

DANBURY 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		
		DANBURY HEALTH SYSTEMS, INC.
1	Affiliate Description	PARENT CORP. MANAGING EMPLOYEE BENEFIT PLANS, PLANNING, POLICIES
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	24 Hospital Avenue
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	Frank J. Kelly
9	CEO Title	President & Chief Executive Officer
10	CT Agent Name	Joseph Campbell
11	CT Agent Company	Danbury Hospital
12	CT Agent Company Street Address	24 Hospital Ave
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
B. AFFILIATE NAME		
		BUSINESS SYSTEMS, INC.
1	Affiliate Description	PROVIDES PROPERTY MANAGEMENT, RETAIL PHARMACY SERVICES
2	Affiliate type of service	Pharmacy
3	Tax Status	For Profit
4	Street Address	95 Locust Avenue
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	Frank J. Kelly
9	CEO Title	President & Chief Executive Officer
10	CT Agent Name	Joseph Campbell
11	CT Agent Company	Danbury Hospital
12	CT Agent Company Street Address	24 Hospital Ave.
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
C. AFFILIATE NAME		
		DANBURY HEALTH SYSTEMS INSURANCE CO LTD.
1	Affiliate Description	A CAPTIVE INSURANCE COMPANY DOMICILED IN THE CAYMAN ISLANDS TO PROVIDE ALTERNATIVE PROFESSIONAL LIABILITY INSURANCE.
2	Affiliate type of service	Insurance
3	Tax Status	For Profit
4	Street Address	10 Main St. P.O.Box 1051GT
5	Town	Grand Cayman
6	State	Cayman Islands
7	Zip Code	00000 -
8	CEO Name	Frank J. Kelly
9	CEO Title	President & Chief Executive Officer
10	CT Agent Name	Julie Robertson
11	CT Agent Company	Honigman,Miller,Schwarta & Cohn,LLP
12	CT Agent Company Street Address	2290 First National Building,
13	CT Agent Town	Detroit
14	CT Agent State	Michigan
15	CT Agent Zip Code	48226 -
D. AFFILIATE NAME		
		DANBURY HEALTHCARE AFFILIATES, INC.
1	Affiliate Description	PROVIDES SUPPORT FOR EMPLOYEE AND CORPORATE HEALTH MANAGEMENT, Danbury Diagnostic Imaging,Ridgefield Diagnostic Imaging and EMT and Ambulance Services

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
2	Affiliate type of service	Affiliate Support Services
3	Tax Status	Not for Profit
4	Street Address	95 Locust Avenue
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	Frank J. Kelly
9	CEO Title	President & Chief Executive Officer
10	CT Agent Name	Joseph Campbell
11	CT Agent Company	Danbury Hospital
12	CT Agent Company Street Address	24 Hospital Ave
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
E.	AFFILIATE NAME	DANBURY HOSPITAL DEVELOPMENT FUND, INC.
1	Affiliate Description	PROVIDES SUPPORT SERVICES TO CORP. ACTIVITIES THROUGH CHARITABLE CONTRIBUTION DISTRIBUTION AND FUND RAISING.
2	Affiliate type of service	Fund Raising/Management
3	Tax Status	Not for Profit
4	Street Address	24 Hospital Avenue
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	Frank J. Kelly
9	CEO Title	Chief Executive Officer
10	CT Agent Name	Joseph Campbell
11	CT Agent Company	Danbury Hospital
12	CT Agent Company Street Address	24 Hospital Ave
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
F.	AFFILIATE NAME	REGIONAL HOSPICE OF WESTERN CT, INC.
1	Affiliate Description	PROVIDES HOSPICE CARE AND HOMECARE TO THE TERMINALLY ILL.
2	Affiliate type of service	Hospice
3	Tax Status	Not for Profit
4	Street Address	405 Main Street
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	Cynthia Roy-Squiteri
9	CEO Title	President of BOD, Executive Director
10	CT Agent Name	Joseph Campbell
11	CT Agent Company	Danbury Hospital
12	CT Agent Company Street Address	24 Hospital Ave
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
G.	AFFILIATE NAME	RIDGEFIELD SURGICAL CENTER,LLC
1	Affiliate Description	Provides an alternative location for outpatient ambulatory surgery .
2	Affiliate type of service	Ambulatory/OP Surgery Center
3	Tax Status	Not for Profit
4	Street Address	901 Ethan Allen Highwa
5	Town	Ridgefield
6	State	Connecticut
7	Zip Code	06877 -
8	CEO Name	Sobel Islam ,MD

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
9	CEO Title	Chairman of the Board
10	CT Agent Name	Ridgefield Surgical Center, LLC
11	CT Agent Company	Kim Skerencak
12	CT Agent Company Street Address	901 Ethan Allen Highway Suite
13	CT Agent Town	Ridgefield
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06877 -
H.	AFFILIATE NAME	THE DANBURY VISITING NURSE ASSOC, INC.
1	Affiliate Description	PROVIDES SKILLED NURSING SERVICES AND OTHER MEDICAL SERVICES IN THE HOME CARE SETTING.
2	Affiliate type of service	Home Health/VNAs
3	Tax Status	Not for Profit
4	Street Address	4 Liberty Street
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	Ann Faraguna
9	CEO Title	President of BOD, Executive Director
10	CT Agent Name	Joseph Campbell
11	CT Agent Company	Danbury Hospital
12	CT Agent Company Street Address	24 Hospital Ave
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -

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

**DANBURY 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. DANBURY HOSPITAL			
1		Unrestricted	\$325,008,268
2		Temporarily Restricted by Donor	\$28,552,625
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$27,106,095
5		Intercompany Eliminations	(\$20,662,202)
		Total:	\$360,004,786
B. DANBURY HEALTH SYSTEMS, INC.			
1		Unrestricted	(\$149,804,374)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$74,439,678)
		Total:	(\$224,244,052)
C. BUSINESS SYSTEMS, INC.			
1		Unrestricted	(\$178,360)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$178,360)
D. DANBURY HEALTH SYSTEMS INSURANCE CO LTD.			
1		Unrestricted	\$20,662,202
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$20,662,202
E. DANBURY HEALTHCARE AFFILIATES, INC.			
1		Unrestricted	\$2,545,704
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$2,545,704
F. DANBURY HOSPITAL DEVELOPMENT FUND, INC.			
1		Unrestricted	\$6,037,279
2		Temporarily Restricted by Donor	\$28,552,625
3		Temporarily Restricted by Board	\$12,743,679
4		Permanently Restricted by Donor	\$27,106,095
5		Intercompany Eliminations	\$0
		Total:	\$74,439,678
G. REGIONAL HOSPICE OF WESTERN CT, INC.			
1		Unrestricted	\$4,144,030
2		Temporarily Restricted by Donor	\$29,666
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$4,173,696

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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
	H. RIDGEFIELD SURGICAL CENTER,LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	I. THE DANBURY VISITING NURSE ASSOC, INC.		
1		Unrestricted	\$1,772,017
2		Temporarily Restricted by Donor	\$21,156
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,793,173
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$334,298,707
	Intercompany Eliminations		(\$95,101,880)
	Total of all Affiliates	Fund Balance:	\$239,196,827

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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. DANBURY HEALTH SYSTEMS, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$13,782,000
1		Employee Benefits	09/30/2009	\$5,273,000
2		salaries and benefits	09/30/2009	\$61,000
3		Accounts Payable	09/30/2009	\$422,000
4		other	09/30/2009	(\$16,630,000)
5		cash	09/30/2009	(\$285,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$2,623,000
B. BUSINESS SYSTEMS, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$1,080,000
1		Accounts Payable	09/30/2009	\$11,400,000
2		Salary	09/30/2009	\$42,000
3		Employee Benefits	09/30/2009	\$505,000
4		Administrative Services	09/30/2009	\$192,000
5		Rental Of Space	09/30/2009	\$84,000
6		cash	09/30/2009	(\$12,351,000)
7		other	09/30/2009	\$12,000
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$964,000
C. DANBURY HEALTH SYSTEMS INSURANCE CO LTD.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
D. DANBURY HEALTHCARE AFFILIATES, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$506,000
1		Accounts Payable	09/30/2009	\$3,215,000
2		Salary	09/30/2009	(\$13,000)
3		Employee Benefits	09/30/2009	\$1,450,000
4		Administrative Services	09/30/2009	\$36,000
5		Rental Of Space	09/30/2009	\$122,000
6		Clinical Services	09/30/2009	(\$492,000)
7		other	09/30/2009	\$222,000
8		cash	09/30/2009	(\$4,587,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$459,000

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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
	E. DANBURY HOSPITAL DEVELOPMENT FUND, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$1,600,000
1		Accounts Payable	09/30/2009	\$2,298,000
2		Salary	09/30/2009	\$1,119,000
3		Employee Benefits	09/30/2009	\$120,000
4		Rental Of Space	09/30/2009	(\$102,000)
5		other	09/30/2009	\$100,000
6		cash	09/30/2009	(\$5,012,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$123,000
	F. REGIONAL HOSPICE OF WESTERN CT, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$54,000
1		Accounts Payable	09/30/2009	\$49,000
2		Salary	09/30/2009	\$159,000
3		other	09/30/2009	\$131,000
4		cash	09/30/2009	(\$339,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$54,000
	G. RIDGEFIELD SURGICAL CENTER,LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
	H. THE DANBURY VISITING NURSE ASSOC, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$120,000
1		Accounts Payable	09/30/2009	\$42,000
2		Employee Benefits	09/30/2009	\$679,000
3		Clinical Services	09/30/2009	\$69,000
4		other	09/30/2009	\$51,000
5		cash	09/30/2009	(\$796,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$165,000
		Grand Total:		\$4,388,000

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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.	DANBURY HEALTH SYSTEMS, INC.		Nothing to Report		\$0
			Total:	9/30/2009	\$0
B.	BUSINESS SYSTEMS, INC.		Nothing to Report		\$0
			Total:	9/30/2009	\$0
C.	DANBURY HEALTH SYSTEMS INSURANCE CO LTD.		Nothing to Report		\$0
			Total:	9/30/2009	\$0
D.	DANBURY HEALTHCARE AFFILIATES, INC.		Nothing to Report		\$0
			Total:	9/30/2009	\$0
E.	DANBURY HOSPITAL DEVELOPMENT FUND, INC.		Nothing to Report		\$0
			Total:	9/30/2009	\$0
F.	REGIONAL HOSPICE OF WESTERN CT, INC.		Nothing to Report		\$0
			Total:	9/30/2009	\$0
G.	RIDGEFIELD SURGICAL CENTER,LLC		Nothing to Report		\$0
			Total:	9/30/2009	\$0
H.	THE DANBURY VISITING NURSE ASSOC, INC.		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. DANBURY HEALTH SYSTEMS, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	B. BUSINESS SYSTEMS, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	C. DANBURY HEALTH SYSTEMS INSURANCE CO LTD.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	D. DANBURY HEALTHCARE AFFILIATES, INC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	E. DANBURY HOSPITAL DEVELOPMENT FUND, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	F. REGIONAL HOSPICE OF WESTERN CT, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	G. RIDGEFIELD SURGICAL CENTER,LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	H. THE DANBURY VISITING NURSE ASSOC, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	Grand Total:	\$0	9/30/2009

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
A.	DANBURY HEALTH SYSTEMS, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
B.	BUSINESS SYSTEMS, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	DANBURY HEALTH SYSTEMS INSURANCE CO LTD.		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	DANBURY HEALTHCARE AFFILIATES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	DANBURY HOSPITAL DEVELOPMENT FUND, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	REGIONAL HOSPICE OF WESTERN CT, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	RIDGEFIELD SURGICAL CENTER,LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	THE DANBURY VISITING NURSE ASSOC, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

**DANBURY 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	\$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

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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

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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	Account balances <\$2500 are reviewed and referred manually to a collection agency after final notice. Account balances >\$2499.99 are systematically referred to a collection agency after final notice based on timelines according to plan type.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	Compensation is based on a % of collections and payment to hospital is reduced by the % owed.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	40.00%
II. SPECIFIC COLLECTION AGENT INFORMATION		
Collection Agent		
1	Collection Agent Name	Credit Center Incorporated
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.	Account balances <\$2500 are reviewed and referred manually to a collection agency after final notice. Account balances >\$2499.99 are systematically referred to a collection agency after final notice based on timelines according to plan type.
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.	Compensation is based on a % of collections and payment to hospital is reduced by the % owed.

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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.	40.00%
	Collection Agent	
1	Collection Agent Name	Simko Law Firm
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.	Account balances <\$2500 are reviewed and referred manually to a collection agency after final notice. Account balances >\$2499.99 are systematically referred to a collection agency after final notice based on timelines according to plan type.
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.	Compensation is based on a % of collections and payment to hospital is reduced by the % owed.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	40.00%
	Collection Agent	
1	Collection Agent Name	Attorney Robert Tobin
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.	Account balances <\$2500 are reviewed and referred manually to a collection agency after final notice. Account balances >\$2499.99 are systematically referred to a collection agency after final notice based on timelines according to plan type.

**DANBURY HOSPITAL
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FISCAL YEAR 2009**

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.	Compensation is based on a % of collections and payment to hospital is reduced by the % owed.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	40.00%

**DANBURY HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2009
REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS**

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	CEO CHIEF EXECUTIVE OFFICER	\$780,605	\$5,664,599	\$6,445,204
2.	VP HUMAN RESOURCES	\$419,408	\$307,504	\$726,912
3.	EXECUTIVE VP	\$424,697	\$51,238	\$475,935
4.	CHIEF NURSING OFFICER	\$323,927	\$49,195	\$373,122
5.	MEDICAL DIRECTOR COMMUNITY HEALTH CENER	\$318,476	\$44,459	\$362,935
6.	VP MARKETING	\$298,446	\$44,970	\$343,416
7.	VP FACILITIES	\$270,850	\$47,950	\$318,800
8.	CHIEF INFORMATION OFFICER	\$280,850	\$32,049	\$312,899
9.	VP OPERATIONS	\$265,850	\$43,642	\$309,492
10.	CFO CHIEF FINANCIAL OFFICER	\$267,990	\$41,038	\$309,028
	Grand Total:	\$3,651,099	\$6,326,644	\$9,977,743

**DANBURY 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 . DANBURY HEALTH 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
B . BUSINESS 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
C . DANBURY HEALTH SYSTEMS INSURANCE CO LTD.				
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 . DANBURY HEALTHCARE AFFILIATES, 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 . DANBURY HOSPITAL DEVELOPMENT FUND, 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 . REGIONAL HOSPICE OF WESTERN CT, 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 . RIDGEFIELD SURGICAL 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
H . THE DANBURY VISITING NURSE ASSOC, 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.

**DANBURY 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

DANBURY 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	2,153	2,630	477	22%
2.	Number of Approved Applicants	2,096	2,555	459	22%
3.	Total Charges (A)	\$9,657,765	\$12,266,705	\$2,608,940	27%
	Average Charges	\$4,608	\$4,801	\$193	4%
4.	Ratio of Cost to Charges (RCC)	0.429822	0.422692	(0.007130)	-2%
	Total Cost	\$4,151,120	\$5,185,038	\$1,033,918	25%
	Average Cost	\$1,980	\$2,029	\$49	2%
5.	Charity Care - Inpatient Charges	\$4,278,247	\$4,283,588	\$5,341	0%
6.	Charity Care - Outpatient Emergency Department Charges	1,193,730	1,940,289	746,559	63%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	4,185,788	6,042,828	1,857,040	44%
	Total Charges (A)	\$9,657,765	\$12,266,705	\$2,608,940	27%
8.	Charity Care - Number of Patient Days	1,206	1,257	51	4%
9.	Charity Care - Number of Discharges	131	281	150	115%
10.	Charity Care - Number of Outpatient ED Visits	869	1,374	505	58%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	4,083	7,933	3,850	94%
(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.					