

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

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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
11	CT Agent Company	MCR&P Service Corp
12	CT Agent Company Street Address	City Place 1, 185 Asylum Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
<b>E. AFFILIATE NAME</b>		
<b>AFFILIATE NAME</b>		<b>CONNECTICUT HOSPITAL LABORATORY NETWORK, LLC.</b>
1	Affiliate Description	PROVIDES LABORATORY TESTING SERVICES.
2	Affiliate type of service	Lab
3	Tax Status	For Profit
4	Street Address	560 Hudson Street
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06101 -
8	CEO Name	Greg Weisenberger
9	CEO Title	Executive Director
10	CT Agent Name	Joan Feldman
11	CT Agent Company	Shipman & Goodwin, LLP
12	CT Agent Company Street Address	1 America Row,
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 2819
<b>F. AFFILIATE NAME</b>		
<b>AFFILIATE NAME</b>		<b>DEPAUL HEALTH SERVICES CORPORATION</b>
1	Affiliate Description	NOT FOR PROFIT HOLDING COMPANY FOR CHARITABLE VENTURES INCLUDING THE MRI PARTNERSHIP AND THE DIALYSIS PARTNERSHIP.
2	Affiliate type of service	Marketing Services
3	Tax Status	Not for Profit
4	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	Jeanne C. Lubin-Szafranski
11	CT Agent Company	Saint Raphael Healthcare System
12	CT Agent Company Street Address	659 George Street,
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06511 -
<b>G. AFFILIATE NAME</b>		
<b>AFFILIATE NAME</b>		<b>HAMDEN SURGERY CENTER, LLC</b>
1	Affiliate Description	FREE STANDING AMBULATORY SURGICAL CENTER.
2	Affiliate type of service	Ambulatory/OP Surgery Center
3	Tax Status	Not for Profit
4	Street Address	2080 Whitney Avenue
5	Town	Hamden
6	State	Connecticut
7	Zip Code	06518 -
8	CEO Name	Terrie Estes
9	CEO Title	Administrative Director
10	CT Agent Name	Jeanne C. Lubin-Szafranski
11	CT Agent Company	Saint Raphael Healthcare System

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
12	CT Agent Company Street Address	659 George Street,
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06511 -
<b>H. AFFILIATE NAME</b>		
		<b>HOSPITAL OF SAINT RAPHAEL ONE FOR ALL FUND INC.</b>
1	Affiliate Description	EMPLOYEE FUND RAISING ORGANIZATION.
2	Affiliate type of service	Fund Raising/Management
3	Tax Status	Not for Profit
4	Street Address	1450 Chapel Street
5	Town	New Haven
6	State	Connecticut
7	Zip Code	06511 -
8	CEO Name	Tina Jennings
9	CEO Title	President
10	CT Agent Name	Jeanne C. Lubin-Szafranski
11	CT Agent Company	Saint Raphael Healthcare System
12	CT Agent Company Street Address	659 George Street,
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06511 -
<b>I. AFFILIATE NAME</b>		
		<b>LUKAN INDEMNITY COMPANY LTD.</b>
1	Affiliate Description	PROVIDES MALPRATICE LIABILITY INSURANCE FOR THE HOSPITAL OF SAINT RAPHAEL, SAINT REGIS HEALTH CENTER, INC. (DBA SISTER ANNE VIRGINIE GRIMES HEALTH CTR) AND SELECT PHYSICIANS.
2	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
7	Zip Code	-
8	CEO Name	Christopher M. O'Connor
9	CEO Title	President
10	CT Agent Name	Nick Frost
11	CT Agent Company	Quest Management Services, Ltd
12	CT Agent Company Street Address	10 Church Street
13	CT Agent Town	Hamilton HMHX
14	CT Agent State	Bermuda
15	CT Agent Zip Code	-
<b>J. AFFILIATE NAME</b>		
		<b>MRI PARTNERSHIP</b>
1	Affiliate Description	PROVIDES DIAGNOSTIC IMAGING SERVICES.
2	Affiliate type of service	Imaging Services
3	Tax Status	Not for Profit
4	Street Address	330 Orchard Street
5	Town	New Haven
6	State	Connecticut
7	Zip Code	06511 -
8	CEO Name	Edward Prokop, M.D.
9	CEO Title	Managing Partner
10	CT Agent Name	Edward Prokop, M.D.
11	CT Agent Company	Medical Imaging Associates, P.C.
12	CT Agent Company Street Address	300 Orchard Street
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06511 -

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**AND CORPORATION RELATED TO THE HOSPITAL**

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>K.</b>	<b>AFFILIATE NAME</b>	<b>SAINT RAPHAEL DIALYSIS PARTNERSHIP</b>
1	Affiliate Description	PROVIDES OUTPATIENT RENAL DIALYSIS SERVICES.
2	Affiliate type of service	Outpatient Care
3	Tax Status	Not for Profit
4	Street Address	131 Water Street
5	Town	New Haven
6	State	Connecticut
7	Zip Code	06511 -
8	CEO Name	Paul Zabetakis
9	CEO Title	Managing Partner
10	CT Agent Name	Debbie Harvey
11	CT Agent Company	Renal Research Institute
12	CT Agent Company Street Address	150 York Street
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06511 -
<b>L.</b>	<b>AFFILIATE NAME</b>	<b>SAINT RAPHAEL FOUNDATION, INC.</b>
1	Affiliate Description	PROVIDES FUND RAISING ACTIVITIES FOR THE HOSPITAL OF SAINT RAPHAEL AND THE SAINT REGIS HEALTH CENTER.
2	Affiliate type of service	Foundation
3	Tax Status	Not for Profit
4	Street Address	659 George Street
5	Town	New Haven
6	State	Connecticut
7	Zip Code	06511 -
8	CEO Name	Lucy Sirico
9	CEO Title	Executive Director
10	CT Agent Name	Jeanne C. Lubin-Szafranski
11	CT Agent Company	Saint Raphael Healthcare System
12	CT Agent Company Street Address	1450 Chapel Street,
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06511 -
<b>M.</b>	<b>AFFILIATE NAME</b>	<b>SAINT REGIS HEALTH CENTER, INC. (DBA SISTER ANNE VIRGINIE GRIMES HEALTH CTR)</b>
1	Affiliate Description	SKILLED NURSING FACILITY AND SHORT-TERM REHABILITATION
2	Affiliate type of service	Long Term Care
3	Tax Status	Not for Profit
4	Street Address	1354 Chapel Street
5	Town	New Haven
6	State	Connecticut
7	Zip Code	06511 -
8	CEO Name	John Tarutis
9	CEO Title	Executive Director
10	CT Agent Name	Jeanne C. Lubin-Szafranski
11	CT Agent Company	Saint Raphael Healthcare System
12	CT Agent Company Street Address	659 George Street,
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06511 -
<b>N.</b>	<b>AFFILIATE NAME</b>	<b>VNA SERVICES, INC</b>
1	Affiliate Description	PROVIDES HOME SERVICES
2	Affiliate type of service	Home Health/VNAs
3	Tax Status	Not for Profit
4	Street Address	1100 Sherman Avenue, P.O. Box 185175
5	Town	Hamden

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(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 -
<b>O.</b>	<b>AFFILIATE NAME</b>	<b>XAVIER SERVICES CORPORATION</b>
1	Affiliate Description	FOR-PROFIT SERVICES - PROVIDING SYSTEM WIDE FOCUS OF NEW ACTIVITIES THAT COMPLIMENT THE MISSION OF OTHER SAINT RAPHAEL AFFILIATES.
2	Affiliate type of service	For Profit Services (Specify)
3	Tax Status	For Profit
4	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 and CEO
10	CT Agent Name	Jeanne C. Lubin-Szafranski
11	CT Agent Company	Saint Raphael Healthcare System
12	CT Agent Company Street Address	659 George Street,
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06511 -

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

**HOSPITAL OF SAINT RAPHAEL  
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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
<b>A. HOSPITAL OF SAINT RAPHAEL</b>			
1		Unrestricted	(\$59,114,372)
2		Temporarily Restricted by Donor	\$15,697,218
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$12,686,835
5		Intercompany Eliminations	(\$7,870,000)
		<b>Total:</b>	<b>(\$38,600,319)</b>
<b>B. SAINT RAPHAEL HEALTHCARE SYSTEM, INC</b>			
1		Unrestricted	(\$2,677,973)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>(\$2,677,973)</b>
<b>C. AUXILIARY OF THE HOSPITAL OF SAINT RAPHAEL</b>			
1		Unrestricted	\$167,625
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$167,625</b>
<b>D. CARITAS INSURANCE COMPANY LTD.</b>			
1		Unrestricted	\$9,811,276
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$9,811,276</b>
<b>E. CONNECTICUT CK LEASING, LLC</b>			
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
		<b>Total:</b>	<b>\$0</b>
<b>F. CONNECTICUT HOSPITAL LABORATORY NETWORK, LLC.</b>			
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
		<b>Total:</b>	<b>\$0</b>
<b>G. DEPAUL HEALTH SERVICES CORPORATION</b>			
1		Unrestricted	\$5,812,652
2		Temporarily Restricted by Donor	\$14,506
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$5,827,158</b>

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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
<b>H. HAMDEN SURGERY CENTER, LLC</b>			
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
		<b>Total:</b>	<b>\$0</b>
<b>I. HOSPITAL OF SAINT RAPHAEL ONE FOR ALL FUND INC.</b>			
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
		<b>Total:</b>	<b>\$0</b>
<b>J. LUKAN INDEMNITY COMPANY LTD.</b>			
1		Unrestricted	\$4,642,336
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$4,642,336</b>
<b>K. MRI PARTNERSHIP</b>			
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
		<b>Total:</b>	<b>\$0</b>
<b>L. SAINT RAPHAEL DIALYSIS PARTNERSHIP</b>			
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
		<b>Total:</b>	<b>\$0</b>
<b>M. SAINT RAPHAEL FOUNDATION, INC.</b>			
1		Unrestricted	(\$24,251)
2		Temporarily Restricted by Donor	\$11,797,910
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$14,201,975
5		Intercompany Eliminations	(\$21,042,643)
		<b>Total:</b>	<b>\$4,932,997</b>
<b>N. SAINT REGIS HEALTH CENTER, INC. (DBA SISTER ANNE VIRGINIE GRIMES HEALTH CTR)</b>			
1		Unrestricted	(\$5,395,387)
2		Temporarily Restricted by Donor	\$792,378
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$343,121
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>(\$4,259,888)</b>

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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
	<b>O. VNA SERVICES, INC</b>		
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
		<b>Total:</b>	<b>\$0</b>
	<b>P. XAVIER SERVICES CORPORATION</b>		
1		Unrestricted	\$269,252
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$269,252</b>
	<b>Total of all Affiliates (before Intercompany Eliminations)</b>	<b>Fund Balance:</b>	<b>\$9,025,101</b>
	<b>Intercompany Eliminations</b>		<b>(\$28,912,643)</b>
	<b>Total of all Affiliates</b>	<b>Fund Balance:</b>	<b>(\$19,887,542)</b>

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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
<b>A. SAINT RAPHAEL HEALTHCARE SYSTEM, INC</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$983,894</b>
1		Expenses Charged to Hospital by Affiliates-Corp Allocat	09/30/2009	(\$2,236,342)
2		Payment for Services	09/30/2009	\$2,236,342
3		Fund Balance Transfers-Unrestricted equity	09/30/2009	(\$2,206,817)
4		Receipt of Cash	09/30/2009	\$2,206,817
5		Cash Advance	09/30/2009	\$525,589
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$1,509,483</b>
<b>B. AUXILIARY OF THE HOSPITAL OF SAINT RAPHAEL</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$0</b>
<b>C. CARITAS INSURANCE COMPANY LTD.</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$0</b>
1		Expenses Charged to Hospital by Affiliates-Malpractice	09/30/2009	(\$920,000)
2		Expenses Charged to Hospital by Affiliates-Interest	09/30/2009	(\$88,223)
3		Payment for Services	09/30/2009	\$920,060
4		Payment of Short Term Cash Advance and Interest	09/30/2009	\$5,000,000
5		Cash Advance	09/30/2009	(\$5,000,000)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>(\$88,163)</b>
<b>D. CONNECTICUT CK LEASING, LLC</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$0</b>
<b>E. CONNECTICUT HOSPITAL LABORATORY NETWORK, LLC.</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$0</b>
<b>F. DEPAUL HEALTH SERVICES CORPORATION</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$1,216,354</b>
1		Expenses Charged to Hospital by Affiliates-Linen	09/30/2009	(\$4,762)
2		Expenses Charged to Hospital by Affiliates - Salary	09/30/2009	(\$1,070)

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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
3		Expenses Charged to Affiliates-Financial Services	09/30/2009	\$19,332
4		Expenses Charged to Affiliates-Information Services	09/30/2009	\$37,108
5		Expenses Charged to Affiliates-Malpractice	09/30/2009	\$16,333
6		Expenses Charged to Affiliates-Workers Comp Insurance	09/30/2009	\$5,470
7		Expenses Charged to Affiliates-Utilities	09/30/2009	\$5,608
8		Expenses Charged to Affiliates-Maintenance/Supplies	09/30/2009	\$400
9		Expenses Charged to Affiliates-Occ Health Services	09/30/2009	\$4,693
10		Payment for Services	09/30/2009	(\$1,210,003)
11		Net Advance to Affiliate	09/30/2009	\$996,878
12		Cash Advance	09/30/2009	\$463,563
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$1,549,904</b>
<b>G.</b>	<b>HAMDEN SURGERY CENTER, LLC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$0</b>
<b>H.</b>	<b>HOSPITAL OF SAINT RAPHAEL ONE FOR ALL FUND INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$0</b>
<b>I.</b>	<b>LUKAN INDEMNITY COMPANY LTD.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$24,537</b>
1		Expenses Charged to Hospital by Affiliates-Malpractice	09/30/2009	(\$3,000,000)
2		Expenses Charged to Affiliates-Risk Management Salary	09/30/2009	\$341,061
3		Expenses Charged to Affiliates-Grant Expenses	09/30/2009	\$29,954
4		Receipts for Services	09/30/2009	(\$395,564)
5		Payment for Services	09/30/2009	\$3,000,012
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$0</b>
<b>J.</b>	<b>MRI PARTNERSHIP</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$0</b>
<b>K.</b>	<b>SAINT RAPHAEL DIALYSIS PARTNERSHIP</b>			

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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
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$0</b>
<b>L.</b>	<b>SAINT RAPHAEL FOUNDATION, INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$192,644</b>
1		Fund Balance Transfers-Temp restricted equity	09/30/2009	(\$3,484,004)
2		Receipt of Cash	09/30/2009	\$3,484,004
3		Cash Advance	09/30/2009	\$270,115
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$462,759</b>
<b>M.</b>	<b>SAINT REGIS HEALTH CENTER, INC. (DBA SISTER ANNE VIRGINIE GRIMES HEALTH CTR)</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$5,454,143</b>
1		Expenses Charged to Hospital by Affiliates-Building Ren	09/30/2009	(\$19,500)
2		Expenses Charged to Hospital by Affiliates-Salary, Phy	09/30/2009	(\$80,251)
3		Expenses Charged to Affiliates-Interest Expense	09/30/2009	\$331,260
4		Expenses Charged to Affiliates-Financial Services	09/30/2009	\$156,996
5		Expenses Charged to Affiliates-Pharmacy	09/30/2009	\$33,943
6		Expenses Charged to Affiliates-O/P Pharmacy	09/30/2009	\$425,249
7		Expenses Charged to Affiliates-Insurance Expense	09/30/2009	\$17,004
8		Expenses Charged to Affiliates-Defined Benefit Plan	09/30/2009	\$116,964
9		Expenses Charged to Affiliates-Defined Contribution Pla	09/30/2009	\$19,000
10		Expenses Charged to Affiliates-Parking Lot	09/30/2009	\$30,000
11		Expenses Charged to Affiliates-Lab Services	09/30/2009	\$128,446
12		Expenses Charged to Affiliates-Malpractice	09/30/2009	\$100,000
13		Expenses Charged to Affiliates-Workers Comp Insuranc	09/30/2009	\$178,797
14		Expenses Charged to Affiliates-Utilities	09/30/2009	\$5,078
15		Expenses Charged to Affiliates-Salaries, Nursing	09/30/2009	\$6,952
16		Payment for Services	09/30/2009	(\$1,449,938)
17		Cash Advance	09/30/2009	(\$846,678)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$4,607,465</b>
<b>N.</b>	<b>VNA SERVICES, INC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$0</b>

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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
O.	XAVIER SERVICES CORPORATION			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>(\$69,929)</b>
1		Cash Advance	09/30/2009	\$1,075
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>(\$68,854)</b>
			<b>Grand Total:</b>	<b>\$7,972,594</b>

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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
			<b>Beginning Unconsolidated Intercompany Balance</b>	<b>10/01/2008</b>	<b>\$12,211,309</b>
<b>A.</b>	<b>SAINT RAPHAEL HEALTHCARE SYSTEM, INC</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2009</b>	<b>\$0</b>
<b>B.</b>	<b>AUXILIARY OF THE HOSPITAL OF SAINT RAPHAEL</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2009</b>	<b>\$0</b>
<b>C.</b>	<b>CARITAS INSURANCE COMPANY LTD.</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2009</b>	<b>\$0</b>
<b>D.</b>	<b>CONNECTICUT CK LEASING, LLC</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2009</b>	<b>\$0</b>
<b>E.</b>	<b>CONNECTICUT HOSPITAL LABORATORY NETWORK, LLC.</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2009</b>	<b>\$0</b>
<b>F.</b>	<b>DEPAUL HEALTH SERVICES CORPORATION</b>				
1		SAINT RAPHAEL HEALTHCARE SYSTEM, INC	Administrative Services	09/30/2009	\$102,144
2		SAINT RAPHAEL HEALTHCARE SYSTEM, INC	Equity Transfers	09/30/2009	\$1,325,000
			<b>Total:</b>	<b>9/30/2009</b>	<b>\$1,427,144</b>
<b>G.</b>	<b>HAMDEN SURGERY CENTER, LLC</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2009</b>	<b>\$0</b>
<b>H.</b>	<b>HOSPITAL OF SAINT RAPHAEL ONE FOR ALL FUND INC.</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2009</b>	<b>\$0</b>

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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
I.	LUKAN INDEMNITY COMPANY LTD.				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
J.	MRI PARTNERSHIP				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
K.	SAINT RAPHAEL DIALYSIS PARTNERSHIP				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
L.	SAINT RAPHAEL FOUNDATION, INC.				
1		SAINT RAPHAEL HEALTHCARE SYSTEM, INC	Administrative Services	09/30/2009	\$173,000
			Total:	9/30/2009	\$173,000
M.	SAINT REGIS HEALTH CENTER, INC. (DBA SISTER ANNE VIRGINIE GRIMES HEALTH CTR)				
1		SAINT RAPHAEL HEALTHCARE SYSTEM, INC	Administrative Services	09/30/2009	\$173,004
			Total:	9/30/2009	\$173,004
N.	VNA SERVICES, INC				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
O.	XAVIER SERVICES CORPORATION				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2009	\$13,984,457

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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
<b>A.</b>	<b>SAINT RAPHAEL HEALTHCARE SYSTEM, INC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
<b>B.</b>	<b>AUXILIARY OF THE HOSPITAL OF SAINT RAPHAEL</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
<b>C.</b>	<b>CARITAS INSURANCE COMPANY LTD.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
<b>D.</b>	<b>CONNECTICUT CK LEASING, LLC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
<b>E.</b>	<b>CONNECTICUT HOSPITAL LABORATORY NETWORK, LLC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
<b>F.</b>	<b>DEPAUL HEALTH SERVICES CORPORATION</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
<b>G.</b>	<b>HAMDEN SURGERY CENTER, LLC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
<b>H.</b>	<b>HOSPITAL OF SAINT RAPHAEL ONE FOR ALL FUND INC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
<b>I.</b>	<b>LUKAN INDEMNITY COMPANY LTD.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
<b>J.</b>	<b>MRI PARTNERSHIP</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
<b>K.</b>	<b>SAINT RAPHAEL DIALYSIS PARTNERSHIP</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
<b>L.</b>	<b>SAINT RAPHAEL FOUNDATION, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
<b>M.</b>	<b>SAINT REGIS HEALTH CENTER, INC. (DBA SISTER ANNE VIRGINIE GRIMES HEALTH CTR)</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
<b>N.</b>	<b>VNA SERVICES, INC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
<b>O.</b>	<b>XAVIER SERVICES CORPORATION</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>Grand Total:</b>	<b>\$0</b>	<b>9/30/2009</b>

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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.	<b>SAINT RAPHAEL HEALTHCARE SYSTEM, INC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
B.	<b>AUXILIARY OF THE HOSPITAL OF SAINT RAPHAEL</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
C.	<b>CARITAS INSURANCE COMPANY LTD.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
D.	<b>CONNECTICUT CK LEASING, LLC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
E.	<b>CONNECTICUT HOSPITAL LABORATORY NETWORK, LLC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
F.	<b>DEPAUL HEALTH SERVICES CORPORATION</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
G.	<b>HAMDEN SURGERY CENTER, LLC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
H.	<b>HOSPITAL OF SAINT RAPHAEL ONE FOR ALL FUND INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
I.	<b>LUKAN INDEMNITY COMPANY LTD.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
J.	<b>MRI PARTNERSHIP</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	

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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
K.	SAINT RAPHAEL DIALYSIS PARTNERSHIP		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
L.	SAINT RAPHAEL FOUNDATION, INC.		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
M.	SAINT REGIS HEALTH CENTER, INC. (DBA SISTER ANNE VIRGINIE GRIMES HEALTH CTR)		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
N.	VNA SERVICES, INC		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
O.	XAVIER SERVICES CORPORATION		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
	<b>Grand Total:</b>	<b>\$0</b>	

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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
<b>A. Indigent Care</b>					
	<b>Beginning Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
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%
	<b>Ending Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
<b>B. Free Beds</b>					
	<b>Beginning Balance</b>	<b>\$902,515.71</b>	<b>\$856,299.85</b>	<b>(\$46,215.86)</b>	<b>-5%</b>
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$48,118.00	\$33,407.06	(\$14,710.94)	-31%
3	Expenditures	\$94,333.86	\$50,927.50	(\$43,406.36)	-46%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	<b>Ending Balance</b>	<b>\$856,299.85</b>	<b>\$838,779.41</b>	<b>(\$17,520.44)</b>	<b>-2%</b>
5	Projected Interest Income	\$50,000.00	\$30,000.00	(\$20,000.00)	-40%
<b>C. Other</b>					
	<b>Beginning Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
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%
	<b>Ending Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
<b>1. Number of Applications for Hospital Bed Funds</b>		<b>30</b>
<b>2. A. Number of Patients receiving Hospital Bed Fund Grants</b>		<b>30</b>
<b>2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F</b>		<b>\$50,927.50</b>
1	Stiles	\$775.00
2	Stiles	\$620.11
3	Stiles	\$300.00
4	Stiles	\$2,055.88
5	Stiles	\$92.96
6	Stiles	\$1,961.00
7	Stiles	\$1,024.00
8	Stiles	\$150.00
9	Stiles	\$945.23
10	Stiles	\$1,583.55
11	Stiles	\$904.00
12	Stiles	\$168.60
13	Stiles	\$1,500.00
14	Stiles	\$1,078.33
15	Stiles	\$362.30
16	Stiles	\$1,850.01
17	Stiles	\$1,024.00
18	Stiles	\$667.38
19	Stiles	\$1,850.00
20	Stiles	\$10,000.00
21	Stiles	\$818.51
22	Stiles	\$795.00
23	Stiles	\$536.41
24	Stiles	\$1,068.00
25	Stiles	\$4,900.00
26	Stiles	\$1,683.52
27	Stiles	\$10,000.00
28	Stiles	\$892.00
29	Stiles	\$171.71
30	Stiles	\$1,150.00
<b>Grand Total</b>		<b>\$50,927.50</b>

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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.				
	Stiles	\$168,109.67	\$20,350.57	\$0.00	\$20,350.57
	Christ Church	\$28,420.26	\$48,058.99	\$0.00	\$48,058.99
	Alice Derby Lang	\$7,273.48	\$4,473.97	\$0.00	\$4,473.97
	Nurses Alumnae	\$21,979.42	\$35,053.71	\$0.00	\$35,053.71
	Edward Malley	\$28,597.66	\$46,367.01	\$0.00	\$46,367.01
	German Society	\$28,110.56	\$22,950.79	\$0.00	\$22,950.79
	Mary Dugan Daley	\$19,979.63	\$47,601.80	\$0.00	\$47,601.80
	F. Newman & Sons	\$8,774.99	\$5,080.42	\$0.00	\$5,080.42
	Albert Williams	\$24,849.63	\$15,321.87	\$0.00	\$15,321.87
	Margaret Hall	\$143,299.85	\$114,125.13	\$0.00	\$114,125.13
	<b>Total Bed Funds :</b>	<b>\$479,395.15</b>	<b>\$359,384.26</b>	<b>\$0.00</b>	<b>\$359,384.26</b>

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**REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
<b>I. GENERAL COLLECTION PROCESSES AND PROCEDURES</b>		
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 (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 first bill.
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 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	0.92%
<b>II. SPECIFIC COLLECTION AGENT INFORMATION</b>		
<b>Collection Agent</b>		
1	Collection Agent Name	Credit Information 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.	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 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.	0.79%
	<b>Collection Agent</b>	
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 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.	0.79%
	<b>Collection Agent</b>	
1	Collection Agent Name	Eastern Collections of CT
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 first bill.

**HOSPITAL OF SAINT RAPHAEL  
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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	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.	1.60%

**HOSPITAL OF SAINT RAPHAEL  
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REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS**

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	President	\$616,689	\$3,665,916	\$4,282,605
2.	Clinical Chair - Medicine (MD)	\$396,795	\$317,570	\$714,365
3.	Clinical Chair - Surgery (MD)	\$478,310	\$235,645	\$713,955
4.	Senior Vice President-CMO (MD)	\$361,523	\$290,363	\$651,886
5.	Senior Vice President-COO & CFO	\$401,099	\$234,510	\$635,609
6.	Clinical Chair-Emergency Medicine (MD)	\$354,180	\$274,831	\$629,011
7.	Clinical Chair - Womens/Childrens Services (MD)	\$401,869	\$178,540	\$580,409
8.	Section Chief-Thoracic Surgery (MD)	\$407,107	\$61,184	\$468,291
9.	Section Chief - Cardiology (MD)	\$400,088	\$20,862	\$420,950
10.	Associate Clinical Chair - Medicine (MD)	\$336,278	\$24,282	\$360,560
	<b>Grand Total:</b>	<b>\$4,153,938</b>	<b>\$5,303,703</b>	<b>\$9,457,641</b>

**HOSPITAL OF SAINT RAPHAEL  
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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) <sup>C</sup>	FRINGE BENEFITS <sup>A</sup> (Directly or Indirectly) <sup>C</sup>	TOTAL
<b>A . SAINT RAPHAEL HEALTHCARE SYSTEM, INC</b>				
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>B . AUXILIARY OF THE HOSPITAL OF SAINT RAPHAEL</b>				
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>C . CARITAS INSURANCE COMPANY LTD.</b>				
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>D . CONNECTICUT CK LEASING, LLC</b>				
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>E . CONNECTICUT HOSPITAL LABORATORY NETWORK, LLC.</b>				
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>F . DEPAUL HEALTH SERVICES CORPORATION</b>				
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>G . HAMDEN SURGERY CENTER, LLC</b>				
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>H . HOSPITAL OF SAINT RAPHAEL ONE FOR ALL FUND INC</b>				
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>I . LUKAN INDEMNITY COMPANY LTD.</b>				
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>J . MRI PARTNERSHIP</b>				
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>K . SAINT RAPHAEL DIALYSIS PARTNERSHIP</b>				
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>L . SAINT RAPHAEL FOUNDATION, INC.</b>				
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>M . SAINT REGIS HEALTH CENTER, INC. (DBA SISTER ANNE VIRGINIE GRIMES HEALTH CTR)</b>				
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>N . VNA SERVICES, INC</b>				
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>O . XAVIER SERVICES CORPORATION</b>				
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.*

**HOSPITAL OF SAINT RAPHAEL  
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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) <sup>C</sup>	FRINGE BENEFITS <sup>A</sup> (Directly or Indirectly) <sup>C</sup>	TOTAL

*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.*

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

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2009
<b>A</b>	<b>Transfer of Assets or Operations</b>	
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

HOSPITAL OF SAINT RAPHAEL					
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REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
<b>A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)</b>					
1.	Number of Applicants	1,451	1,039	(412)	-28%
2.	Number of Approved Applicants	1,451	985	(466)	-32%
3.	Total Charges (A)	\$4,563,152	\$4,606,043	\$42,891	1%
	<b>Average Charges</b>	<b>\$3,145</b>	<b>\$4,676</b>	<b>\$1,531</b>	<b>49%</b>
4.	Ratio of Cost to Charges (RCC)	0.389357	0.382098	(0.007259)	-2%
	<b>Total Cost</b>	<b>\$1,776,695</b>	<b>\$1,759,960</b>	<b>(\$16,735)</b>	<b>-1%</b>
	<b>Average Cost</b>	<b>\$1,224</b>	<b>\$1,787</b>	<b>\$562</b>	<b>46%</b>
5.	Charity Care - Inpatient Charges	\$2,905,560	\$2,804,108	(\$101,452)	-3%
6.	Charity Care - Outpatient Emergency Department Charges	511,517	519,083	7,566	1%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	1,146,075	1,282,852	136,777	12%
	<b>Total Charges (A)</b>	<b>\$4,563,152</b>	<b>\$4,606,043</b>	<b>\$42,891</b>	<b>1%</b>
8.	Charity Care - Number of Patient Days	1,106	1,177	71	6%
9.	Charity Care - Number of Discharges	185	164	(21)	-11%
10.	Charity Care - Number of Outpatient ED Visits	400	372	(28)	-7%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	2,177	1,926	(251)	-12%
<b>(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.</b>					
<b>B. Hospital Bed Funds (see Hospital Reporting System - Report 17)</b>					
1.	Number of Applicants	59	30	(29)	-49%
2.	Number of Approved Applicants	59	30	(29)	-49%
3.	Total Charges (B)	\$94,334	\$50,928	(\$43,406)	-46%
	<b>Average Charges</b>	<b>\$1,599</b>	<b>\$1,698</b>	<b>\$99</b>	<b>6%</b>
4.	Ratio of Cost to Charges (RCC)	0.389357	0.382098	(0.007259)	-2%
	<b>Total Cost</b>	<b>\$36,730</b>	<b>\$19,459</b>	<b>(\$17,270)</b>	<b>-47%</b>
	<b>Average Cost</b>	<b>\$623</b>	<b>\$649</b>	<b>\$26</b>	<b>4%</b>
5.	Bed Funds - Inpatient Charges	\$48,589	\$38,621	(\$9,968)	-21%
6.	Bed Funds - Outpatient Emergency Department Charges	13,190	5,963	(7,227)	-55%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	32,555	6,344	(26,211)	-81%
	<b>Total Charges (B)</b>	<b>\$94,334</b>	<b>\$50,928</b>	<b>(\$43,406)</b>	<b>-46%</b>
8.	Bed Funds - Number of Patient Days	257	84	(173)	-67%
9.	Bed Funds - Number of Discharges	52	22	(30)	-58%
10.	Bed Funds - Number of Outpatient ED Visits	35	7	(28)	-80%
11.	Bed Funds - Number of Outpatient Visits (Excludes ED Visits)	63	12	(51)	-81%
<b>(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.</b>					