

BRISTOL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2010
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
A. AFFILIATE NAME		
		BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.
1	Affiliate Description	BH&HCG IS THE PARENT CORPORATION.
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	Brewster Road
5	Town	Bristol
6	State	Connecticut
7	Zip Code	06011 -
8	CEO Name	Kurt Barwis
9	CEO Title	President
10	CT Agent Name	Kurt Barwis
11	CT Agent Company	Bristol Hospital, Inc.
12	CT Agent Company Street Address	Brewster Rd
13	CT Agent Town	Bristol
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06010 -
B. AFFILIATE NAME		
		BRISTOL HEALTH CARE INC.
1	Affiliate Description	BRISTOL HEALTH CARE PROVIDES LONG TERM CARE AND ADULT DAY CARE SERVICES.
2	Affiliate type of service	Long Term Care
3	Tax Status	Not for Profit
4	Street Address	400 North Main Street
5	Town	Bristol
6	State	Connecticut
7	Zip Code	06010 -
8	CEO Name	Kurt Barwis
9	CEO Title	President
10	CT Agent Name	Kurt Barwis
11	CT Agent Company	Bristol Hospital, Inc.
12	CT Agent Company Street Address	Brewster Rd
13	CT Agent Town	Bristol
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06010 -
C. AFFILIATE NAME		
		BRISTOL HEALTH SERVICES, INC.
1	Affiliate Description	HOLDING COMPANY FOR EMS AND CCMM.
2	Affiliate type of service	Other HealthCare Svcs(Specify)
3	Tax Status	Not for Profit
4	Street Address	Brewster Road
5	Town	Bristol
6	State	Connecticut
7	Zip Code	06011 -
8	CEO Name	Kurt Bawis
9	CEO Title	President
10	CT Agent Name	Kurt Barwis
11	CT Agent Company	Bristol Hospital, Inc.
12	CT Agent Company Street Address	Brewster Road
13	CT Agent Town	Bristol
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06010 -
D. AFFILIATE NAME		
		BRISTOL HOSPITAL DEVELOPMENT FOUNDATION, INC.
1	Affiliate Description	BRISTOL HOSPITAL DEVELOPMENT FOUNDATION PROVIDES FUND RAISING AND MANAGEMENT SERVICES.
2	Affiliate type of service	Fund Raising/Management
3	Tax Status	Not for Profit

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
4	Street Address	Brewster Road
5	Town	Bristol
6	State	Connecticut
7	Zip Code	06011 -
8	CEO Name	Kurt Barwis
9	CEO Title	President
10	CT Agent Name	Kurt Barwis
11	CT Agent Company	Bristol Hospital, Inc.
12	CT Agent Company Street Address	Brewster Rd
13	CT Agent Town	Bristol
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06010 -
E. AFFILIATE NAME		
AFFILIATE NAME		BRISTOL HOSPITAL EMS, LLC.
1	Affiliate Description	EMS-AMBULANCE SERVICE
2	Affiliate type of service	Other HealthCare Svcs(Specify)
3	Tax Status	For Profit
4	Street Address	Brewster Road
5	Town	Bristol
6	State	Connecticut
7	Zip Code	06011 -
8	CEO Name	Kurt Barwis
9	CEO Title	President
10	CT Agent Name	Kurt Barwis
11	CT Agent Company	Bristol Hospital, Inc.
12	CT Agent Company Street Address	Brewster Road
13	CT Agent Town	Bristol
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06010 -
F. AFFILIATE NAME		
AFFILIATE NAME		BRISTOL MSO, LLC
1	Affiliate Description	PROVIDES RADIOLOGY SERVICE
2	Affiliate type of service	Imaging Services
3	Tax Status	For Profit
4	Street Address	Brewster Rd
5	Town	Bristol
6	State	Connecticut
7	Zip Code	06010 -
8	CEO Name	John Walker MD
9	CEO Title	President
10	CT Agent Name	Kurt Barwis
11	CT Agent Company	Radiologic Associates, PC
12	CT Agent Company Street Address	Brewtser Rd
13	CT Agent Town	Bristol
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06010 -
G. AFFILIATE NAME		
AFFILIATE NAME		BRISTOL PSYCHIATRIC SERVICES, P.C.
1	Affiliate Description	PROVIDES PSYCHIATRIC SERVICES
2	Affiliate type of service	Mental Health Services
3	Tax Status	For Profit
4	Street Address	240 Main Street
5	Town	Bristol
6	State	Connecticut
7	Zip Code	06010 -
8	CEO Name	Stephen J. Kaye, MD
9	CEO Title	President
10	CT Agent Name	Kurt Barwis
11	CT Agent Company	Bristol Hospital, Inc.

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
12	CT Agent Company Street Address	Brewster Road
13	CT Agent Town	Bristol
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06010 -
H. AFFILIATE NAME		
		CENTRAL CONNECTICUT ENDOSCOPY CENTER, LLC
1	Affiliate Description	Provide Endoscopy Services
2	Affiliate type of service	Ambulatory Services
3	Tax Status	For Profit
4	Street Address	40 Hart Street
5	Town	New Britain
6	State	Connecticut
7	Zip Code	06052 -
8	CEO Name	Mark R. Versland, MD
9	CEO Title	Manager
10	CT Agent Name	Mark F. Korber
11	CT Agent Company	MCR&P Service Corporation
12	CT Agent Company Street Address	185 Asylum Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 3469
I. AFFILIATE NAME		
		CENTRAL CONNECTICUT MEDICAL MANAGEMENT, INC
1	Affiliate Description	CCMM PROVIDES PHYSICIAN MSO AND PHYSICIAN BILLING
2	Affiliate type of service	Managed Services Org. (MSO)
3	Tax Status	For Profit
4	Street Address	240 Main Street
5	Town	Bristol
6	State	Connecticut
7	Zip Code	06010 -
8	CEO Name	Kurt Barwis
9	CEO Title	President
10	CT Agent Name	Kurt Barwis
11	CT Agent Company	Bristol Hospital, Inc.
12	CT Agent Company Street Address	Brewster Rd
13	CT Agent Town	Bristol
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06010 -
J. AFFILIATE NAME		
		COLLABORATIVE LABORATORY SERVICES, LLC
1	Affiliate Description	TO PROVIDE LABORATORY SERVICES
2	Affiliate type of service	Lab
3	Tax Status	For Profit
4	Street Address	1000 Asylum Avenue
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06105 -
8	CEO Name	Ronald LaPensee
9	CEO Title	Chairman
10	CT Agent Name	David C. Stone
11	CT Agent Company	Collaborative Laboratory Services, LLC
12	CT Agent Company Street Address	114 Woodland Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06105 -
K. AFFILIATE NAME		
		CONNECTICUT OCCUPATIONAL MEDICAL PARTNERS
1	Affiliate Description	Manage and Market Occupational Health Services

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
2	Affiliate type of service	Occupational Health
3	Tax Status	For Profit
4	Street Address	1000 Asylum Avenue
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06105 -
8	CEO Name	Hunter Giroux
9	CEO Title	President
10	CT Agent Name	Hunter Giroux
11	CT Agent Company	Connecticut Occupational Medical Partners
12	CT Agent Company Street Address	1000 Asylum Avenue
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06105 -
L. AFFILIATE NAME		
AFFILIATE NAME		GREATER BRISTOL PRIMARY CARE GROUP, P.C.
1	Affiliate Description	PROVIDES PHYSICIAN SERVICES
2	Affiliate type of service	Physicians Services
3	Tax Status	For Profit
4	Street Address	240 Main Street
5	Town	Bristol
6	State	Connecticut
7	Zip Code	06010 -
8	CEO Name	Stephen J. Kaye, MD
9	CEO Title	President
10	CT Agent Name	Kurt Barwis
11	CT Agent Company	Bristol Hospital, Inc.
12	CT Agent Company Street Address	Brewster Road
13	CT Agent Town	Bristol
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06010 -
M. AFFILIATE NAME		
AFFILIATE NAME		HEALTH CONNECTICUT
1	Affiliate Description	Service Company
2	Affiliate type of service	Managed Care
3	Tax Status	For Profit
4	Street Address	110 Barnes Road, Box 1802
5	Town	Wallingford
6	State	Connecticut
7	Zip Code	06492 - 1802
8	CEO Name	Thomas D. Kennedy
9	CEO Title	CEO
10	CT Agent Name	Thomas D. Kennedy
11	CT Agent Company	Health Connecticut
12	CT Agent Company Street Address	110 Barnes Road, Box 1802
13	CT Agent Town	Wallingford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06492 - 1802
N. AFFILIATE NAME		
AFFILIATE NAME		MED-HELP, INC.
1	Affiliate Description	PROVIDES MEDICAL CLINIC/URGENT CARE SERVICES
2	Affiliate type of service	Physicians Services
3	Tax Status	For Profit
4	Street Address	240 Main Street
5	Town	Bristol
6	State	Connecticut
7	Zip Code	06010 -
8	CEO Name	Stephen J. Kaye, MD
9	CEO Title	President

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
10	CT Agent Name	Kurt Barwis
11	CT Agent Company	Bristol Hospital, Inc
12	CT Agent Company Street Address	Brewster Road
13	CT Agent Town	Bristol
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06010 -
O.	AFFILIATE NAME	MEDCONN COLLECTION AGENCY, LLC
1	Affiliate Description	COLLECTION AGENCY
2	Affiliate type of service	Collection Agency
3	Tax Status	For Profit
4	Street Address	2049 Silas Deane Highway, 3rd
5	Town	Rocky Hill
6	State	Connecticut
7	Zip Code	06067 -
8	CEO Name	Daniel Cass
9	CEO Title	Executive Director
10	CT Agent Name	Stephen J. Anderson
11	CT Agent Company	MedConn Collection Agency
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 -
P.	AFFILIATE NAME	MEDWORKS, LLC
1	Affiliate Description	PROVIDES OCCUPATIONAL HEALTH SERVICES.
2	Affiliate type of service	Occupational Health
3	Tax Status	For Profit
4	Street Address	375 E. Cedar Street
5	Town	Newington
6	State	Connecticut
7	Zip Code	06111 -
8	CEO Name	Hunter Giroux
9	CEO Title	President & CEO
10	CT Agent Name	David C. Stone
11	CT Agent Company	Medworks, LLC
12	CT Agent Company Street Address	114 Woodland Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06105 -
Q.	AFFILIATE NAME	TOTAL LAUNDRY COLLABORATIVE, LLC
1	Affiliate Description	Provide laundry services to Members, Members' Affiliates, and others.
2	Affiliate type of service	Affiliate Support Services
3	Tax Status	For Profit
4	Street Address	114 Woodland Street
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06105 -
8	CEO Name	David Crowell
9	CEO Title	Cheif Operating Officer
10	CT Agent Name	Teresa M. Bolton
11	CT Agent Company	Total Laundry Collaborative, LLC
12	CT Agent Company Street Address	114 Woodland Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06105 -

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

**BRISTOL HOSPITAL
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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2010
A. BRISTOL HOSPITAL			
1		Unrestricted	\$755,592
2		Temporarily Restricted by Donor	\$800,850
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$6,664,091
5		Intercompany Eliminations	\$0
		Total:	\$8,220,533
B. BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.			
1		Unrestricted	\$14,964,776
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$21,032,727)
		Total:	(\$6,067,951)
C. BRISTOL HEALTH CARE INC.			
1		Unrestricted	(\$494,849)
2		Temporarily Restricted by Donor	\$60,612
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$434,237)
D. BRISTOL HEALTH SERVICES, INC.			
1		Unrestricted	\$1,844,533
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,844,533
E. BRISTOL HOSPITAL DEVELOPMENT FOUNDATION, INC.			
1		Unrestricted	\$4,849,743
2		Temporarily Restricted by Donor	\$1,071,622
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$5,921,365
F. BRISTOL HOSPITAL EMS, LLC.			
1		Unrestricted	\$1,218,171
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,218,171
G. BRISTOL MSO, LLC			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2010
	H. BRISTOL PSYCHIATRIC SERVICES, P.C.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	I. CENTRAL CONNECTICUT ENDOSCOPY CENTER, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	J. CENTRAL CONNECTICUT MEDICAL MANAGEMENT, INC		
1		Unrestricted	\$626,362
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$626,362
	K. COLLABORATIVE LABORATORY SERVICES, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	L. CONNECTICUT OCCUPATIONAL MEDICAL PARTNERS		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	M. GREATER BRISTOL PRIMARY CARE GROUP, P.C.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	N. HEALTH CONNECTICUT		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2010
	O. MED-HELP, INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	P. MEDCONN COLLECTION AGENCY, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	Q. MEDWORKS, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	R. TOTAL LAUNDRY COLLABORATIVE, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$32,361,503
	Intercompany Eliminations		(\$21,032,727)
	Total of all Affiliates	Fund Balance:	\$11,328,776

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
A.	BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$7,239,260
1		Net Asset Transfer	09/30/2010	\$981,273
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$8,220,533
B.	BRISTOL HEALTH CARE INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$982,430
1		Payments	09/30/2010	(\$1,050,506)
2		Sale of Services	09/30/2010	\$415,565
3		Interest	09/30/2010	\$763,887
4		Employee Benefits	09/30/2010	\$68,156
5		Rent	09/30/2010	(\$28,644)
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$1,150,888
C.	BRISTOL HEALTH SERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
D.	BRISTOL HOSPITAL DEVELOPMENT FOUNDATION, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$4,320,492
1		Payments	09/30/2010	(\$152,277)
2		Interest	09/30/2010	\$175,134
3		Rent	09/30/2010	\$6,000
4		Salaries & Benefits	09/30/2010	\$316,314
5		Purchase of Services	09/30/2010	\$182,339
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$4,848,002
E.	BRISTOL HOSPITAL EMS, LLC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$43,299
1		Rent	09/30/2010	\$46,801
2		Purchase of Services	09/30/2010	\$92
3		Payments	09/30/2010	(\$116,378)
4		Salaries & Benefits	09/30/2010	\$99,506
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$73,320
F.	BRISTOL MSO, LLC			

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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
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
G.	BRISTOL PSYCHIATRIC SERVICES, P.C.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
H.	CENTRAL CONNECTICUT ENDOSCOPY CENTER, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
I.	CENTRAL CONNECTICUT MEDICAL MANAGEMENT, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
J.	COLLABORATIVE LABORATORY SERVICES, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
K.	CONNECTICUT OCCUPATIONAL MEDICAL PARTNERS			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
L.	GREATER BRISTOL PRIMARY CARE GROUP, P.C.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
M.	HEALTH CONNECTICUT			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		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
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
N.	MED-HELP, INC.	Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
O.	MEDCONN COLLECTION AGENCY, LLC	Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
P.	MEDWORKS, LLC	Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
Q.	TOTAL LAUNDRY COLLABORATIVE, LLC	Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
			Grand Total:	\$14,292,743

BRISTOL HOSPITAL
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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated Intercompany Balance	10/01/2009	\$6,338,563
A.	BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.				
1		BRISTOL HOSPITAL EMS, LLC.	Parent Company Investment in Subsidiary Net Assets	09/30/2010	\$399,444
2		BRISTOL HOSPITAL DEVELOPMENT FOUNDATION, INC.	Parent Company Investment in Subsidiary Net Assets	09/30/2010	\$888,237
3		BRISTOL HEALTH CARE INC.	Parent Company Investment in Subsidiary Net Assets	09/30/2010	\$324,985
4		BRISTOL HEALTH SERVICES, INC.	Parent Company Investment in Subsidiary Net Assets	09/30/2010	\$598,601
			Total:	9/30/2010	\$2,211,267
B.	BRISTOL HEALTH CARE INC.				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
C.	BRISTOL HEALTH SERVICES, INC.				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
D.	BRISTOL HOSPITAL DEVELOPMENT FOUNDATION, INC.				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
E.	BRISTOL HOSPITAL EMS, LLC.				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
F.	BRISTOL MSO, LLC				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
G.	BRISTOL PSYCHIATRIC SERVICES, P.C.				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0

BRISTOL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2010
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.	CENTRAL CONNECTICUT ENDOSCOPY CENTER, LLC				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
I.	CENTRAL CONNECTICUT MEDICAL MANAGEMENT, INC				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
J.	COLLABORATIVE LABORATORY SERVICES, LLC				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
K.	CONNECTICUT OCCUPATIONAL MEDICAL PARTNERS				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
L.	GREATER BRISTOL PRIMARY CARE GROUP, P.C.				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
M.	HEALTH CONNECTICUT				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
N.	MED-HELP, INC.				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
O.	MEDCONN COLLECTION AGENCY, LLC				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
P.	MEDWORKS, LLC				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
Q.	TOTAL LAUNDRY COLLABORATIVE, LLC				

BRISTOL HOSPITAL
 ANNUAL REPORTING
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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
			Total:	9/30/2010	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2010	\$8,549,830

**BRISTOL HOSPITAL
ANNUAL REPORTING
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REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
	A. BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	B. BRISTOL HEALTH CARE INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	C. BRISTOL HEALTH SERVICES, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	D. BRISTOL HOSPITAL DEVELOPMENT FOUNDATION, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	E. BRISTOL HOSPITAL EMS, LLC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	F. BRISTOL MSO, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	G. BRISTOL PSYCHIATRIC SERVICES, P.C.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	H. CENTRAL CONNECTICUT ENDOSCOPY CENTER, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	I. CENTRAL CONNECTICUT MEDICAL MANAGEMENT, INC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	J. COLLABORATIVE LABORATORY SERVICES, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	K. CONNECTICUT OCCUPATIONAL MEDICAL PARTNERS		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	L. GREATER BRISTOL PRIMARY CARE GROUP, P.C.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	M. HEALTH CONNECTICUT		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	N. MED-HELP, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	O. MEDCONN COLLECTION AGENCY, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	P. MEDWORKS, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	Q. TOTAL LAUNDRY COLLABORATIVE, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010

**BRISTOL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2010**

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	9/30/2010

**BRISTOL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2010
REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
A.	BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
B.	BRISTOL HEALTH CARE INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	BRISTOL HEALTH SERVICES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	BRISTOL HOSPITAL DEVELOPMENT FOUNDATION, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	BRISTOL HOSPITAL EMS, LLC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	BRISTOL MSO, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	BRISTOL PSYCHIATRIC SERVICES, P.C.		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	CENTRAL CONNECTICUT ENDOSCOPY CENTER, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
I.	CENTRAL CONNECTICUT MEDICAL MANAGEMENT, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	COLLABORATIVE LABORATORY SERVICES, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
K.	CONNECTICUT OCCUPATIONAL MEDICAL PARTNERS		

**BRISTOL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2010
REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
0	Nothing to Report	\$0	0
	Total:	\$0	
L.	GREATER BRISTOL PRIMARY CARE GROUP, P.C.		
0	Nothing to Report	\$0	0
	Total:	\$0	
M.	HEALTH CONNECTICUT		
0	Nothing to Report	\$0	0
	Total:	\$0	
N.	MED-HELP, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
O.	MEDCONN COLLECTION AGENCY, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
P.	MEDWORKS, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
Q.	TOTAL LAUNDRY COLLABORATIVE, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

**BRISTOL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2010
REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR
INDIGENT CARE AND FREE BEDS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Indigent Care					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
B. Free Beds					
	Beginning Balance	\$1,368,741.00	\$1,261,506.00	(\$107,235.00)	-8%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$23,382.00	\$13,854.00	(\$9,528.00)	-41%
3	Expenditures	\$3,370.00	\$0.00	(\$3,370.00)	-100%
4	Unrealized Gains and Losses	(\$127,247.00)	\$114,688.00	\$241,935.00	-190%
	Ending Balance	\$1,261,506.00	\$1,390,048.00	\$128,542.00	10%
5	Projected Interest Income	\$25,000.00	\$20,000.00	(\$5,000.00)	-20%
C. Other					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

BRISTOL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2010
REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR
INDIGENT CARE AND FREE BEDS

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

BRISTOL HOSPITAL		
ANNUAL REPORTING		
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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
<u>Patient</u>	Name of Hospital Bed Fund (<u>FULL NAME</u>)	Amount
1.Number of Applications for Hospital Bed Funds		0
2. A. Number of Patients receiving Hospital Bed Fund Grants		0
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$0.00
Grand Total		\$0.00

BRISTOL HOSPITAL					
ANNUAL REPORTING					
FISCAL YEAR 2010					
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				
(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.				
	Meader Fund	\$1,390,048.00	\$143,339.00	\$128,542.00	\$14,797.00
	Total Bed Funds :	\$1,390,048.00	\$143,339.00	\$128,542.00	\$14,797.00

**BRISTOL HOSPITAL
ANNUAL REPORTING
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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I. GENERAL COLLECTION PROCESSES AND PROCEDURES		
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	Patients who have not paid their balances or complied with payment agreements following 60 days of prior activity will be referred to a collection agency. Patient account balances deemed delinquent by Bristol Hospital will be referred to an agency on a monthly basis.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	24% on Regular Accounts, 40% on Legal Accounts, 50% on Out of State Legal Accounts, 25% on Medicare Accounts, 14% on Compensation Accounts.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	6.00%
II. SPECIFIC COLLECTION AGENT INFORMATION		
Collection Agent		
1	Collection Agent Name	American Adjustment Bureau
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Each monthly referral will consist of the accounts in common categories and will encompass accounts with patients last names beginning with the letter A through Z totaling 10% of total dollars deemed delinquent in Hospital 1.
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.	25% on Regular Accounts, 40% on Legal Accounts, 50% on Out of State Legal Accounts, 25% on Medicare Accounts.

**BRISTOL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2010**

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.	7.37%
	Collection Agent	
1	Collection Agent Name	MedConn Collection Agency, LLC
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.	Each Monthly referral will consist of the accounts in common categories and will encompass accounts with patients last names beginning with the letters A through Z totaling 90% of dollars deemed delinquent in Hospital I and 100% of total dollars deemed delinquent in Hospital II.
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.	24% on Regular Accounts, 40% on Legal Accounts, 50% on Out of State Legal Accounts, 14% on Compensation Accounts.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	4.52%

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

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	President & CEO	\$407,899	\$33,922	\$441,821
2.	Sr. Vice President, Chief Medical Officer	\$322,518	\$30,669	\$353,187
3.	Sr. Vice President/ CFO	\$303,081	\$28,775	\$331,856
4.	Vice President of Operations	\$205,215	\$21,961	\$227,176
5.	Staff Psychiatrist	\$183,500	\$23,227	\$206,727
6.	Assistant Vice President, Information Services	\$152,705	\$28,075	\$180,780
7.	Assistant Vice President, Chief Development Office	\$132,176	\$16,938	\$149,114
8.	Assistant Vice President, Human Resources	\$134,658	\$11,364	\$146,022
9.	Manager of Applications & Programming	\$118,932	\$26,843	\$145,775
10.	Clinical Staff Pharmacist	\$121,435	\$21,987	\$143,422
	Grand Total:	\$2,082,119	\$243,761	\$2,325,880

**BRISTOL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2010
REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directly or Indirectly) ^C	TOTAL
A . BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
B . BRISTOL HEALTH CARE INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
C . BRISTOL HEALTH SERVICES, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
D . BRISTOL HOSPITAL DEVELOPMENT FOUNDATION, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
E . BRISTOL HOSPITAL EMS, LLC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F . BRISTOL MSO, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
G . BRISTOL PSYCHIATRIC SERVICES, P.C.				
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
H . CENTRAL CONNECTICUT ENDOSCOPY CENTER, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
I . CENTRAL CONNECTICUT MEDICAL MANAGEMENT, INC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
J . COLLABORATIVE LABORATORY SERVICES, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$1,456,642	\$399,591	\$1,856,233
K . CONNECTICUT OCCUPATIONAL MEDICAL PARTNERS				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
L . GREATER BRISTOL PRIMARY CARE GROUP, P.C.				
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
M . HEALTH CONNECTICUT				
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
N . MED-HELP, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
O . MEDCONN COLLECTION AGENCY, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
P . MEDWORKS, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Q . TOTAL LAUNDRY COLLABORATIVE, LLC				

**BRISTOL HOSPITAL
ANNUAL REPORTING
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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

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

**BRISTOL HOSPITAL
ANNUAL REPORTING
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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 2010
A	Transfer of Assets or Operations	
1.	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

BRISTOL HOSPITAL					
ANNUAL REPORTING					
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REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	310	122	(188)	-61%
2.	Number of Approved Applicants	271	113	(158)	-58%
3.	Total Charges (A)	\$558,883	\$259,103	(\$299,780)	-54%
	Average Charges	\$2,062	\$2,293	\$231	11%
4.	Ratio of Cost to Charges (RCC)	0.327496	0.357001	0.029505	9%
	Total Cost	\$183,032	\$92,500	(\$90,532)	-49%
	Average Cost	\$675	\$819	\$143	21%
5.	Charity Care - Inpatient Charges	\$311,902	\$112,925	(\$198,977)	-64%
6.	Charity Care - Outpatient Emergency Department Charges	98,235	39,134	(59,101)	-60%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	148,746	107,044	(41,702)	-28%
	Total Charges (A)	\$558,883	\$259,103	(\$299,780)	-54%
8.	Charity Care - Number of Patient Days	64	15	(49)	-77%
9.	Charity Care - Number of Discharges	14	7	(7)	-50%
10.	Charity Care - Number of Outpatient ED Visits	97	43	(54)	-56%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	251	130	(121)	-48%
(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.					
B. Hospital Bed Funds (see Hospital Reporting System - Report 17)					
1.	Number of Applicants	5	-	(5)	-100%
2.	Number of Approved Applicants	5	-	(5)	-100%
3.	Total Charges (B)	\$3,370	\$0	(\$3,370)	-100%
	Average Charges	\$674	\$0	(\$674)	-100%
4.	Ratio of Cost to Charges (RCC)	0.327496	0.357001	0.029505	9%
	Total Cost	\$1,104	\$0	(\$1,104)	-100%
	Average Cost	\$221	\$0	(\$221)	-100%
5.	Bed Funds - Inpatient Charges	\$0	\$0	\$0	0%
6.	Bed Funds - Outpatient Emergency Department Charges	2,585	0	(2,585)	-100%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	785	0	(785)	-100%
	Total Charges (B)	\$3,370	\$0	(\$3,370)	-100%
8.	Bed Funds - Number of Patient Days	0	0	0	0%
9.	Bed Funds - Number of Discharges	0	0	0	0%
10.	Bed Funds - Number of Outpatient ED Visits	2	0	(2)	-100%
11.	Bed Funds - Number of Outpatient Visits (Excludes ED Visits)	3	0	(3)	-100%
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.					