

CHARLOTTE HUNGERFORD HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2009
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
A. AFFILIATE NAME		
		THE CHARLOTTE HUNGERFORD HOSPITAL
1	Affiliate Description	Non Profit Acute Care Hospital
2	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	540 Litchfield Street
5	Town	Torrington
6	State	Connecticut
7	Zip Code	06790 - 0988
8	CEO Name	Daniel McIntyre
9	CEO Title	CEO PRESIDENT
10	CT Agent Name	Daniel McIntyre
11	CT Agent Company	The Charlotte Hungerford Hospital
12	CT Agent Company Street Address	540 Litchfield Street
13	CT Agent Town	Torrington
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06790 - 0988
B. AFFILIATE NAME		
		ADVANCED MEDICAL IMAGING OF NORTHWEST CONNECTICUT, LLC
1	Affiliate Description	IMAGING CENTER
2	Affiliate type of service	Imaging Services
3	Tax Status	For Profit
4	Street Address	57 COMMERCIAL BLVD
5	Town	Torrington
6	State	Connecticut
7	Zip Code	06790 -
8	CEO Name	Gary K. Griffin, MD
9	CEO Title	President
10	CT Agent Name	Andrew C. Glassman
11	CT Agent Company	Pullman & Comley, LLC
12	CT Agent Company Street Address	90 State House Sq.
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
C. AFFILIATE NAME		
		LITCHFIELD COUNTY HEALTHCARE SERVICES CORPORATION
1	Affiliate Description	PHYSICIAN PRACTICE
2	Affiliate type of service	Physicians Services
3	Tax Status	For Profit
4	Street Address	540 Litchfield St
5	Town	Torrington
6	State	Connecticut
7	Zip Code	06790 -
8	CEO Name	Daniel McIntyre
9	CEO Title	President
10	CT Agent Name	Stephen E. Ronai
11	CT Agent Company	Murtha Cullina Richter
12	CT Agent Company Street Address	185 Asylum St.
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
D. AFFILIATE NAME		
		MEDCONN COLLECTION AGENCY LLC
1	Affiliate Description	PATIENT COLLECTION AGENCY
2	Affiliate type of service	Collection Agency
3	Tax Status	For Profit
4	Street Address	2049 Silas Deane Highway 3rd f
5	Town	Rocky Hill

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
6	State	Connecticut
7	Zip Code	06067 -
8	CEO Name	Daniel J. Cass
9	CEO Title	Executive Director
10	CT Agent Name	Stephen J. Anderson
11	CT Agent Company	Anderson, Reynolds & Lynch
12	CT Agent Company Street Address	136 West Main St.
13	CT Agent Town	New Britain
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06050 -
E. AFFILIATE NAME		
	AFFILIATE NAME	SURGICAL ASSOCIATES OF LITCHFIELD COUNTY, LLC
1	Affiliate Description	A FOR-PROFIT LIMITED LIABILITY COMPANY WHICH PROVIDES HEALTH CARE SERVICES (SURGICAL).
2	Affiliate type of service	Physicians Services
3	Tax Status	For Profit
4	Street Address	538 Litchfield St./suite 201 T,
5	Town	Torrington
6	State	Connecticut
7	Zip Code	06790 -
8	CEO Name	Mark Prete
9	CEO Title	Single Member
10	CT Agent Name	Michele M. Volpe
11	CT Agent Company	Bershtein, Volpe & McKeon
12	CT Agent Company Street Address	59 Elm St. Suite 405,
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06510 -
F. AFFILIATE NAME		
	AFFILIATE NAME	UROLOGY CENTER OF NORTHWEST CONNECTICUT LLC
1	Affiliate Description	UROLOGY CENTER
2	Affiliate type of service	Outpatient Care
3	Tax Status	For Profit
4	Street Address	540 Litchfield ST
5	Town	Torrington
6	State	Connecticut
7	Zip Code	06790 -
8	CEO Name	James F. Devanney
9	CEO Title	Member
10	CT Agent Name	John J. Capobianco
11	CT Agent Company	The Charlotte Hungerford Hospital
12	CT Agent Company Street Address	540 Litchfield ST
13	CT Agent Town	Torrington
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06790 -

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

**CHARLOTTE HUNGERFORD HOSPITAL
ANNUAL REPORTING
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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2009
A. CHARLOTTE HUNGERFORD HOSPITAL			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
B. THE CHARLOTTE HUNGERFORD HOSPITAL			
1		Unrestricted	\$41,545,959
2		Temporarily Restricted by Donor	\$2,924,647
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$15,558,390
5		Intercompany Eliminations	\$0
		Total:	\$60,028,996
C. ADVANCED MEDICAL IMAGING OF NORTHWEST CONNECTICUT, LLC			
1		Unrestricted	\$1,011,044
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$1,011,044)
		Total:	\$0
D. LITCHFIELD COUNTY HEALTHCARE SERVICES CORPORATION			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
E. MEDCONN COLLECTION AGENCY LLC			
1		Unrestricted	\$426,551
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$426,551)
		Total:	\$0
F. SURGICAL ASSOCIATES OF LITCHFIELD COUNTY, LLC			
1		Unrestricted	(\$3,950,972)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$4,116,978
		Total:	\$166,006
G. UROLOGY CENTER OF NORTHWEST CONNECTICUT LLC			
1		Unrestricted	\$56,911
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$56,911)
		Total:	\$0

**CHARLOTTE HUNGERFORD HOSPITAL
ANNUAL REPORTING
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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2009
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$57,572,530
	Intercompany Eliminations		\$2,622,472
	Total of all Affiliates	Fund Balance:	\$60,195,002

**CHARLOTTE HUNGERFORD HOSPITAL
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REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
A.	THE CHARLOTTE HUNGERFORD HOSPITAL			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
B.	ADVANCED MEDICAL IMAGING OF NORTHWEST CONNECTICUT, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
C.	LITCHFIELD COUNTY HEALTHCARE SERVICES CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
D.	MEDCONN COLLECTION AGENCY LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
E.	SURGICAL ASSOCIATES OF LITCHFIELD COUNTY, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$3,302,072
1		Loan	09/30/2009	\$814,906
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$4,116,978
F.	UROLOGY CENTER OF NORTHWEST CONNECTICUT LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
			Grand Total:	\$4,116,978

CHARLOTTE HUNGERFORD HOSPITAL
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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated Intercompany Balance	10/01/2008	\$0
A.	THE CHARLOTTE HUNGERFORD HOSPITAL				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
B.	ADVANCED MEDICAL IMAGING OF NORTHWEST CONNECTICUT, LLC				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
C.	LITCHFIELD COUNTY HEALTHCARE SERVICES CORPORATION				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
D.	MEDCONN COLLECTION AGENCY LLC				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
E.	SURGICAL ASSOCIATES OF LITCHFIELD COUNTY, LLC				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
F.	UROLOGY CENTER OF NORTHWEST CONNECTICUT LLC				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2009	\$0

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
A.	THE CHARLOTTE HUNGERFORD HOSPITAL		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
B.	ADVANCED MEDICAL IMAGING OF NORTHWEST CONNECTICUT, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
C.	LITCHFIELD COUNTY HEALTHCARE SERVICES CORPORATION		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
D.	MEDCONN COLLECTION AGENCY LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
E.	SURGICAL ASSOCIATES OF LITCHFIELD COUNTY, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
F.	UROLOGY CENTER OF NORTHWEST CONNECTICUT LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	Grand Total:	\$0	9/30/2009

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
A.	THE CHARLOTTE HUNGERFORD HOSPITAL		
0	Nothing to Report	\$0	0
	Total:	\$0	
B.	ADVANCED MEDICAL IMAGING OF NORTHWEST CONNECTICUT, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	LITCHFIELD COUNTY HEALTHCARE SERVICES CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	MEDCONN COLLECTION AGENCY LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	SURGICAL ASSOCIATES OF LITCHFIELD COUNTY, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	UROLOGY CENTER OF NORTHWEST CONNECTICUT LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

**CHARLOTTE HUNGERFORD HOSPITAL
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REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR
INDIGENT CARE AND FREE BEDS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Indigent Care					
	Beginning Balance	(\$0.46)	\$0.00	\$0.46	-100%
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	\$0.46	\$0.00	(\$0.46)	-100%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
B. Free Beds					
	Beginning Balance	\$292,061.12	\$241,888.92	(\$50,172.20)	-17%
1	Donations	\$11,915.07	\$41,979.89	\$30,064.82	252%
2	Income	(\$92.04)	\$12,992.56	\$13,084.60	-14216%
3	Expenditures	\$53,522.02	\$31,237.70	(\$22,284.32)	-42%
4	Unrealized Gains and Losses	(\$8,473.21)	(\$61,463.99)	(\$52,990.78)	625%
	Ending Balance	\$241,888.92	\$204,159.68	(\$37,729.24)	-16%
5	Projected Interest Income	\$0.00	\$10,208.00	\$10,208.00	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%

CHARLOTTE HUNGERFORD HOSPITAL		
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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		182
2. A. Number of Patients receiving Hospital Bed Fund Grants		182
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$31,237.70
1	Alice Carlisle	\$425.00
2	Bryant	\$225.00
3	Jane Bryant	\$1,733.16
4	Jane Bryant	\$74.00
5	Jane Bryant	\$100.00
6	Jane Bryant	\$600.00
7	Men's Health Fund	\$168.98
8	Men's Health Fund	\$200.00
9	Men's Health Fund	\$175.44
10	Men's Health Fund	\$191.66
11	Men's Health Fund	\$209.96
12	Men's Health Fund	\$50.99
13	Men's Health Fund	\$124.94
14	Men's Health Fund	\$115.99
15	Men's Health Fund	\$34.99
16	Men's Health Fund	\$191.66
17	Men's Health Fund	\$190.95
18	Men's Health Fund	\$48.97
19	Men's Health Fund	\$200.00
20	Men's Health Fund	\$29.97
21	Men's Health Fund	\$34.18
22	Men's Health Fund	\$124.47
23	Men's Health Fund	\$264.14
24	Men's Health Fund	\$4.50
25	Men's Health Fund	\$200.97
26	Men's Health Fund	\$51.97
27	Men's Health Fund	\$19.56
28	Men's Health Fund	\$115.19
29	Men's Health Fund	\$182.95
30	Men's Health Fund	\$4.50
31	Pink Rose	\$97.22
32	Pink Rose	\$97.22
33	Pink Rose	\$57.27
34	Pink Rose	\$218.28
35	Pink Rose	\$136.76
36	Pink Rose	\$97.22
37	Pink Rose	\$97.22
38	Pink Rose	\$1,133.86
39	Pink Rose	\$97.22
40	Pink Rose	\$39.95
41	Pink Rose	\$97.22
42	Pink Rose	\$114.54
43	Pink Rose	\$97.22
44	Pink Rose	\$56.92
45	Pink Rose	\$342.60
46	Pink Rose	\$194.03
47	Pink Rose	\$194.03
48	Pink Rose	\$1,053.99
49	Pink Rose	\$124.58
50	Pink Rose	\$97.22
51	Pink Rose	\$151.84
52	Pink Rose	\$97.22
53	Pink Rose	\$173.12
54	Pink Rose	\$229.98

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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1.Number of Applications for Hospital Bed Funds		182
2. A. Number of Patients receiving Hospital Bed Fund Grants		182
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$31,237.70
55	Pink Rose	\$194.03
56	Pink Rose	\$97.22
57	Pink Rose	\$57.27
58	Pink Rose	\$27.77
59	Pink Rose	\$97.22
60	Pink Rose	\$151.84
61	Pink Rose	\$218.28
62	Pink Rose	\$57.27
63	Pink Rose	\$194.03
64	Pink Rose	\$97.22
65	Pink Rose	\$96.81
66	Pink Rose	\$97.22
67	Pink Rose	\$97.22
68	Pink Rose	\$97.22
69	Pink Rose	\$93.29
70	Pink Rose	\$748.04
71	Pink Rose	\$96.87
72	Pink Rose	\$96.81
73	Pink Rose	\$194.03
74	Pink Rose	\$96.87
75	Pink Rose	\$97.22
76	Pink Rose	\$97.22
77	Pink Rose	\$96.81
78	Pink Rose	\$190.50
79	Pink Rose	\$97.22
80	Pink Rose	\$97.22
81	Pink Rose	\$97.22
82	Pink Rose	\$287.31
83	Pink Rose	\$97.22
84	Pink Rose	\$39.95
85	Pink Rose	\$194.03
86	Pink Rose	\$97.22
87	Pink Rose	\$287.31
88	Pink Rose	\$97.22
89	Pink Rose	\$384.12
90	Pink Rose	\$194.03
91	Pink Rose	\$97.22
92	Pink Rose	\$97.22
93	Pink Rose	\$97.22
94	Pink Rose	\$218.28
95	Pink Rose	\$97.22
96	Pink Rose	\$96.87
97	Pink Rose	\$96.87
98	Pink Rose	\$97.22
99	Pink Rose	\$97.22
100	Pink Rose	\$1,298.48
101	Pink Rose	\$96.81
102	Pink Rose	\$97.22
103	Pink Rose	\$218.28
104	Pink Rose	\$121.47
105	Pink Rose	\$194.03
106	Pink Rose	\$193.68
107	Pink Rose	\$97.22
108	Pink Rose	\$32.82

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A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1.Number of Applications for Hospital Bed Funds		182
2. A. Number of Patients receiving Hospital Bed Fund Grants		182
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$31,237.70
109	Pink Rose	\$97.22
110	Pink Rose	\$214.69
111	Pink Rose	\$97.22
112	Pink Rose	\$96.81
113	Pink Rose	\$97.22
114	Pink Rose	\$97.22
115	Pink Rose	\$97.22
116	Pink Rose	\$97.22
117	Pink Rose	\$1,016.23
118	Pink Rose	\$287.37
119	Pink Rose	\$57.27
120	Pink Rose	\$96.87
121	Pink Rose	\$97.22
122	Pink Rose	\$97.22
123	Pink Rose	\$97.22
124	Pink Rose	\$97.22
125	Pink Rose	\$218.28
126	Pink Rose	\$97.22
127	Pink Rose	\$97.22
128	Pink Rose	\$97.22
129	Pink Rose	\$96.81
130	Pink Rose	\$97.22
131	Pink Rose	\$97.22
132	Pink Rose	\$97.22
133	Pink Rose	\$1,016.23
134	Pink Rose	\$169.80
135	Pink Rose	\$97.22
136	Pink Rose	\$91.22
137	Pink Rose	\$1,053.99
138	Pink Rose	\$97.22
139	Pink Rose	\$48.48
140	Pink Rose	\$103.87
141	Pink Rose	\$96.81
142	Pink Rose	\$96.81
143	Pink Rose	\$97.22
144	Pink Rose	\$89.23
145	Women's Health Fund	\$104.98
146	Women's Health Fund	\$427.43
147	Women's Health Fund	\$68.59
148	Women's Health Fund	\$150.95
149	Women's Health Fund	\$200.00
150	Women's Health Fund	\$72.14
151	Women's Health Fund	\$199.37
152	Women's Health Fund	\$130.97
153	Women's Health Fund	\$49.00
154	Women's Health Fund	\$35.98
155	Women's Health Fund	\$104.98
156	Women's Health Fund	\$122.00
157	Women's Health Fund	\$91.97
158	Women's Health Fund	\$139.77
159	Women's Health Fund	\$300.00
160	Women's Health Fund	\$37.97
161	Women's Health Fund	\$199.90
162	Women's Health Fund	\$41.58

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A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1.Number of Applications for Hospital Bed Funds		182
2. A. Number of Patients receiving Hospital Bed Fund Grants		182
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$31,237.70
163	Women's Health Fund	\$67.97
164	Women's Health Fund	\$168.96
165	Women's Health Fund	\$117.95
166	Women's Health Fund	\$193.12
167	Women's Health Fund	\$137.98
168	Women's Health Fund	\$28.31
169	Women's Health Fund	\$28.31
170	Women's Health Fund	\$48.36
171	Women's Health Fund	\$200.00
172	Women's Health Fund	\$51.62
173	Women's Health Fund	\$73.99
174	Women's Health Fund	\$170.00
175	Women's Health Fund	\$66.82
176	Women's Health Fund	\$91.97
177	Women's Health Fund	\$192.98
178	Women's Health Fund	\$200.00
179	Women's Health Fund	\$115.19
180	Women's Health Fund	\$75.48
181	Women's Health Fund	\$51.56
182	Women's Health Fund	\$87.08
Grand Total		\$31,237.70

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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
B. BED FUND ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
(3)	Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each Hospital				
(4)	Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund.				
(5)	Actual Dollar Amount of Earnings reinvested as Principal, if any.				
(6)	Actual Dollar Amount of Earnings available for Patient Care.				
	Dr. Harry B. Chapin Fund	\$210.62	\$295.24	\$295.24	\$295.24
	Elizabeth Migeon Swift Fund	\$43,544.12	\$1,434.13	\$1,434.13	\$1,434.13
	Caroline T. Brooks Fund	(\$1,524.84)	\$1,001.06	\$1,001.06	\$0.00
	Cady and Allyn Fund	\$5,360.82	\$1,096.92	\$1,096.92	\$1,096.92
	Mr. and Mrs. Edward J Kildruff Fund	\$1,303.49	\$372.58	\$372.58	\$372.58
	Don and Sarah Smith Fund	(\$160.65)	\$120.17	\$120.17	\$0.00
	Marjorie Stearns Turner Fund	\$1,794.68	\$1,387.95	\$1,387.95	\$1,387.95
	Roxanna Hammond Fund	\$1,106.78	\$320.85	\$320.85	\$320.85
	Jane Bryant Fund	\$1,907.19	\$3,537.02	\$3,537.02	\$3,537.02
	Brooks Reserve Needy Child	\$2,573.85	\$51.71	\$51.71	\$51.71
	Alice R. Carlisle Fund	\$14,506.41	\$268.96	\$268.96	\$268.96
	Diabetes Outpatient Clinic	\$5,929.43	\$140.72	\$140.72	\$140.72
	Mammography Screening Fund	\$672.60	\$13.51	\$13.51	\$13.51
	Hospice Fund	(\$2.77)	\$2.77	\$2.77	\$0.00
	The Womens Health Fund	\$64,696.46	\$56.69	\$56.69	\$56.69
	The Mens Emergency Health Fund	\$2,865.34	(\$46.13)	\$0.00	\$0.00
	Sanctuary Fund	\$15,758.69	\$567.39	\$567.39	\$567.39
	Community Health Fund	\$18,598.79	\$373.70	\$373.70	\$373.70
	Pink Rose Fund	\$62,089.50	\$1,867.91	\$1,867.91	\$1,867.91
	Newman Hungerford Fund B	\$658.41	\$129.41	\$129.41	\$129.41
	Total Bed Funds :	\$241,888.92	\$12,992.56	\$13,038.69	\$11,914.69

**CHARLOTTE HUNGERFORD HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2009**

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	Accounts are assigned to bad debt after a patient balance has remained unpaid 120 days after the first statement was sent.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	The agency is compensated at negotiated rates utilizing monthly reports of payments received.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	23.09%
II. SPECIFIC COLLECTION AGENT INFORMATION		
Collection Agent		
1	Collection Agent Name	MedConn Collection Agency
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	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.	Accounts are assigned to bad debt after a patient balance has remained unpaid 120 days after the first statement was sent.
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 agency is compensated at negotiated rates utilizing monthly reports of payments received.

**CHARLOTTE HUNGERFORD HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2009**

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.	18.48%
	Collection Agent	
1	Collection Agent Name	American Adjustment Bureau
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.	Accounts are assigned to bad debt after a patient balance has remained unpaid 120 days after the first statement was sent.
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 agency is compensated at negotiated rates utilizing monthly reports of payments received.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	25.69%

**CHARLOTTE HUNGERFORD HOSPITAL
ANNUAL REPORTING
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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.	PATHOLOGIST MED DIRECTOR	\$392,499	\$107,356	\$499,855
2.	CEO PRESIDENT	\$373,786	\$102,237	\$476,023
3.	VP MEDICAL AFFAIRS	\$351,709	\$96,199	\$447,908
4.	CFO	\$294,906	\$80,662	\$375,568
5.	PSYCHIATRIST MED DIRECTOR	\$280,321	\$76,673	\$356,994
6.	PHYSICIAN HOSPITALIST	\$238,184	\$65,148	\$303,332
7.	VP ADMINISTRATION	\$229,299	\$62,717	\$292,016
8.	PATHOLOGIST	\$199,731	\$54,630	\$254,361
9.	VP HUMAN RESOURCES	\$198,379	\$54,260	\$252,639
10.	PHYSICIAN HOSPITALIST	\$195,564	\$53,490	\$249,054
	Grand Total:	\$2,754,378	\$753,372	\$3,507,750

**CHARLOTTE HUNGERFORD HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2009
REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directly or Indirectly) ^C	TOTAL
A . THE CHARLOTTE HUNGERFORD HOSPITAL				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
B . ADVANCED MEDICAL IMAGING OF NORTHWEST CONNECTICUT, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$79,619	\$0	\$79,619
C . LITCHFIELD COUNTY HEALTHCARE SERVICES CORPORATION				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
D . MEDCONN COLLECTION AGENCY 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
E . SURGICAL ASSOCIATES OF LITCHFIELD COUNTY, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$27,121	\$7,418	\$34,539
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F . UROLOGY CENTER OF NORTHWEST CONNECTICUT LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

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

A - Fringe benefits shall represent the value of all forms of compensation as described in Section 19a-643-206-(b)(21), including the fair market value where appropriate.

B - A hospital employee is anyone who provides a service which incurs an expense for the hospital.

C - Indirect payments include but are not limited to payments made to related entities.

**CHARLOTTE HUNGERFORD HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2009
REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR
CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY**

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2009
A	Transfer of Assets or Operations	
1.	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

CHARLOTTE HUNGERFORD HOSPITAL					
ANNUAL REPORTING					
FISCAL YEAR 2009					
REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	954	1,199	245	26%
2.	Number of Approved Applicants	868	1,188	320	37%
3.	Total Charges (A)	\$1,110,508	\$1,438,203	\$327,695	30%
	Average Charges	\$1,279	\$1,211	(\$69)	-5%
4.	Ratio of Cost to Charges (RCC)	0.585895	0.578885	(0.007010)	-1%
	Total Cost	\$650,641	\$832,554	\$181,913	28%
	Average Cost	\$750	\$701	(\$49)	-7%
5.	Charity Care - Inpatient Charges	\$558,586	\$558,673	\$87	0%
6.	Charity Care - Outpatient Emergency Department Charges	197,563	252,197	54,634	28%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	354,359	627,333	272,974	77%
	Total Charges (A)	\$1,110,508	\$1,438,203	\$327,695	30%
8.	Charity Care - Number of Patient Days	345	297	(48)	-14%
9.	Charity Care - Number of Discharges	51	60	9	18%
10.	Charity Care - Number of Outpatient ED Visits	408	705	297	73%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,546	2,301	755	49%
(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.					
B. Hospital Bed Funds (see Hospital Reporting System - Report 17)					
1.	Number of Applicants	208	182	(26)	-13%
2.	Number of Approved Applicants	208	182	(26)	-13%
3.	Total Charges (B)	\$53,522	\$31,238	(\$22,284)	-42%
	Average Charges	\$257	\$172	(\$86)	-33%
4.	Ratio of Cost to Charges (RCC)	0.585895	0.578885	(0.007010)	-1%
	Total Cost	\$31,358	\$18,083	(\$13,275)	-42%
	Average Cost	\$151	\$99	(\$51)	-34%
5.	Bed Funds - Inpatient Charges	\$9,059	\$480	(\$8,579)	-95%
6.	Bed Funds - Outpatient Emergency Department Charges	787	350	(437)	-56%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	43,676	30,408	(13,268)	-30%
	Total Charges (B)	\$53,522	\$31,238	(\$22,284)	-42%
8.	Bed Funds - Number of Patient Days	10	7	(3)	-30%
9.	Bed Funds - Number of Discharges	2	1	(1)	-50%
10.	Bed Funds - Number of Outpatient ED Visits	2	5	3	150%
11.	Bed Funds - Number of Outpatient Visits (Excludes ED Visits)	262	204	(58)	-22%
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.					