

MANCHESTER MEMORIAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2009
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	Carol Freeman
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	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	06103 -
8	CEO Name	Wayne Wright
9	CEO Title	President
10	CT Agent Name	Winship Service Corporation
11	CT Agent Company	c/o Shipman and Goodwin LLP
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
C.	AFFILIATE NAME	AMBULANCE SERVICE OF MANCHESTER, LLC
1	Affiliate Description	PROVIDE TRANSPORTATION SERVICES
2	Affiliate type of service	Ambulatory Services
3	Tax Status	For Profit
4	Street Address	275 New State Road, Manchester, CT
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06040 -
8	CEO Name	Wayne Wright
9	CEO Title	President
10	CT Agent Name	Winship Service Corporation
11	CT Agent Company	c/o Shipman and Goodwin LLP
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
D.	AFFILIATE NAME	CONNECTICUT HEALTHCARE INSURANCE CO.
1	Affiliate Description	ECHN's Malpractice Insurance Co.
2	Affiliate type of service	Insurance
3	Tax Status	Not for Profit
4	Street Address	71 Haynes St.

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LINE	DESCRIPTION	AFFILIATE INFORMATION
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06040 -
8	CEO Name	Peter Karl
9	CEO Title	President
10	CT Agent Name	Lloyd Pelletier
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 -
E. AFFILIATE NAME		
		CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC
1	Affiliate Description	PROVIDES OCCUPATIONAL HEALTH SERVICES TO ITS MEMBERS AND AFFILIATE MEMBERS INCLUDING; CORP CARE, ST. FRANCIS MED PROGRAM AND BRISTOL HOSPITAL MEDWORKS.
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	HUNTER GIROUX
9	CEO Title	CHIEF EXECUTIVE OFFICER
10	CT Agent Name	HUNTER GIROUX
11	CT Agent Company	CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC
12	CT Agent Company Street Address	1000 Asylum Ave, Suite 4302
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06105 -
F. AFFILIATE NAME		
		EASTERN CT PHO
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	c/o Eastern Connecticut Health
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06040 -
8	CEO Name	Peter J. Karl
9	CEO Title	President and Chief Executive Officer
10	CT Agent Name	Robinson and Cole
11	CT Agent Company	Robinson & Cole
12	CT Agent Company Street Address	280 Trumbull Street, Hartford, Ct
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
G. AFFILIATE NAME		
		ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.
1	Affiliate Description	TO RAISE FUNDS FOR THE BENEFIT OF EXEMPT ORGANIZATIONS ASSOCIATED WITH ECHN, INC.
2	Affiliate type of service	Fund Raising/Management
3	Tax Status	Not for Profit
4	Street Address	71 Haynes Street
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06040 -

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LINE	DESCRIPTION	AFFILIATE INFORMATION
8	CEO Name	PETER J. KARL
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	Carol Freeman
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 -
H. AFFILIATE NAME		
	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 CARE. C
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	Carol Freeman
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		
	AFFILIATE NAME	ECHN ENTERPRISES, INC.
1	Affiliate Description	ECHN ENTERPRISES, INC. IS AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS.
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	Carol Freeman
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 -
J. AFFILIATE NAME		
	AFFILIATE NAME	ECHN HEALTH SERVICES, INC.
1	Affiliate Description	ECHN HEALTH SERVICES, INC. IS A NOT-FOR-PROFIT ORGANIZATION ESTABLISHED TO OWN AND MANAGE OPERATING GROUPS OF PHYSICIANS.
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

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
10	CT Agent Name	Carol Freeman
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 WELLNESS 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 CARE. CU
2	Affiliate type of service	Women's Health Services
3	Tax Status	Not for Profit
4	Street Address	2800 Tamarack Avenue
5	Town	South Windsor
6	State	Connecticut
7	Zip Code	06074 -
8	CEO Name	PETER J. KARL
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	Carol Freeman
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 -
L. 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	Kevin Murphy
9	CEO Title	Pres.
10	CT Agent Name	Gregory J. Pepe, Esq.
11	CT Agent Company	ECHN
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 -
M. AFFILIATE NAME		
		EVERGREEN IMAGING CENTER, LLC
1	Affiliate Description	Joint venture with imaging group to provide outpatient diagnostic imaging services
2	Affiliate type of service	Imaging Services
3	Tax Status	Not for Profit
4	Street Address	2800 Tamarack Avenue, South Windsor, CT
5	Town	South Windsor
6	State	Connecticut
7	Zip Code	06074 -
8	CEO Name	Dennis McConville
9	CEO Title	Manager
10	CT Agent Name	Bennett Bernblum, Wiggin & Dana, LLP
11	CT Agent Company	Wiggin and Dana LLP
12	CT Agent Company Street Address	Century Tower, 265 Church Stre
13	CT Agent Town	New Haven

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06510 -
N. 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	c/o Grove Property Fund LLC, 9
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 Property Fund LLC
12	CT Agent Company Street Address	95 Glastonbury Blvd, Suite 214
13	CT Agent Town	Glastonbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06033 -
O. AFFILIATE NAME		
EVERGREEN MEDICAL ASSOCIATES, LLC		
1	Affiliate Description	JOINT VENTURE TO DEVELOPE AND MANAGE ECHN MEDICAL BUILDING AT EVERGREEN WALK IN MANCHESTER.
2	Affiliate type of service	Real Estate
3	Tax Status	For Profit
4	Street Address	c/o Grove Property Fund LLC, 9
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 Property Fund LLC
12	CT Agent Company Street Address	95 Glastonbury Blvd, Suite 214,
13	CT Agent Town	Glastonbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06033 -
P. AFFILIATE NAME		
HAYNES STREET MEDICAL ASSOCIATES II, LLC		
1	Affiliate Description	Joint venture with plans to develop, own and operate a medical office bulding at 94 Haynes Street in Manchester
2	Affiliate type of service	Real Estate
3	Tax Status	For Profit
4	Street Address	c/o Grove Property Fund LLC, 9
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 Property Fund LLC
12	CT Agent Company Street Address	95 Glastonbury Blvd, Suite 214
13	CT Agent Town	Glastonbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06033 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
Q.	AFFILIATE NAME	HAYNES STREET MEDICAL ASSOCIATES, LLC
1	Affiliate Description	Joint venture 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	c/o Grove Property Fund LLC, 9
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 Property Fund LLC
12	CT Agent Company Street Address	95 Glastonbury Blvd, Suite 214,
13	CT Agent Town	Glastonbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06033 -
R.	AFFILIATE NAME	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC.
1	Affiliate Description	PREVIOUSLY ORGANIZED PHO WHICH IS NO LONGER OPERATING. DOCUMENTS AND OTHER PAPERWORK ARE UNABLE TO BE FOUND AND DISSOLUTION IS THEN NOT POSSIBLE AND HAD NOT OCCURED. NO ACTIVITY AT ALL FOR YEARS, INCLUDING 2008.
2	Affiliate type of service	Affiliate Support Services
3	Tax Status	Not for Profit
4	Street Address	105 East Center Street , Manchester, CT
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06045 -
8	CEO Name	Patricia A. Balzer
9	CEO Title	CEO
10	CT Agent Name	Patricia Balzer
11	CT Agent Company	Patricia Balzer
12	CT Agent Company Street Address	105 East Center Street, Manchester, CT
13	CT Agent Town	Manchester
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06045 -
S.	AFFILIATE NAME	METRO WHEELCHAIR SERVICE, INC
1	Affiliate Description	PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS.
2	Affiliate type of service	Ambulatory Services
3	Tax Status	For Profit
4	Street Address	275 New State Road, Manchester, CT
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06040 -
8	CEO Name	Wayne Wright
9	CEO Title	President
10	CT Agent Name	Winship Service Corporation
11	CT Agent Company	c/o Shipman and Goodwin LLP
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
T.	AFFILIATE NAME	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
1	Affiliate Description	A NON-FOR-PROFIT ORGANIZATION PROVIDING MANY SERVICES ALONG WITH TREATMENT TO CANCER PATIENTS UTILIZING RADIATION THERAPY SERVICES
2	Affiliate type of service	Outpatient Care
3	Tax Status	Not for Profit
4	Street Address	THE JOHN DEQUATTRO COMMUNITY C, 73A HAYNES STREET, MANCHESTER,
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06040 -
8	CEO Name	Kevin G. Murphy
9	CEO Title	President
10	CT Agent Name	Peter Kuzmickas
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 -
U. AFFILIATE NAME		
		ROCKVILLE GENERAL HOSPITAL
1	Affiliate Description	SERVES THE SICK, INFIRMED, DISABLED AND THOSE IN NEED OF MEDICAL ATTENTION IT IS RELATED TO MMH BECAUSE IT HAS THE SAME PARENT ORGANIZATION
2	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	31 UNION STREET, ROCKVILLE, CT
5	Town	Vernon Rockville
6	State	Connecticut
7	Zip Code	06066 -
8	CEO Name	PETER J. KARL
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	Carol Freeman
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 -
V. 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	2800 Tamarack Ave
5	Town	South Windsor
6	State	Connecticut
7	Zip Code	06103 -
8	CEO Name	Dennis P. 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 -
W. AFFILIATE NAME		
		VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.
1	Affiliate Description	TO PROVIDE AND COORDINATE NURSING AND OTHER HEALTH AND RELATED SERVICES FOR THOSE IN NEED OF PREVENTATIVE, ACUTE, INTERMITTENT AND/OR TERMINAL CARE AT HOME AND IN THE COMMUNITY.
2	Affiliate type of service	Other HealthCare Svcs(Specify)

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
3	Tax Status	Not for Profit
4	Street Address	8 Keynote Drive , Vernon, CT
5	Town	Vernon Rockville
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	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT,
12	CT Agent Company Street Address	8 Keynote Drive, Vernon, CT
13	CT Agent Town	Vernon Rockville
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06066 -

* 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 9/30/2009
A. MANCHESTER MEMORIAL HOSPITAL			
1		Unrestricted	\$12,898,050
2		Temporarily Restricted by Donor	\$1,262,823
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$7,766,994
5		Intercompany Eliminations	\$0
		Total:	\$21,927,867
B. EASTERN CONNECTICUT HEALTH NETWORK, INC.			
1		Unrestricted	\$5,055,246
2		Temporarily Restricted by Donor	\$1,648,390
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$6,703,636
C. AETNA AMBULANCE SERVICES, INC.			
1		Unrestricted	\$2,175,181
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$2,175,181)
		Total:	\$0
D. AMBULANCE SERVICE OF MANCHESTER, LLC			
1		Unrestricted	\$6,968,504
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$6,968,504)
		Total:	\$0
E. CONNECTICUT HEALTHCARE INSURANCE CO.			
1		Unrestricted	\$3,377,946
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$3,377,946
F. CONNECTICUT OCCUPATIONAL HEALTH 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
G. EASTERN CT PHO			
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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(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2009
	H. ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.		
1		Unrestricted	\$1,704,485
2		Temporarily Restricted by Donor	\$8,304,835
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$1,567,312
5		Intercompany Eliminations	(\$10,309,333)
		Total:	\$1,267,299
	I. ECHN ELDERCARE SERVICES, INC.		
1		Unrestricted	\$3,432,410
2		Temporarily Restricted by Donor	\$236,176
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$3,668,586
	J. ECHN ENTERPRISES, INC.		
1		Unrestricted	\$840,453
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$840,453
	K. ECHN HEALTH SERVICES, INC.		
1		Unrestricted	(\$27,691)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$27,691)
	L. ECHN WELLNESS SERVICES, INC.		
1		Unrestricted	\$1,208,503
2		Temporarily Restricted by Donor	\$4,862
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,213,365
	M. EVERGREEN ENDOSCOPY CENTER, LLC		
1		Unrestricted	\$474,712
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$474,712)
		Total:	\$0
	N. EVERGREEN IMAGING CENTER, LLC		
1		Unrestricted	\$431,448
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$431,448)
		Total:	\$0

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(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2009
	O. EVERGREEN MEDICAL ASSOCIATES II, LLC		
1		Unrestricted	\$1,252,897
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$1,252,897)
		Total:	\$0
	P. EVERGREEN MEDICAL ASSOCIATES, LLC		
1		Unrestricted	\$698,308
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$698,308)
		Total:	\$0
	Q. HAYNES STREET MEDICAL ASSOCIATES II, 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
	R. HAYNES STREET MEDICAL ASSOCIATES, LLC		
1		Unrestricted	\$422,235
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$422,235)
		Total:	\$0
	S. MANCHESTER 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
	T. METRO WHEELCHAIR SERVICE, INC		
1		Unrestricted	\$397,657
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$397,657)
		Total:	\$0
	U. NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)		
1		Unrestricted	\$10,015,584
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$10,015,584)
		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 9/30/2009
V. ROCKVILLE GENERAL HOSPITAL			
1		Unrestricted	\$31,533,927
2		Temporarily Restricted by Donor	\$1,502,364
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$3,425,924
5		Intercompany Eliminations	\$0
		Total:	\$36,462,215
W. TOLLAND IMAGING CENTER			
1		Unrestricted	(\$29,279)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$29,279
		Total:	\$0
X. VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.			
1		Unrestricted	\$5,413,861
2		Temporarily Restricted by Donor	\$1,390,610
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$6,804,471)
		Total:	\$0
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$115,354,727
	Intercompany Eliminations		(\$39,921,051)
	Total of all Affiliates	Fund Balance:	\$75,433,676

**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:	9/30/2008	\$11,711,824
1		Allocation of Investment Income/Loss	09/30/2009	\$1,083,757
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$12,795,581
B.	AETNA AMBULANCE SERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$1,191,540
1		Allocation of Investment Income/Loss	09/30/2009	\$65,365
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$1,256,905
C.	AMBULANCE SERVICE OF MANCHESTER, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$3,529,088
1		Allocation of Investment Income/Loss	09/30/2009	\$226,331
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$3,755,419
D.	CONNECTICUT HEALTHCARE INSURANCE CO.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$1,782,706
1		Accounting Fees	09/30/2009	\$581,856
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$2,364,562
E.	CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$20,000
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$20,000
F.	EASTERN CT PHO			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
G.	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	(\$736,991)
1		Transfer of Donated Assets	09/30/2009	\$600,102
		Ending Unconsolidated Intercompany Balance:	9/30/2009	(\$136,889)
H.	ECHN ELDERCARE SERVICES, INC.			

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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:	9/30/2008	\$945,548
1		Salary and Non-Salary Operating Expenses	09/30/2009	(\$1,860,439)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	(\$914,891)
I.	ECHN ENTERPRISES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$1,449,472
1		Non Salary Expense	09/30/2009	\$355,369
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$1,804,841
J.	ECHN HEALTH SERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	(\$3,386,540)
1		Accounting Fees	09/30/2009	(\$3,447,156)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	(\$6,833,696)
K.	ECHN WELLNESS SERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	(\$481)
1		Salary and Non-Salary Operating Expenses	09/30/2009	\$8,646
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$8,165
L.	EVERGREEN ENDOSCOPY CENTER, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$250,000
1		Allocation of Investment Income/Loss	09/30/2009	\$150,000
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$400,000
M.	EVERGREEN IMAGING CENTER, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$176,576
1		Allocation of Investment Income/Loss	09/30/2009	\$40,159
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$216,735
N.	EVERGREEN MEDICAL ASSOCIATES II, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
O.	EVERGREEN MEDICAL ASSOCIATES, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$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
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
P.	HAYNES STREET MEDICAL ASSOCIATES II, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
Q.	HAYNES STREET MEDICAL ASSOCIATES, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
R.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
S.	METRO WHEELCHAIR SERVICE, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$237,372
1		Allocation of Investment Income/Loss	09/30/2009	(\$12,812)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$224,560
T.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$1,905,411
1		Allocation of Investment Income/Loss	09/30/2009	\$598,485
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$2,503,896
U.	ROCKVILLE GENERAL HOSPITAL			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	(\$11,753,749)
1		Transfer of Salary and Non-Salary Expenses	09/30/2009	\$1,226,100
		Ending Unconsolidated Intercompany Balance:	9/30/2009	(\$10,527,649)
V.	TOLLAND IMAGING CENTER			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$120,098
1		Allocation of Investment Income/Loss	09/30/2009	(\$120,098)

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
W.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$2,564,343
1		Allocation of Investment Income/Loss	09/30/2009	(\$145,302)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$2,419,041
			Grand Total:	\$9,356,580

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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	10/01/2008	(\$3,544,598)
A.	EASTERN CONNECTICUT HEALTH NETWORK, INC.				
1		ECHN ELDERCARE SERVICES, INC.	Allocation of ECHN Expenses to Subsidy	09/30/2009	(\$6,787)
2		ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.	Allocation of ECHN Expenses to Subsidy	09/30/2009	\$325,963
3		ECHN HEALTH SERVICES, INC.	Allocation of ECHN Expenses to Subsidy	09/30/2009	(\$149,652)
4		ECHN WELLNESS SERVICES, INC.	Allocation of ECHN Expenses to Subsidy	09/30/2009	\$5,584
5		ROCKVILLE GENERAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2009	(\$187,348)
			Total:	9/30/2009	(\$12,240)
B.	AETNA AMBULANCE SERVICES, INC.				
1		ROCKVILLE GENERAL HOSPITAL	Allocation of Income/Loss	09/30/2009	\$28,013
			Total:	9/30/2009	\$28,013
C.	AMBULANCE SERVICE OF MANCHESTER, LLC				
1		ROCKVILLE GENERAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2009	\$96,999
			Total:	9/30/2009	\$96,999
D.	CONNECTICUT HEALTHCARE INSURANCE CO.				
1		ROCKVILLE GENERAL HOSPITAL	Allocation of Shareholders Equity	09/30/2009	\$249,367
			Total:	9/30/2009	\$249,367
E.	CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
F.	EASTERN CT PHO				
1		EASTERN CONNECTICUT HEALTH NETWORK, INC.	Salary and Non-Salary Operating Expenses	09/30/2009	\$10,562
			Total:	9/30/2009	\$10,562

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
G.	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.				
1		ECHN ELDERCARE SERVICES, INC.	Transfer of Donated Assets	09/30/2009	(\$486)
2		ECHN WELLNESS SERVICES, INC.	Transfer of Donated Assets	09/30/2009	\$5,011
3		ROCKVILLE GENERAL HOSPITAL	Transfer of Donated Assets	09/30/2009	(\$77,429)
			Total:	9/30/2009	(\$72,904)
H.	ECHN ELDERCARE SERVICES, INC.				
1		ECHN HEALTH SERVICES, INC.	Note Receivable	09/30/2009	(\$12,149)
			Total:	9/30/2009	(\$12,149)
I.	ECHN ENTERPRISES, INC.				
1		ROCKVILLE GENERAL HOSPITAL	Non Salary Operating Expenses	09/30/2006	\$260
			Total:	9/30/2009	\$260
J.	ECHN HEALTH SERVICES, INC.				
1		ROCKVILLE GENERAL HOSPITAL	Salary and Non-Salary Operating Expenses	09/30/2009	(\$1,728,542)
			Total:	9/30/2009	(\$1,728,542)
K.	ECHN WELLNESS SERVICES, INC.				
1		ROCKVILLE GENERAL HOSPITAL	Salary and Non-Salary Operating Expenses	09/30/2009	\$6,635
			Total:	9/30/2009	\$6,635
L.	EVERGREEN ENDOSCOPY CENTER, LLC				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
M.	EVERGREEN IMAGING CENTER, LLC				
1		ROCKVILLE GENERAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2009	\$42,287
			Total:	9/30/2009	\$42,287
N.	EVERGREEN MEDICAL ASSOCIATES II, LLC				

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
1		ECHN ENTERPRISES, INC.	Allocation of Investment Income/Loss	09/30/2008	\$6,026
			Total:	9/30/2009	\$6,026
O.	EVERGREEN MEDICAL ASSOCIATES, LLC				
1		ECHN ENTERPRISES, INC.	Allocation of Investment Income/Loss	09/30/2009	\$4,755
			Total:	9/30/2009	\$4,755
P.	HAYNES STREET MEDICAL ASSOCIATES II, LLC				
1		ECHN ENTERPRISES, INC.	Allocation of Investment Income/Loss	09/30/2009	\$354,868
			Total:	9/30/2009	\$354,868
Q.	HAYNES STREET MEDICAL ASSOCIATES, LLC				
1		ECHN ENTERPRISES, INC.	Allocation of Investment Income/Loss	09/30/2009	\$7,375
			Total:	9/30/2009	\$7,375
R.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC.				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
S.	METRO WHEELCHAIR SERVICE, INC				
1		ROCKVILLE GENERAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2009	(\$5,491)
			Total:	9/30/2009	(\$5,491)
T.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)				
1		ROCKVILLE GENERAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2009	\$598,079
			Total:	9/30/2009	\$598,079
U.	ROCKVILLE GENERAL HOSPITAL				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0

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
V. TOLLAND IMAGING CENTER					
1		ROCKVILLE GENERAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2009	(\$120,098)
			Total:	9/30/2009	(\$120,098)
W. VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.					
1		ROCKVILLE GENERAL HOSPITAL	Allocation of Investment Income/Loss	09/30/2009	(\$62,272)
			Total:	9/30/2009	(\$62,272)
			Ending Unconsolidated Intercompany Balance	9/30/2009	(\$4,153,068)

**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	9/30/2009
	B. AETNA AMBULANCE SERVICES, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	C. AMBULANCE SERVICE OF MANCHESTER, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	D. CONNECTICUT HEALTHCARE INSURANCE CO.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	E. CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	F. EASTERN CT PHO		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	G. ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	H. ECHN ELDERCARE SERVICES, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	I. ECHN ENTERPRISES, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	J. ECHN HEALTH SERVICES, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	K. ECHN WELLNESS SERVICES, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	L. EVERGREEN ENDOSCOPY CENTER, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	M. EVERGREEN IMAGING CENTER, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	N. EVERGREEN MEDICAL ASSOCIATES II, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	O. EVERGREEN MEDICAL ASSOCIATES, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	P. HAYNES STREET MEDICAL ASSOCIATES II, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	Q. HAYNES STREET MEDICAL ASSOCIATES, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009

**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
R.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
S.	METRO WHEELCHAIR SERVICE, INC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
T.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
U.	ROCKVILLE GENERAL HOSPITAL		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
V.	TOLLAND IMAGING CENTER		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
W.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	Grand Total:	\$0	9/30/2009

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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.	AETNA AMBULANCE SERVICES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	AMBULANCE SERVICE OF MANCHESTER, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	CONNECTICUT HEALTHCARE INSURANCE CO.		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	CONNECTICUT OCCUPATIONAL HEALTH PARTNERS, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	EASTERN CT PHO		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	ECHN ELDERCARE SERVICES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
I.	ECHN ENTERPRISES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	ECHN HEALTH SERVICES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
K. 0	ECHN WELLNESS SERVICES, INC. Nothing to Report	\$0	0
	Total:	\$0	
L. 1	EVERGREEN ENDOSCOPY CENTER, LLC Capital Contribution	\$150,000	0
	Total:	\$150,000	
M. 0	EVERGREEN IMAGING CENTER, LLC Nothing to Report	\$0	0
	Total:	\$0	
N. 0	EVERGREEN MEDICAL ASSOCIATES II, LLC Nothing to Report	\$0	0
	Total:	\$0	
O. 0	EVERGREEN MEDICAL ASSOCIATES, LLC Nothing to Report	\$0	0
	Total:	\$0	
P. 0	HAYNES STREET MEDICAL ASSOCIATES II, LLC Nothing to Report	\$0	0
	Total:	\$0	
Q. 0	HAYNES STREET MEDICAL ASSOCIATES, LLC Nothing to Report	\$0	0
	Total:	\$0	
R. 0	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC. Nothing to Report	\$0	0
	Total:	\$0	
S. 0	METRO WHEELCHAIR SERVICE, INC Nothing to Report	\$0	0
	Total:	\$0	
T. 0	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON) Nothing to Report	\$0	0
	Total:	\$0	
U.	ROCKVILLE GENERAL HOSPITAL		

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
0	Nothing to Report	\$0	0
	Total:	\$0	
V.	TOLLAND IMAGING CENTER		
1	Contribution from MMH and RGH 50/50	\$70,000	0
	Total:	\$70,000	
W.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$220,000	

**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 2008 ACTUAL	FY 2009 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	\$551,447.00	\$404,452.00	(\$146,995.00)	-27%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$59,585.00	\$14,477.82	(\$45,107.18)	-76%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	(\$206,580.00)	\$2,774.07	\$209,354.07	-101%
	Ending Balance	\$404,452.00	\$421,703.89	\$17,251.89	4%
5	Projected Interest Income	\$50,000.00	\$50,000.00	\$0.00	0%
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 17 - 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		0
2. A. Number of Patients receiving Hospital Bed Fund Grants		0
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$0.00
Grand Total		\$0.00

MANCHESTER MEMORIAL HOSPITAL					
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REPORT 17 - 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				
(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	\$198,225.33	\$4,604.26	\$4,604.26	\$4,604.26
	Elsie Cheney Disher	\$249,300.34	\$5,790.60	\$5,790.60	\$5,790.60
	Loren Garner	\$42,927.67	\$997.10	\$997.10	\$997.10
	Mattie Hills Preston	\$23,086.91	\$536.25	\$536.25	\$536.25
	P O Boynton	\$3,815.98	\$88.64	\$88.64	\$88.64
	Drake Bed Fund	\$105,951.16	\$2,460.97	\$2,460.97	\$2,460.97
	Total Bed Funds :	\$623,307.39	\$14,477.82	\$14,477.82	\$14,477.82

**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, a SP pat prior to giving opp to fin assist or choose a pay option that fits needs. If pat does not request an appt for fin aid within 10 days, they have 120 days to pay acct in full. If acct remain
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. Coll Agents are pa
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	19.00%
II. SPECIFIC COLLECTION AGENT INFORMATION		
Collection Agent		
1	Collection Agent Name	American Adjustment Bureau
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	ECHN offers options and will not bill, refer to a coll, a SP pat prior to giving opp to fin assist or choose a pay option that fits needs. If pat does not request an appt for fin aid within 10 days, they have 120 days to pay acct in full. If acct remain
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. Coll Agents are pa

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

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	19.00%

**MANCHESTER MEMORIAL HOSPITAL
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REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS**

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	CEO	\$486,986	\$22,204	\$509,190
2.	Emergency Room MD	\$350,373	\$11,527	\$361,900
3.	CFO	\$312,817	\$22,265	\$335,082
4.	Emergency Room MD	\$312,270	\$19,206	\$331,476
5.	Medical Director ED	\$302,040	\$13,198	\$315,238
6.	Emergency Room MD	\$302,009	\$28,922	\$330,931
7.	Emergency Room MD	\$301,257	\$20,011	\$321,268
8.	Emergency Room MD	\$296,763	\$19,697	\$316,460
9.	Emergency Room MD	\$295,977	\$31,600	\$327,577
10.	Emergency Room MD	\$295,876	\$20,175	\$316,051
Grand Total:		\$3,256,368	\$208,805	\$3,465,173

**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 (Directly 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 . 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
C . 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
D . 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
E . CONNECTICUT OCCUPATIONAL HEALTH 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
F . EASTERN CT PHO				
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 . 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
H . ECHN ELDERCARE SERVICES, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
I . 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
J . ECHN HEALTH 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
K . ECHN WELLNESS 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 . 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
M . EVERGREEN IMAGING 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
N . 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
O . 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
P . 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
Q . HAYNES STREET MEDICAL ASSOCIATES, LLC				

**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 (Directly or Indirectly) ^C	TOTAL
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
R .	MANCHESTER 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
S .	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
T .	NORTHEAST REGIONAL RADIATION ONCOLOGY 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
U .	ROCKVILLE GENERAL 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
V .	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
W .	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

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

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

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

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

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

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2009
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

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 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	667	731	64	10%
2.	Number of Approved Applicants	615	686	71	12%
3.	Total Charges (A)	\$1,886,079	\$1,418,730	(\$467,349)	-25%
	Average Charges	\$3,067	\$2,068	(\$999)	-33%
4.	Ratio of Cost to Charges (RCC)	0.432905	0.386067	(0.046838)	-11%
	Total Cost	\$816,493	\$547,725	(\$268,768)	-33%
	Average Cost	\$1,328	\$798	(\$529)	-40%
5.	Charity Care - Inpatient Charges	\$808,885	\$639,114	(\$169,771)	-21%
6.	Charity Care - Outpatient Emergency Department Charges	250,793	202,461	(48,332)	-19%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	826,401	577,155	(249,246)	-30%
	Total Charges (A)	\$1,886,079	\$1,418,730	(\$467,349)	-25%
8.	Charity Care - Number of Patient Days	511	490	(21)	-4%
9.	Charity Care - Number of Discharges	165	135	(30)	-18%
10.	Charity Care - Number of Outpatient ED Visits	671	515	(156)	-23%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,219	965	(254)	-21%
(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	-	-	-	0%
2.	Number of Approved Applicants	-	-	-	0%
3.	Total Charges (B)	\$0	\$0	\$0	0%
	Average Charges	\$0	\$0	\$0	0%
4.	Ratio of Cost to Charges (RCC)	0.432905	0.386067	(0.046838)	-11%
	Total Cost	\$0	\$0	\$0	0%
	Average Cost	\$0	\$0	\$0	0%
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%
	Total Charges (B)	\$0	\$0	\$0	0%
8.	Bed Funds - Number of Patient Days	0	0	0	0%
9.	Bed Funds - Number of Discharges	0	0	0	0%
10.	Bed Funds - Number of Outpatient ED Visits	0	0	0	0%
11.	Bed Funds - Number of Outpatient Visits (Excludes ED Visits)	0	0	0	0%
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.					