

**THE HOSPITAL OF CENTRAL CONNECTICUT**  
**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>CENTRAL CT HEALTH ALLIANCE</b>
		Organized for the purpose of benefiting, carrying out the purpose of, and upholding, promoting and furthering the welfare programs and activities of The Hospitals of Central Connecticut and other affiliates.
1	Affiliate Description	
2	Affiliate type of service	Managed Services Org. (MSO)
3	Tax Status	Not for Profit
4	Street Address	100 Grand Street
5	Town	New Britain
6	State	Connecticut
7	Zip Code	06050 -
8	CEO Name	Laurance Tanner
9	CEO Title	President/CEO
10	CT Agent Name	Elizabeth Schlaff, Esq.
11	CT Agent Company	The Hospitals of Central CT
12	CT Agent Company Street Address	100 Grand Street
13	CT Agent Town	New Britain
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06050 -
<b>B. AFFILIATE NAME</b>		
		<b>BRADLEY HEALTH SERVICES, INC.</b>
1	Affiliate Description	Mammography Services
2	Affiliate type of service	Women's Health Services
3	Tax Status	Not for Profit
4	Street Address	81 Meriden Avenue
5	Town	Southington
6	State	Connecticut
7	Zip Code	06489 -
8	CEO Name	Clarence Silvia
9	CEO Title	President/CEO
10	CT Agent Name	Clarence Silvia
11	CT Agent Company	Central CT Health Alliance
12	CT Agent Company Street Address	100 Grand Street
13	CT Agent Town	New Britain
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06050 -
<b>C. AFFILIATE NAME</b>		
		<b>GENCONN SERVICES, INC.</b>
1	Affiliate Description	The corporation performs various functions that support the other affiliates. 100% owned by Central CT Health Alliance.
2	Affiliate type of service	Affiliate Support Services
3	Tax Status	For Profit
4	Street Address	100 Grand Street
5	Town	New Britain
6	State	Connecticut
7	Zip Code	06050 -
8	CEO Name	Laurence A. Tanner
9	CEO Title	President
10	CT Agent Name	Elizabeth Schlaff, Esq.
11	CT Agent Company	The Hospitals of Central CT
12	CT Agent Company Street Address	100 Grand Street
13	CT Agent Town	New Britain
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06050 -
<b>D. AFFILIATE NAME</b>		
		<b>CENTRAL CONNECTICUT SPORTS MEDICINE CENTER, LLC</b>

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LINE	DESCRIPTION	AFFILIATE INFORMATION
1	Affiliate Description	Provide occupational physical therapy services. For profit partnership, 50% owned by CENCONN Health Corp. and 50% by HOCC (New Britain Campus)
2	Affiliate type of service	Rehabilitation Facility
3	Tax Status	For Profit
4	Street Address	15 Massirio Drive
5	Town	Berlin
6	State	Connecticut
7	Zip Code	06037 -
8	CEO Name	Laurence A. Tanner
9	CEO Title	President
10	CT Agent Name	Elizabeth Schlaff, Esq.
11	CT Agent Company	The Hospitals of Central CT
12	CT Agent Company Street Address	100 Grand Street
13	CT Agent Town	New Britain
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06050 -
<b>E. AFFILIATE NAME</b>		
<b>AFFILIATE NAME</b>		<b>CENTRAL CT SENIOR HEALTH SERVICES</b>
1	Affiliate Description	Long Term Care
2	Affiliate type of service	Long Term Care
3	Tax Status	Not for Profit
4	Street Address	100 Grand Street
5	Town	New Britain
6	State	Connecticut
7	Zip Code	06050 -
8	CEO Name	Clarence Silvia
9	CEO Title	President
10	CT Agent Name	Clarence Silvia
11	CT Agent Company	Central CT Health Alliance
12	CT Agent Company Street Address	100 Grand Street
13	CT Agent Town	New Britain
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06050 -
<b>F. AFFILIATE NAME</b>		
<b>AFFILIATE NAME</b>		<b>COMMUNITY MENTAL HEALTH AFFILIATES</b>
1	Affiliate Description	Develop, provide and promote an effective system of service delivery for behavioral health through a network of integrated unified services located in one or more community facilities.
2	Affiliate type of service	Mental Health Facility
3	Tax Status	Not for Profit
4	Street Address	29 Russell Street
5	Town	New Britain
6	State	Connecticut
7	Zip Code	06050 -
8	CEO Name	Raymond Gorman
9	CEO Title	Executive Director
10	CT Agent Name	Elizabeth Schlaff, Esq.
11	CT Agent Company	The Hospitals of Central CT
12	CT Agent Company Street Address	100 Grand Street
13	CT Agent Town	New Britain
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06050 -
<b>G. AFFILIATE NAME</b>		
<b>AFFILIATE NAME</b>		<b>GRAND INDEMNITY COMPANY, LTD</b>
1	Affiliate Description	Captive
2	Affiliate type of service	Insurance
3	Tax Status	Not for Profit
4	Street Address	F.B. Perry Building, 40 Church Street

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
5	Town	Hamilton
6	State	Bermuda
7	Zip Code	HM - FX
8	CEO Name	John S. Manning
9	CEO Title	President
10	CT Agent Name	Michael Maglaras
11	CT Agent Company	Michael Maglaras & Co
12	CT Agent Company Street Address	237 Hillside Road
13	CT Agent Town	Ashford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06278 -
<b>H. AFFILIATE NAME</b>		
	<b>AFFILIATE NAME</b>	<b>MEDCONN COLLECTION AGENCY LLC</b>
1	Affiliate Description	Patient collection agency
2	Affiliate type of service	Collection Agency
3	Tax Status	For Profit
4	Street Address	100 Grand Street
5	Town	New Britain
6	State	Connecticut
7	Zip Code	06050 -
8	CEO Name	David R. Newton
9	CEO Title	Partner
10	CT Agent Name	Stephen J Anderson
11	CT Agent Company	SJ Anderson, Eisenber, Anderson, Michalik & Ly
12	CT Agent Company Street Address	136 West Main Street
13	CT Agent Town	New Britain
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06050 -
<b>I. AFFILIATE NAME</b>		
	<b>AFFILIATE NAME</b>	<b>MRI OF FARMINGTON AVENUE LLC</b>
1	Affiliate Description	Magnetic Resonance Imaging
2	Affiliate type of service	Imaging Services
3	Tax Status	For Profit
4	Street Address	15 Quail Ridge Road
5	Town	Farmington
6	State	Connecticut
7	Zip Code	06032 -
8	CEO Name	David R. Newton
9	CEO Title	Partner
10	CT Agent Name	Mark Krober, Ecq.
11	CT Agent Company	Murtha, Cullina, Richter & Pinney LLP
12	CT Agent Company Street Address	City Place I, 185 Asylum Ave
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 3469
<b>J. AFFILIATE NAME</b>		
	<b>AFFILIATE NAME</b>	<b>MULBERRY GARDENS OF SOUTHTON, LLC</b>
1	Affiliate Description	Long Term Care
2	Affiliate type of service	Long Term Care
3	Tax Status	Not for Profit
4	Street Address	58 Mulberry Street
5	Town	Southington
6	State	Connecticut
7	Zip Code	06489 -
8	CEO Name	Perry Phillips
9	CEO Title	Executive Director
10	CT Agent Name	Clarence Silvia
11	CT Agent Company	The Hospitals of Central CT
12	CT Agent Company Street Address	100 Grand Street

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(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>AFFILIATE INFORMATION</b>
13	CT Agent Town	New Britain
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06050 -
<b>K. AFFILIATE NAME</b>		
		<b>NEW BRITAIN MRI LIMITED PARTNERSHIP</b>
1	Affiliate Description	MRI Testing
2	Affiliate type of service	Imaging Services
3	Tax Status	Not for Profit
4	Street Address	100 Grand Street
5	Town	New Britain
6	State	Connecticut
7	Zip Code	06050 -
8	CEO Name	David R. Newton
9	CEO Title	General Partner
10	CT Agent Name	Elliot B. Pollack, Esq.
11	CT Agent Company	Hoberman & Pollack
12	CT Agent Company Street Address	One State Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
<b>L. AFFILIATE NAME</b>		
		<b>NEW BRITAIN OCCUPATIONAL HEALTH D/B/A ALLIANCE OCCUPATIONAL HEALTH</b>
1	Affiliate Description	Pre-employment physicals, drug screens, Innoculations
2	Affiliate type of service	Occupational Heath
3	Tax Status	Not for Profit
4	Street Address	440 New Britain Avenue
5	Town	Plainville
6	State	Connecticut
7	Zip Code	06062 -
8	CEO Name	David R. Newton
9	CEO Title	Partner
10	CT Agent Name	Elizabeth Schlaff, esq.
11	CT Agent Company	The Hospitals of Central CT
12	CT Agent Company Street Address	100 Grand street
13	CT Agent Town	New Britain
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06050 -
<b>M. AFFILIATE NAME</b>		
		<b>SOUTHINGTON CARE CENTER</b>
1	Affiliate Description	Long Term Care
2	Affiliate type of service	Long Term Care
3	Tax Status	Not for Profit
4	Street Address	45 Meriden Avenue
5	Town	Southington
6	State	Connecticut
7	Zip Code	06489 -
8	CEO Name	Patricia Walden
9	CEO Title	Vice President
10	CT Agent Name	Clarence Silvia
11	CT Agent Company	Central CT Health Alliance
12	CT Agent Company Street Address	100 Grand Street
13	CT Agent Town	New Britain
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06050 -
<b>N. AFFILIATE NAME</b>		
		<b>THE JEROME HOME</b>
1	Affiliate Description	Long term care facility providing housing and health care accomodations
2	Affiliate type of service	Long Term Care

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
3	Tax Status	Not for Profit
4	Street Address	975 Corban Avenue
5	Town	New Britain
6	State	Connecticut
7	Zip Code	06050 -
8	CEO Name	Lisa Connolly
9	CEO Title	Executive Director
10	CT Agent Name	Elizabeth Schlaff, Esq
11	CT Agent Company	The Hospitals of Central CT
12	CT Agent Company Street Address	100 Grand Street
13	CT Agent Town	New Britain
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06050 -
<b>O. AFFILIATE NAME</b>		
<b>AFFILIATE NAME</b>		<b>THE ORCHARDS AT SOUTHINGTON</b>
1	Affiliate Description	To initiate, develop, operate and maintain senior housing with assisted living services
2	Affiliate type of service	Care for the Aged
3	Tax Status	Not for Profit
4	Street Address	34 Hobart Street
5	Town	Southington
6	State	Connecticut
7	Zip Code	06489 -
8	CEO Name	Audrey Vinci
9	CEO Title	Executive Director
10	CT Agent Name	Clarence Silvia
11	CT Agent Company	Central CT Health Alliance
12	CT Agent Company Street Address	100 Grand Street
13	CT Agent Town	New Britain
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06050 -
<b>P. AFFILIATE NAME</b>		
<b>AFFILIATE NAME</b>		<b>VEIN CENTER OF CENTRAL CT, LLC</b>
1	Affiliate Description	To engage in any lawful activity for which a limited liab company may be organized under the Act. Including as a venous laser treatment ctr and any other bus. directly related to the foregoing bus as may be nec, advisable or appropriate in opinion of Mgr.
2	Affiliate type of service	Affiliate Support Services
3	Tax Status	For Profit
4	Street Address	23 Cedar Street
5	Town	New Britain
6	State	Connecticut
7	Zip Code	06050 -
8	CEO Name	Sidney Ulreich, MD
9	CEO Title	Managing Partner
10	CT Agent Name	Sidney Ulreich, MD
11	CT Agent Company	The Hospitals of Central CT
12	CT Agent Company Street Address	23 Cedar Street
13	CT Agent Town	New Britain
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06050 -
<b>Q. AFFILIATE NAME</b>		
<b>AFFILIATE NAME</b>		<b>VNA OF CENTRAL CONNECTICUT</b>
1	Affiliate Description	Operate only as a non-profit health care agency committed to the development, implementation and provision of community & home health program and services in cooperation with other health care agencies.
2	Affiliate type of service	Home Health/VNAs
3	Tax Status	Not for Profit
4	Street Address	205 West Main Street
5	Town	New Britain

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
6	State	Connecticut
7	Zip Code	06052 -
8	CEO Name	Kim Andrews
9	CEO Title	President
10	CT Agent Name	Elizabeth Schlaff, Esq.
11	CT Agent Company	The Hospitals of Central CT
12	CT Agent Company Street Address	100 Grand Street
13	CT Agent Town	New Britain
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06050 -

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

**THE HOSPITAL OF CENTRAL CONNECTICUT  
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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. THE HOSPITAL OF CENTRAL CONNECTICUT</b>			
1		Unrestricted	\$88,386,848
2		Temporarily Restricted by Donor	\$15,200,271
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$19,841,202
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$123,428,321</b>
<b>B. CENTRAL CT HEALTH ALLIANCE</b>			
1		Unrestricted	\$6,437,521
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$3,411,416)
		<b>Total:</b>	<b>\$3,026,105</b>
<b>C. BRADLEY HEALTH 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>D. GENCONN SERVICES, INC.</b>			
1		Unrestricted	\$2,606,723
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>\$2,606,723</b>
<b>E. CENTRAL CONNECTICUT SPORTS MEDICINE CENTER, LLC</b>			
1		Unrestricted	\$494,593
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>\$494,593</b>
<b>F. CENTRAL CT SENIOR HEALTH SERVICES</b>			
1		Unrestricted	\$2,546,029
2		Temporarily Restricted by Donor	\$80,890
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$2,626,919</b>
<b>G. COMMUNITY MENTAL HEALTH AFFILIATES</b>			
1		Unrestricted	\$4,532
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$83,137
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$87,669</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. GRAND INDEMNITY COMPANY, LTD</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. MEDCONN COLLECTION AGENCY 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>J. MRI OF FARMINGTON AVENUE 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>K. MULBERRY GARDENS OF SOUTHINGTON, 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>L. NEW BRITAIN MRI LIMITED 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. NEW BRITAIN OCCUPATIONAL HEALTH D/B/A ALLIANCE OCCUPATIONAL HEALTH</b>		
1		Unrestricted	(\$103,100)
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>(\$103,100)</b>
	<b>N. SOUTHINGTON CARE CENTER</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>

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(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2009
	<b>O. THE JEROME HOME</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. THE ORCHARDS AT SOUTHINGTON</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>Q. VEIN CENTER OF CENTRAL CT, 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>R. VNA OF CENTRAL CONNECTICUT</b>		
1		Unrestricted	\$7,886,951
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>\$7,886,951</b>
	<b>Total of all Affiliates (before Intercompany Eliminations)</b>	<b>Fund Balance:</b>	<b>\$143,465,597</b>
	<b>Intercompany Eliminations</b>		<b>(\$3,411,416)</b>
	<b>Total of all Affiliates</b>	<b>Fund Balance:</b>	<b>\$140,054,181</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.</b>	<b>CENTRAL CT HEALTH ALLIANCE</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$7,242,403</b>
1		Invoices paid by hospital	09/30/2009	\$44,504
2		Reimbursement of expenses/services	09/30/2009	(\$524,304)
3		Advance for SERP Contribution	09/30/2009	\$539,000
4		HCC Forgiveness	09/30/2009	(\$5,967,242)
5		Contract Labor from hospital	09/30/2009	\$122,926
6		Services provided by hospital	09/30/2009	(\$30,016)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$1,427,271</b>
<b>B.</b>	<b>BRADLEY HEALTH 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>
<b>C.</b>	<b>CENCONN SERVICES, INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$14,155</b>
1		Invoices paid by hospital	09/30/2009	\$8,238
2		Reimbursement of expenses/services	09/30/2009	(\$68,153)
3		Services provided by hospital	09/30/2009	(\$8,100)
4		Contract Labor for hospital	09/30/2009	\$146,865
5		Rental Of Space	09/30/2009	\$4,800
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$97,805</b>
<b>D.</b>	<b>CENTRAL CONNECTICUT SPORTS MEDICINE CENTER, LLC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>(\$15,038)</b>
1		Invoices paid by hospital	09/30/2009	\$46,992
2		Reimbursement of expenses/services	09/30/2009	\$136,289
3		Rental Of Space	09/30/2009	\$2,688
4		CCSM provided HMO for employees provided by hospital	09/30/2009	(\$198,836)
5		Services provided by hospital	09/30/2009	\$9,149
6		Services provided by CCSMC to hospital	09/30/2009	\$5,896
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>(\$12,860)</b>
<b>E.</b>	<b>CENTRAL CT SENIOR HEALTH SERVICES</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$0</b>
		Nothing to Report		\$0

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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>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$0</b>
<b>F.</b>	<b>COMMUNITY MENTAL HEALTH AFFILIATES</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$71,671</b>
1		Invoices paid by hospital	09/30/2009	\$120,015
2		Reimbursement of expenses/services	09/30/2009	(\$303,619)
3		Space provided by hospital	09/30/2009	\$194,290
4		Contract Labor for hospital	09/30/2009	(\$43,680)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$38,677</b>
<b>G.</b>	<b>GRAND INDEMNITY COMPANY, LTD</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>MEDCONN COLLECTION AGENCY 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>I.</b>	<b>MRI OF FARMINGTON AVENUE 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>J.</b>	<b>MULBERRY GARDENS OF SOUTHINGTON, LLC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>(\$1,014)</b>
1		Invoices paid by hospital	09/30/2009	\$1,557
2		Transfer of Funds	09/30/2009	\$1,014
3		Reimbursement of expenses/services	09/30/2009	(\$1,557)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$0</b>
<b>K.</b>	<b>NEW BRITAIN MRI LIMITED PARTNERSHIP</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>(\$67,545)</b>
1		Services provided by hospital	09/30/2009	\$280,883
2		Contract Labor For MRI of Southington	09/30/2009	(\$728,647)
3		Contract Labor for hospital	09/30/2009	(\$50,743)

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(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
4		Reimbursement of expenses/services	09/30/2009	(\$284,436)
5		Invoices paid by hospital	09/30/2009	\$749,788
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>(\$100,700)</b>
<b>L.</b>	<b>NEW BRITAIN OCCUPATIONAL HEALTH D/B/A ALLIANCE OCCUPATIONAL HEALTH</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$587,090</b>
1		Invoices paid by hospital	09/30/2009	\$2,564
2		Reimbursement of expenses/services	09/30/2009	(\$490,748)
3		Contract Labor from hospital	09/30/2009	\$245,405
4		HCC Plainville Rent due from AOH	09/30/2009	\$215,000
5		CCSMC Plainville rent due from AOH	09/30/2009	(\$2,688)
6		CCSMC FB for EE working @ NBOHC	09/30/2009	\$4,702
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$561,325</b>
<b>M.</b>	<b>SOUTHINGTON CARE CENTER</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>(\$12,032)</b>
1		Sale of Patient/Office Supplies	09/30/2009	\$115
2		Payments for Services	09/30/2009	(\$85)
3		Invoices paid by hospital	09/30/2009	\$22,856
4		Services provided by hospital	09/30/2009	\$5,785
5		Reimbursement of expenses/services	09/30/2009	(\$15,928)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$711</b>
<b>N.</b>	<b>THE JEROME HOME</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>(\$218)</b>
1		Invoices paid by hospital	09/30/2009	\$9,843
2		Transfer of Funds (to SCC from Ctr Healthy Aging)	09/30/2009	\$1,875
3		Reimbursement of expenses/services	09/30/2009	(\$11,110)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$390</b>
<b>O.</b>	<b>THE ORCHARDS AT SOUTHINGTON</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$0</b>
1		Invoices paid by hospital	09/30/2009	\$1,098
2		Reimbursement of expenses/services	09/30/2009	(\$1,098)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$0</b>
<b>P.</b>	<b>VEIN CENTER OF CENTRAL CT, LLC</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>Q.</b>	<b>VNA OF CENTRAL CONNECTICUT</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>(\$22,231)</b>
1		Invoices paid by hospital	09/30/2009	\$32,828
2		Reimbursement of expenses/services	09/30/2009	(\$19,090)
3		Sale of Patient/Office Supplies	09/30/2009	\$3,408
4		Life line revenue due to VNA	09/30/2009	(\$23,120)
5		Administrative Services	09/30/2009	\$7,418
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>(\$20,787)</b>
			<b>Grand Total:</b>	<b>\$1,991,832</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>\$2,629,671</b>
<b>A.</b>	<b>CENTRAL CT HEALTH ALLIANCE</b>		Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2009</b>	<b>\$0</b>
<b>B.</b>	<b>BRADLEY HEALTH SERVICES, INC.</b>		Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2009</b>	<b>\$0</b>
<b>C.</b>	<b>CENCONN SERVICES, INC.</b>				
1		CENTRAL CT HEALTH ALLIANCE	Management Fees	09/30/2009	(\$200,652)
2		CENTRAL CT HEALTH ALLIANCE	Payments	09/30/2009	\$68,838
			<b>Total:</b>	<b>9/30/2009</b>	<b>(\$131,814)</b>
<b>D.</b>	<b>CENTRAL CONNECTICUT SPORTS MEDICINE CENTER, LLC</b>		Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2009</b>	<b>\$0</b>
<b>E.</b>	<b>CENTRAL CT SENIOR HEALTH SERVICES</b>				
1		CENTRAL CT HEALTH ALLIANCE	Management Fees	09/30/2009	(\$248,948)
2		CENTRAL CT HEALTH ALLIANCE	Payments	09/30/2009	\$294,974
3		CENTRAL CT SENIOR HEALTH SERVICES	Beginning Balance	10/01/2008	(\$46,026)
			<b>Total:</b>	<b>9/30/2009</b>	<b>\$0</b>
<b>F.</b>	<b>COMMUNITY MENTAL HEALTH AFFILIATES</b>				
1		COMMUNITY MENTAL HEALTH AFFILIATES	Beginning Balance	10/01/2008	(\$2,750,000)
2		CENTRAL CT HEALTH ALLIANCE	Forgiveness of Debt	09/30/2009	\$105,000
3		CENTRAL CT HEALTH ALLIANCE	Accrued Interest	09/30/2009	\$40,500
4		CENTRAL CT HEALTH ALLIANCE	Payments of Interest	09/30/2009	(\$31,750)
5		CENTRAL CT HEALTH ALLIANCE	Management Fees	09/30/2009	(\$114,338)
6		CENTRAL CT HEALTH ALLIANCE	Payments	09/30/2009	\$95,463
			<b>Total:</b>	<b>9/30/2009</b>	<b>(\$2,655,125)</b>
<b>G.</b>	<b>GRAND INDEMNITY COMPANY, LTD</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
H.	MEDCONN COLLECTION AGENCY LLC				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
I.	MRI OF FARMINGTON AVENUE LLC				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
J.	MULBERRY GARDENS OF SOUTHINGTON, LLC				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
K.	NEW BRITAIN MRI LIMITED PARTNERSHIP				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
L.	NEW BRITAIN OCCUPATIONAL HEALTH D/B/A ALLIANCE OCCUPATIONAL HEALTH				
1		CENTRAL CT SENIOR HEALTH SERVICES	Payments	09/30/2009	\$57,907
2		CENTRAL CT HEALTH ALLIANCE	Management Fees	09/30/2009	(\$36,943)
3		CENTRAL CT HEALTH ALLIANCE	Payments	09/30/2009	\$27,706
4		CENTRAL CONNECTICUT SPORTS MEDICINE CENTER, LLC	Management Fees	09/30/2009	(\$68,507)
5		NEW BRITAIN OCCUPATIONAL HEALTH D/B/A ALLIANCE OCCUPATIONAL HEALTH	Beginning Balance	10/01/2008	(\$74,303)
			Total:	9/30/2009	(\$94,140)
M.	SOUTHINGTON CARE CENTER				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
N.	THE JEROME HOME				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
O.	THE ORCHARDS AT SOUTHINGTON				

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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
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2009</b>	<b>\$0</b>
<b>P.</b>	<b>VEIN CENTER OF CENTRAL CT, LLC</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2009</b>	<b>\$0</b>
<b>Q.</b>	<b>VNA OF CENTRAL CONNECTICUT</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2009</b>	<b>\$0</b>
			<b>Ending Unconsolidated Intercompany Balance</b>	<b>9/30/2009</b>	<b>(\$251,408)</b>

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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. CENTRAL CT HEALTH ALLIANCE</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>B. BRADLEY HEALTH SERVICES, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>C. GENCONN SERVICES, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>D. CENTRAL CONNECTICUT SPORTS MEDICINE CENTER, LLC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>E. CENTRAL CT SENIOR HEALTH SERVICES</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>F. COMMUNITY MENTAL HEALTH AFFILIATES</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>G. GRAND INDEMNITY COMPANY, LTD</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>H. MEDCONN COLLECTION AGENCY LLC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>I. MRI OF FARMINGTON AVENUE LLC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>J. MULBERRY GARDENS OF SOUTHINGTON, LLC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>K. NEW BRITAIN MRI LIMITED PARTNERSHIP</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>L. NEW BRITAIN OCCUPATIONAL HEALTH D/B/A ALLIANCE OCCUPATIONAL HEALTH</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>M. SOUTHINGTON CARE CENTER</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>N. THE JEROME HOME</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>O. THE ORCHARDS AT SOUTHINGTON</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>P. VEIN CENTER OF CENTRAL CT, LLC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>Q. VNA OF CENTRAL CONNECTICUT</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>

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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
	Grand Total:	\$0	9/30/2009

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
<b>A.</b>	<b>CENTRAL CT HEALTH ALLIANCE</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>B.</b>	<b>BRADLEY HEALTH SERVICES, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>C.</b>	<b>CENCONN SERVICES, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>D.</b>	<b>CENTRAL CONNECTICUT SPORTS MEDICINE CENTER, LLC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>E.</b>	<b>CENTRAL CT SENIOR HEALTH SERVICES</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>F.</b>	<b>COMMUNITY MENTAL HEALTH AFFILIATES</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>G.</b>	<b>GRAND INDEMNITY COMPANY, LTD</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>H.</b>	<b>MEDCONN COLLECTION AGENCY LLC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>I.</b>	<b>MRI OF FARMINGTON AVENUE LLC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>J.</b>	<b>MULBERRY GARDENS OF SOUTHINGTON, LLC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	

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(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
K.	<b>NEW BRITAIN MRI LIMITED PARTNERSHIP</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
L.	<b>NEW BRITAIN OCCUPATIONAL HEALTH D/B/A ALLIANCE OCCUPATIONAL HEALTH</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
M.	<b>SOUTHINGTON CARE CENTER</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
N.	<b>THE JEROME HOME</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
O.	<b>THE ORCHARDS AT SOUTHINGTON</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
P.	<b>VEIN CENTER OF CENTRAL CT, LLC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
Q.	<b>VNA OF CENTRAL CONNECTICUT</b>		
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>\$845,950.00</b>	<b>\$711,237.20</b>	<b>(\$134,712.80)</b>	<b>-16%</b>
1	Donations	\$1,573.81	\$2,646.79	\$1,072.98	68%
2	Income	\$33,333.53	\$37,025.13	\$3,691.60	11%
3	Expenditures	\$29,340.00	\$0.00	(\$29,340.00)	-100%
4	Unrealized Gains and Losses	(\$140,280.14)	\$1,099.98	\$141,380.12	-101%
	<b>Ending Balance</b>	<b>\$711,237.20</b>	<b>\$752,009.10</b>	<b>\$40,771.90</b>	<b>6%</b>
5	Projected Interest Income	\$22,000.00	\$40,000.00	\$18,000.00	82%
<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 <b>(FULL NAME)</b>	Amount
<b>1. Number of Applications for Hospital Bed Funds</b>		<b>1,274</b>
<b>2. A. Number of Patients receiving Hospital Bed Fund Grants</b>		<b>0</b>
<b>2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F</b>		<b>\$0.00</b>
<b>Grand Total</b>		<b>\$0.00</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.				
	General Free Bed Fund	\$525,282.83	\$25,697.13	\$0.00	\$25,697.13
	Childrens Free Bed Fund	\$111,499.51	\$5,573.33	\$0.00	\$5,573.33
	Quigley Memorial Fund	\$74,760.60	\$3,741.57	\$0.00	\$3,741.57
	Childrens Free Bed Fund	\$40,465.61	\$2,013.10	\$0.00	\$2,013.10
	<b>Total Bed Funds :</b>	<b>\$752,008.55</b>	<b>\$37,025.13</b>	<b>\$0.00</b>	<b>\$37,025.13</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	Accounts are selected based on the following criteria: 1. Bal is patients responsibility 2. Payment in full has not been received during the 3 statement cycle (90 days) 3. Acct bal is >\$14.99 4. Acct bal is <\$5,000 5. Acct bal >\$5,000 must have appropriate administration approval
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	1. The hospital reimburses the collection agency a percentage of the amount collected. 2. The hospital reimburses the collection agency through the monthly invoice. The invoice includes the total amount collected. 3. The hospital reimburses the agency based on the fee.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	6.90%
<b>II. SPECIFIC COLLECTION AGENT INFORMATION</b>		
<b>Collection Agent</b>		
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 selected based on the following criteria: 1. Bal is patients responsibility 2. Payment in full has not been received during the 3 statement cycle (90 days) 3. Acct bal is >\$14.99 4. Acct bal is <\$5,000 5. Acct bal >\$5,000 must have appropriate administration approval
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.	1. The hospital reimburses the collection agency a percentage of the amount collected. 2. The hospital reimburses the collection agency through the monthly invoice. The invoice includes the total amount collected. 3. The hospital reimburses the agency based on the fee.

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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.	6.10%
	<b>Collection Agent</b>	
1	Collection Agent Name	Tobin Carberry OMalley Riley
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.	Accounts are selected based on the following criteria: 1. Bal is patients responsibility 2. Payment in full has not been received during the 3 statement cycle (90 days) 3. Acct bal is >\$14.99 4. Acct bal is <\$5,000 5. Acct bal >\$5,000 must have appropriate administration approval
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.	1. The hospital reimburses the collection agency a percentage of the amount collected. 2. The hospital reimburses the collection agency through the monthly invoice. The invoice includes the total amount collected. 3. The hospital reimburses the agency based on the fee.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	32.60%

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

<b>LINE</b>	<b>POSITION TITLE</b>	<b>SALARY</b>	<b>FRINGE BENEFITS</b>	<b>TOTAL</b>
1.	Chief Executive Officer	\$2,783,155	\$68,065	\$2,851,220
2.	Senior Vice President of Medical Affairs	\$514,384	\$137,914	\$652,298
3.	Chief of Pediatrics	\$493,347	\$70,224	\$563,571
4.	Chief Financial Officer	\$518,769	\$28,826	\$547,595
5.	Chief Emergency Room Physician	\$381,880	\$93,894	\$475,774
6.	Chief Operating Officer	\$440,621	\$14,164	\$454,785
7.	Hospitalist	\$388,412	\$27,048	\$415,460
8.	Chief of Medicine	\$343,613	\$67,601	\$411,214
9.	Director of Cardiology	\$352,340	\$30,150	\$382,490
10.	Medical Director BMH ED	\$330,771	\$34,018	\$364,789
	<b>Grand Total:</b>	<b>\$6,547,292</b>	<b>\$571,904</b>	<b>\$7,119,196</b>

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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 . CENTRAL CT HEALTH ALLIANCE</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$96,034	\$26,889	\$122,923
2	Paid by the Hospital to Employees of the Entity Listed Above	\$1,212,293	\$98,594	\$1,310,887
<b>B . BRADLEY HEALTH 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>C . CENCONN SERVICES, INC.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$115,988	\$30,877	\$146,865
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>D . CENTRAL CONNECTICUT SPORTS MEDICINE 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	\$1,271,692	\$470,352	\$1,742,044
<b>E . CENTRAL CT SENIOR HEALTH SERVICES</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 . COMMUNITY MENTAL HEALTH AFFILIATES</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	\$36,400	\$7,280	\$43,680
<b>G . GRAND 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>H . MEDCONN COLLECTION AGENCY 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>I . MRI OF FARMINGTON AVENUE 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>J . MULBERRY GARDENS OF SOUTHINGTON, 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>K . NEW BRITAIN MRI LIMITED 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	\$649,492	\$129,898	\$779,390
<b>L . NEW BRITAIN OCCUPATIONAL HEALTH D/B/A ALLIANCE OCCUPATIONAL HEALTH</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$198,858	\$46,546	\$245,404
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>M . SOUTHINGTON CARE CENTER</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 . THE JEROME HOME</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 . THE ORCHARDS AT SOUTHINGTON</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>P . VEIN CENTER OF CENTRAL CT, 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

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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
Q .	<b>VNA OF CENTRAL CONNECTICUT</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.*

*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.*

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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

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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	1,283	1,274	(9)	-1%
2.	Number of Approved Applicants	495	370	(125)	-25%
3.	Total Charges (A)	\$9,126,298	\$7,075,484	(\$2,050,814)	-22%
	<b>Average Charges</b>	<b>\$18,437</b>	<b>\$19,123</b>	<b>\$686</b>	<b>4%</b>
4.	Ratio of Cost to Charges (RCC)	0.386156	0.386012	(0.000144)	0%
	<b>Total Cost</b>	<b>\$3,524,175</b>	<b>\$2,731,222</b>	<b>(\$792,953)</b>	<b>-23%</b>
	<b>Average Cost</b>	<b>\$7,120</b>	<b>\$7,382</b>	<b>\$262</b>	<b>4%</b>
5.	Charity Care - Inpatient Charges	\$4,739,145	\$3,715,425	(\$1,023,720)	-22%
6.	Charity Care - Outpatient Emergency Department Charges	2,346,591	1,400,062	(946,529)	-40%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	2,040,562	1,959,997	(80,565)	-4%
	<b>Total Charges (A)</b>	<b>\$9,126,298</b>	<b>\$7,075,484</b>	<b>(\$2,050,814)</b>	<b>-22%</b>
8.	Charity Care - Number of Patient Days	11,921	9,502	(2,419)	-20%
9.	Charity Care - Number of Discharges	2,128	1,620	(508)	-24%
10.	Charity Care - Number of Outpatient ED Visits	5,193	3,078	(2,115)	-41%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	16,935	5,294	(11,641)	-69%
<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	1,283	1,274	(9)	-1%
2.	Number of Approved Applicants	12	-	(12)	-100%
3.	Total Charges (B)	\$29,340	\$0	(\$29,340)	-100%
	<b>Average Charges</b>	<b>\$2,445</b>	<b>\$0</b>	<b>(\$2,445)</b>	<b>-100%</b>
4.	Ratio of Cost to Charges (RCC)	0.36156	0.386012	0.024452	7%
	<b>Total Cost</b>	<b>\$10,608</b>	<b>\$0</b>	<b>(\$10,608)</b>	<b>-100%</b>
	<b>Average Cost</b>	<b>\$884</b>	<b>\$0</b>	<b>(\$884)</b>	<b>-100%</b>
5.	Bed Funds - Inpatient Charges	\$3,502	\$0	(\$3,502)	-100%
6.	Bed Funds - Outpatient Emergency Department Charges	8,875	0	(8,875)	-100%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	16,963	0	(16,963)	-100%
	<b>Total Charges (B)</b>	<b>\$29,340</b>	<b>\$0</b>	<b>(\$29,340)</b>	<b>-100%</b>
8.	Bed Funds - Number of Patient Days	12	0	(12)	-100%
9.	Bed Funds - Number of Discharges	4	0	(4)	-100%
10.	Bed Funds - Number of Outpatient ED Visits	15	0	(15)	-100%
11.	Bed Funds - Number of Outpatient Visits (Excludes ED Visits)	61	0	(61)	-100%
<b>(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.</b>					