

LAWRENCE AND MEMORIAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2010
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
A. AFFILIATE NAME		
		L&M CORPORATION
1	Affiliate Description	PARENT CORPORATION
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	365 MONTAUK AVE
5	Town	New London
6	State	Connecticut
7	Zip Code	06320 -
8	CEO Name	BRUCE D. CUMMINGS
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	BRUCE D. CUMMINGS
11	CT Agent Company	L&M Hosp. or N/A
12	CT Agent Company Street Address	365 MONTAUK AVE
13	CT Agent Town	New London
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06320 -
B. AFFILIATE NAME		
		ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.
1	Affiliate Description	Professional Caregiver/Physician Organization
2	Affiliate type of service	Physicians Hospital Org. (PHO)
3	Tax Status	Not for Profit
4	Street Address	2 Lorenz Industrial Parkway
5	Town	Ledyard
6	State	Connecticut
7	Zip Code	06339 -
8	CEO Name	Daniel Rissi, MD
9	CEO Title	President & CEO
10	CT Agent Name	Daniel Rissi, MD
11	CT Agent Company	Lawrence & Memorial Hospital
12	CT Agent Company Street Address	2 Lorenz Industrial Parkway
13	CT Agent Town	Ledyard
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06339 -
C. AFFILIATE NAME		
		L&M FOUNDATION INC.
1	Affiliate Description	FOUNDATION ENTITY - NOT ACTIVE
2	Affiliate type of service	Inactive
3	Tax Status	Not for Profit
4	Street Address	365 MONTAUK AVE
5	Town	New London
6	State	Connecticut
7	Zip Code	06320 -
8	CEO Name	BRUCE D. CUMMINGS
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	BRUCE D. CUMMINGS
11	CT Agent Company	L&M Corporation
12	CT Agent Company Street Address	365 MONTAUK AVE
13	CT Agent Town	New London
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06320 -
D. AFFILIATE NAME		
		L&M HEALTHCARE INC.
1	Affiliate Description	HEALTHCARE RELATED BUSINESS ENTITIES
2	Affiliate type of service	Inactive
3	Tax Status	Not for Profit
4	Street Address	365 MONTAUK AVE
5	Town	New London

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
6	State	Connecticut
7	Zip Code	06320 -
8	CEO Name	BRUCE D. CUMMINGS
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	BRUCE D. CUMMINGS
11	CT Agent Company	L&M Corporation
12	CT Agent Company Street Address	365 MONTAUK AVE
13	CT Agent Town	New London
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06320 -
E.	AFFILIATE NAME	L&M PHYSICIAN ASSOCIATION, INC.
1	Affiliate Description	Physician Practice
2	Affiliate type of service	Physicians Services
3	Tax Status	Not for Profit
4	Street Address	2 Lorenz Industrial Parkway
5	Town	Ledyard
6	State	Connecticut
7	Zip Code	06339 -
8	CEO Name	Danile Rissi, MD
9	CEO Title	Chair
10	CT Agent Name	Dan Rissi, MD
11	CT Agent Company	Dan Rissi, MD
12	CT Agent Company Street Address	2 Lorenz Industrial Parkway
13	CT Agent Town	Ledyard
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06339 -
F.	AFFILIATE NAME	L&M SYSTEMS INC
1	Affiliate Description	PRIMARY CARE NETWORK, HOME HEALTHCARE SERVICES & JOINT VENTURE ENTITIES
2	Affiliate type of service	Medical Practices
3	Tax Status	For Profit
4	Street Address	365 MONTAUK AVE
5	Town	New London
6	State	Connecticut
7	Zip Code	06320 -
8	CEO Name	BRUCE D. CUMMINGS
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	BRUCE D. CUMMINGS
11	CT Agent Company	L&M Corporation
12	CT Agent Company Street Address	365 MONTAUK AVE
13	CT Agent Town	New London
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06320 -
G.	AFFILIATE NAME	SOUTHEAST CT PARTNERS INC.
1	Affiliate Description	Service Organization
2	Affiliate type of service	Inactive
3	Tax Status	Not for Profit
4	Street Address	365 Montuak Avenue
5	Town	New London
6	State	Connecticut
7	Zip Code	06320 -
8	CEO Name	Daniel Rissi, MD
9	CEO Title	CEO
10	CT Agent Name	Daniel Rissi, MD
11	CT Agent Company	Daniel Rissi, MD
12	CT Agent Company Street Address	365 Montuak Avenue

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
13	CT Agent Town	New London
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06320 -
H.	AFFILIATE NAME	VNA OF SOUTHEASTERN CT
1	Affiliate Description	VISITING NURSES ASSOCIATION
2	Affiliate type of service	Home Health/VNAs
3	Tax Status	Not for Profit
4	Street Address	403 NORTH FRONTGAE RD
5	Town	Waterford
6	State	Connecticut
7	Zip Code	06385 -
8	CEO Name	BRUCE D. CUMMINGS
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	BRUCE D. CUMMINGS
11	CT Agent Company	BRUCE D. CUMMINGS
12	CT Agent Company Street Address	403 NORTH FRONTAGE ROAD
13	CT Agent Town	Waterford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06385 -

* P.O. BOX IS UNACCEPTABLE WITHOUT A STREET ADDRESS FOR EACH AGENT COMPANY

**LAWRENCE AND MEMORIAL HOSPITAL
ANNUAL REPORTING
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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 9/30/2010
A. LAWRENCE AND MEMORIAL HOSPITAL			
1		Unrestricted	\$137,717,053
2		Temporarily Restricted by Donor	\$18,249,300
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$5,650,325
5		Intercompany Eliminations	\$0
		Total:	\$161,616,678
B. L&M CORPORATION			
1		Unrestricted	\$55,432,157
2		Temporarily Restricted by Donor	\$407,308
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$55,839,465
C. ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.			
1		Unrestricted	\$191,505
2		Temporarily Restricted by Donor	\$2,040
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$193,545
D. L&M FOUNDATION 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
E. L&M HEALTHCARE 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
F. L&M PHYSICIAN ASSOCIATION, INC.			
1		Unrestricted	\$105,253
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$3,182,689)
		Total:	(\$3,077,436)
G. L&M SYSTEMS INC			
1		Unrestricted	\$597,056
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$597,056

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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 9/30/2010
H.	SOUTHEAST CT PARTNERS 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
I.	VNA OF SOUTHEASTERN CT		
1		Unrestricted	\$12,423,390
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$27,000
5		Intercompany Eliminations	\$0
		Total:	\$12,450,390
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$230,802,387
	Intercompany Eliminations		(\$3,182,689)
	Total of all Affiliates	Fund Balance:	\$227,619,698

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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.	L&M CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$5,572,880
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$5,572,880
B.	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
C.	L&M FOUNDATION INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
D.	L&M HEALTHCARE INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
E.	L&M PHYSICIAN ASSOCIATION, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
F.	L&M SYSTEMS INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
G.	SOUTHEAST CT PARTNERS INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$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
H.	VNA OF SOUTHEASTERN CT			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
			Grand Total:	\$5,572,880

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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	10/01/2009	\$8,916,858
A.	L&M CORPORATION		Nothing to Report		\$0
			Total:	9/30/2010	\$0
B.	ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.		Nothing to Report		\$0
			Total:	9/30/2010	\$0
C.	L&M FOUNDATION INC.		Nothing to Report		\$0
			Total:	9/30/2010	\$0
D.	L&M HEALTHCARE INC.		Nothing to Report		\$0
			Total:	9/30/2010	\$0
E.	L&M PHYSICIAN ASSOCIATION, INC.		Nothing to Report		\$0
			Total:	9/30/2010	\$0
F.	L&M SYSTEMS INC				
1		L&M CORPORATION	Forgiveness of Debt	09/30/2010	\$161,477
			Total:	9/30/2010	\$161,477
G.	SOUTHEAST CT PARTNERS INC.		Nothing to Report		\$0
			Total:	9/30/2010	\$0
H.	VNA OF SOUTHEASTERN CT		Nothing to Report		\$0
			Total:	9/30/2010	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2010	\$9,078,335

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

(1) LINE	(2) AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	(3) AMOUNT	(4) DATE
A. L&M CORPORATION			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
B. ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
C. L&M FOUNDATION INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
D. L&M HEALTHCARE INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
E. L&M PHYSICIAN ASSOCIATION, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
F. L&M SYSTEMS INC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
G. SOUTHEAST CT PARTNERS INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
H. VNA OF SOUTHEASTERN CT			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	Grand Total:	\$0	9/30/2010

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

(1)	(2)	(3)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT
A. L&M CORPORATION		
0	Nothing to Report	\$0
	Total:	\$0
B. ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT, INC.		
0	Nothing to Report	\$0
	Total:	\$0
C. L&M FOUNDATION INC.		
0	Nothing to Report	\$0
	Total:	\$0
D. L&M HEALTHCARE INC.		
0	Nothing to Report	\$0
	Total:	\$0
E. L&M PHYSICIAN ASSOCIATION, INC.		
0	Nothing to Report	\$0
	Total:	\$0
F. L&M SYSTEMS INC		
0	Nothing to Report	\$0
	Total:	\$0
G. SOUTHEAST CT PARTNERS INC.		
0	Nothing to Report	\$0
	Total:	\$0
H. VNA OF SOUTHEASTERN CT		
0	Nothing to Report	\$0
	Total:	\$0
	Grand Total:	\$0

**LAWRENCE AND 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 2009 ACTUAL	FY 2010 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	\$998,010.00	\$684,866.00	(\$313,144.00)	-31%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$60,423.00	\$50,722.00	(\$9,701.00)	-16%
3	Expenditures	\$41,253.00	\$76,856.00	\$35,603.00	86%
4	Unrealized Gains and Losses	(\$332,314.00)	\$350,915.00	\$683,229.00	-206%
	Ending Balance	\$684,866.00	\$1,009,647.00	\$324,781.00	47%
5	Projected Interest Income	\$58,000.00	\$51,000.00	(\$7,000.00)	-12%
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	1,481
2. A.	Number of Patients receiving Hospital Bed Fund Grants	30
2. B.	The Actual Total Dollar Amount provided to all patients from Hospital Bed F	\$76,856.00
1	William S Thomas Trust	\$4,174.03
2	William S Thomas Trust	\$3,000.00
3	William S Thomas Trust	\$544.96
4	William S Thomas Trust	\$1,215.53
5	Webb-Fairbanks, Annie J	\$1,095.88
6	William S Thomas Trust	\$823.79
7	William S Thomas Trust	\$155.65
8	William S Thomas Trust	\$563.00
9	Webb-Fairbanks, Annie J	\$931.04
10	William S Thomas Trust	\$492.18
11	William S Thomas Trust	\$1,017.00
12	William S Thomas Trust	\$1,595.00
13	Armstrong, Elizabeth C	\$441.13
14	William S Thomas Trust	\$1,169.74
15	Armstrong, Elizabeth C	\$1,380.49
16	Lyman & Emma Turner Allyn	\$5,350.59
17	Matson, Harriet H	\$10.76
18	Brockington, Samuel	\$2,012.00
19	Sherman, Miranda H	\$4,452.84
20	Ferrin, Carlisle Dr. F	\$1,242.22
21	William S Thomas Trust	\$1,694.00
22	William S Thomas Trust	\$20,338.44
22	Armstrong, Elizabeth C	\$523.17
22	Crawford, Marion G	\$661.01
22	Strickland Duva, Mary E	\$880.46
22	Harkness, Edward S	\$2,026.92
22	Hobson, Dr. & Mrs. Albert	\$1,012.13
22	Eunice Harding Marvin Fund	\$2,344.79
22	May, Elizabeth & John Dr.	\$562.59
22	Shepard, Cecelia S	\$985.53
23	William S Thomas Trust	\$536.00
24	Brockington, Samuel	\$510.24
25	William S Thomas Trust	\$1,220.09
26	Matson, Harriet H	\$970.78
27	Brockington, Samuel	\$2,012.00
28	Brockington, Samuel	\$557.00
29	Brockington, Samuel	\$3,002.76
30	Lyman & Emma Turner Allyn	\$5,350.26
	Grand Total	\$76,856.00

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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				
(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.				
	Armstrong, Elizabeth C	\$56,598.00	\$999.00	\$0.00	\$0.00
	Brockington, Samuel	\$280,036.00	\$4,945.00	\$0.00	\$0.00
	Crawford, Marion G	\$15,953.00	\$282.00	\$0.00	\$0.00
	Eunice Harding Marvin Fund	\$56,598.00	\$999.00	\$0.00	\$0.00
	Ferrin, Carlisle Dr. F	\$29,977.00	\$529.00	\$0.00	\$0.00
	Harkness, Edward S	\$48,934.00	\$864.00	\$0.00	\$0.00
	Hobson, DR & Mrs. Albert	\$24,446.00	\$432.00	\$0.00	\$0.00
	Matson, Harriet H	\$23,708.00	\$419.00	\$0.00	\$0.00
	May, Elizabeth & John Dr.	\$13,569.00	\$240.00	\$0.00	\$0.00
	Shepard, Cecelia S	\$23,840.00	\$421.00	\$0.00	\$0.00
	Sherman, Miranda H	\$107,480.00	\$1,898.00	\$0.00	\$0.00
	Strickland Duval, Mary E	\$21,249.00	\$375.00	\$0.00	\$0.00
	Webb-Fairbanks, Annie J	\$48,934.00	\$864.00	\$0.00	\$0.00
	Lyman & Emma Turner Allyn	\$258,325.00	\$4,561.00	\$0.00	\$0.00
	William S Thomas Trust	\$812,422.00	\$32,895.00	\$0.00	\$0.00
	Total Bed Funds :	\$1,822,069.00	\$50,723.00	\$0.00	\$0.00

**LAWRENCE AND 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	PT Accts starting with letters A-L go to Century & M-Z go to Medical Bureau. May 2010 A-K are Century & L-Z are Marcum. Acct meets the criteria of collection by after 3 statements and final letter. At apprx 135 days the acct is referred to collection agency if the patient doesn't contact or pay L&M
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	&M reimburses Century, Med Bureau & Marcum collection payments received directly at L&M. L&M Notifies agencies daily of payments receivd. Collectionn agencies send a monthly statement to L&M of payments received directly by them .
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	19.10%
II. SPECIFIC COLLECTION AGENT INFORMATION		
Collection Agent		
1	Collection Agent Name	Century
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.	PT Accts starting with letters A-L go to Century & M-Z go to Medical Bureau. May 2010 A-K are Century & L-Z are Marcum. Acct meets the criteria of collection by after 3 statements and final letter. At apprx 135 days the acct is referred to collection agency if the patient doesnt contact or pay L&M
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.	&M reimburses Century, Med Bureau & Marcum collection payments received directly at L&M. L&M Notifies agencies daily of payments receivd. Collectionn agencies send a monthly statement to L&M of payments received directly by them .

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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.	21.73%
	Collection Agent	
1	Collection Agent Name	Medical Bureau of Economics
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.	PT Accts starting with letters A-L go to Century & M-Z go to Medical Bureau. May 2010 A-K are Century & L-Z are Marcum. Acct meets the criteria of collection by after 3 statements and final letter. At apprx 135 days the acct is referred to collection agency if the patient doesnt contact or pay L&M
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.	&M reimburses Century, Med Bureau & Marcum collection payments received directly at L&M. L&M Notifies agencies daily of payments receivd. Collectionn agencies send a monthly statement to L&M of payments received directly by them .
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	21.90%
	Collection Agent	
1	Collection Agent Name	Marcum
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.	PT Accts starting with letters A-L go to Century & M-Z go to Medical Bureau. May 2010 A-K are Century & L-Z are Marcum. Acct meets the criteria of collection by after 3 statements and final letter. At apprx 135 days the acct is referred to collection agency if the patient doesnt contact or pay L&M

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
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.	&M reimburses Century, Med Bureau & Marcum collection payments received directly at L&M. L&M Notifies agencies daily of payments received. Collection agencies send a monthly statement to L&M of payments received directly by them .
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	13.31%
Collection Agent		
1	Collection Agent Name	Howard Lee Schiff, PC
2	Collection Agent Type	Attorney
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.	The accounts referred to Schiff, PC are for Non-CT patients and CT residents without assets. The collection agencies place exhausted accounts with Schiff, PC after review by L&M and approved for further litigation.
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.	&M reimburses Century, Med Bureau & Marcum collection payments received directly at L&M. L&M Notifies agencies daily of payments received. Collection agencies send a monthly statement to L&M of payments received directly by them .
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	14.55%
Collection Agent		
1	Collection Agent Name	Michalik,Bauer,Silva & Ciccarillo, LLP
2	Collection Agent Type	Attorney
3	Related / Not Related Entity	Not Related

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
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.	The accounts referred to MBSC,LLP are for patients with CT Assets. The collection agencies place exhausted accounts with MBSC, LLP once the listing is reviewed by L&M and approved for further litigation.
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.	&M reimburses Century, Med Bureau & Marcum collection payments received directly at L&M. L&M Notifies agencies daily of payments received. Collection agencies send a monthly statement to L&M of payments received directly by them .
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	16.00%

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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.	President, CEO	\$677,443	\$46,402	\$723,845
2.	VP. COO	\$398,441	\$36,535	\$434,976
3.	Vice President, CFO	\$351,853	\$39,130	\$390,983
4.	Chair, Department of Surgery	\$305,588	\$23,920	\$329,508
5.	VP of Strategic Planning	\$282,322	\$35,105	\$317,427
6.	Medical Director Physician	\$273,783	\$31,356	\$305,139
7.	Chief Legal Officer	\$264,005	\$34,783	\$298,788
8.	ER Physician	\$259,517	\$33,831	\$293,348
9.	ER Physician	\$272,968	\$19,442	\$292,410
10.	ER Physician	\$246,625	\$34,734	\$281,359
	Grand Total:	\$3,332,545	\$335,238	\$3,667,783

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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 . L&M CORPORATION				
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 . ASSOCIATED SPECIALISTS OF SOUTHEASTERN 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
C . L&M 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
D . L&M HEALTHCARE 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
E . L&M PHYSICIAN ASSOCIATION, 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
F . L&M SYSTEMS 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
G . SOUTHEAST CT PARTNERS 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 . VNA OF SOUTHEASTERN CT				
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.

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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 2010
A	Transfer of Assets or Operations	
1.	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

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REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	1,523	1,481	(42)	-3%
2.	Number of Approved Applicants	1,190	1,354	164	14%
3.	Total Charges (A)	\$4,820,444	\$5,279,519	\$459,075	10%
	Average Charges	\$4,051	\$3,899	(\$152)	-4%
4.	Ratio of Cost to Charges (RCC)	0.523741	0.470923	(0.052818)	-10%
	Total Cost	\$2,524,664	\$2,486,247	(\$38,417)	-2%
	Average Cost	\$2,122	\$1,836	(\$285)	-13%
5.	Charity Care - Inpatient Charges	\$919,959	\$1,189,760	\$269,801	29%
6.	Charity Care - Outpatient Emergency Department Charges	630,921	839,720	208,799	33%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	3,269,564	3,250,039	(19,525)	-1%
	Total Charges (A)	\$4,820,444	\$5,279,519	\$459,075	10%
8.	Charity Care - Number of Patient Days	349	327	(22)	-6%
9.	Charity Care - Number of Discharges	67	75	8	12%
10.	Charity Care - Number of Outpatient ED Visits	676	713	37	5%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,614	1,750	136	8%
(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.					
B. Hospital Bed Funds (see Hospital Reporting System - Report 17)					
1.	Number of Applicants	1,523	1,481	(42)	-3%
2.	Number of Approved Applicants	19	30	11	58%
3.	Total Charges (B)	\$41,253	\$76,856	\$35,603	86%
	Average Charges	\$2,171	\$2,562	\$391	18%
4.	Ratio of Cost to Charges (RCC)	0.523741	0.470923	(0.052818)	-10%
	Total Cost	\$21,606	\$36,193	\$14,587	68%
	Average Cost	\$1,137	\$1,206	\$69	6%
5.	Bed Funds - Inpatient Charges	\$15,000	\$23,089	\$8,089	54%
6.	Bed Funds - Outpatient Emergency Department Charges	17,650	14,853	(2,797)	-16%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	8,603	38,914	30,311	352%
	Total Charges (B)	\$41,253	\$76,856	\$35,603	86%
8.	Bed Funds - Number of Patient Days	3	8	5	167%
9.	Bed Funds - Number of Discharges	1	3	2	200%
10.	Bed Funds - Number of Outpatient ED Visits	16	13	(3)	-19%
11.	Bed Funds - Number of Outpatient Visits (Excludes ED Visits)	5	14	9	180%
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.					