ANNUAL REPORTING

FISCAL YEAR 2010

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

(1)	(2)	(3)	
	DECODIDETON AFEILIATE INFORMATION		
LINE	DESCRIPTION	AFFILIATE INFORMATION	
Α.	AFFILIATE NAME	SAINT RAPHAEL HEALTHCARE SYSTEM, INC	
1	Affiliate Description	PARENT CORPORATION OF ALL SAINT RAPHAEL AFFILIATES	
	Affiliate type of service	Parent Corporation	
	Tax Status	Not for Profit 659 George Street	
<u>4</u> 5	Street Address Town	New Haven	
6	State	Connecticut	
7	Zip Code	06511 -	
8	CEO Name	Christopher M. O'Connor	
9	CEO Title	President and CEO	
	CT Agent Name CT Agent Company	Janeanne C. Lubin-Szafranski Saint Raphael Healthcare System	
11 12	CT Agent Company CT Agent Company Street Address		
	CT Agent Town	New Haven	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06511 -	
В.	AFFILIATE NAME	AUXILIARY OF THE HOSPITAL OF SAINT RAPHAEL	
	Affiliate Description	THE AUXILARY OPERATES THE HOSPITAL GIFT SHOP AND THE THRIFT SHOP.	
	Affiliate type of service	Auxilary	
	Tax Status	Not for Profit	
4	Street Address	1450 Chapel Street	
5	Town	New Haven	
6	State	Connecticut	
7 8	Zip Code CEO Name	06511 - Julia Nicefaro	
	CEO Name CEO Title	President	
	CT Agent Name	Janeanne C. Lubin-Szafranski	
11	CT Agent Company	Saint Raphael Healthcare System	
	CT Agent Company Street Address		
	CT Agent Town	New Haven	
	CT Agent State	Connecticut 06511 -	
15	CT Agent Zip Code	00311 -	
C.	AFFILIATE NAME	CARITAS INSURANCE COMPANY LTD.	
		PROVIDES EXCESS MALPRATICE INSURANCE TO THE HOSPITAL OF SAINT	
1	Affiliate Description	RAPHAEL.	
2	Affiliate type of service	Insurance	
	Tax Status	Not for Profit	
<u>4</u> 5	Street Address Town	30 Main Street, Suite 330 Burlington	
6	State	Vermont	
	Zip Code	05401 -	
	CEO Name	Christopher M. O'Connor	
9	CEO Title	President	
	CT Agent Name	Robert Gagliardi, CPA	
11	CT Agent Company Street Address	Chartis Insurance	
12 13	CT Agent Company Street Address CT Agent Town	30 Main Street, Suite 330 Burlington	
	CT Agent Town CT Agent State	Vermont	
15	CT Agent Zip Code	05401 -	
	AFFILIATE NAME	CONNECTICUT CK LEASING, LLC	
1	Affiliate Description	Cyberknife Equipment	
3	Affiliate type of service Tax Status	Imaging Services For Profit	
4	Street Address	5600 North River Road, Suite 885	
<u> </u>			

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
5	Town	Rosemont
6	State	Illinois
7	Zip Code	60018 -
8	CEO Name	David Sheffert
9	CEO Title	Chief Legal Officer
10	CT Agent Name	Murtha Culling, LLP
	CT Agent Company	MCR&P Service Corp
	CT Agent Company Street Address	
	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
	AFFILIATE NAME	CONNECTICUT HOSPITAL LABORATORY NETWORK, LLC.
	Affiliate Description	PROVIDES LABORATORY TESTING SERVICES.
	Affiliate type of service	Lab
3	Tax Status	For Profit
4	Street Address	560 Hudson Street
5	Town	Hartford
6	State	Connecticut
	Zip Code	06101 -
	CEO Name	Greg Weisenberger
9	CEO Title	Executive Director Joan Feldman
	CT Agent Name	
11	CT Agent Company CT Agent Company Street Address	Shipman & Goodwin, LLP
12	CT Agent Company Street Address CT Agent Town	Hartford
	CT Agent Town CT Agent State	Connecticut
15	CT Agent State CT Agent Zip Code	06103 - 2819
13	C i Agent Zip Code	00100 2010
F.	AFFILIATE NAME	DEPAUL HEALTH SERVICES CORPORATION
		NOT FOR PROFIT HOLDING COMPANY FOR CHARITABLE VENTURES INCLUDING
1	Affiliate Description	THE MRI PARTNERSHIP AND THE DIALYSIS PARTNERSHIP.
2	Affiliate type of service	MarketingServices
	Tax Status	Not for Profit
	Street Address	659 George Street
5	Town	New Haven
6	State	Connecticut
7	Zip Code	06511 -
8	CEO Name	Christopher M. O'Connor
9	CEO Title	President
10	CT Agent Name	Janeanne C. Lubin-Szafranski
	CT Agent Company	Saint Raphael Healthcare System
	1 7	659 George Street,
	CT Agent Town	New Haven
	CT Agent State	Connecticut
		Connecticut 06511 -
	CT Agent State	
15	CT Agent State CT Agent Zip Code	06511 -
15 G .	CT Agent State CT Agent Zip Code AFFILIATE NAME	06511 - HOSPITAL OF SAINT RAPHAEL ONE FOR ALL FUND INC.
15 G.	CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description	HOSPITAL OF SAINT RAPHAEL ONE FOR ALL FUND INC. EMPLOYEE FUND RAISING ORGANIZATION.
G . 1 2	CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service	HOSPITAL OF SAINT RAPHAEL ONE FOR ALL FUND INC. EMPLOYEE FUND RAISING ORGANIZATION. Fund Raising/Management
15 G . 1 2 3	CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status	HOSPITAL OF SAINT RAPHAEL ONE FOR ALL FUND INC. EMPLOYEE FUND RAISING ORGANIZATION. Fund Raising/Management Not for Profit
15 G. 1 2 3 4	CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address	HOSPITAL OF SAINT RAPHAEL ONE FOR ALL FUND INC. EMPLOYEE FUND RAISING ORGANIZATION. Fund Raising/Management Not for Profit 1450 Chapel Street
15 G. 1 2 3 4 5	CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town	HOSPITAL OF SAINT RAPHAEL ONE FOR ALL FUND INC. EMPLOYEE FUND RAISING ORGANIZATION. Fund Raising/Management Not for Profit 1450 Chapel Street New Haven
15 G. 1 2 3 4 5 6	CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State	HOSPITAL OF SAINT RAPHAEL ONE FOR ALL FUND INC. EMPLOYEE FUND RAISING ORGANIZATION. Fund Raising/Management Not for Profit 1450 Chapel Street New Haven Connecticut
G. 1 2 3 4 5 6 7	CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code	HOSPITAL OF SAINT RAPHAEL ONE FOR ALL FUND INC. EMPLOYEE FUND RAISING ORGANIZATION. Fund Raising/Management Not for Profit 1450 Chapel Street New Haven Connecticut 06511 -
G. 1 2 3 4 5 6 7	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	HOSPITAL OF SAINT RAPHAEL ONE FOR ALL FUND INC. EMPLOYEE FUND RAISING ORGANIZATION. Fund Raising/Management Not for Profit 1450 Chapel Street New Haven Connecticut 06511 - Tina Jennings
G. 1 2 3 4 5 6 7 8 9	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 CEO Title	HOSPITAL OF SAINT RAPHAEL ONE FOR ALL FUND INC. EMPLOYEE FUND RAISING ORGANIZATION. Fund Raising/Management Not for Profit 1450 Chapel Street New Haven Connecticut 06511 - Tina Jennings President
15 G. 1 2 3 4 5 6 7 8 9 10	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	HOSPITAL OF SAINT RAPHAEL ONE FOR ALL FUND INC. EMPLOYEE FUND RAISING ORGANIZATION. Fund Raising/Management Not for Profit 1450 Chapel Street New Haven Connecticut 06511 - Tina Jennings

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

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
	CT Agent Company Street Address	
	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06511 -
Н.	AFFILIATE NAME	LUKAN INDEMNITY COMPANY LTD.
F	ALLIERTE NAME	PROVIDES MALPRATICE LIABILITY INSURANCE FOR THE HOSPITAL OF SAINT
		RAPHAEL, SAINT REGIS HEALTH CENTER, INC. (DBA SISTER ANNE VIRGINIE
1	Affiliate Description	GRIMES HEALTH CTR) AND SELECT PHYSICIANS.
	Affiliate type of service	Insurance
3	Tax Status	Not for Profit
4	Street Address	c/o Quest Mgt Serv, 40 Church Street, PO Bx HM2062
5	Town	Hamilton HMHX
6	State	Bermuda
	Zip Code	- Christopher M. O'Connor
	CEO Name CEO Title	President
	CT Agent Name	Nick Frost
	CT Agent Name CT Agent Company	Quest Management Services, Ltd
	CT Agent Company Street Address	10 Church Street
13	CT Agent Town	Hamilton HMHX
14	CT Agent State	Bermuda
15	CT Agent Zip Code	-
١.	AFFU 14TF NAME	MRI PARTNERSHIP
	AFFILIATE NAME	
	Affiliate Description Affiliate type of service	PROVIDES DIAGNOSTIC IMAGING SERVICES. Imaging Services
3	Tax Status	Not for Profit
4	Street Address	330 Orchard Street
5	Town	New Haven
6	State	Connecticut
	Zip Code	06511 -
	CEO Name	Edward Prokop, M.D.
	CEO Title	Managing Partner
	CT Agent Name	Edward Prokop, M.D.
	CT Agent Company CT Agent Company Street Address	Medical Imaging Associates, P.C.
	CT Agent Company Street Address CT Agent Town	New Haven
	CT Agent State	Connecticut
	CT Agent Clate CT Agent Zip Code	06511 -
J.	AFFILIATE NAME	SAINT RAPHAEL DIALYSIS PARTNERSHIP
1	Affiliate Description	PROVIDES OUTPATIENT RENAL DIALYSIS SERVICES.
	Affiliate type of service	Outpatient Care
3	Tax Status	Not for Profit
4	Street Address	131 Water Street New Haven
5 6	Town State	Connecticut
7	Zip Code	06511 -
	CEO Name	Paul Zabetakis
	CEO Title	Managing Partner
	CT Agent Name	Debbie Harvey
11	CT Agent Company	Renal Research Institute
	CT Agent Company Street Address	150 York Street
	CT Agent Town	New Haven
	CT Agent State	Connecticut 06511 -
15	CT Agent Zip Code	UUJII -

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

(1)	(2)	(3)		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
K.	AFFILIATE NAME	SAINT RAPHAEL FOUNDATION, INC.		
		PROVIDES FUND RAISING ACTIVITIES FOR THE HOSPITAL OF SAINT RAPHAEL		
	Affiliate Description	AND THE SAINT REGIS HEALTH CENTER.		
	Affiliate type of service	Foundation		
	Tax Status	Not for Profit		
	Street Address	659 George Street New Haven		
-	Town State	Connecticut		
	Zip Code	06511 -		
	CEO Name	Lucy Sirico		
9	CEO Title	Executive Director		
	CT Agent Name	Janeanne C. Lubin-Szafranski		
	CT Agent Company	Saint Raphael Healthcare System		
		1450 Chapel Street,		
	CT Agent Town	New Haven		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06511 -		
L.	AFFILIATE NAME	SAINT RAPHAEL HEALTHCARE SYSTEM AFFILIATED PHYSICIANS. INC.		
	Affiliate Description	Wholly owned non-stock subsidiary of Hospital of Saint Raphael		
	Affiliate type of service	Physicians Services		
	Tax Status	Not for Profit		
	Street Address	1450 Chapel Street		
5	Town	New Haven		
	State	Connecticut		
	Zip Code	06511 -		
8	CEO Name	Christopher O'Connor		
	CEO Title	President		
	CT Agent Name	Janeanne C. Lubin-Szafranski		
	CT Agent Company	Hospital of Saint Raphael		
12	CT Agent Company Street Address			
13	CT Agent Town	New Haven		
14 15	CT Agent State CT Agent Zip Code	Connecticut 06511 -		
15	C1 Agent zip Code	00311 -		
М.	AFFILIATE NAME	SAINT REGIS HEALTH CENTER, INC. (DBA SISTER ANNE VIRGINIE GRIMES HEALTH CTR)		
	Affiliate Description	SKILLED NURSING FACILITY AND SHORT-TERM REHABILITATION		
2	Affiliate type of service	Long Term Care		
3	Tax Status	Not for Profit		
	Street Address	1354 Chapel Street		
5	Town	New Haven		
6	State	Connecticut		
	Zip Code	06511 -		
	CEO Name CEO Title	John Tarutis Executive Director		
_	CT Agent Name	Janeanne C. Lubin-Szafranski		
	CT Agent Name CT Agent Company	Saint Raphael Healthcare System		
		659 George Street,		
	CT Agent Town	New Haven		
14	CT Agent State	Connecticut		
15	CT Agent Zip Code	06511 -		
	AFFILIATE NAME	VNA SERVICES, INC		
	Affiliate Description	PROVIDES HOME SERVICES		
	Affiliate type of service	Home Health/VNAs		
	Tax Status	Not for Profit		
	Street Address	1100 Sherman Avenue, P.O. Box 185175		
5	Town	Hamden		

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

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
6	State	Connecticut
7	Zip Code	06518 -
8	CEO Name	Roy Sasenaraine
9	CEO Title	Executive Director/CEO
10	CT Agent Name	Roy Sasenaraine
11	CT Agent Company	VNA Services, Inc
12	CT Agent Company Street Address	1100 Sherman Avenue
13	CT Agent Town	Hamden
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06518 -

^{*} 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)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2010
Α.	HOSPITAL OF SAINT RAPHAEL		
1	HOSTITAL OF SAIRT RAFITALE	Unrestricted	(\$40,859,335)
2		Temporarily Restricted by Donor	\$17,619,756
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$13,069,320
5		Intercompany Eliminations	(\$7,870,000)
		Total:	(\$18,040,259)
B.	SAINT RAPHAEL HEALTHCARE SYSTEM, INC		
1		Unrestricted	(\$2,951,820)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$2,951,820)
C.	AUXILIARY OF THE HOSPITAL OF SAINT RAPHAEL		
1		Unrestricted	\$206,098
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$206,098
D.	CARITAS INSURANCE COMPANY LTD.		
1		Unrestricted	\$10,557,576
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations Total:	\$0 \$10,557,576
		Total.	\$10,337,370
E.	CONNECTICUT CK LEASING, 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 \$0
		Total:	\$0
F.	CONNECTICUT HOSPITAL LABORATORY NETWORK, 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 Total:	\$0 \$0
		i Otal.	\$0
G.	DEPAUL HEALTH SERVICES CORPORATION		
1		Unrestricted	\$5,609,928
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$5,609,928

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2010
Н.	HOSPITAL OF SAINT RAPHAEL ONE FOR ALL FUND INC.		•
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3 4		Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	\$0
-		Total:	\$0
I.	LUKAN INDEMNITY COMPANY LTD.		
1		Unrestricted	\$5,362,883
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations Total:	\$0 \$5,362,883
		Total.	\$3,302,883
J.	MRI PARTNERSHIP		
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
K.	SAINT RAPHAEL DIALYSIS PARTNERSHIP		*
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0 \$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
<u> </u>		Total:	\$0

L.	SAINT RAPHAEL FOUNDATION, INC.		
1		Unrestricted	\$32,096
2		Temporarily Restricted by Donor	\$11,670,667
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$14,361,562
5		Intercompany Eliminations	(\$20,940,718)
		Total:	\$5,123,607
М.	SAINT RAPHAEL HEALTHCARE SYSTEM AFFILIATED PHYSICIANS, INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
N.	SAINT REGIS HEALTH CENTER, INC. (DBA SISTER ANNE VIRGINIE GRIMES HEALTH CTR)		
1	THE OTHER PERSON	Unrestricted	(\$6,881,345)
2		Temporarily Restricted by Donor	\$831,847
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$364,688
5		Intercompany Eliminations	\$0
		Total:	(\$5,684,810)
	1		i .

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2010
Ο.	VNA SERVICES, INC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$28,993,921
	Intercompany Eliminations		(\$28,810,718)
	Total of all Affiliates	Fund Balance:	\$183,203

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
_	CAINT DARWAEL LIEALTHOADE OVOTEM INC			
Α.	SAINT RAPHAEL HEALTHCARE SYSTEM, INC	De viente a Una con all'elete d'Internation Della con	0/00/0000	¢4 500 492
<u> </u>		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$1,509,483
1		Expenses Charged to Hospital by Affiliates-Corp Allocati	09/30/2010	(\$2,328,925)
2		Payment for Services	09/30/2010	\$2,328,925
3		Fund Balance Transfers-Unrestricted equity Receipt of Cash	09/30/2010 09/30/2010	(\$1,191,262) \$1,191,262
5		Cash Advance	09/30/2010	\$1,191,262 \$1,834,027
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$3,343,510
			0/00/2010	, , , , , , ,
В.	AUXILIARY OF THE HOSPITAL OF SAINT RAPHAEL			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
C.	CARITAS INSURANCE COMPANY LTD.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	(\$88,163)
1		Expenses Charged to Hospital by Affiliates-Malpractice I	09/30/2010	(\$1,300,000)
2		Expenses Charged to Hospital by Affiliates-Interest	09/30/2010	(\$2,703)
3		Receipts for Services	09/30/2010	(\$1,122,994)
4		Payment for Services	09/30/2010	\$2,513,860
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
D.	CONNECTICUT CK LEASING, LLC			
- □.	CONNECTICUT OR LEASING, LLC	Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
-		Nothing to Report	9/30/2009	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$ 0
			3/30/2010	4.0
E.	CONNECTICUT HOSPITAL LABORATORY NETWORK, LLC.			
	,	Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
F.	DEPAUL HEALTH SERVICES CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$1,549,904
1		Expenses Charged to Hospital by Affiliates-Pharmacy	09/30/2010	(\$9,555)
2		Expenses Charged to Affiliates-Financial Services	09/30/2010	\$36,466
3		Expenses Charged to Affiliates-Legal	09/30/2010	\$16,742

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
		Expenses Charged to Affiliates-Telephone	09/30/2010	\$28,183
<u>4</u> 5		Expenses Charged to Affiliates-Telephone Expenses Charged to Affiliates-Occ Health Services	09/30/2010	\$850
6		Payment for Services	09/30/2010	(\$734,942)
7		Net Advance to Affiliate	09/30/2010	\$390,000
8		Cash Advance	09/30/2010	\$1,713,551
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$2,991,199
G.	HOSPITAL OF SAINT RAPHAEL ONE FOR ALL FUND INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
Н.	LUKAN INDEMNITY COMPANY LTD.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
1		Expenses Charged to Hospital by Affiliates-Malpractice I	09/30/2010	(\$3,865,000)
2		Expenses Charged to Affiliates-Risk Management - Sala	09/30/2010	\$413,528
3		Expenses Charged to Affiliates-Grant Expenses	09/30/2010	\$172,653
4		Receipts for Services	09/30/2010	(\$815,851)
5		Payments for Services	09/30/2010	\$4,094,670
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
I.	MRI PARTNERSHIP			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
J.	SAINT RAPHAEL DIALYSIS PARTNERSHIP			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
K.	SAINT RAPHAEL FOUNDATION, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$462,759
1		Fund Balance Transfers-Temp restricted equity	09/30/2010	(\$2,492,441)
2	_	Receipt of Cash	09/30/2010	\$2,492,441
3		Cash Advance	09/30/2010	\$421,258
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$884,017

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	
	SAINT RAPHAEL HEALTHCARE SYSTEM AFFILIATED PHYSICIA	ANC INC			
L.	SAINT RAPHAEL HEALTHCARE STSTEM AFFILIATED PHTSICIA	Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0	
		Nothing to Report	9/30/2009	\$0	
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0	
			9/30/2010	Ţ	
М.	SAINT REGIS HEALTH CENTER, INC. (DBA SISTER ANNE VIRG	INIE GRIMES HEALTH CTR)			
	DANCE RESIDENCE TO CERTIFICATION (DEACONDER ANTICE VINC	Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$4,607,465	
1		Expenses Charged to Hospital by Affiliates-Building Ren	09/30/2010	(\$18,024)	
2		Expenses Charged to Hospital by Affiliates-Salary, Phy I	09/30/2010	(\$108,494)	
3		Expenses Charged to Affiliates-Interest Expense	09/30/2010	\$207,448	
4		Expenses Charged to Affiliates-Financial Services	09/30/2010	\$158,448	
5		Expenses Charged to Affiliates-Pharmacy	09/30/2010	\$9,495	
6		Expenses Charged to Affiliates-O/P Pharmacy	09/30/2010	\$414,763	
7		Expenses Charged to Affiliates-Insurance Expense	09/30/2010	\$17,028	
8		Expenses Charged to Affiliates-Defined Benefit Plan	09/30/2010	\$96,000	
9		Expenses Charged to Affiliates-Defined Contribution Pla	09/30/2010	\$17,500	
10		Expenses Charged to Affiliates-Parking Lot	09/30/2010	\$30,036	
11		Expenses Charged to Affiliates-Lab Services	09/30/2010	\$54,801	
12		Expenses Charged to Affiliates-Malpractice	09/30/2010	\$99,996	
13		Expenses Charged to Affiliates-Workers Comp Insurand	09/30/2010	\$137,796	
14		Expenses Charged to Affiliates-Salaries, Nursing	09/30/2010	\$11,236	
15		Payments for Services	09/30/2010	(\$1,128,029)	
16		Cash Advance	09/30/2010	\$1,486,312	
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$6,093,777	
N.	VNA SERVICES, INC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0	
		Nothing to Report		\$0	
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0	
			Grand Total:	\$13,312,503	

REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated		
			Intercompany Balance	10/01/2009	\$13,984,457
Α.	SAINT RAPHAEL HEALTHCARE SYSTEM, INC				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
В.	AUXILIARY OF THE HOSPITAL OF SAINT RAPHAEL				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
					·
C.	CARITAS INSURANCE COMPANY LTD.				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
				0,00,00	**
D.	CONNECTICUT CK LEASING, LLC				
<u> </u>			Nothing to Report		\$0
1			Total:	9/30/2010	\$0
			Total.	3/30/2010	ΨΟ
E.	CONNECTICUT HOSPITAL LABORATORY NETWORK, LLC.				
	CONNECTION HAD EADORATORY RETWORK, EEG.		Nothing to Report		\$0
			Total:	9/30/2010	\$0 \$0
			Total.	3/30/2010	\$ 0
F.	DEPAUL HEALTH SERVICES CORPORATION				
<u> </u>	DEL AGE HEAETH SERVICES CORT CRATION	SAINT RAPHAEL HEALTHCARE SYSTEM,			
1		INC	Equity Transfers	09/30/2010	\$1,300,000
- '		SAINT RAPHAEL HEALTHCARE SYSTEM,	Equity Transfers	09/30/2010	\$1,300,000
2		INC	Administrative Services	09/30/2010	\$106,068
			Total:	9/30/2010	\$1,406,068
			i otal.	3/33/2010	ψ1,700,000
G.	HOSPITAL OF SAINT RAPHAEL ONE FOR ALL FUND INC.				
	THE OF CAME IN TIME ONE FOR ALL FORD ING.		Nothing to Report		\$0
-			Total:	9/30/2010	\$0 \$0
			Total.	3/30/2010	\$ 0
Н.	LUKAN INDEMNITY COMPANY LTD.				
	LONAR HADEIMINIT COMPANT LID.		Nothing to Report		фо.
			Total:	9/30/2010	\$0 \$0
			lotai:	9/30/2010	\$0

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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
	MRI PARTNERSHIP	ATTEME RESERVING FORES	DECORM HOLE OF THURSE ER	5,112	741100111
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
			2.11		, .
J.	SAINT RAPHAEL DIALYSIS PARTNERSHIP				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
K.	SAINT RAPHAEL FOUNDATION, INC.				
		SAINT RAPHAEL HEALTHCARE SYSTEM,			.
1		INC	Administrative Services	09/30/2010	\$175,704
			Total:	9/30/2010	\$175,704
L.	SAINT RAPHAEL HEALTHCARE SYSTEM AFFILIATED PHYSICIANS, INC.				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
М.	SAINT REGIS HEALTH CENTER, INC. (DBA SISTER ANNE VIRGINIE GRIMES HEALTH CTR)				
	,	SAINT RAPHAEL HEALTHCARE SYSTEM,			
1		INC	Administrative Services	09/30/2010	\$175,692
			Total:	9/30/2010	\$175,692
N.	VNA SERVICES, INC		N. d. i		
<u> </u>			Nothing to Report		\$0
			Total:	9/30/2010	\$0
			Ending Unconcelled		
			Ending Unconsolidated Intercompany Balance	9/30/2010	\$15,741,921

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

(1)	(2)	(3)	(4)
INF	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
	DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
Α.	SAINT RAPHAEL HEALTHCARE SYSTEM, INC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
В.	AUXILIARY OF THE HOSPITAL OF SAINT RAPHAEL		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
C .	CARITAS INSURANCE COMPANY LTD.	¢o.	
	Nothing to Report	\$0 \$0	9/30/2010
		40	3/30/2010
D.	CONNECTICUT CK LEASING, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
E.	CONNECTICUT HOSPITAL LABORATORY NETWORK, LLC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
F.	DEPAUL HEALTH SERVICES CORPORATION	¢o.	
	Nothing to Report Total:	\$0 \$0	9/30/2010
			5/55/2515
G.	HOSPITAL OF SAINT RAPHAEL ONE FOR ALL FUND INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
Н.	LUKAN INDEMNITY COMPANY LTD.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
I. 0	MRI PARTNERSHIP	9.0	
-	Nothing to Report Total:	\$0 \$0	9/30/2010
			3/33/2313
J.	SAINT RAPHAEL DIALYSIS PARTNERSHIP		
0	Nothing to Report	\$0	0/00/0040
	Total:	\$0	9/30/2010
K.	SAINT RAPHAEL FOUNDATION, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
L.	SAINT RAPHAEL HEALTHCARE SYSTEM AFFILIATED PHYSICIANS, INC.	90	
Ť	Nothing to Report Total:	\$0 \$0	9/30/2010
M.	SAINT REGIS HEALTH CENTER, INC. (DBA SISTER ANNE VIRGINIE GRIMES HI		
0	Nothing to Report Total:	\$0	0/00/00:5
	l otal:	\$0	9/30/2010
N.	VNA SERVICES, INC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	Grand Total:	\$0	9/30/2010

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
Α.	SAINT RAPHAEL HEALTHCARE SYSTEM, INC	80	
0	Nothing to Report	\$0 \$0	0
	Total:	\$0	
B.	AUXILIARY OF THE HOSPITAL OF SAINT RAPHAEL Nothing to Report	\$0	0
	Total:	\$ 0	Ü
	1 Ottil	4 5	
C.	CARITAS INSURANCE COMPANY LTD.		
0.	Nothing to Report	\$0	0
	Total:	\$0	
D.	CONNECTICUT CK LEASING, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	CONNECTICUT HOSPITAL LABORATORY NETWORK, LLC.		
0	CONNECTICUT HOSPITAL LABORATORY NETWORK, LLC. Nothing to Report	\$0	0
	Total:	\$0	
F.	DEPAUL HEALTH SERVICES CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
	HOSPITAL OF SAINT RAPHAEL ONE FOR ALL FUND INC.	60	0
0	Nothing to Report Total:	\$0 \$0	U
	I Otal.	\$0	
H.	LUKAN INDEMNITY COMPANY LTD. Nothing to Report	\$0	0
0	Total:	\$ 0	0
	i otal.		
I.	MRI PARTNERSHIP		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	SAINT RAPHAEL DIALYSIS PARTNERSHIP		
0	Nothing to Report	\$0	0
	Total:	\$0	
K.	SAINT RAPHAEL FOUNDATION, INC.		
I			

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
0	Nothing to Report	\$0	0
	Total:	\$0	
L.	SAINT RAPHAEL HEALTHCARE SYSTEM AFFILIATED PHYSICIANS, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	
M.	SAINT REGIS HEALTH CENTER, INC. (DBA SISTER ANNE VIRGINIE GRIMES HEALTH CTR)		
0	Nothing to Report	\$0	0
	Total:	\$0	
N.	VNA SERVICES, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

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HOSPITAL OF SAINT RAPHAEL ANNUAL REPORTING FISCAL YEAR 2010 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR

INDIGENT CARE AND FREE BEDS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A.	Indigent Care				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
В.	Free Beds				
	Beginning Balance	\$856,299.85	\$838,779.41	(\$17,520.44)	-2%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$33,407.06	\$24,681.44	(\$8,725.62)	-26%
3	Expenditures	\$50,927.50	\$35,798.03	(\$15,129.47)	-30%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$838,779.41	\$827,662.82	(\$11,116.59)	-1%
5	Projected Interest Income	\$30,000.00	\$25,000.00	(\$5,000.00)	-17%
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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HOSPITAL OF SAINT RAPHAEL ANNUAL REPORTING FISCAL YEAR 2010 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR

INDIGENT CARE AND FREE BEDS

(1)	(2)	(3)	(4)	(5)	(6)
T		FY 2009	FY 2010	AMOUNT	
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE

	HOSPITAL OF SAINT RAPHAEL	
	ANNUAL REPORTING	
	FISCAL YEAR 2010	
RE	PORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED B	Y THE HOSPITAL
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
	ons for Hospital Bed Funds	34
	nts receiving Hospital Bed Fund Grants	34
	Dollar Amount provided to all patients from Hospital Bed F	\$35,798.03
Zi Bi Tilo Alotaal Total	Polici / illibratic provided to all patiente il olii ricepital Bod i	\$60,100.00
1	Stiles Fund	\$1,068.00
2	Stiles Fund	\$200.00
3	Stiles Fund	\$1,000.00
4	Stiles Fund	\$300.00
5	German Society Fund	\$8,537.04
6	Stiles Fund	\$1,068.00
7	Margaret Hall Grant	\$875.00
8	Stiles Fund	\$500.00
9	Stiles Fund	\$411.18
10	Stiles Fund	\$500.00
11	Stiles Fund	\$1,379.00
12	Stiles Fund	\$2,000.00
13	Stiles Fund	\$543.10
14	Margaret Hall Grant	\$382.96
15	Christ Church Fund	\$1,976.84
16	Stiles Fund	\$62.62
17	Margaret Hall Grant	\$381.28
18	Stiles Fund	\$2,771.00
19	Stiles Fund	\$1,238.65
20	Stiles Fund	\$37.01
21	Stiles Fund	\$1,024.00
22	German Society Fund	\$742.64
23	Stiles Fund	\$190.00
24	Stiles Fund	\$400.00
25	Margaret Hall Grant	\$1,120.73
26	Margaret Hall Grant	\$435.00
27	Stiles Fund	\$3,476.60
28	Christ Church Fund	\$1,288.25
29	Margaret Hall Grant	\$25.00
30	Stiles Fund	\$697.46
31	Edward Malley Fund	(\$24.83)
32	Stiles Fund	\$191.50
33	Stiles Fund	\$500.00
34	Stiles Fund	\$500.00
	Grand Total	\$35,798.03
		•

	HOSPITAL OF SAINT RAPHAEL				
		ANNUAL REPO	RTING		
		FISCAL YEAR	R 2010		
	REPORT 17 - HOSPITAL	BED FUNDS HELD C	R ADMINISTERED B	Y THE HOSPITAL	
B. B	ED FUND ACTIVITY				
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
(2)	Fair Market Value of the Dringing of a	ach individual Hacni	tal Bad Fund or the	Dringing official	o 40 000h
(3)	Fair Market Value of the Principal of ea	ach individual nospi	tal Bed Fund, or the I	Principal attributabl	e to each
(4)	Total Actual Earnings for each Hospita	al Bod Fund or the F	arnings attributable t	o each Hosnital Red	1 Fund
(+)	Total Actual Earnings for each flospite	ar bear and or the Li	armings attributable t	o each nospital bet	a i uliu.
(5)	Actual Dollar Amount of Earnings rein	vested as Principal.	if anv.		
(-)		р,	-		
(6)	Actual Dollar Amount of Earnings avail	ilable for Patient Car	e.		
` '					
	Stiles Fund	\$168,109.67	\$7,692.76	\$0.00	\$7,692.76
	Christ Church Fund	\$28,420.26	\$45,577.18	\$0.00	\$45,577.18
	Alice Derby Lang	\$7,273.48	\$4,674.48	\$0.00	\$4,674.48
	Nurses Alumnae	\$21,979.42	\$35,661.54	\$0.00	\$35,661.54
	Edward Malley	\$28,597.66	\$47,181.39	\$0.00	\$47,181.39
	German Society Fund	\$28,110.56	\$14,448.11	\$0.00	\$14,448.11
	Mary Dugan Daley	\$19,979.63	\$48,153.22	\$0.00	\$48,153.22
	F. Newman & Sons	\$8,774.99	\$5,321.66	\$0.00	\$5,321.66
	Albert Williams	\$24,849.63	\$16,008.01	\$0.00	\$16,008.01
	Margaret Hall Grant	\$143,299.85	\$123,549.32	\$0.00	\$123,549.32
	Total Bed Funds :	\$479,395.15	\$348,267.67	\$0.00	\$348,267.67

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	Collection procedures are uniform and in accordance with the written policies. Accounts are worked by hospital for 60 days (incl 2 stmts), and then outsourced to to an external vender for another 60 days. After 120 days, accounts turned over to collection agency.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	Monies received by agency/firm are reported monthly to the hospital (incl receipts minus fee)and the payments received by the hospital are reported back to the agency/firm and the collection fee is remitted.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	1.76%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
	Collection Agent	
1	Collection Agent Name	American Adjustment Services (eff 3/10)
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.	Collection procedures are uniform and in accordance with the written policies (included with OHCA Annual Filing). Accounts are reviewed and can be turned over to collection agency/lawyer after a minimum of 120 days from the date of the first bill.
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.	Monies received by agency/firm are reported monthly to the hospital and the payments received by the hospital are reported back to the agency/firm and the collection fee is remitted.

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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.	1.76%
	Collection Agent	
1	Collection Agent Name	Connecticut Credit (eff 3/10)
	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
	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.	Collection procedures are uniform and in accordance with the written policies (included with OHCA Annual Filing). Accounts are reviewed and can be turned over to collection agency/lawyer after a minimum of 120 days from the date of the first bill.
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.	Monies received by agency/firm are reported monthly to the hospital and the payments received by the hospital are reported back to the agency/firm and the collection fee is remitted.
	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	1.76%
	Collection Agent	
1	Collection Agent Name	Credit Information Bureau
2	Collection Agent Type	Collection Agency
	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.	Collection procedures are uniform and in accordance with the written policies (included with OHCA Annual Filing). Accounts are reviewed and can be turned over to collection agency/lawyer after a minimum of 120 days from the date of the first bill.

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.	Monies received by agency/firm are reported monthly to the hospital and the payments received by the hospital are reported back to the agency/firm and the collection fee is remitted.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	1.76%
	Collection Agent	
1	Collection Agent Name	Nair and Levine
2	Collection Agent Type	Attorney
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Collection procedures are uniform and in accordance with the written policies (included with OHCA Annual Filing). Accounts are reviewed and can be turned over to collection agency/lawyer after a minimum of 120 days from the date of the first bill.
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.	Monies received by agency/firm are reported monthly to the hospital and the payments received by the hospital are reported back to the agency/firm and the collection fee is remitted.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	1.76%
	Collection Agent	
1	Collection Agent Name	Eastern Collections of CT
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
J	Inclated / Not Nelated Entity	INOL Kelaleu

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
	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.	Collection procedures are uniform and in accordance with the written policies (included with OHCA Annual Filing). Accounts are reviewed and can be turned over to collection agency/lawyer after a minimum of 120 days from the date of the first bill.
	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.	Monies received by agency/firm are reported monthly to the hospital and the payments received by the hospital are reported back to the agency/firm and the collection fee is remitted.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	1.76%

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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.	Former President	\$609,799	\$1,558,275	\$2,168,074
2.	Senior Vice President-COO & CFO	\$429,516	\$557,797	\$987,313
3.	President	\$601,318	\$310,015	\$911,333
4.	Senior Vice President-CMO (MD)	\$443,480	\$329,524	\$773,004
5.	Clinical Chair - Surgery (MD)	\$489,789	\$190,947	\$680,736
6.	Former Sr. Vice President-CMO (MD)	\$398,086	\$237,252	\$635,338
7.	DIrector- Cardiology (MD)	\$418,764	\$97,020	\$515,784
8.	Section Chief-Thoracic Surgery (MD)	\$401,129	\$85,681	\$486,810
9.	Section Chief - Cardiology (MD)	\$438,064	\$9,768	\$447,832
10.	Associate Clinical Chair - Medicine (MD)	\$364,508	\$12,713	\$377,221
	Grand Total:	\$4,594,453	\$3,388,992	\$7,983,445

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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
Α.	SAINT RAPHAEL HEALTHCARE SYSTEM, INC	7		
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
В.	AUXILIARY OF THE HOSPITAL OF SAINT RAPHAEL	1		
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
		7		
C.	CARITAS INSURANCE COMPANY LTD. 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 \$0
	and by the Hoopharto Employees of the Emity Eleted Above	Ψ0	Ψ	ΨΟ
D.	CONNECTICUT CK LEASING, 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
Ε.	CONNECTICUT HOSPITAL LABORATORY NETWORK, LLC.	1		
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.	DEPAUL HEALTH SERVICES CORPORATION	٦		
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
	LICORITAL OF CAINT PARILAGE ONE FOR ALL FUND INC.	7		
G .	HOSPITAL OF SAINT RAPHAEL ONE FOR ALL FUND INC. 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 \$0
				**
Н.	LUKAN INDEMNITY COMPANY LTD.			
2	Paid by the Entity Listed Above to Hospital Employees(B)	\$0 \$0	\$0 \$0	\$0 \$0
	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	Φ0
Ι.	MRI PARTNERSHIP			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
J .	SAINT RAPHAEL DIALYSIS PARTNERSHIP			
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
К.	SAINT RAPHAEL FOUNDATION, INC.	1		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
L.	SAINT RAPHAEL HEALTHCARE SYSTEM AFFILIATED PHYSICIANS, INC.	\$0	\$ 0	\$0
2	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0 \$0	\$0 \$0
	. ale 2) ale ricopital to Employees of the Emity Eleted / Dove	1 V O	Ψ Ψ	Ψο
	SAINT REGIS HEALTH CENTER, INC. (DBA SISTER ANNE VIRGINIE			
M .	GRIMES HEALTH CTR) 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	\$0 \$0
				~~
Ν.	VNA SERVICES, INC			•
2	Paid by the Entity Listed Above to Hospital Employees(B)	\$0 \$0	\$0 \$0	\$0 \$0
	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

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 21- HOSPITAL SALARIES AND FRINGE BENEFITS PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
			FRINGE BENEFITS ^A	
		SALARIES (Directly	(Directly or	
LINE	DESCRIPTION	or Indirectly) ^C	Indirectly) ^C	TOTAL

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

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
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	NI/A
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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	ANNIIAI R	SAINT RAPHAEL			
		REPORTING			
	REPORT 23 - CHARITY CARE AND REDUCED (EAR 2010	BBOVIDED BY	THE HOSDITAL	
	REPORT 23 - CHARITT CARE AND REDUCED C	JOST SERVICES	PROVIDED BY	INE HOSPITAL	
(1)	(2)	(3)	(4)	(5)	(6)
(')	\ - /	FY 2009	FY 2010	AMOUNT	(0) %
LINE	<u>DESCRIPTION</u>	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
	<u>BEGGINI HON</u>	<u> </u>	<u> </u>	<u>DIFF ERREITOE</u>	DIFFERENCE
Α.	Hospital Charity Care (see Hospital Audited Financial St	atement Notes)			
1.	Number of Applicants	1,039	1,906	867	83%
2.	Number of Approved Applicants	985	1,906	921	94%
3.	Total Charges (A)	\$4,606,043	\$5,354,725	\$748,682	169
	Average Charges	\$4,676	\$2,809	(\$1,867)	-40%
4.	Ratio of Cost to Charges (RCC)	0.382098	0.385221	0.003123	19/
	Total Cost	\$1,759,960	\$2,062,753	\$302,793	17%
	Average Cost	\$1,787	\$1,082	(\$705)	-39%
	Obserit Constitut Observes	CO 004 400	CO 000 400	# 400.004	C 00
5.	Charity Care - Inpatient Charges Charity Care - Outpatient Emergency Department Charges	\$2,804,108	\$2,986,132	\$182,024 179,118	69
6. 7.	Charity Care - Outpatient Emergency Department Charges Charity Care - Outpatient Charges (Excludes ED Charges)	519,083 1,282,852	698,201 1,670,392	387,540	35% 30%
	Total Charges (A)	\$4,606,043	\$5,354,725	\$748,682	
	Total onarges (A)	ψ+,000,040	ψ0,004,720	Ψ1 40,002	107
8.	Charity Care - Number of Patient Days	512	437	(75)	-15%
9.	Charity Care - Number of Discharges	74	81	7	9%
10.	Charity Care - Number of Outpatient ED Visits	235	312	77	33%
	Charity Care - Number of Outpatient Visits (Excludes ED				
11.	Visits)	1,234	2,530	1,296	105%
(A) The	e total amount must agree with the total amount listed in t	he Hospital Audi	ted Financial St	atement Notes.	
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - Re	eport 17)			
1.	Number of Applicants	30	34	4	13%
2.	Number of Approved Applicants	30	34	4	13%
	Total Charges (B)	\$50,928	\$35,798	(\$15,130)	-30%
3.	Average Charges				
3.		\$1,698	\$1,053	(\$645)	-367
3.	Ratio of Cost to Charges (RCC)	0.382098	0.385221	0.003123	1%
	Total Cost	0.382098 \$19,459	0.385221 \$13,790	0.003123 (\$5,669)	1% -29 %
		0.382098	0.385221	0.003123	1% -29 %
4.	Total Cost Average Cost	0.382098 \$19,459 \$649	0.385221 \$13,790 \$406	0.003123 (\$5,669) (\$243)	1% -29 % -37%
4. 5.	Total Cost Average Cost Bed Funds - Inpatient Charges	0.382098 \$19,459 \$649 \$38,621	0.385221 \$13,790 \$406 \$27,104	0.003123 (\$5,669) (\$243) (\$11,517)	1% -29% -37% -30%
4. 5. 6.	Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges	0.382098 \$19,459 \$649 \$38,621 5,692	0.385221 \$13,790 \$406 \$27,104 478	0.003123 (\$5,669) (\$243) (\$11,517) (5,214)	1% -29% -37% -30% -92%
4. 5.	Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges)	0.382098 \$19,459 \$649 \$38,621 5,692 6,615	0.385221 \$13,790 \$406 \$27,104 478 8,216	0.003123 (\$5,669) (\$243) (\$11,517) (5,214) 1,601	1% -29% -37% -30% -92% 24%
4. 5. 6.	Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges	0.382098 \$19,459 \$649 \$38,621 5,692	0.385221 \$13,790 \$406 \$27,104 478	0.003123 (\$5,669) (\$243) (\$11,517) (5,214)	19 -299 -379 -309 -929 249
4. 5. 6.	Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B)	0.382098 \$19,459 \$649 \$38,621 5,692 6,615	0.385221 \$13,790 \$406 \$27,104 478 8,216	0.003123 (\$5,669) (\$243) (\$11,517) (5,214) 1,601 (\$15,130)	19 -299 -379 -309 -929 249 -309
4. 5. 6. 7.	Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges)	0.382098 \$19,459 \$649 \$38,621 5,692 6,615 \$50,928	0.385221 \$13,790 \$406 \$27,104 478 8,216 \$35,798	0.003123 (\$5,669) (\$243) (\$11,517) (5,214) 1,601	19 -299 -379 -309 -929 249 -309
4. 5. 6. 7.	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	0.382098 \$19,459 \$649 \$38,621 5,692 6,615 \$50,928	0.385221 \$13,790 \$406 \$27,104 478 8,216 \$35,798	0.003123 (\$5,669) (\$243) (\$11,517) (5,214) 1,601 (\$15,130)	19 -299 -379 -309 -929 249 -309 -179
4. 5. 6. 7.	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	0.382098 \$19,459 \$649 \$38,621 5,692 6,615 \$50,928	0.385221 \$13,790 \$406 \$27,104 478 8,216 \$35,798	0.003123 (\$5,669) (\$243) (\$11,517) (5,214) 1,601 (\$15,130)	1% -29% -37% -30% -92% 24% -30% -17%
4. 5. 6. 7.	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	0.382098 \$19,459 \$649 \$38,621 5,692 6,615 \$50,928	0.385221 \$13,790 \$406 \$27,104 478 8,216 \$35,798	0.003123 (\$5,669) (\$243) (\$11,517) (5,214) 1,601 (\$15,130)	-38% 1% -29% -37% -30% -92% 24% -30% -17% 0% -100%
4. 5. 6. 7. 8. 9.	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 Bed Funds - Number of Outpatient Visits (Excludes ED	0.382098 \$19,459 \$649 \$38,621 5,692 6,615 \$50,928	0.385221 \$13,790 \$406 \$27,104 478 8,216 \$35,798	0.003123 (\$5,669) (\$243) (\$11,517) (5,214) 1,601 (\$15,130) (1) 0	1% -29% -37% -30% -92% 24% -30% -17% 0% -100%

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