ANNUAL REPORTING

FISCAL YEAR 2009

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

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
Α.	AFFILIATE NAME	SAINT MARY'S HEALTH SYSTEM, INC.	
		PARENT CORPORATION TO ASSIST SMH & OTHER CATHOLIC ORG IN	
1	Affiliate Description	CARRYING OUT THEIR WORK IN DELIVERY OF HEALTH CARE	
	Affiliate type of service	Parent Corporation	
3	Tax Status Street Address	Not for Profit 56 FRANKLIN STREET	
5	Town	Waterbury	
	State	Connecticut	
	Zip Code	06706 -	
	CEO Name	Chad W. Wable, FACHE	
	CEO Title	President and CEO Chad W. Wable, FACHE	
	CT Agent Name CT Agent Company	Saint Mary's Hospital	
12	CT Agent Company Street Address	56 FRANKLIN STREET	
	CT Agent Town	Waterbury	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06706 -	
В.	AFFILIATE NAME	DIAGNOSTIC IMAGING OF SOUTHBURY, LLC	
	Affiliate Description	DIAGNOSTIC IMAGING SERVICES	
	Affiliate type of service	Imaging Services	
3	Tax Status	For Profit	
4	Street Address	385 Main Street, Union Sq Plaz Bldg #1	
5	Town	Southbury	
6	State	Connecticut	
	Zip Code CEO Name	06488 - Robert Gumbardo, MD	
	CEO Title	President	
	CT Agent Name	JOSEPH A. MENGACCI, ESQ.	
11	CT Agent Company	Joseph A. Mengacci Esq. (Self Employed)	
	CT Agent Company Street Address	56 FRANKLIN STREET	
	CT Agent Town	Waterbury	
	CT Agent State CT Agent Zip Code	Connecticut 06706 -	
13	CT Agent Zip Code	00700	
C.	AFFILIATE NAME	FRANKLIN MEDICAL GROUP, PC.	
	Affiliate Description	MEDICAL PRACTICES	
2	Affiliate type of service	Medical Practices	
3	Tax Status Street Address	For Profit	
5	Town	133 SCOVILL STREET, WATERBURY, CT Waterbury	
6	State	Connecticut	
	Zip Code	06706 -	
8	CEO Name	Peter Jacoby, M.D.	
	CEO Title	PRESIDENT	
	CT Agent Name	Robert J. Anthony, Esq.	
11 12	CT Agent Company CT Agent Company Street Address	Brown & Rudnick 56 FRANKLIN STREET	
	CT Agent Company Street Address CT Agent Town	Waterbury	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06706 -	
		HADOLD LEEVED DECIONAL CANCED CENTED INC	
D.	AFFILIATE NAME	HAROLD LEEVER REGIONAL CANCER CENTER, INC. A COMPREHENSIVE CANCER CENTER THAT PROVIDES A MULTI-DISCIPLINARY	
1	Affiliate Description	APPROACH TO CANCER TREATMENT IN A SINGLE LOCATION.	
2	Affiliate type of service	Other HealthCare Svcs(Specify)	
		· · · · · · · · · · · · · · · ·	

REPORT 20 1 OF 24 9/21/2010,8:47 AM

ANNUAL REPORTING

FISCAL YEAR 2009

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

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
3	Tax Status	Not for Profit
4	Street Address	1075 Chase Parkway
5	Town	Waterbury
6	State	Connecticut
	Zip Code	06708 -
	CEO Name	Kevin Knierny
	CEO Title	Executive Director
	CT Agent Name	Bennett J. Bernblum
	CT Agent Company CT Agent Company Street Address	Wiggin & Dana
12	CT Agent Company Street Address CT Agent Town	New Haven
	CT Agent Town CT Agent State	Connecticut
	CT Agent Zip Code	06510 -
10	o i rigent zip eede	
E.	AFFILIATE NAME	HEART CENTER OF GREATER WATERBURY, INC.
1	Affiliate Description	CORPORATION TO PROVIDE MANAGEMENT AND OVERSIGHT SERVICES OT ST. MARY'S HOSPITAL CORPORATION AND THE WATERBURY HOSPITAL FOR DEVELOPMENT AND OPERATOIN OF A JOINT ANGIOPLASTY AND CARDIAC SURGERY PROGRAM, INCLUDING PROGRAMMATIC, QUALITY, TRAINING, MARKETING,
	Affiliate type of service	Other HealthCare Svcs(Specify)
	Tax Status	Not for Profit
4	Street Address	81 WEST MAIN STREET
5	Town State	Waterbury
6	Zip Code	Connecticut 06702 -
	CEO Name	CHAD W. WABLE, FACHE & JOHN TOBIN
9	CEO Name CEO Title	CO-PRESIDENTS
	CT Agent Name	Robert J. Anthony
	CT Agent Company	Brown & Rudnick
		CityPlace I, I85 Asylum Street
	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
	AFFILIATE NAME	NAUGATUCK VALLEY MRI, LP
	Affiliate Description	OUTPATIENT MRI OUTPATIENT DIAG MRI SERVICES
2	Affiliate type of service	Imaging Services
3	Tax Status	For Profit
4	Street Address	56 FRANKLIN STREET, WATERBURY, CT
5	Town	Waterbury
7	State Zip Code	Connecticut 06706 -
	CEO Name	Robert GUmbardo, MD
	CEO Title	President
	CT Agent Name	NAUGATUCK VALLEY RADIOLOGICAL ASSOCIATES
	CT Agent Company	Naugatuck Valley Radiological Assocoates
12		133 Scovill St
13	CT Agent Town	Waterbury
14	CT Agent State	Connecticut
	CT Agent Zip Code	06706 -
1 _		NAME ATTICK VALLEY CURCICAL CENTER LB
G.	AFFILIATE NAME	NAUGATUCK VALLEY SURGICAL CENTER, LP
1		AMBULATORY/OP SURGERY CENTER OPERATING ARENA FOR LESSER
1	Affiliate Description	SURGERIES SUCH AS TONSILS, HERNIAS, ADNOIDS, ETC.
2	Affiliate type of service	Ambulatory/OP Surgery Center
3	Tax Status Street Address	For Profit 160 ROBBINS STREET, WATERBURY, CT
4	Street Address	100 NOBBING STREET, WATERBURT, CT

REPORT 20 2 OF 24 9/21/2010,8:47 AM

ANNUAL REPORTING

FISCAL YEAR 2009

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

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
5	Town	Waterbury	
	State	Connecticut	
	Zip Code	06708 -	
	CEO Name	ELIZABETH BOZZUTO	
	CEO Title	Executive Director	
	CT Agent Name	ELIZABETH BOZZUTO	
	CT Agent Company	Naugatuck Valley Surgical Center	
		160 ROBBINS STREET	
	CT Agent Town CT Agent State	Waterbury Connecticut	
	CT Agent State CT Agent Zip Code	06708 -	
13	CT Agent Zip Code	00700	
н.	AFFILIATE NAME	PARTNERS INTERINSURANCE EXCHANGE	
		A VOLUNTARY UNINCORPORATED RECIPROCAL INSURER ORGANIZED &	
		EXISTING UNDER THE LAWS OF THE STATE OF VERMONT FOR THE PURPOSE	
I		OF THE RECIPROCAL EXCHANGE OF PRIVATE CONTRACTS OF INSURANCE,	
1	Affiliate Description	REINSURANCE & INDEMNITY AMONG SUBSCRIBERS	
	Affiliate type of service	Insurance	
3	Tax Status	For Profit	
4	Street Address	165 Westmont Street, West Hartford, CT	
5	Town	W Hartford	
6	State	Connecticut	
7	Zip Code	06117 -	
	CEO Name	Ronald Jarvis	
	CEO Title	CEO	
	CT Agent Name	Patti Pallito	
		AON Insurance	
	CT Agent Company Street Address		
13	CT Agent Town	Burlington	
	CT Agent State CT Agent Zip Code	Vermont 05401 -	
15	CT Agent Zip Code	03401 -	
l .	AFFILIATE NAME	PRIMARY CARE PARTNERS, P.C.	
		MEDICAL PRACTICES	
2		Medical Practices	
3	Tax Status	Not for Profit	
4	Street Address	166 Waterbury Road, Suite 300	
5	Town	Prospect	
6	State	Connecticut	
	Zip Code	06712 -	
8	CEO Name	Peter Jacoby, MD	
	CEO Title	President	
	CT Agent Name	Brown & Rudnick	
	CT Agent Company	Robert J. Anthony	
	0 ,	56 Franklin Street	
	CT Agent Town	Waterbury	
	CT Agent Zip Code	Connecticut 06706 -	
15	CT Agent Zip Code	00700 -	
J.	AFFILIATE NAME	SAINT MARY'S INDEMNITY COMPANY, LLC	
J.	ALLILIATE NAME	A VOLUNTARY UNINCORPORATED RECIPROCAL INSURER ORGANIZED &	
I			
I		EXISTING UNDER THE LAWS OF THE STATE OF VERMONT FOR THE PURPOSE	
_	Affiliate Depariation	OF THE RECIPROCAL EXCHANGE OF PRIVATE CONTRACTS OF INSURANCE,	
1	Affiliate Description	REINSURANCE & INDEMNITY AMONG SUBSCRIBERS	
3	Affiliate type of service Tax Status	Insurance For Profit	
4	Street Address	126 College Street	
5		Burlington	
J	IOWII	Durmigron	

REPORT 20 3 OF 24 9/21/2010,8:47 AM

ANNUAL REPORTING

FISCAL YEAR 2009

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

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
6	State	Vermont
7	Zip Code	05401 -
	CEO Name	David Robinson
9	CEO Title	President
	CT Agent Name	Strategic Risk Solutions
11	CT Agent Company	Patricia Henderson
	CT Agent Company Street Address	126 College Street
	CT Agent Town	Burlington
	CT Agent State	Vermont
15	CT Agent Zip Code	05401 -
K.	AFFILIATE NAME	SAINT MARY'S HOSPITAL FOUNDATION, INC.
		FOUNDATION FUNDRAISING SERVICES FOR HOSPITAL PRIMARILY FOR
1	Affiliate Description	SPECIAL PROJ OR EQUIP
	Affiliate type of service	Foundation
3	Tax Status	Not for Profit
4	Street Address	56 FRANKLIN STREET
5	Town	Waterbury
6	State	Connecticut
7	Zip Code	06706 -
8	CEO Name	Margaret Lawlor
9	CEO Title	PRESIDENT
10	CT Agent Name	Chad W. Wable, FACHE
11	CT Agent Company	Saint Mary's Hospital
	CT Agent Company Street Address	56 FRANKLIN STREET, WTBY, CT,
	CT Agent Town	Waterbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06706 -
	AFFILIATE NAME	SCOVILL MEDICAL GROUP, P.C.
1	Affiliate Description	MEDICAL PRACTICES
	Affiliate type of service	Medical Practices
3	Tax Status	For Profit
4	Street Address	133 SCOVILL STREET
5	Town	Waterbury
6	State	Connecticut
7	Zip Code	06706 -
	CEO Name	FRANCO GALASSO, MD
9	CEO Title	PRESIDENT PROPERTY ANTERIOR OF THE PROPERTY OF
	CT Agent Name	ROBERT J. ANTHONY
11	CT Agent Company	Brown & Rudnick
12		56 FRANKLIN STREET,
	CT Agent Town	Waterbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06706 -

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

REPORT 20 4 OF 24 9/21/2010,8:47 AM

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
Α.	SAINT MARY'S HOSPITAL		
1	CAINT MART OTION TIAL	Unrestricted	(\$4,907,000)
2		Temporarily Restricted by Donor	\$2,387,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$13,781,000
5		Intercompany Eliminations	(\$16,095,000)
		Total:	(\$4,834,000)
В.	SAINT MARY'S HEALTH SYSTEM, INC.		
1		Unrestricted	\$1,980,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$4,270,000)
		Total:	(\$2,290,000)
C.	DIAGNOSTIC IMAGING OF SOUTHBURY, LLC		
1		Unrestricted	\$2,106,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$2,106,000
D.	FRANKLIN MEDICAL GROUP, PC.		
1	TRANSPORT MEDICAL GROOT, T.C.	Unrestricted	\$629,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$629,000
E.	HAROLD LEEVER REGIONAL CANCER CENTER, INC.		
1	TIAROLD ELEVER REGIONAL GANGER GENTER, ING.	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
_	HEART CENTER OF GREATER WATERBURY, INC.		
	HEART CENTER OF GREATER WATERBORT, INC.	I lovo etvisto d	C 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
	NAME AT LICK WALL BY MPL 1.5		
G .	NAUGATUCK VALLEY MRI, LP	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
			_

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
<u> </u>	, ,	FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2009
H.	NAUGATUCK VALLEY SURGICAL CENTER, LP		
1		Unrestricted	\$6,895,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$6,895,000
I.	PARTNERS INTERINSURANCE EXCHANGE		
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
		Total:	\$0
J.	PRIMARY CARE PARTNERS, P.C.		
1	I KIMAKI VAKE I AKINEKO, I .V.	Unrestricted	(\$330,000)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
Ť		Total:	(\$330,000)
K.	SAINT MARY'S INDEMNITY COMPANY, LLC		
1		Unrestricted	\$7,094,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$7,094,000
	CAINT MARY'S HOSPITAL FOLINDATION INC		
L.	SAINT MARY'S HOSPITAL FOUNDATION, INC.	I love stricts d	¢4.000.000
1		Unrestricted	\$1,628,000
3		Temporarily Restricted by Donor	\$1,674,000
4		Temporarily Restricted by Board Permanently Restricted by Donor	\$000
5		Intercompany Eliminations	\$968,000 \$0
		Total:	\$4,270,000
			Ţ .,=: Ţ ,,
М.	SCOVILL MEDICAL GROUP, P.C.		
1	·	Unrestricted	(\$397,000)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$397,000)
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$33,508,000
	Intercompany Eliminations	Famil Balance	(\$20,365,000)
	Total of all Affiliates	Fund Balance:	\$13,143,000

REPORT 5 6 OF 24 9/21/2010, 8:47 AM

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

Г	(1)	(2)	(3)	(4)
Г			FUND DESCRIPTION /	BALANCE AS OF
L	INE	AFFILIATE NAME	FUND PURPOSE	9/30/2009

REPORT 5 7 OF 24 9/21/2010, 8:47 AM

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
_	CAINT MADVCC HEALTH OVETEN INC			
Α.	SAINT MARY'S HEALTH SYSTEM, INC.	Beginning Unconsolidated Intercompany Balance:	9/30/2008	(\$357,310)
1		Intercompany transfer of services	09/30/2009	\$13,083
- ' -		Ending Unconsolidated Intercompany Balance:	9/30/2009	(\$344,227)
			3,03,200	
В.	DIAGNOSTIC IMAGING OF SOUTHBURY, LLC			
	·	Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
C.	FRANKLIN MEDICAL GROUP, PC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
_	HAROLD LEEVED BEGIONAL GANGED GENTER INC			
D.	HAROLD LEEVER REGIONAL CANCER CENTER, INC.	Parionina Harras elidated lutare anno Palance	0/00/0000	\$5,614
1		Beginning Unconsolidated Intercompany Balance: Intercompany transfer of services	9/30/2008 09/30/2009	\$29,118
<u> </u>		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$34,732
		Enamy oncompany balance.	3/30/2009	ψο-1,102
E.	HEART CENTER OF GREATER WATERBURY, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$3,166
1		Intercompany transfer of services	09/30/2009	(\$880)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$2,286
F.	NAUGATUCK VALLEY MRI, LP			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
1		Intercompany transfer of services	09/30/2009	\$23,600
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$23,600
G.	NAUGATUCK VALLEY SURGICAL CENTER, LP	Parionina Harras Hidetad Intercome	0/00/0000	60
4		Beginning Unconsolidated Intercompany Balance:	9/30/2008 09/30/2009	\$0 \$1,917,960
1		Intercompany transfer of services Ending Unconsolidated Intercompany Balance:		\$1,817,860 \$1,817,860
		Ending Officonsolidated Intercompany Balance.	9/30/2009	φ1,017,000
н	PARTNERS INTERINSURANCE EXCHANGE			
I '''	FAILURING INTENINGUNANCE EXCHANGE			

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

(1)	(2)	(3)	(4)	(5)	
LINE	AFFILIATE NAME	E NAME DESCRIPTION OF TRANSFER		TRANSFER TO / FROM HOSPITAL	
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$150,000	
1		Intercompany transfer of services	09/30/2009	(\$150,000)	
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0	
I.	PRIMARY CARE PARTNERS, P.C.				
	,	Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0	
1		Intercompany transfer of services	09/30/2009	\$326,197	
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$326,197	
J.	SAINT MARY'S INDEMNITY COMPANY, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0	
1		Intercompany transfer of services	09/30/2009	\$1,393,814	
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$1,393,814	
K.	SAINT MARY'S HOSPITAL FOUNDATION, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$23,837	
1		Intercompany transfer of services	09/30/2009	\$711	
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$24,548	
L.	SCOVILL MEDICAL GROUP, P.C.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$573,284	
1		Intercompany transfer of services	09/30/2009	(\$220,729)	
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$352,555	
			0 171:	40.004.005	
			Grand Total:	\$3,631,365	

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	\$42,718
Α.	SAINT MARY'S HEALTH SYSTEM, INC.				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
B.	DIAGNOSTIC IMAGING OF SOUTHBURY, LLC				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
C.	FRANKLIN MEDICAL GROUP, PC.				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
D.	HAROLD LEEVER REGIONAL CANCER CENTER, INC.				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
E.	HEART CENTER OF GREATER WATERBURY, INC.				
1		FRANKLIN MEDICAL GROUP, PC.	Purchased Services	09/30/2009	(\$35,263)
			Total:	9/30/2009	(\$35,263)
F.	NAUGATUCK VALLEY MRI, LP				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
G.	NAUGATUCK VALLEY SURGICAL CENTER, LP				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
H.	PARTNERS INTERINSURANCE EXCHANGE				
1		SAINT MARY'S INDEMNITY COMPANY, LLC	Purchase of Services	09/30/2009	\$245,642
			Total:	9/30/2009	\$245,642
I.	PRIMARY CARE PARTNERS, P.C.				
1		FRANKLIN MEDICAL GROUP, PC.	Purchased Services	09/30/2009	\$115,981

10 OF 24 9/21/2010,8:47 AM

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
			Total:	9/30/2009	\$115,981
J.	SAINT MARY'S INDEMNITY COMPANY, LLC				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
K.	SAINT MARY'S HOSPITAL FOUNDATION, INC.				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
L.	SCOVILL MEDICAL GROUP, P.C.				
1		FRANKLIN MEDICAL GROUP, PC.	Purchase of Services	09/30/2009	(\$7,929)
			Total:	9/30/2009	(\$7,929)
			Ending Unconsolidated Intercompany Balance	9/30/2009	\$361,149

REPORT 6A 11 OF 24 9/21/2010,8:47 AM

SAINT MARY'S HOSPITAL ANNUAL REPORTING

FISCAL YEAR 2009 REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)		(3)	(4)
LINIE	AFFILIATE NAME &		AMOUNT	DATE
LINE	DESCRIPTION OF EXPENDITURE		AMOUNT	DATE
Α.	SAINT MARY'S HEALTH SYSTEM, INC.			
0	Nothing to Report		\$0	
Ť	Trouming to respon	Total:	\$0	9/30/2009
				57757=577
В.	DIAGNOSTIC IMAGING OF SOUTHBURY, LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2009
C .	FRANKLIN MEDICAL GROUP, PC.		* 0	
U	Nothing to Report	Total:	\$0 \$0	9/30/2009
		rotai.	\$0	9/30/2009
D.	HAROLD LEEVER REGIONAL CANCER CENTER, INC.			
0	Nothing to Report		\$0	
H	. tottining to respect	Total:	\$0	9/30/2009
E.	HEART CENTER OF GREATER WATERBURY, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2009
F.	NAUGATUCK VALLEY MRI, LP		0.0	
0	Nothing to Report	Total:	\$0 \$0	9/30/2009
		Total.	\$0	9/30/2009
G.	NAUGATUCK VALLEY SURGICAL CENTER, LP			
0.	Nothing to Report		\$0	
	Trouming to Tropont	Total:	\$0	9/30/2009
Н.	PARTNERS INTERINSURANCE EXCHANGE			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2009
I. 0	PRIMARY CARE PARTNERS, P.C.		0.0	
0	Nothing to Report	Total:	\$0 \$0	9/30/2009
		i otai.	\$0	9/30/2009
J.	SAINT MARY'S INDEMNITY COMPANY, LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2009
K.	SAINT MARY'S HOSPITAL FOUNDATION, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2009
L .	SCOVILL MEDICAL GROUP, P.C.		\$0	
	Nothing to Report	Total:	\$0 \$0	9/30/2009
			\$0	3/30/2009
		Grand Total:	\$0	9/30/2009
		Jiana Iotai.	40	3/30/2009

REPORT 7 12 OF 24 9/21/2010, 8:47 AM

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
Α.	SAINT MARY'S HEALTH SYSTEM, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	DIAGNOSTIC IMAGING OF SOUTHBURY, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
_			
C .	FRANKLIN MEDICAL GROUP, PC. Nothing to Report	\$0	0
	Nothing to Keport Total:	\$0 \$0	0
	1000	45	
D.	HAROLD LEEVER REGIONAL CANCER CENTER, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	HEART CENTER OF GREATER WATERBURY, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	NAUGATUCK VALLEY MRI, LP	60	0
0	Nothing to Report Total:	\$0 \$0	0
	i Otal.	40	
G.	NAUGATUCK VALLEY SURGICAL CENTER, LP		
0	National Vallet Surgical Center, LP Nothing to Report	\$0	0
	Total:	\$0	
	PARTNERS INTERINSURANCE EXCHANGE		
0	Nothing to Report	\$0	0
	Total:	\$0	
	PRIMARY CARE PARTNERS, P.C.	***	
0	Nothing to Report	\$0	0
	Total:	\$0	
	A INT MADVIO INDEMNITY COMPANY 11 C		
J.	SAINT MARY'S INDEMNITY COMPANY, LLC Nothing to Report	\$0	n
	Total:	\$0	,
	1.51,		

REPORT 8 13 OF 24 9/21/2010,8:47 AM

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 MARY'S HOSPITAL FOUNDATION, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
L.	SCOVILL MEDICAL GROUP, P.C.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

REPORT 8 14 OF 24 9/21/2010,8:47 AM

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

(1)	(2)	(3)	(4) FY 2009	(5) AMOUNT	(6)
LINE	DESCRIPTION	FY`2008 ACTUAL	FY 2009 ACTUAL	AMOUNT 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	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$1,567.00	\$0.00	(\$1,567.00)	-100%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$1,567.00	\$0.00	(\$1,567.00)	-100%
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%

REPORT 16 15 OF 24 9/21/2010, 8:47 AM

	SAINT MARY`S HOSPITAL	
	ANNUAL REPORTING	
	FISCAL YEAR 2009	
REPORT 17	- HOSPITAL BED FUNDS HELD OR ADMINISTER	ED BY THE HOSPITAL
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1.Number of Applications for Ho	spital Bed Funds	0
2. A. Number of Patients receiving	ng Hospital Bed Fund Grants	0
2. B. The Actual Total Dollar Am	ount provided to all patients from Hospital Bed F	\$0.00
	Grand Total	\$0.00

		SAINT MARY'S H	IOSPITAL		
		ANNUAL REPO			
		FISCAL YEAR			
	REPORT 17 - HOSPITAL			BY THE HOSPITAL	
B. BE	ED FUND ACTIVITY				
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
(0)					
(3)	Fair Market Value of the Principal of ea	ich individual Hospit	al Bed Fund, or the F	rincipal attributable	to each Hospital
(4)	Total Actual Earnings for each Hospita	I Bed Fund or the Ea	rnings attributable t	o 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	9.		
	Total Bed Funds :	\$0.00	\$0.00	\$0.00	\$0.00

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 accounts with a balance due after a Medicare payment has been received a minimum of 4 patient statements over a period of greater than 120 days, and have not had a payment posted to the account within the last 120 days before it can be transferred to bad debt.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	Century Financial - Direct Collections 21%, Legal Collections 26%. CT Credit - Direct Collections 20%, Legal Collections 25%. TCORS - 20% Direct Collections, 25% Legal Collections.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	6.61%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
	Collection Agent	
1	Collection Agent Name	Century Financial
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 accounts with a balance due after a Medicare payment has been received a minimum of 4 patient statements over a period of greater than 120 days, and have not had a payment posted to the account within the last 120 days before it can be transferred to bad debt.
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.	Century Financial - Direct Collections 21%, Legal Collections 26%. CT Credit - Direct Collections 20%, Legal Collections 25%. TCORS - 20% Direct Collections, 25% Legal Collections.

REPORT 18 18 OF 24 9/21/2010,8:47 AM

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.	9.73%
	Collection Agent	
1	Collection Agent Name	Connecticut Credit, LLC
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
	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 accounts with a balance due after a Medicare payment has been received a minimum of 4 patient statements over a period of greater than 120 days, and have not had a payment posted to the account within the last 120 days before it can be transferred to bad debt.
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.	Century Financial - Direct Collections 21%, Legal Collections 26%. CT Credit - Direct Collections 20%, Legal Collections 25%. TCORS - 20% Direct Collections, 25% Legal Collections.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	4.20%
	Collection Agent	
1	Collection Agent Name	TCORS - Tobin, Carberry, O Malley, Riley, Selinger, P.C.
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.	All accounts with a balance due after a Medicare payment has been received a minimum of 4 patient statements over a period of greater than 120 days, and have not had a payment posted to the account within the last 120 days before it can be transferred to bad debt.

REPORT 18 19 OF 24 9/21/2010,8:47 AM

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
5		Century Financial - Direct Collections 21%, Legal Collections 26%. CT Credit - Direct Collections 20%, Legal Collections 25%. TCORS - 20% Direct Collections, 25% Legal Collections.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	0.00%

REPORT 18 20 OF 24 9/21/2010,8:47 AM

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

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	Executive Vice President	\$471,247	\$122,502	\$593,749
2.	Vice President & CFO current	\$313,475	\$78,741	\$392,216
3.	Vice President Patient Services	\$257,192	\$39,354	\$296,546
4.	Vice President Human Resources	\$211,524	\$34,514	\$246,038
5.	Vice President & Chief Medical Officer	\$234,643	\$35,414	\$270,057
6.	Chief Information Officer	\$159,248	\$19,254	\$178,502
7.	Chief Marketing Officer	\$145,939	\$32,813	\$178,752
8.	Critical Care Nurse	\$144,219	\$18,640	\$162,859
9.	Director, Operating Room	\$143,768	\$18,271	\$162,039
10.	Director Clinical Quality	\$142,330	\$30,679	\$173,009
	Grand Total:	\$2,223,585	\$430,182	\$2,653,767

REPORT 19 21 OF 24 9/21/2010, 8:47 AM

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
LINE	DESCRIPTION	or manechy)	munectly)	TOTAL
Α.	SAINT MARY'S HEALTH SYSTEM, 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
В.	DIAGNOSTIC IMAGING OF SOUTHBURY, 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
	EDANIZAN MEDIOAL ODOLID DO			
C.	FRANKLIN MEDICAL GROUP, PC.	* 0	C O	Ф0
2	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
	Paid by the Hospital to Employees of the Entity Listed Above	\$319,705	\$46,614	\$366,319
D.	HAROLD LEEVER REGIONAL CANCER 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
		· · ·		
Ε.	HEART CENTER OF GREATER WATERBURY, 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
	NAME AT LOCK VALLEY MRI LE			
F.	NAUGATUCK VALLEY MRI, LP			•
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 .	NAUGATUCK VALLEY SURGICAL CENTER, LP			
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
			V-	, ·
Н.	PARTNERS INTERINSURANCE EXCHANGE			
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
	DDIMARY AARE BARTIERA BA			
1.	PRIMARY CARE PARTNERS, P.C.	20	MC	0.0
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0 \$0	\$0 ©0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
J .	SAINT MARY'S INDEMNITY COMPANY, 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
	, , , , , , , , , , , , , , , , , , , ,		**	
Κ.	SAINT MARY'S 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
	OCCUPANT MEDICAL CROUP DO			
L.	SCOVILL MEDICAL GROUP, P.C.	20	MC	r.c.
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0 \$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.

REPORT 21 22 OF 24 9/21/2010,8:47 AM

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.

SAINT MARY'S HOSPITAL **ANNUAL REPORTING FISCAL YEAR 2009 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

REPORT 22 23 OF 24 9/21/2010,8:47 AM

		'S HOSPITAL REPORTING			
	REPORT 23 - CHARITY CARE AND REDUCED (EAR 2009	PROVIDED BY	THE HOSPITAL	
	REI ORT 25 - GHARITT GARE AND REDUCED	OCCI CLIVICLO	I KOVIDED BI	IIIE IIOOI IIAE	
(1)	(2)	(3)	(4)	(5)	(6)
. ,	()	FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	<u>AMOUNT</u>	<u>AMOUNT</u>	DIFFERENCE	DIFFERENCE
	Hamital Charita Casa (saa Hamital Auditad Financial Ch	atamant Natara			
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial St	atement Notes)			
1.	Number of Applicants	581	745	164	28
2.	Number of Approved Applicants	405	491	86	21
_	Tatal Observation (A)	ФБО 4 40Б	# 400.000	(004 405)	4.0
3.	Total Charges (A) Average Charges	\$584,465 \$1,443	\$493,000 \$1,004	(\$91,465) (\$439)	-16 -30
	Average Charges	\$1,443	\$1,004	(\$439)	-30
4.	Ratio of Cost to Charges (RCC)	0.450456	0.444772	(0.005684)	-1
	Total Cost	\$263,276	\$219,273	(\$44,003)	-17
	Average Cost	\$650	\$447	(\$203)	-31
5.	Charity Care - Inpatient Charges	\$320,088	\$241,570	(\$78,518)	-25
6.	Charity Care - Outpatient Emergency Department Charges	124,750	138,040	13,290	11
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	139,627	113,390	(26,237)	-19
	Total Charges (A)	\$584,465	\$493,000	(\$91,465)	-16
8.	Charity Care - Number of Patient Days	78	79	1	
9.	Charity Care - Number of Discharges	26	23	(3)	-12
10.	Charity Care - Number of Outpatient ED Visits	148	176	28	19
	Charity Care - Number of Outpatient Visits (Excludes ED				
11.	Visits)	265	292	27	10
(A) Th	e total amount must agree with the total amount listed in	the Hospital Audi	ited Financial St	atement Notes.	
			ited Financial St	atement Notes.	
(A) Th	e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - Re		ited Financial St	atement Notes.	
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - Re		ited Financial St		-100
		eport 17)		(13) (13)	
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - Ro Number of Applicants Number of Approved Applicants	eport 17)	-	(13)	-100
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - Ro Number of Applicants Number of Approved Applicants Total Charges (B)	13 13 13 \$1,567	- - - \$0	(13) (13) (\$1,567)	-100
B. 1. 2.	Hospital Bed Funds (see Hospital Reporting System - Ro Number of Applicants Number of Approved Applicants	eport 17) 13 13	-	(13) (13)	-100
B. 1. 2.	Hospital Bed Funds (see Hospital Reporting System - Ro Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges	13 13 13 \$1,567 \$121	- - - \$0 \$0	(13) (13) (\$1,567) (\$121)	-100 -100 -100
1. 2.	Hospital Bed Funds (see Hospital Reporting System - Ro Number of Applicants Number of Approved Applicants Total Charges (B)	13 13 13 \$1,567	- - - \$0	(13) (13) (\$1,567) (\$121) (0.005686)	-100 -100 -100
1. 2.	Hospital Bed Funds (see Hospital Reporting System - Rown Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC)	\$1,567 \$121	\$0 \$0 \$0	(13) (13) (\$1,567) (\$121)	-100 -100 -100 -1
1. 2. 3. 4.	Hospital Bed Funds (see Hospital Reporting System - Rown Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost	\$1,567 \$121 0.450456 \$706 \$54	- - - \$0 \$0 0.44477 \$0 \$0	(13) (13) (\$1,567) (\$121) (0.005686) (\$706) (\$54)	-100 -100 -100 -100 -100
1. 2. 3. 4. 5.	Hospital Bed Funds (see Hospital Reporting System - Rown 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	\$1,567 \$1,567 \$121 0.450456 \$706 \$54	\$0 \$0 \$0 0.44477 \$0 \$0	(13) (13) (\$1,567) (\$121) (0.005686) (\$706) (\$54)	-100 -100 -100 -1 -100 -100
B. 1. 2. 3. 4. 5. 6.	Hospital Bed Funds (see Hospital Reporting System - Rown 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	\$1,567 \$121 0.450456 \$706 \$54		(13) (13) (\$1,567) (\$121) (0.005686) (\$706) (\$54)	-100 -100 -100 -1 -1 -100 -100
1. 2. 3. 4. 5.	Hospital Bed Funds (see Hospital Reporting System - Rown 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	\$1,567 \$1,567 \$121 0.450456 \$706 \$54	\$0 \$0 \$0 0.44477 \$0 \$0	(13) (13) (\$1,567) (\$121) (0.005686) (\$706) (\$54)	-100 -100 -100 -1 -1 -100 -100 -100
B. 1. 2. 3. 4. 5. 6. 7.	Hospital Bed Funds (see Hospital Reporting System - Rown 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)	\$1,567 \$1,567 \$121 0.450456 \$706 \$54 \$0 0 1,567 \$1,567	\$0 \$0 \$0 0.44477 \$0 \$0 0 0	(13) (13) (\$1,567) (\$121) (0.005686) (\$706) (\$54) \$0 0 (1,567)	-100 -100 -100 -1 -100 -100 -100 -100
B. 1. 2. 3. 4. 5. 6. 7.	Hospital Bed Funds (see Hospital Reporting System - Rown Number of Applicants Number of 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	\$1,567 \$121 0.450456 \$706 \$54 \$0 0 1,567 \$1,567	\$0 \$0 \$0 0.44477 \$0 \$0 0 0	(13) (13) (\$1,567) (\$121) (0.005686) (\$706) (\$54) \$0 0 (1,567) (\$1,567)	-100 -100 -100 -100 -100 -100 -100
B. 1. 2. 3. 4. 5. 6. 7. 8. 9.	Hospital Bed Funds (see Hospital Reporting System - Rown Number of Applicants Number of 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	\$1,567 \$121 0.450456 \$706 \$54 \$0 0 1,567 \$1,567	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	(13) (13) (\$1,567) (\$121) (0.005686) (\$706) (\$54) \$0 0 (1,567) (\$1,567)	-100 -100 -100 -100 -100 -100 -100
B. 1. 2. 3. 4. 5. 6. 7.	Hospital Bed Funds (see Hospital Reporting System - Rown 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	\$1,567 \$121 0.450456 \$706 \$54 \$0 0 1,567 \$1,567	\$0 \$0 \$0 0.44477 \$0 \$0 0 0	(13) (13) (\$1,567) (\$121) (0.005686) (\$706) (\$54) \$0 0 (1,567) (\$1,567)	-100 -100 -100 -100 -100 -100 -100 -100
B. 1. 2. 3. 4. 5. 6. 7. 8. 9.	Hospital Bed Funds (see Hospital Reporting System - Rown Number of Applicants Number of 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	\$1,567 \$121 0.450456 \$706 \$54 \$0 0 1,567 \$1,567	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	(13) (13) (\$1,567) (\$121) (0.005686) (\$706) (\$54) \$0 0 (1,567) (\$1,567)	-100 -100 -100 -100 -100 -100 -100 -100

REPORT 23 24 of 24 9/21/2010, 8:47 AM