

**WINDHAM COMMUNITY 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
<b>A. AFFILIATE NAME</b>		
		<b>WINDHAM COMMUNITY MEMORIAL HOSPITAL</b>
1	Affiliate Description	Hospital
2	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	112 Mansfield Avenue
5	Town	Willimantic
6	State	Connecticut
7	Zip Code	06226 -
8	CEO Name	Bimal Patel
9	CEO Title	President & CEO
10	CT Agent Name	Winship Service Corporation
11	CT Agent Company	Winship Service Corporation
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 1919
<b>B. AFFILIATE NAME</b>		
		<b>HARTFORD HEALTH CARE CORPORATION</b>
1	Affiliate Description	Parent Corporation
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	One State Street, Suite 19
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06103 -
8	CEO Name	Elliot Joseph
9	CEO Title	President & CEO
10	CT Agent Name	Winship Service Corporation
11	CT Agent Company	Winship Service Corporation
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 1919
<b>C. AFFILIATE NAME</b>		
		<b>HARTFORD HEALTHCARE LABORTORIES, LLC-AKA CLINICAL LABORATORY PARTNERS LLC</b>
1	Affiliate Description	Lab
2	Affiliate type of service	Lab
3	Tax Status	For Profit
4	Street Address	129 Patricia Genova Drive
5	Town	Newington
6	State	Connecticut
7	Zip Code	06111 -
8	CEO Name	James Fantus
9	CEO Title	President & CEO
10	CT Agent Name	Winship Service Corporation
11	CT Agent Company	Winship Service Corporation
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 1919

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

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



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

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

\* P.O. BOX IS UNACCEPTABLE WITHOUT A

STREET ADDRESS FOR EACH AGENT COMPANY

**WINDHAM COMMUNITY 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
<b>A . WINDHAM COMMUNITY MEMORIAL HOSPITAL</b>			
1		Unrestricted	(\$70,883,341)
2		Temporarily Restricted by Donor	\$1,501,058
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$3,521,995
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>(\$65,860,288)</b>
<b>B . WINDHAM COMMUNITY MEMORIAL HOSPITAL</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>C . HARTFORD HEALTH CARE CORPORATION</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>D . HARTFORD HEALTHCARE LABORTORIES, LLC-AKA CLINICAL LABORATORY 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>E . HARTFORD HEALTHCARE REHABILITATION NETWORK, 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>F . HARTFORD HOSPITAL</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 . HATCH HOSPITAL CORPORATION</b>			
1		Unrestricted	\$415,375
2		Temporarily Restricted by Donor	\$17,489
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$766,841
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$1,199,705</b>

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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
	<b>H . HHC PHYSICIANS CARE D/B/A HARTFORD HEALTHCARE MEDICAL GROUP</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 . IMMEDIATE MEDICAL CARE CENTER, INC D/B/A HARTFORD MEDICAL GROUP</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>J . MED-EAST ASSOCIATES,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>K . MIDSTATE MEDICAL CENTER</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>L . NATCHAUG HOSPITAL</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>M . RUSHFORD CENTER 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>N . THE HOSPITAL OF CENTRAL CONNECTICUT</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>



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(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2016
	<b>O . VNA HEALTH RESOURCES 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>P . WILLIAM W. BACKUS HOSPITAL</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>Q . WINDHAM HOSPITAL FOUNDATION</b>		
1		Unrestricted	\$491,262
2		Temporarily Restricted by Donor	\$752,474
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$1,243,736</b>
	<b>R . WINDHAM PROFESSIONAL CONDOMINIUM ASSOCIATION,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>Total of all Affiliates (before Intercompany Eliminations)</b>	<b>Fund Balance:</b>	<b>(\$63,416,847)</b>
	<b>Intercompany Eliminations</b>		<b>\$0</b>
	<b>Total of all Affiliates</b>	<b>Fund Balance:</b>	<b>(\$63,416,847)</b>

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

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

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

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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
<b>M.</b>	<b>THE HOSPITAL OF CENTRAL CONNECTICUT</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>(\$3,190)</b>
1		401K	09/30/2016	\$3,190
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2016</b>	<b>\$0</b>
<b>N.</b>	<b>VNA HEALTH RESOURCES INC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2016</b>	<b>\$0</b>
<b>O.</b>	<b>WILLIAM W. BACKUS HOSPITAL</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>(\$2,780)</b>
1		Rehabilitation Services to Backus	09/30/2016	\$7,139
2		Rehabilitation Services from Backus	09/30/2016	(\$2,203)
3		Print Shop Services	09/30/2016	(\$514)
4		Accounts Payable	09/30/2016	(\$8,922)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2016</b>	<b>(\$7,280)</b>
<b>P.</b>	<b>WINDHAM HOSPITAL FOUNDATION</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$173,045</b>
1		Hospital purchases items on behalf of Foundation	09/30/2016	(\$211,262)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2016</b>	<b>(\$38,217)</b>
<b>Q.</b>	<b>WINDHAM PROFESSIONAL CONDOMINIUM ASSOCIATION,INC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2016</b>	<b>\$0</b>
			<b>Grand Total:</b>	<b>(\$38,360,891)</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
			Beginning Unconsolidated Intercompany Balance	10/01/2015	\$0
A.	WINDHAM COMMUNITY MEMORIAL HOSPITAL		Nothing to Report		\$0
			Total:	9/30/2016	\$0
B.	HARTFORD HEALTH CARE CORPORATION		Nothing to Report		\$0
			Total:	9/30/2016	\$0
C.	HARTFORD HEALTHCARE LABORTORIES, LLC-AKA CLINICAL LABORATORY PARTNERS LLC		Nothing to Report		\$0
			Total:	9/30/2016	\$0
D.	HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC.		Nothing to Report		\$0
			Total:	9/30/2016	\$0
E.	HARTFORD HOSPITAL		Nothing to Report		\$0
			Total:	9/30/2016	\$0
F.	HATCH HOSPITAL CORPORATION		Nothing to Report		\$0
			Total:	9/30/2016	\$0
G.	HHC PHYSICIANS CARE D/B/A HARTFORD HEALTHCARE MEDICAL GROUP		Nothing to Report		\$0
			Total:	9/30/2016	\$0
H.	IMMEDIATE MEDICAL CARE CENTER, INC D/B/A HARTFORD MEDICAL GROUP		Nothing to Report		\$0
			Total:	9/30/2016	\$0
I.	MED-EAST ASSOCIATES,LLC.		Nothing to Report		\$0
			Total:	9/30/2016	\$0

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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
J.	MIDSTATE MEDICAL CENTER		Nothing to Report		\$0
			Total:	9/30/2016	\$0
K.	NATCHAUG HOSPITAL		Nothing to Report		\$0
			Total:	9/30/2016	\$0
L.	RUSHFORD CENTER INC		Nothing to Report		\$0
			Total:	9/30/2016	\$0
M.	THE HOSPITAL OF CENTRAL CONNECTICUT		Nothing to Report		\$0
			Total:	9/30/2016	\$0
N.	VNA HEALTH RESOURCES INC		Nothing to Report		\$0
			Total:	9/30/2016	\$0
O.	WILLIAM W. BACKUS HOSPITAL		Nothing to Report		\$0
			Total:	9/30/2016	\$0
P.	WINDHAM HOSPITAL FOUNDATION		Nothing to Report		\$0
			Total:	9/30/2016	\$0
Q.	WINDHAM PROFESSIONAL CONDOMINIUM ASSOCIATION,INC		Nothing to Report		\$0
			Total:	9/30/2016	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2016	\$0

**WINDHAM COMMUNITY 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
<b>A. WINDHAM COMMUNITY MEMORIAL HOSPITAL</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>B. HARTFORD HEALTH CARE CORPORATION</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>C. HARTFORD HEALTHCARE LABORATORIES, LLC-AKA CLINICAL LABORATORY PARTNERS LLC</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>D. HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>E. HARTFORD HOSPITAL</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>F. HATCH HOSPITAL CORPORATION</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>G. HHC PHYSICIANS CARE D/B/A HARTFORD HEALTHCARE MEDICAL GROUP</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>H. IMMEDIATE MEDICAL CARE CENTER, INC D/B/A HARTFORD MEDICAL GROUP</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>I. MED-EAST ASSOCIATES,LLC.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>J. MIDSTATE MEDICAL CENTER</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>K. NATCHAUG HOSPITAL</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>L. RUSHFORD CENTER INC</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>M. THE HOSPITAL OF CENTRAL CONNECTICUT</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>N. VNA HEALTH RESOURCES INC</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>O. WILLIAM W. BACKUS HOSPITAL</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>P. WINDHAM HOSPITAL FOUNDATION</b>			
0	Nothing to Report	\$0	



**WINDHAM COMMUNITY 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
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>Q.</b>	<b>WINDHAM PROFESSIONAL CONDOMINIUM ASSOCIATION,INC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
	<b>Grand Total:</b>	<b>\$0</b>	<b>9/30/2016</b>

WINDHAM COMMUNITY 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. WINDHAM COMMUNITY MEMORIAL HOSPITAL</b>			
0	Nothing to Report	\$0	0
<b>Total:</b>		<b>\$0</b>	
<b>B. HARTFORD HEALTH CARE CORPORATION</b>			
0	Nothing to Report	\$0	0
<b>Total:</b>		<b>\$0</b>	
<b>C. HARTFORD HEALTHCARE LABORTORIES, LLC-AKA CLINICAL LABORATORY PARTNERS LLC</b>			
0	Nothing to Report	\$0	0
<b>Total:</b>		<b>\$0</b>	
<b>D. HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC.</b>			
0	Nothing to Report	\$0	0
<b>Total:</b>		<b>\$0</b>	
<b>E. HARTFORD HOSPITAL</b>			
0	Nothing to Report	\$0	0
<b>Total:</b>		<b>\$0</b>	
<b>F. HATCH HOSPITAL CORPORATION</b>			
0	Nothing to Report	\$0	0
<b>Total:</b>		<b>\$0</b>	
<b>G. HHC PHYSICIANS CARE D/B/A HARTFORD HEALTHCARE MEDICAL GROUP</b>			
0	Nothing to Report	\$0	0
<b>Total:</b>		<b>\$0</b>	
<b>H. IMMEDIATE MEDICAL CARE CENTER, INC D/B/A HARTFORD MEDICAL GROUP</b>			
0	Nothing to Report	\$0	0
<b>Total:</b>		<b>\$0</b>	
<b>I. MED-EAST ASSOCIATES, LLC.</b>			
0	Nothing to Report	\$0	0
<b>Total:</b>		<b>\$0</b>	
<b>J. MIDSTATE MEDICAL CENTER</b>			
0	Nothing to Report	\$0	0
<b>Total:</b>		<b>\$0</b>	

WINDHAM COMMUNITY 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>K.</b>	<b>NATCHAUG HOSPITAL</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>L.</b>	<b>RUSHFORD CENTER INC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>M.</b>	<b>THE HOSPITAL OF CENTRAL CONNECTICUT</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>N.</b>	<b>VNA HEALTH RESOURCES INC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>O.</b>	<b>WILLIAM W. BACKUS HOSPITAL</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>P.</b>	<b>WINDHAM FAMILY MEDICAL SERVICES,PC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>Q.</b>	<b>WINDHAM HOSPITAL FOUNDATION</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>R.</b>	<b>WINDHAM PROFESSIONAL CONDOMINIUM ASSOCIATION,INC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
	<b>Grand Total:</b>	<b>\$0</b>	

**WINDHAM COMMUNITY 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
<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>(\$1,387.85)</b>	<b>(\$1,052.85)</b>	<b>\$335.00</b>	<b>-24%</b>
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$335.00	\$194.00	(\$141.00)	-42%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	<b>Ending Balance</b>	<b>(\$1,052.85)</b>	<b>(\$858.85)</b>	<b>\$194.00</b>	<b>-18%</b>
5	Projected Interest Income	\$500.00	\$200.00	(\$300.00)	-60%
<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%

WINDHAM COMMUNITY MEMORIAL HOSPITAL		
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REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
<b>A. Patient Activity</b>		
(1)	(2)	(3)
<b>Patient</b>	Name of Hospital Bed Fund ( <b>FULL NAME</b> )	<b>Amount</b>
1. Number of Applications for Hospital Bed Funds		0
<b>Grand Total</b>		<b>\$0.00</b>

WINDHAM COMMUNITY MEMORIAL HOSPITAL					
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REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
B. BED FUND ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
(3)	Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each Hospital Bed				
(4)	Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund.				
(5)	Actual Dollar Amount of Earnings reinvested as Principal, if any.				
(6)	Actual Dollar Amount of Earnings available for Patient Care.				
	Chickering Fund	\$38,699.57	\$193.77	\$193.77	\$0.00
	Total Bed Funds :	\$38,699.57	\$193.77	\$193.77	\$0.00

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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	All collection agency and law firm accounts are sent by alpha split weekly. Transfer to agencies/law firm done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when all the internal collection efforts have been exhausted
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	All collection agency and law firm billing to the hospital occurs the month after the payments are received. Payment to the agencies and law firm is based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	7.21%
<b>II. SPECIFIC COLLECTION AGENT INFORMATION</b>		
<b>A</b>	<b>Collection Agent</b>	
1	Collection Agent Name	Optimum Outcomes
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency and law firm accounts are sent by alpha split weekly. Transfer to agencies/law firm done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when all the internal collection efforts have been exhausted
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency and law firm billing to the hospital occurs the month after the payments are received. Payment to the agencies and law firm is based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	6.79%

**WINDHAM COMMUNITY MEMORIAL HOSPITAL  
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**REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
<b>B</b>	<b>Collection Agent</b>	
1	Collection Agent Name	MedConn
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency and law firm accounts are sent by alpha split weekly. Transfer to agencies/law firm done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when all the internal collection efforts have been exhausted
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency and law firm billing to the hospital occurs the month after the payments are received. Payment to the agencies and law firm is based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	10.17%



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

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

**WINDHAM COMMUNITY MEMORIAL HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2016  
REPORT 19C - FINANCIAL GAINS REALIZED FROM A TRANSFER OF OWNERSHIP CON**

LINE	NAME	POSITION TYPE	SALARY	SEVERANCE PAYMENT	STOCK OFFERING VALUE	OTHER FINANCIAL GAIN	TOTAL
1.	N/A		\$0	\$0	\$0	\$0	\$0
2.			\$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

**WINDHAM COMMUNITY MEMORIAL HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2016  
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
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
		<b>Grand Total:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

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

**PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) <sup>C</sup>	FRINGE BENEFITS <sup>A</sup> (Directly or Indirectly) <sup>C</sup>	TOTAL
<b>A . WINDHAM COMMUNITY MEMORIAL HOSPITAL</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 . HARTFORD HEALTH CARE CORPORATION</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 . HARTFORD HEALTHCARE LABORTORIES, LLC-AKA CLINICAL LABORATORY 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>D . HARTFORD HEALTHCARE REHABILITATION NETWORK, 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 . HARTFORD HOSPITAL</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 . HATCH HOSPITAL CORPORATION</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 . HHC PHYSICIANS CARE D/B/A HARTFORD HEALTHCARE MEDICAL GROUP</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 . IMMEDIATE MEDICAL CARE CENTER, INC D/B/A HARTFORD MEDICAL GROUP</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 . MED-EAST 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>J . MIDSTATE MEDICAL 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>K . NATCHAUG HOSPITAL</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 . RUSHFORD CENTER 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 . THE HOSPITAL OF CENTRAL CONNECTICUT</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>N . VNA HEALTH RESOURCES 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>O . WILLIAM W. BACKUS HOSPITAL</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 . WINDHAM HOSPITAL FOUNDATION</b>				

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

**PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) <sup>C</sup>	FRINGE BENEFITS <sup>A</sup> (Directly 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
Q .	<b>WINDHAM PROFESSIONAL CONDOMINIUM ASSOCIATION,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

*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.*

**WINDHAM COMMUNITY MEMORIAL HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2016  
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
<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

WINDHAM COMMUNITY MEMORIAL HOSPITAL					
ANNUAL REPORTING					
FISCAL YEAR 2016					
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
<b>A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)</b>					
1.	Number of Applicants	812	1,057	245	30%
2.	Number of Approved Applicants	662	1,000	338	51%
3.	Total Charges (A)	\$1,864,597	\$1,373,390	(\$491,207)	-26%
	<b>Average Charges</b>	<b>\$2,817</b>	<b>\$1,373</b>	<b>(\$1,443)</b>	<b>-51%</b>
4.	Ratio of Cost to Charges (RCC)	0.425546	0.43154	0.005994	1%
	<b>Total Cost</b>	<b>\$793,472</b>	<b>\$592,673</b>	<b>(\$200,799)</b>	<b>-25%</b>
	<b>Average Cost</b>	<b>\$1,199</b>	<b>\$593</b>	<b>(\$606)</b>	<b>-51%</b>
5.	Charity Care - Inpatient Charges	\$293,482	\$231,230	(\$62,252)	-21%
6.	Charity Care - Outpatient Emergency Department Charges	703,626	591,800	(111,826)	-16%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	867,489	550,360	(317,129)	-37%
	<b>Total Charges (A)</b>	<b>\$1,864,597</b>	<b>\$1,373,390</b>	<b>(\$491,207)</b>	<b>-26%</b>
8.	Charity Care - Number of Patient Days	64	48	(16)	-25%
9.	Charity Care - Number of Discharges	18	16	(2)	-11%
10.	Charity Care - Number of Outpatient ED Visits	549	400	(149)	-27%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	906	476	(430)	-47%
<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	-	-	-	0%
2.	Number of Approved Applicants	-	-	-	0%
3.	Total Charges (B)	\$0	\$0	\$0	0%
	<b>Average Charges</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
4.	Ratio of Cost to Charges (RCC)	0.425546	0.43154	0.005994	1%
	<b>Total Cost</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Average Cost</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
5.	Bed Funds - Inpatient Charges	\$0	\$0	\$0	0%
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	0%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	0	0	0	0%
	<b>Total Charges (B)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
8.	Bed Funds - Number of Patient Days	0	0	0	0%
9.	Bed Funds - Number of Discharges	0	0	0	0%
10.	Bed Funds - Number of Outpatient ED Visits	0	0	0	0%
11.	Bed Funds - Number of Outpatient Visits(Excludes ED Visits)	0	0	0	0%
<b>(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.</b>					