

WINDHAM COMMUNITY MEMORIAL 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
A. 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		
		HATCH HOSPITAL CORPORATION
1	Affiliate Description	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.
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 -
C. 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 -
D. AFFILIATE NAME		
		WINDHAM FAMILY MEDICAL SERVICES,PC

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
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 -
E. AFFILIATE NAME		
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 -
F. AFFILIATE NAME		
AFFILIATE NAME		WINDHAM HOSPITAL FOUNDATION
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 -
G. AFFILIATE NAME		
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 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
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 -
H.	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
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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
A. WINDHAM COMMUNITY MEMORIAL HOSPITAL			
1		Unrestricted	(\$25,826,164)
2		Temporarily Restricted by Donor	\$2,035,246
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$2,719,343
5		Intercompany Eliminations	\$0
		Total:	(\$21,071,575)
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. HATCH HOSPITAL CORPORATION			
1		Unrestricted	\$286,919
2		Temporarily Restricted by Donor	\$21,424
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$508,032
5		Intercompany Eliminations	\$0
		Total:	\$816,375
D. 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
E. 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
F. 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
G. WINDHAM HOSPITAL FOUNDATION			
1		Unrestricted	\$51,446
2		Temporarily Restricted by Donor	\$47,534
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$98,980

**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 9/30/2009
	H. 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
	I. 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:	(\$20,156,220)
	Intercompany Eliminations		\$0
	Total of all Affiliates	Fund Balance:	(\$20,156,220)

**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:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
B.	HATCH HOSPITAL CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
C.	MED-EAST ASSOCIATES,LLC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
D.	WINDHAM FAMILY MEDICAL SERVICES,PC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
E.	WINDHAM HEALTH SERVICES			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
F.	WINDHAM HOSPITAL FOUNDATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
G.	WINDHAM HOSPITAL-PHYSICIAN HOSPITAL ORGANIZATION,INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
H.	WINDHAM PROFESSIONAL CONDOMINIUM ASSOCIATION,INC			

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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
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
1		Nothing to report	10/01/2008	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
			Grand Total:	\$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
			Beginning Unconsolidated Intercompany Balance	10/01/2008	\$0
A.	WINDHAM COMMUNITY MEMORIAL HOSPITAL		Nothing to Report		\$0
			Total:	9/30/2009	\$0
B.	HATCH HOSPITAL CORPORATION		Nothing to Report		\$0
			Total:	9/30/2009	\$0
C.	MED-EAST ASSOCIATES,LLC.		Nothing to Report		\$0
			Total:	9/30/2009	\$0
D.	WINDHAM FAMILY MEDICAL SERVICES,PC		Nothing to Report		\$0
			Total:	9/30/2009	\$0
E.	WINDHAM HEALTH SERVICES		Nothing to Report		\$0
			Total:	9/30/2009	\$0
F.	WINDHAM HOSPITAL FOUNDATION		Nothing to Report		\$0
			Total:	9/30/2009	\$0
G.	WINDHAM HOSPITAL-PHYSICIAN HOSPITAL ORGANIZATION,INC.		Nothing to Report		\$0
			Total:	9/30/2009	\$0
H.	WINDHAM PROFESSIONAL CONDOMINIUM ASSOCIATION,INC		Nothing to Report		\$0
			Total:	9/30/2009	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2009	\$0

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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	9/30/2009
B. HATCH HOSPITAL CORPORATION			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
C. MED-EAST ASSOCIATES,LLC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
D. WINDHAM FAMILY MEDICAL SERVICES,PC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
E. WINDHAM HEALTH SERVICES			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
F. WINDHAM HOSPITAL FOUNDATION			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
G. WINDHAM HOSPITAL-PHYSICIAN HOSPITAL ORGANIZATION,INC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
H. WINDHAM PROFESSIONAL CONDOMINIUM ASSOCIATION,INC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	Grand Total:	\$0	9/30/2009

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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.	HATCH HOSPITAL CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	MED-EAST ASSOCIATES,LLC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	WINDHAM FAMILY MEDICAL SERVICES,PC		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	WINDHAM HEALTH SERVICES		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	WINDHAM HOSPITAL FOUNDATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	WINDHAM HOSPITAL-PHYSICIAN HOSPITAL ORGANIZATION,INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	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 2008 ACTUAL	FY 2009 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	\$19,485.00	\$19,495.00	\$10.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$1,079.00	\$0.00	(\$1,079.00)	-100%
3	Expenditures	\$1,069.00	\$0.00	(\$1,069.00)	-100%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$19,495.00	\$19,495.00	\$0.00	0%
5	Projected Interest Income	\$1,000.00	\$0.00	(\$1,000.00)	-100%
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		0
2. A. Number of Patients receiving Hospital Bed Fund Grants		0
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$0.00
Grand Total		\$0.00

WINDHAM COMMUNITY MEMORIAL 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.				
	Chickering Fund	\$19,220.35	\$1,113.46	\$0.00	\$1,388.12
	Total Bed Funds :	\$19,220.35	\$1,113.46	\$0.00	\$1,388.12

**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	Account gets written 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	13.48%
II. SPECIFIC COLLECTION AGENT INFORMATION		
Collection Agent		
1	Collection Agent Name	Tobin, Carberry, OMalley, Riley & Selinger PC.
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.	Account gets written 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.

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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.	18.77%
	Collection Agent	
1	Collection Agent Name	Nair & Levin
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.	Account gets written 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.	8.93%
	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.	Account gets written to Bad Debt, assigned to a collection agency.

**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
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.	10.24%
	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.	Account gets written 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.	15.97%

**WINDHAM COMMUNITY MEMORIAL HOSPITAL
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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	\$388,803	\$132,117	\$520,920
2.	Cheif Financial Officer/VP Finance	\$237,814	\$80,810	\$318,624
3.	Vice-President Patient Care	\$218,446	\$74,229	\$292,675
4.	Registered Nurse	\$144,750	\$49,187	\$193,937
5.	Vice-President Human Resources	\$137,228	\$46,631	\$183,859
6.	Registered Nurse	\$123,851	\$42,085	\$165,936
7.	Director Inpatient Nursing	\$121,566	\$41,309	\$162,875
8.	Registered Nurse	\$119,987	\$40,772	\$160,759
9.	Registered Nurse	\$119,812	\$40,712	\$160,524
10.	Registered Nurse	\$118,162	\$40,152	\$158,314
Grand Total:		\$1,730,419	\$588,004	\$2,318,423

**WINDHAM COMMUNITY MEMORIAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2009
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 . 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
C . 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
D . 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
E . 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
F . 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
G . 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
H . 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.

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
FISCAL YEAR 2009
REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR
CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY**

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2009
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					
ANNUAL REPORTING					
FISCAL YEAR 2009					
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
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	3,852	4,608	756	20%
2.	Number of Approved Applicants	3,770	4,593	823	22%
3.	Total Charges (A)	\$2,658,651	\$2,094,258	(\$564,393)	-21%
	Average Charges	\$705	\$456	(\$249)	-35%
4.	Ratio of Cost to Charges (RCC)	0.369661	0.386903	0.017242	5%
	Total Cost	\$982,800	\$810,275	(\$172,525)	-18%
	Average Cost	\$261	\$176	(\$84)	-32%
5.	Charity Care - Inpatient Charges	\$880,651	\$524,417	(\$356,234)	-40%
6.	Charity Care - Outpatient Emergency Department Charges	917,464	754,446	(163,018)	-18%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	860,536	815,395	(45,141)	-5%
	Total Charges (A)	\$2,658,651	\$2,094,258	(\$564,393)	-21%
8.	Charity Care - Number of Patient Days	224	149	(75)	-33%
9.	Charity Care - Number of Discharges	73	56	(17)	-23%
10.	Charity Care - Number of Outpatient ED Visits	1,427	1,625	198	14%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	554	670	116	21%
(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	5	-	(5)	-100%
2.	Number of Approved Applicants	5	-	(5)	-100%
3.	Total Charges (B)	\$1,069	\$0	(\$1,069)	-100%
	Average Charges	\$214	\$0	(\$214)	-100%
4.	Ratio of Cost to Charges (RCC)	0.369661	0.38903	0.019369	5%
	Total Cost	\$395	\$0	(\$395)	-100%
	Average Cost	\$79	\$0	(\$79)	-100%
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)	1,069	0	(1,069)	-100%
	Total Charges (B)	\$1,069	\$0	(\$1,069)	-100%
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)	5	0	(5)	-100%
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.					