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

| (1) | (2) | (3) | |
|--------------|--|---|--|
| | DECORPTION | AFFILIATE INFORMATION | |
| LINE | DESCRIPTION | AFFILIATE INFORMATION | |
| | | | |
| A. | AFFILIATE NAME | WINDHAM COMMUNITY MEMORIAL HOSPITAL | |
| | | | |
| 1 | Affiliate Description | Hospital | |
| | Affiliate type of service | Hospital | |
| | Tax Status | Not for Profit | |
| 4 | Street Address | 112 Mansfield Avenue | |
| | Town | Willimantic | |
| | State | Connecticut | |
| | Zip Code | 06226 - | |
| | CEO Name CEO Title | Bimal Patel President & CEO | |
| | CT Agent Name | Winship Service Corporation | |
| | CT Agent Company | Winship Service Corporation | |
| | CT Agent Company Street Address | One Constitution Plaza | |
| 13 | CT Agent Town | Hartford | |
| | CT Agent State | Connecticut | |
| 15 | CT Agent Zip Code | 06103 - 1919 | |
| | | | |
| В. | AFFILIATE NAME | HARTFORD HEALTH CARE CORPORATION | |
| - | 74 1 127 17 17 17 17 | | |
| | | | |
| | Affiliate Description | Parent Corporation | |
| | Affiliate type of service | Parent Corporation | |
| | Tax Status Street Address | Not for Profit One State Street, Suite 19 | |
| | Town | Hartford | |
| | State | Connecticut | |
| | Zip Code | 06103 - | |
| | CEO Name | Elliot Joseph | |
| | CEO Title | President & CEO | |
| | CT Agent Name | Winship Service Corporation | |
| | CT Agent Company CT Agent Company Street Address | Winship Service Corporation One Constitution Plaza | |
| 13 | CT Agent Company Street Address CT Agent Town | Hartford | |
| | CT Agent State | Connecticut | |
| | CT Agent Zip Code | 06103 - 1919 | |
| | | | |
| | | | |
| C. | AFFILIATE NAME | HARTFORD HEALTHCARE LABORTORIES, LLC-AKA CLINICAL LABORATORY PARTNERS LLC | |
| | | | |
| 1 | Affiliate Description | Lab | |
| 2 | Affiliate type of service | Lab | |
| | Tax Status | For Profit | |
| | Street Address | 129 Patricia Genova Drive | |
| | Town | Newington | |
| | State Zip Code | Connecticut 06111 - | |
| | CEO Name | James Fantus | |
| | CEO Title | President & CEO | |
| | CT Agent Name | Winship Service Corporation | |
| | CT Agent Company | Winship Service Corporation | |
| | CT Agent Company Street Address | One Constitution Plaza | |
| | CT Agent Town | Hartford | |
| | CT Agent State | Connecticut | |
| 15 | CT Agent Zip Code | 06103 - 1919 | |

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

| (1) | (2) | (3) | | |
|----------|--|---|--|--|
| | | | | |
| LINE | DESCRIPTION | AFFILIATE INFORMATION | | |
| | | | | |
| D. | AFFILIATE NAME | HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC. | | |
| <u> </u> | 74 FIEDVIE TOWN | | | |
| | ACCURATE STATE | | | |
| | Affiliate Description Affiliate type of service | Rehabilitation Services Rehabilitation Services | | |
| | Tax Status | For Profit | | |
| 4 | Street Address | 181 Patricia Genova Drive | | |
| | Town | Newington | | |
| 6 | State | Connecticut | | |
| 7 | Zip Code | 06111 - | | |
| | CEO Name | Rita Parisi | | |
| | CEO Title | President & CEO | | |
| | CT Agent Name | Winship Service Corporation | | |
| | CT Agent Company CT Agent Company Street Address | Winship Service Corporation One Constitution Plaza | | |
| | CT Agent Company Street Address CT Agent Town | Hartford | | |
| | CT Agent State | Connecticut | | |
| | CT Agent Zip Code | 06103 - 1919 | | |
| | | | | |
| | | | | |
| E. | AFFILIATE NAME | HARTFORD HOSPITAL | | |
| | | | | |
| 1 | Affiliate Description | Hospital | | |
| | Affiliate type of service | Hospital | | |
| | Tax Status | Not for Profit | | |
| 4 | Street Address | 80 Seymour Street | | |
| 5 | Town | Hartford | | |
| 6 | State | Connecticut | | |
| | Zip Code | 06103 - | | |
| | CEO Name | Jeff Flaks | | |
| | CEO Title | President and CEO | | |
| | CT Agent Name | Winship Service Corporation | | |
| | CT Agent Company CT Agent Company Street Address | Winship Service Corporation One Constitution Plaza | | |
| | CT Agent Company Street Address CT Agent Town | Hartford | | |
| | CT Agent State | Connecticut | | |
| | CT Agent Zip Code | 06103 - | | |
| | | | | |
| | | | | |
| F. | AFFILIATE NAME | HATCH HOSPITAL CORPORATION | | |
| | | HATCH HOSPITAL IS ON THE CAMPUS, AND PHYSICALLY ATTACHED TO, WINDHAM HOSPITAL. UNDER THE TERMS OF AN OPERATING AGREEMENT BETWEEN PARTIES WINDHAM HOSPITAL | | |
| 1 | Affiliate Description | OPERATES WITHIN THE PHYSICAL PLANT OWNED BY HATCH HOSPITAL CORPORATION. | | |
| 2 | Affiliate type of service | Outpatient Care | | |
| | Tax Status | Not for Profit | | |
| | Street Address | 112 MANSFIELD AVENUE, WILLIMANTIC,CT | | |
| | Town | Willimantic | | |
| | State | Connecticut | | |
| | Zip Code | 06226 - | | |
| | CEO Name | Bimel Patel | | |
| | CEO Title | PRESIDENT & CEO | | |
| | CT Agent Name CT Agent Company | Bimel Patel | | |
| | CT Agent Company CT Agent Company Street Address | HATCH HOSPITAL CORP 112 Mansfield Avenue, Willimantic, CT | | |
| | CT Agent Company Street Address CT Agent Town | Willimantic | | |
| | CT Agent State | Connecticut | | |
| | CT Agent Zip Code | 06226 - | | |
| | | | | |

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

| (1) (2) | | (3) | |
|---------|---|---|--|
| | | | |
| LINE | DESCRIPTION | AFFILIATE INFORMATION | |
| | | | |
| G. | AFFILIATE NAME | HHC PHYSICIANSCARE D/B/A HARTFORD HEALTHCARE MEDICAL GROUP | |
| | | | |
| 4 | Affiliate Description | Drestice Medicine and provide healthcare continue to the public as a medical foundation | |
| | Affiliate Description Affiliate type of service | Practice Medicine and provide healthcare services to the public as a medical foundation Foundation | |
| | Tax Status | Not for Profit | |
| | Street Address | 1290 Silas Dean Highway | |
| 5 | Town | Wethersfield | |
| | State | Connecticut | |
| | Zip Code | 06109 - | |
| | CEO Name CEO Title | John Watkins Jr | |
| | CT Agent Name | PRESIDENT WINSHIP SERVICE CORPORATION | |
| | CT Agent Company | WINSHIP SERVICE CORPORATION WINSHIP SERVICE CORPORATION | |
| | CT Agent Company Street Address | ONE CONSTITUTION PLAZA | |
| | CT Agent Town | HARTFORD | |
| | CT Agent State | Connecticut | |
| 15 | CT Agent Zip Code | 06103 - 1919 | |
| | | | |
| Н. | AFFILIATE NAME | IMMEDIATE MEDICAL CARE CENTER, INC D/B/A HARTFORD MEDICAL GROUP | |
| 11. | AFFILIATE NAME | IMMEDIATE MEDICAE CARE CERTER, INC DIDIATIANTI CRO MEDICAE CROOT | |
| | | | |
| | Affiliate Description | OTHER HEALTH CARE SERVICES-WALK IN PRIMARY CARE CENTER | |
| | Affiliate type of service | Other HealthCare Svcs(Specify) | |
| | Tax Status | For Profit | |
| | Street Address Town | 400 WASHINGTON STREET HARTFORD | |
| | State | Connecticut | |
| | Zip Code | 06102 - | |
| 8 | CEO Name | KENT STAHL M.D. | |
| | CEO Title | PRESIDENT | |
| | CT Agent Name | WINSHIP SERVICE CORPORATION | |
| | CT Agent Company | WINSHIP SERVICE CORPORATION | |
| | CT Agent Company Street Address CT Agent Town | ONE CONSTITUTION PLAZA HARTFORD | |
| | CT Agent Town CT Agent State | Connecticut | |
| | CT Agent Zip Code | 06103 - 1919 | |
| | | | |
| | | | |
| I. | AFFILIATE NAME | MED-EAST ASSOCIATES,LLC. | |
| | | This is an urgent care walk in clinic for patients that are not emergent, but who need attention urgently.A | |
| 1 | Affiliate Description | 50% ownership is held by Windham Community Memorial Hospital. | |
| | Affiliate type of service | Outpatient Care | |
| | Tax Status | For Profit | |
| | Street Address | 1703 Main Street | |
| | Town | Willimantic | |
| | State | Connecticut | |
| | Zip Code CEO Name | 06226 - | |
| | CEO Title | Bimel Patel CEO/President | |
| | CT Agent Name | David Treiber | |
| | CT Agent Company | David Treiber | |
| | CT Agent Company Street Address | 1125 Main St | |
| | CT Agent Town | Willimantic | |
| | CT Agent State | Connecticut | |
| 15 | CT Agent Zip Code | 06226 - | |

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

| (1) | (2) | (3) | |
|------|--|---|--|
| | | | |
| LINE | DESCRIPTION | AFFILIATE INFORMATION | |
| | | | |
| J. | AFFILIATE NAME | MIDSTATE MEDICAL CENTER | |
| - | , , , , , <u> </u> | | |
| 4 | Arriva Book at | | |
| | Affiliate Description Affiliate type of service | Hospital Hospital | |
| | Tax Status | Not for Profit | |
| | Street Address | 435 Lewis Avenue | |
| 5 | Town | Meridan | |
| | State | Connecticut | |
| | Zip Code | 06451 - | |
| | CEO Name | Lucille Janatka | |
| | CEO Title CT Agent Name | President & CEO | |
| | CT Agent Name CT Agent Company | Winship Service Corporation Winship Service Corporation | |
| | CT Agent Company CT Agent Company Street Address | One Constitution Plaza | |
| | CT Agent Town | Hartford | |
| | CT Agent State | Connecticut | |
| 15 | CT Agent Zip Code | 06103 - 1919 | |
| | | | |
| ., | | NATOUALIO LICODITAL | |
| K. | AFFILIATE NAME | NATCHAUG HOSPITAL | |
| | | | |
| 1 | Affiliate Description | MENTAL HEALTH FACILITY | |
| | Affiliate type of service | Mental Health Facility | |
| | Tax Status | Not for Profit | |
| | Street Address | 189 Storrs Road | |
| | Town State | Mansfield Center Connecticut | |
| | Zip Code | 06250 - | |
| | CEO Name | Stephen Larcen, Ph.D. | |
| 9 | CEO Title | President & CEO | |
| 10 | CT Agent Name | Winship Service Corporation | |
| | CT Agent Company | Winship Service Corporation | |
| | CT Agent Company Street Address | One Constitution Plaza | |
| | CT Agent Town | Hartford | |
| | CT Agent State CT Agent Zip Code | Connecticut 06103 - 1919 | |
| 15 | OT Agent Zip Code | 00100 1313 | |
| | | | |
| L. | AFFILIATE NAME | RUSHFORD CENTER INC | |
| | | | |
| 1 | Affiliate Description | Mental Health Facility | |
| | Affiliate type of service | Mental Health Facility | |
| | Tax Status | Not for Profit | |
| 4 | Street Address | 1250 Silver Street | |
| | Town | Middletown | |
| | State | Connecticut | |
| | Zip Code | 06457 - | |
| | CEO Name | Stephen Larcen Ph.D | |
| | CEO Title | President & CEO | |
| | CT Agent Name CT Agent Company | Richard W. Tomc & Associates Richard W. Tomc, Esquire | |
| | CT Agent Company CT Agent Company Street Address | 49 Main Street | |
| | CT Agent Company Street Address CT Agent Town | Middletown | |
| | CT Agent State | Connecticut | |
| 15 | CT Agent Zip Code | 06457 - | |
| | | | |

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

| (1) | (1) (2) (3) | | |
|------|---|--|--|
| | | | |
| LINE | DESCRIPTION | AFFILIATE INFORMATION | |
| | | | |
| М. | AFFILIATE NAME | THE HOSPITAL OF CENTRAL CONNECTICUT | |
| | , , , , , , , , , , , , , , , , , , , | | |
| 4 | ACCURATE STATE | | |
| | Affiliate Description Affiliate type of service | Hospital Hospital | |
| | Tax Status | Not for Profit | |
| | Street Address | 100 Grand Street | |
| 5 | Town | New Britain | |
| | State | Connecticut | |
| | Zip Code | 06050 - | |
| | CEO Name | Lucille Janatka | |
| | CEO Title CT Agent Name | President/CEO | |
| | CT Agent Name CT Agent Company | Elizabeth Schlaff, Esq. The Hospital of Central CT | |
| | CT Agent Company Street Address | 100 Grand St | |
| | CT Agent Company Street Address CT Agent Town | New Britain | |
| | CT Agent State | Connecticut | |
| 15 | CT Agent Zip Code | 06505 - | |
| | | | |
| | | | |
| N. | AFFILIATE NAME | VNA HEALTH RESOURCES INC | |
| | | | |
| 1 | Affiliate Description | Home Health/VNA, Homemaker Services | |
| | Affiliate type of service | Home Health/VNAs | |
| | Tax Status | Not for Profit | |
| 4 | Street Address | 103 Woodland Street | |
| | Town | Hartford | |
| | State | Connecticut | |
| | Zip Code | 06105 - | |
| | CEO Name CEO Title | Micheal Soccio President | |
| | CT Agent Name | Winship Service Corporation | |
| | CT Agent Company | Winship Service Corporation | |
| | CT Agent Company Street Address | One Constitution Plaza | |
| | CT Agent Town | Hartford | |
| | CT Agent State | Connecticut | |
| 15 | CT Agent Zip Code | 06103 - 1919 | |
| | | | |
| _ | AFFILIATE NAME | WILLIAM W. BACKLIC LICEDITAL | |
| Ο. | AFFILIATE NAME | WILLIAM W. BACKUS HOSPITAL | |
| | | | |
| | Affiliate Description | HOSPITAL | |
| | Affiliate type of service | Hospital | |
| | Tax Status | Not for Profit | |
| | Street Address | 326 WASHINGTON STREET | |
| | Town | NORWICH Connections | |
| | State Zip Code | Connecticut 06360 - | |
| | CEO Name | Bimel Patel | |
| | CEO Title | PRESIDENT AND CEO | |
| | CT Agent Name | Melinda Agsten | |
| | CT Agent Company | Wiggin & Dana | |
| 12 | CT Agent Company Street Address | One Century Tower | |
| | CT Agent Town | New Haven | |
| | CT Agent State | Connecticut | |
| 15 | CT Agent Zip Code | 06508 - 1832 | |

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

| (1) | (1) (2) (3) | | |
|------|---------------------------------|--|--|
| | DESCRIPTION | AFFILIATE INFORMATION | |
| LINE | DESCRIPTION | AFFILIATE INFORMATION | |
| | | | |
| P. | AFFILIATE NAME | WINDHAM HOSPITAL FOUNDATION | |
| | | | |
| | | | |
| 1 | Affiliate Description | Fundraisng for the Hospital. | |
| 2 | Affiliate type of service | Foundation | |
| 3 | Tax Status | Not for Profit | |
| 4 | Street Address | 112, Mansfield Avenue | |
| 5 | Town | Willimantic | |
| 6 | State | Connecticut | |
| 7 | Zip Code | 06226 - | |
| 8 | CEO Name | Robert Bundy M.D. | |
| 9 | CEO Title | President | |
| | CT Agent Name | Winship Service Corporation | |
| | CT Agent Company | Winship Service Corporation | |
| 12 | CT Agent Company Street Address | One Constitution Plaza | |
| 13 | CT Agent Town | Hartford | |
| 14 | CT Agent State | Connecticut | |
| 15 | CT Agent Zip Code | 06103 - 1919 | |
| | | | |
| Q. | AFFILIATE NAME | WINDHAM PROFESSIONAL CONDOMINIUM ASSOCIATION.INC | |
| Q. | AFFICIATE NAME | WHITE IN THE ECONAL CONDOMINION ACCOUNTING | |
| | | | |
| 1 | Affiliate Description | Operation of a Professional Building | |
| 2 | Affiliate type of service | Real Estate | |
| 3 | Tax Status | Not for Profit | |
| 4 | Street Address | 112 Mansfield Avenue | |
| 5 | Town | Willimantic | |
| 6 | State | Connecticut | |
| 7 | Zip Code | 06226 - | |
| 8 | CEO Name | Daniel E. Lohr | |
| 9 | CEO Title | President | |
| 10 | CT Agent Name | Winship Service Corporatin | |
| 11 | CT Agent Company | Winship Service Corporation | |
| 12 | CT Agent Company Street Address | One Constitution Plaza | |
| | CT Agent Town | Hartford | |
| | CT Agent State | Connecticut | |
| | CT Agent Zip Code | 06103 - 1919 | |
| | | | |

^{*} P.O. BOX IS UNACCEPTABLE WITHOUT A

STREET ADDRESS FOR EACH AGENT COMPANY

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

| (1) | (2) | (3) | (4) |
|---------------|---|---|----------------------------|
| | AFFILIATE NAME | FUND DESCRIPTION / FUND PURPOSE | BALANCE AS OF 9/30/2016 |
| | | | |
| | WINDHAM COMMUNITY MEMORIAL HOSPITAL | | |
| 1 | | Unrestricted | (\$70,883,341) |
| 2 | | Temporarily Restricted by Donor | \$1,501,058 |
| 3 4 | | Temporarily Restricted by Board Permanently Restricted by Donor | \$0 \$3,521,995 |
| 5 | | Intercompany Eliminations | \$3,321,993 |
| Ť | | Total: | (\$65,860,288) |
| | | | (400,000,=00) |
| В. | WINDHAM COMMUNITY MEMORIAL HOSPITAL | | |
| 1 | | Unrestricted | \$0 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| <u>4</u> 5 | | Permanently Restricted by Donor Intercompany Eliminations | \$0 \$0 |
| | | Total: | \$0 |
| | | Total. | φυ |
| C. | HARTFORD HEALTH CARE CORPORATION | | |
| 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 |
| | HARTFORD HEALTHCARE LABORTORIES, LLC-AKA CLINICAL | | |
| D. | LABORATORY 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 |
| | | | |
| E. | HARTFORD HEALTHCARE REHABILITATION NETWORK, 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 |
| F. | HARTEORD HOSPITAL | | |
| <u> </u> | HARTFORD HOSPITAL | Unrestricted | C O |
| 2 | | Unrestricted Temporarily Restricted by Donor | \$0 \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$0 |
| | | | |
| | HATCH HOSPITAL CORPORATION | | A445.0== |
| 1 | | Unrestricted | \$415,375 |
| 3 | | Temporarily Restricted by Donor Temporarily Restricted by Board | \$17,489 \$0 |
| 4 | | Permanently Restricted by Board | \$0 \$766,841 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$1,199,705 |
| | l . | 1 | ψ1,100,100 |

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OFFICE OF HEALTH CARE ACCESS

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 |
| | HUC DUVCICIANCOADE D/D/A HADTEODD HEALTHOADE | | |
| н. | HHC PHYSICIANSCARE D/B/A HARTFORD HEALTHCARE MEDICAL GROUP | | |
| 1 | MILDIGAL GROOT | 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 |
| | | | |
| 1. | IMMEDIATE MEDICAL CARE CENTER, INC D/B/A HARTFORD MEDICAL GROUP | | |
| 1 | | Unrestricted | \$0 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| <u>4</u> 5 | | Permanently Restricted by Donor Intercompany Eliminations | \$0 |
| 5 | | | \$0 |
| | | Total: | \$0 |
| J. | MED-EAST ASSOCIATES,LLC. | | |
| 1 | WIED-EAST ASSOCIATES,LLC. | 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 |
| | | | |
| Κ. | MIDSTATE MEDICAL CENTER | | |
| 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 |
| | | | |
| L. | NATCHAUG HOSPITAL | | 0.0 |
| 2 | | Unrestricted Temporarily Restricted by Donor | \$0 \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$0 |
| | | | 7. |
| М. | RUSHFORD CENTER INC | | |
| 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 |
| | THE HOSPITAL OF CENTRAL CONNECTIONS | | |
| N. | THE HOSPITAL OF CENTRAL CONNECTICUT | I la va atvi at a d | ** |
| 1 | | Unrestricted | \$0 \$0 |
| 3 | | Temporarily Restricted by Donor Temporarily Restricted by Board | \$0 \$0 |
| 4 | | Permanently Restricted by Board Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| Ť | | Total: | \$0 |
| | | i otali. | φ0 |

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

| (1) | (2) | (3) | (4) |
|----------|--|------------------------------------|----------------------------|
| LINE | AFFILIATE NAME | FUND DESCRIPTION / FUND PURPOSE | BALANCE AS OF 9/30/2016 |
| | | | |
| 0. | VNA HEALTH RESOURCES INC | | |
| 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 |
| | WILLIAM W. DAOIZIO HOODITAL | | |
| Ρ. | WILLIAM W. BACKUS HOSPITAL | | 0.0 |
| 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 |
| Q. | WINDHAM HOSPITAL FOUNDATION | | |
| 1 | WINDHAM HOOF HALT GONDATION | Unrestricted | \$491,262 |
| 2 | | Temporarily Restricted by Donor | \$752,474 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| <u> </u> | | Total: | \$1,243,736 |
| | | | ¥ 1,2 10,1 00 |
| R. | WINDHAM PROFESSIONAL CONDOMINIUM ASSOCIATION.INC | | |
| 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 |
| | Table 1 A Million - Market - M | | |
| | Total of all Affiliates (before Intercompany Eliminations) | Fund Balance: | (\$63,416,847) |
| | Intercompany Eliminations | | \$0 |
| | Total of all Affiliates | Fund Balance: | (\$63,416,847) |

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

| (1) | (2) | (3) | (4) | (5) |
|----------|---|--|------------|--------------------------------|
| LINE | AFFILIATE NAME | DESCRIPTION OF TRANSFER | DATE | TRANSFER TO / FROM HOSPITAL |
| Α. | WINDHAM COMMUNITY MEMORIAL HOSPITAL | | | |
| Α. | WINDHAM COMMONITY MEMORIAL HOSPITAL | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$0 |
| | | Nothing to Report | 3/30/2013 | \$0 \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$0 |
| | | | 3/33/23/3 | 40 |
| В. | HARTFORD HEALTH CARE CORPORATION | | | |
| <u> </u> | TAKE ON TEACH ONE OF THE TEACH | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | (\$39,871,228) |
| 1 | | Payroll Allocation | 09/30/2016 | (\$177,313) |
| 2 | | Accounts Payable | 09/30/2016 | \$932,084 |
| 3 | | Hospital Pays Corporate Fees to Parent | 09/30/2016 | (\$832,706) |
| 4 | | rebates | 09/30/2016 | \$93,481 |
| 5 | | Various Corporate Allocations | 09/30/2016 | \$330,709 |
| 6 | | Insurance Allocation | 09/30/2016 | (\$64,232) |
| 7 | | Bond Interest/Payments | 09/30/2016 | (\$117,334) |
| 8 | | Loan Advances | 09/30/2016 | (\$9,338,773) |
| 9 | | Loan Payments | 09/30/2016 | \$301,484 |
| 10 | | Net Asset Transfer | 09/30/2016 | \$13,505,307 |
| 11 | | Workers Compensation | 09/30/2016 | (\$355,860) |
| 12 | | inventory | 09/30/2016 | \$12,851 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | (\$35,581,530) |
| | | | | |
| C. | HARTFORD HEALTHCARE LABORTORIES, LLC-AKA CLINICAL LABORATORY PARTNERS LLC | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$367,033 |
| 1 | | Hospital bills CLP lab charges | 09/30/2016 | \$19,460 |
| 2 | | CLP payments | 09/30/2016 | (\$357,149) |
| 3 | | Rental Income | 09/30/2016 | (\$11,257) |
| 4 | | Accounts Payable | 09/30/2016 | \$1,373 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$19,460 |
| | | | | |
| D. | HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC. | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | (\$40,272) |

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

| (1) | (2) | (3) | (4) | (5) |
|----------|---|--|------------|--------------------------------|
| LINE | AFFILIATE NAME | DESCRIPTION OF TRANSFER | DATE | TRANSFER TO / FROM HOSPITAL |
| 1 | | Hospital Purchases Rehabilition & Managerial Svs | 09/30/2016 | (\$159,211) |
| 2 | | Rehab and Managerial Payments | 09/30/2016 | \$174,920 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | (\$24,563) |
| E. | HARTFORD HOSPITAL | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | (\$1,867,986) |
| 1 | | Hospital buys support staff | 09/30/2016 | (\$103,528) |
| 2 | | Hospital buys cancer registry services | 09/30/2016 | (\$41,993) |
| 3 | | Mail Room Services | 09/30/2016 | (\$2,215) |
| 4 | | Hospital buys Laundry service from HH | 09/30/2016 | (\$233,889) |
| 5 | | Hospital pays various invoice allocation to parent | 09/30/2016 | (\$66,060) |
| 6 | | Hospital purchases service on biomedical equipment | 09/30/2016 | (\$221,328) |
| 7 | | Bank Fees | 09/30/2016 | (\$30,865) |
| 8 | | Library Services | 09/30/2016 | (\$32,615) |
| 9 | | Accounts Payable | 09/30/2016 | \$16,030 |
| 10 | | Rental Income | 09/30/2016 | \$13,200 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | (\$2,571,249) |
| F. | HATCH HOSPITAL CORPORATION | | | |
| | | Beginning Unconsolidated Intercompany Balance: Nothing to Report | 9/30/2015 | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$0 |
| G. | HHC PHYSICIANSCARE D/B/A HARTFORD HEALTHCARE MEDICAL GROUP | | | |
| <u> </u> | THE THE GOLDING AND A PART OF THE PROPERTY OF | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$43,518 |
| 1 | | Rent | 09/30/2016 | (\$109,792) |
| 2 | | EKG Services | 09/30/2016 | \$5,339 |
| 3 | | Accounts Payable | 09/30/2016 | (\$26,861) |
| 4 | | Medical Director Fees | 09/30/2016 | \$97,452 |
| 5 | | Salary & Benefits | 09/30/2016 | \$18,312 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$27,968 |
| | | | | |

REPORT 6 11 OF 32 1/12/2018, 2:37 PM

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

| (1) | (2) | (3) | (4) | (5) |
|------|---|--|------------|--------------------|
| | | | | TRANSFER TO / FROM |
| LINE | AFFILIATE NAME | DESCRIPTION OF TRANSFER | DATE | HOSPITAL |
| | IMMEDIATE MEDICAL CARE CENTER, INC D/B/A HARTFORD MEDICAL | | | HOSITIAL |
| Н. | GROUP | | | |
| | | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$0 |
| | | Nothing to Report | 0/00/2010 | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$0 \$0 \$0 |
| | | | | · |
| I. | MED-EAST ASSOCIATES,LLC. | | | |
| | | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$0 |
| | | Nothing to Report | 3,00,00 | \$0 \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$0 |
| | | | | |
| J. | MIDSTATE MEDICAL CENTER | | | |
| | | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | (\$10,012) |
| 1 | | Salary & Benefits charged to Affiliate by Hospital | 09/30/2016 | \$9,402 |
| 2 | | Accounts Payable | 09/30/2016 | \$610 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$0 |
| | | | | |
| K. | NATCHAUG HOSPITAL | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | (\$43,315) |
| 1 | | Salary & Benefits | 09/30/2016 | (\$17,692) |
| 2 | | Accounts Payable charged to Affiliate by Hospital | 09/30/2016 | \$14,979 |
| 3 | | Rent | 09/30/2016 | (\$1,505) |
| 4 | | Consulting | 09/30/2016 | (\$147,947) |
| 5 | | Credentialing Services | 09/30/2016 | \$10,000 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | (\$185,480) |
| L. | RUSHFORD CENTER INC | | | |
| | | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$0 \$0 |
| | | Nothing to Report | | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$0 |

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

| (1) | (2) | (3) | (4) | (5) |
|------|--|--|--------------------------------|----------------------------------|
| LINE | AFFILIATE NAME | DESCRIPTION OF TRANSFER | DATE | TRANSFER TO / FROM HOSPITAL |
| М. | THE HOSPITAL OF CENTRAL CONNECTICUT | | | |
| 1 | | Beginning Unconsolidated Intercompany Balance: 401K | 9/30/2015 09/30/2016 | (\$3,190) \$3,190 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$0 |
| N. | VNA HEALTH RESOURCES INC | | | |
| | | Beginning Unconsolidated Intercompany Balance: Nothing to Report | 9/30/2015 | \$0 \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$0 \$0 |
| Ο. | WILLIAM W. BACKUS HOSPITAL | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | (\$2,780) |
| 1 | | Rehabilitation Services to Backus | 09/30/2016 | \$7,139 |
| 2 | | Rehabilitation Services from Backus | 09/30/2016 | (\$2,203) |
| 3 | | Print Shop Services | 09/30/2016 | (\$514) |
| 4 | | Accounts Payable Ending Unconsolidated Intercompany Balance: | 09/30/2016 9/30/2016 | (\$8,922) (\$7,280) |
| P. | WINDHAM HOSPITAL FOUNDATION | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$173,045 |
| 1 | | Hospital purchases items on behalf of Foundation Ending Unconsolidated Intercompany Balance: | 09/30/2016 9/30/2016 | (\$211,262) (\$38,217) |
| | | Ending Officorisondated intercompany balance. | 3/30/2010 | (\$30,217) |
| Q. | WINDHAM PROFESSIONAL CONDOMINIUM ASSOCIATION,INC | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$0 |
| | | Nothing to Report Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$0 \$0 |
| | | Ending officialsolidated intercompany balance. | 9/30/2010 | φυ |
| | | | Grand Total: | (\$38,360,891) |

REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

| (1) | (2) | (3) | (4) | (5) | (6) |
|------|--|---------------------------|--|--------------|-------------------|
| | | | | | |
| | | | | | |
| LINE | AFFILIATE TRANSFERRING FUNDS | AFFILIATE RECEIVING FUNDS | DESCRIPTION OF TRANSFER | DATE | AMOUNT |
| | | | Beginning Unconsolidated Intercompany Balance | 10/01/2015 | \$0 |
| A. | WINDHAM COMMUNITY MEMORIAL HOSPITAL | | intercompany balance | 10/01/2013 | Ψ0 |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| | | | | | |
| В. | HARTFORD HEALTH CARE CORPORATION | | Nuthing to Depart | | 40 |
| - | | | Nothing to Report Total: | 9/30/2016 | \$0 \$0 |
| | | | i otai: | 9/30/2016 | \$0 |
| | HARTFORD HEALTHCARE LABORTORIES, LLC-AKA CLINICAL LABORATORY | | | | |
| | PARTNERS LLC | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| | WARTER DE LIEU THE ARE RELIED IN TATION AND THE RESERVE OF THE RES | | | | |
| D. | HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC. | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 \$0 |
| | | | Total. | 3/30/2010 | Ψ0 |
| E. | HARTFORD HOSPITAL | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| _ | HATOU HOODITAL CORPORATION | | | | |
| F. | HATCH HOSPITAL CORPORATION | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| | | | | 0,00,20.0 | ** |
| | | | | | |
| G. | HHC PHYSICIANSCARE D/B/A HARTFORD HEALTHCARE MEDICAL GROUP | | | | |
| | | | Nothing to Report | - 10-010-010 | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| | IMMEDIATE MEDICAL CARE CENTER, INC D/B/A HARTFORD MEDICAL | | | | |
| | GROUP | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| | | | | | |
| I. | MED-EAST ASSOCIATES,LLC. | | Nuthing to December | | |
| | | | Nothing to Report Total: | 9/30/2016 | \$0 \$0 |
| | | | l otal: | 9/30/2016 | \$0 |
| | | | | | |

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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

| (1) | (2) | (3) | (4) | (5) | (6) |
|----------|---|---------------------------|---------------------------|-----------|-------------------|
| | | | | | |
| | AFFILIATE TRANSFERRING FUNDS | AFFILIATE DECENTING FUNDS | DESCRIPTION OF TRANSFER | DATE | AMOUNT |
| LINE | AFFILIATE TRANSFERRING FUNDS | AFFILIATE RECEIVING FUNDS | DESCRIPTION OF TRANSFER | DATE | AMOUNT |
| J. | MIDSTATE MEDICAL CENTER | | Nothing to Depart | | ФО. |
| | | | Nothing to Report Total: | 9/30/2016 | \$0 \$0 |
| | | | Total: | 9/30/2016 | \$ 0 |
| K. | NATCHAUG HOSPITAL | | | | |
| 14. | INTOTACO TICOL TIAL | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| | | | | | |
| L. | RUSHFORD CENTER INC | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| | | | | | |
| M. | THE HOSPITAL OF CENTRAL CONNECTICUT | | Nothing to Donort | | Φ0 |
| | | | Nothing to Report Total: | 9/30/2016 | \$0 \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| N. | VNA HEALTH RESOURCES INC | | | | |
| 14. | THA HEALTH REGOORGES INC | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| | | | | | , - |
| 0. | WILLIAM W. BACKUS HOSPITAL | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| | | | | | |
| P. | WINDHAM HOSPITAL FOUNDATION | | Nothing to Dange | | |
| | | | Nothing to Report Total: | 0/20/2046 | \$0 \$0 |
| | | | l otal: | 9/30/2016 | \$0 |
| Q. | WINDHAM PROFESSIONAL CONDOMINIUM ASSOCIATION,INC | | | | |
| <u> </u> | WINDHAM FROTEGGIONAL CONDOMINION ASSOCIATION, INC | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$ 0 |
| | | | Total | 3,53,2510 | Ψ |
| | | | Ending Unconsolidated | | |
| | | | Intercompany Balance | 9/30/2016 | \$0 |

WINDHAM COMMUNITY MEMORIAL HOSPITAL ANNUAL REPORTING

FISCAL YEAR 2016

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

| (1) | (2) | (3) | (4) |
|------------|---|-------------------|-----------|
| LINE | AFFILIATE NAME & DESCRIPTION OF EXPENDITURE | AMOUNT | DATE |
| | | | |
| | WINDHAM COMMUNITY MEMORIAL HOSPITAL | | |
| 0 | Nothing to Report Total: | \$0 | 0/00/0045 |
| | Total. | \$0 | 9/30/2016 |
| В. | HARTFORD HEALTH CARE CORPORATION | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2016 |
| | HARTFORD HEALTHCARE LABORTORIES, LLC-AKA CLINICAL LABORATORY | | |
| C. | PARTNERS LLC | | |
| 0 | Nothing to Report Total: | \$0 | 0/00/0046 |
| | Total. | \$0 | 9/30/2016 |
| D. | HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC. | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2016 |
| F | HADTEODD HOSDITAI | | |
| E. | HARTFORD HOSPITAL Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2016 |
| | | | |
| | HATCH HOSPITAL CORPORATION | | |
| 0 | Nothing to Report Total: | \$0 \$0 | 9/30/2016 |
| | Totali | φ0 | 3/30/2010 |
| G. | HHC PHYSICIANSCARE D/B/A HARTFORD HEALTHCARE MEDICAL GROUP | | |
| 0 | Nothing to Report | \$0 | |
| \vdash | Total: | \$0 | 9/30/2016 |
| | | | |
| | IMMEDIATE MEDICAL CARE CENTER, INC D/B/A HARTFORD MEDICAL GROUP | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2016 |
| I. | MED-EAST ASSOCIATES,LLC. | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2016 |
| | MIDOTATE MEDICAL OFFITED | | |
| J . | MIDSTATE MEDICAL CENTER Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2016 |
| | | | |
| | NATCHAUG HOSPITAL | | |
| 0 | Nothing to Report Total: | \$0 | 9/30/2016 |
| | Total. | \$0 | 9/30/2016 |
| L. | RUSHFORD CENTER INC | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2016 |
| М. | THE HOSPITAL OF CENTRAL CONNECTICUT | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2016 |
| | | | |
| N. | VNA HEALTH RESOURCES INC | | |
| 0 | Nothing to Report Total: | \$0 \$0 | 9/30/2016 |
| | 10001. | φ0 | 3/30/2010 |
| | WILLIAM W. BACKUS HOSPITAL | | |
| 0 | Nothing to Report | \$0 | - 1 1- |
| | Total: | \$0 | 9/30/2016 |
| P. | WINDHAM HOSPITAL FOUNDATION | | |
| 0 | Nothing to Report | \$0 | |
| - | · · | ** | |

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WINDHAM COMMUNITY MEMORIAL HOSPITAL ANNUAL REPORTING

FISCAL YEAR 2016

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

| (1) | (2) | (3) | (4) |
|-----|--|--------|-----------|
| | AFFILIATE NAME & DESCRIPTION OF EXPENDITURE | AMOUNT | DATE |
| | Total: | \$0 | 9/30/2016 |
| | | | |
| Q. | WINDHAM PROFESSIONAL CONDOMINIUM ASSOCIATION,INC | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2016 |
| | | | |
| | Grand Total: | \$0 | 9/30/2016 |

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

| (1) | (2) | (3) | (4) |
|------------|---|------------|---------------|
| LINE | AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT | AMOUNT | TERM IN YEARS |
| LINE | DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT | AWOON | TERMIN TEARS |
| A. | WINDHAM COMMUNITY MEMORIAL HOSPITAL | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| | | | |
| В. | HARTFORD HEALTH CARE CORPORATION | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| | | | |
| | | | |
| C. | HARTFORD HEALTHCARE LABORTORIES, LLC-AKA CLINICAL LABORATORY PARTNERS LLC | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| | | | |
| D. | HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC. | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| | | | |
| E. | HARTFORD HOSPITAL | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| | | | |
| F. | HATCH HOSPITAL CORPORATION | \$0 | 0 |
| U | Nothing to Report Total: | \$0 \$0 | Ü |
| | I Otal. | \$0 | |
| | HUIC BUYCICIANICOADE D/D/A HADTEODD HEALTHCADE MEDICAL ODOUB | | |
| G . | HHC PHYSICIANSCARE D/B/A HARTFORD HEALTHCARE MEDICAL GROUP Nothing to Report | \$0 | 0 |
| | Total: | \$0 | 9 |
| | I Otal. | 40 | |
| Н. | IMMEDIATE MEDICAL CARE CENTER, INC D/B/A HARTFORD MEDICAL GROUP | | |
| 0 | Nothing to Report | \$0 | 0 |
| ⊢ — | Total: | \$0 | |
| | 1 Ottili | . | |
| I. | MED-EAST ASSOCIATES,LLC. | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| | | 1. | |
| J. | MIDSTATE MEDICAL CENTER | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| <u> </u> | Total. | ΨΟ | |

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

| (1) | (2) | (3) | (4) |
|-------------|---|--|---------------|
| LINE | AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT | AMOUNT | TERM IN YEARS |
| | | | |
| K. | NATCHAUG HOSPITAL | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| | | | |
| L. | RUSHFORD CENTER INC | - | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| | | | |
| M. | THE HOSPITAL OF CENTRAL CONNECTICUT | 40 | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| | | | |
| N. | VNA HEALTH RESOURCES INC | ¢0 | 0 |
| 0 | Nothing to Report | \$0 | U |
| | Total: | \$0 | |
| | | | |
| O . | WILLIAM W. BACKUS HOSPITAL Nothing to Report | \$0 | 0 |
| | Total: | \$0 \$0 | U |
| | l Otal: | \$0 | |
| _ | WINDHAM FAMILY MEDICAL SERVICES,PC | | |
| P. 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | Ŭ |
| | rotar | 4 0 | |
| Q. | WINDHAM HOSPITAL FOUNDATION | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | Ü |
| | i oui. | ************************************* | |
| R. | WINDHAM PROFESSIONAL CONDOMINIUM ASSOCIATION,INC | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| | | · · | |
| | Grand Total: | \$0 | |
| | , crainer 10th | ¥* | |

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

| (1) | (2) | (3) | (4) | (5) | (6) |
|------|-----------------------------|--------------|--------------|-------------------|--------------|
| | | FY 2015 | FY 2016 | | |
| LINE | DESCRIPTION | ACTUAL | ACTUAL | AMOUNT DIFFERENCE | % DIFFERENCE |
| | | | | | |
| Α. | Indigent Care | | | | |
| | Beginning Balance | \$0.00 | \$0.00 | \$0.00 | 0% |
| 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% |
| 5 | Projected Interest Income | \$0.00 | \$0.00 | \$0.00 | 0% |
| | | | | | |
| В. | Free Beds | | | | |
| | Beginning Balance | (\$1,387.85) | (\$1,052.85) | | -24% |
| 1 | Donations | \$0.00 | \$0.00 | | 0% |
| 2 | Income | \$335.00 | \$194.00 | (\$141.00) | -42% |
| 3 | Expenditures | \$0.00 | \$0.00 | \$0.00 | 0% |
| 4 | Unrealized Gains and Losses | \$0.00 | \$0.00 | \$0.00 | 0% |
| | Ending Balance | (\$1,052.85) | (\$858.85) | \$194.00 | -18% |
| 5 | Projected Interest Income | \$500.00 | \$200.00 | (\$300.00) | -60% |
| | | | | | |
| 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 | \$0.00 | 0% |
| | Ending Balance | \$0.00 | \$0.00 | | 0% |
| 5 | Projected Interest Income | \$0.00 | \$0.00 | \$0.00 | 0% |
| | | | | | |

| WINDHAM COMMUNITY MEMORIAL HOORITAL | | | | | | |
|--|--|-------------------|--|--|--|--|
| | WINDHAM COMMUNITY MEMORIAL HOSPITAL | | | | | |
| | ANNUAL REPORTING | | | | | |
| | FISCAL YEAR 2016 | | | | | |
| REPORT 1 | 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERE | D BY THE HOSPITAL | | | | |
| | | | | | | |
| A. Patient Activity | | | | | | |
| (1) | (2) | (3) | | | | |
| Patient | Name of Hospital Bed Fund (FULL NAME) | Amount | | | | |
| Number of Applications for I | Tospitai Bed Funds | 0 | | | | |
| | | | | | | |
| | Grand Total \$0.00 | | | | | |
| | | | | | | |
| | | | | | | |

WINDHAM COMMUNITY MEMORIAL HOSPITAL ANNUAL REPORTING **FISCAL YEAR 2016** REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL B. BED FUND ACTIVITY (3) (4) (5) FMV of Principal **Actual Earnings** Earnings Earnings Available Name of Hospital Bed Fund Line Reinvested (3) Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each Hospital Bed Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund. (5) Actual Dollar Amount of Earnings reinvested as Principal, if any. Actual Dollar Amount of Earnings available for Patient Care. (6) Chickering Fund \$38,699.57 \$193.77 \$0.00 \$193.77 Total Bed Funds : \$38,699.57 \$193.77 \$0.00 \$193.77

REPORT 17B FUND ACTIVITY 22 OF 41 1/12/2018, 2:37 PM

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

| (1) | (2) | (3) |
|------|---|--|
| LINE | DESCRIPTION | COLLECTION INFORMATION |
| | | |
| I. | GENERAL COLLECTION PROCESSES AND PROCEDURES | |
| A. | Hospital's processes and policies for assigning a debt to a Collection Agent | All collection agency and law firm accounts are sent by alpha split weekly. Transfer to agencies/law firm done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when all the internal collection efforts have been exhausted |
| B. | Hospital's processes and policies for compensating a Collection Agent for services rendered | All collection agency and law firm billing to the hospital occurs the month after the payments are received. Payment to the agencies and law firm is based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur |
| C. | Total Recovery Rate on accounts assigned (excluding Medicare | |
| | accounts) to Collection Agents | 7.21% |
| | | |
| II. | SPECIFIC COLLECTION AGENT INFORMATION | |
| Α | Collection Agent | |
| 1 | Collection Agent Name | Optimum Outcomes |
| 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. | All collection agency and law firm accounts are sent by alpha split weekly. Transfer to agencies/law firm done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when all the internal collection efforts have been exhausted |
| 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. | All collection agency and law firm billing to the hospital occurs the month after the payments are received. Payment to the agencies and law firm is based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur |
| 6 | Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent. | 6.79% |

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

| (1) | (2) | (3) |
|------|---|--|
| LINE | DESCRIPTION | COLLECTION INFORMATION |
| | | |
| В | Collection Agent | |
| 1 | Collection Agent Name | MedConn |
| 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 Provide Details. | All collection agency and law firm accounts are sent by alpha split weekly. Transfer to agencies/law firm done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when all the internal collection efforts have been exhausted |
| | 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. | All collection agency and law firm billing to the hospital occurs the month after the payments are received. Payment to the agencies and law firm is based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur |
| 6 | Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent. | 10.17% |

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

| LINE | POSITION TITLE | EMPLOYEE NAME | SALARY | FRINGE BENEFITS | TOTAL |
|------|----------------------------------|----------------------|------------------|-----------------|-------------|
| 4 | Dhysisian/Hamitalist | Detrois Kiemethumer | Фоо <u>г</u> 200 | Ф44.CCO | £267.042 |
| 1. | Physician/Hospitalist | Detroja, Kismatkumar | \$325,380 | \$41,663 | \$367,043 |
| 2. | Physician/Hospitalist | Munoz, Julian | \$276,270 | \$34,182 | \$310,452 |
| 3. | Physician/Hospitalist | Cumberland, Melisha | \$271,466 | \$31,348 | \$302,814 |
| 4. | Physician/Hospitalist | Lovejoy, Anne | \$234,564 | \$31,944 | \$266,508 |
| 5. | Reg Director Radiology | McClarran, Cynthia | \$162,176 | \$29,856 | \$192,032 |
| 6. | Director Nursing Services | Bouten, Pamela | \$150,063 | \$35,827 | \$185,890 |
| 7. | Nurse Practitioner - Hospitalist | Grann, Karin | \$159,770 | \$24,394 | \$184,164 |
| 8. | Registered Nurse Clinical II | Coggeshall, Deborah | \$150,948 | \$30,533 | \$181,481 |
| 9. | Physician/Hospitalist | Hosseini, Alireza | \$154,018 | \$23,259 | \$177,277 |
| 10. | Manager IV Radiology | Stuart, Cathleen | \$153,483 | \$19,364 | \$172,847 |
| | | Grand Total: | \$2,038,138 | \$302,370 | \$2,340,508 |

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

| LINE | POSITION TITLE | EMPLOYEE NAME AND COMPANY | SALARY | FRINGE BENEFITS | TOTAL |
|------|-------------------------------|---|--------------|-----------------|--------------|
| 1. | Cheif Executive Officer | Joseph, Elliot, Hartford Healthcare Corporation | \$2,231,208 | \$423,862 | \$2,655,070 |
| 2. | President and COO | Flaks, Jeffrey, Hartford Healthcare Corporation | \$1,599,700 | \$258,433 | \$1,858,133 |
| 3. | HHC VP President CLP | Fantus, James, Hartford Healthcare Corporation | \$1,247,582 | \$84,560 | \$1,332,142 |
| 4. | Chair Dept of Cardiac Surgery | Hagberg, Robert, HHC Physicians Care, Inc. | \$1,040,878 | \$108,649 | \$1,149,527 |
| 5. | Plastic Surgeon | Castiglione, Charles, HHC Physicians Care, Inc. | \$1,018,135 | \$107,945 | \$1,126,080 |
| 6. | Sr VP Chief Medical Officer | Orlando, Rocco, Hartford Healthcare Corporation | \$923,028 | \$180,529 | \$1,103,557 |
| 7. | Neurosurgeon | Killory, Brendan, HHC Physicians Care, Inc | \$960,747 | \$99,781 | \$1,060,528 |
| 8. | Cardiothoracic Surgeon | Gallagher, Robert, HHC Physicians Care, Inc. | \$967,408 | \$49,065 | \$1,016,473 |
| 9. | Cardiothoracic Surgeon | Hammond, Jonathan, HHV Physicians Care, Inc | \$895,265 | \$101,076 | \$996,341 |
| 10. | Colorectal Surgeon | Vignati, Paul, HHC Physicians Care, Inc | \$878,926 | \$94,956 | \$973,882 |
| | | Grand Total: | \$11,762,877 | \$1,508,856 | \$13,271,733 |

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

| LINE | NAME | POSITION TYPE | SALARY | SEVERANCE PAYMENT | STOCK OFFERING VALUE | OTHER FINANCIAL GAIN | TOTAL |
|------|------|---------------|--------|----------------------|-------------------------|-------------------------|--|
| 1. | N/A | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 2. | IN/A | | \$0 | \$0 \$0 | \$0 | \$0 | \$0 \$0 |
| 3. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 4. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 5. | | | \$0 | \$0 | \$0 | \$0 | \$0 \$0 |
| 6. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 7. | | | \$0 | \$0 | \$0 | \$0 | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 |
| 8. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 9. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 10. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 11. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 12. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 13. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 14. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 15. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 16. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 17. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 18. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 19. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 20. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 21. | | | \$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 \$0 \$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 |
| 33. | | | \$0 | \$0 | \$0 | \$0 | \$0 |

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

| LINE | NAME | POSITION TYPE | SALARY | SEVERANCE PAYMENT | STOCK OFFERING VALUE | OTHER FINANCIAL GAIN | TOTAL |
|------------|------|---------------|------------|----------------------|-------------------------|-------------------------|------------|
| 24 | - | | ¢ο. | ФО. | # 0 | r _O | ** |
| 34. | | | \$0 | \$0 | | | \$0 |
| 35. | | | \$0 | \$0 | | | \$0 |
| 36. | | | \$0 | \$0 | | | \$0 |
| 37. | | | \$0 | \$0 | | | \$0 |
| 38. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 39. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 40. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 41. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 42. | | | \$0 | \$0 | | | \$0 |
| 43. | | | \$0 | \$0 | | | \$0 |
| 44. | | | \$0 | \$0 | | | \$0 |
| 45. | | | \$0 | \$0 | | ' | \$0 |
| 46. | | | \$0 | \$0 | | | \$0 |
| 47. | | | \$0 | \$0 | | | \$0 |
| 48. | | | \$0 | \$0 | | | \$0 |
| 49. | | | | | | | \$0 \$0 |
| 49. 50. | | | \$0 \$0 | \$0 | | | \$0 \$0 |
| 50. | | | \$0 | \$0 | | | |
| | | Grand Total: | \$0 | \$0 | \$0 | \$0 | \$0 |

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

PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

| (1) | (2) | (3) | (4) | (5) |
|----------------|--|--------------------------|---|-------------|
| | | SALARIES (Directly or | FRINGE BENEFITS ^A (Directly | |
| LINE | DESCRIPTION | Indirectly) ^C | or Indirectly) ^C | TOTAL |
| Α. | WINDHAM COMMUNITY MEMORIAL HOSPITAL | 1 | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| - | HARTFORD HEALTH CARE CORPORATION | ٦ | | |
| B . 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 |
| C. | HARTFORD HEALTHCARE LABORTORIES, LLC-AKA CLINICAL LABORATORY 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 |
| | | 1 | | |
| D . | HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC. 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 |
| | | | , ,, | <u> </u> |
| Ε. | HARTFORD HOSPITAL | | | |
| 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 | i aid by the mospital to Employees of the Emitty Listed Above | Φ | φυ | Φυ |
| F. | HATCH HOSPITAL CORPORATION | | | |
| 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 . | HHC PHYSICIANSCARE D/B/A HARTFORD HEALTHCARE MEDICAL GROUP | | | |
| 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 |
| Н. | IMMEDIATE MEDICAL CARE CENTER, INC D/B/A HARTFORD MEDICAL GROUP | | | |
| 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 |
| Ι. | MED-EAST ASSOCIATES.LLC. | 7 | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| J . | MIDSTATE MEDICAL CENTER | 7 | | |
| 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 |
| 17 | NATCHALIC HOCDITAL | 1 | | |
| <u>K.</u> 1 | NATCHAUG HOSPITAL 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 |
| | | | | |
| L. | RUSHFORD CENTER INC | ф <u>о</u> | T #0 | C C |
| 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 |
| | | | , , , , , , , , , , , , , , , , , , , | |
| М. | THE HOSPITAL OF CENTRAL CONNECTICUT | | | A 2 |
| 2 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 \$0 | \$0 \$0 | \$0 \$0 |
| | Paid by the Hospital to Employees of the Entity Listed Above | ΦU | Ι Φυ Ι | Φυ |
| Ν. | VNA HEALTH RESOURCES INC | 1 | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| 0. | WILLIAM W. BACKUS HOSPITAL | 1 | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| | MANDHAM HOODITAL FOUNDATION | 1 | | |
| Ρ. | WINDHAM HOSPITAL FOUNDATION | | | |

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

PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

| (1) | (2) | (3) | (4) | (5) |
|------|--|--|--|-------|
| LINE | DESCRIPTION | SALARIES (Directly or Indirectly) ^C | FRINGE BENEFITS ^A (Directly or Indirectly) ^C | TOTAL |
| | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| | | 7 | | |
| Q. | WINDHAM PROFESSIONAL CONDOMINIUM ASSOCIATION,INC | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |

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

A - Fringe benefits shall represent the value of all forms of compensation as described in Section 19a-643-206-(b)(21), including the fair market value where appropriate.

B - A hospital employee is anyone who provides a service which incurs an expense for the hospital.

C - Indirect payments include but are not limited to payments made to related entities.

REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY

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

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| | WINDHAM COMMUNIT ANNUAL | REPORTING | | | |
|-----------------------------------|--|---|---|--|-----------|
| | | AL YEAR 2016 | | | |
| | REPORT 23 - CHARITY CARE AND REDUCED | COST SERVICES | PROVIDED BY | THE HOSPITAL | |
| | | 4-1 | | | 101 |
| (1) | (2) | (3) | (4) | (5) | (6) |
| | | FY 2015 | FY 2016 | AMOUNT | % |
| LINE | DESCRIPTION | AMOUNT | AMOUNT | DIFFERENCE | DIFFERENC |
| Α. | Hospital Charity Care (see Hospital Audited Financial S | Statement Notes) | | | |
| | | | | | |
| 1. | Number of Applicants | 812 | 1,057 | 245 | 30 |
| 2. | Number of Approved Applicants | 662 | 1,000 | 338 | 5 |
| 3. | Total Charges (A) | \$1,864,597 | \$1,373,390 | (\$491,207) | -26 |
| J. | Average Charges | \$2,817 | \$1,373,390 \$1,373 | (\$491,207) | -2i -5 |
| | Average Unanges | Ψ=,0 | Ψ.,σ | (₩1,11) | |
| 4. | Ratio of Cost to Charges (RCC) | 0.425546 | 0.43154 | 0.005994 | |
| | Total Cost | \$793,472 | \$592,673 | (\$200,799) | -2 |
| | Average Cost | \$1,199 | \$593 | (\$606) | -5 |
| | | | | | |
| 5. | Charity Care - Inpatient Charges | \$293,482 | \$231,230 | (\$62,252) | -2 |
| | Charity Care - Outpatient Emergency Department | | | | |
| 6. | Charges | 703,626 | 591,800 | (111,826) | -1 |
| | Charity Care - Outpatient Charges (Excludes ED | | | | |
| 7. | Charges) | 867,489 | 550,360 | (317,129) | -3 |
| | Total Charges (A) | \$1,864,597 | \$1,373,390 | (\$491,207) | -2 |
| | Objects Opens Named an of Destions Dove | 64 | 40 | (10) | |
| 8. | Charity Care - Number of Patient Days Charity Care - Number of Discharges | 64 | 48 | (16) | -2 |
| 9. 10. | Charity Care - Number of Discharges Charity Care - Number of Outpatient ED Visits | 18 549 | 16 400 | (2) | -1 -2 |
| 10. | Charity Care - Number of Outpatient ED Visits Charity Care - Number of Outpatient Visits (Excludes ED | 345 | 400 | (143) | -2 |
| | Clidity Care - Number of Outpatient visits (Excludes ED | i i | | | |
| 11. | Visits) | 906 | 476 | (430) | -4 |
| 11. | | 906 | 476 | (430) | -2 |
| | Visits) | | | | |
| | | | | | |
| A) The | visits) e total amount must agree with the total amount listed in | n the Hospital Aud | | | |
| | Visits) | n the Hospital Aud | | | |
| A) The <u>B.</u> | e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - | n the Hospital Aud | | | |
| A) The | visits) e total amount must agree with the total amount listed in | n the Hospital Aud | dited Financial \$ | Statement Notes. | |
| A) The B. | e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - Number of Applicants | n the Hospital Aud Report 17) | dited Financial S | Statement Notes. | |
| A) The B. | e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - Number of Applicants | n the Hospital Aud Report 17) | dited Financial S | Statement Notes. | |
| B. 1. 2. | e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - Number of Applicants Number of Approved Applicants | n the Hospital Aud Report 17) | dited Financial S | Statement Notes. | |
| B. 1. 2. | visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges | Report 17) \$0 | dited Financial S | Statement Notes. | |
| B. 1. 2. | visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) | n the Hospital Aud Report 17) \$0 \$0 \$0 | | \$0 \$0 \$0 | |
| B. 1. 2. | visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges | Report 17) \$0 | dited Financial S | Statement Notes. | |
| A) The B. 1. 2. 3. 4. | Hospital Bed Funds (see Hospital Reporting System - Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost | n the Hospital Aud Report 17) | 1 dited Financial S | \$0 \$0 \$0 \$0 \$0 \$0 \$0 | |
| B. 1. 2. 3. | visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost | n the Hospital Aud Report 17) | \$0 \$0 \$0 0.43154 | \$0 0.005994 \$0 | |
| A) The B. 1. 2. 3. 4. | Hospital Bed Funds (see Hospital Reporting System - Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost | n the Hospital Aud Report 17) | 1 dited Financial S | \$0 \$0 \$0 \$0 \$0 \$0 \$0 | |
| 1. 2. 3. 4. | Visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges | n the Hospital Aud Report 17) | - \$0 \$0 \$0 0.43154 \$0 \$0 | \$0 \$0 \$0 \$0 \$0 \$0 \$0 | |
| 1. 2. 3. 4. | visits) total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - Number of Applicants Number of Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$ | - - | \$0 \$0 \$0 \$0 \$0 \$0 0.005994 \$0 \$0 | |
| B. 1. 2. 3. 4. 6. | Visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges | 10 the Hospital Audition 17) | - SO SO SO SO SO SO SO | \$0 \$0 \$0 \$0 \$0 \$0 | |
| B. 1. 2. 3. 4. 5. 6. 7. | Visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - Number of Applicants Number of Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | |
| 8. A) The B. 1. 2. 3. 4. 5. 6. 7. | Visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - Number of Applicants Number of Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | |
| B. 1. 2. 3. 4. 5. 6. 7. | Visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - Number of Applicants Number of Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$ | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | |
| 8. A) The | visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - Number of Applicants Number of Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges Bed Funds - Number of Outpatient ED Visits | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | |
| B. 1. 2. 3. 4. 5. 6. 7. | Visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - Number of Applicants Number of Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$ | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | |