

ROCKVILLE GENERAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
A.		
	AFFILIATE NAME	EASTERN 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
7	Zip Code	06040 -
8	CEO Name	PETER J. KARL
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	Sharon Holmes
11	CT Agent Company	ECHN
12	CT Agent Company Street Address	71 HAYNES STREET, MANCHESTER,CT
13	CT Agent Town	Manchester
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06040 -
B.		
	AFFILIATE NAME	A CARING HAND, LLC
1	Affiliate Description	PROVIDES PRIVATE SERVICES (COMPANIONS, HOMEMAKERS, PERSONAL CARE ASSISTANTS, LIVE IN CARE)
2	Affiliate type of service	Other HealthCare Svcs(Specify)
3	Tax Status	Not for Profit
4	Street Address	8 KEYNOTE DRIVE
5	Town	VERNON
6	State	Connecticut
7	Zip Code	06066 -
8	CEO Name	TODD ROSE
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	TODD ROSE
11	CT Agent Company	
12	CT Agent Company Street Address	8 KEYNOTE DRIVE
13	CT Agent Town	VERNON
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06066 -
C.		
	AFFILIATE NAME	AETNA AMBULANCE SERVICES, INC.
1	Affiliate Description	PROVIDES AMBULANCE TRANSPORTATION SERVICES
2	Affiliate type of service	Ambulatory Services
3	Tax Status	For Profit
4	Street Address	140 Van Block Ave
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06106 -
8	CEO Name	Wayne Wright
9	CEO Title	President
10	CT Agent Name	Winship Service Corp
11	CT Agent Company	c/o Shipman and Goodwin LLP

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
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 -
D.	AFFILIATE NAME	AMBULANCE SERVICE OF MANCHESTER, LLC
1	Affiliate Description	PROVIDE TRANSPORTATION SERVICES
2	Affiliate type of service	Ambulatory Services
3	Tax Status	For Profit
4	Street Address	275 New State Road, Manchester, CT
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06040 -
8	CEO Name	Wayne Wright
9	CEO Title	President
10	CT Agent Name	Winship Service Corp
11	CT Agent Company	Shipman and Goodwin LLP
12	CT Agent Company Street Address	Once Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
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	Zip Code	06040 -
8	CEO Name	Edward J Roberts
9	CEO Title	Manager
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.
1	Affiliate Description	ECHN's Malpractice Insurance Co.
2	Affiliate type of service	Insurance
3	Tax Status	Not for Profit
4	Street Address	71 Haynes Street
5	Town	Manchester
6	State	Connecticut

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
7	Zip Code	06040 -
8	CEO Name	Peter Karl
9	CEO Title	President
10	CT Agent Name	Lloyd T. Pelletier
11	CT Agent Company	
12	CT Agent Company Street Address	100 Main ST
13	CT Agent Town	Grand Cayman
14	CT Agent State	Cayman Islands
15	CT Agent Zip Code	06040 -
G.		
	AFFILIATE NAME	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC
1	Affiliate Description	PROVIDES MANAGEMENT SERVICES FOR THE OCCUPATIONAL HEALTH PROGRAMS OF MANCHESTER MEMORIAL HOSPITAL, ST. FRANCIS HOSPITAL & MEDICAL CENTER, AND BRISTOL HOSPITAL.
2	Affiliate type of service	Occupational Health
3	Tax Status	For Profit
4	Street Address	1000 Asylum Ave, Suite 4302
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06105 -
8	CEO Name	DERRICK AMATO
9	CEO Title	CEO
10	CT Agent Name	DERRICK AMATO
11	CT Agent Company	CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC
12	CT Agent Company Street Address	1000 Asylum Ave, Suite 4302
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06105 -
H.		
	AFFILIATE NAME	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.
1	Affiliate Description	ENTITY OWNS AND MANAGES A SERIES OF COMMUNITY-BASED MEDICAL PRACTICES.
2	Affiliate type of service	Outpatient Care
3	Tax Status	Not for Profit
4	Street Address	71 HAYNES STREET, MANCHESTER,CT
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06040 -
8	CEO Name	PETER J. KARL
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	SHARON HOLMES
11	CT Agent Company	ECHN
12	CT Agent Company Street Address	71 HAYNES STREET, MANCHESTER,CT
13	CT Agent Town	Manchester
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06040 -
I.		
	AFFILIATE NAME	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.
1	Affiliate Description	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
2	Affiliate type of service	Affiliate Support Services
3	Tax Status	Not for Profit
4	Street Address	26 Haynes Street, Lower Level
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06040 -
8	CEO Name	Peter J. Karl
9	CEO Title	President and Chief Executive Officer
10	CT Agent Name	Robinson and Cole
11	CT Agent Company	Robinson and Cole
12	CT Agent Company Street Address	280 Trumbull Street, Hartford, CT
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
J.	AFFILIATE NAME	ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.
1	Affiliate Description	ENTITY RESPONSIBLE FOR RAISING FUNDS FOR THE BENEFIT OF EXEMPT ORGANIZATIONS ASSOCIATED WITH EASTERN CT HEALTH NETWORK, INC.
2	Affiliate type of service	Fund Raising/Management
3	Tax Status	Not for Profit
4	Street Address	71 HAYNES STREET, MANCHESTER,CT
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06040 -
8	CEO Name	PETER J. KARL
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	SHARON HOLMES
11	CT Agent Company	ECHN
12	CT Agent Company Street Address	71 HAYNES STREET, MANCHESTER,CT
13	CT Agent Town	Manchester
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06040 -
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	Affiliate Support Services
3	Tax Status	For Profit
4	Street Address	71 Haynes Street
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06040 -
8	CEO Name	Dennis O'Neill
9	CEO Title	President
10	CT Agent Name	R&C Service Company
11	CT Agent Company	R&C Service Company
12	CT Agent Company Street Address	280 Trumbull Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
L.	AFFILIATE NAME	ECHN ELDERCARE SERVICES, INC.
		TO INITIATE, DEVELOP, OPERATE, AND MAINTAIN PROGRAMS DIRECTED TOWARD IMPROVING EFFICIENCY OF UTILIZATION OF HEALTH CARE. FACILITIES AND SERVICES IN EASTERN CT AND PROVIDING COST EFFECTIVE HEALTH CARE TO PUBLIC WHILE MAINTAINING A HIGH QUALITY OF
1	Affiliate Description	
2	Affiliate type of service	Long Term Care
3	Tax Status	Not for Profit
4	Street Address	26 SHENIPSIT LAKE RD, TOLLAND,CT
5	Town	Tolland
6	State	Connecticut
7	Zip Code	06084 -
8	CEO Name	PETER J.KARL
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	SHARON HOLMES
11	CT Agent Company	ECHN
12	CT Agent Company Street Address	71 Haynes Str
13	CT Agent Town	Manchester
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06040 -
M.	AFFILIATE NAME	ECHN ENTERPRISES, INC.
		AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS AND REAL ESTATE HOLDINGS.
1	Affiliate Description	
2	Affiliate type of service	Affiliate Support Services
3	Tax Status	For Profit
4	Street Address	71 HAYNES STREET, MANCHESTER,CT
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06040 -
8	CEO Name	PETER J. KARL
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	SHARON HOLMES
11	CT Agent Company	ECHN
12	CT Agent Company Street Address	71 HAYNES STREET, MANCHESTER,CT
13	CT Agent Town	Manchester
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06040 -
N.	AFFILIATE NAME	EVERGREEN ENDOSCOPY CENTER, LLC
		Joint Venture with community GI Physicians.
1	Affiliate Description	
2	Affiliate type of service	Ambulatory Services
3	Tax Status	For Profit
4	Street Address	2400 Tamarack Ave
5	Town	South Windsor
6	State	Connecticut
7	Zip Code	06074 -
8	CEO Name	Jeffrey Breiter, MD
9	CEO Title	President
10	CT Agent Name	Gregory J. Pepe, Esq
11	CT Agent Company	
12	CT Agent Company Street Address	195 Church St., 13th Floor

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

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

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
3	Tax Status	For Profit
4	Street Address	29 Naek Road
5	Town	Vernon
6	State	Connecticut
7	Zip Code	06066 -
8	CEO Name	Gregory M. Williams
9	CEO Title	President
10	CT Agent Name	Gregory M. Williams
11	CT Agent Company	
12	CT Agent Company Street Address	29 Naek Road
13	CT Agent Town	Vernon
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06066 -
U.	AFFILIATE NAME	METRO WHEELCHAIR SERVICE, INC
1	Affiliate Description	PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS.
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 -
8	CEO Name	Wayne Wright
9	CEO Title	President
10	CT Agent Name	Winship Service Corporation
11	CT Agent Company	c/o Shipman and Goodwin LLP
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 -
V.	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	CT Agent Company	
12	CT Agent Company Street Address	100 Haynes Street
13	CT Agent Town	Manchester
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06040 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
W.	AFFILIATE NAME	PATHOLOGY AND LABORATORY SERVICES, LLC
1	Affiliate Description	Joint venture company including pathology practices and hospitals performing specialty cytology services.
2	Affiliate type of service	Lab
3	Tax Status	Not for Profit
4	Street Address	11 Research Drive, Suite 4
5	Town	Woodbridge
6	State	Connecticut
7	Zip Code	06525 -
8	CEO Name	Robert Babkowski, MD
9	CEO Title	CEO
10	CT Agent Name	MCR&P Service Corporation
11	CT Agent Company	Murtha, Cullina, Richter, & Pinney
12	CT Agent Company Street Address	Cityplace I, 185 Asylum Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06040 -
X.	AFFILIATE NAME	THE MANCHESTER MEMORIAL HOSPITAL
1	Affiliate Description	NON-PROFIT COMMUNITY HOSPITAL IN THE TOWN OF MANCHESTER, TO PROVIDE MEDICAL 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 Town	Manchester
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06040 -
Y.	AFFILIATE NAME	TOLLAND IMAGING CENTER
1	Affiliate Description	Joint venture to provide outpatient diagnostic imaging services
2	Affiliate type of service	Imaging Services
3	Tax Status	Not for Profit
4	Street Address	6 Fieldstone Commons, Suite E
5	Town	Tolland
6	State	Connecticut
7	Zip Code	06103 -
8	CEO Name	Kevin Murphy
9	CEO Title	President
10	CT Agent Name	R&C Service Company
11	CT Agent Company	R&C Service Company
12	CT Agent Company Street Address	280 Trumbull Street

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
Z.		
	AFFILIATE NAME	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, INC.
1	Affiliate Description	Provides at-home nursing care and hospice care.
2	Affiliate type of service	Other HealthCare Svcs(Specify)
3	Tax Status	Not for Profit
4	Street Address	8 Keynote Drive
5	Town	Vernon
6	State	Connecticut
7	Zip Code	06066 -
8	CEO Name	Todd Rose
9	CEO Title	President/Chief Executive Office
10	CT Agent Name	Todd Rose
11	CT Agent Company	
12	CT Agent Company Street Address	8 Keynote Drive
13	CT Agent Town	Vernon
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06066 -
AA.		
	AFFILIATE NAME	WBC CONNECTICUT EAST, LLC
1	Affiliate Description	A joint venture to provide comprehensive outpatient behavioral health services for adults and adolescents with eating disorders, a distinct intensive outpatient program for adults with binge eating disorders and aftercare support services.
2	Affiliate type of service	Mental Health Facility
3	Tax Status	Not for Profit
4	Street Address	2400 Tamarack Ave, Suite 203
5	Town	South Windsor
6	State	Connecticut
7	Zip Code	06074 -
8	CEO Name	Stuart Koman
9	CEO Title	Manager
10	CT Agent Name	Corporation Service Company
11	CT Agent Company	
12	CT Agent Company Street Address	50 Weston Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06120 - 1537

* P.O. BOX IS UNACCEPTABLE WITHOUT A

STREET ADDRESS FOR EACH AGENT COMPANY

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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 9/30/2014
A . ROCKVILLE GENERAL HOSPITAL			
1		Unrestricted	\$24,211,838
2		Temporarily Restricted by Donor	\$549,043
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$3,573,421
5		Intercompany Eliminations	\$0
		Total:	\$28,334,302
B . EASTERN CT HEALTH NETWORK , INC			
1		Unrestricted	\$3,761,850
2		Temporarily Restricted by Donor	\$473,013
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$4,234,863
C . A CARING HAND, LLC			
1		Unrestricted	\$451,553
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$451,553
D . AETNA AMBULANCE SERVICES, INC.			
1		Unrestricted	\$1,772,500
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$188,996
		Total:	\$1,961,496
E . AMBULANCE SERVICE OF MANCHESTER, LLC			
1		Unrestricted	\$3,772,317
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$26,941
		Total:	\$3,799,258
F . CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
G . CONNECTICUT HEALTHCARE INSURANCE CO.			
1		Unrestricted	\$501,168
2		Temporarily Restricted by Donor	\$0

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(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2014
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$463,940)
		Total:	\$37,228
H .	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC		
1		Unrestricted	\$20,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$20,000
I .	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.		
1		Unrestricted	\$517,745
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$517,745
J .	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, 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
K .	ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.		
1		Unrestricted	\$2,865,431
2		Temporarily Restricted by Donor	\$14,031,431
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$1,567,312
5		Intercompany Eliminations	\$0
		Total:	\$18,464,174
L .	ECHN CORPORATE SERVICES		
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
M .	ECHN ELDERCARE SERVICES, INC.		
1		Unrestricted	\$5,537,374
2		Temporarily Restricted by Donor	\$24,686
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0

**ROCKVILLE GENERAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2014
5		Intercompany Eliminations	\$0
		Total:	\$5,562,060
	N . ECHN ENTERPRISES, INC.		
1		Unrestricted	(\$5,666)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$5,666)
	O . EVERGREEN ENDOSCOPY CENTER, LLC		
1		Unrestricted	\$292,807
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$66,891
		Total:	\$359,698
	P . EVERGREEN MEDICAL ASSOCIATES II, LLC		
1		Unrestricted	\$559,585
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$23,834
		Total:	\$583,419
	Q . EVERGREEN MEDICAL ASSOCIATES, LLC		
1		Unrestricted	\$258,137
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$6,366
		Total:	\$264,503
	R . HAYNES STREET MEDICAL ASSOCIATES II, LLC		
1		Unrestricted	\$236,834
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$12,911
		Total:	\$249,745
	S . HAYNES STREET MEDICAL ASSOCIATES, LLC		
1		Unrestricted	\$150,193
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$385)
		Total:	\$149,808
	T . HAYNES STREET PROPERTY MANAGEMENT, LLC		
1		Unrestricted	\$131,342

**ROCKVILLE GENERAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2014
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$131,342
U .	MEDICAL PRACTICE PARTNERS		
1		Unrestricted	\$754,230
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$754,230
V .	METRO WHEELCHAIR SERVICE, INC		
1		Unrestricted	\$54,225
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$54,225)
		Total:	\$0
W .	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON)		
1		Unrestricted	\$6,216,646
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$381,743
		Total:	\$6,598,389
X .	PATHOLOGY AND LABORATORY SERVICES, 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
Y .	THE MANCHESTER MEMORIAL HOSPITAL		
1		Unrestricted	\$24,111,838
2		Temporarily Restricted by Donor	\$549,043
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$3,573,421
5		Intercompany Eliminations	\$0
		Total:	\$28,234,302
Z .	TOLLAND IMAGING CENTER		
1		Unrestricted	\$201,009
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$179,809

**ROCKVILLE GENERAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2014
		Total:	\$380,818
AA .	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.		
1		Unrestricted	\$10,387,031
2		Temporarily Restricted by Donor	\$74,805
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$10,461,836
AB .	WBC CONNECTICUT EAST, LLC		
1		Unrestricted	\$197,590
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$1,455)
		Total:	\$196,135
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$111,373,752
	Intercompany Eliminations		\$367,486
	Total of all Affiliates	Fund Balance:	\$111,741,238

**ROCKVILLE GENERAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2014
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
A. EASTERN CT HEALTH NETWORK , INC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$389,643)
1		Allocation of Income/Loss	09/30/2014	\$387,180
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$2,463)
B. A CARING HAND, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
C. AETNA AMBULANCE SERVICES, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$531,750
1		Allocation of Income/Loss	09/30/2014	\$56,698
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$588,448
D. AMBULANCE SERVICE OF MANCHESTER, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$1,131,695
1		Allocation of Income/Loss	09/30/2014	\$307,923
2		Distribution	09/30/2014	(\$300,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$1,139,618
E. CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
F. CONNECTICUT HEALTHCARE INSURANCE CO.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$256,976)
1		Accounting Fees	09/30/2014	\$407,326
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$150,350
G. CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC				

**ROCKVILLE GENERAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2014
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
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
H.	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
I.	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
J.	ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$8,446)
1		Transfer of Donated Assets	09/30/2014	\$1,093
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$7,353)
K.	ECHN CORPORATE SERVICES			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
L.	ECHN ELDERCARE SERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$58,029
1		Salary and Non-Salary Operating Expenses	09/30/2014	(\$2,834)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$55,195
M.	ECHN ENTERPRISES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0

**ROCKVILLE GENERAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2014
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
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
N.	EVERGREEN ENDOSCOPY CENTER, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
O.	EVERGREEN MEDICAL ASSOCIATES II, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
P.	EVERGREEN MEDICAL ASSOCIATES, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
Q.	HAYNES STREET MEDICAL ASSOCIATES II, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
R.	HAYNES STREET MEDICAL ASSOCIATES, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
S.	HAYNES STREET PROPERTY MANAGEMENT, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
T.	MEDICAL PRACTICE PARTNERS			

**ROCKVILLE GENERAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2014
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
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
U.	METRO WHEELCHAIR SERVICE, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$16,267
1		Allocation of Income/Loss	09/30/2014	(\$16,267)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
V.	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON)			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$3,108,323
1		Allocation of Investment Income/Loss	09/30/2014	\$190,872
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$3,299,195
W.	PATHOLOGY AND LABORATORY SERVICES, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
X.	THE MANCHESTER MEMORIAL HOSPITAL			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$7,220,571
1		Transfer of Salary and Non-Salary Expenses	09/30/2014	(\$1,921,708)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$5,298,863
Y.	TOLLAND IMAGING CENTER			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$100,505
1		Allocation of Investment Income/Loss	09/30/2014	\$89,904
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$190,409
Z.	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0

**ROCKVILLE GENERAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
AA.	WBC CONNECTICUT EAST, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$59,277
1		Allocation of Income/Loss	09/30/2014	(\$3,437)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$55,840
			Grand Total:	\$10,768,102

**ROCKVILLE GENERAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2014
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	10/01/2013	\$27,256,630
A.	EASTERN CT HEALTH NETWORK , INC				
1		ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.	Allocation of ECHN Expenses to Subsidy	09/30/2014	\$632
2		ECHN ELDERCARE SERVICES, INC.	Allocation of ECHN Expenses to Subsidy	09/30/2014	(\$286,607)
3		ECHN ENTERPRISES, INC.	Allocation of ECHN Expenses to Subsidy	09/30/2014	(\$25,200)
4		EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.	Allocation of ECHN Expenses to Subsidy	09/30/2014	(\$3,227,514)
5		THE MANCHESTER MEMORIAL HOSPITAL	Allocation of ECHN Expenses to Subsidy	09/30/2014	(\$2,116,146)
			Total:	9/30/2014	(\$5,654,835)
B.	A CARING HAND, LLC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
C.	AETNA AMBULANCE SERVICES, INC.				
1		THE MANCHESTER MEMORIAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2014	\$132,297
			Total:	9/30/2014	\$132,297
D.	AMBULANCE SERVICE OF MANCHESTER, LLC				
1		THE MANCHESTER MEMORIAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2014	\$18,488
			Total:	9/30/2014	\$18,488
E.	CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
F.	CONNECTICUT HEALTHCARE INSURANCE CO.				
1		CONNECTICUT HEALTHCARE INSURANCE CO.	Allocation of Shareholders Equity	09/30/2014	\$350,818
			Total:	9/30/2014	\$350,818
G.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
H.	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.				

**ROCKVILLE GENERAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
I.	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.				
1		EASTERN CT HEALTH NETWORK , INC	Salary and Non-Salary Expenses	09/30/2014	(\$31,490)
			Total:	9/30/2014	(\$31,490)
J.	ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.				
1		EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.	Salary and Non-Salary Expenses	09/30/2014	\$546
			Total:	9/30/2014	\$546
K.	ECHN CORPORATE SERVICES				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
L.	ECHN ELDERCARE SERVICES, INC.				
1		EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.	Salary and Non-Salary Expenses	09/30/2014	(\$2,745)
2		THE MANCHESTER MEMORIAL HOSPITAL	Salary and Non-Salary Expenses	09/30/2014	(\$44,719)
			Total:	9/30/2014	(\$47,464)
M.	ECHN ENTERPRISES, INC.				
1		EASTERN CT HEALTH NETWORK , INC	Salary and Non-Salary Expenses	09/30/2014	(\$25,200)
			Total:	9/30/2014	(\$25,200)
N.	EVERGREEN ENDOSCOPY CENTER, LLC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
O.	EVERGREEN MEDICAL ASSOCIATES II, LLC				
1		ECHN ENTERPRISES, INC.	Allocation of Investment Income/Loss	09/30/2014	\$23,834
			Total:	9/30/2014	\$23,834
P.	EVERGREEN MEDICAL ASSOCIATES, LLC				
1		ECHN ENTERPRISES, INC.	Allocation of Investment Income/Loss	09/30/2014	\$6,366
			Total:	9/30/2014	\$6,366
Q.	HAYNES STREET MEDICAL ASSOCIATES II, LLC				

**ROCKVILLE GENERAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2014
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
1		ECHN ENTERPRISES, INC.	Allocation of Investment Income/Loss	09/30/2014	\$23,911
			Total:	9/30/2014	\$23,911
R.	HAYNES STREET MEDICAL ASSOCIATES, LLC				
1		ECHN ENTERPRISES, INC.	Allocation of Investment Income/Loss	09/30/2014	\$385
			Total:	9/30/2014	\$385
S.	HAYNES STREET PROPERTY MANAGEMENT, LLC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
T.	MEDICAL PRACTICE PARTNERS				
1		EASTERN CT HEALTH NETWORK , INC	Salary and Non-Salary Expenses	09/30/2014	\$384,850
			Total:	9/30/2014	\$384,850
U.	METRO WHEELCHAIR SERVICE, INC				
1		THE MANCHESTER MEMORIAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2014	(\$37,957)
			Total:	9/30/2014	(\$37,957)
V.	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON)				
1		THE MANCHESTER MEMORIAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2014	\$190,872
			Total:	9/30/2014	\$190,872
W.	PATHOLOGY AND LABORATORY SERVICES, LLC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
X.	THE MANCHESTER MEMORIAL HOSPITAL				
1		EASTERN CT HEALTH NETWORK , INC	Salary and Non-Salary Expenses	09/30/2014	(\$1,328,873)
2		ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.	Salary and Non-Salary Expenses	09/30/2014	\$206,060
3		ECHN ENTERPRISES, INC.	Salary and Non-Salary Expenses	09/30/2014	\$263,666
			Total:	9/30/2014	(\$859,147)
Y.	TOLLAND IMAGING CENTER				
1		THE MANCHESTER MEMORIAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2014	\$89,904

**ROCKVILLE GENERAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2014
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
			Total:	9/30/2014	\$89,904
Z.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.				
1		A CARING HAND, LLC	Salary and Non-Salary Expenses	09/30/2014	\$102,677
			Total:	9/30/2014	\$102,677
AA.	WBC CONNECTICUT EAST, LLC				
1		THE MANCHESTER MEMORIAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2014	(\$1,018)
			Total:	9/30/2014	(\$1,018)
			Ending Unconsolidated Intercompany Balance	9/30/2014	\$21,924,467

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

(1) LINE	(2) AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	(3) AMOUNT	(4) DATE
A. EASTERN CT HEALTH NETWORK , INC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
B. A CARING HAND, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
C. AETNA AMBULANCE SERVICES, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
D. AMBULANCE SERVICE OF MANCHESTER, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
E. CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
F. CONNECTICUT HEALTHCARE INSURANCE CO.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
G. CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
H. EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
I. EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
J. ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
K. ECHN CORPORATE SERVICES			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
L. ECHN ELDERCARE SERVICES, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
M. ECHN ENTERPRISES, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
N. EVERGREEN ENDOSCOPY CENTER, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
O. EVERGREEN MEDICAL ASSOCIATES II, LLC			

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
P.	EVERGREEN MEDICAL ASSOCIATES, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
Q.	HAYNES STREET MEDICAL ASSOCIATES II, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
R.	HAYNES STREET MEDICAL ASSOCIATES, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
S.	HAYNES STREET PROPERTY MANAGEMENT, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
T.	MEDICAL PRACTICE PARTNERS		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
U.	METRO WHEELCHAIR SERVICE, INC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
V.	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON)		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
W.	PATHOLOGY AND LABORATORY SERVICES, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
X.	THE MANCHESTER MEMORIAL HOSPITAL		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
Y.	TOLLAND IMAGING CENTER		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
Z.	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
AA.	WBC CONNECTICUT EAST, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
	Grand Total:	\$0	9/30/2014

**ROCKVILLE GENERAL HOSPITAL
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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
A.	EASTERN CT HEALTH NETWORK , INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
B.	A CARING HAND, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	AETNA AMBULANCE SERVICES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	AMBULANCE SERVICE OF MANCHESTER, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	CONNECTICUT HEALTHCARE INSURANCE CO.		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
I.	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
K.	ECHN CORPORATE SERVICES		
0	Nothing to Report	\$0	0

**ROCKVILLE GENERAL HOSPITAL
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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
	Total:	\$0	
L.	ECHN ELDERCARE SERVICES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
M.	ECHN ENTERPRISES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
N.	EVERGREEN ENDOSCOPY CENTER, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
O.	EVERGREEN MEDICAL ASSOCIATES II, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
P.	EVERGREEN MEDICAL ASSOCIATES, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
Q.	HAYNES STREET MEDICAL ASSOCIATES II, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
R.	HAYNES STREET MEDICAL ASSOCIATES, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
S.	HAYNES STREET PROPERTY MANAGEMENT, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
T.	MEDICAL PRACTICE PARTNERS		
0	Nothing to Report	\$0	0
	Total:	\$0	
U.	METRO WHEELCHAIR SERVICE, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	

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

(1) LINE	(2) AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	(3) AMOUNT	(4) TERM IN YEARS
V. 0	NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (NRRON) Nothing to Report	\$0	0
	Total:	\$0	
W. 0	PATHOLOGY AND LABORATORY SERVICES, LLC Nothing to Report	\$0	0
	Total:	\$0	
X. 0	THE MANCHESTER MEMORIAL HOSPITAL Nothing to Report	\$0	0
	Total:	\$0	
Y. 0	TOLLAND IMAGING CENTER Nothing to Report	\$0	0
	Total:	\$0	
Z. 0	VISITING NURSE AND HEALTH SERVICES OFCONNECTICUT, INC. Nothing to Report	\$0	0
	Total:	\$0	
AA. 0	WBC CONNECTICUT EAST, LLC Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

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REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR
INDIGENT CARE AND FREE BEDS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A . 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%
B . Free Beds					
	Beginning Balance	\$222,466.28	\$252,214.64	\$29,748.36	13%
1	Donations	\$0.00	\$500.00	\$500.00	0%
2	Income	\$7,697.59	\$55,561.43	\$47,863.84	622%
3	Expenditures	\$0.00	\$12,389.17	\$12,389.17	0%
4	Unrealized Gains and Losses	\$22,050.77	(\$31,885.43)	(\$53,936.20)	-245%
	Ending Balance	\$252,214.64	\$264,001.47	\$11,786.83	5%
5	Projected Interest Income	\$6,500.00	\$150.00	(\$6,350.00)	-98%
C . Other					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	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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REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
<u>Patient</u>	Name of Hospital Bed Fund (<u>FULL NAME</u>)	<u>Amount</u>
1. Number of Applications for Hospital Bed Funds		8
2. A. Number of Patients receiving Hospital Bed Fund Grants		8
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed Funds:		\$12,389.17
1	Winchell Foster	\$2,794.50
2	Winchell Foster	\$2,651.50
3	Charles Phelps	\$2,614.80
4	Charles Phelps	\$1,672.20
5	Anna Shelton Whitlock	\$1,849.00
6	CE Prescott	\$394.17
7	Elsie Sykes Phelps	\$271.00
8	Betsy C. Tucker	\$142.00
	Grand Total	\$12,389.17

ROCKVILLE GENERAL HOSPITAL					
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REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
B. BED 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 Bed Fund, or the Principal attributable to each Hospital Bed				
(4)	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.				
(6)	Actual Dollar Amount of Earnings available for Patient Care.				
	Trumbull Chapter	\$157,268.00	\$62,191.45	\$0.00	\$62,191.45
	CE Prescott	\$15,000.00	\$1,606.75	\$0.00	\$1,606.75
	Charles Phelps	\$10,000.00	\$1,094.58	\$0.00	\$1,094.58
	Winchell Foster	\$15,000.00	\$1,635.46	\$0.00	\$1,635.46
	Betsy C. Tucker	\$2,000.00	\$215.22	\$0.00	\$215.22
	Anna Shelton Whitlock	\$20,120.00	\$2,163.35	\$0.00	\$2,163.35
	Elsie Sykes Phelps	\$5,975.00	\$640.32	\$0.00	\$640.32
	John and Martha Kress Fund	\$500.00	\$0.00	\$0.00	\$0.00
	Total Bed Funds :	\$225,863.00	\$69,547.13	\$0.00	\$69,547.13

**ROCKVILLE GENERAL HOSPITAL
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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I. GENERAL COLLECTION PROCESSES AND PROCEDURES		
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	ECHN offers options and will not bill, refer to a coll, a SP patient prior to giving opp to fin assist or choose a pay option that fits needs. If patient does not request an appt for fin aid, they have 120 days to pay acct in full.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	ECHN has agreements with Coll Agencies to initiate collection efforts on those accts that ECHN refers to them. If pay schedules are not kept, accts will be transferred from coll agents to secondary collections attorneys for follow-up.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	22.25%
II. SPECIFIC COLLECTION AGENT INFORMATION		
A	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? indicate "Same as General Processes and Policies" Otherwise Provide Details.	ECHN offers options and will not bill, refer to a coll, a SP patient prior to giving opp to fin assist or choose a pay option that fits needs. If patient does not request an appt for fin aid, they have 120 days to pay acct in full.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	ECHN has agreements with Coll Agencies to initiate collection efforts on those accts that ECHN refers to them. If pay schedules are not kept, accts will be transferred from coll agents to secondary collections attorneys for follow-up.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	30.72%
B	Collection Agent	

**ROCKVILLE GENERAL HOSPITAL
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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
1	Collection Agent Name	TransContinental Credit & Collection
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	ECHN offers options and will not bill, refer to a coll, a SP patient prior to giving opp to fin assist or choose a pay option that fits needs. If patient does not request an appt for fin aid, they have 120 days to pay acct in full.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	ECHN has agreements with Coll Agencies to initiate collection efforts on those accts that ECHN refers to them. If pay schedules are not kept, accts will be transferred from coll agents to secondary collections attorneys for follow-up.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	13.77%

**ROCKVILLE GENERAL HOSPITAL
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REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS**

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	Medical Director	\$325,050	\$13,815	\$338,865
2.	Urgent Care MD	\$278,094	\$32,927	\$311,021
3.	CEO	\$255,613	\$14,231	\$269,844
4.	Infection Control Director MD	\$225,348	\$39,003	\$264,351
5.	Psychiatrist	\$231,419	\$29,821	\$261,240
6.	Urgent Care MD	\$226,529	\$30,061	\$256,590
7.	Urgent Care MD	\$209,168	\$28,409	\$237,577
8.	VP Patient Care Services	\$191,589	\$32,752	\$224,341
9.	Registered Nurse	\$160,271	\$16,683	\$176,954
10.	Clinician	\$131,847	\$24,075	\$155,922
	Grand Total:	\$2,234,928	\$261,777	\$2,496,705

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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directl y or Indirectly) ^C	TOTAL
A . 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
B . A CARING HAND, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
C . 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
E . CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
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
H . EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
I . EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
J . ECHN COMMUNITY HEALTHCARE FOUNDATION , INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
K . ECHN CORPORATE SERVICES				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
L . ECHN ELDERCARE SERVICES, INC.				
1	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
M . ECHN ENTERPRISES, INC.				

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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directl y or Indirectly) ^C	TOTAL
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
N . 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
O . EVERGREEN MEDICAL ASSOCIATES II, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
P . 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
Q . HAYNES STREET MEDICAL ASSOCIATES II, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
R . HAYNES STREET MEDICAL ASSOCIATES, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
S . HAYNES STREET PROPERTY MANAGEMENT, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
T . MEDICAL PRACTICE PARTNERS				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
U . METRO WHEELCHAIR SERVICE, INC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
V . NORTHEAST REGIONAL RADIATION ONCOLOGYNETWORK, INC. (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 . PATHOLOGY AND LABORATORY SERVICES, 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
X . 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
Y . 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

**ROCKVILLE GENERAL HOSPITAL
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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directl y or Indirectly) ^C	TOTAL
Z .	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

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

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

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

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

**ROCKVILLE GENERAL HOSPITAL
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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 2014
A	Transfer of Assets or Operations	
1.	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 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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REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 AMOUNT	FY 2014 AMOUNT	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	1,303	337	(966)	-74%
2.	Number of Approved Applicants	1,145	305	(840)	-73%
3.	Total Charges (A)	\$1,271,767	\$1,188,543	(\$83,224)	-7%
	Average Charges	\$1,111	\$3,897	\$2,786	251%
4.	Ratio of Cost to Charges (RCC)	0.379802	0.313322	(0.066480)	-18%
	Total Cost	\$483,020	\$372,397	(\$110,623)	-23%
	Average Cost	\$422	\$1,221	\$799	189%
5.	Charity Care - Inpatient Charges	\$273,433	\$362,107	\$88,674	32%
6.	Charity Care - Outpatient Emergency Department Charges	790,135	628,554	(161,581)	-20%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	208,199	197,882	(10,317)	-5%
	Total Charges (A)	\$1,271,767	\$1,188,543	(\$83,224)	-7%
8.	Charity Care - Number of Patient Days	174	207	33	19%
9.	Charity Care - Number of Discharges	38	37	(1)	-3%
10.	Charity Care - Number of Outpatient ED Visits	585	403	(182)	-31%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	388	310	(78)	-20%
(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.					
B. Hospital Bed Funds (see Hospital Reporting System - Report 17)					
1.	Number of Applicants	-	8	8	0%
2.	Number of Approved Applicants	-	8	8	0%
3.	Total Charges (B)	\$0	\$12,389	\$12,389	0%
	Average Charges	\$0	\$1,549	\$1,549	0%
4.	Ratio of Cost to Charges (RCC)	0.379802	0.313322	(0.066480)	-18%
	Total Cost	\$0	\$3,882	\$3,882	0%
	Average Cost	\$0	\$485	\$485	0%
5.	Bed Funds - Inpatient Charges	\$0	\$0	\$0	0%
6.	Bed Funds - Outpatient Emergency Department Charges	0	9,594	9,594	0%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	0	2,795	2,795	0%
	Total Charges (B)	\$0	\$12,389	\$12,389	0%
8.	Bed Funds - Number of Patient Days	0	0	0	0%
9.	Bed Funds - Number of Discharges	0	0	0	0%
10.	Bed Funds - Number of Outpatient ED Visits	0	7	7	0%
11.	Bed Funds - Number of Outpatient Visits(Excludes ED Visits)	0	1	1	0%
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.					

ROCKVILLE GENERAL HOSPITAL**ANNUAL REPORTING****FISCAL YEAR 2014****REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 AMOUNT	FY 2014 AMOUNT	AMOUNT DIFFERENCE	% DIFFERENCE