ANNUAL REPORTING

FISCAL YEAR 2009

REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	1) (2) (3)			
		AFFILIATE INFORMATION		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
Α.	AFFILIATE NAME	SAINT FRANCIS CARE, INC.		
	ALLIENTE NAME	PARENT CORPORATION OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER.		
		OVERSEES AND COORDINATES THE STRATEGIC PLANNING, FINANCIAL		
		PLANNING AND OTHER ACTIVITIES OF SAINT FRANCIS HOSPITAL AND SAINT		
	Affiliate Description	FRANCIS` AFFILIATES.		
	Affiliate type of service	Parent Corporation		
	Tax Status Street Address	Not for Profit 114 Woodland Street		
5	Town	Hartford		
	State	Connecticut		
	Zip Code	06105 -		
	CEO Name	Christopher M. Dadlez		
	CEO Title	President and CEO		
	CT Agent Name CT Agent Company	Theresa Bolton, Esq. Saint Francis Hospital and Medical Center		
12	CT Agent Company Street Address	114 Woodland Street		
	CT Agent Town	Hartford		
14	CT Agent State	Connecticut		
15	CT Agent Zip Code	06105 -		
В.	AFFILIATE NAME	ASYLUM HILL FAMILY MEDICINE CENTER, INC.		
Ь.	AFFILIATE NAME	PROVIDES PROFESSIONAL AND MEDICAL SERVICES AND RELATED RESEARCH		
1	Affiliate Description	ACTIVITIES.		
	Affiliate type of service	Medical Practices		
3	Tax Status	Not for Profit		
	Street Address	114 Woodland Street		
	Town	Hartford		
	State Zip Code	Connecticut 06105 -		
	CEO Name	Rolf Knoll, MD		
	CEO Title	President		
	CT Agent Name	Theresa Bolton, Esq.		
11	CT Agent Company	Saint Francis Hospital and Medical Center		
	CT Agent Company Street Address			
	CT Agent Town CT Agent State	Hartford Connecticut		
	CT Agent State CT Agent Zip Code	06105 -		
	o : / ·gop oodo			
	AFFILIATE NAME	COLLABORATIVE LABORATORY SERVICES, LLC		
	Affiliate Description	TO PROVIDE LABORATORY SERVICES		
	Affiliate type of service Tax Status	Lab For Profit		
	Street Address	1000 Asylum Avenue		
5	Town	Hartford		
6	State	Connecticut		
	Zip Code	06105 -		
	CEO Name	Mary Inguanti		
	CEO Title CT Agent Name	President Theresa Bolton, Esq.		
	CT Agent Name CT Agent Company	Saint Francis Hospital and Medical Center		
12	CT Agent Company Street Address			
13	CT Agent Town	Hartford		
	CT Agent State	Connecticut		
15	CT Agent Zip Code 06105 -			
D.	AFFILIATE NAME	MOUNT SINAI REHABILITATION HOSPITAL INC.		
<u> </u>				

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REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
	Affiliate Description	OPERATES THE MOUNT SINAI REHABILITATION HOSPITAL	
	Affiliate type of service	Rehabilitation Facility	
3	Tax Status	Not for Profit 490 Blue Hills Avenue	
5	Street Address Town	Hartford	
	State	Connecticut	
	Zip Code	06112 -	
	CEO Name	Christopher M. Dadlez	
	CEO Title	President and Chief Executive Officer	
10	CT Agent Name	Theresa Bolton, Esq.	
11	CT Agent Company	Saint Francis Hospital and Medical Center	
		114 Woodland Street	
	CT Agent Town	Hartford	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06105 -	
E.	AFFILIATE NAME	NEW ASYLUM MANAGEMENT CORPORATION	
-		PARTICIPATES IN CERTAIN TAXABLE INVESTMENTS ON BEHALF OF CAMILLUS	
1	Affiliate Description	CORPORATION.	
	Affiliate type of service	For Profit Services (Specify)	
3	Tax Status	For Profit	
4	Street Address	1000 Asylum Avenue	
5	Town	Hartford	
6	State	Connecticut	
	Zip Code	06105 -	
	CEO Name	Christopher M. Dadlez	
	CEO Title	President	
	CT Agent Name	Theresa Bolton, Esq.	
	CT Agent Company	Saint Francis Hospital and Medical Center	
		114 Woodland Street, Hartford	
	CT Agent Town	Hartford Connecticut	
	CT Agent State CT Agent Zip Code	06105 -	
13	CT Agent Zip Code	00100	
F.	AFFILIATE NAME	ONE THOUSAND CORPORATION	
		THE PURPOSE OF THE CORPORATION SHALL BE TO ACQUIRE, HOLD TITLE TO;	
		MANAGE AND COLLECT INCOME FROM REAL PROPERTY AND TO TURN OVER	
		THE ENTIRE AMOUNT OF SUCH INCOME, LESS EXPENSES TO THE CAMILLUS	
1	Affiliate Description	CORPORATION	
2	Affiliate type of service	Real Estate	
3	Tax Status	Not for Profit	
4	Street Address	114 Woodland Street	
5	Town	Hartford	
6	State	Connecticut 06105 -	
7 8	Zip Code CEO Name	Christopher M. Dadlez	
9	CEO Title	President	
	CT Agent Name	Theresa Bolton, Esq.	
	CT Agent Company	Saint Francis Hospital and Medical Center	
		114 Woodland Street	
	CT Agent Town	Hartford	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06105 -	
	AFFILIATE NAME	ONE THOUSAND ONE CORPORATION	
G.	AFFILIATE NAME	FORMED TO CONDUCT VARIOUS EDUCATIONAL AND OTHER TAX EXEMPT	
1	Affiliate Description	ACTIVITIES ON BEHALF OF CAMILLUS CORPORATION	
2	Affiliate type of service	Inactive	
	I minute yes a service minute		

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REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
3	Tax Status	Not for Profit	
4	Street Address	1000 Asylum Avenue	
5	Town	Hartford	
6	State	Connecticut	
	Zip Code	06105 -	
	CEO Name	David D`Eramo	
	CEO Title	President, Treasurer & Director	
	CT Agent Name	David C. Stone	
	CT Agent Company	Saint Francis Hospital and Medical Center	
12	CT Agent Company Street Address CT Agent Town	Hartford	
14	CT Agent Town CT Agent State	Connecticut	
15	CT Agent State CT Agent Zip Code	06105 -	
13	Of Agent Zip Code	00100	
H.	AFFILIATE NAME	SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P.C.(FORMERLY PATH, P.C.)	
		TO RENDER PROFESSIONAL PSYCHOLOGICAL SERVICES TO PERSONS IN	
		NEED OF SUCH SERVICES. Formerly known as PATH, the new name became	
	Affiliate Description	effective 9/1/09	
	Affiliate type of service	Mental Health Services	
	Tax Status	For Profit	
4	Street Address	22 Marlbourough Street	
5	Town	Portland	
6	State	Connecticut	
	Zip Code	06480 -	
	CEO Name	Surita Rao, M.D.	
	CEO Title	President Therese Palter For	
	CT Agent Name	Theresa Bolton, Esq.	
	CT Agent Company CT Agent Company Street Address	Saint Francis Hospital and Medical Center 114 Woodland Street	
12	CT Agent Company Street Address CT Agent Town	Hartford	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent State CT Agent Zip Code	06105 -	
10	o i rigeni zip eede		
I.	AFFILIATE NAME	SAINT FRANCIS CARE MEDICAL GROUP, P.C.	
		THE PURPOSES FOR WHICH THE CORPORATION IS ORGANIZED IS TO	
		PRACTICE, THROUGH INDIVIDUALS AUTHORIZED BY LAW, THE PROFESSION OF	
		MEDICINE, AND IN FURTHERANCE OF THE FOREGOING, TO ENGAGE IN SUCH	
1	Affiliate Description	OTHER ACTIVITIES AS ARE PERMITTED BY LAW.	
2	Affiliate type of service	Medical Practices	
3	Tax Status	For Profit	
	Street Address	114 Woodland Street	
5	Town	Hartford	
6	State	Connecticut	
7	Zip Code	06105 -	
8	CEO Name	Rolf Knoll, M.D.	
9	CEO Title CT Agent Name	President Therese Polton, Fog	
	CT Agent Name CT Agent Company	Theresa Bolton, Esq. Saint Francis Hospital and Medical Center	
	CT Agent Company CT Agent Company Street Address	114 Woodland Street	
13	CT Agent Company Street Address CT Agent Town	Hartford	
	CT Agent Town CT Agent State	Connecticut	
15	CT Agent Zip Code	06105 -	
		SAINT FRANCIS HEALTHCARE PARTNERS (FORMERLY ST FRAN/MT SINAI PHYSICIAN HOSPITAL	
J.	AFFILIATE NAME	ORGANIZATION, INC.)	
		ARRANGING FOR THE HEALTH CARE SERVICES TO PERSONS RESIDING IN	
1		CONNECTICUT AND PROVIDE VARIOUS MANAGEMENT SERVICES TO DOCTORS	
1		AND DENTISTS. Formerly known as St. Francis /Mt. Sinai Physician Hospital	
1	Affiliate Description	Organization, Inc., the name change became eff. 1/27/09	
		. , , , , , , , , , , , , , , , , , , ,	

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REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)		
	DESCRIPTION	AFFILIATE INFORMATION		
	Affiliate type of service	Physicians Hospital Org. (PHO)		
	Tax Status	Not for Profit		
	Street Address	114 Woodland Street		
5 6	Town	Hartford Connecticut		
7	State Zip Code	Connecticut 06105 -		
	CEO Name	Jess Kupec		
	CEO Title	President& CEO		
	CT Agent Name	Lisa Boyle		
11	CT Agent Company	Robinson & Cole		
	CT Agent Company Street Address			
	CT Agent Town	Hartford		
14	CT Agent State	Connecticut		
15	CT Agent Zip Code	06103 -		
к.	AFFILIATE NAME	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER FOUNDATION, INC.		
Λ.	AFFILIATE NAME	TO OPERATE EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC & EDUCATIONAL		
1	Affiliate Description	PURPOSES		
	Affiliate type of service	Foundation		
3	Tax Status	Not for Profit		
	Street Address	95 Woodland Street		
5	Town	Hartford		
	State	Connecticut		
	Zip Code	06105 -		
	CEO Name	Paul F. Pendergast		
9	CEO Title	President		
	CT Agent Name	LISA BOYLE		
11	CT Agent Company	ROBINSON AND COLE		
12		280 TRUMBULL STREET		
	CT Agent Town	Hartford		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06103 -		
L.	AFFILIATE NAME	SAINT FRANCIS INDEMNITY		
<u> </u>	ATTEMATE TO THE	Vermont limited liability company for the purpose of writing & reinsurance as a captive		
1	Affiliate Description	insurance company		
2	Affiliate type of service	Insurance		
	Tax Status	For Profit		
	Street Address	76 Paul Street, Suite 500		
	Town	Burlington		
6	State	Vermont		
	Zip Code	05401 -		
	CEO Name	Steven Rosenberg		
	CEO Title	President		
	CT Agent Name	Theresa Bolton, Esq.		
	CT Agent Company	Saint Francis Hospital & Medical Center		
	CT Agent Town	114 Woodland Street		
	CT Agent Town CT Agent State	Hartford Connecticut		
15	CT Agent State CT Agent Zip Code	06105 -		
13	101 Agont Zip Oode			
M.	AFFILIATE NAME	SAINT FRANCIS MEDICAL GROUP, INC. (FORMERLY WOODLAND PHYSICIANS ASSOCIATES)		
		TO ENGAGE IN THE TEACHING AND EDUCAT OF MEDICAL STUDENTS,		
		RESIDENTS AND FELLOWS. TO PERFORM MEDICAL AND RELATED RESEARCH		
		ACTIVITIES. TO RENDER PROFESSIONAL MED. SVCS.Formerly known as		
1	Affiliate Description	Woodland Phys Assoc, the name change became eff. 2/20/09		
	Affiliate type of service	Physicians Services		
3	Tax Status	Not for Profit		

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REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
4	Street Address	114 Woodland Street	
5	Town	Hartford	
6	State	Connecticut	
	Zip Code	06105 -	
	CEO Name	Rolf Knoll, MD	
	CEO Title	President	
	CT Agent Name	Theresa Bolton, Esq.	
	CT Agent Company	Saint Francis Hospital and Medical Center	
12	CT Agent Company Street Address CT Agent Town	114 Woodland Street Hartford	
	CT Agent Town CT Agent State	Connecticut	
15	CT Agent State CT Agent Zip Code	06105 -	
13	CT Agent zip Code	00103	
N.	AFFILIATE NAME	SAINT FRANCIS PHO FOUNDATION, INC.	
		THE PURPOSES OF THE CORPORATION ARE TO ASSESS AND IMPROVE THE	
		QUALITY AND SAFETY OF HEALTH CARE DELIVERED TO PATIENTS, AND TO	
		IMPLEMENT CHANGE TO IMPROVE THE EFFICIENCY AND COST	
	Affiliate Description	EFFECTIVENESS OF THE HEALTH CARE DELIVERY SYSTEM	
2	Affiliate type of service	Foundation	
3	Tax Status	Not for Profit	
4	Street Address	114 WOODLAND STREET	
5	Town	HARTFORD	
6	State	Connecticut	
7	Zip Code	06105 -	
8	CEO Name	JESS KUPEC	
	CEO Title	PRESIDENT	
	CT Agent Name	LISA BOYLE	
11 12	CT Agent Company CT Agent Company Street Address	ROBINSON AND COLE	
13	CT Agent Company Street Address CT Agent Town	HARTFORD	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent State CT Agent Zip Code	16103 -	
10	o i rigeni zip eede		
Ο.	AFFILIATE NAME	THE CAMILLUS CORPORATION	
		NON-STOCK CORPORATION FORMED BY ARCHDIOCESE OF HARTFORD. OWNS	
		SEVERAL CORPORATIONS WHICH PROVIDE SERVICES TO THE HOSPITAL AND	
	Affiliate Description	TO OTHERS.	
2	Affiliate type of service	Other HealthCare Svcs(Specify)	
3	Tax Status	Not for Profit	
4	Street Address	1000 Asylum Avenue	
5	Town	Hartford	
	State	Connecticut	
7	Zip Code CEO Name	06105 - Christopher M. Dadlez	
9	CEO Title	President and Executive Vice President	
	CT Agent Name	Theresa Bolton, Esq.	
	CT Agent Name CT Agent Company	Saint Francis Hospital and Medical Center	
	CT Agent Company CT Agent Company Street Address	114 Woodland Street	
	CT Agent Company Street Address CT Agent Town	Hartford	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06105 -	
	AFFILIATE NAME	TOTAL LAUNDRY COLLABORATIVE, LLC	
	AFFILIATE NAME	·	
1	Affiliate Description	The purpose of the company shall be to provide laundry services	
3	Affiliate type of service Tax Status	Other HealthCare Svcs(Specify) For Profit	
4	Street Address	114 Woodland Street	
5	Town	Hartford	
J	1 OWIT	riation	

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FISCAL YEAR 2009

REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
6	State	Connecticut	
7	Zip Code	06105 -	
8	CEO Name	David Crowell	
9	CEO Title	Chief Operating Officer	
10	CT Agent Name	Theresa Bolton, Esq.	
11	CT Agent Company	Saint Francis Hospital and Medical Center	
12	- 3 1	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

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2009
	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER		*
1		Unrestricted	\$102,324,980 \$35,112,873
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$35,112,873
4		Permanently Restricted by Donor	\$46,888,616
5		Intercompany Eliminations	(\$3,190,619)
		Total:	\$181,135,850
B.	SAINT FRANCIS CARE, INC.		
1		Unrestricted	\$15,847,219
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$20,399,857)
		Total:	(\$4,552,638)
C.	ASYLUM HILL FAMILY MEDICINE CENTER, INC.		
1		Unrestricted	\$250,739
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations Total:	\$0 \$250,739
D.	COLLABORATIVE LABORATORY SERVICES, LLC		
1	COLLABORATIVE LABORATORT SERVICES, LEC	Unrestricted	\$2,966,533
2		Temporarily Restricted by Donor	\$2,900,333
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$2,966,533
E.	MOUNT SINAI REHABILITATION HOSPITAL INC.		
1		Unrestricted	\$15,136,507
2		Temporarily Restricted by Donor	\$758,034
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$15,894,541
F.	NEW ASYLUM MANAGEMENT CORPORATION		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations Total:	\$0 \$0
G .	ONE THOUSAND CORPORATION	Uprostricted	\$9,020,446
2		Unrestricted Temporarily Restricted by Donor	\$8,920,446
3		Temporarily Restricted by Board	\$0 \$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$8,920,446

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
(')	(2)	FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2009
	ALLEIATE NAME	1 0110 1 0111 002	3/00/2003
Н.	ONE THOUSAND ONE CORPORATION		
-	ONE THOUSAND ONE CORPORATION	I leve etricte d	¢o.
2		Unrestricted Temporarily Restricted by Donor	\$0 \$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
			, ,
	SAINT FRANCIS BEHAVIORAL HEALTH GROUP,		
ı.	P.C.(FORMERLY PATH, P.C.)		
1		Unrestricted	(\$439,328)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$439,328)
J.	SAINT FRANCIS CARE MEDICAL GROUP, P.C.		
1		Unrestricted	\$69,036
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$69,036
	SAINT FRANCIS HEALTHCARE PARTNERS (FORMERLY ST		
K.	FRAN/MT SINAI PHYSICIAN HOSPITAL ORGANIZATION, 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
L.	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER FOUNDATION, INC.		
1		Unrestricted	\$10,159,630
2		Temporarily Restricted by Donor	\$4,339,184
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$213,452
5		Intercompany Eliminations	\$0
		Total:	\$14,712,266
M.	SAINT FRANCIS INDEMNITY		
1		Unrestricted	\$10,551,160
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$10,551,160
N.	SAINT FRANCIS MEDICAL GROUP, INC. (FORMERLY WOODLAND PHYSICIANS ASSOCIATES)		
1		Unrestricted	(\$330,112)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	\$0

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SAINT FRANCIS HOSPITAL AND MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2009 REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2009
		Total:	(\$330,112)

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2009
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2009
0.	CAINT ED ANCIC DUO FOLINDATION INC		
	SAINT FRANCIS PHO FOUNDATION, INC.		Φ0
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	
		Total:	\$0
	TUE CAMILLUO CORRODATION		
P.	THE CAMILLUS CORPORATION		
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.	TOTAL LAUNDRY COLLABORATIVE, LLC		
1	TOTAL LAUNDRY COLLABORATIVE, LEG	Unrestricted	\$2,947,539
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$2,947,539
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$255,716,508
	Intercompany Eliminations		(\$23,590,476)
	Total of all Affiliates	Fund Balance:	\$232,126,032

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
Α.	SAINT FRANCIS CARE, INC.			
	DAILT TRAITOID GARE, INC.	Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
1		Malpractice Payments	09/30/2009	(\$6,948,132)
2		Malpractice rayments Malpractice purchase	09/30/2009	\$6,948,132
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
В.	ASYLUM HILL FAMILY MEDICINE CENTER, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$149,876
1		Payments	09/30/2009	(\$279,475)
2		Purchase of Services	09/30/2009	\$209,695
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$80,096
C.	COLLABORATIVE LABORATORY SERVICES, LLC			
<u> </u>	COLLABORATIVE EABORATORY CERTICES, EEG	Beginning Unconsolidated Intercompany Balance:	9/30/2008	(\$681,281)
1		Supplies Sold	09/30/2009	(\$14,799,245)
2		Purchase of Services	09/30/2009	\$603,040
3		Supplies Purchased	09/30/2009	\$17,992,367
4		Salaries & Benefits charged to Hospital	09/30/2009	(\$10,184,694)
5		Payments	09/30/2009	(\$362,082)
6		Transfer of Funds	09/30/2009	\$4,250,817
7		Health Insurance Premiums charged to Affiliate	09/30/2009	\$2,801,700
		Ending Unconsolidated Intercompany Balance:	9/30/2009	(\$379,378)
D.	MOUNT SINAI REHABILITATION HOSPITAL INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	(\$1,681,443)
1		Purchase of Services	09/30/2009	\$3,209,090
2		Transfer of Funds	09/30/2009	(\$4,300,000)
3		Payments	09/30/2009	(\$1,318,059)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	(\$4,090,412)
E.	NEW ASYLUM MANAGEMENT CORPORATION			
H	NET ASTESIM MANAGEMENT CONTON	Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$3,333
		Nothing to Report	3/30/2000	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$3,333
F.	ONE THOUSAND CORPORATION			
⊢ '∸	ONE THOUSAND CONFORMHON	Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$10,941

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		Salaries charged to Affiliate	09/30/2009	\$143,938
2		Transfer of Funds	09/30/2009	(\$3,655,000)
3		Payments	09/30/2009	(\$142,780)
Ť		Ending Unconsolidated Intercompany Balance:	9/30/2009	(\$3,642,901)
G.	ONE THOUGAND ONE CORPORATION			
G.	ONE THOUSAND ONE CORPORATION	Designation Unconcelled to distance among a Polonica	0/20/2000	0.2
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
Н.	SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P.C.(FORME	RLY PATH. P.C.)		
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$494,588
1		Payments	09/30/2009	(\$1,665,000)
2		Salaries & Benefits charged to Affiliate by Hospital	09/30/2009	\$2,154,181
3		Purchase of Services	09/30/2009	\$4,297
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$988,066
I.	SAINT FRANCIS CARE MEDICAL GROUP, P.C.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$734,684
1		Purchase of Services	09/30/2009	\$83,070
2		Payments	09/30/2009	(\$87,111)
3		Transfer of Funds	09/30/2009	(\$70,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$660,643
J.	SAINT FRANCIS HEALTHCARE PARTNERS (FORMERLY ST F	RAN/MT SINAI PHYSICIAN HOSPITAL ORGANIZATION	L INC.	
	Samuel Committee of the	Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$171,361
1		Purchase of Services	09/30/2009	\$499,236
2		Revenue from Services	09/30/2009	(\$878,200)
3		Payments	09/30/2009	\$249,674
Ť		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$42,071
V	CAINT EDANGIC HOODITAL AND MEDICAL OFNITED SOUNDA	TION INC		
K.	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER FOUNDA		0/20/2022	¢o.
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
1		Donations to Hospital	09/30/2009	\$923,427
3		Salary & Benefits charged to Affiliate by Hospital Transfer of Funds	09/30/2009 09/30/2009	\$961,888 (\$1,885,315)
3		Ending Unconsolidated Intercompany Balance:		
		Enumy onconsolitated intercompany balance.	9/30/2009	\$0

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
		-		
	SAINT FRANCIS INDEMNITY			
<u> </u>	SAINT FRANCIS INDEMNITY	Designing Unespecified of Intercompany Delence	9/30/2008	\$0
		Beginning Unconsolidated Intercompany Balance: Nothing to Report	9/30/2006	\$0
		Ending Unconsolidated Intercompany Balance:	0/20/2000	\$0 \$0
		Ending onconsolidated intercompany balance.	9/30/2009	\$0
М.	SAINT FRANCIS MEDICAL GROUP, INC. (FORMERLY WOODLA	ND BUVEICIANS ASSOCIATES)		
141.	SAINT FRANCIS MEDICAL GROUP, INC. (FORMERLT WOODLA	Beginning Unconsolidated Intercompany Balance:	9/30/2008	(\$1,856,263)
1		Income from Services	09/30/2009	(\$2,516,106)
2		Transfer of Funds	09/30/2009	\$15,650,000
3		Payments for Physician & PA services	09/30/2009	(\$20,789,713)
4		Purchased Services	09/30/2009	\$7,170,757
H		Ending Unconsolidated Intercompany Balance:	9/30/2009	(\$2,341,325)
		panyaaanoa	3/30/2003	(+=,0 ::,0=0)
N.	SAINT FRANCIS PHO FOUNDATION, INC.			
— · · ·	SAINT I KANCIS FITO I CONDATION, INC.	Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report	3/30/2000	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Enanty officendated intercempany balance.	9/30/2009	40
0.	THE CAMILLUS CORPORATION			
<u> </u>	THE CAMILLOS CORFORATION	Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report	3/30/2000	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Enanty officendated intercempany balance.	9/30/2009	40
P.	TOTAL LAUNDRY COLLABORATIVE, LLC			
H.,	TOTAL LAURDIN TOOLLABORATIVE, LEG	Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$780,813
1		Transfer of Funds	09/30/2009	(\$616,931)
2		Salary & Benefits charged to Affiliate by Hospital	09/30/2009	\$2,113,699
3		Laundry charged out	09/30/2009	(\$2,272,362)
4		Purchase of Services	09/30/2009	\$1,324,666
<u> </u>		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$1,329,885
		g i i i i i i i i i i i i i i i i i i i	0,00,200	, ,: ==,
			Grand Total:	(\$7,349,922)

FISCAL YEAR 2009

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	10/01/2008	\$19,092,210
Α.	SAINT FRANCIS CARE, INC.				
1		SAINT FRANCIS INDEMNITY	Malpractice Payments	09/30/2009	\$6,948,136
			Total:	9/30/2009	\$6,948,136
B.	ASYLUM HILL FAMILY MEDICINE CENTER, INC.				
		SAINT FRANCIS CARE MEDICAL GROUP,			4
1		P.C.	Employee Benefits	09/30/2009	\$25,997
		SAINT FRANCIS CARE MEDICAL GROUP,		00/00/0000	# 7 004
2		P.C. SAINT FRANCIS CARE MEDICAL GROUP,	Miscellaneous	09/30/2009	\$7,201
3		P.C.	Payroll Taxes	09/30/2009	\$19,677
		SAINT FRANCIS CARE MEDICAL GROUP.	1 ayron raxes	03/30/2003	ψ15,077
4		P.C.	Physician Fees	09/30/2009	\$311,769
		SAINT FRANCIS CARE MEDICAL GROUP.	i ilyoioiaii i ooo	00/00/2000	φοιι,του
5		P.C.	various payments	09/30/2009	(\$672,433)
			Total:	9/30/2009	(\$307,789)
C.	COLLABORATIVE LABORATORY SERVICES, LLC				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
D.	MOUNT SINAI REHABILITATION HOSPITAL INC.				
ъ.	MOONT SINAI REHABILITATION HOSFITAL INC.	SAINT FRANCIS MEDICAL GROUP, INC.			
		(FORMERLY WOODLAND PHYSICIANS			
1		ASSOCIATES)	various payments	09/30/2009	(\$73,465)
-		SAINT FRANCIS MEDICAL GROUP, INC.	various payments	09/30/2009	(ψ13,403)
		(FORMERLY WOODLAND PHYSICIANS			
2		ASSOCIATES)	Physician Services	09/30/2009	\$198,000
		SAINT FRANCIS MEDICAL GROUP, INC.	,		Ţ:::,:30
		(FORMERLY WOODLAND PHYSICIANS			
3		ASSOCIATES)	Physician Assistants	09/30/2009	\$171,725
			Total:	9/30/2009	\$296,260
_	NEW ACYCLIN MANAGEMENT OCCUPATION				
E.	NEW ASYLUM MANAGEMENT CORPORATION		Nothing to Donort		Φ0
			Nothing to Report		\$0

FISCAL YEAR 2009

REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
	AFFILIATE TRANSFERDING FUNDS	AFFILIATE RECEIVING FUNDS	DECORIDATION OF TRANSFER	DATE	AMOUNT
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Total:	9/30/2009	\$0
F.	ONE THOUSAND CORPORATION				
<u> </u>	ONE MODERNE COM CHAMON		Nothing to Report		\$0
			Total:	9/30/2009	\$0
			. Ottaii	0/00/2000	\
G.	ONE THOUSAND ONE CORPORATION				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
	SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P.C.(FORMERLY PATH,				
H.	P.C.)				
		MOUNT SINAI REHABILITATION HOSPITAL	0 1 : 0 5 %		
1		INC.	Salaries & Benefits	09/30/2009	\$77,772
			Total:	9/30/2009	\$77,772
	SAINT FRANCIS CARE MEDICAL GROUP, P.C.				
1.	SAINT FRANCIS CARE MEDICAL GROUP, F.C.		Nothing to Report		\$0
			Total:	9/30/2009	\$0
			Total.	3/30/2003	ΨΟ
	SAINT FRANCIS HEALTHCARE PARTNERS (FORMERLY ST FRAN/MT				
J.	SINAI PHYSICIAN HOSPITAL ORGANIZATION, INC.)				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
K.	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER FOUNDATION, INC.				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
	CAINT EDANGIC INDEMNITY				
L.	SAINT FRANCIS INDEMNITY		Nothing to Report		C O
			Total:	9/30/2009	\$0 \$0
			Total.	3/30/2009	\$ U
	SAINT FRANCIS MEDICAL GROUP, INC. (FORMERLY WOODLAND				
М.	PHYSICIANS ASSOCIATES)				
<u> </u>	1				

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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
1		MOUNT SINAI REHABILITATION HOSPITAL INC.	salaries and benefits	09/30/2009	\$255,714
			Total:	9/30/2009	\$255,714
N.	SAINT FRANCIS PHO FOUNDATION, INC.				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
О.	THE CAMILLUS CORPORATION		Nothing to Report		\$0
			Total:	9/30/2009	\$0
P.	TOTAL LAUNDRY COLLABORATIVE, LLC				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2009	\$26,362,303

FISCAL YEAR 2009 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.	SAINT FRANCIS CARE, INC. Nothing to Report	\$0	
_	Total:	\$0	9/30/2009
B .	ASYLUM HILL FAMILY MEDICINE CENTER, INC. Nothing to Report	\$0	
Ť	Total:	\$0	9/30/2009
C .	COLLABORATIVE LABORATORY SERVICES, LLC Nothing to Report	\$0	
	Total:	\$0	9/30/2009
_	MOUNT CINAL DELIABILITATION LIGERITAL INC		
D .	MOUNT SINAI REHABILITATION HOSPITAL INC. Nothing to Report	\$0	
	Total:	\$0	9/30/2009
E.	NEW ASYLUM MANAGEMENT CORPORATION		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
F.	ONE THOUSAND CORPORATION		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
G.	ONE THOUSAND ONE CORPORATION		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
Н.	SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P.C.(FORMERLY PATH, P.C.)		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
I.	SAINT FRANCIS CARE MEDICAL GROUP, P.C.		
0	Nothing to Report Total:	\$0 \$0	9/30/2009
	Total.	\$0	9/30/2009
	SAINT FRANCIS HEALTHCARE PARTNERS (FORMERLY ST FRAN/MT SINAI PH		NC.
0	Nothing to Report Total:	\$0 \$0	9/30/2009
		40	0,00,2000
K.	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER FOUNDATION, INC	40	
	Nothing to Report Total:	\$0 \$0	9/30/2009
L.	SAINT FRANCIS INDEMNITY Nothing to Report	\$0	
Ť	Nothing to Report Total:	\$0	9/30/2009
M.	SAINT FRANCIS MEDICAL GROUP, INC. (FORMERLY WOODLAND PHYSICIANS Nothing to Report	ASSOCIATES \$0	
	Total:	\$0	9/30/2009
14	CAINT FRANCIS BUO FOUNDATION INC		
N.	SAINT FRANCIS PHO FOUNDATION, INC. Nothing to Report	\$0	
	Total:	\$0	9/30/2009
0.	THE CAMILLIE CORDORATION		
0.	THE CAMILLUS CORPORATION Nothing to Report	\$0	
	Total:	\$0	9/30/2009
P.	TOTAL LAUNDRY COLLABORATIVE LLC		
0	TOTAL LAUNDRY COLLABORATIVE, LLC Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	Grand Total:	\$0	0/20/2000
	Grand Total:	1 \$0	9/30/2009

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.	SAINT FRANCIS CARE, INC. Nothing to Report	\$0	O
	Totaling to respon		
В.	ASYLUM HILL FAMILY MEDICINE CENTER, INC.		
0	Nothing to Report	\$0	
	To	al: \$0	
C .	COLLABORATIVE LABORATORY SERVICES, LLC Nothing to Report	6.0	0
- 0	Nothing to Report	\$0 al: \$0	
	10	un.	
D.	MOUNT SINAI REHABILITATION HOSPITAL INC.		
0	Nothing to Report	\$0	0
	To	al: \$0	
E.	NEW ASYLUM MANAGEMENT CORPORATION		
0	Nothing to Report	\$0	
	To	al: \$0	
F.	ONE THOUSAND CORPORATION Nothing to Report	\$0	0
	Nothing to Keport		
G.	ONE THOUSAND ONE CORPORATION		
0	Nothing to Report	\$0	0
	To	al: \$0	
	SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P.C.(FORMERLY PATH, P.C.)		
0	Nothing to Report	\$0	
	To	al: \$0	
I.	SAINT FRANCIS CARE MEDICAL GROUP, P.C. Nothing to Report	\$0	n
	Nothing to Keport		
J.	SAINT FRANCIS HEALTHCARE PARTNERS (FORMERLY ST FRAN/MT SINAI PHYSICIAN H	SPITAL ORGANIZATION INC.)	
0	Nothing to Report	\$0	0
	To	al: \$0	

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
K.	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER FOUNDATION, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	SAINT FRANCIS INDEMNITY	60	0
0	Nothing to Report Total:	\$0 \$0	U
	ı otat.	\$0	
M. 0	SAINT FRANCIS MEDICAL GROUP, INC. (FORMERLY WOODLAND PHYSICIANS ASSOCIATES Nothing to Report	\$0	0
_	Total:	\$0	J
		•••	
N.	SAINT FRANCIS PHO FOUNDATION, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
0.	THE CAMILLUS CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
	TOTAL LAUNDRY COLLABORATIVE, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Tatali	en.	
	Grand Total:	\$0	

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SAINT FRANCIS HOSPITAL AND MEDICAL CENTER **ANNUAL REPORTING FISCAL YEAR 2009 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR** INDIGENT CARE AND FREE BEDS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOÚNT DIFFERENCE	% DIFFERENCE
Α.	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%
В.	Free Beds				
	Beginning Balance	\$915,646.00	\$867,798.00	(\$47,848.00)	-5%
1	Donations	\$4,380.00	\$1,053.00	(\$3,327.00)	-76%
2	Income	\$39,230.00	\$3,511.00	(\$35,719.00)	-91%
3	Expenditures	\$5,926.00	\$2,318.00	(\$3,608.00)	-61%
4	Unrealized Gains and Losses	(\$85,532.00)	\$59,156.00	\$144,688.00	-169%
	Ending Balance	\$867,798.00	\$929,200.00	\$61,402.00	7%
5	Projected Interest Income	\$26,034.00	\$18,584.00	(\$7,450.00)	-29%
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%

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SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
ANNUAL REPORTING					
	FISCAL YEAR 2009				
REF	ORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERE	D BY THE HOSPITAL			
A. Patient Activity					
(1)	(2)	(3)			
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount			
1.Number of Application	s for Hospital Bed Funds	4			
2. A. Number of Patients	s receiving Hospital Bed Fund Grants	4			
2. B. The Actual Total D	ollar Amount provided to all patients from Hospital Bed F	\$2,318.00			
1	Terry Steam Fund	\$1,035.00			
2	Free Bed Fund	\$309.00			
3	Free Bed Fund	\$75.00			
Free Bed Fund \$899.					
	Grand Total	\$2,318.00			

	SAINT F	RANCIS HOSPITAL A	ND MEDICAL CENTE	R	
		ANNUAL REPO			
		FISCAL YEAR			
	REPORT 17 - HOSPITAL			Y THE HOSPITAL	
R B	ED FUND ACTIVITY				
(1)	(2)	(3)	(4)	(5)	(6)
(.,	(-)	FMV of Principal	Actual Earnings	Earnings	Earnings
Line	Name of Hospital Bed Fund	i iii v oi i iiiioipai	7 totaar Lariningo	Reinvested	Available
(3)	Fair Market Value of the Principal of ea	ch individual Hospit	al Bed Fund, or the P	rincipal attributable	to each Hospit
(-,					
(4)	Total Actual Earnings for each Hospita	I Bed Fund or the Ea	rnings attributable to	each Hospital Bed	Fund.
` '				· · · · · · · · · · · · · · · · · · ·	
(5)	Actual Dollar Amount of Earnings rein	vested as Principal, i	f any.		
`,		•			
(6)	Actual Dollar Amount of Earnings avai	lable for Patient Care	Э.		
	Israel Dubrow	\$198.00	\$16.00	\$0.00	\$16.
	Suisman	\$12,000.00	\$197.00	\$0.00	\$197.
	Mary Carroll Garvan	\$5,000.00	\$81.00	\$0.00	\$81.
	Patrick Garvan	\$5,000.00	\$81.00	\$0.00	\$81.
	Mother Angeline Garvan	\$5,000.00	\$82.00	\$0.00	\$82.
	Mary Hooker	\$10,000.00	\$163.00	\$0.00	\$163.
	Anne B. Fischer	\$5,000.00	\$82.00	\$0.00	\$82.
	Charles Dillon	\$10,000.00	\$163.00	\$0.00	\$163.
	John and Ellen Lorden	\$5,000.00	\$82.00	\$0.00	\$82.
	Dr. Phillip Kennedy	\$5,000.00	\$84.00	\$0.00	\$84.
	Reverend Tierney	\$10,000.00	\$263.00	\$0.00	\$263.
	Moses Fox	\$20,000.00	\$591.00	\$0.00	\$591.
	Juliette McLean	\$60,000.00	\$1,104.00	\$0.00	\$1,104.
	Charles J. Reardon	\$6,000.00	\$126.00	\$0.00	\$126.
	F.W. Swindell	\$5,000.00	\$116.00	\$0.00	\$116.
	Katherine Nugent	\$1,000.00	\$22.00	\$0.00	\$22.
	Ladies of Charity	\$20,000.00	\$385.00	\$0.00	\$385.
	Monsignor Routhier	\$33,897.00	\$1,019.00	\$0.00	\$1,019.
	Marcellus B. Wilcox	\$10,000.00	\$186.00	\$0.00	\$186.
	Alice F. Noonan	\$336.00	\$16.00	\$0.00	\$166. \$16.
	Rene Landry	\$1,365.00	\$27.00	\$0.00	\$10.
	Terry Steam	\$31,218.00	\$82.00	\$0.00	\$82.
	Mary Brady	\$1,000.00	\$230.00	\$0.00	\$230.
	Solomon and Katie Wohl	\$5,000.00	\$82.00	\$0.00	\$230. \$82.
	Edward Dillon	\$40,000.00	\$652.00	\$0.00	\$652.
	Mark Hanlon	\$5,000.00	\$81.00	\$0.00	\$652. \$81.
	Samuel and Tillie Cheiffetz	\$5,000.00	-		\$479.
	Dr. and Mrs. John OFlaherty		\$479.00 \$171.00	\$0.00	
	St. Francis Hospital Womens	\$10,000.00	\$171.00	\$0.00	\$171.
	Auxiliary	\$14 200 00	¢232 NA	\$0.00	¢၁၁၁
	Ellen OBrien Lyons	\$14,200.00 \$5,000.00	\$232.00 \$81.00	\$0.00	\$232. \$81.
	Anna C. Goodrich	\$5,000.00	\$81.00	\$0.00	
	General Free Bed Fund	\$174,120.00			\$81. (\$3.546
	Total Bed Funds :	\$174,120.00 \$529,613.00	(\$3,546.00) \$3,511.00	\$0.00 \$0.00	(\$3,546. \$3,511.

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	An automatic write off to a collection agency is based on the number of statements sent to the patient, age and value of account, or if deemed uncollectible. See our automatic write off policy
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	Collection agencies are compensated based on percentage of dollars collected. In addition, collection attorneys are paid an hourly rate for specific accounts requiring legal intervention
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	6.10%
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.	Contract includes pre-collection billing and management of self pay balances to initiate account resolution without being placed for collection. Unresolved accounts written off automatically for direct collection based on number of statements & age.
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.	Collection agencies are compensated based on percentage of dollars collected. In addition, collection attorneys are paid an hourly rate for specific accounts requiring legal intervention

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.	3.10%
	Collection Agent	
1	Collection Agent Name	Tobin, Carberry, OMalley, Riley and Selinger
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.	Accounts are reviewed individually and referred based upon the age and value of the account to this agency for assistance. Unresolved accounts that are deemed uncollectible are automatically written off to bad debt for direct collection
	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.	Collection agencies are compensated based on percentage of dollars collected. In addition, collection attorneys are paid an hourly rate for specific accounts requiring legal intervention
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	0.00%
	Collection Agent	
1	Collection Agent Name	Nair and Levin
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.	Contract includes pre-collection billing and management of self pay balances to initiate account resolution without being placed for collection. Unresolved accounts are written off automatically for direct collection based upon number of statements and age.

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
		Collection agencies are compensated based on percentage of dollars collected. In addition, collection attorneys are paid an hourly rate for specific accounts requiring legal intervention
	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	8.10%

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

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	President	\$1,134,438	\$91,022	\$1,225,460
2.	Executive Vice President	\$713,321	\$63,638	\$776,959
3.	Senior Vice President and CFO	\$699,492	\$65,391	\$764,883
4.	Senior Vice President and General Counsel	\$642,571	\$96,811	\$739,382
5.	Executive Vice President and COO	\$461,450	\$44,692	\$506,142
6.	Senior Vice President - Planning	\$446,346	\$47,748	\$494,094
7.	Section Chief - Pathology	\$438,063	\$42,021	\$480,084
8.	Department Chairman - Pathology	\$412,372	\$40,898	\$453,270
9.	Program Director - Pathology	\$394,575	\$39,478	\$434,053
10.	President - Saint Francis Foundation	\$365,146	\$67,980	\$433,126
	Grand Total:	\$5,707,774	\$599,679	\$6,307,453

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

(1)	(2)	(3)	(4)	(5)
		SALARIES (Directly	FRINGE BENEFITS ^A (Directly or	
LINE	DESCRIPTION	or Indirectly) ^C	Indirectly) ^c	TOTAL
Α.	SAINT FRANCIS CARE, INC.	1		
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
				*-
В.	ASYLUM HILL FAMILY MEDICINE CENTER, 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
С.	COLLABORATIVE LABORATORY SERVICES, LLC	1		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$20,128	\$5,432	\$25,560
2	Paid by the Hospital to Employees of the Entity Listed Above	\$7,777,321	\$2,407,373	\$10,184,694
_		*:,:::,=:	+=, +=+ +=+=	* 10,101,001
D.	MOUNT SINAI REHABILITATION HOSPITAL INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$819,873	\$198,561	\$1,018,434
2	Paid by the Hospital to Employees of the Entity Listed Above	\$3,286,056	\$887,235	\$4,173,291
E.	NEW ASYLUM MANAGEMENT CORPORATION	1		
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	\$0 \$0
_		, , , , , , , , , , , , , , , , , , , 	Ψ0	*
F.	ONE THOUSAND CORPORATION			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$143,938	\$0	\$143,938
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
G.	ONE THOUSAND ONE CORPORATION	7		
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
_	and by the mosphanic Employees of the Emily Electricates	Ψ.	+ 0	Ψ.
Н.	SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P.C.(FORMERLY PATH, P.C.)			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$1,868,584	\$285,597	\$2,154,181
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
	SAINT FRANCIS CARE MEDICAL GROUP, P.C.	٦		
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
	SAINT FRANCIS HEALTHCARE PARTNERS (FORMERLY ST FRAN/MT]	ų.	40
J.	SINAI PHYSICIAN HOSPITAL ORGANIZATION, INC.) Paid by the Entity Listed Above to Hospital Employees(B)	\$302,362	\$76,834	\$379,196
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
_		Ψ.		Ψ
Κ.	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER FOUNDATION, INC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$961,888	\$0	\$961,888
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
L.	SAINT FRANCIS INDEMNITY	1		
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
М.	SAINT FRANCIS MEDICAL GROUP, INC. (FORMERLY WOODLAND PHYSICIANS ASSOCIATES)			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$953,524	\$260,407	\$1,213,931
2	Paid by the Hospital to Employees of the Entity Listed Above	\$17,836,061	\$2,953,652	\$20,789,713
N.	SAINT FRANCIS PHO FOUNDATION, INC.	1		
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
0.	THE CAMILLUS CORPORATION			
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
Ρ.	TOTAL LAUNDRY COLLABORATIVE, LLC	1		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
	I are by the Entity Listed Above to Hospital Employees(b)	ΨU	Ψ	ψυ

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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
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.

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

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2009
Α	Transfer of Assets or Operations	
	Name of the Person or Entity Organized or Operated For Profit involved in each	
1.	Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

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	ANNUAL R	EPORTING			
	FISCAL Y	EAR 2009			
	REPORT 23 - CHARITY CARE AND REDUCED (COST SERVICES	PROVIDED BY	THE HOSPITAL	
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
<u>LINE</u>	DESCRIPTION	<u>AMOUNT</u>	<u>AMOUNT</u>	DIFFERENCE	<u>DIFFERENCE</u>
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial St	atement Notes)			
1.	Number of Applicants	13,773	13,602	(171)	-19
2.	Number of Approved Applicants	13,245	12,950	(295)	-29
				, ,	
3.	Total Charges (A)	\$13,901,852	\$13,545,056	(\$356,796)	-39
	Average Charges	\$1,050	\$1,046	(\$4)	0
	D. (1. 1.0. 11. 0) (DOO)	0.4700	0.405504	(0.005000)	4.
4.	Ratio of Cost to Charges (RCC) Total Cost	0.4709	0.465561	(0.005339) (\$240,332)	-1°
	Average Cost	\$6,546,382 \$494	\$6,306,050 \$487	(\$240,332)	-4°
	Average Cost	\$494	\$407	(\$1)	-1
5.	Charity Care - Inpatient Charges	\$5,397,888	\$4,046,971	(\$1,350,917)	-259
6.	Charity Care - Outpatient Emergency Department Charges	4,958,261	5,340,687	382,426	89
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	3,545,703	4,157,398	611,695	179
	Total Charges (A)	\$13,901,852	\$13,545,056	(\$356,796)	-39
	Total Gilai goo (1.)	4.0,001,002	4.0,0.0,000	(4000,:00)	
8.	Charity Care - Number of Patient Days	4,880	4,195	(685)	-149
9.	Charity Care - Number of Discharges	1,105	1,058	(47)	-40
10.	Charity Care - Number of Outpatient ED Visits	8,489	8,751	262	30
	Charity Care - Number of Outpatient Visits (Excludes ED	2,122	-,		
11.	Visits)	15,383	16,057	674	49
11.	1.0.00)	10,000	10,001	07.1	7,
11.		10,000	10,007	0.11	
	e total amount must agree with the total amount listed in			-	
	e total amount must agree with the total amount listed in	the Hospital Audi		-	7.
	,	the Hospital Audi		-	7
(A) Th <u>B.</u>	e total amount must agree with the total amount listed in the listed in	the Hospital Audi	ited Financial St	-	
(A) Th <u>B.</u> 1.	e total amount must agree with the total amount listed in the listed in	the Hospital Audi	ited Financial St	atement Notes.	04
(A) Th <u>B.</u>	e total amount must agree with the total amount listed in the listed in	the Hospital Audi	ited Financial St	atement Notes.	06
(A) Th B. 1. 2.	e total amount must agree with the total amount listed in the second sec	the Hospital Audi	ited Financial St	atement Notes.	0,
(A) Th <u>B.</u> 1.	e total amount must agree with the total amount listed in the second sec	the Hospital Audi	ited Financial St	atement Notes.	0° 0°
(A) Th B. 1. 2.	e total amount must agree with the total amount listed in the second sec	the Hospital Audi eport 17)	ited Financial St 4 4 \$2,318	- - - (\$3,608)	0° 0°
(A) Th B. 1. 2.	e total amount must agree with the total amount listed in the second sec	the Hospital Audi eport 17)	ited Financial St 4 4 \$2,318	- - - (\$3,608)	-61° -61°
(A) Th B. 1. 2. 3.	e total amount must agree with the total amount listed in the second sec	eport 17) 4 4 55,926 \$1,482	4 4 4 52,318 \$580	- - (\$3,608) (\$902)	-61° -61°
(A) Th B. 1. 2. 3.	e total amount must agree with the total amount listed in the special section of the specia	\$5,926 \$1,482	\$2,318 \$580 \$0.4656	(\$3,608) (\$902)	-61° -61° -61°
(A) Th B. 1. 2. 3.	e total amount must agree with the total amount listed in the special section of the specia	\$5,926 \$1,482 0.4709 \$2,791 \$698	\$2,318 \$580 0.4656 \$1,079	(\$3,608) (\$902) (0.005300) (\$1,711) (\$428)	-61° -61° -61° -61°
(A) Th B. 1. 2. 3. 4.	e total amount must agree with the total amount listed in a Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges	\$5,926 \$1,482 0.4709 \$2,791 \$698	\$2,318 \$580 0.4656 \$1,079 \$270	(\$3,608) (\$902) (0.005300) (\$1,711) (\$428)	-61° -61° -61° -61° -61°
(A) Th B. 1. 2. 3. 4.	e total amount must agree with the total amount listed in the spital Bed Funds (see Hospital Reporting System - Reference of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges	\$5,926 \$1,482 0.4709 \$2,791 \$698 \$1,043 3,690	\$2,318 \$580 0.4656 \$1,079 \$270 \$75 309	(\$3,608) (\$902) (0.005300) (\$1,711) (\$428) (\$968) (3,381)	-61° -61° -61° -61° -93° -92°
(A) Th B. 1. 2. 3. 4.	e total amount must agree with the total amount listed in the spital Bed Funds (see Hospital Reporting System - Reference of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges)	\$5,926 \$1,482 0.4709 \$2,791 \$698 \$1,043 3,690 1,193	\$2,318 \$2,318 \$580 0.4656 \$1,079 \$270 \$75 309 1,934	(\$3,608) (\$902) (0.005300) (\$1,711) (\$428) (\$968) (3,381) 741	-619 -619 -619 -619 -619 -939 -929 629
(A) Th B. 1. 2. 3. 4.	e total amount must agree with the total amount listed in the spital Bed Funds (see Hospital Reporting System - Reference of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges	\$5,926 \$1,482 0.4709 \$2,791 \$698 \$1,043 3,690	\$2,318 \$580 0.4656 \$1,079 \$270 \$75 309	(\$3,608) (\$902) (0.005300) (\$1,711) (\$428) (\$968) (3,381)	-619 -619 -619 -619 -619 -939 -929 629
(A) Th B. 1. 2. 3. 4.	e total amount must agree with the total amount listed in the spital Bed Funds (see Hospital Reporting System - Reference of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B)	\$5,926 \$1,482 0.4709 \$2,791 \$698 \$1,043 3,690 1,193	\$2,318 \$2,318 \$580 0.4656 \$1,079 \$270 \$75 309 1,934	(\$3,608) (\$902) (0.005300) (\$1,711) (\$428) (\$968) (3,381) 741 (\$3,608)	-61° -61° -61° -61° -61° -61° -61° -61°
(A) Th B. 1. 2. 3. 4. 5. 6. 7.	e total amount must agree with the total amount listed in the spital Bed Funds (see Hospital Reporting System - Research Number of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days	\$5,926 \$1,482 0.4709 \$2,791 \$698 \$1,043 3,690 1,193 \$5,926	\$2,318 \$580 0.4656 \$1,079 \$270 \$75 309 1,934 \$2,318	(\$3,608) (\$902) (0.005300) (\$1,711) (\$428) (\$968) (3,381) 741	-61° -61° -61° -61° -61° -61° -61° -61°
(A) Th B. 1. 2. 3. 4. 5. 6. 7.	e total amount must agree with the total amount listed in the spital Bed Funds (see Hospital Reporting System - Research Number of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	\$5,926 \$1,482 0.4709 \$2,791 \$698 \$1,043 3,690 1,193 \$5,926	\$2,318 \$580 0.4656 \$1,079 \$270 \$75 309 1,934 \$2,318	(\$3,608) (\$902) (0.005300) (\$1,711) (\$428) (\$968) (3,381) 741 (\$3,608)	-61° -61° -61° -61° -61° -61° -61° -61°
(A) Th B. 1. 2. 3. 4. 5. 6. 7.	e total amount must agree with the total amount listed in the spital Bed Funds (see Hospital Reporting System - Reference of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges Bed Funds - Number of Outpatient ED Visits	\$5,926 \$1,482 0.4709 \$2,791 \$698 \$1,043 3,690 1,193 \$5,926	\$2,318 \$580 0.4656 \$1,079 \$270 \$75 309 1,934 \$2,318	(\$3,608) (\$902) (0.005300) (\$1,711) (\$428) (\$968) (3,381) 741 (\$3,608)	-619 -619 -619 -619 -619 -939 -929 -629 -619
(A) Th B. 1. 2. 3. 4. 5. 6. 7.	e total amount must agree with the total amount listed in the spital Bed Funds (see Hospital Reporting System - Research Number of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	\$5,926 \$1,482 0.4709 \$2,791 \$698 \$1,043 3,690 1,193 \$5,926	\$2,318 \$580 0.4656 \$1,079 \$270 \$75 309 1,934 \$2,318	(\$3,608) (\$902) (0.005300) (\$1,711) (\$428) (\$968) (3,381) 741 (\$3,608)	-61% -61% -61% -61% -61% -61% -61% -61%

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