

**HOSPITAL OF SAINT RAPHAEL**  
**ANNUAL REPORTING**  
**FISCAL YEAR 2012**  
**REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP**  
**AND CORPORATION RELATED TO THE HOSPITAL**

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>A. AFFILIATE NAME</b>		
		<b>SAINT RAPHAEL HEALTHCARE SYSTEM, INC</b>
1	Affiliate Description	PARENT CORPORATION OF ALL SAINT RAPHAEL AFFILIATES
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	200 Orchard Street, Suite 204
5	Town	New Haven
6	State	Connecticut
7	Zip Code	06511 -
8	CEO Name	Jeanne C. Lubin-Szafranski
9	CEO Title	President and CEO
10	CT Agent Name	Jeanne C. Lubin-Szafranski
11	CT Agent Company	Saint Raphael Healthcare System
12	CT Agent Company Street Address	200 Orchard Street, Suite 204
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06511 -
<b>B. AFFILIATE NAME</b>		
		<b>AUXILIARY OF THE HOSPITAL OF SAINT RAPHAEL</b>
1	Affiliate Description	THE AUXILIARY OPERATES THE HOSPITAL GIFT SHOP AND THE THRIFT SHOP
2	Affiliate type of service	Auxiliary
3	Tax Status	Not for Profit
4	Street Address	200 Orchard Street, Suite 204
5	Town	New Haven
6	State	Connecticut
7	Zip Code	06511 -
8	CEO Name	Jeanne C. Lubin-Szafranski
9	CEO Title	President and CEO
10	CT Agent Name	Jeanne C. Lubin-Szafranski
11	CT Agent Company	Saint Raphael Healthcare System
12	CT Agent Company Street Address	200 Orchard Street, Suite 204
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06511 -
<b>C. AFFILIATE NAME</b>		
		<b>SAINT RAPHAEL FOUNDATION, INC.</b>
1	Affiliate Description	PROVIDES FUND RAISING ACTIVITIES FOR THE HOSPITAL OF SAINT RAPHAEL AND THE SAINT REGIS HEALTH CENTER
2	Affiliate type of service	Foundation
3	Tax Status	Not for Profit
4	Street Address	200 Orchard Street, Suite 204
5	Town	New Haven
6	State	Connecticut
7	Zip Code	06511 -
8	CEO Name	Jeanne C. Lubin-Szafranski
9	CEO Title	President and CEO
10	CT Agent Name	Jeanne C. Lubin-Szafranski
11	CT Agent Company	Saint Raphael Healthcare System
12	CT Agent Company Street Address	200 Orchard Street, Suite 204
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06511 -
<b>D. AFFILIATE NAME</b>		
		<b>SAINT RAPHAEL HEALTHCARE SYSTEM AFFILIATED PHYSICIANS, INC.</b>
1	Affiliate Description	WHOLLY OWNED NON-STOCK SUBSIDIARY OF HOSPITAL OF SAINT RAPHAEL
2	Affiliate type of service	Physicians Services
3	Tax Status	Not for Profit
4	Street Address	200 Orchard Street, Suite 204

**HOSPITAL OF SAINT RAPHAEL**  
**ANNUAL REPORTING**  
**FISCAL YEAR 2012**  
**REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP**  
**AND CORPORATION RELATED TO THE HOSPITAL**

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
5	Town	New Haven
6	State	Connecticut
7	Zip Code	06511 -
8	CEO Name	Jeanne C. Lubin-Szafranski
9	CEO Title	President and CEO
10	CT Agent Name	Jeanne C. Lubin-Szafranski
11	CT Agent Company	Hospital of Saint Raphael
12	CT Agent Company Street Address	200 Orchard Street, Suite 204
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06511 -
<b>E. AFFILIATE NAME</b>		
	<b>AFFILIATE NAME</b>	<b>SAINT REGIS HEALTH CENTER, INC. (DBA SISTER ANNE VIRGINIE GRIMES HEALTH CTR)</b>
1	Affiliate Description	SKILLED NURSING FACILITY AND SHORT-TERM REHABILITATION
2	Affiliate type of service	Long Term Care
3	Tax Status	Not for Profit
4	Street Address	200 Orchard Street, Suite 204
5	Town	New Haven
6	State	Connecticut
7	Zip Code	06511 -
8	CEO Name	Jeanne C. Lubin-Szafranski
9	CEO Title	President and CEO
10	CT Agent Name	Jeanne C. Lubin-Szafranski
11	CT Agent Company	Saint Raphael Healthcare System
12	CT Agent Company Street Address	200 Orchard Street, Suite 204
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06511 -

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

**HOSPITAL OF SAINT RAPHAEL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2012
<b>A. HOSPITAL OF SAINT RAPHAEL</b>			
1		Unrestricted	(\$6,652,383)
2		Temporarily Restricted by Donor	\$10,301,487
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$7,716,971
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$11,366,075</b>
<b>B. SAINT RAPHAEL HEALTHCARE SYSTEM, INC</b>			
1		Unrestricted	\$182,867
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>\$182,867</b>
<b>C. AUXILIARY OF THE HOSPITAL OF SAINT RAPHAEL</b>			
1		Unrestricted	\$135,084
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>\$135,084</b>
<b>D. SAINT RAPHAEL FOUNDATION, INC.</b>			
1		Unrestricted	\$2,128,213
2		Temporarily Restricted by Donor	\$7,639,703
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$11,555,231
5		Intercompany Eliminations	(\$13,392,676)
		<b>Total:</b>	<b>\$7,930,471</b>
<b>E. SAINT RAPHAEL HEALTHCARE SYSTEM AFFILIATED PHYSICIANS, INC.</b>			
1		Unrestricted	\$429,236
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>\$429,236</b>
<b>F. SAINT REGIS HEALTH CENTER, INC. (DBA SISTER ANNE VIRGINIE GRIMES HEALTH CTR)</b>			
1		Unrestricted	\$656,749
2		Temporarily Restricted by Donor	\$510,064
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$794,173
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$1,960,986</b>
		<b>Total of all Affiliates (before Intercompany Eliminations)</b>	<b>Fund Balance: \$35,397,395</b>
		<b>Intercompany Eliminations</b>	<b>(\$13,392,676)</b>
		<b>Total of all Affiliates</b>	<b>Fund Balance: \$22,004,719</b>

**HOSPITAL OF SAINT RAPHAEL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2012

**HOSPITAL OF SAINT RAPHAEL  
ANNUAL REPORTING  
FISCAL YEAR 2012**

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
<b>A. SAINT RAPHAEL HEALTHCARE SYSTEM, INC</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
1		Expenses Charged to Hospital by Affiliates-Corp Allocati	09/11/2012	(\$2,203,409)
2		Fund Balance Transfers-Unrestricted equity	09/11/2012	(\$1,363,515)
3		Cash Advance	09/11/2012	\$3,566,924
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>B. AUXILIARY OF THE HOSPITAL OF SAINT RAPHAEL</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>C. SAINT RAPHAEL FOUNDATION, INC.</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
1		Cash Receipts	09/11/2012	(\$7,810,333)
2		Fund Balance Transfers-Unrestricted equity	09/11/2012	(\$713,509)
3		Fund Balance Transfers-Temp restricted equity	09/11/2012	\$7,810,333
4		Cash Advance	09/11/2012	\$713,509
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>D. SAINT RAPHAEL HEALTHCARE SYSTEM AFFILIATED PHYSICIANS, INC.</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
1		Fund Balance Transfers-Unrestricted equity	09/11/2012	(\$3,247,102)
2		Cash Advance	09/11/2012	\$3,247,102
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>E. SAINT REGIS HEALTH CENTER, INC. (DBA SISTER ANNE VIRGINIE GRIMES HEALTH CTR)</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
1		Expenses Charged to Hospital by Affiliates-Building Ren	09/11/2012	(\$17,041)
2		Expenses Charged to Affiliates-Interest Expense	09/11/2012	\$201,577
3		Expenses Charged to Affiliates-Financial Services	09/11/2012	\$102,246
4		Expenses Charged to Affiliates-O/P Pharmacy	09/11/2012	\$435,733
5		Expenses Charged to Affiliates-Insurance Expense	09/11/2012	\$16,214
6		Expenses Charged to Affiliates-Defined Benefit Plan	09/11/2012	\$26,509
7		Expenses Charged to Affiliates-Parking Lot	09/11/2012	\$28,402
8		Expenses Charged to Affiliates-Lab Services	09/11/2012	\$39,265
9		Expenses Charged to Affiliates-Malpractice	09/11/2012	\$90,745

**HOSPITAL OF SAINT RAPHAEL  
ANNUAL REPORTING  
FISCAL YEAR 2012**

**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
10		Expenses Charged to Affiliates-Workers Comp Insuranc	09/11/2012	\$143,996
11		Fund Balance Transfers-Unrestricted equity	09/11/2012	(\$1,671,917)
12		Cash Advance	09/11/2012	\$604,271
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$0</b>
			<b>Grand Total:</b>	<b>\$0</b>

HOSPITAL OF SAINT RAPHAEL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
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>10/01/2011</b>	<b>\$17,234,525</b>
<b>A.</b>	<b>SAINT RAPHAEL HEALTHCARE SYSTEM, INC</b>		Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>B.</b>	<b>AUXILIARY OF THE HOSPITAL OF SAINT RAPHAEL</b>		Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>C.</b>	<b>SAINT RAPHAEL FOUNDATION, INC.</b>				
1		SAINT RAPHAEL HEALTHCARE SYSTEM, INC	Administrative Services	09/11/2012	\$193,410
			<b>Total:</b>	<b>9/30/2012</b>	<b>\$193,410</b>
<b>D.</b>	<b>SAINT RAPHAEL HEALTHCARE SYSTEM AFFILIATED PHYSICIANS, INC.</b>		Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2012</b>	<b>\$0</b>
<b>E.</b>	<b>SAINT REGIS HEALTH CENTER, INC. (DBA SISTER ANNE VIRGINIE GRIMES HEALTH CTR)</b>				
1		SAINT RAPHAEL HEALTHCARE SYSTEM, INC	Administrative Services	09/11/2012	\$193,410
			<b>Total:</b>	<b>9/30/2012</b>	<b>\$193,410</b>
			<b>Ending Unconsolidated Intercompany Balance</b>	<b>9/30/2012</b>	<b>\$17,621,345</b>

HOSPITAL OF SAINT RAPHAEL  
 ANNUAL REPORTING  
 FISCAL YEAR 2012

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

(1) LINE	(2) AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	(3) AMOUNT	(4) DATE
<b>A. SAINT RAPHAEL HEALTHCARE SYSTEM, INC</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
<b>B. AUXILIARY OF THE HOSPITAL OF SAINT RAPHAEL</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
<b>C. SAINT RAPHAEL FOUNDATION, INC.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
<b>D. SAINT RAPHAEL HEALTHCARE SYSTEM AFFILIATED PHYSICIANS, INC.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
<b>E. SAINT REGIS HEALTH CENTER, INC. (DBA SISTER ANNE VIRGINIE GRIMES HEALTH CTR)</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2012</b>
	<b>Grand Total:</b>	<b>\$0</b>	<b>9/30/2012</b>

HOSPITAL OF SAINT RAPHAEL  
 ANNUAL REPORTING  
 FISCAL YEAR 2012  
 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>SAINT RAPHAEL HEALTHCARE SYSTEM, INC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>B.</b>	<b>AUXILIARY OF THE HOSPITAL OF SAINT RAPHAEL</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>C.</b>	<b>SAINT RAPHAEL FOUNDATION, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>D.</b>	<b>SAINT RAPHAEL HEALTHCARE SYSTEM AFFILIATED PHYSICIANS, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>E.</b>	<b>SAINT REGIS HEALTH CENTER, INC. (DBA SISTER ANNE VIRGINIE GRIMES HEALTH CTR)</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
	<b>Grand Total:</b>	<b>\$0</b>	

**HOSPITAL OF SAINT RAPHAEL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR  
INDIGENT CARE AND FREE BEDS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 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>\$827,662.82</b>	<b>\$803,519.15</b>	<b>(\$24,143.67)</b>	<b>-3%</b>
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	(\$20,393.67)	\$196,696.13	\$217,089.80	-1064%
3	Expenditures	\$3,750.00	\$11,073.61	\$7,323.61	195%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	<b>Ending Balance</b>	<b>\$803,519.15</b>	<b>\$989,141.67</b>	<b>\$185,622.52</b>	<b>23%</b>
5	Projected Interest Income	\$20,000.00	\$20,000.00	\$0.00	0%
<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%

HOSPITAL OF SAINT RAPHAEL		
ANNUAL REPORTING		
FISCAL YEAR 2012		
REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
<b>1. Number of Applications for Hospital Bed Funds</b>		<b>7</b>
<b>2. A. Number of Patients receiving Hospital Bed Fund Grants</b>		<b>7</b>
<b>2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F</b>		<b>\$11,073.61</b>
<b>1</b>	<b>Stiles Fund</b>	<b>\$1,325.00</b>
<b>2</b>	<b>Stiles Fund</b>	<b>\$1,189.32</b>
<b>3</b>	<b>Stiles Fund</b>	<b>\$861.48</b>
<b>4</b>	<b>Christ Church Fund</b>	<b>\$1,500.00</b>
<b>5</b>	<b>Nurses Alumnae</b>	<b>\$6.17</b>
<b>6</b>	<b>Stiles Fund</b>	<b>\$3,750.00</b>
<b>7</b>	<b>Stiles Fund</b>	<b>\$2,441.64</b>
<b>Grand Total</b>		<b>\$11,073.61</b>

HOSPITAL OF SAINT RAPHAEL					
ANNUAL REPORTING					
FISCAL YEAR 2012					
REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
<b>B. BED FUND ACTIVITY</b>					
(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.				
	Stiles Fund	\$168,109.67	\$191,888.43	\$0.00	\$191,888.43
	Christ Church Fund	\$28,420.26	\$40,527.84	\$0.00	\$40,527.84
	Alice Derby Lang	\$7,273.48	\$6,477.24	\$0.00	\$6,477.24
	Nurses Alumnae	\$21,979.42	\$39,254.94	\$0.00	\$39,254.94
	Edward Malley	\$28,597.66	\$51,950.20	\$0.00	\$51,950.20
	German Society Fund	\$28,110.56	\$19,131.45	\$0.00	\$19,131.45
	Mary Dugan Daley	\$19,979.63	\$36,265.68	\$0.00	\$36,265.68
	F. Newman & Sons	\$8,774.99	\$7,690.74	\$0.00	\$7,690.74
	Albert Williams	\$24,849.63	\$22,738.90	\$0.00	\$22,738.90
	Margaret Hall Grant	\$143,299.85	\$93,821.10	\$0.00	\$93,821.10
	<b>Total Bed Funds :</b>	<b>\$479,395.15</b>	<b>\$509,746.52</b>	<b>\$0.00</b>	<b>\$509,746.52</b>

**HOSPITAL OF SAINT RAPHAEL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
<b>I. GENERAL COLLECTION PROCESSES AND PROCEDURES</b>		
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	Collection procedures are uniform and in accordance with the written policies. Accounts are worked by hospital for 60 days (incl 2 stmts), and the outsourced to an external vendor for another 60 days. After 120 days, accounts turned over to collection agency.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	Monies received by agency/firm are reported monthly to the hospital (incl receipts minus fee). Payments received by the hospital are reported back to the agency/firm and the collection fee is remitted.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	2.97%
<b>II. SPECIFIC COLLECTION AGENT INFORMATION</b>		
<b>Collection Agent</b>		
1	Collection Agent Name	American Adjustment Services
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Collection procedures are uniform and in accordance with the written policies (included with OHCA Annual Filing). Accounts are reviewed and can be turned over to collection agency/lawyer after a minimum of 120 days from the date of the first bill.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Monies received by agency/firm are reported monthly to the hospital and the payments received by the hospital are reported back to the agency/firm and the collection fee is remitted.

**HOSPITAL OF SAINT RAPHAEL  
ANNUAL REPORTING  
FISCAL YEAR 2012**

**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.	2.97%
	<b>Collection Agent</b>	
1	Collection Agent Name	Connecticut Credit
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Collection procedures are uniform and in accordance with the written policies (included with OHCA Annual Filing). Accounts are reviewed and can be turned over to collection agency/lawyer after a minimum of 120 days from the date of the first bill.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Monies received by agency/firm are reported monthly to the hospital and the payments received by the hospital are reported back to the agency/firm and the collection fee is remitted.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	2.97%
	<b>Collection Agent</b>	
1	Collection Agent Name	Credit Information Bureau
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Collection procedures are uniform and in accordance with the written policies (included with OHCA Annual Filing). Accounts are reviewed and can be turned over to collection agency/lawyer after a minimum of 120 days from the date of the first bill.

**HOSPITAL OF SAINT RAPHAEL  
ANNUAL REPORTING  
FISCAL YEAR 2012**

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

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Monies received by agency/firm are reported monthly to the hospital and the payments received by the hospital are reported back to the agency/firm and the collection fee is remitted.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	2.97%
<b>Collection Agent</b>		
1	Collection Agent Name	Eastern Collections of Connecticut
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Collection procedures are uniform and in accordance with the written policies (included with OHCA Annual Filing). Accounts are reviewed and can be turned over to collection agency/lawyer after a minimum of 120 days from the date of the first bill.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Monies received by agency/firm are reported monthly to the hospital and the payments received by the hospital are reported back to the agency/firm and the collection fee is remitted.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	2.97%
<b>Collection Agent</b>		
1	Collection Agent Name	Nair and Levin
2	Collection Agent Type	Attorney
3	Related / Not Related Entity	Not Related

**HOSPITAL OF SAINT RAPHAEL  
ANNUAL REPORTING  
FISCAL YEAR 2012**

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

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Collection procedures are uniform and in accordance with the written policies (included with OHCA Annual Filing). Accounts are reviewed and can be turned over to collection agency/lawyer after a minimum of 120 days from the date of the first bill.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Monies received by agency/firm are reported monthly to the hospital and the payments received by the hospital are reported back to the agency/firm and the collection fee is remitted.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	2.97%
<b>Collection Agent</b>		
1	Collection Agent Name	Ryan and Tyma
2	Collection Agent Type	Attorney
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Collection procedures are uniform and in accordance with the written policies (included with OHCA Annual Filing). Accounts are reviewed and can be turned over to collection agency/lawyer after a minimum of 120 days from the date of the first bill.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Monies received by agency/firm are reported monthly to the hospital and the payments received by the hospital are reported back to the agency/firm and the collection fee is remitted.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	2.97%

**HOSPITAL OF SAINT RAPHAEL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS**

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	President	\$705,874	\$1,097,731	\$1,803,605
2.	Senior Vice President-CMO (MD)	\$452,134	\$272,005	\$724,139
3.	Section Chief-Thoracic Surgery (MD)	\$476,168	\$88,599	\$564,767
4.	Clinical Chair - Medicine (MD)	\$460,913	\$80,739	\$541,652
5.	Cardiologist (MD)	\$495,834	\$18,655	\$514,489
6.	Director- Cardiology Fellowship/CDU (MD)	\$484,994	\$18,740	\$503,734
7.	Director, Surgical Intensive Care Unit (MD)	\$343,321	\$135,555	\$478,876
8.	Clinical Chair - Womens/Childrens Services (MD)	\$414,577	\$57,690	\$472,267
9.	Clinical Chair - Emergency Medicine (MD)	\$381,802	\$78,931	\$460,733
10.	Associate Clinical Chair - Medicine (MD)	\$349,451	\$19,027	\$368,478
	<b>Grand Total:</b>	<b>\$4,565,068</b>	<b>\$1,867,672</b>	<b>\$6,432,740</b>

**HOSPITAL OF SAINT RAPHAEL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS  
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) <sup>C</sup>	FRINGE BENEFITS <sup>A</sup> (Directly or Indirectly) <sup>C</sup>	TOTAL
<b>A . SAINT RAPHAEL HEALTHCARE SYSTEM, INC</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>B . AUXILIARY OF THE HOSPITAL OF SAINT RAPHAEL</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>C . SAINT RAPHAEL FOUNDATION, INC.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>D . SAINT RAPHAEL HEALTHCARE SYSTEM AFFILIATED PHYSICIANS, 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>E . SAINT REGIS HEALTH CENTER, INC. (DBA SISTER ANNE VIRGINIE GRIMES HEALTH CTR)</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

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.

**HOSPITAL OF SAINT RAPHAEL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
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 2012
<b>A</b>	<b>Transfer of Assets or Operations</b>	
1.	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

HOSPITAL OF SAINT RAPHAEL					
ANNUAL REPORTING					
FISCAL YEAR 2012					
REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
<b>A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)</b>					
1.	Number of Applicants	1,558	1,101	(457)	-29%
2.	Number of Approved Applicants	1,558	1,101	(457)	-29%
3.	Total Charges (A)	\$5,780,862	\$2,228,889	(\$3,551,973)	-61%
	<b>Average Charges</b>	<b>\$3,710</b>	<b>\$2,024</b>	<b>(\$1,686)</b>	<b>-45%</b>
4.	Ratio of Cost to Charges (RCC)	0.375696	0.357901	(0.017795)	-5%
	<b>Total Cost</b>	<b>\$2,171,847</b>	<b>\$797,722</b>	<b>(\$1,374,125)</b>	<b>-63%</b>
	<b>Average Cost</b>	<b>\$1,394</b>	<b>\$725</b>	<b>(\$669)</b>	<b>-48%</b>
5.	Charity Care - Inpatient Charges	\$2,679,732	\$637,737	(\$2,041,995)	-76%
6.	Charity Care - Outpatient Emergency Department Charges	783,491	452,396	(331,095)	-42%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	2,317,639	1,138,756	(1,178,883)	-51%
	<b>Total Charges (A)</b>	<b>\$5,780,862</b>	<b>\$2,228,889</b>	<b>(\$3,551,973)</b>	<b>-61%</b>
8.	Charity Care - Number of Patient Days	476	88	(388)	-82%
9.	Charity Care - Number of Discharges	79	22	(57)	-72%
10.	Charity Care - Number of Outpatient ED Visits	436	240	(196)	-45%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	2,342	1,705	(637)	-27%
<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	7	7	-	0%
2.	Number of Approved Applicants	7	7	-	0%
3.	Total Charges (B)	\$3,750	\$11,074	\$7,324	195%
	<b>Average Charges</b>	<b>\$536</b>	<b>\$1,582</b>	<b>\$1,046</b>	<b>195%</b>
4.	Ratio of Cost to Charges (RCC)	0.375696	0.357901	(0.017795)	-5%
	<b>Total Cost</b>	<b>\$1,409</b>	<b>\$3,963</b>	<b>\$2,555</b>	<b>181%</b>
	<b>Average Cost</b>	<b>\$201</b>	<b>\$566</b>	<b>\$365</b>	<b>181%</b>
5.	Bed Funds - Inpatient Charges	\$2,000	\$2,537	\$537	27%
6.	Bed Funds - Outpatient Emergency Department Charges	0	3,475	3,475	0%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	1,750	5,062	3,312	189%
	<b>Total Charges (B)</b>	<b>\$3,750</b>	<b>\$11,074</b>	<b>\$7,324</b>	<b>195%</b>
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	2	2	0%
11.	Bed Funds - Number of Outpatient Visits (Excludes ED Visits)	0	3	3	0%
<b>(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.</b>					