

WINDHAM COMMUNITY MEMORIAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2010
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
A. AFFILIATE NAME		
	AFFILIATE NAME	WINDHAM COMMUNITY MEMORIAL HOSPITAL
1	Affiliate Description	A Community Hospital operating 24-7 serving eastern Connecticut surrounding towns
2	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	112 Mansfield Avenue
5	Town	Willimantic
6	State	Connecticut
7	Zip Code	16226 -
8	CEO Name	Richard Brvenik
9	CEO Title	Chief Executive Officer/President
10	CT Agent Name	Windham Community Memorial Hospital
11	CT Agent Company	Windham Hospital
12	CT Agent Company Street Address	112 Mansfield Avenue
13	CT Agent Town	Willimantic
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06226 -
B. AFFILIATE NAME		
	AFFILIATE NAME	CHS INSURANCE LIMITED
1	Affiliate Description	Reinsurance
2	Affiliate type of service	Insurance
3	Tax Status	For Profit
4	Street Address	F.B Perry Building, 40 Church Street
5	Town	Hamilton
6	State	Bermuda
7	Zip Code	-
8	CEO Name	Elliot Joseph
9	CEO Title	President & CEO
10	CT Agent Name	Shipman & Goodwin
11	CT Agent Company	Joan Feldman, ESQ.
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 1919
C. AFFILIATE NAME		
	AFFILIATE NAME	CLINICAL LABORATORY PARTNERS, LLC
1	Affiliate Description	Lab
2	Affiliate type of service	Lab
3	Tax Status	For Profit
4	Street Address	129 Patricia Genova Drive
5	Town	Newington
6	State	Connecticut
7	Zip Code	06111 -
8	CEO Name	James Fantus
9	CEO Title	President & CEO
10	CT Agent Name	Shipman & Goodwin
11	CT Agent Company	Joan Feldman, Esq
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 1919
D. AFFILIATE NAME		
	AFFILIATE NAME	EASTERN REHABILITATION NETWORK, LLC.

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
1	Affiliate Description	Rehabilitation Services
2	Affiliate type of service	Rehabilitation Services
3	Tax Status	For Profit
4	Street Address	181 Patricia Genova Drive
5	Town	Newington
6	State	Connecticut
7	Zip Code	06111 -
8	CEO Name	Rita Parisi
9	CEO Title	President & CEO
10	CT Agent Name	Shipman and Goodwin
11	CT Agent Company	Joan Feldman, Esq
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 1919
E.	AFFILIATE NAME	HARTFORD HEALTH CARE CORPORATION
1	Affiliate Description	Parent Corporation
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	80 Seymour Street
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06102 -
8	CEO Name	Elliot Joseph
9	CEO Title	President & CEO
10	CT Agent Name	Shipman & Goodwin
11	CT Agent Company	Joan Feldman, Esq
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 1919
F.	AFFILIATE NAME	HARTFORD HOSPITAL
1	Affiliate Description	Hospital
2	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	80 Syymour Street
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06103 -
8	CEO Name	Elliot Joseph
9	CEO Title	C.E.O
10	CT Agent Name	Shipman & Goodwin
11	CT Agent Company	Joan Feldman, Esq
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
G.	AFFILIATE NAME	HATCH HOSPITAL CORPORATION

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
		HATCH HOSPITAL IS ON THE CAMPUS, AND PHYSICALLY ATTACHED TO, WINDHAM HOSPITAL. UNDER THE TERMS OF AN OPERATING AGREEMENT BETWEEN PARTIES WINDHAM HOSPITAL OPERATES WITHIN THE PHYSICAL PLANT OWNED BY HATCH HOSPITAL CORPORATION.
1	Affiliate Description	
2	Affiliate type of service	Outpatient Care
3	Tax Status	Not for Profit
4	Street Address	112 MANSFIELD AVENUE, WILLIMANTIC,CT
5	Town	Willimantic
6	State	Connecticut
7	Zip Code	06226 -
8	CEO Name	RICHARD BRVENIK
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	RICHARD BRVENIK
11	CT Agent Company	HATCH HOSPITAL CORP
12	CT Agent Company Street Address	112 Mansfield Avenue, Willimantic, CT
13	CT Agent Town	Willimantic
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06226 -
H.	AFFILIATE NAME	IMMEDIATE MEDICAL CARE CENTER, INC.
1	Affiliate Description	Other Health Care Services - Walk in Primary Carer Centers
2	Affiliate type of service	Other HealthCare Svcs(Specify)
3	Tax Status	For Profit
4	Street Address	400 Wahington Street
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06102 -
8	CEO Name	Kent Stahl, M.D.
9	CEO Title	President
10	CT Agent Name	Shipman & Goodwin
11	CT Agent Company	Joan Feldman, Esq
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 1919
I.	AFFILIATE NAME	MED-EAST ASSOCIATES,LLC.
1	Affiliate Description	This is an urgent care alk in clinic for patients that are not emergent, but who need attention urgently.A 50% ownership is held by Windham Community Memorial Hospital.
2	Affiliate type of service	Outpatient Care
3	Tax Status	For Profit
4	Street Address	112 Mansfield Avenue
5	Town	Willimantic
6	State	Connecticut
7	Zip Code	-
8	CEO Name	Richard Brvenik
9	CEO Title	CEO/President
10	CT Agent Name	Richard Brvenik
11	CT Agent Company	
12	CT Agent Company Street Address	112 Mansfield Avenue
13	CT Agent Town	Willimantic
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06226 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
J.	AFFILIATE NAME	NATCHAUG HOSPITAL
1	Affiliate Description	MENTAL HEALTH FACILITY
2	Affiliate type of service	Mental Health Facility
3	Tax Status	Not for Profit
4	Street Address	189 Storrs Road
5	Town	Mansfield Center
6	State	Connecticut
7	Zip Code	06250 -
8	CEO Name	Stephen Larcen, Ph.D.
9	CEO Title	President & CEO
10	CT Agent Name	Phelon, FitzGerald & Wood
11	CT Agent Company	Michael M. Darby
12	CT Agent Company Street Address	773 Main Street
13	CT Agent Town	Manchester
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06040 -
K.	AFFILIATE NAME	WINDHAM FAMILY MEDICAL SERVICES,PC
1	Affiliate Description	PROVIDES PHYSICIAN RECRUITMENT AND PRACTICE MANAGEMENT SERVICES IN THE HOSPITAL'S SERVICE AREA
2	Affiliate type of service	Affiliate Support Services
3	Tax Status	For Profit
4	Street Address	112 MANSFIELD AVE, WILLIMANTIC,CT
5	Town	Willimantic
6	State	Connecticut
7	Zip Code	06226 -
8	CEO Name	MICHAEL KEENAN,MD
9	CEO Title	PRESIDENT
10	CT Agent Name	MICHAEL KEENAN, MD
11	CT Agent Company	WINDHAM FAMILY MEDICAL SERVICES
12	CT Agent Company Street Address	112 Mansfield Avenue, Willimantic, CT
13	CT Agent Town	Willimantic
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06226 -
L.	AFFILIATE NAME	WINDHAM HEALTH SERVICES
1	Affiliate Description	CORPORATE ENTITY FORMED TO INVEST IN NORTHEAST HOME CARE INC.
2	Affiliate type of service	For Profit Services (Specify)
3	Tax Status	For Profit
4	Street Address	112 Mansfield Avenue, Willimantic, CT
5	Town	Willimantic
6	State	Connecticut
7	Zip Code	06226 -
8	CEO Name	Richard Brvenik
9	CEO Title	President
10	CT Agent Name	Richard Brvenik
11	CT Agent Company	RICHARD BRVENIK
12	CT Agent Company Street Address	112 Mansfield Avenue, Willimantic, CT
13	CT Agent Town	Willimantic
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06226 -
M.	AFFILIATE NAME	WINDHAM HOSPITAL FOUNDATION

**WINDHAM COMMUNITY MEMORIAL HOSPITAL
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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
1	Affiliate Description	Fundraisng for the Hospital.
2	Affiliate type of service	Foundation
3	Tax Status	Not for Profit
4	Street Address	112, Mansfield Avenue
5	Town	Willimantic
6	State	Connecticut
7	Zip Code	06226 -
8	CEO Name	Mona Friedland
9	CEO Title	President
10	CT Agent Name	Art Brodeur
11	CT Agent Company	
12	CT Agent Company Street Address	112, Mansfield Avenue
13	CT Agent Town	Willimantic
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06226 -
N.	AFFILIATE NAME	WINDHAM HOSPITAL-PHYSICIAN HOSPITAL ORGANIZATION,INC.
1	Affiliate Description	PHYSICIAN HOSPITAL ORGANIZATION
2	Affiliate type of service	Physicians Hospital Org. (PHO)
3	Tax Status	Not for Profit
4	Street Address	90 QUARRY STREET, WILLIMANTIC,CT
5	Town	Willimantic
6	State	Connecticut
7	Zip Code	06226 -
8	CEO Name	ROBERT BUNDY MD
9	CEO Title	PRESIDENT
10	CT Agent Name	ROBERT BUNDY MD
11	CT Agent Company	PHYSICIAN HOSPITAL ORGANIZATION,INC.
12	CT Agent Company Street Address	112 Mansfield Avenue, Willimantic, CT
13	CT Agent Town	Willimantic
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06226 -
O.	AFFILIATE NAME	WINDHAM PROFESSIONAL CONDOMINIUM ASSOCIATION,INC
1	Affiliate Description	Real Estate
2	Affiliate type of service	Real Estate
3	Tax Status	Not for Profit
4	Street Address	112 Mansfield Avenue
5	Town	Willimantic
6	State	Connecticut
7	Zip Code	06226 -
8	CEO Name	Edward Bussiere
9	CEO Title	President
10	CT Agent Name	Edward Bussiere
11	CT Agent Company	
12	CT Agent Company Street Address	112 Mansfield Avenue
13	CT Agent Town	Willimantic
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06226 -

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

**WINDHAM COMMUNITY MEMORIAL HOSPITAL
ANNUAL REPORTING
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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2010
A. WINDHAM COMMUNITY MEMORIAL HOSPITAL			
1		Unrestricted	(\$25,515,325)
2		Temporarily Restricted by Donor	\$1,385,096
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$3,199,579
5		Intercompany Eliminations	\$0
		Total:	(\$20,930,650)
B. WINDHAM COMMUNITY MEMORIAL HOSPITAL			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
C. CHS INSURANCE LIMITED			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
D. CLINICAL LABORATORY PARTNERS, LLC			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
E. EASTERN REHABILITATION NETWORK, LLC.			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
F. HARTFORD HEALTH CARE CORPORATION			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
G. HARTFORD HOSPITAL			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0

**WINDHAM COMMUNITY MEMORIAL HOSPITAL
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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2010
	H. HATCH HOSPITAL CORPORATION		
1		Unrestricted	\$307,442
2		Temporarily Restricted by Donor	\$26,269
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$530,224
5		Intercompany Eliminations	\$0
		Total:	\$863,935
	I. IMMEDIATE MEDICAL CARE CENTER, INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	J. MED-EAST ASSOCIATES,LLC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	K. NATCHAUG HOSPITAL		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	L. WINDHAM FAMILY MEDICAL SERVICES,PC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	M. WINDHAM HEALTH SERVICES		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	N. WINDHAM HOSPITAL FOUNDATION		
1		Unrestricted	\$4,068
2		Temporarily Restricted by Donor	\$126,924
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$130,992

**WINDHAM COMMUNITY MEMORIAL HOSPITAL
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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2010
	O. WINDHAM HOSPITAL-PHYSICIAN HOSPITAL ORGANIZATION,INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	P. WINDHAM PROFESSIONAL CONDOMINIUM ASSOCIATION,INC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	(\$19,935,723)
	Intercompany Eliminations		\$0
	Total of all Affiliates	Fund Balance:	(\$19,935,723)

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
A. WINDHAM COMMUNITY MEMORIAL HOSPITAL				
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
B. CHS INSURANCE LIMITED				
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
1		Hospital Purchases Malpractice Insurance Premiums	09/30/2010	(\$634,740)
2		Payments	09/30/2010	\$634,740
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
C. CLINICAL LABORATORY PARTNERS, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
1		CLP provides testing services	09/30/2010	(\$98)
2		Payments	09/30/2010	\$101
3		Hospital purchases lab services from CLP	09/30/2010	(\$229,266)
4		Payments	09/30/2010	\$209,310
		Ending Unconsolidated Intercompany Balance:	9/30/2010	(\$19,953)
D. EASTERN REHABILITATION NETWORK, LLC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
1		Hospital Purchases Rehabilitation & Managerial Svs from	09/30/2010	(\$105,198)
2		Payments	09/30/2010	\$70,799
		Ending Unconsolidated Intercompany Balance:	9/30/2010	(\$34,399)
E. HARTFORD HEALTH CARE CORPORATION				
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
1		Hospital Pays Corporate Fees to Parent	09/30/2010	(\$685,479)
2		Payments	09/30/2010	\$532,340
3		Hospital pays salary allocation (Finance & MM) to paren	09/30/2010	(\$21,069)
4		Payments	09/30/2010	\$16,267
5		Hospital pays support payments	09/30/2010	(\$807,423)
6		Payments	09/30/2010	\$807,423
		Ending Unconsolidated Intercompany Balance:	9/30/2010	(\$157,941)
F. HARTFORD HOSPITAL				
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
1		Hospital purchases service on biomedical equipment	09/30/2010	(\$244,408)
2		Payments	09/30/2010	\$286,453
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$42,045
G.	HATCH HOSPITAL CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
H.	IMMEDIATE MEDICAL CARE CENTER, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
1		Hospital collects rent	09/30/2010	\$95,680
2		Payments	09/30/2010	(\$86,026)
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$9,654
I.	MED-EAST ASSOCIATES,LLC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
1		Hospital invests in Med-East Medical Walk In Center	09/30/2010	\$199,280
2		Payments	09/30/2010	(\$199,280)
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
J.	NATCHAUG HOSPITAL			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
1		Hospital Provides Lab services	09/30/2010	\$188,419
2		Payments	09/30/2010	(\$163,455)
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$24,964
K.	WINDHAM FAMILY MEDICAL SERVICES,PC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
1		Hospital purchases Medical Director services	09/30/2010	(\$32,500)
2		Payments	09/30/2010	\$43,333
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$10,833
L.	WINDHAM HEALTH SERVICES			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
M.	WINDHAM HOSPITAL FOUNDATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
N.	WINDHAM HOSPITAL-PHYSICIAN HOSPITAL ORGANIZATION,INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
O.	WINDHAM PROFESSIONAL CONDOMINIUM ASSOCIATION,INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
			Grand Total:	(\$124,797)

WINDHAM COMMUNITY MEMORIAL HOSPITAL
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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated Intercompany Balance	10/01/2009	\$0
A.	WINDHAM COMMUNITY MEMORIAL HOSPITAL		Nothing to Report		\$0
			Total:	9/30/2010	\$0
B.	CHS INSURANCE LIMITED		Nothing to Report		\$0
			Total:	9/30/2010	\$0
C.	CLINICAL LABORATORY PARTNERS, LLC		Nothing to Report		\$0
			Total:	9/30/2010	\$0
D.	EASTERN REHABILITATION NETWORK, LLC.		Nothing to Report		\$0
			Total:	9/30/2010	\$0
E.	HARTFORD HEALTH CARE CORPORATION		Nothing to Report		\$0
			Total:	9/30/2010	\$0
F.	HARTFORD HOSPITAL		Nothing to Report		\$0
			Total:	9/30/2010	\$0
G.	HATCH HOSPITAL CORPORATION		Nothing to Report		\$0
			Total:	9/30/2010	\$0
H.	IMMEDIATE MEDICAL CARE CENTER, INC.		Nothing to Report		\$0
			Total:	9/30/2010	\$0
I.	MED-EAST ASSOCIATES,LLC.		Nothing to Report		\$0
			Total:	9/30/2010	\$0

WINDHAM COMMUNITY MEMORIAL HOSPITAL
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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.	NATCHAUG HOSPITAL		Nothing to Report		\$0
			Total:	9/30/2010	\$0
K.	WINDHAM FAMILY MEDICAL SERVICES,PC		Nothing to Report		\$0
			Total:	9/30/2010	\$0
L.	WINDHAM HEALTH SERVICES		Nothing to Report		\$0
			Total:	9/30/2010	\$0
M.	WINDHAM HOSPITAL FOUNDATION		Nothing to Report		\$0
			Total:	9/30/2010	\$0
N.	WINDHAM HOSPITAL-PHYSICIAN HOSPITAL ORGANIZATION,INC.		Nothing to Report		\$0
			Total:	9/30/2010	\$0
O.	WINDHAM PROFESSIONAL CONDOMINIUM ASSOCIATION,INC		Nothing to Report		\$0
			Total:	9/30/2010	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2010	\$0

**WINDHAM COMMUNITY MEMORIAL HOSPITAL
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REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
A. WINDHAM COMMUNITY MEMORIAL HOSPITAL			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
B. CHS INSURANCE LIMITED			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
C. CLINICAL LABORATORY PARTNERS, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
D. EASTERN REHABILITATION NETWORK, LLC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
E. HARTFORD HEALTH CARE CORPORATION			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
F. HARTFORD HOSPITAL			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
G. HATCH HOSPITAL CORPORATION			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
H. IMMEDIATE MEDICAL CARE CENTER, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
I. MED-EAST ASSOCIATES,LLC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
J. NATCHAUG HOSPITAL			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
K. WINDHAM FAMILY MEDICAL SERVICES,PC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
L. WINDHAM HEALTH SERVICES			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
M. WINDHAM HOSPITAL FOUNDATION			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
N. WINDHAM HOSPITAL-PHYSICIAN HOSPITAL ORGANIZATION,INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
O. WINDHAM PROFESSIONAL CONDOMINIUM ASSOCIATION,INC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	Grand Total:	\$0	9/30/2010

**WINDHAM COMMUNITY MEMORIAL HOSPITAL
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REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
A.	WINDHAM COMMUNITY MEMORIAL HOSPITAL		
0	Nothing to Report	\$0	0
	Total:	\$0	
B.	CHS INSURANCE LIMITED		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	CLINICAL LABORATORY PARTNERS, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	EASTERN REHABILITATION NETWORK, LLC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	HARTFORD HEALTH CARE CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	HARTFORD HOSPITAL		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	HATCH HOSPITAL CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	IMMEDIATE MEDICAL CARE CENTER, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
I.	MED-EAST ASSOCIATES,LLC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	NATCHAUG HOSPITAL		
0	Nothing to Report	\$0	0
	Total:	\$0	
K.	WINDHAM FAMILY MEDICAL SERVICES,PC		

**WINDHAM COMMUNITY MEMORIAL HOSPITAL
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REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
0	Nothing to Report	\$0	0
	Total:	\$0	
L.	WINDHAM HEALTH SERVICES		
0	Nothing to Report	\$0	0
	Total:	\$0	
M.	WINDHAM HOSPITAL FOUNDATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
N.	WINDHAM HOSPITAL-PHYSICIAN HOSPITAL ORGANIZATION,INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
O.	WINDHAM PROFESSIONAL CONDOMINIUM ASSOCIATION,INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

**WINDHAM COMMUNITY MEMORIAL HOSPITAL
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REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR
INDIGENT CARE AND FREE BEDS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A.	Indigent Care				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
B.	Free Beds				
	Beginning Balance	\$19,495.00	\$0.00	(\$19,495.00)	-100%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$1,024.00	\$1,024.00	0%
3	Expenditures	\$0.00	\$1,103.85	\$1,103.85	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$19,495.00	(\$79.85)	(\$19,574.85)	-100%
5	Projected Interest Income	\$0.00	\$1,000.00	\$1,000.00	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%

WINDHAM COMMUNITY MEMORIAL HOSPITAL		
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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1.Number of Applications for Hospital Bed Funds		1
2. A. Number of Patients receiving Hospital Bed Fund Grants		1
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$1,103.85
10798213	Chickering Fund	\$1,103.85
	Grand Total	\$1,103.85

WINDHAM COMMUNITY MEMORIAL HOSPITAL					
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FISCAL YEAR 2010					
REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
B. BED FUND ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
(3)	Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each				
(4)	Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund.				
(5)	Actual Dollar Amount of Earnings reinvested as Principal, if any.				
(6)	Actual Dollar Amount of Earnings available for Patient Care.				
	Chickering Fund	\$19,220.35	\$1,024.00	\$1,024.00	\$1,308.00
	Total Bed Funds :	\$19,220.35	\$1,024.00	\$1,024.00	\$1,308.00

**WINDHAM COMMUNITY MEMORIAL HOSPITAL
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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I. GENERAL COLLECTION PROCESSES AND PROCEDURES		
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	Accounts get written off to Bad Debt, assigned to a collection agency
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	All agents are paid by a % of collections for their recovered accounts
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	8.60%
II. SPECIFIC COLLECTION AGENT INFORMATION		
Collection Agent		
1	Collection Agent Name	Century Financial Services
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Accounts get written off to Bad Debt, assigned to a collection agency
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.	All agents are paid by a % of collections for their recovered accounts

**WINDHAM COMMUNITY MEMORIAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2010
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.	9.18%
	Collection Agent	
1	Collection Agent Name	Medconn Collection Agency
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Accounts get written off to Bad Debt, assigned to a collection agency
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.	All agents are paid by a % of collections for their recovered accounts
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	7.98%

**WINDHAM COMMUNITY MEMORIAL HOSPITAL
ANNUAL REPORTING
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REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS**

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	Cheif Executive Officer	\$426,833	\$158,295	\$585,128
2.	Physician/Hospitalist	\$274,372	\$101,754	\$376,126
3.	Cheif Financial Officer/VP Finance	\$249,048	\$92,362	\$341,410
4.	Medical Director	\$211,822	\$78,556	\$290,378
5.	Vice-President Patient Care	\$173,205	\$64,235	\$237,440
6.	Medical Director	\$161,964	\$60,066	\$222,030
7.	Physician/Hospitalist	\$161,765	\$59,992	\$221,757
8.	Vice-President Human Resources	\$145,232	\$53,861	\$199,093
9.	Registered Nurse	\$143,090	\$53,066	\$196,156
10.	Registered Nurse	\$140,768	\$52,205	\$192,973
	Grand Total:	\$2,088,099	\$774,392	\$2,862,491

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

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directly or Indirectly) ^C	TOTAL
A . WINDHAM COMMUNITY MEMORIAL 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
B . CHS INSURANCE LIMITED				
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 . CLINICAL LABORATORY PARTNERS, 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
D . EASTERN REHABILITATION NETWORK, 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
E . HARTFORD HEALTH CARE CORPORATION				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F . HARTFORD 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
G . HATCH HOSPITAL CORPORATION				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
H . IMMEDIATE MEDICAL CARE 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
I . MED-EAST ASSOCIATES,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
J . NATCHAUG 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
K . WINDHAM FAMILY MEDICAL SERVICES,PC				
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 . WINDHAM HEALTH SERVICES				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
M . WINDHAM HOSPITAL FOUNDATION				
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
N . WINDHAM HOSPITAL-PHYSICIAN HOSPITAL ORGANIZATION,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
O . WINDHAM PROFESSIONAL CONDOMINIUM ASSOCIATION,INC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

For each entity listed on Report 20, complete Report 21.

A - Fringe benefits shall represent the value of all forms of compensation as described in Section 19a-643-206-(b)(21), including the fair market value where appropriate.

**WINDHAM COMMUNITY MEMORIAL HOSPITAL
ANNUAL REPORTING
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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directly or Indirectly) ^C	TOTAL

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.

**WINDHAM COMMUNITY MEMORIAL HOSPITAL
ANNUAL REPORTING
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REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR
CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY**

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

WINDHAM COMMUNITY MEMORIAL HOSPITAL					
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REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	4,608	4,162	(446)	-10%
2.	Number of Approved Applicants	4,593	4,094	(499)	-11%
3.	Total Charges (A)	\$2,094,258	\$2,446,868	\$352,610	17%
	Average Charges	\$456	\$598	\$142	31%
4.	Ratio of Cost to Charges (RCC)	0.386903	0.449045	0.062142	16%
	Total Cost	\$810,275	\$1,098,754	\$288,479	36%
	Average Cost	\$176	\$268	\$92	52%
5.	Charity Care - Inpatient Charges	\$524,417	\$760,720	\$236,303	45%
6.	Charity Care - Outpatient Emergency Department Charges	754,446	836,482	82,036	11%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	815,395	849,666	34,271	4%
	Total Charges (A)	\$2,094,258	\$2,446,868	\$352,610	17%
8.	Charity Care - Number of Patient Days	149	212	63	42%
9.	Charity Care - Number of Discharges	56	57	1	2%
10.	Charity Care - Number of Outpatient ED Visits	1,625	655	(970)	-60%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	670	1,715	1,045	156%
(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.					
B. Hospital Bed Funds (see Hospital Reporting System - Report 17)					
1.	Number of Applicants	-	1	1	0%
2.	Number of Approved Applicants	-	1	1	0%
3.	Total Charges (B)	\$0	\$1,104	\$1,104	0%
	Average Charges	\$0	\$1,104	\$1,104	0%
4.	Ratio of Cost to Charges (RCC)	0.38903	0.449045	0.060015	15%
	Total Cost	\$0	\$496	\$496	0%
	Average Cost	\$0	\$496	\$496	0%
5.	Bed Funds - Inpatient Charges	\$0	\$1,104	\$1,104	0%
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	0%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	0	0	0	0%
	Total Charges (B)	\$0	\$1,104	\$1,104	0%
8.	Bed Funds - Number of Patient Days	0	1	1	0%
9.	Bed Funds - Number of Discharges	0	1	1	0%
10.	Bed Funds - Number of Outpatient ED Visits	0	0	0	0%
11.	Bed Funds - Number of Outpatient Visits (Excludes ED Visits)	0	0	0	0%
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.					