WILLIAM W. BACKUS HOSPITAL

ANNUAL REPORTING

FISCAL YEAR 2012

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

(1)	(2)	(3)	
	DECORIDE ON	AFFILIATE INFORMATION	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
Α.	AFFILIATE NAME	BACKUS CORPORATION	
		PARENT CORPORATION - FOR THE WILLIAM W. BACKUS HOSPITAL. ITS	
		PURPOSE IS TO PROMOTE AND FURTHER THE WELFARE, PROGRAMS AND	
	Affiliate Description	ACTIVIITES OF THE HOSPITAL, OR OTHER AFFILIATES WHERE APPLICABLE. Parent Corporation	
3	Affiliate type of service Tax Status	Not for Profit	
	Street Address	326 Washington Street ,	
5	Town	Norwich	
	State	Connecticut	
	Zip Code	06360 -	
8	CEO Name	David A. Whitehead	
9 10	CEO Title CT Agent Name	President & Chief Executive Officer David A. Whitehead	
	CT Agent Name CT Agent Company	Backus Hospital	
	CT Agent Company Street Address		
13	CT Agent Town	Norwich	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06360 -	
_B	B. AFFILIATE NAME BACKUS HEALTH CARE, INC		
Ь.	AFFICIATE NAME	HEALTH & EDUCATION SERVICES - ITS PURPOSE IS TO ASSIST THE HOSPITAL	
		IN PROVIDING VARIOUS TYPES OF MEDICAL CARE AND HEALTH RELATED	
1	Affiliate Description	EDUCATION PROGRAMS TO THE COMMUNITY ON AN OUTPATIENT BASIS.	
	Affiliate type of service	Health Education Services	
	Tax Status	Not for Profit	
4	Street Address	326 Washington Street	
5	Town	Norwich	
6	State	Connecticut	
7	Zip Code CEO Name	06360 - David A. Whitehead	
9	CEO Title	President & Chief Executive Officer	
	CT Agent Name	David A. Whitehead	
	CT Agent Company	Backus Hospital	
	CT Agent Company Street Address		
	CT Agent Town	Norwich	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06360 -	
C.	AFFILIATE NAME	BACKUS MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC	
		AN AIR RIGHTS CONDOMINIUM ASSOCIATION ORGANIZED TO MANAGE THE	
		PHYSICIAN OCCUPIED PORTION OF THE HOSPITAL OWNED MEDICAL OFFICE	
1	Affiliate Description	BUILDING	
	Affiliate type of service	Real Estate	
3	Tax Status	For Profit	
	Street Address	330 Washington Street	
5 6	Town State	Norwich Connecticut	
7	State Zip Code	Connecticut 06360 -	
8	CEO Name	Daniel E. Lohr	
9	CEO Title	President	
	CT Agent Name	Daniel E. Lohr	
11	CT Agent Company	Backus Hospital	
12	CT Agent Company Street Address	330 Washington Street	
13	CT Agent Town	Norwich Connecticut	
	CT Agent State CT Agent Zip Code	Connecticut 06360 -	
15	OT Agent Zip Code		

WILLIAM W. BACKUS HOSPITAL

ANNUAL REPORTING

FISCAL YEAR 2012

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

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
D.	AFFILIATE NAME	BACKUS PHYSICIAN SERVICES, LLC
		PROVIDE MEDICAL & SURGICAL PHYSICIAN SERVICES. IS A SUBSIDARY OF
1	Affiliate Description	CONNCARE, INC.
2	Affiliate type of service	Physicians Services
3	Tax Status	For Profit
	Street Address	112 Lafayette Street
	Town	Norwich
6	State	Connecticut
7	Zip Code	06360 -
8	CEO Name	David A. Whitehead
	CEO Title	President
	CT Agent Name	David A. Whitehead
11	CT Agent Company	CONNCare, Inc.
12	CT Agent Company Street Address	
	CT Agent Town	Norwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06360 -
_		COMMUNITY MEDICAL PARTIERS INC
E.	AFFILIATE NAME	COMMUNITY MEDICAL PARTNERS, INC
		PHYSICIAN SERVICES - TO PROVIDE PROFESSIONAL MEDICAL SERVICES TO
		THE PATIENTS OF AFFILIATES OF THE BACKUS CORPORATION AND TO OTHER
	Affiliate Description	INDIVIDUALS IN AREAS AND COMMUNITIES SERVED BY THE CORPORATION
2	Affiliate type of service	Physicians Services
	Tax Status	Not for Profit
	Street Address	326 WASHINGTON STREET
	Town	NORWICH
	State	Connecticut
	Zip Code CEO Name	06360 - JAMES G. WATKINS, JR
	CEO Name CEO Title	CEO
10	CT Agent Name	JAMES G. WATKINS, JR
11	CT Agent Name CT Agent Company	BACKUS HOSPITAL
		326 WASHINGTON STREET
	CT Agent Town	NORWICH
	CT Agent State	Connecticut
15	CT Agent Zip Code	06360 -
	3- 1	
F.	AFFILIATE NAME	CONNCARE, INC
		OCCUPATIONAL HEALTH & OUTPATIENT CARE - IS A SUBSIDIARY OF BACKUS
		HEALTH CARE, INC. ITS PURPOSE IS TO PROVIDE OCCUPATIONAL HEALTH
		SERVICES TO EMPLOYERS AND THEIR EMPLOYEES AND TO ASSIST CLIENT
1	Affiliate Description	COMPANIES WITH THE CONSERVATION OF HUMAN RESOURCES AT THE
	Affiliate type of service	Occupational Heath
3	Tax Status	Not for Profit
4	Street Address	326 Washington Street
	Town	Norwich
	State	Connecticut
	Zip Code	06360 -
	CEO Name	David A. Whitehead
	CEO Title	President & Chief Executive Officer
	CT Agent Name	Melinda A. Agsten, Esq
	CT Agent Company	Wiggin & Dana
		One Century Tower
	CT Agent Town	New Haven
	CT Agent State	Connecticut
15	CT Agent Zip Code	06510 -
_	AFFU LATE MARE	MEDCONN COLLECTION AGENCY LLC
G.	AFFILIATE NAME	MEDCONN COLLECTION AGENCY, LLC

REPORT 20 2 OF 20 7/31/2013,2:57 PM

WILLIAM W. BACKUS HOSPITAL

ANNUAL REPORTING

FISCAL YEAR 2012

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

(1)	(2)	(3)	
	DESCRIPTION	AFFILIATE INFORMATION	
	Affiliate Description	Taxable Collection Agency in which the Hospital has a 25% partnership	
	Affiliate type of service	Collection Agency	
	Tax Status	For Profit	
4	Street Address	2049 Silas Deane Highway, Ste 305	
5	Town	Rocky Hill	
	State	Connecticut	
	Zip Code	06067 -	
	CEO Name	James Moylan	
	CEO Title	Interim Executive Director Daniel E. Lohr, Managing member	
	CT Agent Name	WWB Corporation	
11 12	CT Agent Company CT Agent Company Street Address		
	CT Agent Company Street Address CT Agent Town	Norwich	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent State CT Agent Zip Code	06360 -	
13	C1 Agent Zip Code	00000	
		OMNI HOME HEALTH SERVICES OF EASTERN CONNECTICUT, LLC, D/B/A BACKUS HOME	
н.	AFFILIATE NAME	HEALTH CARE	
		OMNI Home Health Services of Eastern Connecticut, LLC d/b/a Backus Home Health	
1	Affiliate Description	Care providing home health care services in eastern CT.	
	Affiliate type of service	Home Health/VNAs	
	Tax Status	For Profit	
4	Street Address	12 Case Street	
5	Town	Norwich	
6	State	Connecticut	
	Zip Code	06360 -	
	CEO Name	David A. Whitehead	
	CEO Title	President	
	CT Agent Name	David A. Whitehead	
	CT Agent Company	WWB	
12	CT Agent Company Street Address	326 Washington Street	
	CT Agent Town	Norwich	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06360 -	
I.	AFFILIATE NAME	WWB CORPORATION	
		OTHER HEALTH CARE SERVICES - ITS PURPOSE IS TO RENDER HEALTH CARE	
		RELATED SERVICES THAT WOULD OTHERWISE BE TAXABLE AS UNRELATED	
		TRADE OR BUSINESS ACTIVITIES IF CONDUCTED BY THE HOSPITAL, OTHER	
	Affiliate Description	AFFILIATES OR THE PARENT ORGANIZATION.	
	Affiliate type of service	Other HealthCare Svcs(Specify)	
	Tax Status	For Profit	
4	Street Address	326 Washington Street	
5	Town	Norwich Constitution	
	State	Connecticut	
	Zip Code	06360 -	
	CEO Name	Daniel E. Lohr	
	CEO Title	President Daniel E. Lohr	
	CT Agent Name		
	CT Agent Company	Backus Hospital	
		326 Washington Street	
	CT Agent Town	Norwich Connecticut	
	CT Agent Zip Code	Connecticut 06360 -	
	CT Agent Zip Code	STREET ADDRESS FOR EACH AGENT COMPANY	

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

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
	AFFILIATE MANE	FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2012
Α.	WILLIAM W. BACKUS HOSPITAL		
1	THE ENGLISH THE ENGLISH THE	Unrestricted	\$187,215,454
2		Temporarily Restricted by Donor	\$2,890,743
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$7,755,916
5		Intercompany Eliminations	\$0
		Total:	\$197,862,113
В.	BACKUS CORPORATION		
1	BACKUS CORFORATION	Linguistad	¢104.264
2		Unrestricted Temporarily Restricted by Donor	\$104,361
3		Temporarily Restricted by Board	\$0 \$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$15,845)
		Total:	\$88,516
		1000	400,010
C.	BACKUS HEALTH CARE, INC		
1		Unrestricted	(\$4,156)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$4,156)
_	BACKUS MEDICAL CENTER CONDOMINIUM ASSOCIATION,		
D.	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 Total:	\$0 \$0
		Total.	40
E.	BACKUS PHYSICIAN SERVICES, LLC		
1		Unrestricted	(\$539,871)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$539,871)
F.	COMMUNITY MEDICAL PARTNERS, INC		
	ICCININIUNI I INEUICAL PAR INERO. INC		
		Unrectricted	Φ0
1		Unrestricted	\$0
1 2		Temporarily Restricted by Donor	\$0
1 2 3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
1 2 3 4		Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0 \$0
1 2 3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0 \$0 \$0
1 2 3 4		Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0 \$0
1 2 3 4	CONNCARE, INC	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0 \$0 \$0
1 2 3 4 5		Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted	\$0 \$0 \$0 \$0
1 2 3 4 5		Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor	\$0 \$0 \$0 \$0 \$0
1 2 3 4 5 G. 1 2		Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$508,407 \$0 \$0
1 2 3 4 5 G. 1 2 3 4		Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$
1 2 3 4 5 G. 1 2		Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$508,407 \$0 \$0

REPORT 5 4 OF 20 7/31/2013, 2:57 PM

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2012
H.	MEDCONN COLLECTION AGENCY, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	
		Total:	\$0
	OMNI HOME HEALTH SERVICES OF EASTERN CONNECTICUT,		
I.	LLC, D/B/A BACKUS HOME HEALTH CARE		
1		Unrestricted	(\$1,097,474)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$1,097,474)
J.	WWB CORPORATION		
1		Unrestricted	\$1,207,767
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$1,000)
		Total:	\$1,206,767
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$198,041,147
	Intercompany Eliminations		(\$16,845)
	Total of all Affiliates	Fund Balance:	\$198,024,302

REPORT 5 5 OF 20 7/31/2013, 2:57 PM

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.	BACKUS CORPORATION			
	BACKUG COKI OKATION	Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
1		Salary	09/30/2012	\$174,925
2		Accounts Payable	09/30/2012	\$3,090
3		Payments	09/30/2012	(\$135,168)
4		Equity Transfers	09/30/2012	(\$42,847)
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
B.	BACKUS HEALTH CARE, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$10,428
1		Accounts Payable	09/30/2012	\$5,202
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$15,630
C.	BACKUS MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC			
	,	Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
D.	BACKUS PHYSICIAN SERVICES, LLC			
	·	Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
E.	COMMUNITY MEDICAL PARTNERS, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
F.	CONNCARE, INC			
	, -	Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$117,096
1		Salary	09/30/2012	\$3,543,115
2		Accounts Payable	09/30/2012	\$2,064,759
3		Payments	09/30/2012	(\$4,523,164)
4		Equity transfer	09/30/2012	(\$1,201,806)
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
G.	MEDCONN COLLECTION AGENCY, LLC			

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
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
H.	OMNI HOME HEALTH SERVICES OF EASTERN CONNECTICUT,	LLC, D/B/A BACKUS HOME HEALTH CARE		
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
I.	WWB CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$36,622
1		Salary	09/30/2012	\$7,190,690
2		Accounts Payable	09/30/2012	\$1,336,099
3		Payments	09/30/2012	(\$8,017,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$546,411
			Grand Total:	\$562,041

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	10/01/2011	\$4,077,627
A.	BACKUS CORPORATION				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
B.	BACKUS HEALTH CARE, INC				
1		BACKUS CORPORATION	Accounting Fees	09/30/2012	\$36,936
2		BACKUS CORPORATION	Payments	09/30/2012	(\$132,354)
			Total:	9/30/2012	(\$95,418)
C.	BACKUS MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC				
	,		Nothing to Report		\$0
			Total:	9/30/2012	\$0
			13.55	0,00,00	7.
D.	BACKUS PHYSICIAN SERVICES, LLC				
1		BACKUS CORPORATION	Salary	09/30/2012	\$1,383,572
2		BACKUS CORPORATION	Equity Transfers	09/30/2012	(\$4,474,742)
		2,101100 00111 0111111011	Total:	9/30/2012	(\$3,091,170)
			Total.	3/30/2012	(40,001,110)
E.	COMMUNITY MEDICAL PARTNERS, INC				
<u> </u>	COMMONITY MEDICAL FARTNERO, INC		Nothing to Report		\$0
			Total:	9/30/2012	\$0
			Total.	9/30/2012	φu
F.	CONNCARE, INC				
	CONNCARE, INC	BACKUS CORPORATION	Association Face	00/00/0040	#00.000
2		BACKUS CORPORATION BACKUS CORPORATION	Accounting Fees Payments	09/30/2012 09/30/2012	\$36,936 (\$132,354)
		BACKUS CONFORATION	Total:	9/30/2012	(\$132,334) (\$95,418)
			lotai:	9/30/2012	(\$95,418)
	MEDICANNI COLLECTIONI ACENICY LLC				
G.	MEDCONN COLLECTION AGENCY, LLC		Mathing to Donort		A-
			Nothing to Report	0/00/00:5	\$0
			Total:	9/30/2012	\$0
1	OMNI HOME HEALTH SERVICES OF EASTERN CONNECTICUT, LLC,				
H.	D/B/A BACKUS HOME HEALTH CARE				
1		BACKUS CORPORATION	Salary	09/30/2012	\$5,193,979
2		BACKUS CORPORATION	Accounts Payable	09/30/2012	\$3,298,256

REPORT 6A 8 OF 20 7/31/2013,2:57 PM

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
3		BACKUS CORPORATION	Payments	09/30/2012	(\$8,017,000)
			Total:	9/30/2012	\$475,235
I.	WWB CORPORATION				
1		BACKUS CORPORATION	Accounting Fees	09/30/2012	\$18,984
2		BACKUS CORPORATION	Payments	09/30/2012	(\$17,402)
			Total:	9/30/2012	\$1,582
			Ending Unconsolidated Intercompany Balance	9/30/2012	\$1,272,438

WILLIAM W. BACKUS HOSPITAL ANNUAL REPORTING FISCAL YEAR 2012 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
	DECOM: HON OF EAR ENDITORE	,	
Α.	BACKUS CORPORATION		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
-	DAOKUO UEALTU GADE ING		
B.	BACKUS HEALTH CARE, INC Nothing to Report	\$0	
_	Notifing to Report	\$ 0	9/30/2012
	BACKUS MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC		
0	Nothing to Report	\$0	
	l otal:	\$0	9/30/2012
D.	BACKUS PHYSICIAN SERVICES, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
E.	COMMUNITY MEDICAL PARTNERS, INC		
0	Nothing to Report	\$0	
Ť	Total:	\$ 0	9/30/2012
F.	CONNCARE, INC	00	
U	Nothing to Report Total:	\$0 \$0	9/30/2012
		4 0	0/00/2012
G.	MEDCONN COLLECTION AGENCY, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
Н.	OMNI HOME HEALTH SERVICES OF EASTERN CONNECTICUT, LLC, D/B/A BAC	KUS HOME HEALTH CARE	
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
I.	WWB CORPORATION		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
			0/05/22/2
	Grand Total:	\$0	9/30/2012

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
LINE	DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN TEARS
Α.	BACKUS CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
В.	BACKUS HEALTH CARE, INC		
0	Nothing to Report Total:	\$0 \$0	Ü
	1 Otal:	\$0	
C.	BACKUS MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC		
0.	Nothing to Report	\$0	0
	Total:	\$0	
D.	BACKUS PHYSICIAN SERVICES, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
E .	COMMUNITY MEDICAL PARTNERS, INC Nothing to Report	\$0	0
	Total:	\$ 0	Ü
F.	CONNCARE, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	MEDCONN COLLECTION AGENCY, LLC		
0	Nothing to Report Total:	\$0 \$0	0
	Total:	\$0	
Н.	OMNI HOME HEALTH SERVICES OF EASTERN CONNECTICUT LLC DIRIA DACKUS HOME HE	ALTH CADE	
<u>п.</u> 0	OMNI HOME HEALTH SERVICES OF EASTERN CONNECTICUT, LLC, D/B/A BACKUS HOME HE Nothing to Report	ALTH CARE \$0	0
	Total:	\$0	
I.	WWB CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	
	Granu Total.	\$ 0	

REPORT 8 11 OF 20 7/31/2013,2:57 PM

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	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%
B.	Free Beds				
	Beginning Balance	\$551,595.00	\$527,060.00	(\$24,535.00)	-4%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$12,712.00	\$15,847.00	\$3,135.00	25%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	(\$37,247.00)	\$88,131.00	\$125,378.00	-337%
	Ending Balance	\$527,060.00	\$631,038.00	\$103,978.00	20%
5	Projected Interest Income	\$25,000.00	\$12,400.00	(\$12,600.00)	-50%
C.					
C.	Other	20.00	.	**	
	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%

	WILLIAM W. BACKUS HOSPITAL			
	ANNUAL REPORTING			
	FISCAL YEAR 2012			
REPORT 17 -	HOSPITAL BED FUNDS HELD OR ADMINISTERS	D BY THE HOSPITAL		
A. Patient Activity				
(1)	(2)	(3)		
<u>Patient</u>	Name of Hospital Bed Fund (FULL NAME)	Amount		
1.Number of Applications for Hos	spital Bed Funds	0		
2. A. Number of Patients receiving Hospital Bed Fund Grants				
2. B. The Actual Total Dollar Ame	ount provided to all patients from Hospital Bed F	\$0.00		
	Grand Total	\$0.00		

		WILLIAM W. BACKU	JS HOSPITAL						
		ANNUAL REPO	ORTING						
		FISCAL YEAR	R 2012						
	REPORT 17 - HOSPITA	L BED FUNDS HELD C	R ADMINISTERED B	Y THE HOSPITAL					
B. B	ED 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 Hospi	tal Bed Fund, or the F	Principal attributable	e to each				
(-,	The state of the s				10 000				
(4)	Total Actual Earnings for each Hosp	ital Bed Fund or the E	arnings attributable to	o each Hospital Bed	Fund.				
				·					
(5)	Actual Dollar Amount of Earnings re	invested as Principal,	if any.						
		•	•						
(6)	Actual Dollar Amount of Earnings av	ailable for Patient Car	(6) Actual Dollar Amount of Earnings available for Patient Care.						
			С.						
			c.						
	IRVING WOOD	\$300,000.00	\$56,678.00	\$0.00	\$38,767.00				
	IRVING WOOD ANNIE ROGERS	\$300,000.00 \$66,833.00		\$0.00 \$0.00	\$38,767.00 \$13,229.00				
			\$56,678.00	*****					
	ANNIE ROGERS	\$66,833.00	\$56,678.00 \$9,920.00	\$0.00	\$13,229.00				
	ANNIE ROGERS AVERILL CHILDRENS FUND	\$66,833.00 \$5,000.00	\$56,678.00 \$9,920.00 \$1,217.00	\$0.00 \$0.00	\$13,229.00 \$1,623.00				
	ANNIE ROGERS AVERILL CHILDRENS FUND BRIGGS/PEABODY FUND	\$66,833.00 \$5,000.00 \$7,500.00	\$56,678.00 \$9,920.00 \$1,217.00 \$4,141.00	\$0.00 \$0.00 \$0.00	\$13,229.00 \$1,623.00 \$5,522.00				
	ANNIE ROGERS AVERILL CHILDRENS FUND BRIGGS/PEABODY FUND G. SHEDD	\$66,833.00 \$5,000.00 \$7,500.00 \$4,246.00	\$56,678.00 \$9,920.00 \$1,217.00 \$4,141.00 \$4,016.00	\$0.00 \$0.00 \$0.00 \$0.00	\$13,229.00 \$1,623.00 \$5,522.00 \$5,356.00				
	ANNIE ROGERS AVERILL CHILDRENS FUND BRIGGS/PEABODY FUND G. SHEDD HUNTINGTON MEMORIAL	\$66,833.00 \$5,000.00 \$7,500.00 \$4,246.00 \$23,393.00	\$56,678.00 \$9,920.00 \$1,217.00 \$4,141.00 \$4,016.00 \$249.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$13,229.00 \$1,623.00 \$5,522.00 \$5,356.00 \$332.00				
	ANNIE ROGERS AVERILL CHILDRENS FUND BRIGGS/PEABODY FUND G. SHEDD HUNTINGTON MEMORIAL L. SMITH	\$66,833.00 \$5,000.00 \$7,500.00 \$4,246.00 \$23,393.00 \$15,000.00	\$56,678.00 \$9,920.00 \$1,217.00 \$4,141.00 \$4,016.00 \$249.00 \$15,652.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$13,229.00 \$1,623.00 \$5,522.00 \$5,356.00 \$332.00 \$20,874.00				
	ANNIE ROGERS AVERILL CHILDRENS FUND BRIGGS/PEABODY FUND G. SHEDD HUNTINGTON MEMORIAL L. SMITH LAMB FUND	\$66,833.00 \$5,000.00 \$7,500.00 \$4,246.00 \$23,393.00 \$15,000.00 \$10,000.00	\$56,678.00 \$9,920.00 \$1,217.00 \$4,141.00 \$4,016.00 \$249.00 \$15,652.00 \$4,601.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$13,229.00 \$1,623.00 \$5,522.00 \$5,356.00 \$332.00 \$20,874.00 \$6,135.00				

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	A series of 4 statements including charity care information and a final notice letter are sent to patients owing balances to the Hospital. After appropriate series of requests for payment are made with no response, the account is then considered for Bad Debt and referred to a collection agency.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	The Hospital pays the collection agency various fees calculated as a percentage of the amount collected. The percentages vary based on type of account - self pay, workers compensation, or if the collection agency required legal assistance to generate the collection.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	22.40%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
	Collection Agent	
1	Collection Agent Name	MEDCONN COLLECTION AGENCY
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	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.	A series of 4 statements including charity care information and a final notice letter are sent to patients owing balances to the Hospital. After appropriate series of requests for payment are made with no response, the account is then considered for Bad Debt and referred 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.	The Hospital pays the collection agency various fees calculated as a percentage of the amount collected. The percentages vary based on type of account - self pay, workers compensation, or if the collection agency required legal assistance to generate the collection.

REPORT 18 15 OF 20 7/31/2013,2:57 PM

WILLIAM W. BACKUS HOSPITAL ANNUAL REPORTING

FISCAL YEAR 2012

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to	
	Collection Agent.	22.40%

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

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	Former President & CEO	\$164,688	\$3,193,002	\$3,357,690
2.	President & CEO	\$631,077	\$344,473	\$975,550
3.	Sr. Vice President & CFO	\$431,613	\$227,617	\$659,230
4.	Clinical Services Sr. VP & CMO	\$432,160	\$155,757	\$587,917
5.	BPS Physician	\$495,860	\$53,101	\$548,961
6.	BPS Physician	\$454,353	\$50,612	\$504,965
7.	E.R. Physician	\$424,353	\$57,061	\$481,414
8.	E.R. Physician	\$341,273	\$80,420	\$421,693
9.	E.R. Physician	\$356,763	\$55,230	\$411,993
10.	E.R. Physician	\$332,420	\$71,492	\$403,912
	Grand Total:	\$4,064,560	\$4,288,765	\$8,353,325

REPORT 19 17 OF 20 7/31/2013, 2:57 PM

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
^	BACKUS CORPORATION	_		
A .	Paid by the Entity Listed Above to Hospital Employees(B)	C4 42 200	¢22.626	¢474.005
2	Paid by the Hospital to Employees of the Entity Listed Above	\$142,289 \$0	\$32,636 \$0	\$174,925 \$0
2	Paid by the Hospital to Employees of the Entity Listed Above	φυ	Φυ	Φυ
В.	BACKUS HEALTH CARE, INC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
		¥-	, , , , , , , , , , , , , , , , , , ,	
С.	BACKUS MEDICAL CENTER 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
D.	BACKUS PHYSICIAN SERVICES, LLC			• • • • • • •
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$1,083,329	\$194,999	\$1,278,328
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Ε.	COMMUNITY MEDICAL PARTNERS, 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 \$0
	and by the Hospital to Employees of the Emity Listed Above	Ψ	ΨΟ	ΨΟ
F.	CONNCARE, 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
G.	MEDCONN COLLECTION AGENCY, 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
	OMNILLIONE LIEALTH OFFICION OF FACTERN CONNECTION TO LA	_		
Н.	OMNI HOME HEALTH SERVICES OF EASTERN CONNECTICUT, LLC, D/B/A BACKUS HOME HEALTH CARE			
п. 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
	and by the mospital to Employees of the Emity Listed Above	φυ	φυ	φυ
Ι.	WWB 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
		· · · · · · · · · · · · · · · · · · ·	<u> </u>	

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 2012
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
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

REPORT 22 19 OF 20 7/31/2013,2:57 PM

		CKUS HOSPITAL			
		EPORTING			
		EAR 2012			
	REPORT 23 - CHARITY CARE AND REDUCED (COST SERVICES	PROVIDED BY 1	THE HOSPITAL	
	(0)	(2)	(1)	(E)	(4)
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	<u>AMOUNT</u>	DIFFERENCE	DIFFERENCE
	W. M. Oler M. Oren for the wife I Analysis of Figure 12 Oct.	· · · · · · · · Nataan			
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial St	atement Notes)			
	Number of Applicants	1 011	2.005	444	070
1. 2.	Number of Applicants Number of Approved Applicants	1,641 1,395	2,085 1,845	444 450	27% 32%
	Number of Approved Applicants	1,395	1,045	450	327
3.	Total Charges (A)	\$5,004,135	\$5,552,920	\$548,785	119
<u> </u>	Average Charges	\$3,587	\$3,010	(\$577)	-16%
	Average Charges	\$3,367	\$3,010	(\$377)	-107
4.	Ratio of Cost to Charges (RCC)	0.444418	0.413799	(0.030619)	-7%
	Total Cost	\$2,223,928	\$2,297,793	\$73,865	3%
	Average Cost	\$1,594	\$1,245	(\$349)	-22%
	Average Cost	φ1,554	φ1,243	(\$543)	-22 /
5.	Charity Care - Inpatient Charges	\$1,546,456	\$1,576,229	\$29,773	2%
6.	Charity Care - Outpatient Emergency Department Charges	1,353,196	1,581,810	228,614	179
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	2,104,483	2,394,881	290,398	149
	Total Charges (A)	\$5,004,135	\$5,552,920	\$548,785	119
	Total Ollarges (A)	ψο,σο-, τοσ	ψ0,002,020	ψο το, ε σο	117
8.	Charity Care - Number of Patient Days	2,002	1,821	(181)	-9%
9.	Charity Care - Number of Discharges	438	426	(12)	-3%
10.	Charity Care - Number of Outpatient ED Visits	1,696	1,835	139	89
	Charity Care - Number of Outpatient Visits (Excludes ED	.,000	.,000	.00	
11.	Visits)	4,316	4,499	183	4%
		1,010	.,		- , .
(A) The	total amount must agree with the total amount listed in t	he Hospital Audit	ted Financial St	atement Notes.	
(A) The	total amount must agree with the total amount listed in t	he Hospital Audit	ted Financial St	atement Notes.	
(A) The	e total amount must agree with the total amount listed in t	he Hospital Audit	ted Financial Sta	atement Notes.	
(A) The			ted Financial St	atement Notes.	
	total amount must agree with the total amount listed in the list of the list o		ted Financial St	atement Notes.	
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - Re		ted Financial Sta	atement Notes.	0%
	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants	eport 17)			
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - Re	eport 17)	-	-	
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants	eport 17)	-	-	0%
<u>B.</u> 1. 2.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants	eport 17)	-	-	0% 0 % 0%
<u>B.</u> 1. 2.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants Total Charges (B)	eport 17)	- - - \$0	- - - \$0	0%
<u>B.</u> 1. 2.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants Total Charges (B)	eport 17)	- - - \$0	- - - \$0	0% 0% 0%
1. 2.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges	**************************************	- - - \$0 \$0	- - \$0 \$0	09 09 09 -79
1. 2.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost	\$0 \$0 \$0 0.444418	\$0 \$0 \$0	\$0 \$0 \$0 (0.030619)	0% 0% 0% -7%
1. 2.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC)	\$0 \$0 \$0 \$0 \$0	- - - \$0 \$0 0.413799 \$0	\$0 \$0 \$0 (0.030619)	09 09 09 -79
1. 2. 3. 4.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost	\$0 \$0 \$0 \$0 \$0 \$0 \$0	- - - \$0 \$0 0.413799 \$0 \$0	\$0 \$0 \$0 (0.030619) \$0 \$0	0% 0% 0% -7% 0%
1. 2.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost	\$0 \$0 \$0 \$0 \$0	- - - \$0 \$0 0.413799 \$0	\$0 \$0 \$0 (0.030619)	09 09 09 -79 09
1. 2. 3. 4.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 0.413799 \$0 \$0	\$0 \$0 \$0 (0.030619) \$0 \$0	09 09 09 -79 09 09
1. 2. 3. 4. 5. 6.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges	\$0 \$0 \$0 \$0 \$0 \$0 \$0 0.444418 \$0 \$0 \$0	- - - \$0 \$0 0.413799 \$0 \$0 \$0	\$0 \$0 \$0 (0.030619) \$0 \$0	09 09 09 -79 09 09
1. 2. 3. 4. 5. 6.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges)	\$0 \$0 \$0 \$0 \$0 \$0 \$0 0.444418 \$0 \$0 0	0.413799 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 (0.030619) \$0 \$0 0	09 09 09 -79 09 09
1. 2. 3. 4. 5. 6. 7.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B)	\$0 \$0 \$0 \$0 \$0 \$0 \$0 0.444418 \$0 \$0 0	0.413799 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 (0.030619) \$0 \$0 0	09 09 09 -79 09 09
B. 1. 2. 3. 4. 5. 6. 7.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges)	\$0 \$0 \$0 \$0 \$0 \$0 0.444418 \$0 \$0 \$0 \$0	- - - \$0 \$0 \$0 \$0 \$0 \$0 \$0 0 \$0	\$0 \$0 \$0 (0.030619) \$0 \$0 0 0	09 09 09 09 09 09 09
B. 1. 2. 3. 4. 5. 6. 7.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges 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 0.444418 \$0 \$0 \$0 0	- - - \$0 \$0 \$0 \$0 \$0 \$0 0 0 \$0	\$0 \$0 \$0 (0.030619) \$0 \$0 0 0	09 09 09 -79 09 09 09 09
5. 6. 7.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges 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 \$0 (0.030619) \$0 \$0 0 0 \$0	0%
5. 6. 7.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges 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 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0
5. 6. 7.	Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges 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 Bed Funds - Number of Outpatient Visits (Excludes ED	\$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 \$0 (0.030619) \$0 \$0 0 0 \$0	0% 0% 0% 0% -7% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0%

REPORT 23 20 of 20 7/31/2013, 2:57 PM