

**SAINT MARY'S HOSPITAL**  
**ANNUAL REPORTING**  
**FISCAL YEAR 2009**  
**REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP**  
**AND CORPORATION RELATED TO THE HOSPITAL**

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

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
3	Tax Status	Not for Profit
4	Street Address	1075 Chase Parkway
5	Town	Waterbury
6	State	Connecticut
7	Zip Code	06708 -
8	CEO Name	Kevin Knierny
9	CEO Title	Executive Director
10	CT Agent Name	Bennett J. Bernblum
11	CT Agent Company	Wiggin & Dana
12	CT Agent Company Street Address	265 Church Street,
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06510 -
<b>E. AFFILIATE NAME</b>		
	<b>AFFILIATE NAME</b>	<b>HEART CENTER OF GREATER WATERBURY, INC.</b>
1	Affiliate Description	CORPORATION TO PROVIDE MANAGEMENT AND OVERSIGHT SERVICES OT ST. MARY'S HOSPITAL CORPORATION AND THE WATERBURY HOSPITAL FOR DEVELOPMENT AND OPERATOIN OF A JOINT ANGIOPLASTY AND CARDIAC SURGERY PROGRAM, INCLUDING PROGRAMMATIC, QUALITY, TRAINING, MARKETING,
2	Affiliate type of service	Other HealthCare Svcs(Specify)
3	Tax Status	Not for Profit
4	Street Address	81 WEST MAIN STREET
5	Town	Waterbury
6	State	Connecticut
7	Zip Code	06702 -
8	CEO Name	CHAD W. WABLE, FACHE & JOHN TOBIN
9	CEO Title	CO-PRESIDENTS
10	CT Agent Name	Robert J. Anthony
11	CT Agent Company	Brown & Rudnick
12	CT Agent Company Street Address	CityPlace I, 185 Asylum Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
<b>F. AFFILIATE NAME</b>		
	<b>AFFILIATE NAME</b>	<b>NAUGATUCK VALLEY MRI, LP</b>
1	Affiliate Description	OUTPATIENT MRI OUTPATIENT DIAG MRI SERVICES
2	Affiliate type of service	Imaging Services
3	Tax Status	For Profit
4	Street Address	56 FRANKLIN STREET, WATERBURY, CT
5	Town	Waterbury
6	State	Connecticut
7	Zip Code	06706 -
8	CEO Name	Robert GUmbaro, MD
9	CEO Title	President
10	CT Agent Name	NAUGATUCK VALLEY RADIOLOGICAL ASSOCIATES
11	CT Agent Company	Naugatuck Valley Radiological Assocoates
12	CT Agent Company Street Address	133 Scovill St
13	CT Agent Town	Waterbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06706 -
<b>G. AFFILIATE NAME</b>		
	<b>AFFILIATE NAME</b>	<b>NAUGATUCK VALLEY SURGICAL CENTER, LP</b>
1	Affiliate Description	AMBULATORY/OP SURGERY CENTER OPERATING ARENA FOR LESSER SURGERIES SUCH AS TONSILS, HERNIAS, ADNOIDS, ETC.
2	Affiliate type of service	Ambulatory/OP Surgery Center
3	Tax Status	For Profit
4	Street Address	160 ROBBINS STREET, WATERBURY, CT

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
5	Town	Waterbury
6	State	Connecticut
7	Zip Code	06708 -
8	CEO Name	ELIZABETH BOZZUTO
9	CEO Title	Executive Director
10	CT Agent Name	ELIZABETH BOZZUTO
11	CT Agent Company	Naugatuck Valley Surgical Center
12	CT Agent Company Street Address	160 ROBBINS STREET
13	CT Agent Town	Waterbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06708 -
<b>H. AFFILIATE NAME</b>		
		<b>PARTNERS INTERINSURANCE EXCHANGE</b>
1	Affiliate Description	A VOLUNTARY UNINCORPORATED RECIPROCAL INSURER ORGANIZED & EXISTING UNDER THE LAWS OF THE STATE OF VERMONT FOR THE PURPOSE OF THE RECIPROCAL EXCHANGE OF PRIVATE CONTRACTS OF INSURANCE, REINSURANCE & INDEMNITY AMONG SUBSCRIBERS
2	Affiliate type of service	Insurance
3	Tax Status	For Profit
4	Street Address	165 Westmont Street, West Hartford, CT
5	Town	W Hartford
6	State	Connecticut
7	Zip Code	06117 -
8	CEO Name	Ronald Jarvis
9	CEO Title	CEO
10	CT Agent Name	Patti Pallito
11	CT Agent Company	AON Insurance
12	CT Agent Company Street Address	76 St. Paul Street
13	CT Agent Town	Burlington
14	CT Agent State	Vermont
15	CT Agent Zip Code	05401 -
<b>I. AFFILIATE NAME</b>		
		<b>PRIMARY CARE PARTNERS, P.C.</b>
1	Affiliate Description	MEDICAL PRACTICES
2	Affiliate type of service	Medical Practices
3	Tax Status	Not for Profit
4	Street Address	166 Waterbury Road, Suite 300
5	Town	Prospect
6	State	Connecticut
7	Zip Code	06712 -
8	CEO Name	Peter Jacoby, MD
9	CEO Title	President
10	CT Agent Name	Brown & Rudnick
11	CT Agent Company	Robert J. Anthony
12	CT Agent Company Street Address	56 Franklin Street
13	CT Agent Town	Waterbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06706 -
<b>J. AFFILIATE NAME</b>		
		<b>SAINT MARY'S INDEMNITY COMPANY, LLC</b>
1	Affiliate Description	A VOLUNTARY UNINCORPORATED RECIPROCAL INSURER ORGANIZED & EXISTING UNDER THE LAWS OF THE STATE OF VERMONT FOR THE PURPOSE OF THE RECIPROCAL EXCHANGE OF PRIVATE CONTRACTS OF INSURANCE, REINSURANCE & INDEMNITY AMONG SUBSCRIBERS
2	Affiliate type of service	Insurance
3	Tax Status	For Profit
4	Street Address	126 College Street
5	Town	Burlington

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

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

**SAINT MARY'S 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 9/30/2009
<b>A. SAINT MARY'S HOSPITAL</b>			
1		Unrestricted	(\$4,907,000)
2		Temporarily Restricted by Donor	\$2,387,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$13,781,000
5		Intercompany Eliminations	(\$16,095,000)
		<b>Total:</b>	<b>(\$4,834,000)</b>
<b>B. SAINT MARY'S HEALTH SYSTEM, INC.</b>			
1		Unrestricted	\$1,980,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$4,270,000)
		<b>Total:</b>	<b>(\$2,290,000)</b>
<b>C. DIAGNOSTIC IMAGING OF SOUTHBURY, LLC</b>			
1		Unrestricted	\$2,106,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$2,106,000</b>
<b>D. FRANKLIN MEDICAL GROUP, PC.</b>			
1		Unrestricted	\$629,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$629,000</b>
<b>E. HAROLD LEEVER REGIONAL CANCER CENTER, INC.</b>			
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
		<b>Total:</b>	<b>\$0</b>
<b>F. HEART CENTER OF GREATER WATERBURY, INC.</b>			
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
		<b>Total:</b>	<b>\$0</b>
<b>G. NAUGATUCK VALLEY MRI, LP</b>			
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
		<b>Total:</b>	<b>\$0</b>

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

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

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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
<b>A.</b>	<b>SAINT MARY'S HEALTH SYSTEM, INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>(\$357,310)</b>
1		Intercompany transfer of services	09/30/2009	\$13,083
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>(\$344,227)</b>
<b>B.</b>	<b>DIAGNOSTIC IMAGING OF SOUTHBURY, LLC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$0</b>
<b>C.</b>	<b>FRANKLIN MEDICAL GROUP, PC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$0</b>
<b>D.</b>	<b>HAROLD LEEVER REGIONAL CANCER CENTER, INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$5,614</b>
1		Intercompany transfer of services	09/30/2009	\$29,118
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$34,732</b>
<b>E.</b>	<b>HEART CENTER OF GREATER WATERBURY, INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$3,166</b>
1		Intercompany transfer of services	09/30/2009	(\$880)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$2,286</b>
<b>F.</b>	<b>NAUGATUCK VALLEY MRI, LP</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$0</b>
1		Intercompany transfer of services	09/30/2009	\$23,600
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$23,600</b>
<b>G.</b>	<b>NAUGATUCK VALLEY SURGICAL CENTER, LP</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$0</b>
1		Intercompany transfer of services	09/30/2009	\$1,817,860
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$1,817,860</b>
<b>H.</b>	<b>PARTNERS INTERINSURANCE EXCHANGE</b>			

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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
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$150,000</b>
1		Intercompany transfer of services	09/30/2009	(\$150,000)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$0</b>
<b>I.</b>	<b>PRIMARY CARE PARTNERS, P.C.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$0</b>
1		Intercompany transfer of services	09/30/2009	\$326,197
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$326,197</b>
<b>J.</b>	<b>SAINT MARY'S INDEMNITY COMPANY, LLC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$0</b>
1		Intercompany transfer of services	09/30/2009	\$1,393,814
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$1,393,814</b>
<b>K.</b>	<b>SAINT MARY'S HOSPITAL FOUNDATION, INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$23,837</b>
1		Intercompany transfer of services	09/30/2009	\$711
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$24,548</b>
<b>L.</b>	<b>SCOVILL MEDICAL GROUP, P.C.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$573,284</b>
1		Intercompany transfer of services	09/30/2009	(\$220,729)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$352,555</b>
			<b>Grand Total:</b>	<b>\$3,631,365</b>

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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
			<b>Beginning Unconsolidated Intercompany Balance</b>	<b>10/01/2008</b>	<b>\$42,718</b>
A.	SAINT MARY'S HEALTH SYSTEM, INC.		Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2009</b>	<b>\$0</b>
B.	DIAGNOSTIC IMAGING OF SOUTHURY, LLC		Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2009</b>	<b>\$0</b>
C.	FRANKLIN MEDICAL GROUP, PC.		Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2009</b>	<b>\$0</b>
D.	HAROLD LEEVER REGIONAL CANCER CENTER, INC.		Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2009</b>	<b>\$0</b>
E.	HEART CENTER OF GREATER WATERBURY, INC.				
1		FRANKLIN MEDICAL GROUP, PC.	Purchased Services	09/30/2009	(\$35,263)
			<b>Total:</b>	<b>9/30/2009</b>	<b>(\$35,263)</b>
F.	NAUGATUCK VALLEY MRI, LP		Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2009</b>	<b>\$0</b>
G.	NAUGATUCK VALLEY SURGICAL CENTER, LP		Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2009</b>	<b>\$0</b>
H.	PARTNERS INTERINSURANCE EXCHANGE				
1		SAINT MARY'S INDEMNITY COMPANY, LLC	Purchase of Services	09/30/2009	\$245,642
			<b>Total:</b>	<b>9/30/2009</b>	<b>\$245,642</b>
I.	PRIMARY CARE PARTNERS, P.C.				
1		FRANKLIN MEDICAL GROUP, PC.	Purchased Services	09/30/2009	\$115,981

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

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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
	<b>A. SAINT MARY'S HEALTH SYSTEM, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>B. DIAGNOSTIC IMAGING OF SOUTHBURY, LLC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>C. FRANKLIN MEDICAL GROUP, PC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>D. HAROLD LEEVER REGIONAL CANCER CENTER, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>E. HEART CENTER OF GREATER WATERBURY, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>F. NAUGATUCK VALLEY MRI, LP</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>G. NAUGATUCK VALLEY SURGICAL CENTER, LP</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>H. PARTNERS INTERINSURANCE EXCHANGE</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>I. PRIMARY CARE PARTNERS, P.C.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>J. SAINT MARY'S INDEMNITY COMPANY, LLC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>K. SAINT MARY'S HOSPITAL FOUNDATION, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>L. SCOVILL MEDICAL GROUP, P.C.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>Grand Total:</b>	<b>\$0</b>	<b>9/30/2009</b>

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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.	<b>SAINT MARY'S HEALTH SYSTEM, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
B.	<b>DIAGNOSTIC IMAGING OF SOUTHBURY, LLC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
C.	<b>FRANKLIN MEDICAL GROUP, PC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
D.	<b>HAROLD LEEVER REGIONAL CANCER CENTER, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
E.	<b>HEART CENTER OF GREATER WATERBURY, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
F.	<b>NAUGATUCK VALLEY MRI, LP</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
G.	<b>NAUGATUCK VALLEY SURGICAL CENTER, LP</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
H.	<b>PARTNERS INTERINSURANCE EXCHANGE</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
I.	<b>PRIMARY CARE PARTNERS, P.C.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
J.	<b>SAINT MARY'S INDEMNITY COMPANY, LLC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	

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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
K.	SAINT MARY'S HOSPITAL FOUNDATION, INC.		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
L.	SCOVILL MEDICAL GROUP, P.C.		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
	<b>Grand Total:</b>	<b>\$0</b>	

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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 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Indigent Care</b>					
	<b>Beginning Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
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%
	<b>Ending Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
<b>B. Free Beds</b>					
	<b>Beginning Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
1	Donations	\$1,567.00	\$0.00	(\$1,567.00)	-100%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$1,567.00	\$0.00	(\$1,567.00)	-100%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	<b>Ending Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
<b>C. Other</b>					
	<b>Beginning Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
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%
	<b>Ending Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

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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 <b>(FULL NAME)</b>	Amount
<b>1. Number of Applications for Hospital Bed Funds</b>		<b>0</b>
<b>2. A. Number of Patients receiving Hospital Bed Fund Grants</b>		<b>0</b>
<b>2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F</b>		<b>\$0.00</b>
<b>Grand Total</b>		<b>\$0.00</b>

SAINT MARY'S HOSPITAL					
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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 Hospital				
(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.				
	<b>Total Bed Funds :</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

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**REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
<b>I. GENERAL COLLECTION PROCESSES AND PROCEDURES</b>		
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	All accounts with a balance due after a Medicare payment has been received a minimum of 4 patient statements over a period of greater than 120 days, and have not had a payment posted to the account within the last 120 days before it can be transferred to bad debt.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	Century Financial - Direct Collections 21%, Legal Collections 26%. CT Credit - Direct Collections 20%, Legal Collections 25%. TCORS - 20% Direct Collections, 25% Legal Collections.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	6.61%
<b>II. SPECIFIC COLLECTION AGENT INFORMATION</b>		
<b>Collection Agent</b>		
1	Collection Agent Name	Century Financial
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All accounts with a balance due after a Medicare payment has been received a minimum of 4 patient statements over a period of greater than 120 days, and have not had a payment posted to the account within the last 120 days before it can be transferred to bad debt.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Century Financial - Direct Collections 21%, Legal Collections 26%. CT Credit - Direct Collections 20%, Legal Collections 25%. TCORS - 20% Direct Collections, 25% Legal Collections.

**SAINT MARY'S HOSPITAL  
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**REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	9.73%
	<b>Collection Agent</b>	
1	Collection Agent Name	Connecticut Credit, LLC
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.	All accounts with a balance due after a Medicare payment has been received a minimum of 4 patient statements over a period of greater than 120 days, and have not had a payment posted to the account within the last 120 days before it can be transferred to bad debt.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Century Financial - Direct Collections 21%, Legal Collections 26%. CT Credit - Direct Collections 20%, Legal Collections 25%. TCORS - 20% Direct Collections, 25% Legal Collections.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	4.20%
	<b>Collection Agent</b>	
1	Collection Agent Name	TCORS - Tobin, Carberry, O Malley, Riley, Selinger, P.C.
2	Collection Agent Type	Attorney
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All accounts with a balance due after a Medicare payment has been received a minimum of 4 patient statements over a period of greater than 120 days, and have not had a payment posted to the account within the last 120 days before it can be transferred to bad debt.

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**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.	Century Financial - Direct Collections 21%, Legal Collections 26%. CT Credit - Direct Collections 20%, Legal Collections 25%. TCORS - 20% Direct Collections, 25% Legal Collections.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	0.00%

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

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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) <sup>C</sup>	FRINGE BENEFITS <sup>A</sup> (Directly or Indirectly) <sup>C</sup>	TOTAL
<b>A . SAINT MARY'S HEALTH SYSTEM, INC.</b>				
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>B . DIAGNOSTIC IMAGING OF SOUTHURY, LLC</b>				
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>C . FRANKLIN MEDICAL GROUP, PC.</b>				
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	\$319,705	\$46,614	\$366,319
<b>D . HAROLD LEEVER REGIONAL CANCER CENTER, INC.</b>				
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>E . HEART CENTER OF GREATER WATERBURY, INC.</b>				
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>F . NAUGATUCK VALLEY MRI, LP</b>				
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>G . NAUGATUCK VALLEY SURGICAL CENTER, LP</b>				
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>H . PARTNERS INTERINSURANCE EXCHANGE</b>				
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>I . PRIMARY CARE PARTNERS, P.C.</b>				
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>J . SAINT MARY'S INDEMNITY COMPANY, LLC</b>				
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>K . SAINT MARY'S HOSPITAL FOUNDATION, INC.</b>				
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>L . SCOVILL MEDICAL GROUP, P.C.</b>				
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.

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.

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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 2009
<b>A</b>	<b>Transfer of Assets or Operations</b>	
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

SAINT MARY'S HOSPITAL					
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REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
<b>A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)</b>					
1.	Number of Applicants	581	745	164	28%
2.	Number of Approved Applicants	405	491	86	21%
3.	Total Charges (A)	\$584,465	\$493,000	(\$91,465)	-16%
	<b>Average Charges</b>	<b>\$1,443</b>	<b>\$1,004</b>	<b>(\$439)</b>	<b>-30%</b>
4.	Ratio of Cost to Charges (RCC)	0.450456	0.444772	(0.005684)	-1%
	<b>Total Cost</b>	<b>\$263,276</b>	<b>\$219,273</b>	<b>(\$44,003)</b>	<b>-17%</b>
	<b>Average Cost</b>	<b>\$650</b>	<b>\$447</b>	<b>(\$203)</b>	<b>-31%</b>
5.	Charity Care - Inpatient Charges	\$320,088	\$241,570	(\$78,518)	-25%
6.	Charity Care - Outpatient Emergency Department Charges	124,750	138,040	13,290	11%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	139,627	113,390	(26,237)	-19%
	<b>Total Charges (A)</b>	<b>\$584,465</b>	<b>\$493,000</b>	<b>(\$91,465)</b>	<b>-16%</b>
8.	Charity Care - Number of Patient Days	78	79	1	1%
9.	Charity Care - Number of Discharges	26	23	(3)	-12%
10.	Charity Care - Number of Outpatient ED Visits	148	176	28	19%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	265	292	27	10%
<b>(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.</b>					
<b>B. Hospital Bed Funds (see Hospital Reporting System - Report 17)</b>					
1.	Number of Applicants	13	-	(13)	-100%
2.	Number of Approved Applicants	13	-	(13)	-100%
3.	Total Charges (B)	\$1,567	\$0	(\$1,567)	-100%
	<b>Average Charges</b>	<b>\$121</b>	<b>\$0</b>	<b>(\$121)</b>	<b>-100%</b>
4.	Ratio of Cost to Charges (RCC)	0.450456	0.44477	(0.005686)	-1%
	<b>Total Cost</b>	<b>\$706</b>	<b>\$0</b>	<b>(\$706)</b>	<b>-100%</b>
	<b>Average Cost</b>	<b>\$54</b>	<b>\$0</b>	<b>(\$54)</b>	<b>-100%</b>
5.	Bed Funds - Inpatient Charges	\$0	\$0	\$0	0%
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	0%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	1,567	0	(1,567)	-100%
	<b>Total Charges (B)</b>	<b>\$1,567</b>	<b>\$0</b>	<b>(\$1,567)</b>	<b>-100%</b>
8.	Bed Funds - Number of Patient Days	0	0	0	0%
9.	Bed Funds - Number of Discharges	0	0	0	0%
10.	Bed Funds - Number of Outpatient ED Visits	0	0	0	0%
11.	Bed Funds - Number of Outpatient Visits (Excludes ED Visits)	13	0	(13)	-100%
<b>(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.</b>					