ANNUAL REPORTING

FISCAL YEAR 2010

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

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

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

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FISCAL YEAR 2010

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

(1)	(2)	(3)		
	, ,	` `		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
8 (CEO Name	RICHARD HENLEY		
		INTERIM PRESIDENT/CEO		
		RICHARD HENLEY		
		NEW MILFORD HOSPITAL FOUNDATION		
12 (21 ELM STREET		
		New Milford		
	CT Agent State	Connecticut		
15 (CT Agent Zip Code	06776 -		
l l.		NEW MILEODD MDL IV. LLC		
H. /	AFFILIATE NAME	NEW MILFORD MRI JV, LLC		
		Joint venture providing MRI services at New Milford Hospital. 51% of the joint venture		
1	ACCIO A DO LO	is owned by New Milford Hospital and the remaining 49% is owned by Radcorp of New		
		Milford, LLC.		
		Imaging Services Not for Profit		
		21 Elm Street		
		New Milford		
	State	Connecticut		
	- 13.15	06776 -		
8 (Richard Henley		
		Interim President/CEO		
	CT Agent Name	Richard Henley		
11 (CT Agent Company	New Milford MRI JV, LLC		
12 (CT Agent Company Street Address			
13 (New Milford		
14 (CT Agent State	Connecticut		
15 (CT Agent Zip Code	06776 -		
	AFFILLATE MAME	NEW MILEOPD VNA INC		
I. #	AFFILIATE NAME	NEW MILFORD VNA INC.		
I. #		HOME HEALTH AGENCY AND HOSPICE DEDICATED TO PROVIDE COMMUNITY-		
		HOME HEALTH AGENCY AND HOSPICE DEDICATED TO PROVIDE COMMUNITY- BASE HEALTH CARE SERVICES TO RESDIENTS OF SURROUNDING AREA OF		
1 /	Affiliate Description	HOME HEALTH AGENCY AND HOSPICE DEDICATED TO PROVIDE COMMUNITY- BASE HEALTH CARE SERVICES TO RESDIENTS OF SURROUNDING AREA OF NEW MILFORD.		
1 A	Affiliate Description Affiliate type of service	HOME HEALTH AGENCY AND HOSPICE DEDICATED TO PROVIDE COMMUNITY-BASE HEALTH CARE SERVICES TO RESDIENTS OF SURROUNDING AREA OF NEW MILFORD. Home Health/VNAs		
1 A 2 A 3 7	Affiliate Description Affiliate type of service Tax Status	HOME HEALTH AGENCY AND HOSPICE DEDICATED TO PROVIDE COMMUNITY-BASE HEALTH CARE SERVICES TO RESDIENTS OF SURROUNDING AREA OF NEW MILFORD. Home Health/VNAs Not for Profit		
1	Affiliate Description Affiliate type of service Tax Status Street Address	HOME HEALTH AGENCY AND HOSPICE DEDICATED TO PROVIDE COMMUNITY-BASE HEALTH CARE SERVICES TO RESDIENTS OF SURROUNDING AREA OF NEW MILFORD. Home Health/VNAs Not for Profit 21 ELM STREET		
1	Affiliate Description Affiliate type of service Tax Status Street Address	HOME HEALTH AGENCY AND HOSPICE DEDICATED TO PROVIDE COMMUNITY-BASE HEALTH CARE SERVICES TO RESDIENTS OF SURROUNDING AREA OF NEW MILFORD. Home Health/VNAs Not for Profit		
1	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code	HOME HEALTH AGENCY AND HOSPICE DEDICATED TO PROVIDE COMMUNITY-BASE HEALTH CARE SERVICES TO RESDIENTS OF SURROUNDING AREA OF NEW MILFORD. Home Health/VNAs Not for Profit 21 ELM STREET New Milford Connecticut 06776 -		
1	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name	HOME HEALTH AGENCY AND HOSPICE DEDICATED TO PROVIDE COMMUNITY-BASE HEALTH CARE SERVICES TO RESDIENTS OF SURROUNDING AREA OF NEW MILFORD. Home Health/VNAS Not for Profit 21 ELM STREET New Milford Connecticut 06776 - RICHARD HENLEY		
1	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title	HOME HEALTH AGENCY AND HOSPICE DEDICATED TO PROVIDE COMMUNITY-BASE HEALTH CARE SERVICES TO RESDIENTS OF SURROUNDING AREA OF NEW MILFORD. Home Health/VNAS Not for Profit 21 ELM STREET New Milford Connecticut 06776 - RICHARD HENLEY INTERIM PRESIDENT/CEO		
1	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name	HOME HEALTH AGENCY AND HOSPICE DEDICATED TO PROVIDE COMMUNITY-BASE HEALTH CARE SERVICES TO RESDIENTS OF SURROUNDING AREA OF NEW MILFORD. Home Health/VNAS Not for Profit 21 ELM STREET New Milford Connecticut 06776 - RICHARD HENLEY INTERIM PRESIDENT/CEO RICHARD HENLEY		
1 / / 2 / / 3 7 3 4 5 5 7 6 5 7 2 8 (0 9 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11 0 (0 11	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company	HOME HEALTH AGENCY AND HOSPICE DEDICATED TO PROVIDE COMMUNITY-BASE HEALTH CARE SERVICES TO RESDIENTS OF SURROUNDING AREA OF NEW MILFORD. HOME Health/VNAS Not for Profit 21 ELM STREET New Milford Connecticut 06776 - RICHARD HENLEY INTERIM PRESIDENT/CEO RICHARD HENLEY NEW MILFORD VNA		
1	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address	HOME HEALTH AGENCY AND HOSPICE DEDICATED TO PROVIDE COMMUNITY-BASE HEALTH CARE SERVICES TO RESDIENTS OF SURROUNDING AREA OF NEW MILFORD. Home Health/VNAs Not for Profit 21 ELM STREET New Milford Connecticut 06776 - RICHARD HENLEY INTERIM PRESIDENT/CEO RICHARD HENLEY NEW MILFORD VNA 21 ELM STREET		
1	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town	HOME HEALTH AGENCY AND HOSPICE DEDICATED TO PROVIDE COMMUNITY-BASE HEALTH CARE SERVICES TO RESDIENTS OF SURROUNDING AREA OF NEW MILFORD. Home Health/VNAs Not for Profit 21 ELM STREET New Milford Connecticut 06776 - RICHARD HENLEY INTERIM PRESIDENT/CEO RICHARD HENLEY NEW MILFORD VNA 21 ELM STREET New Milford		
1	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Town CT Agent Town CT Agent Town CT Agent Town CT Agent State	HOME HEALTH AGENCY AND HOSPICE DEDICATED TO PROVIDE COMMUNITY-BASE HEALTH CARE SERVICES TO RESDIENTS OF SURROUNDING AREA OF NEW MILFORD. Home Health/VNAs Not for Profit 21 ELM STREET New Milford Connecticut 06776 - RICHARD HENLEY INTERIM PRESIDENT/CEO RICHARD HENLEY NEW MILFORD VNA 21 ELM STREET New Milford Connecticut		
1	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town	HOME HEALTH AGENCY AND HOSPICE DEDICATED TO PROVIDE COMMUNITY-BASE HEALTH CARE SERVICES TO RESDIENTS OF SURROUNDING AREA OF NEW MILFORD. Home Health/VNAs Not for Profit 21 ELM STREET New Milford Connecticut 06776 - RICHARD HENLEY INTERIM PRESIDENT/CEO RICHARD HENLEY NEW MILFORD VNA 21 ELM STREET New Milford		
1	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Town CT Agent Town CT Agent Town CT Agent Town CT Agent State	HOME HEALTH AGENCY AND HOSPICE DEDICATED TO PROVIDE COMMUNITY-BASE HEALTH CARE SERVICES TO RESDIENTS OF SURROUNDING AREA OF NEW MILFORD. Home Health/VNAs Not for Profit 21 ELM STREET New Milford Connecticut 06776 - RICHARD HENLEY INTERIM PRESIDENT/CEO RICHARD HENLEY NEW MILFORD VNA 21 ELM STREET New Milford Connecticut		
1	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Town CT Agent Town CT Agent Town CT Agent State CT Agent State CT Agent State CT Agent State CT Agent Zip Code	HOME HEALTH AGENCY AND HOSPICE DEDICATED TO PROVIDE COMMUNITY-BASE HEALTH CARE SERVICES TO RESDIENTS OF SURROUNDING AREA OF NEW MILFORD. Home Health/VNAs Not for Profit 21 ELM STREET New Milford Connecticut 06776 - RICHARD HENLEY INTERIM PRESIDENT/CEO RICHARD HENLEY NEW MILFORD VNA 21 ELM STREET New Milford Connecticut 06776 -		
1	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Town CT Agent Town CT Agent Town CT Agent State CT Agent State CT Agent State CT Agent Zip Code	HOME HEALTH AGENCY AND HOSPICE DEDICATED TO PROVIDE COMMUNITY-BASE HEALTH CARE SERVICES TO RESDIENTS OF SURROUNDING AREA OF NEW MILFORD. Home Health/VNAS Not for Profit 21 ELM STREET New Milford Connecticut 06776 - RICHARD HENLEY INTERIM PRESIDENT/CEO RICHARD HENLEY NEW MILFORD VNA 21 ELM STREET New Milford Connecticut 06776 - RICHARD HENLEY NEW MILFORD VNA 21 ELM STREET New Milford Connecticut 06776 - REGIONAL HOSPICE OF WESTERN CT, INC.		
1	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company STAGENT Town CT Agent Town CT Agent State CT Agent Town CT Agent Zip Code AFFILIATE NAME Affiliate Description	HOME HEALTH AGENCY AND HOSPICE DEDICATED TO PROVIDE COMMUNITY-BASE HEALTH CARE SERVICES TO RESDIENTS OF SURROUNDING AREA OF NEW MILFORD. Home Health/VNAs Not for Profit 21 ELM STREET New Milford Connecticut 06776 - RICHARD HENLEY INTERIM PRESIDENT/CEO RICHARD HENLEY NEW MILFORD VNA 21 ELM STREET New Milford Connecticut 06776 - REGIONAL HOSPICE OF WESTERN CT, INC. Provides Hospice care and home care to the terminally ill.		
1	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service	HOME HEALTH AGENCY AND HOSPICE DEDICATED TO PROVIDE COMMUNITY-BASE HEALTH CARE SERVICES TO RESDIENTS OF SURROUNDING AREA OF NEW MILFORD. Home Health/VNAs Not for Profit 21 ELM STREET New Milford Connecticut 06776 - RICHARD HENLEY INTERIM PRESIDENT/CEO RICHARD HENLEY NEW MILFORD VNA 21 ELM STREET New Milford Connecticut 06776 - REGIONAL HOSPICE OF WESTERN CT, INC. Provides Hospice care and home care to the terminally ill. Hospice		
1	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status	HOME HEALTH AGENCY AND HOSPICE DEDICATED TO PROVIDE COMMUNITY-BASE HEALTH CARE SERVICES TO RESDIENTS OF SURROUNDING AREA OF NEW MILFORD. Home Health/VNAs Not for Profit 21 ELM STREET New Milford Connecticut 06776 - RICHARD HENLEY INTERIM PRESIDENT/CEO RICHARD HENLEY NEW MILFORD VNA 21 ELM STREET New Milford Connecticut 06776 - REGIONAL HOSPICE OF WESTERN CT, INC. Provides Hospice care and home care to the terminally ill. Hospice Not for Profit		
1	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address	HOME HEALTH AGENCY AND HOSPICE DEDICATED TO PROVIDE COMMUNITY-BASE HEALTH CARE SERVICES TO RESDIENTS OF SURROUNDING AREA OF NEW MILFORD. Home Health/VNAs Not for Profit 21 ELM STREET New Milford Connecticut 06776 - RICHARD HENLEY INTERIM PRESIDENT/CEO RICHARD HENLEY NEW MILFORD VNA 21 ELM STREET New Milford Connecticut 06776 - REGIONAL HOSPICE OF WESTERN CT, INC. Provides Hospice care and home care to the terminally ill. Hospice		
1	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent State CT Agent State CT Agent Zip Code	HOME HEALTH AGENCY AND HOSPICE DEDICATED TO PROVIDE COMMUNITY-BASE HEALTH CARE SERVICES TO RESDIENTS OF SURROUNDING AREA OF NEW MILFORD. Home Health/VNAs Not for Profit 21 ELM STREET New Milford Connecticut 06776 - RICHARD HENLEY INTERIM PRESIDENT/CEO RICHARD HENLEY NEW MILFORD VNA 21 ELM STREET New Milford Connecticut 06776 - REGIONAL HOSPICE OF WESTERN CT, INC. Provides Hospice care and home care to the terminally ill. Hospice Not for Profit 405 Main Street Danbury		
1	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State	HOME HEALTH AGENCY AND HOSPICE DEDICATED TO PROVIDE COMMUNITY-BASE HEALTH CARE SERVICES TO RESDIENTS OF SURROUNDING AREA OF NEW MILFORD. Home Health/VNAs Not for Profit 21 ELM STREET New Milford Connecticut 06776 - RICHARD HENLEY INTERIM PRESIDENT/CEO RICHARD HENLEY NEW MILFORD VNA 21 ELM STREET New Milford Connecticut 06776 - REGIONAL HOSPICE OF WESTERN CT, INC. Provides Hospice care and home care to the terminally ill. Hospice Not for Profit 405 Main Street		
1	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State	HOME HEALTH AGENCY AND HOSPICE DEDICATED TO PROVIDE COMMUNITY-BASE HEALTH CARE SERVICES TO RESDIENTS OF SURROUNDING AREA OF NEW MILFORD. Home Health/VNAS Not for Profit 21 ELM STREET New Milford Connecticut 06776 - RICHARD HENLEY INTERIM PRESIDENT/CEO RICHARD HENLEY NEW MILFORD VNA 21 ELM STREET New Milford Connecticut 06776 - REGIONAL HOSPICE OF WESTERN CT, INC. Provides Hospice care and home care to the terminally ill. Hospice Not for Profit 405 Main Street Danbury Connecticut		
1	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name	HOME HEALTH AGENCY AND HOSPICE DEDICATED TO PROVIDE COMMUNITY-BASE HEALTH CARE SERVICES TO RESDIENTS OF SURROUNDING AREA OF NEW MILFORD. Home Health/VNAS Not for Profit 21 ELM STREET New Milford Connecticut 06776 - RICHARD HENLEY INTERIM PRESIDENT/CEO RICHARD HENLEY NEW MILFORD VNA 21 ELM STREET New Milford Connecticut 06776 - REGIONAL HOSPICE OF WESTERN CT, INC. Provides Hospice care and home care to the terminally ill. Hospice Not for Profit 405 Main Street Danbury Connecticut 06810 -		
1	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CT Agent Company Street Address CT Agent Zip Code	HOME HEALTH AGENCY AND HOSPICE DEDICATED TO PROVIDE COMMUNITY-BASE HEALTH CARE SERVICES TO RESDIENTS OF SURROUNDING AREA OF NEW MILFORD. Home Health/VNAS Not for Profit 21 ELM STREET New Milford Connecticut 06776 - RICHARD HENLEY INTERIM PRESIDENT/CEO RICHARD HENLEY NEW MILFORD VNA 21 ELM STREET New Milford Connecticut 06776 - REGIONAL HOSPICE OF WESTERN CT, INC. Provides Hospice care and home care to the terminally ill. Hospice Not for Profit 405 Main Street Danbury Connecticut 06810 - Cynthia Roy-Squitieri		

ANNUAL REPORTING

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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
12	CT Agent Company Street Address	24 Hospital Ave.
	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
К.	AFFILIATE NAME	RIDGEFIELD SURGICAL CENTER, LLC
	Affiliate Description	Provides an alternative location for outpatient ambulatory surgery.
	Affiliate type of service	Ambulatory/OP Surgery Center
3	Tax Status	Not for Profit
4	Street Address	901 Ethan Allen Hwy Ste 105
5	Town	Ridgefield
6	State	Connecticut
	Zip Code	06877 -
	CEO Name	Sobel Islam, MD
	CEO Title	President
	CT Agent Name	Kim Skerencak
	CT Agent Company	Ridgefield Surgical Center, LLC
	CT Agent Company Street Address	901 Ethan Allen Hwy Ste 105
		Ridgefield
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06877 -
L.	AFFILIATE NAME	THE DANBURY VISITING NURSE ASSOC, INC.
1	Affiliate Description	Provides skilled nursing services and other medical services in the home care setting
2	Affiliate type of service	Home Health/VNAs
3	Tax Status	Not for Profit
4	Street Address	4 Liberty Street
5	Town	Danbury
6	State	Connecticut
	Zip Code	06810 -
	CEO Name	Ann Faraguna
	CEO Title	President of BOD, Executive Director
10	CT Agent Name	Joseph Campbell
11	CT Agent Company	Danbury Hospital
12		24 Hospital Ave
	CT Agent Town	Danbury
	CT Agent State	Connecticut 06810 -
15	CT Agent Zip Code	UUO IU -
	AFFILIATE NAME	THE NEW MILEODD HOSPITAL INC
М.	AFFILIATE NAME	THE NEW MILFORD HOSPITAL, INC
	Affiliate Description	SHORT TERM ACUTE CARE HOSPTITAL PROVIDING INPATIENT AND
	Affiliate Description	OUTPATIENT SERVICES
	Affiliate type of service	Hospital New for Profit
3	Tax Status	Not for Profit
4	Street Address	21 ELM STREET
5	Town	New Milford
6	State Zin Code	Connecticut
	Zip Code	06776 -
	CEO Name	RICHARD HENLEY
	CEO Title	INTERIM PRESIDENT\CEO
	CT Agent Name	RICHARD HENLEY
	CT Agent Company	THE NEW MILFORD HOSPITAL , INC
		21 ELM STREET New Milford
	3	Connecticut
14 15	CT Agent State CT Agent Zip Code	O6776 -
10	OT Agent Zip Code	00110

^{*} 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)
(-)	(-)	FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2010
Α.	NEW MILFORD HOSPITAL		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	\$0
		Total:	\$0
B.	WESTERN CONNECTICUT HEALTHCARE INC.		
1	WESTERN SONNESTION THEAETHORIE ING.	Unrestricted	(\$157,705,179)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$77,105,507)
		Total:	(\$234,810,686)
C.	BUSINESS SYSTEMS, INC.		
1	DOUNTEDO O I O I EMO, MO.	Unrestricted	(\$200,010)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$200,010)
D.	DANBURY HEALTH SYSTEMS INSURANCE CO LTD.		
1	DANDON HEALTH OTOTEMO MOONANGE OO ETD.	Unrestricted	\$23,626,734
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$23,626,734
E.	DANBURY HEALTHCARE AFFILIATES, INC.		
1		Unrestricted	\$3,802,619
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$3,802,619
F.	DANBURY HOSPITAL		
1		Unrestricted	\$368,034,236
2		Temporarily Restricted by Donor	\$28,224,280
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$27,746,611
5		Intercompany Eliminations	(\$23,626,734)
		Total:	\$400,378,393
G.	DANBURY HOSPITAL DEVELOPMENT FUND, INC.		
G .	DANBURY HOSPITAL DEVELOPMENT FUND, INC.	Unrestricted	\$8,879.076
1	DANBURY HOSPITAL DEVELOPMENT FUND, INC.		\$8,879,076 \$28,224,280
	DANBURY HOSPITAL DEVELOPMENT FUND, INC.	Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board	\$8,879,076 \$28,224,280 \$12,255,540
1 2 3 4	DANBURY HOSPITAL DEVELOPMENT FUND, INC.	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor	\$28,224,280
1 2 3	DANBURY HOSPITAL DEVELOPMENT FUND, INC.	Temporarily Restricted by Donor Temporarily Restricted by Board	\$28,224,280 \$12,255,540

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2010
u	NEW MILFORD HOSPITAL FOUNDATION INC.		
	NEW MILFORD HOSPITAL FOUNDATION INC.	Liprostriatod	C O
2		Unrestricted Temporarily Restricted by Donor	\$0 \$0
3		Temporarily Restricted by Board	\$5,323,607
4		Permanently Restricted by Donor	\$3,950,564
5		Intercompany Eliminations	\$0
		Total:	\$9,274,171
	NEW MILFORD MRI JV, LLC		
I. 1	NEW MILPORD MRI 3V, LLC	Unrestricted	\$25,652
2		Temporarily Restricted by Donor	\$25,652
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$25,652
	NEW MILFORD VNA INC.		
1		Unrestricted	\$3,005,447
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$3,005,447
K.	REGIONAL HOSPICE OF WESTERN CT, INC.		
1	•	Unrestricted	\$4,731,554
2		Temporarily Restricted by Donor	\$5,307
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$200,000
5		Intercompany Eliminations	\$0
		Total:	\$4,936,861
L.	RIDGEFIELD SURGICAL CENTER, LLC		
1	RIDGEI IEED GORGICAE CERTER, EEC	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
	THE DANBURY VISITING NURSE ASSOC, INC.		
1		Unrestricted	\$2,126,692
2		Temporarily Restricted by Donor	\$42,554
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations Total:	\$2,169,246
		Total.	φ2,103,240
N.	THE NEW MILFORD HOSPITAL, INC		
1	*	Unrestricted	\$28,905,456
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$1,822,932
4		Permanently Restricted by Donor	\$3,950,564
5		Intercompany Eliminations	(\$12,279,618)
		Total:	\$22,399,334

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2010
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$424,725,127
	Intercompany Eliminations		(\$113,011,859)
	Total of all Affiliates	Fund Balance:	\$311,713,268

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.	WESTERN CONNECTICUT HEALTHCARE INC.			
Α.	WESTERN CONNECTION THEALTHCARE INC.	Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report	3/30/2003	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
		a grant and a part of the part	0/00/2010	, -
В.	BUSINESS SYSTEMS, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report	0,00,200	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
			2,00,20,10	
C.	DANBURY HEALTH SYSTEMS INSURANCE CO LTD.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
D.	DANBURY HEALTHCARE AFFILIATES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
E.	DANBURY HOSPITAL			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
F.	DANBURY HOSPITAL DEVELOPMENT FUND, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
G.	NEW MILFORD HOSPITAL FOUNDATION INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	(\$3,682,416)
1		Capital Contribution	09/30/2010	(\$5,019,265)
		Ending Unconsolidated Intercompany Balance:	9/30/2010	(\$8,701,681)
H.	NEW MILFORD MRI JV, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0

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		Warking Capital transfer	10/28/2009	\$38,857
1		Working Capital transfer Ending Unconsolidated Intercompany Balance:	9/30/2010	\$38,857
I.	NEW MILFORD VNA INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
	DECIDINAL HOODIGE OF WESTERN OF INC			
J.	REGIONAL HOSPICE OF WESTERN CT, INC.		0/00/0000	***
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report Ending Unconsolidated Intercompany Balance:	0/00/0040	\$0 \$0
		Ending Unconsolidated Intercompany Balance.	9/30/2010	\$0
K.	RIDGEFIELD SURGICAL CENTER, LLC			
	RIDGEI IEED SORGICAE CENTER, EEC	Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report	3/30/2003	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
	THE DANBURY VISITING NURSE ASSOC, INC.			
	THE DANBORT VISITING NORGE AGGOC, INC.	Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report	3/30/2003	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
			0,00,2010	·
М.	THE NEW MILFORD HOSPITAL, INC			
	,	Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$6,177,452
1		Capital Contribution	09/30/2010	\$5,019,265
2		Working Capital transfer	10/28/2009	(\$38,857)
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$11,157,860
				A.
			Grand Total:	\$2,495,036

REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated Intercompany Balance	10/01/2009	\$0
A.	WESTERN CONNECTICUT HEALTHCARE INC.				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
B.	BUSINESS SYSTEMS, INC.				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
C.	DANBURY HEALTH SYSTEMS INSURANCE CO LTD.		N. d. L. D.		* .
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
	DANDURY USAL THOADS ASSULATED INO				
D.	DANBURY HEALTHCARE AFFILIATES, INC.		Nothing to Depart		ФО.
			Nothing to Report	0/00/0040	\$0 \$0
			Total:	9/30/2010	\$0
E.	DANBURY HOSPITAL				
<u> </u>	DANBURT HUSPITAL		Nothing to Report		\$0
			Total:	9/30/2010	\$0
			Total.	9/30/2010	ψU
F.	DANBURY HOSPITAL DEVELOPMENT FUND, INC.				
	DANBORT HOOF HAE DEVELOT MERT FORD, INC.		Nothing to Report		\$0
			Total:	9/30/2010	\$0
			. Ottail	0/00/2010	+5
G.	NEW MILFORD HOSPITAL FOUNDATION INC.				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0 \$0
					, -
H.	NEW MILFORD MRI JV, LLC				
	·	-	Nothing to Report		\$0
			Total:	9/30/2010	\$0
I.	NEW MILFORD VNA INC.				
			Nothing to Report		\$0 \$0
ĺ			Total:	9/30/2010	\$0

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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
J.	REGIONAL HOSPICE OF WESTERN CT, INC.				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
K.	RIDGEFIELD SURGICAL CENTER, LLC		N. d. i D		•
			Nothing to Report	2/22/22/2	\$0
			Total:	9/30/2010	\$0
L.	THE DANBURY VISITING NURSE ASSOC, INC.				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
М.	THE NEW MILFORD HOSPITAL, INC				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
			Ending Unconsolidated		
			Ending Unconsolidated Intercompany Balance	9/30/2010	\$0

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NEW MILFORD HOSPITAL ANNUAL REPORTING FISCAL YEAR 2010 REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)		(3)	(4)
	AFFILIATE NAME &			
LINE	DESCRIPTION OF EXPENDITURE		AMOUNT	DATE
Α.	WESTERN CONNECTICUT HEALTHCARE INC.			
0	Nothing to Report		\$0	
	Trouming to Troport	Total:	\$0	9/30/2010
B.	BUSINESS SYSTEMS, INC.			
0	Nothing to Report	Total:	\$0	9/30/2010
		Total.	\$0	9/30/2010
C.	DANBURY HEALTH SYSTEMS INSURANCE CO LTD.	_		
0	Nothing to Report		\$0	
	5	Total:	\$0	9/30/2010
D.	DANBURY HEALTHCARE AFFILIATES, INC.			
0	Nothing to Report	Letel	\$0	
		Total:	\$0	9/30/2010
E.	DANDLIDY LICEDITAL			
0	DANBURY HOSPITAL Nothing to Report		\$0	
	Nothing to Report	Total:	\$0	9/30/2010
F.	DANBURY HOSPITAL DEVELOPMENT FUND, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2010
G .	NEW MILFORD HOSPITAL FOUNDATION INC. Nothing to Report		\$0	
	Nothing to Report	Total:	\$0 \$0	9/30/2010
			Ψ	3/30/2010
Н.	NEW MILFORD MRI JV, LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2010
I.	NEW MILFORD VNA INC.		•	
U	Nothing to Report	Total:	\$0 \$0	9/30/2010
		Total.	\$0	9/30/2010
J.	REGIONAL HOSPICE OF WESTERN CT, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2010
	RIDGEFIELD SURGICAL CENTER, LLC			
0	Nothing to Report	Total	\$0	0/00/0040
		Total:	\$0	9/30/2010
L.	THE DANIELDY VISITING NUIDSE ASSOCIANC	_		
0	THE DANBURY VISITING NURSE ASSOC, INC. Nothing to Report		\$0	
		Total:	\$0	9/30/2010
М.	THE NEW MILFORD HOSPITAL, INC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2010
		Crond Total	***	9/30/2010
		Grand Total:	\$0	9/30/2010

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
•			
A.	WESTERN CONNECTICUT HEALTHCARE INC. Nothing to Report	\$0	0
	Total:	\$0	,
В.	BUSINESS SYSTEMS, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
_			
C .	DANBURY HEALTH SYSTEMS INSURANCE CO LTD. Nothing to Report	\$0	0
	Total:	\$0	0
	1001.		
D.	DANBURY HEALTHCARE AFFILIATES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	DANBURY HOSPITAL	60	0
0	Nothing to Report Total:	\$0 \$0	U
	Total.	φυ	
F.	DANBURY HOSPITAL DEVELOPMENT FUND, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	NEW MILFORD HOSPITAL FOUNDATION INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	NEW MILFORD MRI JV, LLC Nothing to Report	\$0	0
	Total:	\$0	0
		· ·	
l.	NEW MILFORD VNA INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	REGIONAL HOSPICE OF WESTERN CT, INC.	**	
0	Nothing to Report Total:	\$0 \$0	0
	i otal:	\$0	
K.	DIDCEFIELD SUBCICAL CENTED LLC		
ĸ.	RIDGEFIELD SURGICAL CENTER, LLC		

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

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

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NEW MILFORD HOSPITAL ANNUAL REPORTING FISCAL YEAR 2010 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR

PORT 16 - DONATIONS AND FUNDS RESTRICTED FO INDIGENT CARE AND FREE BEDS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOÚNT DIFFERENCE	% DIFFERENCE
A.	Indigent Care				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
-	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
В.	Free Beds	***	, , , ,	, i	
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
C.	Other				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

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

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

NEW 100						
NEW MILFORD HOSPITAL						
	ANNUAL REPORTING					
	FISCAL YEAR 2010					
REPORT 17 -	HOSPITAL BED FUNDS HELD OR ADMINISTERS	D BY THE HOSPITAL				
A. Patient Activity						
(1)	(2)	(3)				
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount				
1.Number of Applications for Hos	spital Bed Funds	0				
2. A. Number of Patients receiving	ng Hospital Bed Fund Grants	0				
2. B. The Actual Total Dollar Ame	ount provided to all patients from Hospital Bed F	\$0.00				
Grand Total \$						

	NEW MILFORD HOSPITAL						
		ANNUAL REPO					
		FISCAL YEAR					
	DEDORT AT LICODITAL			V THE HOODITAL			
	REPORT 17 - HOSPITAL	RED LONDS HELD C	OR ADMINISTERED B	Y THE HOSPITAL			
B. BE	ED FUND ACTIVITY						
(1)	(2)	(3)	(4)	(5)	(6)		
		FMV of Principal	Actual Earnings	Earnings	Earnings		
Line	Name of Hospital Bed Fund			Reinvested	Available		
(3)	Fair Market Value of the Principal of ea	ach individual Hospi	tal Bed Fund, or the F	Principal attributable	to each		
(-)							
(4)	Total Actual Earnings for each Hospita	al Red Fund or the F	arnings attributable to	o each Hosnital Red	Fund		
(+)	Total Actual Lamings for each hospite	al Deal alla of the L	arriings attributable t	o each nospital bed	i uiiu.		
(5)	Actual Dallan Amount of Famings vain	vented on Driveland	if ann.				
(5)	Actual Dollar Amount of Earnings rein	vested as Principal,	ir any.				
(6) Actual Dollar Amount of Earnings available for Patient Care.							
	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 carriers are billed for payment. On receipt of all reimbursement, the patient receives a balance due statement which includes 3 reminders, 1 pre final and then a final notice. The account is reviewed and sent to collection 120 days after being determined to be a self pay liability.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	Agencies are reimbursed on a commission basis and only receive compensation for accounts collected.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	31.00%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
	Collection Agent	
1	Collection Agent Name	American Adjustment Bureau
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All carriers are billed for payment. On receipt of all reimbursement, the patient receives a balance due statement which includes 3 reminders, 1 pre final and then a final notice. The account is reviewed and sent to collection 120 days after being determined to be a self pay liability.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Agencies are reimbursed on a commission basis and only receive compensation for accounts collected.

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	21.00%
	Collection Agent	
1	Collection Agent Name	Credit Center
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	
	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All carriers are billed for payment. On receipt of all reimbursement, the patient receives a balance due statement which includes 3 reminders, 1 pre final and then a final notice. The account is reviewed and sent to collection 120 days after being determined to be a self pay liability.
	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Agencies are reimbursed on a commission basis and only receive compensation for accounts collected.
	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	29.00%
	Collection Agent	
1	Collection Agent Name	TransContinental Credit & Coll
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All carriers are billed for payment. On receipt of all reimbursement, the patient receives a balance due statement which includes 3 reminders, 1 pre final and then a final notice. The account is reviewed and sent to collection 120 days after being determined to be a self pay liability.

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	
		Agencies are reimbursed on a commission basis and only receive compensation for accounts collected.
	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	4.00%
	Collection Agent	
1	Collection Agent Name	The CCS Companies
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All carriers are billed for payment. On receipt of all reimbursement, the patient receives a balance due statement which includes 3 reminders, 1 pre final and then a final notice. The account is reviewed and sent to collection 120 days after being determined to be a self pay liability.
	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	
		Agencies are reimbursed on a commission basis and only receive compensation for accounts collected.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	204.00%

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

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

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
Α.	WESTERN CONNECTICUT HEALTHCARE INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
			**	**
В.	BUSINESS SYSTEMS, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
C.	DANBURY HEALTH SYSTEMS INSURANCE CO LTD.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
D.	DANBURY HEALTHCARE AFFILIATES, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Ε.	DANBURY HOSPITAL			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
_				
F.	DANBURY HOSPITAL DEVELOPMENT FUND, INC.			
2	Paid by the Entity Listed Above to Hospital Employees(B)	\$0 \$0	\$0 \$0	\$0 \$0
	Paid by the Hospital to Employees of the Entity Listed Above	\$0	Φ0	ΦΟ
G.	NEW MILFORD HOSPITAL FOUNDATION INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Ш	NEW MILFORD MRI JV, LLC			
H. 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
_	Take by the Hoopital to Employees of the Emity Eleted / Bove	Ψ.	Ψ	Ψ
Ι.	NEW MILFORD VNA INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
J.	REGIONAL HOSPICE OF WESTERN CT, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Κ.	RIDGEFIELD SURGICAL CENTER, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
L.	THE DANBURY VISITING NURSE ASSOC, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
М.	THE NEW MILFORD HOSPITAL, INC	**		0.0
2	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0 \$0	\$0 \$0
	raid by the Hospital to Employees of the Entity Listed Above	\$0	φυ	φυ

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 2010
Α	Transfer of Assets or Operations	
	Name of the Person or Entity Organized or Operated For Profit involved in each	
	Transfer of Assets or Operations or Change of Control involving Hospital Clinical or	
1.	Nonclinical Services or Functions.	N/A
	Description of each Transfer of Assets or Operations or Change of Control involving	
2.	Hospital Clinical or Nonclinical Services or Functions.	N/A
_	Description of each Hospital Clinical or Nonclinical Service or Function transferred or	
3.	involved in a change of control.	N/A
	Date that each Transfer of Assets or Operations or Change of Control involving Hospital	21/2
4.	Clinical or Nonclinical Services or Functions occurred.	N/A
_	Amount of each Transfer of Assets or Operations or Change of Control involving	•
5.	Hospital Clinical or Nonclinical Services or Functions.	\$0

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	NEW MILFO	RD HOSPITAL			
	ANNUAL F	REPORTING			
	FISCAL \	/EAR 2010			
	REPORT 23 - CHARITY CARE AND REDUCED	COST SERVICES	PROVIDED BY	THE HOSPITAL	
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
LINE	<u>DESCRIPTION</u>	AMOUNT	<u>AMOUNT</u>	DIFFERENCE	DIFFERENCE
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial St	atement Notes)			
	Treephar enancy eare (eee treephar / taanea / manetar et	atomont notos;			
1.	Number of Applicants	274	238	(36)	-13%
2.	Number of Approved Applicants	250	218	(32)	-13%
3.	Total Charges (A)	\$3,386,222	\$2,594,793	(\$791,429)	-23%
	Average Charges	\$13,545	\$11,903	(\$1,642)	-12%
	Datia at Coast to Observe (DCC)	0.440004	0.404070	0.000055	40.
4.	Ratio of Cost to Charges (RCC) Total Cost	0.418624	0.421279	0.002655	1%
		\$1,417,554	\$1,093,132	(\$324,422)	-23%
	Average Cost	\$5,670	\$5,014	(\$656)	-12%
5.	Charity Care - Inpatient Charges	\$934,762	\$660.750	(\$274,012)	-29%
6.	Charity Care - Impatient Charges Charity Care - Outpatient Emergency Department Charges	262,311	391,992	129,681	49%
7.	Charity Care - Outpatient Emergency Department Charges Charity Care - Outpatient Charges (Excludes ED Charges)	2,189,149	1,542,051	(647,098)	-30%
7.	Total Charges (A)				
	Total Charges (A)	\$3,386,222	\$2,594,793	(\$791,429)	-23%
8.	Charity Care - Number of Patient Days	175	79	(96)	-55%
9.	Charity Care - Number of Discharges	47	28	(19)	-33 <i>7</i> -40%
10.	Charity Care - Number of Outpatient ED Visits	1,494	470	(1,024)	-40% -69%
10.		1,494	470	(1,024)	-09 /
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	6,296	1,602	(4,694)	-75%
11.	Visits)	0,290	1,002	(4,094)	-737
(A) The	e total amount must agree with the total amount listed in	the Hospital Audit	ted Financial St	atement Notes.	
D	Hasnital Rad Funds (see Hasnital Reporting System - Pr	nort 17)			
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - Re				
		eport 17)			
1	Number of Applicants			-	0%
1.	Number of Applicants Number of Approved Applicants	-	-	-	
1. 2.	Number of Applicants Number of Approved Applicants		-	-	
2.	Number of Approved Applicants	-	-	-	0%
	Number of Approved Applicants Total Charges (B)	\$0	- \$0	- \$0	0%
2.	Number of Approved Applicants	-	-	-	0%
2.	Number of Approved Applicants Total Charges (B) Average Charges	\$0	- \$0	\$0 \$0	0% 0% 0%
3.	Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC)	\$0 \$0	\$0 \$0	- \$0	0% 0% 0%
3.	Number of Approved Applicants Total Charges (B) Average Charges	\$0 \$0	\$0 \$0	\$0 \$0 0.000000	0% 0% 0% 0%
3.	Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost	\$0 \$0 \$0	\$0 \$0 0 \$0	\$0 \$0 0.000000 \$0	0% 0% 0% 0%
3.	Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost	\$0 \$0 \$0	\$0 \$0 0 \$0	\$0 \$0 0.000000 \$0	0% 0% 0% 0%
 3. 4. 	Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost	\$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0	0.000000 \$0 0.000000 \$0	0% 0% 0% 0% 0% 0%
 3. 4. 5. 	Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges	\$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0	0.000000 \$0 0.000000 \$0 \$0	0% 0% 0% 0% 0% 0% 0%
2. 3. 4. 5. 6.	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	\$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0	0.000000 \$0 0.000000 \$0 \$0 \$0	0% 0% 0% 0% 0% 0% 0% 0%
2. 3. 4. 5. 6.	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)	- - - \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 0	0.000000 \$0 0.000000 \$0 \$0 \$0 0	0% 0% 0% 0% 0% 0% 0% 0%
2. 3. 4. 5. 6.	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	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 0	0.000000 \$0 0.000000 \$0 \$0 \$0 0	0% 0% 0% 0% 0% 0% 0% 0%
2. 3. 4. 5. 6. 7.	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	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 0.000000 \$0 \$0 \$0 0 0	0% 0% 0% 0% 0% 0% 0% 0%
2. 3. 4. 5. 6. 7.	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	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 0.000000 \$0 \$0 \$0 0 \$0	0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0
2. 3. 4. 5. 6. 7.	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	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 0.000000 \$0 \$0 0 0 \$0	0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0%
2. 3. 4. 5. 6. 7.	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	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 0.000000 \$0 \$0 0 0 \$0	0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0

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