

**MANCHESTER MEMORIAL HOSPITAL**  
**ANNUAL REPORTING**  
**FISCAL YEAR 2015**  
**REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP**  
**AND CORPORATION RELATED TO THE HOSPITAL**

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>A.</b>		
	<b>AFFILIATE NAME</b>	<b>EASTERN CONNECTICUT HEALTH NETWORK, INC.</b>
1	Affiliate Description	PARENT CORPORATION 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>B.</b>		
	<b>AFFILIATE NAME</b>	<b>A CARING HAND, LLC</b>
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 -
<b>C.</b>		
	<b>AFFILIATE NAME</b>	<b>AETNA AMBULANCE SERVICES, INC.</b>
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 Avenue
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06106 -
8	CEO Name	Wayne Wright
9	CEO Title	President
10	CT Agent Name	C T Corporation System
11	CT Agent Company	

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
12	CT Agent Company Street Address	One Corporate Center
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
<b>D.</b>	<b>AFFILIATE NAME</b>	<b>AMBULANCE SERVICE OF MANCHESTER, LLC</b>
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	C T Corporation System
11	CT Agent Company	
12	CT Agent Company Street Address	One Corporate Center
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
<b>E.</b>	<b>AFFILIATE NAME</b>	<b>CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC</b>
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 Street
13	CT Agent Town	Manchester
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06040 -
<b>F.</b>	<b>AFFILIATE NAME</b>	<b>CONNECTICUT HEALTHCARE INSURANCE CO.</b>
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 St.
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	Sharon Holmes
11	CT Agent Company	ECHN
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 -
<b>G.</b>		
	<b>AFFILIATE NAME</b>	<b>CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC</b>
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	John Rodis, MD
9	CEO Title	CEO
10	CT Agent Name	Jeanne Christine Lubin-Szafranski
11	CT Agent Company	
12	CT Agent Company Street Address	114 Woodland Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06105 -
<b>H.</b>		
	<b>AFFILIATE NAME</b>	<b>EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.</b>
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,
13	CT Agent Town	Manchester
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06040 -
<b>I.</b>		
	<b>AFFILIATE NAME</b>	<b>EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.</b>
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	Dennis O'Neill, MD
9	CEO Title	
10	CT Agent Name	R & C Service Company
11	CT Agent Company	
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 -
<b>J.</b>	<b>AFFILIATE NAME</b>	<b>ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.</b>
1	Affiliate Description	Entity responsible for raising funds for the benefit of exempt organizations associated with Eastern CT Health Network, Inc.
2	Affiliate type of service	Fund Raising/Management
3	Tax Status	Not for Profit
4	Street Address	44 Haynes Street
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06040 -
8	CEO Name	PETER J. KARL
9	CEO Title	PRESIDENT & CEO
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 -
<b>K.</b>	<b>AFFILIATE NAME</b>	<b>ECHN CORPORATE SERVICES INC.</b>
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
<b>L.</b>	<b>AFFILIATE NAME</b>	<b>ECHN ELDERCARE SERVICES, INC.</b>
1	Affiliate Description	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
2	Affiliate type of service	Long Term Care
3	Tax Status	Not for Profit
4	Street Address	26 SHENIPSIT LAKE ROAD, 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 Street
13	CT Agent Town	Manchester
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06040 -
<b>M.</b>	<b>AFFILIATE NAME</b>	<b>ECHN ENTERPRISES, INC.</b>
1	Affiliate Description	AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS AND REAL ESTATE HOLDINGS.
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,
13	CT Agent Town	Manchester
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06040 -
<b>N.</b>	<b>AFFILIATE NAME</b>	<b>EVERGREEN ENDOSCOPY CENTER, LLC</b>
1	Affiliate Description	Joint venture with community GI physicians
2	Affiliate type of service	Ambulatory Services
3	Tax Status	For Profit
4	Street Address	2400 Tamarack Avenue
5	Town	South Windsor
6	State	Connecticut
7	Zip Code	06074 -
8	CEO Name	Ali Hemacha, 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 Street, 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 -
<b>O.</b>	<b>AFFILIATE NAME</b>	<b>EVERGREEN MEDICAL ASSOCIATES II, LLC</b>
1	Affiliate Description	Owns and operates the Evergreen II Medical Building 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	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 -
<b>P.</b>	<b>AFFILIATE NAME</b>	<b>EVERGREEN MEDICAL ASSOCIATES, LLC</b>
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 -
<b>Q.</b>	<b>AFFILIATE NAME</b>	<b>HAYNES STREET MEDICAL ASSOCIATES II, LLC</b>
1	Affiliate Description	Owns and operates a medical office bulding 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 -
<b>R.</b>	<b>AFFILIATE NAME</b>	<b>HAYNES STREET MEDICAL ASSOCIATES, LLC</b>
1	Affiliate Description	Owns and operates a medical office building at 17-29 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 -
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 -
<b>S.</b>	<b>AFFILIATE NAME</b>	<b>HAYNES STREET PROPERTY MANAGEMENT, LLC</b>
1	Affiliate Description	Leases office space at 622 Hebron Avenue, Glastonbury, 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	
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 -
<b>T.</b>	<b>AFFILIATE NAME</b>	<b>MEDICAL PRACTICE PARTNERS</b>
1	Affiliate Description	Provides Medical billing services, electronic 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	ECHN Corporate Services, Inc.
9	CEO Title	Owners
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 -
<b>U.</b>	<b>AFFILIATE NAME</b>	<b>METRO WHEELCHAIR SERVICE, INC</b>
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	C T Corporation System
11	CT Agent Company	
12	CT Agent Company Street Address	One Corporate Center
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
<b>V.</b>	<b>AFFILIATE NAME</b>	<b>NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)</b>
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	President
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
<b>W.</b>	<b>AFFILIATE NAME</b>	<b>THE ROCKVILLE GENERAL HOSPITAL INCORPORATED</b>
1	Affiliate Description	Community based hospital that provides medical care on an acute basis.
2	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	31 UNION STREET, ROCKVILLE, CT
5	Town	Vernon Rockville
6	State	Connecticut
7	Zip Code	06066 -
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 -
<b>X.</b>	<b>AFFILIATE NAME</b>	<b>TOLLAND IMAGING CENTER</b>
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	06084 -
8	CEO Name	MMH, RGH, Johnson, Windham
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 -
<b>Y.</b>	<b>AFFILIATE NAME</b>	<b>VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.</b>
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 Officer
10	CT Agent Name	Todd Rose
11	CT Agent Company	
12	CT Agent Company Street Address	8 Keynote Drive

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
13	CT Agent Town	Vernon
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06066 -
<b>Z.</b>	<b>AFFILIATE NAME</b>	<b>WBC CONNECTICUT EAST, LLC</b>
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 9/30/2015
<b>A . MANCHESTER MEMORIAL HOSPITAL</b>			
1		Unrestricted	\$2,829,380
2		Temporarily Restricted by Donor	\$494,603
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$11,681,476
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$15,005,459</b>
<b>B . EASTERN CONNECTICUT HEALTH NETWORK, INC.</b>			
1		Unrestricted	\$3,761,845
2		Temporarily Restricted by Donor	\$323,132
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$4,084,977</b>
<b>C . A CARING HAND, LLC</b>			
1		Unrestricted	\$729,096
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$729,096</b>
<b>D . AETNA AMBULANCE SERVICES, INC.</b>			
1		Unrestricted	\$3,762,858
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$3,762,858</b>
<b>E . AMBULANCE SERVICE OF MANCHESTER, LLC</b>			
1		Unrestricted	\$8,679,807
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$8,679,807</b>
<b>F . CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC</b>			
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
		<b>Total:</b>	<b>\$0</b>
<b>G . CONNECTICUT HEALTHCARE INSURANCE CO.</b>			
1		Unrestricted	\$704,717
2		Temporarily Restricted by Donor	\$0

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(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2015
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$704,717</b>
<b>H.</b>	<b>CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC</b>		
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
		<b>Total:</b>	<b>\$0</b>
<b>I.</b>	<b>EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.</b>		
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
		<b>Total:</b>	<b>\$517,745</b>
<b>J.</b>	<b>EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.</b>		
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
		<b>Total:</b>	<b>\$0</b>
<b>K.</b>	<b>ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.</b>		
1		Unrestricted	\$2,702,985
2		Temporarily Restricted by Donor	\$15,474,485
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$1,567,312
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$19,744,782</b>
<b>L.</b>	<b>ECHN CORPORATE SERVICES INC.</b>		
1		Unrestricted	\$670,607
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$670,607</b>
<b>M.</b>	<b>ECHN ELDERCARE SERVICES, INC.</b>		
1		Unrestricted	\$5,919,060
2		Temporarily Restricted by Donor	\$4,912
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0

**MANCHESTER MEMORIAL HOSPITAL  
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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 9/30/2015
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$5,923,972</b>
	<b>N . ECHN ENTERPRISES, INC.</b>		
1		Unrestricted	\$208,941
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$208,941</b>
	<b>O . EVERGREEN ENDOSCOPY CENTER, LLC</b>		
1		Unrestricted	\$826,898
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$826,898</b>
	<b>P . EVERGREEN MEDICAL ASSOCIATES II, LLC</b>		
1		Unrestricted	\$2,710,936
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$2,710,936</b>
	<b>Q . EVERGREEN MEDICAL ASSOCIATES, LLC</b>		
1		Unrestricted	\$1,601,896
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$1,601,896</b>
	<b>R . HAYNES STREET MEDICAL ASSOCIATES II, LLC</b>		
1		Unrestricted	\$1,695,326
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$1,695,326</b>
	<b>S . HAYNES STREET MEDICAL ASSOCIATES, LLC</b>		
1		Unrestricted	\$670,383
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$670,383</b>
	<b>T . HAYNES STREET PROPERTY MANAGEMENT, LLC</b>		
1		Unrestricted	\$47,868

**MANCHESTER MEMORIAL HOSPITAL  
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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 9/30/2015
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$47,868</b>
<b>U .</b>	<b>MEDICAL PRACTICE PARTNERS</b>		
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
		<b>Total:</b>	<b>\$0</b>
<b>V .</b>	<b>METRO WHEELCHAIR SERVICE, INC</b>		
1		Unrestricted	\$8,359
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$8,359</b>
<b>W .</b>	<b>NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)</b>		
1		Unrestricted	\$13,144,745
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$13,144,745</b>
<b>X .</b>	<b>THE ROCKVILLE GENERAL HOSPITAL INCORPORATED</b>		
1		Unrestricted	\$14,969,087
2		Temporarily Restricted by Donor	\$537,851
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$3,371,972
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$18,878,910</b>
<b>Y .</b>	<b>TOLLAND IMAGING CENTER</b>		
1		Unrestricted	\$960,395
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$960,395</b>
<b>Z .</b>	<b>VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.</b>		
1		Unrestricted	\$9,900,881
2		Temporarily Restricted by Donor	\$126,038
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0

**MANCHESTER MEMORIAL HOSPITAL  
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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 9/30/2015
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$10,026,919</b>
<b>AA .</b>	<b>WBC CONNECTICUT EAST, LLC</b>		
1		Unrestricted	\$1,325,261
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$1,325,261</b>
	<b>Total of all Affiliates (before Intercompany Eliminations)</b>	<b>Fund Balance:</b>	<b>\$111,930,857</b>
	<b>Intercompany Eliminations</b>		<b>\$0</b>
	<b>Total of all Affiliates</b>	<b>Fund Balance:</b>	<b>\$111,930,857</b>

**MANCHESTER MEMORIAL HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2015  
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
<b>A. EASTERN CONNECTICUT HEALTH NETWORK, INC.</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$2,638,137</b>
1		Allocation of Income/Loss	09/30/2015	\$1,455,618
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$4,093,755</b>
<b>B. A CARING HAND, LLC</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$0</b>
1		Salary and Non-Salary Operating Expenses	09/30/2015	\$22,680
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$22,680</b>
<b>C. AETNA AMBULANCE SERVICES, INC.</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$1,373,047</b>
1		Allocation of Investment Income/Loss	09/30/2015	(\$56,046)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$1,317,001</b>
<b>D. AMBULANCE SERVICE OF MANCHESTER, LLC</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$2,659,109</b>
1		Allocation of Investment Income/Loss	09/30/2015	\$938,823
2		Distribution	09/30/2015	(\$560,000)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$3,037,932</b>
<b>E. CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>F. CONNECTICUT HEALTHCARE INSURANCE CO.</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$350,818</b>
1		malpractice	09/30/2015	\$3,632,491
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$3,983,309</b>
<b>G. CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC</b>				



**MANCHESTER MEMORIAL HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2015  
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
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$20,000</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$20,000</b>
<b>H.</b>	<b>EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$11,038,330</b>
1		Operating Subsidy	09/30/2015	\$2,842,197
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$13,880,527</b>
<b>I.</b>	<b>EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$0</b>
1		Operating Subsidy	09/30/2015	(\$71,521)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>(\$71,521)</b>
<b>J.</b>	<b>ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$142,498</b>
1		Transfer of Donated Assets	09/30/2015	\$10,742
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$153,240</b>
<b>K.</b>	<b>ECHN CORPORATE SERVICES INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>L.</b>	<b>ECHN ELDERCARE SERVICES, INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>(\$23,158)</b>
1		Salary and Non-Salary Operating Expenses	09/30/2015	\$25,346
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$2,188</b>
<b>M.</b>	<b>ECHN ENTERPRISES, INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$1,637,794</b>

**MANCHESTER MEMORIAL HOSPITAL  
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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		Non Salary Expense	09/30/2015	(\$373,931)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$1,263,863</b>
<b>N.</b>	<b>EVERGREEN ENDOSCOPY CENTER, LLC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$359,698</b>
1		Allocation of Investment Income/Loss	09/30/2015	\$204,933
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$564,631</b>
<b>O.</b>	<b>EVERGREEN MEDICAL ASSOCIATES II, LLC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>P.</b>	<b>EVERGREEN MEDICAL ASSOCIATES, LLC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>Q.</b>	<b>HAYNES STREET MEDICAL ASSOCIATES II, LLC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>R.</b>	<b>HAYNES STREET MEDICAL ASSOCIATES, LLC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>S.</b>	<b>HAYNES STREET PROPERTY MANAGEMENT, LLC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$0</b>
1		Non Salary Expense	09/30/2015	\$170,979
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$170,979</b>
<b>T.</b>	<b>MEDICAL PRACTICE PARTNERS</b>			

**MANCHESTER MEMORIAL HOSPITAL  
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FISCAL YEAR 2015  
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
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>U.</b>	<b>METRO WHEELCHAIR SERVICE, INC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$0</b>
1		Allocation of Investment Income/Loss	09/30/2015	\$2,926
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$2,926</b>
<b>V.</b>	<b>NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$3,299,195</b>
1		Allocation of Investment Income/Loss	09/30/2015	(\$13,008)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$3,286,187</b>
<b>W.</b>	<b>THE ROCKVILLE GENERAL HOSPITAL INCORPORATED</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>(\$5,298,863)</b>
1		Salary and Non-Salary Operating Expenses	09/30/2015	\$2,018,357
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>(\$3,280,506)</b>
<b>X.</b>	<b>TOLLAND IMAGING CENTER</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$190,409</b>
1		Allocation of Investment Income/Loss	09/30/2015	\$145,729
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$336,138</b>
<b>Y.</b>	<b>VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$0</b>
1		Salary and Non-Salary Operating Expenses	09/30/2015	\$215,084
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$215,084</b>
<b>Z.</b>	<b>WBC CONNECTICUT EAST, LLC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$137,295</b>
1		Allocation of Investment Income/Loss	09/30/2015	\$15,031

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$152,326
			<b>Grand Total:</b>	<b>\$29,150,739</b>

**MANCHESTER MEMORIAL HOSPITAL  
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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			<b>Beginning Unconsolidated Intercompany Balance</b>	<b>10/01/2014</b>	<b>\$12,230,014</b>
<b>A.</b>	<b>EASTERN CONNECTICUT HEALTH NETWORK, INC.</b>				
1		ECHN ENTERPRISES, INC.	Allocation of ECHN Expenses to Subsidy	09/30/2015	(\$2,100)
2		ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.	Fundraising	09/30/2015	(\$2,355)
3		ECHN ELDERCARE SERVICES, INC.	Allocation of ECHN Expenses to Subsidy	09/30/2015	\$38,156
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$33,701</b>
<b>B.</b>	<b>A CARING HAND, LLC</b>				
1		VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.	Professional Services	09/30/2015	(\$18,236)
			<b>Total:</b>	<b>9/30/2015</b>	<b>(\$18,236)</b>
<b>C.</b>	<b>AETNA AMBULANCE SERVICES, INC.</b>				
1		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Allocation of Investment Income/Loss	09/30/2015	(\$24,020)
			<b>Total:</b>	<b>9/30/2015</b>	<b>(\$24,020)</b>
<b>D.</b>	<b>AMBULANCE SERVICE OF MANCHESTER, LLC</b>				
1		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Allocation of Investment Income/Loss	09/30/2015	\$162,353
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$162,353</b>
<b>E.</b>	<b>CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>F.</b>	<b>CONNECTICUT HEALTHCARE INSURANCE CO.</b>				
1		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Allocation of Shareholders Equity	09/30/2015	(\$99,212)
			<b>Total:</b>	<b>9/30/2015</b>	<b>(\$99,212)</b>
<b>G.</b>	<b>CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>H.</b>	<b>EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.</b>				
1		ECHN ELDERCARE SERVICES, INC.	Salary and Non-Salary Expenses	09/30/2015	\$14,250

**MANCHESTER MEMORIAL HOSPITAL  
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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
2		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Salary and Non-Salary Expenses	09/30/2015	\$766,488
3		EASTERN CONNECTICUT HEALTH NETWORK, INC.	Operating Subsidy	09/30/2015	\$3,349,705
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$4,130,443</b>
<b>I.</b>	<b>EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.</b>				
1		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Salary and Non-Salary Expenses	09/30/2015	\$10,478
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$10,478</b>
<b>J.</b>	<b>ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.</b>				
1		EASTERN CONNECTICUT HEALTH NETWORK, INC.	Fundraising	09/30/2015	\$2,355
2		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Fundraising	09/30/2015	(\$10,956)
3		ECHN ELDERCARE SERVICES, INC.	Fundraising	09/30/2015	(\$3)
			<b>Total:</b>	<b>9/30/2015</b>	<b>(\$8,604)</b>
<b>K.</b>	<b>ECHN CORPORATE SERVICES INC.</b>				
1		EASTERN CONNECTICUT HEALTH NETWORK, INC.	Salary and Non-Salary Expenses	09/30/2015	\$1,685
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$1,685</b>
<b>L.</b>	<b>ECHN ELDERCARE SERVICES, INC.</b>				
1		EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.	Salary and Non Salary Expenses	09/30/2015	(\$14,250)
2		ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.	Fundraising	09/30/2015	\$233
3		EASTERN CONNECTICUT HEALTH NETWORK, INC.	Salary and Non-Salary Expenses	09/30/2015	(\$38,156)
4		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Salary and Non-Salary Expenses	09/30/2015	(\$185,629)
			<b>Total:</b>	<b>9/30/2015</b>	<b>(\$237,802)</b>
<b>M.</b>	<b>ECHN ENTERPRISES, INC.</b>				
1		EASTERN CONNECTICUT HEALTH NETWORK, INC.	Salary and Non-Salary Expenses	09/30/2015	\$2,100
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$2,100</b>
<b>N.</b>	<b>EVERGREEN ENDOSCOPY CENTER, LLC</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$0</b>

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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
<b>O.</b>	<b>EVERGREEN MEDICAL ASSOCIATES II, LLC</b>				
1		ECHN ENTERPRISES, INC.	Allocation of Investment Income/Loss	09/30/2015	\$1,518
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$1,518</b>
<b>P.</b>	<b>EVERGREEN MEDICAL ASSOCIATES, LLC</b>				
1		ECHN ENTERPRISES, INC.	Allocation of Investment Income/Loss	09/30/2015	\$13,126
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$13,126</b>
<b>Q.</b>	<b>HAYNES STREET MEDICAL ASSOCIATES II, LLC</b>				
1		ECHN ENTERPRISES, INC.	Allocation of Investment Income/Loss	09/30/2015	\$4,555
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$4,555</b>
<b>R.</b>	<b>HAYNES STREET MEDICAL ASSOCIATES, LLC</b>				
1		ECHN ENTERPRISES, INC.	Allocation of Investment Income/Loss	09/30/2015	\$3,844
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$3,844</b>
<b>S.</b>	<b>HAYNES STREET PROPERTY MANAGEMENT, LLC</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>T.</b>	<b>MEDICAL PRACTICE PARTNERS</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>U.</b>	<b>METRO WHEELCHAIR SERVICE, INC</b>				
1		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Allocation of Investment Income/Loss	09/30/2015	\$1,254
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$1,254</b>
<b>V.</b>	<b>NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)</b>				
1		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Allocation of Investment Income/Loss	09/30/2015	(\$13,008)
			<b>Total:</b>	<b>9/30/2015</b>	<b>(\$13,008)</b>
<b>W.</b>	<b>THE ROCKVILLE GENERAL HOSPITAL INCORPORATED</b>				
1		ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.	Fundraising	09/30/2015	\$10,956
2		ECHN ELDERCARE SERVICES, INC.	Salary and Non-Salary Expenses	09/30/2015	\$185,629

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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
3		EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.	Salary and Non-Salary Expenses	09/30/2015	(\$766,488)
4		CONNECTICUT HEALTHCARE INSURANCE CO.	Salary and Non-Salary Expenses	09/30/2015	\$723,207
5		EASTERN CONNECTICUT HEALTH NETWORK, INC.	Salary and Non-Salary Expenses	09/30/2015	(\$2,299,134)
			<b>Total:</b>	<b>9/30/2015</b>	<b>(\$2,145,830)</b>
<b>X. TOLLAND IMAGING CENTER</b>					
1		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Allocation of Investment Income/Loss	09/30/2015	\$145,729
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$145,729</b>
<b>Y. VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.</b>					
1		EASTERN CONNECTICUT HEALTH NETWORK, INC.	Salary and Non-Salary Expenses	09/30/2015	(\$56,650)
2		A CARING HAND, LLC	Salary and Non-Salary Expenses	09/30/2015	\$18,236
			<b>Total:</b>	<b>9/30/2015</b>	<b>(\$38,414)</b>
<b>Z. WBC CONNECTICUT EAST, LLC</b>					
1		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Allocation of Investment Income/Loss	09/30/2015	\$6,442
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$6,442</b>
			<b>Ending Unconsolidated Intercompany Balance</b>	<b>9/30/2015</b>	<b>\$14,162,116</b>



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**REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT

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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
<b>A. EASTERN CONNECTICUT HEALTH NETWORK, INC.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>B. A CARING HAND, LLC</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>C. AETNA AMBULANCE SERVICES, INC.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>D. AMBULANCE SERVICE OF MANCHESTER, LLC</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>E. CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>F. CONNECTICUT HEALTHCARE INSURANCE CO.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>G. CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>H. EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>I. EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>J. ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>K. ECHN CORPORATE SERVICES INC.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>L. ECHN ELDERCARE SERVICES, INC.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>M. ECHN ENTERPRISES, INC.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>N. EVERGREEN ENDOSCOPY CENTER, LLC</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>O. EVERGREEN MEDICAL ASSOCIATES II, LLC</b>			

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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	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>P.</b>	<b>EVERGREEN MEDICAL ASSOCIATES, LLC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>Q.</b>	<b>HAYNES STREET MEDICAL ASSOCIATES II, LLC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>R.</b>	<b>HAYNES STREET MEDICAL ASSOCIATES, LLC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>S.</b>	<b>HAYNES STREET PROPERTY MANAGEMENT, LLC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>T.</b>	<b>MEDICAL PRACTICE PARTNERS</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>U.</b>	<b>METRO WHEELCHAIR SERVICE, INC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>V.</b>	<b>NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>W.</b>	<b>THE ROCKVILLE GENERAL HOSPITAL INCORPORATED</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>X.</b>	<b>TOLLAND IMAGING CENTER</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>Y.</b>	<b>VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>Z.</b>	<b>WBC CONNECTICUT EAST, LLC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
	<b>Grand Total:</b>	<b>\$0</b>	<b>9/30/2015</b>

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

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

**MANCHESTER MEMORIAL 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
<b>V.</b>	<b>NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>W.</b>	<b>THE ROCKVILLE GENERAL HOSPITAL INCORPORATED</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>X.</b>	<b>TOLLAND IMAGING CENTER</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>Y.</b>	<b>VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>Z.</b>	<b>WBC CONNECTICUT EAST, LLC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
	<b>Grand Total:</b>	<b>\$0</b>	

**MANCHESTER MEMORIAL HOSPITAL  
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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 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A . Indigent Care</b>					
	<b>Beginning Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
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%
	<b>Ending Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
<b>B . Free Beds</b>					
	<b>Beginning Balance</b>	<b>\$747,375.96</b>	<b>\$683,845.37</b>	<b>(\$63,530.59)</b>	<b>-9%</b>
1	Donations	\$10,344.00	\$0.00	(\$10,344.00)	-100%
2	Income	\$150,577.50	\$394.88	(\$150,182.62)	-100%
3	Expenditures	\$126,020.08	\$2,743.45	(\$123,276.63)	-98%
4	Unrealized Gains and Losses	(\$98,432.01)	\$0.00	\$98,432.01	-100%
	<b>Ending Balance</b>	<b>\$683,845.37</b>	<b>\$681,496.80</b>	<b>(\$2,348.57)</b>	<b>0%</b>
5	Projected Interest Income	\$400.00	\$800.00	\$400.00	100%
<b>C . Other</b>					
	<b>Beginning Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
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%
	<b>Ending Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

<b>MANCHESTER MEMORIAL HOSPITAL</b>		
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<b>REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL</b>		
<b>A. Patient Activity</b>		
(1)	(2)	(3)
<u>Patient</u>	Name of Hospital Bed Fund ( <u>FULL NAME</u> )	<b>Amount</b>
1. Number of Applications for Hospital Bed Funds		1
2. A. Number of Patients receiving Hospital Bed Fund Grants		1
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed Funds:		<b>\$2,743.45</b>
1	Drake Bed Fund	<b>\$2,743.45</b>
	<b>Grand Total</b>	<b>\$2,743.45</b>



<b>MANCHESTER MEMORIAL HOSPITAL</b>					
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<b>REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL</b>					
<b>B. BED FUND ACTIVITY</b>					
(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.				
	Erna Loomis	\$196,394.42	\$21,687.86	\$0.00	\$21,687.86
	Elsie Cheney Disher	\$151,579.19	\$16,654.64	\$0.00	\$16,654.64
	Mattie Hills Preston	\$8,000.00	\$1,115.53	\$0.00	\$1,115.53
	P O Boynton	\$923.00	\$144.16	\$0.00	\$144.16
	Drake Bed Fund	\$90,499.84	\$83,541.28	\$0.00	\$83,541.28
	Ralph and Lula Pinney Fund	\$10,344.00	\$22.56	\$0.00	\$22.56
	<b>Total Bed Funds :</b>	<b>\$457,740.45</b>	<b>\$123,166.03</b>	<b>\$0.00</b>	<b>\$123,166.03</b>

**MANCHESTER MEMORIAL HOSPITAL  
ANNUAL REPORTING  
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**REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
<b>I. GENERAL COLLECTION PROCESSES AND PROCEDURES</b>		
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 pat does not request an app 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	16.82%
<b>II. SPECIFIC COLLECTION AGENT INFORMATION</b>		
<b>A</b>	<b>Collection Agent</b>	
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 pat does not request an app 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.	16.48%
<b>B</b>	<b>Collection Agent</b>	

**MANCHESTER MEMORIAL HOSPITAL  
ANNUAL REPORTING  
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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 pat does not request an app 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.	17.15%

**MANCHESTER MEMORIAL HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2015  
REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL EMPLOYEES**

<b>LINE</b>	<b>POSITION TITLE</b>	<b>EMPLOYEE NAME</b>	<b>SALARY</b>	<b>FRINGE BENEFITS</b>	<b>TOTAL</b>
1.	President/Chief Executive Officer	Peter J Karl	\$721,402	\$42,740	<b>\$764,142</b>
2.	Chair Dept of Psychiatry and Medical Director	Osman Qureshi	\$510,526	\$36,532	<b>\$547,058</b>
3.	Chair & Sr Medical Director ED	Robert Carroll	\$467,112	\$35,711	<b>\$502,823</b>
4.	Emergency Room Physician	Theodore Sherry	\$375,975	\$35,106	<b>\$411,081</b>
5.	Assistant Medical Director ED	James A Castellone	\$376,978	\$20,775	<b>\$397,753</b>
6.	Emergency Room Physician	Andreas J Bojko	\$351,590	\$34,977	<b>\$386,567</b>
7.	Emergency Room Physician	Enoch Darko	\$351,294	\$24,675	<b>\$375,969</b>
8.	Emergency Room Physician	Matthew Cauchon	\$335,854	\$34,212	<b>\$370,066</b>
9.	Emergency Room Physician	Arthur Belmont	\$326,984	\$34,608	<b>\$361,592</b>
10.	Senior VP of Medical Affairs&Chief Medical Officer	Joel Reich	\$337,266	\$22,918	<b>\$360,184</b>
		<b>Grand Total:</b>	<b>\$4,154,981</b>	<b>\$322,254</b>	<b>\$4,477,235</b>

**EASTERN CONNECTICUT HEALTH NETWORK, INC.**  
**ANNUAL REPORTING**  
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**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.	President, Chief Executive Officer	Peter J Karl - Eastern CT Health Network	\$1,077,472	\$64,653	\$1,142,125
2.	Eastern CT Medical Prof Foundation Physician	James W OBrien- Eastern CT Medical Professionals Foundation, Inc.	\$578,645	\$38,760	\$617,405
3.	Chair Dept of Psychiatry and Medical Director	Osman Qureshi- Manchester Memorial Hospital and Rockville General Hospital	\$510,375	\$37,321	\$547,696
4.	Eastern CT Medical Prof Foundation Physician	Ali Hemacha - Eastern CT Medical Professionals Foundation, Inc.	\$510,110	\$37,194	\$547,304
5.	Eastern CT Medical Prof Foundation Surgeon	Barry N Messinger- Eastern CT Medical Professionals Foundation, Inc.	\$500,000	\$14,597	\$514,597
6.	Senior Vice President & Chief Financial Officer	Michael Veillette - Eastern CT Health Network	\$474,159	\$39,698	\$513,857
7.	Senior VP of Medical Affairs&Chief Medical Officer	Joel Reich- Eastern CT Health Network	\$477,004	\$33,207	\$510,211
8.	Chair & Sr Medical Director ED	Robert Carroll - Manchester Memorial Hospital and Rockville General Hospital	\$467,563	\$36,559	\$504,122
9.	Eastern CT Medical Prof Foundation Physician	Danny Korkmaz - Eastern CT Medical Professionals Foundation, Inc.	\$458,017	\$36,404	\$494,421
10.	Senior Vice President & General Counsel	Joyce A Tichy - Eastern CT Health Network	\$425,017	\$36,163	\$461,180
<b>Grand Total:</b>			<b>\$5,478,362</b>	<b>\$374,556</b>	<b>\$5,852,918</b>

**MANCHESTER MEMORIAL HOSPITAL  
ANNUAL REPORTING  
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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) <sup>C</sup>	FRINGE BENEFITS <sup>A</sup> (Directl y or Indirectly) <sup>C</sup>	TOTAL
<b>A . EASTERN CONNECTICUT HEALTH NETWORK, INC.</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
<b>B . A CARING HAND, LLC</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
<b>C . AETNA AMBULANCE SERVICES, INC.</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
<b>D . AMBULANCE SERVICE OF MANCHESTER, LLC</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
<b>E . CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC</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
<b>F . CONNECTICUT HEALTHCARE INSURANCE CO.</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
<b>G . CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC</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
<b>H . EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.</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
<b>I . EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.</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
<b>J . ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.</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
<b>K . ECHN CORPORATE SERVICES INC.</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
<b>L . ECHN ELDERCARE SERVICES, INC.</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
<b>M . ECHN ENTERPRISES, INC.</b>				

**MANCHESTER MEMORIAL 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) <sup>C</sup>	FRINGE BENEFITS <sup>A</sup> (Directl y or Indirectly) <sup>C</sup>	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
<b>N . EVERGREEN ENDOSCOPY CENTER, LLC</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
<b>O . EVERGREEN MEDICAL ASSOCIATES II, LLC</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
<b>P . EVERGREEN MEDICAL ASSOCIATES, LLC</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
<b>Q . HAYNES STREET MEDICAL ASSOCIATES II, LLC</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
<b>R . HAYNES STREET MEDICAL ASSOCIATES, LLC</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
<b>S . HAYNES STREET PROPERTY MANAGEMENT, LLC</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
<b>T . MEDICAL PRACTICE PARTNERS</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
<b>U . METRO WHEELCHAIR SERVICE, INC</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
<b>V . NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)</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
<b>W . THE ROCKVILLE GENERAL HOSPITAL INCORPORATED</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
<b>X . TOLLAND IMAGING CENTER</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
<b>Y . VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.</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

**MANCHESTER MEMORIAL HOSPITAL**  
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**FISCAL YEAR 2015**  
**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) <sup>C</sup>	FRINGE BENEFITS <sup>A</sup> (Directl y or Indirectly) <sup>C</sup>	TOTAL
Z .	<b>WBC CONNECTICUT EAST, LLC</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

*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.*



**MANCHESTER MEMORIAL 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 2015
<b>A</b>	<b>Transfer of Assets or Operations</b>	
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

## MANCHESTER MEMORIAL HOSPITAL

## ANNUAL REPORTING

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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 2014 AMOUNT	FY 2015 AMOUNT	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)</b>					
1.	Number of Applicants	1,139	891	(248)	-22%
2.	Number of Approved Applicants	1,000	808	(192)	-19%
3.	Total Charges (A)	\$2,411,263	\$1,553,798	(\$857,465)	-36%
	<b>Average Charges</b>	<b>\$2,411</b>	<b>\$1,923</b>	<b>(\$488)</b>	<b>-20%</b>
4.	Ratio of Cost to Charges (RCC)	0.323425	0.299224	(0.024201)	-7%
	<b>Total Cost</b>	<b>\$779,863</b>	<b>\$464,934</b>	<b>(\$314,929)</b>	<b>-40%</b>
	<b>Average Cost</b>	<b>\$780</b>	<b>\$575</b>	<b>(\$204)</b>	<b>-26%</b>
5.	Charity Care - Inpatient Charges	\$540,716	\$305,958	(\$234,758)	-43%
6.	Charity Care - Outpatient Emergency Department Charges	1,415,036	828,535	(586,501)	-41%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	455,511	419,305	(36,206)	-8%
	<b>Total Charges (A)</b>	<b>\$2,411,263</b>	<b>\$1,553,798</b>	<b>(\$857,465)</b>	<b>-36%</b>
8.	Charity Care - Number of Patient Days	704	503	(201)	-29%
9.	Charity Care - Number of Discharges	143	122	(21)	-15%
10.	Charity Care - Number of Outpatient ED Visits	860	626	(234)	-27%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,468	1,152	(316)	-22%
<b>(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.</b>					
<b>B. Hospital Bed Funds (see Hospital Reporting System - Report 17)</b>					
1.	Number of Applicants	32	1	(31)	-97%
2.	Number of Approved Applicants	32	1	(31)	-97%
3.	Total Charges (B)	\$126,020	\$2,743	(\$123,277)	-98%
	<b>Average Charges</b>	<b>\$3,938</b>	<b>\$2,743</b>	<b>(\$1,195)</b>	<b>-30%</b>
4.	Ratio of Cost to Charges (RCC)	0.323425	0.299224	(0.024201)	-7%
	<b>Total Cost</b>	<b>\$40,758</b>	<b>\$821</b>	<b>(\$39,937)</b>	<b>-98%</b>
	<b>Average Cost</b>	<b>\$1,274</b>	<b>\$821</b>	<b>(\$453)</b>	<b>-36%</b>
5.	Bed Funds - Inpatient Charges	\$4,471	\$0	(\$4,471)	-100%
6.	Bed Funds - Outpatient Emergency Department Charges	105,450	0	(105,450)	-100%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	16,099	2,743	(13,356)	-83%
	<b>Total Charges (B)</b>	<b>\$126,020</b>	<b>\$2,743</b>	<b>(\$123,277)</b>	<b>-98%</b>
8.	Bed Funds - Number of Patient Days	1	0	(1)	-100%
9.	Bed Funds - Number of Discharges	1	0	(1)	-100%
10.	Bed Funds - Number of Outpatient ED Visits	26	0	(26)	-100%
11.	Bed Funds - Number of Outpatient Visits(Excludes ED Visits)	5	1	(4)	-80%
<b>(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.</b>					

**MANCHESTER MEMORIAL HOSPITAL**

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**REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2014</u> <u>AMOUNT</u>	<u>FY 2015</u> <u>AMOUNT</u>	<u>AMOUNT</u> <u>DIFFERENCE</u>	<u>%</u> <u>DIFFERENCE</u>