

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

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
A.	AFFILIATE NAME	EASTERN CONNECTICUT HEALTH NETWORK,INC.
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.	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 Avenue
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06106 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
8	CEO Name	Kim Aroh
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 -
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	Kim Aroh
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 -
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	Peter Karl
9	CEO Title	CEO
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 -
F.	AFFILIATE NAME	CONNECTICUT HEALTHCARE INSURANCE CO.

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
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
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 -
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	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 -
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

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
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 -
I.	AFFILIATE NAME	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.
1	Affiliate Description	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS
2	Affiliate type of service	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	Barbara Phillips, MD
9	CEO Title	Chair
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 -
J.	AFFILIATE NAME	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.
1	Affiliate Description	Entity responsible for raising funds for the benefit of exempt organizations associated with Eastern CT Health Network, Inc.
2	Affiliate type of service	Fund Raising/Management
3	Tax Status	Not for Profit
4	Street Address	44 Haynes Street
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06040 -
8	CEO Name	PETER J. KARL
9	CEO Title	PRESIDENT & CEO
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 -
K.	AFFILIATE NAME	ECHN CORPORATE SERVICES INC.
1	Affiliate Description	For-profit subsidiary of ECHN serving as parent of Medical Practice Partners
2	Affiliate type of service	Affiliate Support Services

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
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 -
L.	AFFILIATE NAME	ECHN ELDERCARE SERVICES, INC.
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 -
M.	AFFILIATE NAME	ECHN ENTERPRISES, INC.
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

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
15	CT Agent Zip Code	06040 -
N. AFFILIATE NAME EVERGREEN ENDOSCOPY CENTER, LLC		
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
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 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 -
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

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
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 -
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 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 -
S.	AFFILIATE NAME	HAYNES STREET PROPERTY MANAGEMENT, LLC

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
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 -
T.	AFFILIATE NAME	MEDICAL PRACTICE PARTNERS
1	Affiliate Description	Provides Medical billing services, electronic health records, information services and practice management services.
2	Affiliate type of service	Affiliate Support Services
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 -
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	Kim Aroh
9	CEO Title	President
10	CT Agent Name	C T Corporation System

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
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 -
V.	AFFILIATE NAME	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, 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	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 -
W.	AFFILIATE NAME	THE MANCHESTER MEMORIAL HOSPITAL
1	Affiliate Description	Community Based Acute Care Hospital.
2	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	71 Haynes Street
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06040 -
8	CEO Name	Peter Karl
9	CEO Title	Interim 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 -
X.	AFFILIATE NAME	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED
1	Affiliate Description	Community based hospital that provides medical care on an acute basis.
2	Affiliate type of service	Hospital

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
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 -
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	06084 -
8	CEO Name	Dennis McConville
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 -
Z.	AFFILIATE NAME	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, 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 Officer
10	CT Agent Name	Todd Rose
11	CT Agent Company	
12	CT Agent Company Street Address	8 Keynote Drive
13	CT Agent Town	Vernon
14	CT Agent State	Connecticut

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
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

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 9/30/2016
A . MANCHESTER MEMORIAL HOSPITAL			
1		Unrestricted	(\$16,517,740)
2		Temporarily Restricted by Donor	\$3,678
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$12,018,052
5		Intercompany Eliminations	\$0
		Total:	(\$4,496,010)
B . EASTERN CONNECTICUT HEALTH NETWORK, INC.			
1		Unrestricted	(\$1,091,354)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$1,091,354)
C . A CARING HAND, LLC			
1		Unrestricted	\$423,392
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$423,392
D . AETNA AMBULANCE SERVICES, INC.			
1		Unrestricted	\$3,507,755
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$3,507,755
E . AMBULANCE SERVICE OF MANCHESTER, LLC			
1		Unrestricted	\$7,974,628
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$7,974,628
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

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS			
(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2016
G .	CONNECTICUT HEALTHCARE INSURANCE CO.		
1		Unrestricted	(\$5,856,430)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$5,856,430)
H .	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
I .	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.		
1		Unrestricted	\$233,085
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$233,085
J .	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
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	\$0
2		Temporarily Restricted by Donor	\$4,260
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$1,567,312
5		Intercompany Eliminations	\$0
		Total:	\$1,571,572
L .	ECHN CORPORATE SERVICES INC.		
1		Unrestricted	\$495,139
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$495,139

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 9/30/2016
M . ECHN ELDERCARE SERVICES, INC.			
1		Unrestricted	\$521,626
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$521,626
N . ECHN ENTERPRISES, INC.			
1		Unrestricted	\$392,992
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$392,992
O . EVERGREEN ENDOSCOPY CENTER, LLC			
1		Unrestricted	\$942,514
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$942,514
P . EVERGREEN MEDICAL ASSOCIATES II, LLC			
1		Unrestricted	\$3,079,785
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$3,079,785
Q . EVERGREEN MEDICAL ASSOCIATES, LLC			
1		Unrestricted	\$1,520,100
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,520,100
R . HAYNES STREET MEDICAL ASSOCIATES II, LLC			
1		Unrestricted	\$1,894,735
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,894,735
S . HAYNES STREET MEDICAL ASSOCIATES, LLC			

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 9/30/2016
1		Unrestricted	\$597,856
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$597,856
T.	HAYNES STREET PROPERTY MANAGEMENT, LLC		
1		Unrestricted	\$39,134
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$39,134
U.	MEDICAL PRACTICE PARTNERS		
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
V.	METRO WHEELCHAIR SERVICE, INC		
1		Unrestricted	\$10,574
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$10,574
W.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)		
1		Unrestricted	\$11,742,625
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$11,742,625
X.	THE MANCHESTER MEMORIAL HOSPITAL		
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 ROCKVILLE GENERAL HOSPITAL INCORPORATED		
1		Unrestricted	\$11,556,416

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 9/30/2016
2		Temporarily Restricted by Donor	\$582
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$5,174,177
5		Intercompany Eliminations	\$0
		Total:	\$16,731,175
Z .	TOLLAND IMAGING CENTER		
1		Unrestricted	\$1,403,640
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,403,640
AA .	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.		
1		Unrestricted	\$4,035,739
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$4,035,739
AB .	WBC CONNECTICUT EAST, LLC		
1		Unrestricted	\$1,555,580
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,555,580
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$47,229,852
	Intercompany Eliminations		\$0
	Total of all Affiliates	Fund Balance:	\$47,229,852

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
A. EASTERN CONNECTICUT HEALTH NETWORK, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$4,093,755
1		Allocation of Income/Loss	09/30/2016	(\$7,547,214)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$3,453,459)
B. A CARING HAND, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$22,680
1		Salary and Non-Salary Operating Expenses	09/30/2016	(\$22,680)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
C. AETNA AMBULANCE SERVICES, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$1,317,001
1		Allocation of Investment Income/Loss	09/30/2016	(\$89,286)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$1,227,715
D. AMBULANCE SERVICE OF MANCHESTER, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$3,037,932
1		Allocation of Investment Income/Loss	09/30/2016	(\$246,812)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$2,791,120
E. CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
F. CONNECTICUT HEALTHCARE INSURANCE CO.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$3,983,309
1		Allocation of Investment Income/Loss	09/30/2016	\$5,064,431
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$9,047,740
G. CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$20,000
1		To adjust for beginning discrepancy	09/30/2016	(\$6,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$14,000
H. EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$13,880,527
1		Operating Subsidy	09/30/2016	(\$2,621,902)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$11,258,625
I. EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	(\$71,521)
1		Operating Subsidy	09/30/2016	\$53,894
		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$17,627)
J. ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$153,240
1		Transfer of Donated Assets	09/30/2016	(\$171,819)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$18,579)
K. ECHN CORPORATE SERVICES INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
L. ECHN ELDERCARE SERVICES, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$2,188
1		Salary and Non-Salary Operating Expenses	09/30/2016	(\$582,295)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$580,107)

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
M.	ECHN ENTERPRISES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$1,263,863
1		Non Salary Expense	09/30/2017	\$47,744
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$1,311,607
N.	EVERGREEN ENDOSCOPY CENTER, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$564,631
1		Allocation of Investment Income/Loss	09/30/2016	(\$84,166)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$480,465
O.	EVERGREEN MEDICAL ASSOCIATES II, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
P.	EVERGREEN MEDICAL ASSOCIATES, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
Q.	HAYNES STREET MEDICAL ASSOCIATES II, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
R.	HAYNES STREET MEDICAL ASSOCIATES, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
S.	HAYNES STREET PROPERTY MANAGEMENT, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$170,979
1		Non Salary Expense	09/30/2016	\$7,715
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$178,694
T.	MEDICAL PRACTICE PARTNERS			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
U.	METRO WHEELCHAIR SERVICE, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$2,926
1		Allocation of Investment Income/Loss	09/30/2016	\$775
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$3,701
V.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$3,286,187
1		Allocation of Investment Income/Loss	09/30/2016	(\$350,531)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$2,935,656
W.	THE MANCHESTER MEMORIAL HOSPITAL			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
X.	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	(\$3,280,506)
1		Salary and Non-Salary Operating Expenses	09/30/2016	\$2,600,785
		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$679,721)
Y.	TOLLAND IMAGING CENTER			

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
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$336,138
1		Allocation of Investment Income/Loss	09/30/2016	\$155,100
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$491,238
Z.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$215,084
1		Salary and Non-Salary Operating Expenses	09/30/2016	(\$215,084)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
AA.	WBC CONNECTICUT EAST, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$152,326
1		Allocation of Investment Income/Loss	09/30/2016	\$26,435
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$178,761
			Grand Total:	\$25,169,829

MANCHESTER MEMORIAL HOSPITAL					
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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
			Beginning Unconsolidated Intercompany Balance	10/01/2015	\$14,162,116
A.	EASTERN CONNECTICUT HEALTH NETWORK, INC.				
1		ECHN ENTERPRISES, INC.	Allocation of ECHN Expenses to Subsidy	09/30/2016	(\$2,100)
2		ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.	Fundraising	09/30/2016	(\$5,607)
3		ECHN ELDERCARE SERVICES, INC.	Allocation of ECHN Expenses to Subsidy	09/30/2016	(\$14,638)
4		EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.	Operating Subsidy	09/30/2016	(\$5,464,538)
5		ECHN CORPORATE SERVICES INC.	Notes Payable	09/30/2016	(\$4,263)
6		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Allocation of ECHN Expenses to Subsidy	09/30/2016	\$2,683,455
7		THE MANCHESTER MEMORIAL HOSPITAL	Allocation of ECHN Expenses to Subsidy	09/30/2016	(\$8,365,191)
			Total:	9/30/2016	(\$11,172,882)
B.	A CARING HAND, LLC				
1		THE MANCHESTER MEMORIAL HOSPITAL	Salary & Wage & Fringe	09/30/2016	(\$22,680)
			Total:	9/30/2016	(\$22,680)
C.	AETNA AMBULANCE SERVICES, INC.				
1		THE MANCHESTER MEMORIAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2016	(\$89,286)
2		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Allocation of Investment Income/Loss	09/30/2016	(\$38,266)
			Total:	9/30/2016	(\$127,552)
D.	AMBULANCE SERVICE OF MANCHESTER, LLC				
1		THE MANCHESTER MEMORIAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2016	(\$246,812)
2		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Allocation of Investment Income/Loss	09/30/2016	(\$105,777)
			Total:	9/30/2016	(\$352,589)
E.	CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
F.	CONNECTICUT HEALTHCARE INSURANCE CO.				
1		THE MANCHESTER MEMORIAL HOSPITAL	Allocation of Shareholders Equity	09/30/2016	\$4,670,430
2		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Allocation of Shareholders Equity	09/30/2016	\$2,001,613
			Total:	9/30/2016	\$6,672,043
G.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
H.	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.				
1		THE MANCHESTER MEMORIAL HOSPITAL	Salary and Non Salary Expenses	09/30/2016	(\$7,422,939)
2		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Salary and Non-Salary Operating Expenses	09/30/2016	\$1,359,041
3		EASTERN CONNECTICUT HEALTH NETWORK, INC.	Operating Subsidy	09/30/2016	\$5,463,338
			Total:	9/30/2016	(\$600,560)
I.	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.				
1		THE MANCHESTER MEMORIAL HOSPITAL	Salary and Non-Salary Expenses	09/30/2016	(\$53,894)
2		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Salary and Non Salary Expenses	09/30/2016	(\$23,097)
			Total:	9/30/2016	(\$76,991)
J.	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.				
1		EASTERN CONNECTICUT HEALTH NETWORK, INC.	Fundraising	09/30/2016	\$5,607
2		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Fundraising	09/30/2016	(\$10,272)
3		THE MANCHESTER MEMORIAL HOSPITAL	Fundraising	09/30/2016	(\$140,953)
4		ECHN ELDERCARE SERVICES, INC.	Fundraising	09/30/2016	(\$4,011)
			Total:	9/30/2016	(\$149,629)
K.	ECHN CORPORATE SERVICES INC.				
1		EASTERN CONNECTICUT HEALTH NETWORK, INC.	Salary and Non-Salary Expenses	09/30/2017	\$4,263

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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
			Total:	9/30/2016	\$4,263
L.	ECHN ELDERCARE SERVICES, INC.				
1		ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.	Fundraising	09/30/2016	\$4,011
2		THE MANCHESTER MEMORIAL HOSPITAL	Salary and Non Salary Expenses	09/30/2016	(\$192,940)
3		EASTERN CONNECTICUT HEALTH NETWORK, INC.	Salary and Non Salary Expenses	09/30/2016	\$14,638
4		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Salary and Non-Salary Expenses	09/30/2016	\$5,980,553
			Total:	9/30/2016	\$5,806,262
M.	ECHN ENTERPRISES, INC.				
1		EASTERN CONNECTICUT HEALTH NETWORK, INC.	Salary and Non Salary Expenses	09/30/2016	\$2,100
2		THE MANCHESTER MEMORIAL HOSPITAL	Salary and Non Salary Expenses	09/30/2016	\$50,355
			Total:	9/30/2016	\$52,455
N.	EVERGREEN ENDOSCOPY CENTER, LLC				
1		THE MANCHESTER MEMORIAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2016	(\$84,167)
			Total:	9/30/2016	(\$84,167)
O.	EVERGREEN MEDICAL ASSOCIATES II, LLC				
1		ECHN ENTERPRISES, INC.	Allocation of Investment Income/Loss	09/30/2016	\$31,020
			Total:	9/30/2016	\$31,020
P.	EVERGREEN MEDICAL ASSOCIATES, LLC				
1		ECHN ENTERPRISES, INC.	Allocation of Investment Income/Loss	09/30/2016	\$26,391
			Total:	9/30/2016	\$26,391
Q.	HAYNES STREET MEDICAL ASSOCIATES II, LLC				
1		ECHN ENTERPRISES, INC.	Allocation of Investment Income/Loss	09/30/2016	\$29,911
			Total:	9/30/2016	\$29,911
R.	HAYNES STREET MEDICAL ASSOCIATES, LLC				
1		ECHN ENTERPRISES, INC.	Allocation of Investment Income/Loss	09/30/2016	(\$16,623)
			Total:	9/30/2016	(\$16,623)
S.	HAYNES STREET PROPERTY MANAGEMENT, LLC				
1		THE MANCHESTER MEMORIAL HOSPITAL	Salary and Non Salary Expenses	09/30/2016	(\$6,820)
			Total:	9/30/2016	(\$6,820)
T.	MEDICAL PRACTICE PARTNERS				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
U.	METRO WHEELCHAIR SERVICE, INC				
1		THE MANCHESTER MEMORIAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2016	\$776
2		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Allocation of Investment Income/Loss	09/30/2016	\$332
			Total:	9/30/2016	\$1,108
V.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)				
1		THE MANCHESTER MEMORIAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2016	(\$350,530)
2		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Allocation of Investment Income/Loss	09/30/2016	(\$350,530)
			Total:	9/30/2016	(\$701,060)
W.	THE MANCHESTER MEMORIAL HOSPITAL				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
X.	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED				
1		ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.	Fundraising	09/30/2016	\$10,272
2		ECHN ELDERCARE SERVICES, INC.	Salary and Non Salary Expenses	09/30/2016	(\$5,980,552)
3		ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.	Salary and Non Salary Expenses	09/30/2016	(\$1,359,041)
4		CONNECTICUT HEALTHCARE INSURANCE CO.	Salary and Non Salary Expenses	09/30/2016	(\$2,549,834)

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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
5		THE MANCHESTER MEMORIAL HOSPITAL	Salary and Non-Salary Expenses	09/30/2016	\$6,650,289
6		EASTERN CONNECTICUT HEALTH NETWORK, INC.	Salary and Non-Salary Expenses	09/30/2016	(\$2,709,541)
7		VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.	Salary and Non Salary Expenses	09/30/2016	\$1,240,511
			Total:	9/30/2016	(\$4,697,896)
Y.	TOLLAND IMAGING CENTER				
1		THE MANCHESTER MEMORIAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2016	\$155,099
2		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Allocation of Investment Income/Loss	09/30/2016	\$155,099
			Total:	9/30/2016	\$310,198
Z.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.				
1		THE MANCHESTER MEMORIAL HOSPITAL	Salary and Non Salary Expenses	09/30/2016	(\$215,084)
2		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Salary and Non Salary Expenses	09/30/2016	(\$1,098,997)
			Total:	9/30/2016	(\$1,314,081)
AA.	WBC CONNECTICUT EAST, LLC				
1		THE MANCHESTER MEMORIAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2016	\$26,436
2		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Allocation of Investment Income/Loss	09/30/2016	\$11,330
			Total:	9/30/2016	\$37,766
			Ending Unconsolidated Intercompany Balance	9/30/2016	\$7,810,003

MANCHESTER MEMORIAL HOSPITAL			
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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
A. EASTERN CONNECTICUT HEALTH NETWORK, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
B. A CARING HAND, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
C. AETNA AMBULANCE SERVICES, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
D. AMBULANCE SERVICE OF MANCHESTER, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
E. CLINICALLY INTEGRATED NETWORK OF EASTERN CONNECTICUT, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
F. CONNECTICUT HEALTHCARE INSURANCE CO.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
G. CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
H. EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
I. EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
J. ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
K. ECHN CORPORATE SERVICES INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
L. ECHN ELDERCARE SERVICES, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
M. ECHN ENTERPRISES, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
N. EVERGREEN ENDOSCOPY CENTER, LLC			
0	Nothing to Report	\$0	

MANCHESTER MEMORIAL HOSPITAL			
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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
	Total:	\$0	9/30/2016
O.	EVERGREEN MEDICAL ASSOCIATES II, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
P.	EVERGREEN MEDICAL ASSOCIATES, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
Q.	HAYNES STREET MEDICAL ASSOCIATES II, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
R.	HAYNES STREET MEDICAL ASSOCIATES, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
S.	HAYNES STREET PROPERTY MANAGEMENT, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
T.	MEDICAL PRACTICE PARTNERS		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
U.	METRO WHEELCHAIR SERVICE, INC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
V.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
W.	THE MANCHESTER MEMORIAL HOSPITAL		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
X.	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
Y.	TOLLAND IMAGING CENTER		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
Z.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
AA.	WBC CONNECTICUT EAST, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	Grand Total:	\$0	9/30/2016

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
A.	EASTERN CONNECTICUT 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 INC.		
0	Nothing to Report	\$0	0
	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	

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

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 2015 ACTUAL	FY 2016 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	\$683,845.37	\$681,496.80	(\$2,348.57)	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$394.88	\$1,718.89	\$1,324.01	335%
3	Expenditures	\$2,743.45	\$124,884.92	\$122,141.47	4452%
4	Unrealized Gains and Losses	\$0.00	(\$249,469.84)	(\$249,469.84)	0%
	Ending Balance	\$681,496.80	\$308,860.93	(\$372,635.87)	-55%
5	Projected Interest Income	\$800.00	\$1,500.00	\$700.00	88%
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)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		24
2. A. Number of Patients receiving Hospital Bed Fund Grants		24
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed Funds:		\$124,884.92
001	Erna Loomis	\$5,080.53
002	Elsie Cheney Disher	\$3,570.36
003	Elsie Cheney Disher	\$3,415.66
004	Elsie Cheney Disher	\$401.01
005	Elsie Cheney Disher	\$3,484.03
006	Elsie Cheney Disher	\$3,838.59
007	Mattie Hills Preston	\$1,141.58
008	P O Boynton	\$147.18
009	Ralph and Lula Pinney Fund	\$55.75
010	Drake Bed Fund	\$7,027.27
011	Drake Bed Fund	\$10,077.85
012	Drake Bed Fund	\$11,753.88
013	Drake Bed Fund	\$8,807.80
014	Drake Bed Fund	\$8,377.72
015	Drake Bed Fund	\$8,375.42
016	Drake Bed Fund	\$7,909.53
017	Drake Bed Fund	\$7,652.86
018	Drake Bed Fund	\$7,289.35
019	Drake Bed Fund	\$6,796.72
020	Elsie Cheney Disher	\$2,437.00
021	Erna Loomis	\$4,754.91
022	Erna Loomis	\$853.76
023	Erna Loomis	\$6,460.66
024	Erna Loomis	\$5,175.50
	Grand Total	\$124,884.92

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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 Fund				
(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	\$637.50	\$0.00	\$0.00
	Elsie Cheney Disher	\$151,579.19	\$492.01	\$0.00	\$0.00
	Mattie Hills Preston	\$8,000.00	\$26.05	\$0.00	\$0.00
	P O Boynton	\$923.00	\$3.02	\$0.00	\$0.00
	Drake Bed Fund	\$90,499.84	\$527.12	\$0.00	\$0.00
	Ralph and Lula Pinney Fund	\$10,344.00	\$33.19	\$0.00	\$0.00
	Total Bed Funds :	\$457,740.45	\$1,718.89	\$0.00	\$0.00

MANCHESTER MEMORIAL 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 agency, a SP pat prior to giving them the opp for fin aid or choose a payment option that fits their needs. If the patient does not request and application for financial aid within 10 days, then they have 120 days to pay the account in full.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	ECHN has agreements with Coll Agencies to initiate collection efforts on those accts that ECHN refers to them. If pay schedules are not kept, accts will be transferred from coll agents to secondary collections attorneys for follow-up.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	12.25%
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 agency, a SP pat prior to giving them the opp for fin aid or choose a payment option that fits their needs. If the patient does not request and application for financial aid within 10 days, then they have 120 days to pay the account in full.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	ECHN has agreements with Coll Agencies to initiate collection efforts on those accts that ECHN refers to them. If pay schedules are not kept, accts will be transferred from coll agents to secondary collections attorneys for follow-up.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	11.88%
B Collection Agent		
1	Collection Agent Name	Transcontinental Credit and Collection
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	ECHN offers options and will not bill, refer to a coll agency, a SP pat prior to giving them the opp for fin aid or choose a payment option that fits their needs. If the patient does not request and application for financial aid within 10 days, then they have 120 days to pay the account in full.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	ECHN has agreements with Coll Agencies to initiate collection efforts on those accts that ECHN refers to them. If pay schedules are not kept, accts will be transferred from coll agents to secondary collections attorneys for follow-up.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	13.84%

MANCHESTER MEMORIAL HOSPITAL					
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REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL EMPLOYEES					
LINE	POSITION TITLE	EMPLOYEE NAME	SALARY	FRINGE BENEFITS	TOTAL
1.	President/Chief Executive Officer	Peter J. Karl	\$1,460,103	\$29,216	\$1,489,319
2.	Senior Vice President & Chief Financial Officer	Michael D. Veillette	\$448,280	\$19,595	\$467,875
3.	Chair & Sr. Med. Dir of Emergency Medicine	Robert F. Carroll	\$407,109	\$15,749	\$422,858
4.	Sr. Vice President & Chief Medical Officer	Joel Reich	\$382,856	\$13,216	\$396,072
5.	Sr. Vice President Ambulatory Network Svcs.	Gregory Williams	\$313,989	\$15,988	\$329,977
6.	Senior Vice President & General Counsel	Joyce Tichy	\$305,308	\$15,988	\$321,296
7.	Chair Dept of Psychiatry and Medical Director	Osman Qureshi	\$290,754	\$15,686	\$306,440
8.	Assistant Medical Director	James A. Castellone	\$270,424	\$3,744	\$274,168
9.	Emergency Department Physician	Sherry Theodore	\$256,930	\$15,692	\$272,622
10.	Emergency Department Physician	Andreas J. Bojko	\$249,116	\$15,676	\$264,792
		Grand Total:	\$4,384,869	\$160,550	\$4,545,419

**EASTERN CONNECTICUT HEALTH NETWORK, INC.
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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 Connecticut Health Network	\$2,179,258	\$43,606	\$2,222,864
2.	Senior Vice President & Chief Financial Officer	Michael D. Veillette, Eastern Connecticut Health Network	\$669,075	\$29,247	\$698,322
3.	Physician - Gastroenterology	James OBrien, Eastern Connecticut Medical Professionals Foundation, Inc.	\$586,937	\$23,752	\$610,689
4.	Sr. Vice President & Chief Medical Officer	Joel Reich, Eastern Connecticut Health Network	\$571,427	\$19,725	\$591,152
5.	Physician - Cardiology	Danny Korkmaz, Eastern Connecticut Medical Professionals Foundation, Inc.	\$515,934	\$23,862	\$539,796
6.	Surgeon - Orthopedic	Barry Messinger, Eastern Connecticut Medical Professionals Foundation, Inc.	\$516,000	\$0	\$516,000
7.	Physician- Gastroenterology	Ali Hemacha, Eastern Connecticut Medical Professionals Foundation, Inc.	\$487,699	\$23,862	\$511,561
8.	Sr. Vice President Ambulatory Network Svcs.	Gregory Williams, Eastern Connecticut Health Network	\$468,640	\$23,862	\$492,502
9.	Senior Vice President & General Counsel	Joyce Tichy, Eastern Connecticut Health Network	\$455,684	\$23,862	\$479,546
10.	Physician - Gastroenterology	Alexia Koudellou, Eastern Connecticut Medical Professionals Foundation, Inc.	\$421,325	\$23,766	\$445,091
Grand Total:			\$6,871,979	\$235,544	\$7,107,523

MANCHESTER MEMORIAL HOSPITAL							
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REPORT 19C - FINANCIAL GAINS REALIZED FROM A TRANSFER OF OWNERSHIP CON							
LINE	NAME	POSITION TYPE	SALARY	SEVERANCE PAYMENT	STOCK OFFERING VALUE	OTHER FINANCIAL GAIN	TOTAL
1.	Not Applicable		\$0	\$0	\$0	\$0	\$0
2.			\$0	\$0	\$0	\$0	\$0
3.			\$0	\$0	\$0	\$0	\$0
4.			\$0	\$0	\$0	\$0	\$0
5.			\$0	\$0	\$0	\$0	\$0
6.			\$0	\$0	\$0	\$0	\$0
7.			\$0	\$0	\$0	\$0	\$0
8.			\$0	\$0	\$0	\$0	\$0
9.			\$0	\$0	\$0	\$0	\$0
10.			\$0	\$0	\$0	\$0	\$0
11.			\$0	\$0	\$0	\$0	\$0
12.			\$0	\$0	\$0	\$0	\$0
13.			\$0	\$0	\$0	\$0	\$0
14.			\$0	\$0	\$0	\$0	\$0
15.			\$0	\$0	\$0	\$0	\$0
16.			\$0	\$0	\$0	\$0	\$0
17.			\$0	\$0	\$0	\$0	\$0
18.			\$0	\$0	\$0	\$0	\$0
19.			\$0	\$0	\$0	\$0	\$0
20.			\$0	\$0	\$0	\$0	\$0
21.			\$0	\$0	\$0	\$0	\$0
22.			\$0	\$0	\$0	\$0	\$0
23.			\$0	\$0	\$0	\$0	\$0
24.			\$0	\$0	\$0	\$0	\$0
25.			\$0	\$0	\$0	\$0	\$0
26.			\$0	\$0	\$0	\$0	\$0
27.			\$0	\$0	\$0	\$0	\$0
28.			\$0	\$0	\$0	\$0	\$0
29.			\$0	\$0	\$0	\$0	\$0
30.			\$0	\$0	\$0	\$0	\$0
31.			\$0	\$0	\$0	\$0	\$0
32.			\$0	\$0	\$0	\$0	\$0
33.			\$0	\$0	\$0	\$0	\$0
34.			\$0	\$0	\$0	\$0	\$0
35.			\$0	\$0	\$0	\$0	\$0
36.			\$0	\$0	\$0	\$0	\$0
37.			\$0	\$0	\$0	\$0	\$0
38.			\$0	\$0	\$0	\$0	\$0
39.			\$0	\$0	\$0	\$0	\$0
40.			\$0	\$0	\$0	\$0	\$0
41.			\$0	\$0	\$0	\$0	\$0
42.			\$0	\$0	\$0	\$0	\$0
43.			\$0	\$0	\$0	\$0	\$0
44.			\$0	\$0	\$0	\$0	\$0
45.			\$0	\$0	\$0	\$0	\$0
46.			\$0	\$0	\$0	\$0	\$0
47.			\$0	\$0	\$0	\$0	\$0
48.			\$0	\$0	\$0	\$0	\$0
49.			\$0	\$0	\$0	\$0	\$0
50.			\$0	\$0	\$0	\$0	\$0
Grand Total:			\$0	\$0	\$0	\$0	\$0

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) ^C	FRINGE BENEFITS ^A (Directl y or Indirectly) ^C	TOTAL
A. EASTERN CONNECTICUT 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 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
L. ECHN ELDERCARE SERVICES, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0

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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
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
M .	ECHN ENTERPRISES, 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
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 ONCOLOGY NETWORK, 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 .	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
X .	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

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) ^C	FRINGE BENEFITS ^A (Directl y or Indirectly) ^C	TOTAL
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
Z . VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
AA . WBC CONNECTICUT EAST, LLC				
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>For each entity listed on Report 20, complete Report 21.</i>				
<p><i>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.</i></p> <p><i>B - A hospital employee is anyone who provides a service which incurs an expense for the hospital.</i></p> <p><i>C - Indirect payments include but are not limited to payments made to related entities.</i></p>				

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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 2016
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 2015 AMOUNT	FY 2016 AMOUNT	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	891	985	94	11%
2.	Number of Approved Applicants	808	921	113	14%
3.	Total Charges (A)	\$1,553,798	\$2,297,057	\$743,259	48%
	Average Charges	\$1,923	\$2,494	\$571	30%
4.	Ratio of Cost to Charges (RCC)	0.299224	0.293939	(0.005285)	-2%
	Total Cost	\$464,934	\$675,195	\$210,261	45%
	Average Cost	\$575	\$733	\$158	27%
5.	Charity Care - Inpatient Charges	\$305,958	\$462,091	\$156,133	51%
6.	Charity Care - Outpatient Emergency Department Charges	828,535	1,495,920	667,385	81%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	419,305	339,046	(80,259)	-19%
	Total Charges (A)	\$1,553,798	\$2,297,057	\$743,259	48%
8.	Charity Care - Number of Patient Days	503	569	66	13%
9.	Charity Care - Number of Discharges	122	152	30	25%
10.	Charity Care - Number of Outpatient ED Visits	626	1,879	1,253	200%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,152	1,142	(10)	-1%
(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	1	24	23	2300%
2.	Number of Approved Applicants	1	24	23	2300%
3.	Total Charges (B)	\$2,743	\$124,885	\$122,142	4453%
	Average Charges	\$2,743	\$5,204	\$2,461	90%
4.	Ratio of Cost to Charges (RCC)	0.299224	0.293939	(0.005285)	-2%
	Total Cost	\$821	\$36,709	\$35,888	4372%
	Average Cost	\$821	\$1,530	\$709	86%
5.	Bed Funds - Inpatient Charges	\$0	\$124,885	\$124,885	0%
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	0%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	2,743	0	(2,743)	-100%
	Total Charges (B)	\$2,743	\$124,885	\$122,142	4453%
8.	Bed Funds - Number of Patient Days	0	98	98	0%
9.	Bed Funds - Number of Discharges	0	24	24	0%
10.	Bed Funds - Number of Outpatient ED Visits	0	0	0	0%

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)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
11.	Bed Funds - Number of Outpatient Visits(Excludes ED Visits)	1	0	(1)	-100%
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.					