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		ROCKVILLE GENERAL HOSPITAL			
		ANNUAL REPORTING			
		FISCAL YEAR 2016			
	REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP				
	Α	ND CORPORATION RELATED TO THE HOSPITAL			
(1)	(2)	(3)			
(')	(1) (2) (3)				
LINE	DESCRIPTION	AFFILIATE INFORMATION			
A.	AFFILIATE NAME	EASTERN CT HEALTH NETWORK , INC			
1	Affiliate Description	PARENT CORP AND PROVIDES OVERALL DIRECTION AND CONTROL TO ALL OTHER CORPORATIONS			
2	Affiliate type of service	Parent Corporation			
3	Tax Status	Not for Profit			
4	Street Address	71 HAYNES STREET, MANCHESTER,CT			
5	Town	Manchester			
6	State	Connecticut			
	Zip Code	06040 -			
	CEO Name	PETER J. KARL			
	CEO Title	PRESIDENT & CEO			
	CT Agent Name	Sharon Holmes			
	CT Agent Company CT Agent Company Street Address	echn			
		71 HAYNES STREET, MANCHESTER,CT			
10	10   OT Agent Zip Code				
В.	AFFILIATE NAME A CARING HAND, LLC				
1	Affiliate Description	PROVIDES PRIVATE SERVICES (COMPANIONS, HOMEMAKERS, PERSONAL CARE ASSISTANTS, LIVE IN CARE)			
	Affiliate type of service	Other HealthCare Svcs(Specify)			
	Tax Status	Not for Profit			
4	Street Address	8 KEYNOTE DRIVE			
5	Town	VERNON			
	State	Connecticut			
	Zip Code	06066 -			
	CEO Name	TODD ROSE			
	CEO Title	PRESIDENT & CEO			
	CT Agent Name	TODD ROSE			
	CT Agent Company	O VEVALOTE DDIVE			
	CT Agent Company Street Address	8 KEYNOTE DRIVE VERNON			
	CT Agent Town CT Agent State	VERNON Connecticut			
	CT Agent State CT Agent Zip Code	06066 -			
13	OT Agent Zip Code				
C.	AFFILIATE NAME	AETNA AMBULANCE SERVICES, INC.			
1	Affiliate Description	DDOVIDES AMBLILANCE TRANSPORTATION SERVICES			
2	Affiliate Description Affiliate type of service	PROVIDES AMBULANCE TRANSPORTATION SERVICES Ambulatory Services			
	Tax Status	For Profit			
4	Street Address	140 Van Block Ave			
	Town	Hartford			
	State	Connecticut			
7	Zip Code	06106 -			
	1   ZIP COUCE   100 100 -				

	ROCKVILLE GENERAL HOSPITAL				
		ANNUAL REPORTING			
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	REPORT 2	20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP			
	AN	ID CORPORATION RELATED TO THE HOSPITAL			
(1)	(2)	(3)			
LINE	DESCRIPTION	AFFILIATE INFORMATION			
8	CEO Name	Kim Aroh			
9	CEO Title	President			
10	CT Agent Name	C T Corporation System			
	CT Agent Company				
	CT Agent Company Street Address	One Corporate Center			
	CT Agent Town	Hartford			
	CT Agent State	Connecticut			
15	CT Agent Zip Code	06103 -			
D.	AFFILIATE NAME	AMBULANCE SERVICE OF MANCHESTER, LLC			
<u> </u>	ATTIEIATE NAME	AMBOLANCE SERVICE ST MANSTESTER, EES			
1	Affiliate Description	PROVIDE TRANSPORTATION SERVICES			
2	Affiliate type of service	Ambulatory Services			
3	Tax Status	For Profit			
4	Street Address	275 New State Road, Manchester, CT			
5	Town	Manchester			
6	State	Connecticut			
7	Zip Code	06040 -			
	CEO Name	Kim Aroh			
9	CEO Title	President  C.T. Corporation System			
	CT Agent Name C T Corporation System CT Agent Company				
12	CT Agent Company CT Agent Company Street Address	One Corporate Center			
	CT Agent Town	Hartford			
	CT Agent State	Connecticut			
15	· ·				
E.	AFFILIATE NAME	CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC			
1	Affiliate Description	Provides medical management, quality oversight and insures value of community based care.			
2	Affiliate type of service	Other HealthCare Svcs(Specify)			
3	Tax Status	Not for Profit			
4	Street Address	26 Haynes Street			
5	Town	Manchester			
6	State	Connecticut			
7					
8					
9					
10	CT Agent Name	Edward J Roberts			
11	CT Agent Company				
12	CT Agent Company Street Address	26 Haynes St			
13	CT Agent Town	Manchester			
14	CT Agent State	Connecticut			
15	CT Agent Zip Code	06040 -			
F.	AFFILIATE NAME	CONNECTICUT HEALTHCARE INSURANCE CO.			
<u>''-</u>	AFFILIATE NAIVIE	CONTECTION I TEACHIONAL INCONTRICE CO.			

## **ROCKVILLE GENERAL 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 ECHN's Malpractice Insurance Co. 2 Affiliate type of service Insurance Not for Profit 3 Tax Status 4 71 Haynes Street Street Address Manchester 5 Town 6 Connecticut State 7 Zip Code 06040 -8 **CEO Name** Peter Karl 9 CEO Title President 10 CT Agent Name Sharon Holmes 11 CT Agent Company 12 CT Agent Company Street Address 100 Main ST 13 CT Agent Town Grand Cayman 14 Cayman Islands CT Agent State 06040 -15 CT Agent Zip Code CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC G. **AFFILIATE NAME** PROVIDES MANAGEMENT SERVICES FOR THE OCCUPATIONAL HEALTH PROGRAMS OF MANCHESTER MEMORIAL HOSPITAL, ST. FRANCIS HOSPITAL & MEDICAL CENTER, AND BRISTOL HOSPITAL Affiliate Description 2 Affiliate type of service Occupational Heath 3 Tax Status For Profit 4 Street Address 1000 Asylum Ave, Suite 4302 5 Hartford Town 6 State Connecticut 7 06105 -Zip Code Derrick Amato 8 **CEO Name** 9 **CEO Title** CEO 10 CT Agent Name Janeanne Christine Lubin-Szafranski **CT Agent Company** 11 12 CT Agent Company Street Address 114 Woodland Street 13 CT Agent Town Hartford 14 CT Agent State Connecticut 15 CT Agent Zip Code 06105 -EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC. Н. **AFFILIATE NAME** Affiliate Description ENTITY OWNS AND MANAGES A SERIES OF COMMUNITY-BASED MEDICAL PRACTICES. Affiliate type of service **Outpatient Care** 3 Tax Status Not for Profit 71 HAYNES STREET, MANCHESTER,CT 4 Street Address 5 Manchester Town 6 State Connecticut Zip Code 7 06040 -8 CEO Name PETER J. KARL 9 CEO Title PRESIDENT & CEO 10 SHARON HOLMES CT Agent Name

	ROCKVILLE GENERAL HOSPITAL			
		ANNUAL REPORTING		
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	REPORT	20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP		
		AND CORPORATION RELATED TO THE HOSPITAL		
		ON ONAHON RELATED TO THE HOOF HAL		
(1)	(2)	(3)		
(1)	(2)	(5)		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
	CT Agent Company	ECHN		
	CT Agent Company Street Address CT Agent Town	71 HAYNES STREET, MANCHESTER,CT  Manchester		
	CT Agent Town CT Agent State	Connecticut		
	CT Agent State CT Agent Zip Code	06040 -		
13	CT Agent Zip Code	000-0		
I.	AFFILIATE NAME	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.		
		PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT		
1	Affiliate Description	NEGOTIATIONS		
	Affiliate type of service	Affilate Support Services		
	Tax Status	Not for Profit		
4	Street Address	26 Haynes Street, Lower Level		
5	Town	Manchester		
6	State	Connecticut		
7	Zip Code	06040 -		
	CEO Name	Barbara Phillips,MD		
	CEO Title	Chair		
	CT Agent Name	R & C Service Company		
	CT Agent Company			
	CT Agent Company Street Address	280 Trumbull Street, Hartford, CT		
	CT Agent Town	Hartford		
	- 3			
15	15 CT Agent Zip Code 06103 -			
J.	. AFFILIATE NAME ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.			
		ENTITY RESPONSIBLE FOR RAISING FUNDS FOR THE BENEFIT OF EXEMPT ORGANIZATIONS		
1	Affiliate Description	ASSOCIATED WITH EASTERN CT HEALTH NETWORK, INC.		
2	Affiliate type of service	Fund Raising/Management		
3	Tax Status	Not for Profit		
4	Street Address	71 HAYNES STREET, MANCHESTER,CT		
5	Town	Manchester		
6	State	Connecticut		
	Zip Code	06040 -		
8	CEO Name	PETER J. KARL		
	CEO Title	PRESIDENT & CEO		
	CT Agent Company	SHARON HOLMES		
	11     CT Agent Company     ECHN       12     CT Agent Company Street Address     71 HAYNES STREET, MANCHESTER,CT       13     CT Agent Town     Manchester			
	CT Agent State CT Agent Zip Code	06040 -		
	- ·9-···			
K.	AFFILIATE NAME	ECHN CORPORATE SERVICES		
1	Affiliate Description	For-profit subsidiary of ECHN serving as parent of Medical Practice Partners		
2	Affiliate type of service	Affilate Support Services		

## **ROCKVILLE GENERAL 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 R&C Service Company 10 CT Agent Name 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 RD, TOLLAND, CT 5 Town Tolland 6 State Connecticut 7 06084 -Zip Code 8 **CEO Name** PETER J.KARL 9 CEO Title PRESIDENT & CEO 10 CT Agent Name SHARON HOLMES 11 CT Agent Company ECHN 12 CT Agent Company Street Address 71 Haynes Str 13 CT Agent Town Manchester 14 CT Agent State Connecticut 06040 -15 CT Agent Zip Code Μ. ECHN ENTERPRISES, INC. **AFFILIATE NAME** AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS AND REAL ESTATE Affiliate Description HOLDINGS. 2 Affiliate type of service Affilate Support Services 3 Tax Status For Profit 4 Street Address 71 HAYNES STREET, MANCHESTER, CT 5 Manchester Town 6 State Connecticut 7 Zip Code 06040 -8 CEO Name PETER J. KARL PRESIDENT & CEO 9 CEO Title 10 CT Agent Name SHARON HOLMES 11 **CT Agent Company ECHN** 12 CT Agent Company Street Address 71 HAYNES STREET, MANCHESTER, CT 13 CT Agent Town Manchester 14 CT Agent State Connecticut

		ROCKVILLE GENERAL HOSPITAL			
		ANNUAL REPORTING			
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	REPORT	20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP			
	Д	ND CORPORATION RELATED TO THE HOSPITAL			
(1)	(2)	(3)			
LINE	DESCRIPTION	AFFILIATE INFORMATION			
15	CT Agent Zip Code	06040 -			
N.	AFFILIATE NAME	EVERGREEN ENDOSCOPY CENTER, LLC			
N.	AFFILIATE NAME	EVERGREEN ENDOSCOFT CENTER, LLC			
	Affiliate Description	Joint Venture with community GI Physicians.			
	Affiliate type of service	Ambulatory Services			
3	Tax Status Street Address	For Profit 2400 Tamarack Ave			
	Town	South Windsor			
6	State	Connecticut			
	Zip Code	06074 -			
8	CEO Name	Ali Hemacha, MD			
	CEO Title	President			
	CT Agent Name	Gregory J. Pepe, Esq			
	CT Agent Company	407.01 - 1.01 - 401 - 51			
	12 CT Agent Company Street Address 195 Church St., 13th Floor				
	13         CT Agent Town         New Haven           14         CT Agent State         Connecticut				
Ο.	AFFILIATE NAME	EVERGREEN MEDICAL ASSOCIATES II, LLC			
		Owns and operates the Evergreen II and Evergreen III Medical buildings in South Windsor adjacent to the			
1	Affiliate Description	ECHN Medical Building at Evergreen Walk			
2	Affiliate type of service	Real Estate			
3	Tax Status	For Profit			
4	Street Address	95 Glastonbury Blvd, Suite 214			
5	Town	Glastonbury			
6 7	State Zin Codo	Connecticut 06033 -			
	Zip Code CEO Name	David Sessions			
	CEO Title	Manager			
	CT Agent Name	Joe R. Labrosse			
11	CT Agent Company	c/o Property Fund LLC			
	CT Agent Company Street Address	95 Glastonbury BLVD, Suite 214			
	CT Agent Town	Glastonbury			
	14         CT Agent State         Connecticut           15         CT Agent Zip Code         06033 -				
15	CT Agent Zip Code	00000 -			
P.	AFFILIATE NAME	EVERGREEN MEDICAL ASSOCIATES, LLC			
	Affiliate December :	OWNS AND OPERATES THE ECHN MEDICAL BUILDING AT EVERGREEN WALK IN SOUTH			
1	Affiliate Description	WINDSOR.			
2	Affiliate type of service	Real Estate For Profit			
3	Affiliate type of service Tax Status	For Profit			
	Affiliate type of service				

	ROCKVILLE GENERAL HOSPITAL				
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		THE TOTAL TELEPTO THE HOST TIAL			
(1)	(2)	(3)			
(')	(-)	(0)			
LINE	DESCRIPTION	AFFILIATE INFORMATION			
<b>-</b>	Zip Code	06033 -			
	CEO Name	David Sessions			
	CEO Title	Manager			
	CT Agent Name	Joseph R. Labrosse			
	CT Agent Company	c/o Grove Properaty Fund LLC			
	CT Agent Company Street Address	95 Glastonbury Blvd, Suite 214,			
	CT Agent Town	Glastonbury			
	CT Agent State	Connecticut			
15	CT Agent Zip Code	06033 -			
		HAVNES STREET MEDICAL ASSOCIATES II LLO			
Q.	AFFILIATE NAME	HAYNES STREET MEDICAL ASSOCIATES II, LLC			
1	Affiliate Description	Owns and operates a medical office building at 100 Haynes Street in Manchester			
	Affiliate type of service	Real Estate			
3	Tax Status	For Profit			
4					
5	Town	Glastonbury			
6	State	Connecticut			
	Zip Code	06033 -			
	CEO Name	David Sessions			
	9 CEO Title Manager				
	CT Agent Name	Joseph R. Labrosse			
	CT Agent Company	c/o Grove Properaty Fund LLC			
	CT Agent Company Street Address CT Agent Town	95 Glastonbury Blvd, Suite 214 Glastonbury			
		Connecticut			
	- 9				
R.	AFFILIATE NAME	HAYNES STREET MEDICAL ASSOCIATES, LLC			
4	Affiliate Deparinting	OWNS AND OPERATES A MEDICAL OFFICE BUILDING LOCATED AT 17-19 HAYNES ST IN			
2	Affiliate Description	MANCHESTER.  Real Estate			
3	Affiliate type of service Tax Status	For Profit			
4	Street Address	95 Glastonbury Blvd, Suite 214			
5	Town	Glastonbury			
6	State	Connecticut			
	Zip Code	06033 -			
	CEO Name	David Sessions David Sessions			
	CEO Title	Manager			
10	CT Agent Name	Joseph R. Labrosse			
11	CT Agent Company	c/o Grove Properaty Fund LLC			
	CT Agent Company Street Address	95 Glastonbury Blvd, Suite 214			
	CT Agent Town	Glastonbury			
	CT Agent State	Connecticut			
15	CT Agent Zip Code	06033 -			
٩	AFFILIATE NAME	HAYNES STREET PROPERTY MANAGEMENT, LLC			
S.	APPILIATE NAME	HATREO OTTELT FROM ENT I MANAGEMENT, LEG			

		ROCKVILLE GENERAL HOSPITAL			
		ANNUAL REPORTING			
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		20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP			
	Α	ND CORPORATION RELATED TO THE HOSPITAL			
(1)	(2)				
LINE	DESCRIPTION	AFFILIATE INFORMATION			
1	Affiliate Description	LEASES OFFICE SPACE AT 622 HEBRON AVENUE, FLASTONBURY, CT FOR MEDICAL SERVICES.			
2	Affiliate type of service	Real Estate			
3	Tax Status	For Profit			
4	Street Address	71 HAYNES STREET			
5	Town	MANCHESTER			
6	State	Connecticut			
7	Zip Code	06040 -			
	CEO Name	PETER J. KARL			
	CEO Title	PRESIDENT & CEO			
	CT Agent Name	SHARON HOLMES			
	CT Agent Company	ECHN ECHNOLOGIC CONTROL CONTRO			
	CT Agent Company Street Address	71 HAYNES STREET			
	CT Agent State	MANCHESTER Connecticut			
	CT Agent State CT Agent Zip Code	06040 -			
13	15   CT Agent Zip Code   00040 -				
т.	AFFILIATE NAME MEDICAL PRACTICE PARTNERS				
	ACCIONAL DANGERO	Provides Medical billing services, eletronic health records, information services and practice management			
2	Affiliate Description	Services.			
3	Affiliate type of service Tax Status	Affilate Support Services For Profit			
4	Street Address	29 Naek Road			
5	Town	Vernon			
	State	Connecticut			
	Zip Code	06066 -			
	CEO Name	ECHN Corporate Services, Inc.			
	CEO Title				
		Owner			
10	CT Agent Name	Gregory M. Williams			
11	CT Agent Company				
11 12	CT Agent Company CT Agent Company Street Address	Gregory M. Williams 29 Naek Road			
11 12 13	CT Agent Company CT Agent Company Street Address CT Agent Town	Gregory M. Williams  29 Naek Road  Vernon			
11 12 13 14	CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State	Gregory M. Williams  29 Naek Road  Vernon  Connecticut			
11 12 13 14	CT Agent Company CT Agent Company Street Address CT Agent Town	Gregory M. Williams  29 Naek Road  Vernon			
11 12 13 14	CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State	Gregory M. Williams  29 Naek Road  Vernon  Connecticut			
11 12 13 14 15	CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code	Gregory M. Williams  29 Naek Road  Vernon  Connecticut  06066 -			
11 12 13 14	CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State	Gregory M. Williams  29 Naek Road  Vernon  Connecticut			
11 12 13 14 15	CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code	Gregory M. Williams  29 Naek Road  Vernon  Connecticut  06066 -  METRO WHEELCHAIR SERVICE, INC			
11 12 13 14 15 U.	CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code	Gregory M. Williams  29 Naek Road  Vernon  Connecticut  06066 -			
11 12 13 14 15 U.	CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code  AFFILIATE NAME	Gregory M. Williams  29 Naek Road  Vernon  Connecticut  06066 -  METRO WHEELCHAIR SERVICE, INC  PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY			
11 12 13 14 15 <b>U.</b>	CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code  AFFILIATE NAME  Affiliate Description	Gregory M. Williams  29 Naek Road  Vernon  Connecticut  06066 -  METRO WHEELCHAIR SERVICE, INC  PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS.  Ambulatory Services For Profit			
11 12 13 14 15 <b>U.</b> 1 2 3	CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code  AFFILIATE NAME  Affiliate Description Affiliate type of service Tax Status Street Address	Gregory M. Williams  29 Naek Road  Vernon  Connecticut  06066 -  METRO WHEELCHAIR SERVICE, INC  PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS.  Ambulatory Services For Profit  275 New State Road , Manchester, CT			
11 12 13 14 15 <b>U.</b> 1 2 3 4 5	CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code  AFFILIATE NAME  Affiliate Description Affiliate type of service Tax Status Street Address Town	Gregory M. Williams  29 Naek Road  Vernon  Connecticut  06066 -  METRO WHEELCHAIR SERVICE, INC  PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS.  Ambulatory Services For Profit  275 New State Road , Manchester, CT  Manchester			
11 12 13 14 15 <b>U.</b> 1 2 3 4 5 6	CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code  AFFILIATE NAME  Affiliate Description Affiliate type of service Tax Status Street Address Town State	Gregory M. Williams  29 Naek Road  Vernon  Connecticut  06066 -  METRO WHEELCHAIR SERVICE, INC  PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS.  Ambulatory Services For Profit  275 New State Road , Manchester, CT  Manchester  Connecticut			
11 12 13 14 15 <b>U.</b> 1 2 3 4 5 6 7	CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code  AFFILIATE NAME  Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code	Gregory M. Williams  29 Naek Road  Vernon  Connecticut  06066 -  METRO WHEELCHAIR SERVICE, INC  PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS.  Ambulatory Services For Profit  275 New State Road , Manchester, CT  Manchester  Connecticut  06040 -			
11 12 13 14 15 <b>U.</b> 1 2 3 4 5 6 7	CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code  AFFILIATE NAME  Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name	Gregory M. Williams  29 Naek Road  Vernon  Connecticut  06066 -  METRO WHEELCHAIR SERVICE, INC  PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS.  Ambulatory Services For Profit  275 New State Road , Manchester, CT  Manchester  Connecticut  06040 -  Kim Aroh			
11 12 13 14 15 U. 1 2 3 4 5 6 7	CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code  AFFILIATE NAME  Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code	Gregory M. Williams  29 Naek Road  Vernon  Connecticut  06066 -  METRO WHEELCHAIR SERVICE, INC  PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS.  Ambulatory Services For Profit  275 New State Road , Manchester, CT  Manchester  Connecticut  06040 -			

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		AND CORPORATION RELATED TO THE HOSPITAL		
(1)	(2)	(3)		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
11	CT Agent Company			
12	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 ONCOLOGYNETWORK, INC. (NRRON)		
1	Affiliate Description	Joint Venture of four area hospitals that operates The John A. DeQuattro Community Cancer Center in Manchester and the Phoenix Community Cancer Center in Enfield		
2	Affiliate type of service	Outpatient Care		
3	Tax Status	Not for Profit		
4	Street Address	100 Haynes Street		
5	Town	Manchester		
6	State	Connecticut		
7	Zip Code	06040 -		
8	CEO Name	Donna Handley		
9	CEO Title	Chairman		
10	CT Agent Name	Kristoffer Popovitch		
11				
	12 CT Agent Company Street Address 100 Haynes Street			
	CT Agent Town	Manchester		
	CT Agent State	Connecticut		
15	15 CT Agent Zip Code 06040 -			
W.	AFFILIATE NAME	THE MANCHESTER MEMORIAL HOSPITAL		
		NON-PROFIT COMMUNITY HOSPITAL IN THE TOWN OF MANCHESTER, TO PROVIDE MEDICAL		
1	Affiliate Description	CARE ON AN ACUTE BASIS		
2	Affiliate type of service	Hospital		
3	Tax Status	Not for Profit		
4	Street Address	71 HAYNES STREET, MANCHESTER,CT		
5	Town	Manchester		
6	State	Connecticut		
7	Zip Code	06040 -		
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 Tayre			
	13         CT Agent Town         Manchester           14         CT Agent State         Connecticut			
13	OT Agent Zip Oode			
X.	AFFILIATE NAME	THE ROCKVILLE GENERAL HOSPITAL, INC.		
<b>-</b> ``				
1	Affiliate Description	Community based Hospital that provides medical care on an acute basis.		
2	Affiliate type of service	Hospital		

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		ROCKVILLE GENERAL HOSPITAL				
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	REPORT 20	- REPORT OF EACH JOINT VENTURE, PARTNERSHIP				
	AND	CORPORATION RELATED TO THE HOSPITAL				
(1)	(2)	(3)				
LINE	DESCRIPTION	AFFILIATE INFORMATION				
3	Tax Status	Not for Profit				
	Street Address	31 Union Street				
	Town	Vernon Rockville				
	State	Connecticut				
	Zip Code	06066 -				
	CEO Name	Peter Karl				
	CEO Title	President & CEO				
	CT Agent Name	Sharon Holmes ECHN				
	CT Agent Company	71 Haynes Street				
	CT Agent Company Street Address CT Agent Town	Manchester				
	CT Agent Town CT Agent State	Connecticut				
	CT Agent Zip Code	06040 -				
.0	er rigent zip eede					
Y.	AFFILIATE NAME	TOLLAND IMAGING CENTER				
	Affiliate Description	Joint venture to provide outpatient diagnostic imaging services				
	Affiliate type of service	Imaging Services				
	3 Tax Status Not for Profit					
	Town Tolland State Connecticut					
	Zip Code	06103 -				
	CEO Name	Dennis McConville				
	CEO Title	President				
	CT Agent Name	R&C Service Company				
	CT Agent Company	R&C Service Company				
	CT Agent Company Street Address	280 Trumbull Street				
	CT Agent Town	Hartford				
14	CT Agent State	Connecticut				
15	CT Agent Zip Code	06103 -				
_	AFFILIATE NAME	VICITING NUIDEE AND HEALTH CEDVICES OF CONNECTICUT INC				
Z.	AFFILIATE NAME	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, INC.				
1	Affiliate Description	Provides at-home nursing care and hospice care.				
	Affiliate type of service	Other HealthCare Svcs(Specify)				
5	Town	Vernon				
	State	Connecticut				
	Zip Code	06066 -				
	CEO Name	Todd Rose				
	CEO Title	President/Chief Executive Office				
	CT Agent Name	Todd Rose				
	CT Agent Company					
	CT Agent Company Street Address	8 Keynote Drive				
	CT Agent Town	Vernon				
14	14 CT Agent State Connecticut					

	ROCKVILLE GENERAL HOSPITAL			
	ANNUAL REPORTING			
	FISCAL YEAR 2016			
	DEDODT	20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP		
		ND CORPORATION RELATED TO THE HOSPITAL		
		IND CORPORATION RELATED TO THE HOSPITAL		
(1)	(2)	(3)		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
		06066 -		
15	CT Agent Zip Code	00000 -		
AA.	AFFILIATE NAME	WBC CONNECTICUT EAST, LLC		
		A joint venture to provide comprehensive outpatient behavioral health services for adults and adolescents		
		with eating disorrders, a distinct intensive outpatient program for adults with binge eating disorrders and		
	Affiliate Description aftercare support services.			
	Affiliate type of service	Mental Health Facility		
_	Tax Status	Not for Profit		
	Street Address	2400 Tamarack Ave, Suite 203		
<u> </u>	Town	South Windsor		
<u> </u>	State	Connecticut		
	Zip Code	06074 -		
	CEO Name	Stuart Koman		
	CEO Title	Manager		
	CT Agent Name	Corporation Service Company		
	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. B	OX IS UNACCEPTABLE WITHOUT A	STREET ADDRESS FOR EACH AGENT COMPANY		

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		IERAL HOSPITAL	
		EPORTING (FAR. 2016)	
		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.	ROCKVILLE GENERAL HOSPITAL		
1		Unrestricted	\$11,556,416
2		Temporarily Restricted by Donor	\$582
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$5,174,177
5		Intercompany Eliminations	\$0
		Total:	\$16,731,175
В.	EASTERN CT HEALTH NETWORK , INC		
1	LACILINI OT HEALTH METWORK, INC	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	\$0 \$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0
<del>ٽ</del>		Total:	\$423,392
		Total.	Ψ+23,332
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
_	AMBUL ANDE DEDVICE DE MANGUESTES LLO		
Ε.	AMBULANCE SERVICE OF MANCHESTER, LLC	I In an attrictI	Ф <b>7</b> 074 000
1		Unrestricted Tomporarily Postricted by Donor	\$7,974,628
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$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		Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	\$0
		Total:	\$0

	ROCKVILLE GENERA	L HOSPITAL	·
	ANNUAL REPOI		
	FISCAL YEAR		
	REPORT 5 - HOSPITAL, AFFILIATE AND REL	ATED CORPORATION NET ASSETS	
(4)	<b>(2)</b>		(0)
(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	9/30/2016
		FUND PURPUSE	9/30/2016
G.	CONNECTICUT HEALTHCARE INSURANCE CO.		(0= 0=0 100)
1		Unrestricted	(\$5,856,430)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	\$0
		Total:	(\$5,856,430)
		Total.	(ψ3,030,430)
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.		#200 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
			·
	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0 \$0
3		Temporarily Restricted by Board	\$0
5		Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	
		Total:	\$0
Κ.	ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.		
1	20 JOHNHORTT TEACTHOANE FOOTDATION, INC.	Unrestricted	\$0
2		Temporarily Restricted by Donor	\$4,260
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$1,567,312
5		Intercompany Eliminations	\$0
		Total:	\$1,571,572
L.	ECHN CORPORATE SERVICES		
1	ESTIN SOM SMALE SERVICES	Unrestricted	\$495,139
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$495,139

		NERAL HOSPITAL	
		REPORTING	
		YEAR 2016	
	REPORT 5 - HOSPITAL, AFFILIATE AND	RELATED CORPORATION NET ASSETS	
(4)	(0)	(0)	(4)
(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	9/30/2016
LINE	AFFILIATE NAME	FUND FURFUSE	9/30/2010
	FOUNT I DEDOADE OFFINIOFO INO		
	ECHN ELDERCARE SERVICES, INC.	Linux atriata d	ФЕО4 COC
2		Unrestricted Temporarily Restricted by Donor	\$521,626 \$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$521,626
			702.,320
N.	ECHN ENTERPRISES, INC.		
1	·	Unrestricted	\$392,992
2		Temporarily Restricted by Donor	
3		Temporarily Restricted by Board	\$0 \$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$392,992
_			
	EVERGREEN ENDOSCOPY CENTER, LLC		<b>A</b>
1		Unrestricted	\$942,514
2		Temporarily Restricted by Donor	\$0
3 4		Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	\$0
		Total:	\$942,514
		1 otal.	Ψ342,014
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 \$0
5		Intercompany Eliminations	\$0
		Total:	\$3,079,785
_	EVERGREEN MEDICAL ASSOCIATES, LLC		
1		Unrestricted	\$1,520,100
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
5		Total:	\$1,520,100
		i Otai.	<b>⊅1,320,100</b>
R.	HAYNES STREET MEDICAL ASSOCIATES II, LLC		
1		Unrestricted	\$1,894,735
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	\$0
		Total:	\$1,894,735
S.	HAYNES STREET MEDICAL ASSOCIATES, LLC		

	ROCKVILLE GENERA	L HOSPITAL	•
	ANNUAL REPOR		
	FISCAL YEAR		
	REPORT 5 - HOSPITAL, AFFILIATE AND REL	ATED CORPORATION NET ASSETS	
(4)	(0)	(2)	(4)
(1)	(2)	(3) FUND DESCRIPTION /	(4) BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2016
1	74.1.1	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
<u>3</u>		Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	\$0
		Total:	\$39,134
		Total.	ψ03,104
U.	MEDICAL PRACTICE PARTNERS		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0 \$0 \$0 \$0 \$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	
		Total:	\$0
٧.	METRO WHEEL CHAIR SERVICE INC		
1	METRO WHEELCHAIR SERVICE, INC	Unrestricted	\$10,574
2		Temporarily Restricted by Donor	\$10,574
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	\$0
		Total:	\$10,574
w.	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON)		
1		Unrestricted	\$11,742,625
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
ب		Total:	\$11,742,625
		i Stail	Ψ11,142,020
Χ.	THE 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)
V	THE DOCKWILL CONFOAL HOODITAL INC		
Υ.	THE ROCKVILLE GENERAL HOSPITAL, INC.	Unroatriated	Φ0
1		Unrestricted	\$0

	ROCKVILLE GENERA	L HOSPITAL	
	ANNUAL REPOR		
	FISCAL YEAR		
	REPORT 5 - HOSPITAL, AFFILIATE AND RELA		
(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2016
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
Ζ.	TOLLAND IMAGING CENTER		
1		Unrestricted	\$1,403,640
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,403,640
	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT,		
	INC.		
1		Unrestricted	\$4,035,739
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0 \$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
- 3			
		Total:	\$4,035,739
AB.	WBC CONNECTICUT EAST, LLC		
1	WEG CONNECTION LAST, LLC	Unrestricted	\$1,555,580
2		Temporarily Restricted by Donor	\$1,333,380
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
Ť		Total:	\$1,555,580
			<b>\$1,000,000</b>
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$47,229,852
	Intercompany Eliminations		\$0
	Total of all Affiliates	Fund Balance:	\$47,229,852
			7 ,===,002
			•

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	ROCI	VILLE GENERAL HOSPITAL		
		ANNUAL REPORTING FISCAL YEAR 2016		
	REPORT 6 - TRANSACTIONS BETWEEN	THE HOSPITAL AND AFFILIATES OR RELATED CORPORA	TIONS	
(1)	(2)	(3)	(4)	(5)
(1)	(2)	(3)	(4)	(3)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	HOSPITAL
A.	EASTERN CT HEALTH NETWORK , INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	(\$965,969)
1		Allocation of Income/Loss	09/30/2016	(\$1,152,715)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$2,118,684)
В.	A CARING HAND, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	¢0
		Nothing to Report	9/30/2013	<b>\$0</b>
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
C.	AETNA AMBULANCE SERVICES, INC.			
				*==-
1		Beginning Unconsolidated Intercompany Balance: Allocation of Investment Income/Loss	<b>9/30/2015</b> 09/30/2016	\$564,429 (\$38,266)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$526,163
D.	AMBULANCE SERVICE OF MANCHESTER, LLC			
<u>Б.</u>	AND DE LANGE OF MANGESTER, LLG			
4		Beginning Unconsolidated Intercompany Balance: Allocation of Investment Income/Loss	<b>9/30/2015</b> 09/30/2016	\$1,301,971 (\$105,777)
1		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$105,777) \$1,196,194
E.	CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC			
		Beginning Unconsolidated Intercompany Balance:  Nothing to Report	9/30/2015	<b>\$0</b>
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0 \$0
	CONNECTICUT UEAL TUCADE INCUDANCE CO			
F.	CONNECTICUT HEALTHCARE INSURANCE CO.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$1,327,769
1		Allocation of Investment Income/Loss  Ending Unconsolidated Intercompany Balance:	09/30/2016 <b>9/30/2016</b>	\$2,549,834 <b>\$3,877,603</b>
G.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
1		Allocation of Investment Income/Loss  Ending Unconsolidated Intercompany Balance:	09/30/2016 <b>9/30/2016</b>	\$6,000 <b>\$6,000</b>
н.	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.			
	EASTERN CONNECTION IMPLIANT TROP ECONOMICS TO CONDITION, INC.			
		Beginning Unconsolidated Intercompany Balance:  Nothing to Report	9/30/2015	<b>\$0</b>
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
I.	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.			
		Posinning Unconsolidated Intercomment Balance	0/20/2045	(\$30,652)
1		Beginning Unconsolidated Intercompany Balance: Operating Subsidy	<b>9/30/2015</b> 09/30/2016	(\$30,652) \$23,097
		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$7,555)
J.	ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.			
	, -			
1		Beginning Unconsolidated Intercompany Balance: Transfer of Donated Assets	<b>9/30/2015</b> 09/30/2016	(\$18,299) \$18,299
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
K.	ECHN CORPORATE SERVICES			
	TOTAL ORANG DERVIOLD			
		Beginning Unconsolidated Intercompany Balance: Nothing to Report	9/30/2015	<b>\$0</b>
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0 \$0
	FOUN EL DEDOADE OFRIVIOES INC			
L.	ECHN ELDERCARE SERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$14,916
1		Salary and Non-Salary Operating Expenses  Ending Unconsolidated Intercompany Balance:	09/30/2016 <b>9/30/2016</b>	\$6,553,866 <b>\$6,568,782</b>
		Enamy onconsolitated intercompany balance:	3/30/2016	\$6,500,782

		(VILLE GENERAL HOSPITAL ANNUAL REPORTING		
		FISCAL YEAR 2016		
	REPORT 6 - TRANSACTIONS BETWEEN T	THE HOSPITAL AND AFFILIATES OR RELATED CORPORA	ATIONS	
(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
M.	ECHN ENTERPRISES, INC.			
191.	EOTH ENTERN MOLO, INC.			
		Beginning Unconsolidated Intercompany Balance:  Nothing to Report	9/30/2015	<b>\$0</b> \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
N.	EVERGREEN ENDOSCOPY CENTER, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
0.	EVERGREEN MEDICAL ASSOCIATES II, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
	-	Nothing to Report  Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0 <b>\$0</b>
		Successful and sompany Bulance.	3/03/2010	40
P.	EVERGREEN MEDICAL ASSOCIATES, LLC			
<u> </u>		Beginning Unconsolidated Intercompany Balance: Nothing to Report	9/30/2015	<b>\$0</b>
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0 \$0
Q.	HAYNES STREET MEDICAL ASSOCIATES II, LLC			
<u> </u>	THE OTHER THE BOAR ACCOUNTED II, ELD			
		Beginning Unconsolidated Intercompany Balance:  Nothing to Report	9/30/2015	<b>\$0</b> \$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		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
S.	HAYNES STREET PROPERTY MANAGEMENT, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report  Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0 <b>\$0</b>
_	WEDIGAL DRAGTICE DARTHERS			
Т.	MEDICAL PRACTICE PARTNERS			
		Beginning Unconsolidated Intercompany Balance: Nothing to Report	9/30/2015	<b>\$0</b> \$0 <b>\$0</b>
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
U.	METRO WHEELCHAIR SERVICE, INC			
	·	Reginning Unconcolidated Intercompany Palence	9/30/2015	\$4.054
1		Beginning Unconsolidated Intercompany Balance: Allocation of Investment Income/Loss	09/30/2016	<b>\$1,254</b> \$332
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$1,586
	NARTHE OF REGION REPORTS			
V.	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON)			
1		Beginning Unconsolidated Intercompany Balance: Allocation of Investment Income/Loss	<b>9/30/2015</b> 09/30/2016	\$3,286,187 (\$350,531)
Ë		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$2,935,656
W.	THE MANCHESTER MEMORIAL HOSPITAL			
		Beginning Unganoglidated lateras	0/00/004	***************************************
1		Beginning Unconsolidated Intercompany Balance: Salary and Non-Salary Operating Expenses	<b>9/30/2015</b> 09/30/2016	\$3,280,506 (\$2,600,785)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$679,721
X.	THE ROCKVILLE GENERAL HOSPITAL, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report   Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0 <b>\$0</b>
		Enamy onconsolidated intercompany balance:	9/30/2016	\$0
Y.	TOLLAND IMAGING CENTER			

	RO	CKVILLE GENERAL HOSPITAL		
		ANNUAL REPORTING		
		FISCAL YEAR 2016		
	REPORT 6 - TRANSACTIONS BETWEE	N THE HOSPITAL AND AFFILIATES OR RELATED CORPOR	ATIONS	
(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	\$0
1		Salary and Non-Salary Operating Expenses	09/30/2016	(\$4,385,514)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$4,385,514)
AA.	WBC CONNECTICUT EAST, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$62,282
1		Allocation of Investment Income/Loss	09/30/2016	\$14,330
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$76,612
				A
			Grand Total:	\$9,847,802

	R	OCKVILLE GENERAL HOSPITAL ANNUAL REPORTING			
		FISCAL YEAR 2016			
	REPORT 6A - TRANSACTIONS BI	ETWEEN HOSPITAL AFFILIATES OR RELATED CO	DRPORATIONS		
(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER  Beginning Unconsolidated	DATE	AMOUNT
A.	EASTERN CT HEALTH NETWORK , INC		Intercompany Balance	10/01/2015	\$22,393,740
	EASTERN OF HEALTH NETWORK, INC		Allocation of ECHN Expenses to		
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. EASTERN CONNECTICUT MEDICAL	Subsidy	09/30/2016	(\$14,638)
4 5		PROFESSIONALS FOUNDATION, INC. ECHN CORPORATE SERVICES	Operating Subsidy Notes Payable	09/30/2016 09/30/2016	(\$5,464,538)
			Allocation of ECHN Expenses to		(\$4,263)
6		THE ROCKVILLE GENERAL HOSPITAL, INC.	Subsidy Allocation of ECHN Expenses to	09/30/2016	\$2,683,455
7		THE MANCHESTER MEMORIAL HOSPITAL	Subsidy Total:	09/30/2016 9/30/2016	(\$8,365,191) <b>(\$11,172,882)</b>
n n	A CADING HAND LLC				( , , , , , , , , , , , , , , , , , , ,
<b>B.</b>	A CARING HAND, LLC	THE MANCHESTER MEMORIAL HOSPITAL	Salary & Wage & Fringe	09/30/2016	(\$22,680)
			Total:	9/30/2016	(\$22,680)
C.	AETNA AMBULANCE SERVICES, INC.				
1		THE MANCHESTER MEMORIAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2016	(\$89,286)
2		THE ROCKVILLE GENERAL HOSPITAL, INC.	Allocation of Investment Income/Loss	09/30/2016	(\$38,266)
		, , ,	Total:	9/30/2016	(\$127,552)
D.	AMBULANCE SERVICE OF MANCHESTER, LLC				
1		THE MANCHESTER MEMORIAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2016	(\$246,812)
		THE ROCKVILLE GENERAL HOSPITAL, INC.	Allocation of Investment		., .,.
2		THE ROCKVILLE GENERAL HOSPITAL, INC.	Income/Loss Total:	09/30/2016 <b>9/30/2016</b>	(\$105,777) <b>(\$352,589)</b>
E.	CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC		Nothing to Report		\$0
			Total:	9/30/2016	\$0
F.	CONNECTICUT HEALTHCARE INSURANCE CO.				
1		CONNECTICUT HEALTHCARE INSURANCE CO.	Allocation of Charaboldora Equity	09/30/2016	\$4,670,430
			Allocation of ECHN Expenses to		
2		THE ROCKVILLE GENERAL HOSPITAL, INC.	Subsidy Total:	09/30/2016 9/30/2016	\$2,001,613 <b>\$6,672,043</b>
G.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
Н.	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.				
		THE MANCHESTED MEMORIAL LICOSITY	Colony and New Colony Trans	00/20/2015	(67.400.000)
1		THE MANCHESTER MEMORIAL HOSPITAL	Salary and Non Salary Expenses	09/30/2016	(\$7,422,939)
3		THE ROCKVILLE GENERAL HOSPITAL, INC. EASTERN CT HEALTH NETWORK, INC	Salary and Non Salary Expenses Operating Subsidy	09/30/2016 09/30/2016	\$1,359,041 \$5,463,338
			Total:	9/30/2016	(\$600,560)
	FACTERN CONNECTION TRUVERSIAN INCOME.				
	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.				
11		THE MANCHESTER MEMORIAL HOSPITAL	Salary and Non Salary Expenses	09/30/2016	(\$53,894)
2		THE ROCKVILLE GENERAL HOSPITAL, INC.	Salary and Non Salary Expenses  Total:	09/30/2016 <b>9/30/2016</b>	(\$23,097) <b>(\$76,991)</b>
			rotal.	5/50/2010	(166,016)
<b>J.</b>	ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.	EASTERN CT HEALTH NETWORK , INC	Fundraising	09/30/2016	\$5,607
3		THE ROCKVILLE GENERAL HOSPITAL, INC. THE MANCHESTER MEMORIAL HOSPITAL	Fundraising Fundraising	09/30/2016 09/30/2016	(\$10,272) (\$140,953)
4		ECHN ELDERCARE SERVICES, INC.	Fundraising	09/30/2016	(\$4,011)
			Total:	9/30/2016	(\$149,629)
K.	ECHN CORPORATE SERVICES				
1		EASTERN CT HEALTH NETWORK , INC	Salary and Non Salary Expenses Total:	09/30/2016 <b>9/30/2016</b>	\$4,263 <b>\$4,263</b>
			i otal:	9/3U/2U10	\$4,203
L.	ECHN ELDERCARE SERVICES, INC.				

	R	OCKVILLE GENERAL HOSPITAL			
	111	ANNUAL REPORTING FISCAL YEAR 2016			
	REPORT 6A - TRANSACTIONS BE	TWEEN HOSPITAL AFFILIATES OR RELATED CO	ORPORATIONS		
(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
1		ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.	Fundraising	09/30/2016	\$4,011
2		THE MANCHESTER MEMORIAL HOSPITAL	Salary and Non Salary Expenses	09/30/2016	(\$192,940)
3		EASTERN CT HEALTH NETWORK , INC	Salary and Non Salary Expenses	09/30/2016	\$14,638
4		THE ROCKVILLE GENERAL HOSPITAL, INC.	Salary and Non Salary Expenses Total:	09/30/2016 <b>9/30/2016</b>	\$5,980,553 <b>\$5,806,262</b>
M.	ECHN ENTERPRISES, INC.				
1		EASTERN CT HEALTH NETWORK , INC	Salary and Non Salary Expenses	09/30/2016	\$2,100
2		THE MANCHESTER MEMORIAL HOSPITAL	Salary and Non-Salary Expenses Total:	09/30/2016 <b>9/30/2016</b>	\$50,355 <b>\$52,455</b>
N.	EVERGREEN ENDOSCOPY CENTER, LLC				
1		THE MANCHESTER MEMORIAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2016	(\$84,167)
			Total:	9/30/2016	(\$84,167)
0.	EVERGREEN MEDICAL ASSOCIATES II, LLC		Allocation of Investment		
1		ECHN ENTERPRISES, INC.	Income/Loss	09/30/2016 <b>9/30/2016</b>	\$31,020 <b>\$31,020</b>
			Total:	9/30/2016	\$31,020
P.	EVERGREEN MEDICAL ASSOCIATES, LLC		Allocation of Investment		
1		ECHN ENTERPRISES, INC.	Income/Loss Total:	09/30/2016 <b>9/30/2016</b>	\$26,391 <b>\$26,391</b>
Q.	HAYNES STREET MEDICAL ASSOCIATES II, LLC				
1		ECHN ENTERPRISES, INC.	Allocation of Investment Income/Loss	09/30/2016	\$29,911
		ESTIVE ENTERN MODE, INC.	Total:	9/30/2016	\$29,911
R.	HAYNES STREET MEDICAL ASSOCIATES, LLC				
1		ECHN ENTERPRISES, INC.	Allocation of Investment Income/Loss	09/30/2016	(\$16,623)
			Total:	9/30/2016	(\$16,623)
S.	HAYNES STREET PROPERTY MANAGEMENT, LLC				
1		THE MANCHESTER MEMORIAL HOSPITAL	Salary and Non Salary Expenses Total:	09/30/2016 <b>9/30/2016</b>	(\$6,820) ( <b>\$6,820</b> )
_	MEDICAL PRACTICE PARTIERO		Total.	3/30/2010	(ψ0,020)
T.	MEDICAL PRACTICE PARTNERS		Nothing to Report		\$0
			Total:	9/30/2016	\$0
U.	METRO WHEELCHAIR SERVICE, INC		Allocation of Investment		
1		THE MANCHESTER MEMORIAL HOSPITAL	Income/Loss Allocation of Investment	09/30/2016	\$776
2		THE ROCKVILLE GENERAL HOSPITAL, INC.	Income/Loss Total:	09/30/2016 <b>9/30/2016</b>	\$332 <b>\$1,108</b>
			Total.	5/30/2010	φ1,100
٧.	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON)				
1		THE MANCHESTER MEMORIAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2016	(\$350,530)
2		THE ROCKVILLE GENERAL HOSPITAL, INC.	Allocation of Investment Income/Loss	09/30/2016	(\$350,530)
			Total:	9/30/2016	(\$701,060)
W.	THE MANCHESTER MEMORIAL HOSPITAL	ECHN COMMUNITY HEALTHCARE			
1		FOUNDATION , INC.	Fundraising	09/30/2016	\$141,082
2		ECHN ENTERPRISES, INC.	Salary and Non Salary Expenses	09/30/2016	(\$43,535)
3		ECHN ELDERCARE SERVICES, INC.	Salary and Non Salary Expenses	09/30/2016	\$192,940
4		EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.	Salary and Non Salary Expenses	09/30/2016	\$7,391,107
5		CONNECTICUT HEALTHCARE INSURANCE CO.	Salary and Non-Salary Expenses	09/30/2016	(\$5,064,431)
6		VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, INC.	Salary and Non Salary Expenses	09/30/2016	\$337,931
7		A CARING HAND, LLC	Salary and Non Salary Expenses	09/30/2016	\$92,675
		A CAINING HAND, LLC	Judiany and Non Salary Expenses	03/30/2010	φ9∠,075

		ROCKVILLE GENERAL HOSPITAL					
		ANNUAL REPORTING					
	FISCAL YEAR 2016 REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS						
	REPORT OF TRANSACTIONS BETWEEN HOSPITAL APPLICATES OF RELATED CORPORATIONS						
(1)	(2)	(3)	(4)	(5)	(6)		
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT		
8		THE ROCKVILLE GENERAL HOSPITAL, INC.	Salary and Non-Salary Expenses	09/30/2016	(\$6,648,593)		
9		EASTERN CT HEALTH NETWORK , INC	Salary and Non Salary Expenses Total:	09/30/2016 <b>9/30/2016</b>	\$8,395,311 <b>\$4,794,487</b>		
X.	THE ROCKVILLE GENERAL HOSPITAL, INC.		Nothing to Report		\$0		
			Total:	9/30/2016	\$0		
Y.	TOLLAND IMAGING CENTER						
1		THE MANCHESTER MEMORIAL HOSPITAL	Allocation of Investment Income/Loss Allocation of Investment	09/30/2016	\$155,099		
2		THE ROCKVILLE GENERAL HOSPITAL, INC.	Income/Loss	09/30/2016	\$155,099		
			Total:	9/30/2016	\$310,198		
-	WOLTING MUDGE AND LIFALTH OFFICE OFFICE THE THE						
Z.	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, INC.						
1		THE MANCHESTER MEMORIAL HOSPITAL	Salary and Non Salary Expenses	09/30/2016	(\$215,084)		
2		EASTERN CT HEALTH NETWORK , INC	Salary and Non Salary Expenses	09/30/2016	(\$1,098,997)		
			Total:	9/30/2016	(\$1,314,081)		
AA.	WBC CONNECTICUT EAST, LLC						
1		THE MANCHESTER MEMORIAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2016	\$26,436		
			Allocation of Investment				
2		THE ROCKVILLE GENERAL HOSPITAL, INC.	Income/Loss Total:	09/30/2016 <b>9/30/2016</b>	\$11,330 <b>\$37,766</b>		
			Total.	3/30/2010	ψ37,700		
			Ending Unconsolidated		<b>*05 504 040</b>		
			Intercompany Balance	9/30/2016	\$25,534,010		
			1				

	ROCKVILLE GENE	RAL HOSPITA	AL .	
	ANNUAL RE	PORTING		
	FISCAL YE	AR 2016		
	REPORT 7- EXPENDITURES BY AFFILIATES / RELATED C	ORPORATION	NS FOR THE BENEFIT OF THE HOSP	ITAL
(1)	(2)		(3)	(4)
(')	AFFILIATE NAME &		(3)	(4)
LINE	DESCRIPTION OF EXPENDITURE		AMOUNT	DATE
A.	EASTERN CT HEALTH NETWORK , INC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2016
В.	A CARING HAND, LLC			
0	Nothing to Report		\$0	
	Trouting to Hoport	Total:	\$ <b>0</b>	9/30/2016
C.	AETNA AMBULANCE SERVICES, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2016
	AMPHI AND DEPUTE OF THE PERIOD			
<b>D.</b>	AMBULANCE SERVICE OF MANCHESTER, LLC		<b>A</b> 0	
0	Nothing to Report	Total:	\$0 <b>\$0</b>	9/30/2016
		rotai.	40	9/30/2010
E.	CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2016
F.	CONNECTICUT HEALTHCARE INSURANCE CO.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2016
	CONNECTICUT OCCUPATIONAL MEDICINE DARTNERS LLC	_		
<b>G</b> .	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC  Nothing to Report		\$0	
	Housing to Hoport	Total:	\$ <b>0</b>	9/30/2016
H.	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2016
	FACTERN CONNECTION TRUNCHOLAN HOORITAL CROANITATION INC			
1. 0	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.  Nothing to Report		\$0	
-	Nothing to Neport	Total:	\$0 \$0	9/30/2016
			<b>,</b>	0,00,2010
J.	ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2016
K.	ECHN CORPORATE SERVICES		20	
0	Nothing to Report	Total:	\$0 <b>\$0</b>	9/30/2016
		rotai.	\$0	9/30/2010
L.	ECHN ELDERCARE SERVICES, INC.			
0	Nothing to Report		\$0	
	,	Total:	\$0	9/30/2016
M.	ECHN ENTERPRISES, INC.			
0	Nothing to Report	T-1-1	\$0	
		Total:	\$0	9/30/2016
N.	EVED CREEN ENDOSCORY CENTER 11 C			
<b>N.</b>	EVERGREEN ENDOSCOPY CENTER, LLC  Nothing to Report		\$0	
	I Housing to Report		\$0	

	ROCKVILLE GENERAL HOSPIT ANNUAL REPORTING	TAL	
	FISCAL YEAR 2016		
	REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATION	ONS FOR THE BENEFIT OF THE HOSPITAL	L
		40	
(1)	(2) AFFILIATE NAME &	(3)	(4)
LINE	DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
	Total:	\$0	9/30/2016
<b>O</b> .	EVERGREEN MEDICAL ASSOCIATES II, LLC  Nothing to Report	\$0	
U	Total:	\$0	9/30/2016
		**	
P.	EVERGREEN MEDICAL ASSOCIATES, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
Q.	HAYNES STREET MEDICAL ASSOCIATES II, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
R.	HAYNES STREET MEDICAL ASSOCIATES, LLC	40	
0	Nothing to Report  Total:	\$0 <b>\$0 \$0</b>	9/30/2016
	1000	Ψ0	3/30/2010
S.	HAYNES STREET PROPERTY MANAGEMENT, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
_	MEDICAL PRACTICE PARTNERS		
<b>T</b> .	MEDICAL PRACTICE PARTNERS  Nothing to Report	\$0	
	Total:	\$0	9/30/2016
U.	METRO WHEELCHAIR SERVICE, INC		
0	Nothing to Report	\$0	0/00/0040
	Total:	\$0	9/30/2016
V.	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON)		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
<b>W</b> .	THE MANCHESTER MEMORIAL HOSPITAL  Nothing to Report	Φ0.	
U	Total:	\$0 <b>\$0</b>	9/30/2016
		**	0.00.200
X.	THE ROCKVILLE GENERAL HOSPITAL, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
Y.	TOLLAND IMAGING CENTER		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
<b>Z</b> .	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.	*-	
0	Nothing to Report  Total:	\$0 <b>\$0</b>	9/30/2016
	Total.	υφ	3/30/2010
AA.	WBC CONNECTICUT EAST, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	Grand Total:	\$0	9/30/2016

ANNUAL REPORTS - HOSPITAL COMMITMENTS / ENCOURSEMENTS OF APPILLATES / RELATED CORPORATIONS  (1)		ROCKVILLE GENERAL HOSPITAL		
REPORT 9 - HOSPITAL COMMUTTERINS FOR THE BENEFIT OF AFFILIATES / RELIATED CORPORATIONS  (1) (9) (8) (4)  (8) (9) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		ANNUAL REPORTING		
LINE   DESCRIPTION OF THE COMMINENT ANDOR ENDORSEMENT			OF AFFILIATES / RELATED CORPORA	TIONS
LINE   DESCRIPTION OF THE COMMINENT ANDOR ENDORSEMENT	(1)	(2)	(3)	(4)
A. BEASTERN CT HEALTH NETWORK, INC    Nothing to Report   So		AFFILIATE NAME &		
Description   Section	LINE	DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
B. A CARRING HAND, LLC  O Nothing to Report  C. AETNA AMBULANCE SERVICES, INC.  O Nothing to Report  Total:  O Nothing to Report  To		EASTERN CT HEALTH NETWORK , INC Nothing to Report	\$0	C
O	- Č			
O				
C. AETNA AMBULANCE SERVICES, INC.  O ASTINA AMBULANCE SERVICE OF MANCHESTER, LLC  D. AMBULANCE SERVICE OF MANCHESTER, LLC  O Northing to Report  Total:  SS  SS  CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC  O Northing to Report  F. CONNECTICUT HEALTHCARE INSURANCE CO.  F. CONNECTICUT HEALTHCARE INSURANCE CO.  O ONNECTICUT OCCUPATIONAL MEDICALE PROPERSIONALS FOUNDATION, INC.  O ONNECTICUT OCCUPATIONAL MEDICALE PROPESSIONALS FOUNDATION, INC.  O ONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.  O ONNECTICUT PHYSICIAN HOSPI			\$0	
Nothing to Report   10   10   10   10   10   10   10   1				II.
Nothing to Report   State		AETNA AMPIII ANGE GEDVIGEG ING		
D. AMBULANCE SERVICE OF MANCHESTER, LLC  O AMBULANCE SERVICE OF MANCHESTER, LLC  O CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC  O Nothing to Report  F. CONNECTICUT HEALTHCARE INSURANCE CO.  O Nothing to Report  O CONNECTICUT HEALTHCARE INSURANCE CO.  O CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC  O CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC  O CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.  O CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.  O CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.  O CONNECTICUT MEDICAL PHYSICIAN HOSPITAL ORGANIZATION, INC.  O CONNECTICUT HEALTHORY  O CONNECTICUT HOSPITAL ORGANIZATION, INC.  O CONNEC			\$0	C
Nothing to Report   Total:   \$0		Total:	\$0	
Nothing to Report   Total:   \$0	D	AMRIII ANCE SERVICE OF MANCHESTER I I C		
E. CLINCALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC  O Nothing to Report Total: \$0  F. CONNECTICUT HEALTHCARE INSURANCE CO.  Nothing to Report Total: \$0  CONNECTICUT CCUPATIONAL MEDICINE PARTHERS, LLC  O Nothing to Report Total: \$0  G. CONNECTICUT OCCUPATIONAL MEDICINE PARTHERS, LLC  O Nothing to Report Total: \$0  H. EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.  O Nothing to Report Total: \$0  L EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.  O Nothing to Report Total: \$0  L EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.  O Nothing to Report Total: \$0  L ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.  O Nothing to Report Total: \$0  K. ECHN COMPORATE SERVICES Nothing to Report Total: \$0  L ECHN ELDERCARE SERVICES, INC.  Nothing to Report Total: \$0  M. ECHN ELDERCARE SERVICES, INC.  Nothing to Report Total: \$0  M. ECHN ENTERPRISES, INC.  Nothing to Report Total: \$0  M. ECHN ENTERPRISES, INC.  Nothing to Report Total: \$0  Nothing to Report Total: \$0  M. EVERGREEN MEDICAL ASSOCIATES II, LLC  Nothing to Report Total: \$0  P. EVERGREEN MEDICAL ASSOCIATES II, LLC  Nothing to Report Total: \$0  P. EVERGREEN MEDICAL ASSOCIATES II, LLC  Nothing to Report Total: \$0  ANDER STREET MEDICAL ASSOCIATES II, LLC  Nothing to Report Total: \$0  P. EVERGREEN MEDICAL ASSOCIATES II, LLC  Nothing to Report Total: \$0  ANDER STREET MEDICAL ASSOCIATES II, LLC  Nothing to Report Total: \$0  ANDER STREET MEDICAL ASSOCIATES II, LLC  Nothing to Report Total: \$0  ANDER STREET MEDICAL ASSOCIATES II, LLC		Nothing to Report		
Nothing to Report   Total:   \$0		Total:	\$0	
O Nothing to Report  F. CONNECTICUT HEALTHCARE INSURANCE CO.  O Nothing to Report  Total:  SO  G. CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC  Nothing to Report  Foral:  Nothing to Report  Total:  SO  H. EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.  O Nothing to Report  I SO  L. EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORCANIZATION, INC.  O Nothing to Report  J. BCHN COMMUNITY HEALTHCARE FOUNDATION, INC.  O Nothing to Report  J. BCHN COMMUNITY HEALTHCARE FOUNDATION, INC.  O Nothing to Report  SO  CK. ECHN CORPORATE SERVICES  O Nothing to Report  Nothing to Report  Total:  SO  CL. ECHN ELDERCARE SERVICES, INC.  Nothing to Report  Total:  SO  O VERGREEN MEDICAL ASSOCIATES II, LLC  O Nothing to Report  Total:  SO  O NOTHING  SO  O NOTHING  SO  O NOTHING  SO  O NOTHING	E.	CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC		
F.   CONNECTICUT HEALTHCARE INSURANCE CO.   Nothing to Report   Sto.		Nothing to Report		II.
O		Total:	\$0	
G. CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC		CONNECTICUT HEALTHCARE INSURANCE CO.		
G. CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC  0 Nothing to Report  Fotal:  SO  H. EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.  Nothing to Report  I. EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.  Nothing to Report  J. ECHN COMMUNITY HEALTHCARE FOUNDATION INC.  Nothing to Report  K. ECHN CORPORATE SERVICES  Nothing to Report  Total:  SO  K. ECHN ELDERCARE SERVICES, INC.  Nothing to Report  Total:  SO  M. ECHN ELTERPRISES, INC.  Nothing to Report  Total:  SO  P. EVERGREEN MEDICAL ASSOCIATES II, LLC  Nothing to Report  Total:  SO  P. EVERGREEN MEDICAL ASSOCIATES II, LLC  Nothing to Report  Total:  SO  AND HAYNES STREET MEDICAL ASSOCIATES II, LLC  Nothing to Report  Total:  SO  AND HAYNES STREET MEDICAL ASSOCIATES II, LLC	0			
Nothing to Report   \$0		Total:	\$0	
H. EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.    O				
H. EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.  O Nothing to Report  I. EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.  O Nothing to Report  J. ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.  O Nothing to Report  K. ECHN CORPORATE SERVICES  O Nothing to Report  Total:  SO  L. ECHN ELDERCARE SERVICES, INC.  O Nothing to Report  Total:  SO  M. ECHN ELDERCARE SERVICES, INC.  O Nothing to Report  Total:  SO  M. ECHN ELDERCARE SERVICES, INC.  O Nothing to Report  Total:  SO  O EVERGREEN MEDICAL ASSOCIATES II, LLC  Nothing to Report  Total:  SO  O Nothing to Report  Total	0			
Nothing to Report   \$0		Total	***	
Total:   \$0				
I. EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.  O Nothing to Report  J. ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.  O Nothing to Report  K. ECHN CORPORATE SERVICES  O Nothing to Report  Total:  SO  L. ECHN ELDERCARE SERVICES, INC.  O Nothing to Report  Total:  SO  M. ECHN ENTERPRISES, INC.  O Nothing to Report  Total:  SO  Nothing to Report  Total:  SO  O Nothing to Report  SO  O Nothing to Report  Total:  SO  O Nothing to Report  SO	0			II.
O				
J. ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.  Nothing to Report  Total:  S0  K. ECHN CORPORATE SERVICES  Nothing to Report  Total:  S0  L. ECHN ELDERCARE SERVICES, INC.  Nothing to Report  Nothing to Report  Total:  S0  M. ECHN ENTERPRISES, INC.  Nothing to Report  Total:  S0  Nothing to Report  Total:  S0  O Nothing to Report  Total:  S0  P. EVERGREEN MEDICAL ASSOCIATES II, LLC  Nothing to Report  Total:  S0  Nothing to Report  Total:  S0  P. EVERGREEN MEDICAL ASSOCIATES, LLC  Nothing to Report  Total:  S0  Nothing to Report  Total:  S0  P. EVERGREEN MEDICAL ASSOCIATES, LLC  Nothing to Report  Total:  S0  Nothing to Report  Total:  S0  P. EVERGREEN MEDICAL ASSOCIATES, LLC  Nothing to Report  Total:  S0  Nothing to Report			90	ſ
Nothing to Report   S0				
Nothing to Report   S0				
Nothing to Report   So			\$0	
Nothing to Report   \$0		Total:	\$0	
Nothing to Report   \$0	K	ECHN CODDODATE SEDVICES		
L. ECHN ELDERCARE SERVICES, INC.  O Nothing to Report  S0  M. ECHN ENTERPRISES, INC.  O Nothing to Report  Total:  S0  N. EVERGREEN ENDOSCOPY CENTER, LLC  O Nothing to Report  S0  Total:  S0  O. EVERGREEN MEDICAL ASSOCIATES II, LLC  O Nothing to Report  S0  Total:  S0  O. EVERGREEN MEDICAL ASSOCIATES, LLC  O Nothing to Report  S0  Total:  S0  P. EVERGREEN MEDICAL ASSOCIATES, LLC  O Nothing to Report  Total:  S0  P. EVERGREEN MEDICAL ASSOCIATES, LLC  O Nothing to Report  Total:  S0  P. EVERGREEN MEDICAL ASSOCIATES, LLC  O Nothing to Report  Total:  S0  HAYNES STREET MEDICAL ASSOCIATES II, LLC			\$0	C
Nothing to Report   \$0		Total:	\$0	
Nothing to Report   \$0	L	ECHN ELDERCARE SERVICES, INC.		
M. ECHN ENTERPRISES, INC.  O Nothing to Report  SO  N. EVERGREEN ENDOSCOPY CENTER, LLC  O Nothing to Report  Total:  SO  O. EVERGREEN MEDICAL ASSOCIATES II, LLC  O Nothing to Report  Total:  O EVERGREEN MEDICAL ASSOCIATES II, LLC  Nothing to Report  Total:  P. EVERGREEN MEDICAL ASSOCIATES, LLC  O Nothing to Report  Total:  O HAYNES STREET MEDICAL ASSOCIATES II, LLC		Nothing to Report		
Nothing to Report   \$0		Total:	\$0	
Nothing to Report   \$0	M.	ECHN ENTERPRISES, INC.		
N. EVERGREEN ENDOSCOPY CENTER, LLC  O Nothing to Report  Total:  O EVERGREEN MEDICAL ASSOCIATES II, LLC  O Nothing to Report  Total:  SO  P. EVERGREEN MEDICAL ASSOCIATES, LLC  O Nothing to Report  Total:  SO  P. HAYNES STREET MEDICAL ASSOCIATES II, LLC		Nothing to Report		
0		Total:	\$0	
Total: \$0				
O. EVERGREEN MEDICAL ASSOCIATES II, LLC  0	0			
0		i otal:	***************************************	
P. EVERGREEN MEDICAL ASSOCIATES, LLC  O Nothing to Report  Total:  \$0  Total:  \$0  ANOTHING TO TOTAL:  TOTAL:  O NOTHING TO REPORT  TOTAL:  O NOTHING TO TOTAL:  O NOTHING TO TOTAL:  O NOTHING				
P. EVERGREEN MEDICAL ASSOCIATES, LLC  Nothing to Report  Total:  Q. HAYNES STREET MEDICAL ASSOCIATES II, LLC	U 0			
0 Nothing to Report \$0  Total: \$0  Q. HAYNES STREET MEDICAL ASSOCIATES II, LLC				
Q. HAYNES STREET MEDICAL ASSOCIATES II, LLC			<u> </u>	
	_ <u> </u>			
	_			
			\$0	
Total: \$0				II.
D. HAVNES STREET MEDICAL ASSOCIATES LLC		LIAVNICS STREET MEDICAL ASSOCIATES 11.5		
R. HAYNES STREET MEDICAL ASSOCIATES, LLC  0 Nothing to Report \$0			\$0	C
Total: \$0				

	ROCKVILLE GENERAL HOSPITAL		
	ANNUAL REPORTING		
	FISCAL YEAR 2016		
	REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT C	OF AFFILIATES / RELATED CORPORAT	TIONS
(1)	(2)	(3)	(4)
(1)	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	
	Total:	\$0	
	MEDICAL PRACTICE PARTNERS		
<b>T.</b>	Nothing to Report	\$0	
-	Total:	\$0	
		**	
U.	METRO WHEELCHAIR SERVICE, INC		
0	Nothing to Report	\$0	
	Total:	\$0	
٧.	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON)	<b>60</b>	
0	Nothing to Report  Total:	\$0 <b>\$0</b>	
	i Otai.	\$0	
W.	THE MANCHESTER MEMORIAL HOSPITAL		
0	Nothing to Report	\$0	
	Total:	\$0	
Х.	THE ROCKVILLE GENERAL HOSPITAL, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	
Y.	TOLLAND IMAGING CENTER		
0	Nothing to Report	\$0	
	Total:	\$0	
Z.	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	
	WIDO COMMITTENEST IN C		
<b>AA.</b>	WBC CONNECTICUT EAST, LLC  Nothing to Report	\$0	
U	Total:	\$0 \$0	
	i otdi.	<del>40</del>	
	Grand Total:	\$0	

		ROCKVILLE GENERA							
		ANNUAL REPO							
		FISCAL YEAR							
		REPORT 16 - DONATIONS AND F							
	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	\$264,001.47	\$264,135.78	\$134.31	0%				
1	Donations	\$0.00	\$0.00	\$0.00	0%				
2	Income	\$134.31	\$713.39	\$579.08	431%				
3	Expenditures	\$0.00	\$70,394.83	\$70,394.83	0%				
4	Unrealized Gains and Losses	\$0.00	\$31,408.68	\$31,408.68	0%				
	Ending Balance	\$264,135.78	\$225,863.02	(\$38,272.76)	-14%				
5	Projected Interest Income	\$300.00	\$700.00	\$400.00	133%				
C.	Other								
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%				
1	Donations	\$0.00	\$0.00		0%				
2	Income	\$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%				

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	ROCKVILLE GENERAL HOSPITAL	
	ANNUAL REPORTING	
	FISCAL YEAR 2016	
	REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY T	HE HOSPITAL
A. Patient Activity		
(1)	(2)	(3)
<u>Patient</u>	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applic	cations for Hospital Bed Funds	9
2. A. Number of Patien	nts receiving Hospital Bed Fund Grants	9
2. B. The Actual Total	Dollar Amount provided to all patients from Hospital Bed Funds:	\$70,394.83
001	Trumbull Chapter	\$34,029.80
002	Trumbull Chapter	\$28,799.46
003	Anna Shelton Whitlock	\$2,224.90
004	CE Prescott	\$1,652.66
005	Winchell Foster	\$1,681.38
006	Charles Phelps	\$1,125.18
007	Elsie Sykes Phelps	\$658.60
008	Betsy C. Tucker	\$221.36
009	John and Martha Kress Fund	\$1.49
	Grand Total	\$70,394.83

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		ROCKVILLE GENERA			
		ANNUAL REPO	RTING		
		FISCAL YEAR	2016		
	REPORT 17B - HOSPIT	AL BED FUNDS HELD (	OR ADMINISTERED B	Y THE HOSPITAL	
B. BI	ED FUND ACTIVITY				
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
(3)	Fair Market Value of the Principal of each	individual Hospital Be	d Fund, or the Princip	oal attributable to each	Hospital Bed Fund
(4)	Total Actual Earnings for each Hospital B	sed Fund or the Earning	s attributable to each	n Hospital Bed Fund.	
(4)	Total Actual Earnings for each Hospital B	sed Fund or the Earning	s attributable to each	n Hospital Bed Fund.	
				n Hospital Bed Fund.	
(4)	Total Actual Earnings for each Hospital B			n Hospital Bed Fund.	
(5)	Actual Dollar Amount of Earnings reinves	sted as Principal, if any.		n Hospital Bed Fund.	
		sted as Principal, if any.		n Hospital Bed Fund.	
(5)	Actual Dollar Amount of Earnings reinves  Actual Dollar Amount of Earnings availab	sted as Principal, if any.		n Hospital Bed Fund.	\$0.00
(5)	Actual Dollar Amount of Earnings reinves	sted as Principal, if any. le for Patient Care. \$157,268.00			*
(5)	Actual Dollar Amount of Earnings reinves  Actual Dollar Amount of Earnings availab  Trumbull Chapter	sted as Principal, if any.	\$538.03	\$0.00	\$0.00
(5)	Actual Dollar Amount of Earnings reinves  Actual Dollar Amount of Earnings availab  Trumbull Chapter  CE Prescott	sted as Principal, if any. le for Patient Care. \$157,268.00 \$15,000.00	\$538.03 \$38.35	\$0.00 \$0.00	\$0.00 \$0.00
(5)	Actual Dollar Amount of Earnings reinves  Actual Dollar Amount of Earnings availab  Trumbull Chapter  CE Prescott  Charles Phelps	sted as Principal, if any. le for Patient Care. \$157,268.00 \$15,000.00 \$10,000.00	\$538.03 \$38.35 \$25.58	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00
(5)	Actual Dollar Amount of Earnings reinves  Actual Dollar Amount of Earnings availab  Trumbull Chapter  CE Prescott  Charles Phelps  Winchell Foster	\$157,268.00 \$15,000.00 \$15,000.00	\$538.03 \$38.35 \$25.58 \$38.35	\$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00
(5)	Actual Dollar Amount of Earnings reinves  Actual Dollar Amount of Earnings availab  Trumbull Chapter  CE Prescott  Charles Phelps  Winchell Foster  Betsy C. Tucker	\$157,268.00 \$15,000.00 \$15,000.00 \$2,000.00	\$538.03 \$38.35 \$25.58 \$38.35 \$5.13	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00
(5)	Actual Dollar Amount of Earnings reinves  Actual Dollar Amount of Earnings availab  Trumbull Chapter  CE Prescott  Charles Phelps  Winchell Foster  Betsy C. Tucker  Anna Shelton Whitlock	\$157,268.00 \$15,000.00 \$15,000.00 \$2,000.00 \$20,120.00	\$538.03 \$38.35 \$25.58 \$38.35 \$5.13 \$51.42	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

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		GENERAL HOSPITAL
		L REPORTING
		AL YEAR 2016
	REPORT 18 - HOSPITAL COLLECTION PLACEME	ENT POLICIES AND COLLECTION AGENT INFORMATION
(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I.	GENERAL COLLECTION PROCESSES AND PROCEDURES	
A.	Hospital's processes and policies for assigning a debt to a	
	Collection Agent	
		ECHN offers options and will not bill, refer to a coll, a SP pat prior to giving opp to
		fin assist or choose pay option that fits needs. If pat does not request app for fin
		aid within 10 days, they have 120 days to pay acct in full.
B.	Hospital's processes and policies for compensating a Collection	
	Agent for services rendered	ECHN has agreements with Coll Agencies to initiate collection efforts on those
		accounts 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	11.88%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
Α	Collection Agent	
1	Collection Agent Name	American Adjustment Bureau
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described	
	in Section I, for assigning debt with this Collection Agent?	FOLIN office and an analysis and the second and a second
	indicate "Same as General Processes and Policies" Otherwise	ECHN offers options and will not bill, refer to a coll, a SP pat prior to giving opp to
	Provide Details.	fin assist or choose pay option that fits needs. If pat does not request app for fin
5	If the Hospital follows the same processes and policies described	aid within 10 days, they have 120 days to pay acct in full.
3	in Section I, for compensating this Collection Agent? indicate	
	"Same as General Processes and Policies" Otherwise Provide	ECHN has agreements with Coll Agencies to initiate collection efforts on those
	Details.	accounts that ECHN refers to them. If pay schedules are not kept, accts will be
	Details.	transferred from coll agents to secondary collections attorneys for follow-up.
6	Recovery Rate on Accounts Assigned (excluding Medicare	arandened from con agento to secondary concentents atterneys for follow up.
Ŭ	accounts) to Collection Agent.	11.78%
	accounted to composition rigorial	
В	Collection Agent	
1	Collection Agent Name	Transcontinental Credit and Collectionn
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
	If the Hospital follows the same processes and policies described	
	in Section I, for assigning debt with this Collection Agent?	
	indicate "Same as General Processes and Policies" Otherwise	ECHN offers options and will not bill, refer to a coll, a SP pat prior to giving opp to
	Provide Details.	fin assist or choose pay option that fits needs. If pat does not request app for fin
		aid within 10 days, they have 120 days to pay acct in full.
5	If the Hospital follows the same processes and policies described	
	in Section I, for compensating this Collection Agent? indicate	
	"Same as General Processes and Policies" Otherwise Provide	ECHN has agreements with Coll Agencies to initiate collection efforts on those
	Details.	accounts 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.	13.61%

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	RC	ANNUAL REPORTING	L		
		FISCAL YEAR 2016			
	REPORT 19 - SALARIES AND FRING	E BENEFITS OF THE TEN HIGH	EST PAID HO	SPITAL EMPLOYEES	
LINE	POSITION TITLE	EMPLOYEE NAME	SALARY	FRINGE BENEFITS	TOTAL
1.	President,Chief Executive Officer	Peter J. Karl	\$690,825	\$13,823	\$704,64
2.	Medical Director	David Neuhaus	\$329,998	\$1,104	\$331,102
3.	Medical Director	Ellen G. Neuhaus	\$227,779	\$23,752	\$251,53°
4.	Senior Vice President & Chief Financial Officer	Michael D. Veillette	\$212,097	\$9,271	\$221,36
5.	Chair & Sr Medical Director ED	Robert F. Carroll	\$209,723	\$8,113	\$217,83
6.	Senior VP of Medical Affairs&Chief Medical Officer	Joel Reich	\$181,142	\$6,253	\$187,39
7.	Psychiatrist	Kavetha Sundaramoorthy	\$177,689	\$8,640	\$186,32
8.	Evening Supervisor	Sue Cavaliere	\$154,331	\$9,624	\$163,95
9.	Chair Dept of Psychiatry and Medical Director	Osman Qureshi	\$149,782	\$8,080	\$157,86
10.	Senior VP Amburlatory Network Services	Gregory Williams	\$148,559	\$7,564	\$156,12
	T	Grand Total:	\$2,481,925	\$96,224	\$2,578,14

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		FACTERN OT HEALTH NETWORK INC					
		EASTERN CT HEALTH NETWORK , INC ANNUAL REPORTING					
		FISCAL YEAR 2016					
	REPORT 19B - S	ALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HEALTH SYSTEM EMP	LOYEES				
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		
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		
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.	Senior VP Ambulatory Network Services	Gregory Williams, Eastern Connecticut Health Network	\$468,640	\$23,862	\$492,502		
9.	Senior Vice President & General Counsel	Joyce Tichy, Eastern Connecticut Health Network	\$455,684	\$23,862	\$479,546		
10.	Physician - Gastroenterology	Alexia Koudellou, Eastern Connecticut Medical Professionals Foundation, Inc.	\$421,325	\$23,766	\$445,091		
		Grand Tota	I: \$6,871,979	\$235,544	\$7,107,523		

		BOCK	VILLE GENERAL HO	SPITAI			
			ANNUAL REPORTING				
			FISCAL YEAR 2016				
	T	REPORT 19C - FINANCIAL GAINS	REALIZED FROM A	TRANSFER OF OWN	ERSHIP CON		
							I
				SEVERANCE	STOCK OFFERING	OTHER FINANCIAL	I
LINE	NAME	POSITION TYPE	SALARY	PAYMENT	VALUE	GAIN	TOTAL
1.	Not Applicable		\$0	\$0			\$0
2. 3.			\$0 \$0	\$0 \$0	\$0 \$0		\$( \$(
4.			\$0	\$0			\$0
5.			\$0	\$0	\$0		\$0
6.			\$0	\$0	\$0	\$0	\$0
7.			\$0	\$0			\$0
8.			\$0	\$0	\$0	\$0	\$0
9. 10.			\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0
11.			\$0	\$0	\$0	\$0	\$0
12.			\$0	\$0			\$0
13.			\$0				\$0
14.			\$0	\$0	\$0	\$0	\$0
15.			\$0	\$0	\$0	\$0	\$0
16. 17.			\$0 \$0	\$0 \$0		\$0 \$0	\$0 \$0
18.			\$0	\$0	\$0	\$0	\$0
19.			\$0	\$0		\$0	\$0
20.			\$0	\$0		\$0	\$0
21.			\$0	\$0		\$0	\$0
22. 23.			\$0	\$0	\$0		\$0 \$0
24.			\$0 \$0	\$0 \$0		\$0 \$0	\$0
25.			\$0	\$0	\$0	\$0	\$0
26.			\$0	\$0			\$0
27.			\$0	\$0	\$0	\$0	\$0
28.			\$0	\$0			\$0
29. 30.	<u> </u>		\$0 \$0	\$0 \$0			\$0 \$0
31.			\$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0
32.			\$0				\$0
33.			\$0	\$0	\$0	\$0	\$0
34.			\$0	\$0		\$0	\$0
35.			\$0	\$0		\$0	\$0
36. 37.			\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0
38.			\$0	\$0 \$0			\$0
39.			\$0	\$0	\$0	\$0	
40.			\$0	\$0	\$0	\$0	\$0
41.			\$0	\$0	\$0	\$0	\$0
42.	<u> </u>		\$0	\$0 \$0	\$0	\$0 \$0	\$0
43. 44.			\$0 \$0	\$0 \$0	\$0 \$0		\$0 \$0
44.			\$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0
46.			\$0	\$0	\$0	\$0	\$0
47.			\$0	\$0	\$0	\$0	\$( \$(
48.			\$0	\$0	\$0	\$0	\$0
49. 50.			\$0	\$0	\$0	\$0 \$0	\$0 \$0
50.	+	Grand Total:	\$0 <b>\$0</b>	\$0 \$0	\$0 \$0	\$0 <b>\$0</b>	\$0

\$0

Grand Total:

\$0

\$0

\$0

\$0

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	ROCKVILLE GENERAL HOS	SPITAI		
	ANNUAL REPORTING			
	FISCAL YEAR 2016			
	REPORT 21- HOSPITAL SALARIES AND	FRINGE BENEFIT	S	
	DAID DV JOINT VENTURES AFEILIATES AND S	OF ATED CORROR	ATIONS	
	PAID BY JOINT VENTURES, AFFILIATES AND R	RELATED CORPOR	KATIONS	
(1)	(2)	(3)	(4)	(5)
		SALARIES	FRINGE	. ,
		(Directly or	BENEFITS <sup>A</sup> (DirectI	
LINE	DESCRIPTION	Indirectly) <sup>C</sup>	y or Indirectly) <sup>C</sup>	TOTAL
	DESCRIPTION	man cony,	y or maneotry)	TOTAL
Α.	EASTERN CT HEALTH NETWORK , INC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
	A CARINO HAND III O			
B. 1	A CARING HAND, 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
	and the second s	<b>*</b> -	,	<b>4</b> •
С.	AETNA AMBULANCE SERVICES, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
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) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0 \$0	\$0 \$0
2	Paid by the Hospital to Employees of the Entity Listed Above	Φυ	φυ	ΦΟ
F.	CONNECTICUT HEALTHCARE INSURANCE CO.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
G.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC			
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			
Η.	FOUNDATION, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	<u>\$0</u>	\$0	\$0 \$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION,			
١.	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
	FOUN COMMUNITY UP AT THE APPER POLICY THE			
J.	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.	<b>©</b> O	<u> </u>	<b>¢</b> 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 \$0
	. Size 27 the receptor to Employees of the Entity Listed Above	ΨΟ	η ψυ	ΨΟ
Κ.	ECHN CORPORATE SERVICES			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
	ECHN ELDERCARE SERVICES, INC.			
L . 1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
<del></del>	1. S.S. S., the Entity Eleted Above to Hoopital Employees(D)	ΨΟ	ΨΟ	Ψυ

	ROCKVILLE GENERAL HOS	SPITAL		
	ANNUAL REPORTING			
	FISCAL YEAR 2016			
	REPORT 21- HOSPITAL SALARIES AND	FRINGE BENEFIT	S	
	PAID BY JOINT VENTURES, AFFILIATES AND F	RELATED CORPOR	RATIONS	
(1)	(2)	(3)	(4)	(5)
		SALARIES	FRINGE	
		(Directly or	BENEFITS <sup>A</sup> (DirectI	
LINE	DESCRIPTION	Indirectly) <sup>C</sup>	y or Indirectly) <sup>C</sup>	TOTAL
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)	\$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
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 mosphalite Employees of the Emmy Elected most		#3	
Р.	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
	HAVAICO CERCET MEDICAL ACCOCIATEO IL LLO			
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
	I saw sy the resoprate Employees or the Emmy Esteur 1887		+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 Entity Listed Above to Hospital Employees(b)  Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0	\$0 \$0
		**	+-	**
Τ.	MEDICAL PRACTICE PARTNERS			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
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
_	and the second s		+*	Ŧ *
	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, 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 Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Χ.	THE ROCKVILLE GENERAL HOSPITAL, 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

	ROCKVILLE GENERAL HOS						
	ANNUAL REPORTING	j					
	FISCAL YEAR 2016	EDINOE DENEELT					
	REPORT 21- HOSPITAL SALARIES AND	FRINGE BENEFITS	•				
	PAID BY JOINT VENTURES, AFFILIATES AND R	ELATED CORPOR	ATIONS				
/4\	(5)	(2)		(E)			
(1)	(2)	(3)	(4)	(5)			
		SALARIES	FRINGE				
		(Directly or	BENEFITS <sup>A</sup> (DirectI				
LINE	DESCRIPTION	Indirectly) <sup>C</sup>	y or Indirectly) <sup>C</sup>	TOTAL			
		• •					
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 OFCONNECTICUT, 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						
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			
	5 / " "						
	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 Soc	tion 102-643-206-(h)/21)	including the			
	fair market value where appropriate.	as uescribeu iri sec	11011 13a-043-200-(D)(21),	moluumg me			
	B - A hospital employee is anyone who provides a service which incurs a	n evnence for the he	penital				
	· · · · · · · · · · · · · · · · · · ·		ърнан.				
	C - Indirect payments include but are not limited to payments made to related entities.						

	ROCKVILLE GENERAL HOSPITAL	
	ANNUAL REPORTING	
	FISCAL YEAR 2016	
	REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR	
	CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT EN	ПТҮ
(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
<del></del>	Officer of Professional Delvices of 1 diffctions occurred.	IVA
	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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	ROCKVILLE GE	NERAL HOSPITA	L		
		REPORTING			
		AL YEAR 2016	PROVIDED BY	THE HOSPITAL	
	REPORT 23 - CHARITY CARE AND REDUCED	COST SERVICES	PROVIDED BY	THE HUSPITAL	
(1)	(2)	(3)	(4)	(5)	(6)
(.,	(-)	FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	<u>AMOUNT</u>	<u>AMOUNT</u>	DIFFERENCE	DIFFERENCE
	Harrist Olaris Oraș (a. a. Harrist A. Piet I Financial A	Natara Alata			
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial S	<u>Statement Notes)</u>			
1.	Number of Applicants	349	564	215	62%
2.	Number of Approved Applicants	322	529	207	64%
3.	Total Charges (A)	\$797,362	\$1,508,204	\$710,842	89%
	Average Charges	\$2,476	\$2,851	\$375	15%
4.	Ratio of Cost to Charges (RCC)	0.308781	0.299787	(0.008994)	-3%
4.	Total Cost	\$246,210	\$452,140	\$205,930	84%
	Average Cost	\$765	\$855	\$90	12%
		,	*		
5.	Charity Care - Inpatient Charges	\$163,974	\$259,338	\$95,364	58%
	Charity Care - Outpatient Emergency Department				
6.	Charges	539,804	1,121,184	581,380	108%
7	Charity Care - Outpatient Charges (Excludes ED Charges)	02.504	107 600	24.000	260/
7.	Total Charges (A)	93,584 <b>\$797,362</b>	127,682 <b>\$1,508,204</b>	34,098 <b>\$710,842</b>	36% <b>89%</b>
	Total Ollarges (A)	Ψ131,002	Ψ1,000,204	Ψ110,042	0370
8.	Charity Care - Number of Patient Days	134	214	80	60%
9.	Charity Care - Number of Discharges	27	42	15	56%
10.	Charity Care - Number of Outpatient ED Visits	264	1,535	1,271	481%
	Charity Care - Number of Outpatient Visits (Excludes ED	404	000	77	400/
11.	Visits)	191	268	77	40%
(A) The	total amount must agree with the total amount listed in	the Hospital Aud	dited Financial S	tatement Notes.	
	Harrist Date of the Harrist Day of the Oration	2 (4.7)			
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System -	Report 17)			
1.	Number of Applicants	_	9	9	0%
2.	Number of Approved Applicants	-	9	9	0%
	11 11 12				
3.	Total Charges (B)	\$0	\$70,395	\$70,395	0%
	Average Charges	\$0	\$7,822	\$7,822	0%
	Detic of Contac Charges (DCC)	0.000704	0.000707	(0.00000.1)	227
4.	Ratio of Cost to Charges (RCC)  Total Cost	0.308781 <b>\$0</b>	0.299787 <b>\$21,104</b>	(0.008994) <b>\$21,104</b>	-3% <b>0%</b>
	Average Cost	\$0 \$0	\$2,345	\$21,104	0%
	g	<b>40</b>	<del>+</del> -,0-10	<del>4</del> 2,040	370
5.	Bed Funds - Inpatient Charges	\$0	\$70,395	\$70,395	0%
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	0%
_	Pad Funda Outpatient Charges (Fusindes ED Charges)		^	•	00/
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)  Total Charges (B)	0 <b>\$0</b>	9 \$70,395	9 \$70,395	0% <b>0</b> %
	1000 0100 (0)	Ψ	Ψ10,333	Ψ1 0,033	076
8.	Bed Funds - Number of Patient Days	0	47	47	0%
9.	Bed Funds - Number of Discharges	0	9	9	0%
10.	Bed Funds - Number of Outpatient ED Visits	0	0	0	0%

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ROCKVILLE GENERAL HOSPITAL ANNUAL REPORTING					
	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)	0	0	0	0%
	,				
(B) The	e total amount must agree with the total amount listed o	n Hospital Repor	ting System - Re	port 17.	
. ,	<b>y</b>		. 5 . ,		