

**DAY KIMBALL 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	DAY KIMBALL HOSPITAL
1	Affiliate Description	HOSPITAL
2	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	320 POMFRET STREET
5	Town	PUTNAM
6	State	Connecticut
7	Zip Code	06260 -
8	CEO Name	ROBERT SMANIK
9	CEO Title	CEO/PRESIDENT
10	CT Agent Name	DAY KIMBALL HOSPITAL
11	CT Agent Company	DAY KIMBALL HOSPITAL
12	CT Agent Company Street Address	320 POMFRET STREET
13	CT Agent Town	PUTNAM
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06260 -
B.	AFFILIATE NAME	DAY KIMBALL HOMEMAKERS, INC.
1	Affiliate Description	HOMEMAKER SERVICES
2	Affiliate type of service	Home Maker Services
3	Tax Status	Not for Profit
4	Street Address	255 Pomfret Street, Putnam CT
5	Town	Putnam
6	State	Connecticut
7	Zip Code	06260 -
8	CEO Name	Susan Esons
9	CEO Title	Executive Director
10	CT Agent Name	Day Kimball Hospital
11	CT Agent Company	Day Kimball Hospital
12	CT Agent Company Street Address	320 Pomfret Street, Putnam CT
13	CT Agent Town	Putnam
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06260 -
C.	AFFILIATE NAME	PHYSICIAN SERVICES OF NORTHEAST CONNECTICUT, LLC
1	Affiliate Description	Physician Services
2	Affiliate type of service	Physicians Services
3	Tax Status	For Profit
4	Street Address	320 Pomfret Street
5	Town	Putnam
6	State	Connecticut
7	Zip Code	06260 -
8	CEO Name	Robert Smanik
9	CEO Title	CEO/President
10	CT Agent Name	Robert Smanik
11	CT Agent Company	Physician Services of Northeast Connecticut, LLC
12	CT Agent Company Street Address	320 Pomfret Street
13	CT Agent Town	Putnam
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06260 -

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

**DAY KIMBALL 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. DAY KIMBALL HOSPITAL			
1		Unrestricted	\$15,965,857
2		Temporarily Restricted by Donor	\$3,705,481
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$3,634,767
5		Intercompany Eliminations	\$1,050,000
		Total:	\$24,356,105
B. DAY KIMBALL HOSPITAL			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
C. DAY KIMBALL HOMEMAKERS, INC.			
1		Unrestricted	\$618,337
2		Temporarily Restricted by Donor	\$6,303
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$624,640
D. PHYSICIAN SERVICES OF NORTHEAST CONNECTICUT, LLC			
1		Unrestricted	(\$145,492)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$1,050,000)
		Total:	(\$1,195,492)
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$23,785,253
	Intercompany Eliminations		\$0
	Total of all Affiliates	Fund Balance:	\$23,785,253

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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.	DAY KIMBALL HOSPITAL			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$545,302
1		Cash Transfer from hospital	09/30/2009	\$553,296
2		Management Services	09/30/2009	\$261,865
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$1,360,463
B.	DAY KIMBALL HOMEMAKERS, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
C.	PHYSICIAN SERVICES OF NORTHEAST CONNECTICUT, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
			Grand Total:	\$1,360,463

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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	\$0
A.	DAY KIMBALL HOSPITAL				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
B.	DAY KIMBALL HOMEMAKERS, INC.				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
C.	PHYSICIAN SERVICES OF NORTHEAST CONNECTICUT, LLC				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2009	\$0

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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. DAY KIMBALL HOSPITAL			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
B. DAY KIMBALL HOMEMAKERS, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
C. PHYSICIAN SERVICES OF NORTHEAST CONNECTICUT, LLC			
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.	DAY KIMBALL HOSPITAL		
0	Nothing to Report	\$0	0
	Total:	\$0	
B.	DAY KIMBALL HOMEMAKERS, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	PHYSICIAN SERVICES OF NORTHEAST CONNECTICUT, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

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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	\$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%
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

DAY KIMBALL 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.				
	Total Bed Funds :	\$0.00	\$0.00	\$0.00	\$0.00

**DAY KIMBALL 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	Unpaid balances are billed every 30 days, non-payment resulting in final notice at 90 days and written off to bad debt at 120 days.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	Billing statements from collection agencies based on percentage of amounts collected.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	86.59%
II. SPECIFIC COLLECTION AGENT INFORMATION		
Collection Agent		
1	Collection Agent Name	Marcam Associates
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.	Unpaid balances are billed every 30 days, non-payment resulting in final notice at 90 days and written off to bad debt at 120 days.
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.	Billing statements from collection agencies based on percentage of amounts collected.

**DAY KIMBALL 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.	115.00%
	Collection Agent	
1	Collection Agent Name	Century Financial Service
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.	Unpaid balances are billed every 30 days, non-payment resulting in final notice at 90 days and written off to bad debt at 120 days.
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.	Billing statements from collection agencies based on percentage of amounts collected.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	6.10%
	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.	Unpaid balances are billed every 30 days, non-payment resulting in final notice at 90 days and written off to bad debt at 120 days.

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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.	Billing statements from collection agencies based on percentage of amounts collected.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	6.84%
	Collection Agent	
1	Collection Agent Name	Michalik, Bauer, Silvia & Ciccarillo, LLP
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.	Unpaid balances are billed every 30 days, non-payment resulting in final notice at 90 days and written off to bad debt at 120 days.
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.	Billing statements from collection agencies based on percentage of amounts collected.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	48.00%
	Collection Agent	
1	Collection Agent Name	Tobin, Carberry, OMalley, Riley & Selinger, PC
2	Collection Agent Type	Collection Agency
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.	Unpaid balances are billed every 30 days, non-payment resulting in final notice at 90 days and written off to bad debt at 120 days.
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.	Billing statements from collection agencies based on percentage of amounts collected.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	257.00%

**DAY KIMBALL 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.	President & CEO	\$368,410	\$42,999	\$411,409
2.	Psychiatric Physician	\$306,689	\$28,132	\$334,821
3.	OB/GYN Physician	\$285,995	\$27,340	\$313,335
4.	VP Medical Affairs	\$268,083	\$26,655	\$294,738
5.	Pulmonary Physician	\$231,233	\$25,246	\$256,479
6.	Cardiologist	\$228,661	\$25,147	\$253,808
7.	OB/GYN Physician	\$212,493	\$24,529	\$237,022
8.	Pediatrician	\$187,050	\$23,556	\$210,606
9.	Pediatrician	\$185,795	\$23,508	\$209,303
10.	Sr. VP of Patient Services	\$181,578	\$23,346	\$204,924
Grand Total:		\$2,455,987	\$270,458	\$2,726,445

**DAY KIMBALL 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 . DAY KIMBALL 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
B . DAY KIMBALL HOMEMAKERS, 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 . PHYSICIAN SERVICES OF NORTHEAST CONNECTICUT, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

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.

**DAY KIMBALL 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

DAY KIMBALL 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	422	605	183	43%
2.	Number of Approved Applicants	397	577	180	45%
3.	Total Charges (A)	\$720,702	\$1,210,237	\$489,535	68%
	Average Charges	\$1,815	\$2,097	\$282	16%
4.	Ratio of Cost to Charges (RCC)	0.580935	0.610266	0.029331	5%
	Total Cost	\$418,681	\$738,566	\$319,885	76%
	Average Cost	\$1,055	\$1,280	\$225	21%
5.	Charity Care - Inpatient Charges	\$245,277	\$470,300	\$225,023	92%
6.	Charity Care - Outpatient Emergency Department Charges	183,482	393,036	209,554	114%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	291,943	346,901	54,958	19%
	Total Charges (A)	\$720,702	\$1,210,237	\$489,535	68%
8.	Charity Care - Number of Patient Days	95	153	58	61%
9.	Charity Care - Number of Discharges	25	42	17	68%
10.	Charity Care - Number of Outpatient ED Visits	213	555	342	161%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	566	804	238	42%
(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	0	0.000000	0%
	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.					