/30/2016 9/30/2016	(\$16,623) (\$16,623)	
	HAYNES STREET PROPERTY MANAGEMENT, LLC					
S.	HAINES SIREET PROPERTY MANAGEMENT, LLC					
1		THE MANCHESTER MEMORIAL HOSPITAL	Salary and Non Salary Expenses Total:	09/30/2016 9/30/2016	(\$6,820) (\$6,820)	
			Total.	9/30/2010	(\$0,620)	
T.	MEDICAL PRACTICE PARTNERS		Nothing to Report		\$0	
			Total:	9/30/2016	\$0	
U.	METRO WHEELCHAIR SERVICE, INC					
	· · · · · · · · · · · · · · · · · · ·	T. I. T. I.	Allocation of Investment	00/05/77		
1		THE MANCHESTER MEMORIAL HOSPITAL THE ROCKVILLE GENERAL HOSPITAL	Income/Loss Allocation of Investment	09/30/2016	\$776	
2		INCORPORATED	Income/Loss Total:	09/30/2016 9/30/2016	\$332 \$1,108	
			i otal:	ə/3U/2U10	\$1,108	
٧.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)					
			Allocation of Investment			
1		THE MANCHESTER MEMORIAL HOSPITAL THE ROCKVILLE GENERAL HOSPITAL	Income/Loss Allocation of Investment	09/30/2016	(\$350,530)	
2		INCORPORATED	Income/Loss	09/30/2016	(\$350,530)	
			Total:	9/30/2016	(\$701,060)	
W.	THE MANCHESTER MEMORIAL HOSPITAL		Nothing to Poport		60	
			Nothing to Report Total:	9/30/2016	\$0 \$0	
X.	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED					
	THE ROOMFILEE GENERAL HOOFTIAL INCORPORATED	ECHN COMMUNITY HEALTHCARE				
1		FOUNDATION, INC.	Fundraising	09/30/2016	\$10,272	
2		ECHN ELDERCARE SERVICES, INC.	Salary and Non Salary Expenses	09/30/2016	(\$5,980,552)	
3		ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.	Salary and Non Salary Expenses	09/30/2016	(\$1,359,041)	
А						
4		CONNECTICUT HEALTHCARE INSURANCE CO.	Joalary and Non Salary Expenses	09/30/2016	(\$2,549,834)	

				1	
	<u> </u>	MANCHESTER MEMORIAL HOSPITAL			
		ANNUAL REPORTING			
	REPORT 6A - TRANSACTIONS	FISCAL YEAR 2016 BETWEEN HOSPITAL AFFILIATES OR RELATED CO	ORPORATIONS		
(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
5		THE MANCHESTER MEMORIAL HOSPITAL EASTERN CONNECTICUT HEALTH	Salary and Non-Salary Expenses	09/30/2016	\$6,650,289
6		NETWORK,INC.	Salary and Non-Salary Expenses	09/30/2016	(\$2,709,541)
_		VISITING NURSE AND HEALTH SERVICES OF			
7		CONNECTICUT, INC.	Salary and Non Salary Expenses Total:	09/30/2016 9/30/2016	\$1,240,511 (\$4,697,896)
			Total.	3/30/2010	(\$4,037,030)
Y.	TOLLAND IMAGING CENTER				
1		THE MANCHESTER MEMORIAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2016	\$155,099
·		THE ROCKVILLE GENERAL HOSPITAL	Allocation of Investment		
2		INCORPORATED	Income/Loss	09/30/2016	\$155,099
			Total:	9/30/2016	\$310,198
Z.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.				
1		THE MANCHESTER MEMORIAL HOSPITAL	Colon, and Non Colon, Francisco	00/20/2040	(\$215,084)
1		THE MANCHESTER MEMORIAL HOSPITAL THE ROCKVILLE GENERAL HOSPITAL	Salary and Non Salary Expenses	09/30/2016	(\$215,084)
2		INCORPORATED	Salary and Non Salary Expenses	09/30/2016	(\$1,098,997)
			Total:	9/30/2016	(\$1,314,081)
AA.	WBC CONNECTICUT EAST, LLC				
		TUE 141101/E0TER	Allocation of Investment	00/05/	
1		THE MANCHESTER MEMORIAL HOSPITAL THE ROCKVILLE GENERAL HOSPITAL	Income/Loss Allocation of Investment	09/30/2016	\$26,436
2		INCORPORATED	Income/Loss	09/30/2016	\$11,330
			Total:	9/30/2016	\$37,766
			Ending Unconsolidated		
			Intercompany Balance	9/30/2016	\$7,810,003
	I.		1		

	MANCHESTER MEI	MORIAL HOSPIT	AL	
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	REPORT 7- EXPENDITURES BY AFFILIATES / RELATED	CORPORATION	S FOR THE BENEFIT OF THE HOSPIT	TAL .
(1)	(2)		(3)	(4)
(')	AFFILIATE NAME &		(0)	\"/
LINE	DESCRIPTION OF EXPENDITURE		AMOUNT	DATE
A.	EASTERN CONNECTICUT HEALTH NETWORK,INC.		# 0	
0	Nothing to Report	Total:	\$0 \$0	9/30/2016
			40	0/00/2010
В.	A CARING HAND, LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2016
	AFTNIA AMPLII ANOF GERVIOEG ING	_		
C .	AETNA AMBULANCE SERVICES, INC. Nothing to Report		\$0	
		Total:	\$0	9/30/2016
D.	AMBULANCE SERVICE OF MANCHESTER, LLC			
0	Nothing to Report	-	\$0	
		Total:	\$0	9/30/2016
E.	LUINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC			
0	Nothing to Report	,	\$0	
	3 4 4	Total:	\$0	9/30/2016
F.	CONNECTICUT HEALTHCARE INSURANCE CO.			
0	Nothing to Report	Total	\$0	0/00/0040
		Total:	\$0	9/30/2016
G.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC	_		
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2016
H.	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, IN	C.	0.0	
0	Nothing to Report	Total:	\$0 \$0	9/30/2016
		Totali	Ψ0	3/30/2010
I.	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2016
	FOUND COMMUNITY LIFE THE ARE FOUNDATION INC			
J .	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. Nothing to Report		\$0	
	Nothing to Report	Total:	\$0	9/30/2016
K.	ECHN CORPORATE SERVICES INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2016
_	ECHN EI DEDCADE SERVICES INC			
L .	ECHN ELDERCARE SERVICES, INC. Nothing to Report		\$0	
Ħ		Total:	\$0	9/30/2016
M.	ECHN ENTERPRISES, INC.			
0	Nothing to Report	Total	\$0	
		Total:	\$0	9/30/2016
N.	 EVERGREEN ENDOSCOPY CENTER, LLC			
0	Nothing to Report		\$0	
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	MANCHESTER MEMORIA		!	
	ANNUAL REPORT			
	FISCAL YEAR 2 REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORP		THE HOSPITAL	
	REPORT 7- EXPENDITORES BY ATTIEINTES / RELATED CORP	OKATIONS FOR THE BENEFIT OF	THE HOSFITAL	-
(1)	(2)	(3)		(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT		DATE
LINE	Total		\$0	9/30/2016
			40	0/00/2010
Ο.	EVERGREEN MEDICAL ASSOCIATES II, LLC			
0	Nothing to Report		\$0	
	Tota	il:	\$0	9/30/2016
P.	EVERGREEN MEDICAL ASSOCIATES, LLC			
0	Nothing to Report		\$0	
	Tota	li:	\$0	9/30/2016
Q.	HAYNES STREET MEDICAL ASSOCIATES II, LLC			
0	Nothing to Report Tota	1.	\$0	9/30/2016
	Total		Ψ0	9/30/2010
R.	HAYNES STREET MEDICAL ASSOCIATES, LLC			
0	Nothing to Report		\$0	
	Tota	l:	\$0	9/30/2016
	HAVNES STREET PROPERTY MANAGEMENT I I S			
S.	HAYNES STREET PROPERTY MANAGEMENT, LLC Nothing to Report		\$0	
	Total	ıl:	\$ 0	9/30/2016
T.	MEDICAL PRACTICE PARTNERS			
0	Nothing to Report		\$0	0/00/00/0
	Tota	11:	\$0	9/30/2016
U.	METRO WHEELCHAIR SERVICE, INC			
0	Nothing to Report		\$0	
	Tota	l:	\$0	9/30/2016
V.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON) Nothing to Report		90	
	Total	ıl:	\$0	9/30/2016
			40	0/00/2010
W.	THE MANCHESTER MEMORIAL HOSPITAL			
0	Nothing to Report		\$0	
	Tota	li:	\$0	9/30/2016
Χ.	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED			
0	Nothing to Report		\$0	
	Tota	l:	\$0	9/30/2016
Y.	TOLLAND IMAGING CENTER		•	
0	Nothing to Report Tota	1.	\$0	9/30/2016
			\$0	3/30/2010
Z.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.			
0	Nothing to Report		\$0	
	Tota	ıl:	\$0	9/30/2016
Δ Δ	WPC CONNECTICUT FAST 11 C			
AA.	WBC CONNECTICUT EAST, LLC Nothing to Report		\$0	
Ť	Total	l:	\$ 0	9/30/2016
	Grand Tota	l:	\$0	9/30/2016

	MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING					
	ANNUAL REFORTING FISCAL YEAR 2016 REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFI	F OF AFFILIATES / RELATED CORPORAT	TIONS			
(1)	(2)	(3)	(4)			
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS			
A.	EASTERN CONNECTICUT HEALTH NETWORK,INC. Nothing to Report	\$0	C			
	Tota					
B. 0	A CARING HAND, LLC Nothing to Report	\$0	C			
	Tota	1: \$0				
C .	AETNA AMBULANCE SERVICES, INC. Nothing to Report Tota	\$0 I: \$0				
D.	AMBULANCE SERVICE OF MANCHESTER, LLC					
0	Nothing to Report Tota	\$0 I:				
E.	CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC					
0	Nothing to Report Tota	\$0 i: \$0				
F .	CONNECTICUT HEALTHCARE INSURANCE CO. Nothing to Report	60				
U	Nothing to Report Tota	\$0 I: \$0	· ·			
G .	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC Nothing to Report	\$0	(
Ť	Total					
H .	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC. Nothing to Report	\$0	C			
	Tota					
I. 0	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC. Nothing to Report	\$0	C			
	Tota	\$0				
J. 0	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC. Nothing to Report	\$0				
	Tota	1: \$0				
K. 0	ECHN CORPORATE SERVICES INC. Nothing to Report	\$0	C			
	Total	1: \$0				
L .	ECHN ELDERCARE SERVICES, INC. Nothing to Report Tota	\$0 I: \$0				
M.	ECHN ENTERPRISES, INC.					
0	Nothing to Report Tota	\$0 1: \$0				
N.	EVERGREEN ENDOSCOPY CENTER, LLC	-				
0	Nothing to Report Tota	\$0 I: \$0				
0.	EVERGREEN MEDICAL ASSOCIATES II, LLC					
0	Nothing to Report Tota	\$0 I: \$0	С			
P.	EVERGREEN MEDICAL ASSOCIATES, LLC					
0	Nothing to Report Tota	\$0 I: \$0				
Q.	HAYNES STREET MEDICAL ASSOCIATES II, LLC					
0	Nothing to Report Tota	\$0 i: \$0				
R .	HAYNES STREET MEDICAL ASSOCIATES, LLC Nothing to Report	\$0	C			
U	Nothing to Report Tota					

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	ANNUAL REPORTING	L	
	FISCAL YEAR 2016		
	REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT (OF AFFILIATES / RELATED CORPORAT	TONS
(4)	(0)	(0)	(6)
(1)	(2) AFFILIATE NAME &	(3)	(4)
LINE	DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
			-
S.	HAYNES STREET PROPERTY MANAGEMENT, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
T.	MEDICAL PRACTICE PARTNERS Nothing to Report	\$0	0
U	Total:	\$0	0
	1.5	***	
U.	METRO WHEELCHAIR SERVICE, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
V.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON) Nothing to Report	\$0	0
0	Total:	\$0	0
		**	
W.	THE MANCHESTER MEMORIAL HOSPITAL		
0	Nothing to Report	\$0	0
	Total:	\$0	
X.	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED Nothing to Report	\$0	0
- 0	Total:	\$0	0
		**	
Y.	TOLLAND IMAGING CENTER		
0	Nothing to Report	\$0	0
	Total:	\$0	
	WIGHTING NUMBER AND LIFAUTH CERWICES OF CONNECTIONS INC		
Z.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC. Nothing to Report	\$0	0
	Total:	\$0	
AA.	WBC CONNECTICUT EAST, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	
	Grand Total:	\$0	

		MANCHESTER MEMOR	RIAL HOSPITAL					
	ANNUAL REPORTING							
		FISCAL YEAR						
	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%			
1	Donations	\$0.00	\$0.00	\$0.00	0%			
2	Income	\$0.00	\$0.00	\$0.00	0%			
3	Expenditures	\$0.00	\$0.00	\$0.00	0%			
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%			
	Ending Balance	\$0.00	\$0.00	\$0.00	0%			
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%			
В.	Free Beds							
	Beginning Balance	\$683,845.37	\$681,496.80	(\$2,348.57)	0%			
1	Donations	\$0.00	\$0.00	\$0.00	0%			
2	Income	\$394.88	\$1,718.89	\$1,324.01	335%			
3	Expenditures	\$2,743.45	\$124,884.92	\$122,141.47	4452%			
4	Unrealized Gains and Losses	\$0.00	(\$249,469.84)	(\$249,469.84)	0%			
	Ending Balance	\$681,496.80	\$308,860.93	(\$372,635.87)	-55%			
5	Projected Interest Income	\$800.00	\$1,500.00	\$700.00	88%			
С.	Other							
	Beginning Balance	\$0.00	\$0.00		0%			
1	Donations	\$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%			
3	. rejected interest interior							

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MANCHESTER MEMORIAL HOSPITAL	
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	F HOSPITAL
TELEVISION TO STATE DED FORDO NEED ON ADMINIOTENED DE TI	ZHOOFHAL
(2)	(3)
Name of Hospital Bed Fund (FULL NAME)	Amount
ons for Hospital Bed Funds	24
	24
lar Amount provided to all patients from Hospital Bed Funds:	\$124,884. <u>9</u> 2
, , , ,	Ţ 12 1,00 1102
	AT 000 TO
	\$5,080.53
	\$3,570.36
	\$3,415.66
	\$401.01
	\$3,484.03
	\$3,838.59
	\$1,141.58
	\$147.18
	\$55.75
	\$7,027.27 \$40,077.05
	\$10,077.85
	\$11,753.88
	\$8,807.80
	\$8,377.72
	\$8,375.42
	\$7,909.53
	\$7,652.86 \$7,289.35
	\$6,796.72 \$2,427.00
	\$2,437.00 \$4,754.01
	\$4,754.91 \$853.76
	\$6,460.66 \$5,175.50
	\$5,175.50 \$124,884.92
	ANNUAL REPORTING FISCAL YEAR 2016 REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY TH (2) Name of Hospital Bed Fund (FULL NAME) ons for Hospital Bed Funds receiving Hospital Bed Fund Grants lar Amount provided to all patients from Hospital Bed Funds: Erna Loomis Elsie Cheney Disher Bisie Cheney Disher Elsie Cheney Disher Adattie Hills Preston P O Boynton Ralph and Lula Pinney Fund Drake Bed Fund Elsie Cheney Disher Erna Loomis

MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING **FISCAL YEAR 2016** REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL B. BED FUND ACTIVITY (1) (2) (3) (4) (5) (6) **FMV of Principal** Earnings Reinvested Earnings Available **Actual Earnings** Name of Hospital Bed Fund Line (3) Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each Hospital Bed Fund Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund. (4) (5) Actual Dollar Amount of Earnings reinvested as Principal, if any. Actual Dollar Amount of Earnings available for Patient Care. (6) Erna Loomis \$196,394.42 \$637.50 \$0.00 \$0.00 **Elsie Cheney Disher** \$151,579.19 \$492.01 \$0.00 \$0.00 Mattie Hills Preston \$8,000.00 \$26.05 \$0.00 \$0.00 P O Boynton \$923.00 \$3.02 \$0.00 \$0.00 Drake Bed Fund \$90,499.84 \$527.12 \$0.00 \$0.00 Ralph and Lula Pinney Fund \$10,344.00 \$33.19 \$0.00 \$0.00 Total Bed Funds : \$457,740.45 \$1,718.89 \$0.00 \$0.00

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	MANCHECTED	MEMORIAL HOSPITAL
		L REPORTING
		AL YEAR 2016
		ENT POLICIES AND COLLECTION AGENT INFORMATION
	REFORT 10-11031 TIAE COLLECTION I EACEME	LITT OLICIES AND COLLECTION AGENT IN CHIMATION
(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 agency, a SP pat prior to giving them the opp for fin aid or choose a payment option that fits their needs. If the patient does not request and application for financial aid within 10 days, then they have 120 days to pay the account 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	12.25%
***	CRECIFIC COLLECTION ACENT INFORMATION	
II.	SPECIFIC COLLECTION AGENT INFORMATION	
A	Collection Agent Collection Agent Name	American Adjustment Bureau
2	Collection Agent Name Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	ECHN offers options and will not bill, refer to a coll agency, a SP pat prior to giving them the opp for fin aid or choose a payment option that fits their needs. If the patient does not request and application for financial aid within 10 days, then they have 120 days to pay the account 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.	11.88%
В	Collection Agent	
1	Collection Agent Name	Transcontinental Credit and Collection
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	ECHN offers options and will not bill, refer to a coll agency, a SP pat prior to giving them the opp for fin aid or choose a payment option that fits their needs. If the patient does not request and application for financial aid within 10 days, then they have 120 days to pay the account 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.	13.84%

		MANCHESTER MEMORIAL	L HOSPITAL		
		ANNUAL REPORT			
	REPORT 19 - SALARIES AND I	FISCAL YEAR 20 FRINGE BENEFITS OF THE 1		SPITAL EMPLOYEES	
LINE	POSITION TITLE	EMPLOYEE NAME	SALARY	FRINGE BENEFITS	TOTAL
			-		
1.	President/Chief Executive Officer	Peter J. Karl	\$1,460,103	\$29,216	\$1,489,31
2.	Senior Vice President & Chief Financial Officer	Michael D. Veillette	\$448,280	\$19,595	\$467,87
3.	Chair & Sr. Med. Dir of Emergency Medicine	Robert F. Carroll	\$407,109	\$15,749	\$422,8
4.	Sr. Vice President & Chief Medical Officer	Joel Reich	\$382,856	\$13,216	\$396,07
5.	Sr. Vice President Ambulatory Network Svcs.	Gregory Williams	\$313,989	\$15,988	\$329,9
6.	Senior Vice President & General Counsel	Joyce Tichy	\$305,308	\$15,988	\$321,29
7.	Chair Dept of Psychiatry and Medical Director	Osman Qureshi	\$290,754	\$15,686	\$306,44
8.	Assistant Medical Director	James A. Castellone	\$270,424	\$3,744	\$274,10
9.	Emergency Department Physician	Sherry Theodore	\$256,930	\$15,692	\$272,6
10.	Emergency Department Physician	Andreas J. Bojko	\$249,116	\$15,676	\$264,79
		Grand Total:	\$4,384,869	\$160,550	\$4,545,41

	T.				
	1	EASTERN CONNECTICUT HEALTH NETWORK,INC.	·		
		ANNUAL REPORTING			
	nen.	FISCAL YEAR 2016	TEM EMPL 0VEE0		
	REP	ORT 19B - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HEALTH SYS	TEM EMPLOYEES		
LINE	POSITION TITLE	EMPLOYEE NAME AND COMPANY	SALARY	FRINGE BENEFITS	TOTAL
1.	President, Chief Executive Officer	Peter J. Karl, Eastern Connecticut Health Network	\$2,179,258	\$43,606	\$2,222,864
2.	Senior Vice President & Chief Financial Officer	Michael D. Veillette, Eastern Connecticut Health Network	\$669.075	\$29.247	\$698.322
۷.	Serilor vice President & Chief Pinancial Officer	MICHAELD. Veillette, Eastern Connecticut Health Network	\$609,075	\$25,247	\$030,322
3.	Physician - Gastroenterology	James OBrien, Eastern Connecticut Medical Professionals Foundation, Inc.	\$586,937	\$23,752	\$610,689
4.	Sr. Vice President & Chief Medical Officer	Joel Reich, Eastern Connecticut Health Network	\$571,427	\$19,725	\$591,152
5.	Physician - Cardiology	Danny Korkmaz, Eastern Connecticut Medical Professionals Foundation, Inc.	\$515,934	\$23,862	\$539,796
0.	Thysician Saraiology	Danny Konanaz, Edotom Connected Medical Floressionals Foundation, inc.	ψ313,934	\$23,002	ψ000,100
6.	Surgeon - Orthopedic	Barry Messinger, Eastern Connecticut Medical Professionals Foundation, Inc.	\$516,000	\$0	\$516,000
			,		
7.	Physician- Gastroenterology	Ali Hemacha, Eastern Connecticut Medical Professionals Foundation, Inc.	\$487,699	\$23,862	\$511,561
8.	Sr. Vice President Ambulatory Network Svcs.	Gregory Williams, Eastern Connecticut Health Network	\$468,640	\$23,862	\$492,502
J.	S. T. T. C.	Gregory Transaction Commodition Florida Hotel	Ψ+00,0+0	Ψ20,002	ψ+3 2 ,002
9.	Senior Vice President & General Counsel	Joyce Tichy, Eastern Connecticut Health Network	\$455,684	\$23,862	\$479,546
40	In		040:1	Ann	A.,
10.	Physician - Gastroenterology	Alexia Koudellou, Eastern Connecticut Medical Professionals Foundation, Inc.	\$421,325	\$23,766	\$445,091
		Grand Total:	\$6,871,979	\$235,544	\$7,107,523

MANCHESTER MEMORIAL HOSPITAL ANNUAL REPORTING **FISCAL YEAR 2016** REPORT 19C - FINANCIAL GAINS REALIZED FROM A TRANSFER OF OWNERSHIP CON SEVERANCE STOCK OFFERING OTHER FINANCIAL LINE PAYMENT VALUE GAIN NAME **POSITION TYPE** SALARY TOTAL Not Applicable \$0 \$0 \$0 \$0 2. \$0 \$0 \$0 \$0 3. \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 5. \$0 \$0 \$0 \$0 6. \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 8. \$0 \$0 \$0 \$0 9 \$0 \$0 \$0 10. \$0 \$0 11 \$0 \$0 \$0 \$0 \$0 12. \$0 \$0 \$0 \$0 \$0 \$0 \$0 13. \$0 \$0 \$0 \$0 14. \$0 \$0 \$0 \$0 \$0 15. \$0 \$0 \$0 \$0 16. \$0 \$0 \$0 \$0 \$0 17. \$0 \$0 \$0 \$0 \$0 \$0 18. \$0 \$0 \$0 \$0 19 \$0 \$0 \$0 \$0 \$0 20. \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 22. \$0 \$0 \$0 \$0 \$0 23. \$0 \$0 \$0 \$0 \$0 24 \$0 \$0 \$0 \$0 \$0 25. \$0 \$0 \$0 \$0 \$0 26. \$0 \$0 \$0 \$0 \$0 27. \$0 \$0 \$0 \$0 \$0 28. \$0 \$0 \$0 \$0 \$0 29. \$0 \$0 \$0 \$0 \$0 30. \$0 \$0 \$0 \$0 \$0 31. \$0 \$0 \$0 \$0 \$0 32 \$0 \$0 \$0 \$0 \$0 \$0 33. \$0 \$0 \$0 \$0 34. \$0 \$0 \$0 \$0 \$0 35. \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 36. 37 \$0 \$0 \$0 \$0 \$0 38. \$0 \$0 \$0 \$0 \$0 39. \$0 \$0 \$0 \$0 \$0 \$0 40. \$0 \$0 \$0 \$0 41 \$0 \$0 \$0 \$0 \$0 42. \$0 \$0 \$0 \$0 \$0 43. \$0 \$0 \$0 \$0 \$0 \$0 44. \$0 \$0 \$0 \$0 \$0 45 \$0 \$0 \$0 \$0 \$0 46. \$0 \$0 \$0 \$0

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Grand Total:

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	T			
	MANCHESTER MEMORIAL H	OSPITAL		
	ANNUAL REPORTING			
	FISCAL YEAR 2016			
	REPORT 21- HOSPITAL SALARIES AND	FRINGE BENEFIT	S	
	PAID BY JOINT VENTURES, AFFILIATES AND F	RELATED CORPOR	RATIONS	
/4\	(2)	(2)	(4)	(E)
(1)	(2)	(3)	(4)	(5)
		SALARIES	FRINGE	
		(Directly or	BENEFITS ^A (Directl	
LINE	DESCRIPTION	Indirectly) ^C	y or Indirectly) ^C	TOTAL
^	EASTERN CONNECTICUT HEALTH NETWORK,INC.	1		
A .	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 Hospital to Employees of the Entity Listed Above	ΨΟ	ΨΟ	ΨΟ
В.	A CARING HAND, 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
С.	AETNA AMBULANCE SERVICES, INC.	•	1 2	
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
D .	AMBULANCE SERVICE OF MANCHESTER, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
_		·		·
	CLINICALLY INTEGRATED NETWORK OF EASTERN			
Ε.	CONNECTICUT, 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
	ACANNECTICUE LIEAU TUCADE INICUIDANCE CO	1		
F.	CONNECTICUT HEALTHCARE INSURANCE CO.	ф <u>о</u>		фo.
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
	l aid by the Hospital to Employees of the Entity Listed Above	ΨΟ	ψυ	ΨΟ
G.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, 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
	EASTERN CONNECTICUT MEDICAL PROFESSIONALS			
Н.	FOUNDATION, INC.			
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	Φυ	⊅ U	Φ0
	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION,			
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 \$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
1.5	FOUN CORPORATE OFFICE CONT			
Κ.	ECHN CORPORATE SERVICES INC.	Φ0	1 00	40
1	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
2	r aid by the Hospital to Employees of the Entity Listed Above	φυ	φυ	φυ
L .	ECHN ELDERCARE SERVICES, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
	1. San any and Entiry Entire to the transfer Employees(D)	ΨΟ	,	¥×

	MANCHESTER MEMORIAL HO	OSPITAL					
	ANNUAL REPORTING						
	FISCAL YEAR 2016						
	REPORT 21- HOSPITAL SALARIES AND	FRINGE BENEFIT	S				
	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			
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0			
М.	ECHN ENTERPRISES, INC.						
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0			
2	Paid by the Entity Listed Above to Hospital Employees(b) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0	\$0 \$0			
		**					
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			
	EVERGREEN MEDICAL ASSOCIATES II, LLC						
0.	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$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	\$0 \$0	\$0	\$0 \$0			
	side by the morning to Employees of the Emily Elected material	4.0	#3				
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			
	HAVAICS STREET MEDICAL ASSOCIATES II LLS						
Q . 1	HAYNES STREET MEDICAL ASSOCIATES II, LLC 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			
	sia by the resornants amproyees or this army allowards	4,0	+3				
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			
	HAYNES STREET PROPERTY MANAGEMENT, LLC						
S.	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.	+-	7.			
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			
- 11	METRO WHEELCHAIR SERVICE, INC						
U. 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			
_	2.1. 1, 1.1. 1.2. 1.1. 2.1. 2.1. 1.1. 2.1	7-	+*	T *			
	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.						
٧.	(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			
W.	THE MANCHESTER MEMORIAL HOSPITAL						
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	\$0			
Χ.	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED						
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0			
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0			

	MANOUECTED MEMORIAL III	0001741				
	MANCHESTER MEMORIAL HO					
	ANNUAL REPORTING	j				
	FISCAL YEAR 2016 REPORT 21- HOSPITAL SALARIES AND	EDINGE DENEETS	,			
	REPORT 21- HOSPITAL SALARIES AND	FRINGE BENEFITS	•			
	PAID BY JOINT VENTURES, AFFILIATES AND R	ELATED CORPOR	ATIONS			
(4)	(0)	(0)		/F\		
(1)	(2)	(3)	(4)	(5)		
		SALARIES	FRINGE			
		(Directly or	BENEFITS ^A (DirectI			
LINE	DESCRIPTION	Indirectly) ^C	y or Indirectly) ^C	TOTAL		
		• /	,			
Υ.	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		
Ζ.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.					
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0		
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0		
AA .	WBC CONNECTICUT EAST, LLC					
11	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.					
	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 Sec	tion 19a-643-206-(h)/21)	including the		
	fair market value where appropriate.	as aestribed iii oet	1011 130-0 1 0-200-(D)(Z1),	molading the		
	B - A hospital employee is anyone who provides a service which incurs a	n expense for the ho	nsnital			
	C - Indirect payments include but are not limited to payments made to related entities.					
	o - maireot payments include but are not innited to payments made to related entitles.					

	MANOUESTER MEMORIAL HOORITAL	
	MANCHESTER MEMORIAL HOSPITAL	
	ANNUAL REPORTING FISCAL YEAR 2016	
	REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR	
	CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT EN	ΓΙΤΥ
	CHARGE OF CONTROL FROM THE HOOF THE FORT KOTTLEN	
(1)	(2)	(3)
INE	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
	Clinical of Nonclinical Services of 1 directions.	IVA
	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	21/2
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

	MANCHESTER ME	MORIAL HOSPIT	AL		
		REPORTING			
	FISCA REPORT 23 - CHARITY CARE AND REDUCED	AL YEAR 2016	BBOVIDED BY	THE HOSDITAL	
	REPORT 23 - CHARITT CARE AND REDUCED	COST SERVICES	PROVIDED B1	THE HOSFITAL	
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	<u>AMOUNT</u>	DIFFERENCE	DIFFERENCE
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial S	tatement Notes)			
1.	Number of Applicants	891	985	94	11%
2.	Number of Approved Applicants	808	921	113	14%
3.	Total Charges (A)	\$1,553,798	\$2,297,057	\$743,259	48%
	Average Charges	\$1,923	\$2,494	\$571	30%
4	Datin of Cont to Change (DOC)	0.000004	0.000000	(0.005005)	00/
4.	Ratio of Cost to Charges (RCC) Total Cost	0.299224 \$464,934	0.293939 \$675,195	(0.005285) \$210,261	-2% 45%
	Average Cost	\$575	\$733	\$158	27%
			-		
5.	Charity Care - Inpatient Charges	\$305,958	\$462,091	\$156,133	51%
6.	Charity Care - Outpatient Emergency Department Charges	828,535	1,495,920	667,385	81%
0.	Charity Care - Outpatient Charges (Excludes ED	020,333	1,495,920	007,383	0176
7.	Charges)	419,305	339,046	(80,259)	-19%
	Total Charges (A)	\$1,553,798	\$2,297,057	\$743,259	48%
8.	Charity Care - Number of Patient Days	503	569	66	13%
9.	Charity Care - Number of Discharges	122	152	30	25%
10.	Charity Care - Number of Outpatient ED Visits	626	1,879	1,253	200%
	Charity Care - Number of Outpatient Visits (Excludes ED	4.450	4 4 40	(40)	40/
11.	Visits)	1,152	1,142	(10)	-1%
(A) The	total amount must agree with the total amount listed in	the Hospital Aud	lited Financial S	tatement Notes.	
B.	Hospital Bed Funds (see Hospital Reporting System - F	Report 17)			
		_			
1.	Number of Applicants	1	24	23	2300%
2.	Number of Approved Applicants	1	24	23	2300%
3.	Total Charges (B)	\$2,743	\$124,885	\$122,142	4453%
	Average Charges	\$2,743	\$5,204	\$2,461	90%
		2 22222		(2.22-22-)	
4.	Ratio of Cost to Charges (RCC) Total Cost	0.299224 \$821	0.293939 \$36,709	(0.005285) \$35,888	-2% 4372%
	Average Cost	\$821	\$1,530	\$709	86%
	3		·	•	
5.	Bed Funds - Inpatient Charges	\$0	\$124,885	\$124,885	0%
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	0%
0.	Dea Fanas - Outpatient Emergency Department Charges	U	U	0	U%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	2,743	0	(2,743)	-100%
	Total Charges (B)	\$2,743	\$124,885	\$122,142	4453%
Q	Red Funds Number of Patient Dave	0	98	98	0%
8. 9.	Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	0	24	24	0%
10.	Bed Funds - Number of Outpatient ED Visits	0	0	0	0%

	MANCHESTER 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		
	Bed Funds - Number of Outpatient Visits(Excludes ED						
11.	Visits)	1	0	(1)	-100%		
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.							
		•	- -				