MILFORD HOSPITAL

ANNUAL REPORTING

FISCAL YEAR 2009

REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(1) (2) (3)			
LINE	DESCRIPTION	AFFILIATE INFORMATION		
Α.	AFFILIATE NAME	MILFORD HEALTH & MEDICAL, INC.		
1	Affiliate Description	MANAGEMENT - PARENT CORPORATION		
2	Affiliate type of service	Parent Corporation		
3	Tax Status	Not for Profit		
4	Street Address	300 SEASIDE AVENUE		
5	Town	Milford		
6	State	Connecticut		
	Zip Code	06460 -		
8	CEO Name	PAUL MOSS PRESIDENT		
	CEO Title CT Agent Name	Paul Moss		
	CT Agent Name CT Agent Company	Milford Hospital, Inc.		
12		300 Seaside Ave		
	CT Agent Town	Milford		
14	CT Agent State	Connecticut		
15	CT Agent Zip Code	06460 -		
	A F F U I A T F N A M F	HOME CARE BLUE INC		
В.	AFFILIATE NAME	HOME CARE PLUS, INC.		
١,	Affiliate Decembring	HOME HEALTH CARE: SKILLED NURSING, HOME HEALTH AIDE AND VARIOUS		
	Affiliate Description	THERAPIES Outpotient Core		
3	Affiliate type of service Tax Status	Outpatient Care Not for Profit		
4	Street Address	309 SEASIDE AVENUE		
5	Town	Milford		
6	State	Connecticut		
	Zip Code	06460 -		
8	CEO Name	PAUL MOSS		
	CEO Title	PRESIDENT		
	CT Agent Name	Paul Moss		
	CT Agent Company	Milford Hospital, Inc.		
12		300 Seaside Ave		
	CT Agent Town	Milford		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06460 -		
c.	AFFILIATE NAME	MILFORD HEALTHCARE SERVICES, INC.		
	Affiliate Description	INCREASE AND COORDINATE HEALTH CARE SERVICES IN COMMUNITY		
2	Affiliate type of service	Fund Raising/Management		
3	Tax Status	Not for Profit		
4	Street Address	300 SEASIDE AVENUE		
5	Town	Milford		
6	State	Connecticut		
	Zip Code	06460 -		
	CEO Name	PAUL MOSS		
9	CEO Title	PRESIDENT		
	CT Agent Name	Paul Moss		
11	CT Agent Company	Milford Hospital, Inc.		
		300 Seaside Ave		
	CT Agent State	Milford		
	CT Agent State CT Agent Zip Code	Connecticut 06460 -		
15	O FAGERIL ZIP COULE	00 1 00 -		
D.	AFFILIATE NAME	MILFORD HOSPITAL FOUNDATION		
1	Affiliate Description	FUND RAISING FOR MILFORD HOSPITAL		
2	Affiliate type of service	Fund Raising/Management		
3	Tax Status	Not for Profit		
4	Street Address	300 SEASIDE AVENUE		
-				

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MILFORD 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
	-	Milford
	State	Connecticut
	Zip Code	06460 -
		PAUL MOSS
		PRESIDENT
	- 3	Paul Moss
11 12		Milford Hospital, Inc. 300 Seaside Ave
		Milford
	CT Agent State	Connecticut
		06460 -
	3 1 1 2 2 2 2	
	AFFILIATE NAME	MILFORD MEDICAL LAB, INC.
		MEDICAL LABORATORY
	Affiliate type of service	Lab
		For Profit
		2068 BRIDGEPORT AVE
		Milford
	State Zip Code	Connecticut 06460 -
	CEO Name	PAUL MOSS
9		PRESIDENT
10		Paul Moss
11	CT Agent Company	Milford Hospital, Inc.
		300 Seaside Ave
		Milford
1.4	CT Agent State	Connecticut
14		
15	CT Agent Zip Code	06460 -
15	CT Agent Zip Code	06460 -
15		
15 F.	AFFILIATE NAME	SBAC, LLC
15 F.	AFFILIATE NAME Affiliate Description	SBAC, LLC Aesthetic care, dematology and cosmetic surgery services
15 F. 1	AFFILIATE NAME Affiliate Description Affiliate type of service	SBAC, LLC Aesthetic care, dematology and cosmetic surgery services Other HealthCare Svcs(Specify)
15 F. 1 2 3	AFFILIATE NAME Affiliate Description Affiliate type of service	SBAC, LLC Aesthetic care, dematology and cosmetic surgery services
15 F. 1 2 3 4	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address	SBAC, LLC Aesthetic care, dematology and cosmetic surgery services Other HealthCare Svcs(Specify) For Profit
15 F. 1 2 3 4 5 6	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State	SBAC, LLC Aesthetic care, dematology and cosmetic surgery services Other HealthCare Svcs(Specify) For Profit 300 Seaside Avenue Milford Connecticut
15 F. 1 2 3 4 5 6 7	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code	SBAC, LLC Aesthetic care, dematology and cosmetic surgery services Other HealthCare Svcs(Specify) For Profit 300 Seaside Avenue Milford Connecticut 06460 -
F. 1 2 3 4 5 6 7 8	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name	SBAC, LLC Aesthetic care, dematology and cosmetic surgery services Other HealthCare Svcs(Specify) For Profit 300 Seaside Avenue Milford Connecticut 06460 - Paul Moss
F. 1 2 3 4 5 6 7 8 9	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title	SBAC, LLC Aesthetic care, dematology and cosmetic surgery services Other HealthCare Svcs(Specify) For Profit 300 Seaside Avenue Milford Connecticut 06460 - Paul Moss President
F. 1 2 3 4 5 6 7 8 9 10	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name	SBAC, LLC Aesthetic care, dematology and cosmetic surgery services Other HealthCare Svcs(Specify) For Profit 300 Seaside Avenue Milford Connecticut 06460 - Paul Moss President Paul Moss
F. 1 2 3 4 5 6 6 7 8 9 10 11	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company	SBAC, LLC Aesthetic care, dematology and cosmetic surgery services Other HealthCare Svcs(Specify) For Profit 300 Seaside Avenue Milford Connecticut 06460 - Paul Moss President Paul Moss Milford Hospital, Inc.
F. 1 2 3 4 5 6 7 7 8 9 10 11 12	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address	SBAC, LLC Aesthetic care, dematology and cosmetic surgery services Other HealthCare Svcs(Specify) For Profit 300 Seaside Avenue Milford Connecticut 06460 - Paul Moss President Paul Moss Milford Hospital, Inc. 300 Seaside Avenue
F. 1 2 3 4 5 6 7 7 8 9 10 11 12 13	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town	SBAC, LLC Aesthetic care, dematology and cosmetic surgery services Other HealthCare Svcs(Specify) For Profit 300 Seaside Avenue Milford Connecticut 06460 - Paul Moss President Paul Moss Milford Hospital, Inc. 300 Seaside Avenue Milford Milford Hospital, Inc.
F. 1 2 3 4 5 6 7 7 8 9 10 11 12 13 14	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Town CT Agent Town CT Agent State	SBAC, LLC Aesthetic care, dematology and cosmetic surgery services Other HealthCare Svcs(Specify) For Profit 300 Seaside Avenue Milford Connecticut 06460 - Paul Moss President Paul Moss Milford Hospital, Inc. 300 Seaside Avenue
F. 1 2 3 4 5 6 7 7 8 9 10 11 12 13 14	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town	SBAC, LLC Aesthetic care, dematology and cosmetic surgery services Other HealthCare Svcs(Specify) For Profit 300 Seaside Avenue Milford Connecticut 06460 - Paul Moss President Paul Moss Milford Hospital, Inc. 300 Seaside Avenue Milford Connecticut Odes Avenue Milford Milford Connecticut
F. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Town CT Agent State CT Agent State CT Agent State CT Agent State	SBAC, LLC Aesthetic care, dematology and cosmetic surgery services Other HealthCare Svcs(Specify) For Profit 300 Seaside Avenue Milford Connecticut 06460 - Paul Moss President Paul Moss Milford Hospital, Inc. 300 Seaside Avenue Milford Connecticut 06460 -
F. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 G.	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code	SBAC, LLC Aesthetic care, dematology and cosmetic surgery services Other HealthCare Svcs(Specify) For Profit 300 Seaside Avenue Milford Connecticut 06460 - Paul Moss President Paul Moss Milford Hospital, Inc. 300 Seaside Avenue Milford Connecticut 06460 - SBDI ASSOCIATES LLC
F. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 G. 1	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State Affiliate Description	SBAC, LLC Aesthetic care, dematology and cosmetic surgery services Other HealthCare Svcs(Specify) For Profit 300 Seaside Avenue Milford Connecticut 06460 - Paul Moss President Paul Moss Milford Hospital, Inc. 300 Seaside Avenue Milford Gonnecticut 06460 - SEDI ASSOCIATES LLC Leasing Company
F. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 G. 1 2	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service	SBAC, LLC Aesthetic care, dematology and cosmetic surgery services Other HealthCare Svcs(Specify) For Profit 300 Seaside Avenue Milford Connecticut 06460 - Paul Moss President Paul Moss Milford Hospital, Inc. 300 Seaside Avenue Milford Connecticut 06460 - SBDI ASSOCIATES LLC Leasing Company Real Estate
F. 1 2 3 4 5 6 6 7 8 9 10 11 12 13 14 15 G. 1 2 3	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State Affiliate Description Affiliate type of service Tax Status	SBAC, LLC Aesthetic care, dematology and cosmetic surgery services Other HealthCare Svcs(Specify) For Profit 300 Seaside Avenue Milford Connecticut 06460 - Paul Moss President Paul Moss Milford Hospital, Inc. 300 Seaside Avenue Milford Connecticut 06460 - SBDI ASSOCIATES LLC Leasing Company Real Estate For Profit
F. 1 2 3 4 5 6 6 7 8 9 10 11 12 13 14 15 G. 1 2 3 4	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address	SBAC, LLC Aesthetic care, dematology and cosmetic surgery services Other HealthCare Svcs(Specify) For Profit 300 Seaside Avenue Milford Connecticut 06460 - Paul Moss President Paul Moss Milford Hospital, Inc. 300 Seaside Avenue Milford Connecticut 06460 - SBDI ASSOCIATES LLC Leasing Company Real Estate For Profit 300 Seaside Avenue
F. 1 2 3 4 5 6 6 7 8 9 10 11 12 13 14 15 G. 1 2 3 4 5 5	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State Street Address Town	SBAC, LLC Aesthetic care, dematology and cosmetic surgery services Other HealthCare Svcs(Specify) For Profit 300 Seaside Avenue Milford Connecticut 06460 - Paul Moss President Paul Moss Milford Hospital, Inc. 300 Seaside Avenue Milford Connecticut 06460 - SBDI ASSOCIATES LLC Leasing Company Real Estate For Profit 300 Seaside Avenue Milford Milford
F. 1 2 3 4 5 6 6 7 8 8 9 10 11 12 13 14 15 G. 1 2 3 4 5 6 6	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State	SBAC, LLC Aesthetic care, dematology and cosmetic surgery services Other HealthCare Svcs(Specify) For Profit 300 Seaside Avenue Milford Connecticut 06460 - Paul Moss President Paul Moss Milford Hospital, Inc. 300 Seaside Avenue Milford Connecticut 06460 - SBDI ASSOCIATES LLC Leasing Company Real Estate For Profit 300 Seaside Avenue Milford Connecticut 06460 -
F. 1 2 3 4 5 6 6 7 7 8 9 10 11 12 13 14 15 G. 1 2 3 4 5 6 7 7	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code	SBAC, LLC Aesthetic care, dematology and cosmetic surgery services Other HealthCare Svcs(Specify) For Profit 300 Seaside Avenue Milford Connecticut 06460 - Paul Moss President Paul Moss Milford Hospital, Inc. 300 Seaside Avenue Milford Connecticut 06460 - SBDI ASSOCIATES LLC Leasing Company Real Estate For Profit 300 Seaside Avenue Milford Connecticut O5460 -
F. 1 2 3 4 5 6 7 7 8 9 10 11 12 13 14 15 G. 1 2 3 4 4 5 6 7 8	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name	SBAC, LLC Aesthetic care, dematology and cosmetic surgery services Other HealthCare Svcs(Specify) For Profit 300 Seaside Avenue Milford Connecticut 06460 - Paul Moss President Paul Moss Milford Hospital, Inc. 300 Seaside Avenue Milford Connecticut 06460 - SBDI ASSOCIATES LLC Leasing Company Real Estate For Profit 300 Seaside Avenue Milford Connecticut 06460 - Connecticut 06460 - Paul Moss
F. 1 2 3 4 5 6 6 7 1 2 2 3 4 4 5 6 6 7 8 8 9 9	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CT Agent Town CT Agent Town CT Agent Zip Code	SBAC, LLC Aesthetic care, dematology and cosmetic surgery services Other HealthCare Svcs(Specify) For Profit 300 Seaside Avenue Milford Connecticut 06460 - Paul Moss President Paul Moss Milford Hospital, Inc. 300 Seaside Avenue Milford Connecticut 06460 - SBDI ASSOCIATES LLC Leasing Company Real Estate For Profit 300 Seaside Avenue Milford Connecticut 06460 -
F. 1 2 3 4 5 6 6 7 8 8 9 10 11 2 3 4 4 5 6 6 7 8 8 9 10 11 11 12 13 14 15 15 15 16 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CT Agent Town CT Agent State CT Agent Zip Code	SBAC, LLC Aesthetic care, dematology and cosmetic surgery services Other HealthCare Svcs(Specify) For Profit 300 Seaside Avenue Milford Connecticut 06460 - Paul Moss President Paul Moss Milford Hospital, Inc. 300 Seaside Avenue Milford Connecticut 06460 - SBDI ASSOCIATES LLC Leasing Company Real Estate For Profit 300 Seaside Avenue Milford Connecticut 06460 - SBDI ASSOCIATES LLC Leasing Company Real Estate For Profit 300 Seaside Avenue Milford Connecticut 06460 - Paul Moss President

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MILFORD HOSPITAL

ANNUAL REPORTING

FISCAL YEAR 2009

REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)	
	DESCRIPTION	AFFILIATE INFORMATION	
	CT Agent Town	Milford	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06460 -	
Н.	AFFILIATE NAME	SBDI HOLDING LLC	
	Affiliate Description	Leasing Company	
	Affiliate type of service	Imaging Equipment	
3	Tax Status	For Profit	
	Street Address	300 Seaside Avenue	
5	Town	Milford	
6	State	Connecticut	
	Zip Code CEO Name	06460 - Paul Moss	
	CEO Title	President	
	CT Agent Name	Paul Moss	
11	CT Agent Company	Milford Hospital, Inc.	
12	CT Agent Company Street Address	300 Seaside Avenue	
		Milford	
	CT Agent State	Connecticut 06460 -	
15	CT Agent Zip Code	U040U -	
l 1.	AFFILIATE NAME	SEABRIDGE CORPORATION	
1	Affiliate Description	HEALTHCARE: Parent of Milford Medical Lab and partner in S.B.D.I. and SBAC LLC	
2	Affiliate type of service	For Profit Services (Specify)	
	Tax Status	For Profit	
	Street Address	300 SEASIDE AVENUE	
	Town	Milford	
6 7	State Zip Code	Connecticut 06460 -	
	CEO Name	PAUL MOSS	
	CEO Title	PRESIDENT	
	CT Agent Name	Paul Moss	
11	CT Agent Company	Milford Hospital, Inc.	
		300 Seaside Ave	
13		Milford	
14 15	CT Agent State CT Agent Zip Code	Connecticut 06460 -	
15	CT Agent Zip Code	00400 -	
J.	AFFILIATE NAME	TORRY CORPORATION	
		HEALTHCARE PROPERTY MANAGEMENT. TORRY CORPORATION OWNS	
		VARIOUS PROPERTIES THAT ARE LOCATIONS FOR THE HOSPITAL'S WALK-IN	
	Affiliate Description	CENTER AND AFFILIATED CORPORATIONS.	
	Affiliate type of service	For Profit Services (Specify)	
3	Tax Status	For Profit	
	Street Address	300 Seaside Avenue Milford	
5 6	Town State	Connecticut	
	Zip Code	06460 -	
	CEO Name	Paul E Moss	
9	CEO Title	President	
	CT Agent Name	Paul E Moss	
	CT Agent Company	Milford Hospital, Inc.	
12	CT Agent Company Street Address	300 Seaside Avenue	
13	CT Agent Town CT Agent State	Milford	
	CT Agent State CT Agent Zip Code	Connecticut 06460 -	
١٥	or Agent Zip Oode	55.55	

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

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2009
A.	MILFORD HOSPITAL		
1		Unrestricted	\$36,805,806
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$689,851
4		Permanently Restricted by Donor	\$603,242
5		Intercompany Eliminations	\$0
		Total:	\$38,098,899
	MILFORD HEALTH & MEDICAL, INC.		
В.	WILFORD REALTH & WEDICAL, INC.	Llavastriated	¢0 620 442
1		Unrestricted	\$8,639,412
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
4		Permanently Restricted by Board	\$0
5		Intercompany Eliminations	(\$1,821,424)
<u> </u>		Total:	\$6,817,988
			40,011,000
C.	HOME CARE PLUS, INC.		
1	•	Unrestricted	\$1,148,005
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,148,005
D.	MILFORD HEALTHCARE SERVICES, INC.		
1		Unrestricted	(\$715,531)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$715,531)
_	MIL FORD LICERITAL FOLINDATION		
	MILFORD HOSPITAL FOUNDATION		Φ0
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$689,851 \$59,242
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$59,242
		Total:	\$749,093
			ψ1 40,000
F.	MILFORD MEDICAL LAB, INC.		
1	,	Unrestricted	(\$6,826,889)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$6,826,889)
G.	SBAC, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
		Permanently Restricted by Donor	\$0
4			7.
4 5		Intercompany Eliminations Total:	\$0 \$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
H.	SBDI ASSOCIATES 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
	ODDI HOLDING LLO		
I.	SBDI HOLDING LLC	I leve etviete d	r _O
1		Unrestricted	\$0 \$0
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0
4		Permanently Restricted by Board	\$0
5		Intercompany Eliminations	\$0
3		Total:	\$0 \$0
		Total.	\$ 0
J.	SEABRIDGE CORPORATION		
1		Unrestricted	\$478,397
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$478,397
1/	TORRY CORRORATION		
K .	TORRY CORPORATION	Unrestricted	¢c 000 442
			\$6,809,412
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0 \$0
5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
- o		Total:	\$6,809,412
			+ + + + + + + + + + + + + + + + + + +
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$48,380,798
	Intercompany Eliminations		(\$1,821,424)
	Total of all Affiliates	Fund Balance:	\$46,559,374

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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
Α.	MILFORD HEALTH & MEDICAL, INC.			
	MILI OND HEALTH & MILDICAL, INC.	Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$217,401
1		Transfer of Funds	09/30/2009	(\$1,668,842)
2		Malpractice Payments	09/30/2009	(\$1,489,583)
3		Salary	09/30/2009	\$32,408
4		Employee Benefits	09/30/2009	\$4,302
5		Cash Payments	09/30/2009	\$3,158,425
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$254,111
		Ending officonsolidated intercompany balance.	9/30/2009	\$254,111
В.	HOME CARE PLUS, INC.			
	TIOME OAKE I 200, INO.	Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$28,199
1		Salary	09/30/2009	\$23,435
2		Employee Benefits	09/30/2009	\$7,090
3		Cash Payments	09/30/2009	(\$44,262)
4		Nutrician Counseling	09/30/2009	\$176
5		Cleaning Services	09/30/2009	\$6,587
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$21,225
C.	MILFORD HEALTHCARE SERVICES, INC.			
	·	Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$14,381
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$14,381
D.	MILFORD HOSPITAL FOUNDATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$36,596
1		Salary	09/30/2009	\$180,701
2		Employee Benefits	09/30/2009	\$41,809
3		Supplies and other	09/30/2009	\$5,233
4		Cash Payments	09/30/2009	(\$231,609)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$32,730
E.	MILFORD MEDICAL LAB, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$283,534
1		Salary	09/30/2009	\$825,739
2		Employee Benefits	09/30/2009	\$250,722
3		Lab Fees	09/30/2009	\$677,033
4		Sales/Purchases of Services	09/30/2009	(\$179,674)

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
5		Driver	09/30/2009	\$22,117
6		Cash Payments	09/30/2009	(\$1,002,604)
7		Bad Debt Provision	09/30/2009	(\$648,480)
<u> </u>		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$228,387
		<u> </u>	0,00,200	. ,
F.	SBAC, LLC			
	,	Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
1		Salary	09/30/2009	\$20,367
2		Employee Benefits	09/30/2009	\$10,149
3		Rent	09/30/2009	\$20,000
4		Other Assets	09/30/2009	\$33,246
5		Repairs & Maintenance Expenses	09/30/2009	\$121
6		Legal Expenses	09/30/2009	\$1,491
7		Cash Payment	09/30/2009	(\$72)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$85,302
G.	SBDI ASSOCIATES LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
Н.	SBDI HOLDING LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
l.	SEABRIDGE CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$11,244
1		Salary	09/30/2009	\$6,695
2		Employee Benefits	09/30/2009	\$910
3		Cash Payments	09/30/2009	(\$11,244)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$7,605
J.	TORRY CORPORATION			
	· -	Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$709,482
1		Salary	09/30/2009	\$45,317
2		Employee Benefits	09/30/2009	\$10,786

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
3		Repairs & Maintenance Expenses	09/30/2009	\$4,704
4		Insurance	09/30/2009	\$3,558
5		Rent	09/30/2009	(\$95,952)
6		Cash Payments	09/30/2009	(\$54,998)
7		Interest	09/30/2009	\$38,940
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$661,837
			Grand Total:	\$1,305,578

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
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	Beginning Unconsolidated	DATE	AWOUNT
			Intercompany Balance	10/01/2008	\$8,392,043
Α.	MILFORD HEALTH & MEDICAL, INC.		. ,		*************************************
1		TORRY CORPORATION	Capital Contribution	09/30/2009	\$875,999
			Total:	9/30/2009	\$875,999
B.	HOME CARE PLUS, INC.				
1		TORRY CORPORATION	Rent	09/30/2009	\$28,800
			Total:	9/30/2009	\$28,800
C.	MILFORD HEALTHCARE SERVICES, INC.	MU FORD HEALTH A MEDICAL INC			* 12.222
1		MILFORD HEALTH & MEDICAL, INC.	Interest	09/30/2009	\$12,208
			Total:	9/30/2009	\$12,208
D.	MILFORD HOSPITAL FOUNDATION				
<u>D.</u>	MILEORD HOSPITAL FOUNDATION	TORRY CORPORATION	Rent	09/30/2009	¢40.000
1		TORKT CORPORATION	Total:	9/30/2009	\$18,200 \$18,200
			Total.	3/30/2009	ψ10,200
E.	MILFORD MEDICAL LAB, INC.				
- -			Nothing to Report		\$0
			Total:	9/30/2009	\$0
				0,00,000	4.5
F.	SBAC, LLC				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
G.	SBDI ASSOCIATES LLC				
1		SEABRIDGE CORPORATION	Distribution	12/31/2008	\$225,000
			Total:	9/30/2009	\$225,000
Н.	SBDI HOLDING LLC	OF APPLICATION	Distribution	10/01/0055	A
1		SEABRIDGE CORPORATION	Distribution	12/31/2008	\$75,000
			Total:	9/30/2009	\$75,000
	SEABRIDGE CORPORATION				
I. 1	SEADRIDGE CORPORATION	SBAC, LLC	Capital Contribution	04/06/2000	¢400
2		MILFORD HEALTH & MEDICAL, INC.	Interest	04/06/2009 01/08/2009	\$100 \$1,816
		WILL OND HEALTH & WILDIOAL, INC.	IIICICS	01/00/2009	φ1,010

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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
			Total:	9/30/2009	\$1,916
J.	TORRY CORPORATION				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2009	\$9,629,166

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MILFORD HOSPITAL ANNUAL REPORTING

FISCAL YEAR 2009 REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME &	AMOUNT	DATE
LINE	DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
Α.	MILFORD HEALTH & MEDICAL, INC.		
0	Nothing to Report	\$0	
		al: \$0	9/30/2009
	HOME CARE PLUS, INC.		
0	Nothing to Report	\$0	
	10	tal: \$0	9/30/2009
C.	MILFORD HEALTHCARE SERVICES, INC.		
0	Nothing to Report	\$0	
	То	al: \$0	9/30/2009
D.	MILFORD HOSPITAL FOUNDATION	0.0	
U	Nothing to Report	\$0 al: \$0	
	10	,ai. 50	9/30/2009
E.	MILFORD MEDICAL LAB, INC.		
0	Nothing to Report	\$0	
	To		9/30/2009
F.	SBAC, LLC		
0	Nothing to Report	\$0	
	10	al: \$0	9/30/2009
	SPDI ASSOCIATES LLC		
G .	SBDI ASSOCIATES LLC Nothing to Report	\$0	
Ŭ		al: \$0	9/30/2009
		,	5/55/2555
Н.	SBDI HOLDING LLC		
0	Nothing to Report	\$0	
	То	al: \$0	9/30/2009
	OF ADDITION OF DEPONATION		
1. 0	SEABRIDGE CORPORATION Nothing to Report	\$0	
Ĕ		tal: \$0	9/30/2009
		Ψ0	3,33/2003
J.	TORRY CORPORATION		
0	Nothing to Report	\$0	
	То	al: \$0	9/30/2009
	Grand To	al: \$0	9/30/2009
	Grand 10	ai: \$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
LINE	DESCRIPTION OF THE COMMITMENT AND/OR ENDORGEMENT	AMOUNT	TERM IN TERRO
Α.	MILFORD HEALTH & MEDICAL, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
В.	HOME CARE PLUS, INC.	ma	
0	Nothing to Report	\$0	0
	Total:	\$0	
C .	MILFORD HEALTHCARE SERVICES, INC. Nothing to Report	\$0	O
	Total:	\$0	
	i Stati	4 0	
D.	MILFORD HOSPITAL FOUNDATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	MILFORD MEDICAL LAB, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	SBAC, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	SBDI ASSOCIATES LLC	60	0
0	Nothing to Report Total:	\$0 \$0	0
	ı otal.	40	
- , .	CDDI HOLDING LLC		
H.	SBDI HOLDING LLC Nothing to Report	\$0	n
<u> </u>	Total:	\$0	
I.	SEABRIDGE CORPORATION		
0	Nothing to Report	\$0	O
	Total:	\$0	
J.	TORRY CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR INDIGENT CARE AND FREE BEDS

(1)	(2)	(3)	(4) FY 2009	(5) AMOUNT	(6)
LINE	DESCRIPTION	FY`2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A.	Indigent Care				
	Beginning Balance	\$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%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
В.	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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_		
	MILFORD HOSPITAL	
	ANNUAL REPORTING	
	FISCAL YEAR 2009	
REPO	ORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERE	D 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 Do	llar Amount provided to all patients from Hospital Bed F	\$0.00
	Grand Total	\$0.00
	l .	

					1
		MILFORD HO	SPITAL		
		ANNUAL REPO	ORTING		
		FISCAL YEAR	R 2009		
	REPORT 17 - HOSPITAL			Y THE HOSPITAL	
B. BE	ED FUND ACTIVITY				
(1)	(2)	(3)	(4)	(5)	(6)
(-,	(-)	FMV of Principal	Actual Earnings	Earnings	Earnings
Line	Name of Hospital Bed Fund	l in v or i i inorpar	7totaai Lainingo	Reinvested	Available
	-				
(3)	Fair Market Value of the Principal of ea	ch individual Hospit	al Bed Fund, or the P	Principal attributable	to each Hospital
(-)					to cucii i copiiui
(4)	Total Actual Earnings for each Hospita	al Bed Fund or the Ea	arnings attributable to	o each Hospital Bed	Fund.
(. /	3		J		
(5)	Actual Dollar Amount of Earnings rein	vested as Principal.	if anv.		
(-)			,		
(6)	Actual Dollar Amount of Earnings available	lable for Patient Care	9.		
,,,			-		
	Total Bed Funds :	\$0.00	\$0.00	\$0.00	\$0.00
			V 0.00	\$0.00	40.00

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	The statements and credit letters are computer generated. Accounts will be
		transferred to the appropriate billing class whenever payments or rejections are received from third party payers.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	
		The collection agency/law firm forwards all money collected to the hospital. The hospital then reimburses the collection agency.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	10.90%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
11.	Collection Agent	
1	Collection Agent Name	Connecticut Credit
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.	
		Same as General Processes and Policies
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.	
		The collection agency/law firm forwards all money collected to the hospital. The hospital then reimburses the collection agency.

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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.	2.00%
	Collection Agent	
1	Collection Agent Name	American Adjustment Bureau
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4		The statements and credit letters are computer generated. Accounts will be transferred to the appropriate billing class whenever payments or rejections are received from third party payers.
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.	The collection agency/law firm forwards all money collected to the hospital. The hospital then reimburses the collection agency.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	13.80%

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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.	PhysicianDir. ICU	\$376,230	\$59,084	\$435,314
2.	President	\$324,217	\$43,883	\$368,100
3.	E.R. Physician	\$298,499	\$42,537	\$341,036
4.	E.R. Physician	\$292,474	\$58,065	\$350,539
5.	E.R. Physician	\$276,777	\$58,301	\$335,078
6.	Hospitalist	\$274,527	\$57,986	\$332,513
7.	E.R. Physician	\$270,130	\$55,508	\$325,638
8.	E.R. Physician	\$270,130	\$56,363	\$326,493
9.	E.R. Physician	\$269,840	\$52,485	\$322,325
10.	E.R. Physician	\$260,822	\$54,495	\$315,317
	Grand Total:	\$2,913,646	\$538,707	\$3,452,353

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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
	MILFORD HEALTH & MEDICAL, INC.			
A .	Paid by the Entity Listed Above to Hospital Employees(B)	\$32,408	\$4,302	\$36,710
2	Paid by the Hospital to Employees of the Entity Listed Above	\$32,400	\$4,302	\$0,710
	Faid by the Hospital to Employees of the Emity Listed Above	\$0	ΨΟ	ΨΟ
В.	HOME CARE PLUS, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$27,656	\$9,633	\$37,289
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
		·	·	·
С.	MILFORD HEALTHCARE 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
D.	MILFORD HOSPITAL FOUNDATION			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$180,701	\$41,809	\$222,510
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Ε.	MILFORD MEDICAL LAB, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$842,085	\$256,493	\$1,098,578
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$256,495	\$0
	Faid by the Hospital to Employees of the Emity Listed Above	\$0	ΨΟ	ΨΟ
F.	SBAC, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$13,967	\$10,149	\$24,116
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
		·	·	·
G.	SBDI 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
Н.	SBDI HOLDING LLC		T	
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
1.	 SEABRIDGE CORPORATION			
1.	Paid by the Entity Listed Above to Hospital Employees(B)	\$6,695	\$910	\$7,605
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0,093	\$0	\$0
	and by the Hospital to Employees of the Emity Listed Above	Ι ΨΟ	ΨΟ	ΨΟ
J .	TORRY CORPORATION			
J.	TORRY CORPORATION Paid by the Entity Listed Above to Hospital Employees(B)	\$48,802	\$12,005	\$60,807

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

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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.

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
Α	Transfer of Assets or Operations	
	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	
1.	Nonclinical Services or Functions.	N/A
	Description of each Transfer of Assets or Operations or Change of Control involving	
2.	Hospital Clinical or Nonclinical Services or Functions.	N/A
	Description of each Hospital Clinical or Nonclinical Service or Function transferred or	
3.	involved in a change of control.	N/A
	Date that each Transfer of Assets or Operations or Change of Control involving Hospital	
4.	Clinical or Nonclinical Services or Functions occurred.	N/A
	Amount of each Transfer of Assets or Operations or Change of Control involving	
5.	Hospital Clinical or Nonclinical Services or Functions.	\$0

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		HOSPITAL			
		REPORTING			
		'EAR 2009	BROWDED BY	THE HOODITAL	
	REPORT 23 - CHARITY CARE AND REDUCED O	JOST SERVICES	PROVIDED BY	THE HOSPITAL	
(1)	(2)	(3)	(4)	(5)	(6)
(1)	(2)	(3) FY 2008	(4) FY 2009	(5) AMOUNT	(6) %
I INIE	DECODIDEION				
<u>LINE</u>	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENC
	Hospital Charity Care (see Hospital Audited Financial Sta	-t-mant Notae)			
<u>A.</u>	HOSPITAL CHARITY CARE (See HOSPITAL AUGITED FINANCIAL SE	atement Notes,			
	A1 1 A 11 A	40	20	(11)	20
1.	Number of Approved Applicants	49	38	(11)	-22
2.	Number of Approved Applicants	17	16	(1)	-(
		* 125 004	2100 057	(240.404)	
3.	Total Charges (A)	\$165,221	\$122,057	(\$43,164)	-26
	Average Charges	\$9,719	\$7,629	(\$2,090)	-22
4.	Ratio of Cost to Charges (RCC)	0.391407	0.382652	(0.008755)	-2
	Total Cost	\$64,669	\$46,705	(\$17,963)	-2
	Average Cost	\$3,804	\$2,919	(\$885)	-2
5.	Charity Care - Inpatient Charges	\$145,259	\$76,155	(\$69,104)	-4
6.	Charity Care - Outpatient Emergency Department Charges	19,417	40,793	21,376	11
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	545	5,109	4,564	83
	Total Charges (A)	\$165,221	\$122,057	(\$43,164)	-2
				**	
8.	Charity Care - Number of Patient Days	51	20	(31)	-6
9.	Charity Care - Number of Discharges	10	3	(7)	-7
10.	Charity Care - Number of Outpatient ED Visits	17	29	12	7
10.	Charity Care - Number of Outpatient ED Visits Charity Care - Number of Outpatient Visits (Excludes ED	**			
11.	Visits)	3	3	0	
	VISIGI				
	e total amount must agree with the total amount listed in t	the Hospital Audi	ited Financial St	atement Notes	
(A) Th		ine Hospital Addi			
(A) The <u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - Re				
<u>B.</u>		eport 17)			
<u>B.</u>	Number of Applicants	eport 17)	-	-	
<u>B.</u>		eport 17)			
1. 2.	Number of Applicants Number of Approved Applicants	eport 17)	-	-	
<u>B.</u>	Number of Applicants Number of Approved Applicants Total Charges (B)	\$0	- - - \$0	- - - \$0	
1. 2.	Number of Applicants Number of Approved Applicants	eport 17)	-	-	
1. 2.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges	**************************************	- - - \$0 \$0	- - \$0 \$0	
1. 2.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC)	\$0 \$0	\$0 \$0 \$0	- - \$0 \$0 0.382652	
1. 2.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost	\$0 \$0 \$0 \$0	\$0 \$0 \$0 0.382652	- - \$0 \$0 \$0	
1. 2.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC)	\$0 \$0	\$0 \$0 \$0	- - \$0 \$0 0.382652	
1. 2.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost	\$0 \$0 \$0 \$0	\$0 \$0 \$0 0.382652	- - \$0 \$0 \$0	
1. 2.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges	\$0 \$0 \$0 \$0	\$0 \$0 \$0 0.382652	- - \$0 \$0 \$0	
1. 2. 3.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost	\$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 0.382652 \$0 \$0	- - - \$0 \$0 0.382652 \$0 \$0	
1. 2. 3. 4. 5.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges	\$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 0.382652 \$0 \$0	- - - \$0 \$0 0.382652 \$0 \$0	
B. 1. 2. 3. 4. 5. 6.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges	\$0 \$0 \$0 \$0 \$0 \$0	0.382652 \$0 \$0 \$0 \$0	- - - \$0 \$0 0.382652 \$0 \$0 0	
B. 1. 2. 3. 4. 5. 6.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges)	\$0 \$0 \$0 \$0 \$0 \$0 \$0	0.382652 \$0 \$0 \$0 0.00	0.382652 \$0 \$0 \$0 0.00	
B. 1. 2. 3. 4. 5. 6.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B)	\$0 \$0 \$0 \$0 \$0 \$0 \$0	0.382652 \$0 \$0 \$0 0.00	0.382652 \$0 \$0 \$0 0.00	
B. 1. 2. 3. 4. 5. 6. 7.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges)	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	0.382652 \$0 \$0 \$0 \$0 \$0	- - - \$0 \$0 \$0 0.382652 \$0 \$0 0 0	
B. 1. 2. 3. 4. 5. 6. 7.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 0.382652 \$0 \$0 0 0		
8. 9.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges Bed Funds - Number of Outpatient ED Visits	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	
8. 9.	Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	

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