

NEW MILFORD 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		
		WESTERN CONNECTICUT HEALTHCARE INC.
1	Affiliate Description	PARENT CORP. MANAGING EMPLOYEE BENEFIT PLANS, PLANNING, POLICIES
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	95 Locust Ave
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	Dr John Murphy
9	CEO Title	President & Chief Executive Officer
10	CT Agent Name	Joseph Campbell
11	CT Agent Company	Danbury Hospital
12	CT Agent Company Street Address	24 Hospital Ave
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
B. AFFILIATE NAME		
		BUSINESS SYSTEMS, INC.
1	Affiliate Description	PROVIDES PROPERTY MANAGEMENT, RETAIL PHARMACY SERVICES
2	Affiliate type of service	Pharmacy
3	Tax Status	For Profit
4	Street Address	95 Locust Avenue
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	Dr John Murphy
9	CEO Title	President & Chief Executive Officer
10	CT Agent Name	Joseph Campbell
11	CT Agent Company	Danbury Hospital
12	CT Agent Company Street Address	24 Hospital Ave.
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
C. AFFILIATE NAME		
		DANBURY HEALTH SYSTEMS INSURANCE CO LTD.
1	Affiliate Description	A CAPTIVE INSURANCE COMPANY DOMICILED IN THE CAYMAN ISLANDS TO PROVIDE ALTERNATIVE PROFESSIONAL LIABILITY INSURANCE.
2	Affiliate type of service	Insurance
3	Tax Status	For Profit
4	Street Address	10 Main St. P.O. Box 1051GT
5	Town	Grand Cayman
6	State	Cayman Islands
7	Zip Code	00000 -
8	CEO Name	Dr John Murphy
9	CEO Title	President & Chief Executive Officer
10	CT Agent Name	Julie Robertson
11	CT Agent Company	Honigman, Miller, Schwarta & Cohn, LLP
12	CT Agent Company Street Address	2290 First National Building
13	CT Agent Town	Detroit
14	CT Agent State	Michigan
15	CT Agent Zip Code	48226 -
D. AFFILIATE NAME		
		DANBURY HEALTHCARE AFFILIATES, INC.
1	Affiliate Description	Provides support for employee and corporate health management, Danbury Diagnostic Imaging, Ridgefield Diagnostic Imaging and EMT and Ambulance Services
2	Affiliate type of service	Affiliate Support Services
3	Tax Status	Not for Profit

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LINE	DESCRIPTION	AFFILIATE INFORMATION
4	Street Address	95 Locust Avenue
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	Dr. John Murphy
9	CEO Title	President & Chief Executive Officer
10	CT Agent Name	Joseph Campbell
11	CT Agent Company	Danbury Hospital
12	CT Agent Company Street Address	24 Hospital Ave.
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
E. AFFILIATE NAME		
AFFILIATE NAME		DANBURY HOSPITAL
1	Affiliate Description	ACUTE CARE HOSPITAL PROVIDING INPATIENT AND OUTPATIENT SERVICES
2	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	24 Hospital Avenue
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	Dr. John Murphy
9	CEO Title	Chief Executive Officer
10	CT Agent Name	Joseph Campbell
11	CT Agent Company	Danbury Hospital
12	CT Agent Company Street Address	24 Hospital Avenue
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
F. AFFILIATE NAME		
AFFILIATE NAME		DANBURY HOSPITAL DEVELOPMENT FUND, INC.
1	Affiliate Description	Provides support services to Corp. activities through charitable contribution distribution and fund raising.
2	Affiliate type of service	Fund Raising/Management
3	Tax Status	Not for Profit
4	Street Address	24 Hospital Avenue
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	Dr. John Murphy
9	CEO Title	Chief Executive Officer
10	CT Agent Name	Joseph Campbell
11	CT Agent Company	Danbury Hospital
12	CT Agent Company Street Address	24 Hospital Avenue
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
G. AFFILIATE NAME		
AFFILIATE NAME		NEW MILFORD HOSPITAL FOUNDATION INC.
1	Affiliate Description	THE FOUNDATION IS A CHARITABLE ORGANIZATION DEDICATED EXCLUSIVELY TO OVERALL FUNDRAISING EFFORTS INCLUDING THE SOLICITING AND RECEIVING OF CONTRIBUTIONS, GRANTS, DONATIONS, AND BEQUESTS BY THE HOSPITAL.
2	Affiliate type of service	Foundation
3	Tax Status	Not for Profit
4	Street Address	21 ELM STREET
5	Town	New Milford
6	State	Connecticut
7	Zip Code	06776 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
8	CEO Name	RICHARD HENLEY
9	CEO Title	INTERIM PRESIDENT/CEO
10	CT Agent Name	RICHARD HENLEY
11	CT Agent Company	NEW MILFORD HOSPITAL FOUNDATION
12	CT Agent Company Street Address	21 ELM STREET
13	CT Agent Town	New Milford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06776 -
H.	AFFILIATE NAME	NEW MILFORD MRI JV, LLC
1	Affiliate Description	Joint venture providing MRI services at New Milford Hospital. 51% of the joint venture is owned by New Milford Hospital and the remaining 49% is owned by Radcorp of New Milford, LLC.
2	Affiliate type of service	Imaging Services
3	Tax Status	Not for Profit
4	Street Address	21 Elm Street
5	Town	New Milford
6	State	Connecticut
7	Zip Code	06776 -
8	CEO Name	Richard Henley
9	CEO Title	Interim President/CEO
10	CT Agent Name	Richard Henley
11	CT Agent Company	New Milford MRI JV, LLC
12	CT Agent Company Street Address	21 Elm Street
13	CT Agent Town	New Milford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06776 -
I.	AFFILIATE NAME	NEW MILFORD VNA INC.
1	Affiliate Description	HOME HEALTH AGENCY AND HOSPICE DEDICATED TO PROVIDE COMMUNITY-BASE HEALTH CARE SERVICES TO RESIDENTS OF SURROUNDING AREA OF NEW MILFORD.
2	Affiliate type of service	Home Health/VNAs
3	Tax Status	Not for Profit
4	Street Address	21 ELM STREET
5	Town	New Milford
6	State	Connecticut
7	Zip Code	06776 -
8	CEO Name	RICHARD HENLEY
9	CEO Title	INTERIM PRESIDENT/CEO
10	CT Agent Name	RICHARD HENLEY
11	CT Agent Company	NEW MILFORD VNA
12	CT Agent Company Street Address	21 ELM STREET
13	CT Agent Town	New Milford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06776 -
J.	AFFILIATE NAME	REGIONAL HOSPICE OF WESTERN CT, INC.
1	Affiliate Description	Provides Hospice care and home care to the terminally ill.
2	Affiliate type of service	Hospice
3	Tax Status	Not for Profit
4	Street Address	405 Main Street
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	Cynthia Roy-Squitieri
9	CEO Title	President of BOD, Executive Director
10	CT Agent Name	Joseph Campbell
11	CT Agent Company	Danbury Hospital

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AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
12	CT Agent Company Street Address	24 Hospital Ave.
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
K. AFFILIATE NAME		
	AFFILIATE NAME	RIDGEFIELD SURGICAL CENTER, LLC
1	Affiliate Description	Provides an alternative location for outpatient ambulatory surgery.
2	Affiliate type of service	Ambulatory/OP Surgery Center
3	Tax Status	Not for Profit
4	Street Address	901 Ethan Allen Hwy Ste 105
5	Town	Ridgefield
6	State	Connecticut
7	Zip Code	06877 -
8	CEO Name	Sobel Islam, MD
9	CEO Title	President
10	CT Agent Name	Kim Skerencak
11	CT Agent Company	Ridgefield Surgical Center, LLC
12	CT Agent Company Street Address	901 Ethan Allen Hwy Ste 105
13	CT Agent Town	Ridgefield
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06877 -
L. AFFILIATE NAME		
	AFFILIATE NAME	THE DANBURY VISITING NURSE ASSOC, INC.
1	Affiliate Description	Provides skilled nursing services and other medical services in the home care setting
2	Affiliate type of service	Home Health/VNAs
3	Tax Status	Not for Profit
4	Street Address	4 Liberty Street
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	Ann Faraguna
9	CEO Title	President of BOD, Executive Director
10	CT Agent Name	Joseph Campbell
11	CT Agent Company	Danbury Hospital
12	CT Agent Company Street Address	24 Hospital Ave
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
M. AFFILIATE NAME		
	AFFILIATE NAME	THE NEW MILFORD HOSPITAL, INC
1	Affiliate Description	SHORT TERM ACUTE CARE HOSPITAL PROVIDING INPATIENT AND OUTPATIENT SERVICES
2	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	21 ELM STREET
5	Town	New Milford
6	State	Connecticut
7	Zip Code	06776 -
8	CEO Name	RICHARD HENLEY
9	CEO Title	INTERIM PRESIDENT\CEO
10	CT Agent Name	RICHARD HENLEY
11	CT Agent Company	THE NEW MILFORD HOSPITAL , INC
12	CT Agent Company Street Address	21 ELM STREET
13	CT Agent Town	New Milford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06776 -

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

**NEW MILFORD 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. NEW MILFORD HOSPITAL			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
B. WESTERN CONNECTICUT HEALTHCARE INC.			
1		Unrestricted	(\$157,705,179)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$77,105,507)
		Total:	(\$234,810,686)
C. BUSINESS SYSTEMS, INC.			
1		Unrestricted	(\$200,010)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$200,010)
D. DANBURY HEALTH SYSTEMS INSURANCE CO LTD.			
1		Unrestricted	\$23,626,734
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$23,626,734
E. DANBURY HEALTHCARE AFFILIATES, INC.			
1		Unrestricted	\$3,802,619
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$3,802,619
F. DANBURY HOSPITAL			
1		Unrestricted	\$368,034,236
2		Temporarily Restricted by Donor	\$28,224,280
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$27,746,611
5		Intercompany Eliminations	(\$23,626,734)
		Total:	\$400,378,393
G. DANBURY HOSPITAL DEVELOPMENT FUND, INC.			
1		Unrestricted	\$8,879,076
2		Temporarily Restricted by Donor	\$28,224,280
3		Temporarily Restricted by Board	\$12,255,540
4		Permanently Restricted by Donor	\$27,746,611
5		Intercompany Eliminations	\$0
		Total:	\$77,105,507

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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. NEW MILFORD HOSPITAL FOUNDATION INC.			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$5,323,607
4		Permanently Restricted by Donor	\$3,950,564
5		Intercompany Eliminations	\$0
		Total:	\$9,274,171
I. NEW MILFORD MRI JV, LLC			
1		Unrestricted	\$25,652
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$25,652
J. NEW MILFORD VNA INC.			
1		Unrestricted	\$3,005,447
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$3,005,447
K. REGIONAL HOSPICE OF WESTERN CT, INC.			
1		Unrestricted	\$4,731,554
2		Temporarily Restricted by Donor	\$5,307
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$200,000
5		Intercompany Eliminations	\$0
		Total:	\$4,936,861
L. RIDGEFIELD SURGICAL 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
M. THE DANBURY VISITING NURSE ASSOC, INC.			
1		Unrestricted	\$2,126,692
2		Temporarily Restricted by Donor	\$42,554
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$2,169,246
N. THE NEW MILFORD HOSPITAL, INC			
1		Unrestricted	\$28,905,456
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$1,822,932
4		Permanently Restricted by Donor	\$3,950,564
5		Intercompany Eliminations	(\$12,279,618)
		Total:	\$22,399,334

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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
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$424,725,127
	Intercompany Eliminations		(\$113,011,859)
	Total of all Affiliates	Fund Balance:	\$311,713,268

**NEW MILFORD 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.	WESTERN CONNECTICUT HEALTHCARE INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
B.	BUSINESS SYSTEMS, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
C.	DANBURY HEALTH SYSTEMS INSURANCE CO LTD.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
D.	DANBURY HEALTHCARE AFFILIATES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
E.	DANBURY HOSPITAL			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
F.	DANBURY HOSPITAL DEVELOPMENT FUND, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
G.	NEW MILFORD HOSPITAL FOUNDATION INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	(\$3,682,416)
1		Capital Contribution	09/30/2010	(\$5,019,265)
		Ending Unconsolidated Intercompany Balance:	9/30/2010	(\$8,701,681)
H.	NEW MILFORD MRI JV, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$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
1		Working Capital transfer	10/28/2009	\$38,857
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$38,857
I.	NEW MILFORD VNA INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
J.	REGIONAL HOSPICE OF WESTERN CT, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
K.	RIDGEFIELD SURGICAL CENTER, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
L.	THE DANBURY VISITING NURSE ASSOC, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
M.	THE NEW MILFORD HOSPITAL, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$6,177,452
1		Capital Contribution	09/30/2010	\$5,019,265
2		Working Capital transfer	10/28/2009	(\$38,857)
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$11,157,860
			Grand Total:	\$2,495,036

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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	\$0
A.	WESTERN CONNECTICUT HEALTHCARE INC.		Nothing to Report		\$0
			Total:	9/30/2010	\$0
B.	BUSINESS SYSTEMS, INC.		Nothing to Report		\$0
			Total:	9/30/2010	\$0
C.	DANBURY HEALTH SYSTEMS INSURANCE CO LTD.		Nothing to Report		\$0
			Total:	9/30/2010	\$0
D.	DANBURY HEALTHCARE AFFILIATES, INC.		Nothing to Report		\$0
			Total:	9/30/2010	\$0
E.	DANBURY HOSPITAL		Nothing to Report		\$0
			Total:	9/30/2010	\$0
F.	DANBURY HOSPITAL DEVELOPMENT FUND, INC.		Nothing to Report		\$0
			Total:	9/30/2010	\$0
G.	NEW MILFORD HOSPITAL FOUNDATION INC.		Nothing to Report		\$0
			Total:	9/30/2010	\$0
H.	NEW MILFORD MRI JV, LLC		Nothing to Report		\$0
			Total:	9/30/2010	\$0
I.	NEW MILFORD VNA INC.		Nothing to Report		\$0
			Total:	9/30/2010	\$0

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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
J.	REGIONAL HOSPICE OF WESTERN CT, INC.		Nothing to Report		\$0
			Total:	9/30/2010	\$0
K.	RIDGEFIELD SURGICAL CENTER, LLC		Nothing to Report		\$0
			Total:	9/30/2010	\$0
L.	THE DANBURY VISITING NURSE ASSOC, INC.		Nothing to Report		\$0
			Total:	9/30/2010	\$0
M.	THE NEW MILFORD HOSPITAL, INC		Nothing to Report		\$0
			Total:	9/30/2010	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2010	\$0

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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. WESTERN CONNECTICUT HEALTHCARE INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	B. BUSINESS SYSTEMS, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	C. DANBURY HEALTH SYSTEMS INSURANCE CO LTD.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	D. DANBURY HEALTHCARE AFFILIATES, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	E. DANBURY HOSPITAL		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	F. DANBURY HOSPITAL DEVELOPMENT FUND, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	G. NEW MILFORD HOSPITAL FOUNDATION INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	H. NEW MILFORD MRI JV, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	I. NEW MILFORD VNA INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	J. REGIONAL HOSPICE OF WESTERN CT, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	K. RIDGEFIELD SURGICAL CENTER, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	L. THE DANBURY VISITING NURSE ASSOC, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	M. THE NEW MILFORD HOSPITAL, INC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	Grand Total:	\$0	9/30/2010

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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.	WESTERN CONNECTICUT HEALTHCARE INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
B.	BUSINESS SYSTEMS, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	DANBURY HEALTH SYSTEMS INSURANCE CO LTD.		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	DANBURY HEALTHCARE AFFILIATES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	DANBURY HOSPITAL		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	DANBURY HOSPITAL DEVELOPMENT FUND, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	NEW MILFORD HOSPITAL FOUNDATION INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	NEW MILFORD MRI JV, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
I.	NEW MILFORD VNA INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	REGIONAL HOSPICE OF WESTERN CT, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
K.	RIDGEFIELD SURGICAL CENTER, LLC		

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
0	Nothing to Report	\$0	0
	Total:	\$0	
L.	THE DANBURY VISITING NURSE ASSOC, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
M.	THE NEW MILFORD HOSPITAL, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

**NEW MILFORD HOSPITAL
ANNUAL REPORTING
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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 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	\$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%
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%

NEW MILFORD HOSPITAL
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REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR
INDIGENT CARE AND FREE BEDS

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

NEW MILFORD HOSPITAL		
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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1.Number of Applications for Hospital Bed Funds		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

NEW MILFORD HOSPITAL					
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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				
(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.				
	Total Bed Funds :	\$0.00	\$0.00	\$0.00	\$0.00

**NEW MILFORD HOSPITAL
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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	All carriers are billed for payment. On receipt of all reimbursement, the patient receives a balance due statement which includes 3 reminders, 1 pre final and then a final notice. The account is reviewed and sent to collection 120 days after being determined to be a self pay liability.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	Agencies are reimbursed on a commission basis and only receive compensation for accounts collected.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	31.00%
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.	All carriers are billed for payment. On receipt of all reimbursement, the patient receives a balance due statement which includes 3 reminders, 1 pre final and then a final notice. The account is reviewed and sent to collection 120 days after being determined to be a self pay liability.
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.	Agencies are reimbursed on a commission basis and only receive compensation for accounts collected.

**NEW MILFORD HOSPITAL
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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.	21.00%
	Collection Agent	
1	Collection Agent Name	Credit Center
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	
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.	All carriers are billed for payment. On receipt of all reimbursement, the patient receives a balance due statement which includes 3 reminders, 1 pre final and then a final notice. The account is reviewed and sent to collection 120 days after being determined to be a self pay liability.
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.	Agencies are reimbursed on a commission basis and only receive compensation for accounts collected.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	29.00%
	Collection Agent	
1	Collection Agent Name	TransContinental Credit & Coll
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.	All carriers are billed for payment. On receipt of all reimbursement, the patient receives a balance due statement which includes 3 reminders, 1 pre final and then a final notice. The account is reviewed and sent to collection 120 days after being determined to be a self pay liability.

**NEW MILFORD HOSPITAL
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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.	Agencies are reimbursed on a commission basis and only receive compensation for accounts collected.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	4.00%
Collection Agent		
1	Collection Agent Name	The CCS Companies
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.	All carriers are billed for payment. On receipt of all reimbursement, the patient receives a balance due statement which includes 3 reminders, 1 pre final and then a final notice. The account is reviewed and sent to collection 120 days after being determined to be a self pay liability.
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.	Agencies are reimbursed on a commission basis and only receive compensation for accounts collected.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	204.00%

**NEW MILFORD 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.	RAD-PHYSICIAN	\$419,557	\$44,252	\$463,809
2.	LAB-PHYSICIAN	\$414,274	\$43,855	\$458,129
3.	DIR-EMER SVCS	\$410,113	\$45,647	\$455,760
4.	PVT-PHYSICIAN	\$372,525	\$42,838	\$415,363
5.	PVT-PHYSICIAN	\$360,006	\$42,653	\$402,659
6.	PVT-PHYSICIAN	\$337,028	\$35,574	\$372,602
7.	ER-PHYSICIAN	\$313,620	\$42,900	\$356,520
8.	VP-NURSING, COO	\$288,912	\$46,984	\$335,896
9.	ER-PHYSICIAN	\$281,555	\$44,172	\$325,727
10.	V.P. FINANCE	\$307,438	\$13,144	\$320,582
	Grand Total:	\$3,505,028	\$402,019	\$3,907,047

**NEW MILFORD 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
A . WESTERN CONNECTICUT HEALTHCARE 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 . BUSINESS SYSTEMS, 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 . DANBURY HEALTH SYSTEMS INSURANCE CO LTD.				
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 . DANBURY HEALTHCARE AFFILIATES, 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 . DANBURY HOSPITAL				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F . DANBURY HOSPITAL DEVELOPMENT FUND, 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
G . NEW MILFORD HOSPITAL 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
H . NEW MILFORD MRI JV, 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 . NEW MILFORD VNA 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 . REGIONAL HOSPICE OF WESTERN CT, 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
K . RIDGEFIELD SURGICAL 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
L . THE DANBURY VISITING NURSE ASSOC, 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
M . THE NEW MILFORD HOSPITAL, 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

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.

**NEW MILFORD 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

NEW MILFORD HOSPITAL					
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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	274	238	(36)	-13%
2.	Number of Approved Applicants	250	218	(32)	-13%
3.	Total Charges (A)	\$3,386,222	\$2,594,793	(\$791,429)	-23%
	Average Charges	\$13,545	\$11,903	(\$1,642)	-12%
4.	Ratio of Cost to Charges (RCC)	0.418624	0.421279	0.002655	1%
	Total Cost	\$1,417,554	\$1,093,132	(\$324,422)	-23%
	Average Cost	\$5,670	\$5,014	(\$656)	-12%
5.	Charity Care - Inpatient Charges	\$934,762	\$660,750	(\$274,012)	-29%
6.	Charity Care - Outpatient Emergency Department Charges	262,311	391,992	129,681	49%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	2,189,149	1,542,051	(647,098)	-30%
	Total Charges (A)	\$3,386,222	\$2,594,793	(\$791,429)	-23%
8.	Charity Care - Number of Patient Days	175	79	(96)	-55%
9.	Charity Care - Number of Discharges	47	28	(19)	-40%
10.	Charity Care - Number of Outpatient ED Visits	1,494	470	(1,024)	-69%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	6,296	1,602	(4,694)	-75%
(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	-	-	-	0%
2.	Number of Approved Applicants	-	-	-	0%
3.	Total Charges (B)	\$0	\$0	\$0	0%
	Average Charges	\$0	\$0	\$0	0%
4.	Ratio of Cost to Charges (RCC)	0	0	0.000000	0%
	Total Cost	\$0	\$0	\$0	0%
	Average Cost	\$0	\$0	\$0	0%
5.	Bed Funds - Inpatient Charges	\$0	\$0	\$0	0%
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	0%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	0	0	0	0%
	Total Charges (B)	\$0	\$0	\$0	0%
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	0	0	0	0%
11.	Bed Funds - Number of Outpatient Visits (Excludes ED Visits)	0	0	0	0%
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.					