

# Municipal Secondary Market Disclosure Information Cover Sheet

This cover sheet should be sent with all submissions made to the Municipal Securities Rulemaking Board, Nationally Recognized Municipal Securities Information Repositories, and any applicable State Information Depository, whether the filing is voluntary or made pursuant to Securities and Exchange Commission rule 15c2-12 or any analogous state statute.

See [www.sec.gov/info/municipal/nrmsir.htm](http://www.sec.gov/info/municipal/nrmsir.htm) for list of current NRMSIRs and SIDs

---

**IF THIS FILING RELATES TO A SINGLE BOND ISSUE:**

Provide name of bond issue exactly as it appears on the cover of the Official Statement  
(please include name of state where issuer is located):

\$11,775,000

Michigan State Hospital Finance Authority

Hospital Revenue Bonds, Series 2005A

Hills and Dales General Hospital Obligated Group

Provide nine-digit CUSIP\* numbers if available, to which the information relates:

59465HCD6

---

**IF THIS FILING RELATES TO ALL SECURITIES ISSUED BY THE ISSUER OR ALL SECURITIES OF A SPECIFIC CREDIT OR ISSUED UNDER A SINGLE INDENTURE:**

Issuer's Name (please include name of state where Issuer is located): \_\_\_\_\_

Other Obligated Person's Name (if any): \_\_\_\_\_  
(Exactly as it appears on the Official Statement Cover)

Provide six-digit CUSIP\* number(s), if available, of Issuer: \_\_\_\_\_

\*(Contact CUSIP's Municipal Disclosure Assistance Line at 212.438.6518 for assistance with obtaining the proper CUSIP numbers.)

---

**TYPE OF FILING:**

Electronic (number of pages attached) 9  Paper (number of pages attached) \_\_\_\_\_

If information is also available on the Internet, give URL: [www.firstriver.com](http://www.firstriver.com)

---

# Municipal Secondary Market Disclosure Information Cover Sheet

This cover sheet should be sent with all submissions made to the Municipal Securities Rulemaking Board, Nationally Recognized Municipal Securities Information Repositories, and any applicable State Information Depository, whether the filing is voluntary or made pursuant to Securities and Exchange Commission rule 15c2-12 or any analogous state statute.

See [www.sec.gov/info/municipal/nrmsir.htm](http://www.sec.gov/info/municipal/nrmsir.htm) for list of current NRMSIRs and SIDs

---

**IF THIS FILING RELATES TO A SINGLE BOND ISSUE:**

Provide name of bond issue exactly as it appears on the cover of the Official Statement  
(please include name of state where issuer is located):

\$1,775,000

County of Tuscola Hospital Finance Authority

Hospital Revenue Refunding Bonds, Series 2006A

Hills and Dales General Hospital Obligated Group

Provide nine-digit CUSIP\* numbers if available, to which the information relates:

900777AA1

900777AB9

900777AC7

900777AD5

900777AE3

900777AF0

900777AG8

900777AH6

900777AJ2

900777AK9

900777AL7

900777AM5

900777AN3

900777AP8

900777AQ6

---

**IF THIS FILING RELATES TO ALL SECURITIES ISSUED BY THE ISSUER OR ALL SECURITIES OF A SPECIFIC CREDIT OR ISSUED UNDER A SINGLE INDENTURE:**

Issuer's Name (please include name of state where Issuer is located): \_\_\_\_\_

Other Obligated Person's Name (if any): \_\_\_\_\_

(Exactly as it appears on the Official Statement Cover)

Provide six-digit CUSIP\* number(s), if available, of Issuer: \_\_\_\_\_

\*(Contact CUSIP's Municipal Disclosure Assistance Line at 212.438.6518 for assistance with obtaining the proper CUSIP numbers.)

---

**TYPE OF FILING:**

Electronic (number of pages attached) 9  Paper (number of pages attached) \_\_\_\_\_

If information is also available on the Internet, give URL: [www.firstriver.com](http://www.firstriver.com)

---

**WHAT TYPE OF INFORMATION ARE YOU PROVIDING? (Check all that apply)**

A.  Annual Financial Information and Operating Data pursuant to Rule 15c2-12  
(Financial information and operating data should not be filed with the MSRB.)

Fiscal Period Covered: \_\_\_\_\_

B.  Audited Financial Statements or CAFR pursuant to Rule 15c2-12

Fiscal Period Covered: \_\_\_\_\_

C.  Notice of a Material Event pursuant to Rule 15c2-12 (Check as appropriate)

- |  |  |
|--|--|
| 1. <input type="checkbox"/> Principal and interest payment delinquencies                                 | 6. <input type="checkbox"/> Adverse tax opinions or events affecting the tax-exempt status of the security   |
| 2. <input type="checkbox"/> Non-payment related defaults   | 7. <input type="checkbox"/> Modifications to the rights of security holders                                  |
| 3. <input type="checkbox"/> Unscheduled draws on debt service reserves reflecting financial difficulties | 8. <input type="checkbox"/> Bond calls   |
| 4. <input type="checkbox"/> Unscheduled draws on credit enhancements reflecting financial difficulties   | 9. <input type="checkbox"/> Defeasances  |
| 5. <input type="checkbox"/> Substitution of credit or liquidity providers, or their failure to perform   | 10. <input type="checkbox"/> Release, substitution, or sale of property securing repayment of the securities |
|  | 11. <input type="checkbox"/> Rating changes  |

D.  Notice of Failure to Provide Annual Financial Information as Required

E.  Quarterly or Monthly Financial Information and Operating Data  
(Financial information and operating data should not be filed with the MSRB.)

Period Covered: January – March 2010 (FY2010Q2)

F.  Other Secondary Market Information (Specify): \_\_\_\_\_

I hereby represent that I am authorized by the issuer or obligor or its agent to distribute this information publicly:

**Issuer Contact:**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email Address \_\_\_\_\_ Issuer Web Site Address \_\_\_\_\_

**Dissemination Agent Contact, if any:**

Name Shelley I. Aronson Title President  
Employer First River Advisory I. L. C.  
Address 2640 Overridge Drive City Ann Arbor State MI Zip Code 48104  
Telephone (734) 761-3624 Fax (734) 761-3614  
Email Address [aronson@firstriver.com](mailto:aronson@firstriver.com) Relationship to Issuer Dissemination Agent

**Obligor Contact, if any:**

Name Michael I. Falatko Title President and Chief Executive Officer  
Employer Hills & Dales General Hospital  
Address 4675 Hill Street City Cass City State MI Zip Code 48726  
Telephone (989) 912-6240 Fax (989) 872-3820  
Email Address [mfalatko@hillsanddales.com](mailto:mfalatko@hillsanddales.com) Obligor Web Site Address [www.hillsanddales.com](http://www.hillsanddales.com)

**Investor Relations Contact, if any:**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

# **HILLS & DALES GENERAL HOSPITAL OBLIGATED GROUP**

**4675 HILL STREET  
CASS CITY, MI 48726**

## **OFFICER'S CERTIFICATE**

**DATED: MAY 10, 2010**

This Officer's Certificate is delivered pursuant to:

- Section 5.10(d) of the Loan Agreement between Hills & Dales General Hospital (the Corporation) and the Michigan State Hospital Finance Authority (the State Issuer), dated as of December 15, 2005 (the 2005 Loan Agreement), delivered in connection with the Issuer's Hospital Revenue Bonds, Series 2005A (the Series 2005A Bonds);
- Section 3.07(d) of the Trust Indenture the Corporation and Wells Fargo Bank, N.A. as Trustee, dated as of December 15, 2005 (the 2005 Taxable Indenture), delivered in connection with the Corporation's Taxable Hospital Revenue Refunding Bonds, Series 2005 (the Series 2005 Taxable Bonds); and
- Section 5.10(c) of the Loan Agreement between the Corporation and the County of Tuscola Hospital Finance Authority (the County Issuer), dated as of January 25, 2006 (the 2006 Loan Agreement), delivered in connection with the Issuer's Hospital Revenue Refunding Bonds, Series 2006A (the Series 2006A Bonds).

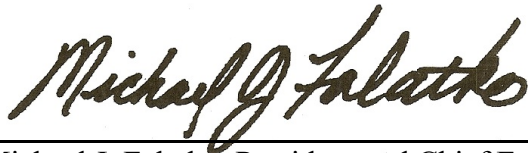
All capitalized terms used herein are as defined in the documents cited above, or in a Master Indenture and Security Agreement between the Corporation and Wells Fargo Bank, N.A. as Master Trustee, dated as of December 15, 2005, or in other documents delivered in connection with the Series 2005A Bonds, the Series 2005 Taxable Bonds or the Series 2006A Bonds.

Pursuant to Section 5.10(d)(i) of the 2005 Loan Agreement, Section 3.07(d)(i) of the 2005 Taxable Indenture, and Section 5.10(d)(i) of the 2006 Loan Agreement, attached are internally-prepared quarterly financial statements for the Fiscal Year quarter ended March 31, 2010, including a balance sheet as of such date and a statement of activities and changes in Net Assets for such quarter (the Quarterly Financial Statements).

Pursuant to Section 5.10(d)(ii) of the 2005 Loan Agreement, Section 3.07(d)(ii) of the 2005 Taxable Indenture, and Section 5.10(d)(ii) of the 2006 Loan Agreement, attached are service volume and utilization data for the Fiscal Year quarter ended March 31, 2010.



1. Revenue attributable to Medicaid beneficiaries has been increasing due to economic conditions. The Corporation is exploring various measures to address this issue.
2. Expenses continue to be significantly under budget for FY2010Q2, corresponding with reduced revenue. Corporation management continues to examine new and expanded expense control initiatives.
3. The issues with the orthopedic surgeon and the ophthalmologist outlined in the FY2010Q1 disclosure report were largely resolved by the end of FY2010Q2. The orthopedic surgeon has executed an agreement to become an employee of the Corporation as of July 1, 2010.

A handwritten signature in black ink, reading "Michael J. Falatko". The signature is written in a cursive, flowing style.

---

Michael J. Falatko, President and Chief Executive Officer

# HILLS & DALES GENERAL HOSPITAL OBLIGATED GROUP

## Combined Balance Sheet

At March 31, 2010

	MARCH		CHANGE
	2010	2009	
<b>Current Assets</b>			
Cash and cash equivalents	989,312	2,574,711	(1,585,399)
Marketable Securities	2,738,320	579,101	2,159,219
Accounts receivable (less allowances)	1,273,559	90	1,273,469
Prepaid expenses and other	133,199	144,339	(11,140)
Inventory	302,323	322,927	(20,604)
<b>Total Current Assets</b>	<b>5,436,713</b>	<b>3,621,168</b>	<b>1,815,545</b>
<b>Property and Equipment</b>			
Plant, property and equipment	27,419,046	27,278,791	140,255
Less: accumulated depreciation	(14,853,814)	(13,738,720)	(1,115,094)
<b>Total plant, property and equipment</b>	<b>12,565,232</b>	<b>13,540,071</b>	<b>(974,839)</b>
<b>Other Assets</b>			
Equity investment in Northwood Meadows	339,318	339,318	0
Investment in land	733,440	733,440	0
Other	555,229	583,430	(28,201)
<b>Total Other Assets</b>	<b>1,627,987</b>	<b>1,656,188</b>	<b>(28,201)</b>
<b>Restricted Assets</b>			
Trustee-held funds	1,227,805	1,227,509	296
Trust investments pledged to Bank	500,000	500,000	0
<b>Total restricted assets</b>	<b>1,727,805</b>	<b>1,727,509</b>	<b>296</b>
<b>Total Assets</b>	<b>21,357,737</b>	<b>20,544,936</b>	<b>812,801</b>
<b>Current Liabilities</b>			
Current portion of long-term debt	106,224	71,487	34,737
Accounts payable	340,518	688,798	(348,280)
Accrued liabilities	1,887,417	1,486,737	400,680
<b>Total current liabilities</b>	<b>2,334,159</b>	<b>2,247,022</b>	<b>87,137</b>
<b>Long-term Debt</b>	<b>14,102,822</b>	<b>14,372,921</b>	<b>(270,099)</b>
<b>Total Liabilities</b>	<b>16,436,981</b>	<b>16,619,943</b>	<b>(182,962)</b>
<b>Net Assets</b>			
Unrestricted	4,420,756	3,424,993	995,763
Restricted	500,000	500,000	0
Net Assets before equity transfer	4,920,756	3,924,993	995,763
Equity transfer to parent	0	0	0
<b>Total Net Assets</b>	<b>4,920,756</b>	<b>3,924,993</b>	<b>995,763</b>
<b>Total Liabilities and Net Assets</b>	<b>21,357,737</b>	<b>20,544,936</b>	<b>812,801</b>

## HILLS & DALES GENERAL HOSPITAL OBLIGATED GROUP

### Combined Statement of Operations

	<u>MONTH ENDED MAR 31, 2010</u>		<u>SIX MONTHS ENDED MAR 31, 2010</u>	
	<u>THIS YEAR</u>	<u>LAST YEAR</u>	<u>THIS YEAR</u>	<u>LAST YEAR</u>
<b>Unrestricted Revenue, Gains and Other Support</b>				
Net patient service revenue	1,414,682	1,430,787	8,397,667	9,153,795
Other operating revenue	84,051	41,538	401,501	300,620
Total unrestricted revenue	<u>1,498,733</u>	<u>1,472,325</u>	<u>8,799,168</u>	<u>9,454,415</u>
<b>Expenses</b>				
Salaries and employee benefits	854,885	1,015,974	5,074,289	5,921,268
Operating supplies and expenses	380,904	429,588	1,902,837	2,248,781
Purchased services	163,094	98,789	783,154	559,059
Insurance	14,519	17,840	89,180	111,356
Depreciation and amortization	100,506	95,322	603,044	571,930
Provision for bad debt	80,444	71,769	446,855	470,170
Interest expense	78,043	70,956	479,712	420,221
Total expenses	<u>1,672,395</u>	<u>1,800,238</u>	<u>9,379,071</u>	<u>10,302,785</u>
<b>Operating Income (Loss)</b>	<u>(173,662)</u>	<u>(327,913)</u>	<u>(579,903)</u>	<u>(848,370)</u>
<b>Non-Operating Revenue</b>	<u>26,119</u>	<u>32,867</u>	<u>303,239</u>	<u>(35,777)</u>
<b>Excess of Revenue over (under) Expenses</b>	<u>(147,543)</u>	<u>(295,046)</u>	<u>(276,664)</u>	<u>(884,147)</u>
<b>Equity Transfer</b>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Change in Net Assets</b>	<u>(147,543)</u>	<u>(295,046)</u>	<u>(276,664)</u>	<u>(884,147)</u>

## HILLS & DALES GENERAL HOSPITAL OBLIGATED GROUP

### Combined Statement of Changes in Net Assets

	<u>MONTH ENDED MAR 31, 2010</u>		<u>SIX MONTHS ENDED MAR 31, 2010</u>	
	<u>THIS YEAR</u>	<u>LAST YEAR</u>	<u>THIS YEAR</u>	<u>LAST YEAR</u>
<b>Net Assets on October 1, 2009</b>	5,068,299	4,220,039	5,197,420	4,809,140
<b>Change in Net Assets</b>	<u>(147,543)</u>	<u>(295,046)</u>	<u>(276,664)</u>	<u>(884,147)</u>
<b>Net Assets on March 31, 2010</b>	4,920,756	3,924,993	4,920,756	3,924,993

**HILLS & DALES GENERAL HOSPITAL  
STATEMENT OF REVENUE AND EXPENSE**

	MONTH ENDED MARCH 31, 2010					SIX MONTHS ENDED MARCH 31, 2010				
	ACTUAL		BUDGET		VARIANCE	ACTUAL		BUDGET		VARIANCE
	AMOUNT	%	AMOUNT	%	AMOUNT	AMOUNT	%	AMOUNT	%	AMOUNT
<b>PATIENT SERVICE REV:</b>										
Routine Serv-Inpatient	84,449	5.97	144,182	8.89	(59,733)	684,176	8.35	834,399	8.89	(150,223)
Ancillary Serv-Inpatient	179,747	12.71	312,341	19.27	(132,594)	1,348,610	16.45	1,807,543	19.27	(458,933)
Outpatient Services	2,176,726	153.87	2,260,134	139.43	(83,408)	12,078,523	147.34	13,079,644	139.43	(1,001,121)
T.A.H.C.A.	0	0.00	0	0.00	0	(151)	(0.00)	0	0.00	(151)
<b>TOTAL PATIENT SERV REV</b>	<u>2,440,922</u>	<u>172.54</u>	<u>2,716,657</u>	<u>167.60</u>	<u>(275,735)</u>	<u>14,111,158</u>	<u>172.14</u>	<u>15,721,586</u>	<u>167.60</u>	<u>(1,610,428)</u>
<b>DEDUCTIONS FROM REV</b>	<u>1,026,240</u>	<u>72.54</u>	<u>1,095,711</u>	<u>67.60</u>	<u>(69,471)</u>	<u>5,913,491</u>	<u>72.14</u>	<u>6,340,995</u>	<u>67.60</u>	<u>(427,504)</u>
<b>NET PATIENT SERV REV</b>	<u>1,414,682</u>	<u>100.00</u>	<u>1,620,946</u>	<u>100.00</u>	<u>(206,264)</u>	<u>8,197,667</u>	<u>100.00</u>	<u>9,380,591</u>	<u>100.00</u>	<u>(1,182,924)</u>
<b>OTHER OPERATING REV</b>	<u>76,187</u>	<u>5.39</u>	<u>53,747</u>	<u>3.32</u>	<u>22,440</u>	<u>384,663</u>	<u>4.69</u>	<u>311,053</u>	<u>3.32</u>	<u>73,610</u>
<b>TOTAL OPERATING REV</b>	<u>1,490,869</u>	<u>105.39</u>	<u>1,674,693</u>	<u>103.32</u>	<u>(183,824)</u>	<u>8,582,330</u>	<u>104.69</u>	<u>9,691,644</u>	<u>103.32</u>	<u>(1,109,314)</u>
<b>OPERATING EXPENSES:</b>										
Salaries & Emp Benefits	854,885	60.43	928,687	57.29	(73,802)	5,074,289	61.90	5,418,653	57.76	(344,364)
Professional Fees	118,631	8.39	53,808	3.32	64,823	530,383	6.47	375,793	4.01	154,590
Contracted Services	44,463	3.14	36,559	2.26	7,904	252,771	3.08	219,092	2.34	33,679
Supplies	147,750	10.44	169,659	10.47	(21,909)	850,298	10.37	981,863	10.47	(131,565)
Depreciation	99,954	7.07	100,027	6.17	(73)	599,734	7.32	600,100	6.40	(366)
Repairs & Maintenance	38,624	2.73	38,285	2.36	339	203,409	2.48	221,586	2.36	(18,177)
Insurance	14,519	1.03	28,176	1.74	(13,657)	89,180	1.09	163,060	1.74	(73,880)
Interest	78,043	5.52	80,000	4.94	(1,957)	479,712	5.85	480,000	5.12	(288)
Bad Debts	80,444	5.69	66,669	4.11	13,775	446,855	5.45	385,825	4.11	61,030
Other Expenses	192,333	13.60	173,076	10.68	19,257	834,928	10.18	868,440	9.26	(33,512)
<b>TOTAL OPER EXPENSES</b>	<u>1,669,646</u>	<u>118.02</u>	<u>1,674,946</u>	<u>103.33</u>	<u>(5,300)</u>	<u>9,361,559</u>	<u>114.20</u>	<u>9,714,412</u>	<u>103.56</u>	<u>(352,853)</u>
<b>EXCESS OF OPER REVENUE OVER OPER EXPENSE</b>	<u>(178,777)</u>	<u>(12.64)</u>	<u>(253)</u>	<u>(0.02)</u>	<u>(178,524)</u>	<u>(779,229)</u>	<u>(9.51)</u>	<u>(22,768)</u>	<u>(0.24)</u>	<u>(756,461)</u>
<b>NON-OPERATING REV:</b>	<u>235</u>	<u>0.02</u>	<u>6,838</u>	<u>0.42</u>	<u>(6,603)</u>	<u>236,511</u>	<u>2.89</u>	<u>39,579</u>	<u>0.42</u>	<u>196,932</u>
<b>NET INCOME BEFORE TRANSFER</b>	<u>(178,542)</u>	<u>(12.62)</u>	<u>6,585</u>	<u>0.41</u>	<u>(185,127)</u>	<u>(542,718)</u>	<u>(6.62)</u>	<u>16,811</u>	<u>0.18</u>	<u>(559,529)</u>
Transfer to Parent	0	0.00	0	0.00	0	(2,000,000)	(24.40)	0	0.00	(2,000,000)
Prior Year Settlements	0	0.00	0	0.00	0	200,000	2.44	0	0.00	200,000
<b>TOTAL REVENUE IN EXCESS OF EXPENSES</b>	<u>(178,542)</u>	<u>(12.62)</u>	<u>6,585</u>	<u>0.41</u>	<u>(185,127)</u>	<u>(2,342,718)</u>	<u>(28.58)</u>	<u>16,811</u>	<u>0.18</u>	<u>(2,359,529)</u>

**HILLS & DALES GENERAL HOSPITAL**  
**SERVICE VOLUME AND UTILIZATION DATA**  
**FY2010Q2**

<i>Historical Acute Care Utilization</i>							
	<i>Six Months Ended March 31</i>		<i>Fiscal Years Ended September 30</i>				
	<i>2010</i>	<i>2009</i>	<i>2009</i>	<i>2008</i>	<i>2007</i>	<i>2006</i>	<i>2005</i>
Days in Period	182	182	365	366	365	365	365
Licensed Beds	25	25	25	25	25	25	25
Staffed Beds	25	25	25	25	25	25	25
Admissions	244	294	515	646	687	628	761
Patient Days	671	840	1,431	1,952	1,906	1,636	2,068
Average Daily Census	3.7	4.6	3.9	5.3	5.2	4.5	5.7
Average Length of Stay	2.8	2.9	2.8	3.0	2.8	2.6	2.7
Occupancy Rate <sup>1</sup> (%)	14.7	18.5	15.7	21.3	20.9	17.9	22.7

<sup>1</sup> Based on Staffed Beds

<i>Historical Outpatient Services Volumes</i>							
	<i>Six Months Ended March 31</i>		<i>Fiscal Years Ended September 30</i>				
	<i>2010</i>	<i>2009</i>	<i>2009</i>	<i>2008</i>	<i>2007</i>	<i>2006</i>	<i>2005</i>
Emergency room visits	2,317	2,205	4,529	4,820	4,933	5,153	5,251
Home Care visits <sup>1</sup>	0	4,864	7,119	12,472	12,440	11,358	13,046
Employed physician practice visits	8,864	8,582	16,905	16,475	16,927	18,678	20,704

<sup>1</sup> Service discontinued on August 1, 2009

<b><i>Historical Ancillary Services Volumes Provided to Inpatients</i></b>							
	<b><i>Six Months Ended March 31</i></b>		<b><i>Fiscal Years Ended September 30</i></b>				
	<b><i>2010</i></b>	<b><i>2009</i></b>	<b><i>2009</i></b>	<b><i>2008</i></b>	<b><i>2007</i></b>	<b><i>2006</i></b>	<b><i>2005</i></b>
Laboratory procedures <sup>1</sup>	3,172	4,323	7,483	10,245	39,023	34,781	39,419
Radiology procedures	232	270	468	593	577	550	687
CT scan procedures	50	91	131	198	148	168	224
Ultrasound procedures	102	122	191	347	240	191	249
Nuclear medicine procedures	8	9	19	22	18	10	15
Respiratory procedures	6,200	5,490	9,366	12,745	13,517	12,376	16,871
Electrocardiograms	314	387	654	972	1,103	1,036	1,358

<sup>1</sup> The method of counting laboratory procedures was changed during FY2008, with conforming changes made to prior periods.

<b><i>Historical Ancillary Services Volumes Provided to Outpatients</i></b>							
	<b><i>Six Months Ended March 31</i></b>		<b><i>Fiscal Years Ended September 30</i></b>				
	<b><i>2010</i></b>	<b><i>2009</i></b>	<b><i>2009</i></b>	<b><i>2008</i></b>	<b><i>2007</i></b>	<b><i>2006</i></b>	<b><i>2005</i></b>
Laboratory procedures <sup>1</sup>	29,837	30,664	60,522	66,205	174,417	182,999	187,411
Radiology procedures	2,877	3,449	6,500	7,458	7,313	7,442	8,014
CT scan procedures	1,146	1,219	2,568	2,736	2,307	1,576	1,833
Ultrasound procedures	993	968	1,939	2,041	2,006	1,764	1,939
Nuclear medicine procedures	217	241	466	519	599	581	708
Bone Density examinations	82	110	190	202	183	117	
Respiratory procedures	6,355	4,929	10,935	11,404	12,605	12,544	11,943
Electrocardiograms	543	494	965	1,099	1,220	1,245	1,131
Electroencephalograms	71	67	135	112	139	132	119

<sup>1</sup> The method of counting laboratory procedures was changed during FY2008, with conforming changes made to prior periods.

<b>Historical Outpatient Therapy Volumes</b>							
	<b>Three Months Ended December 31</b>		<b>Fiscal Years Ended September 30</b>				
	<b>2009</b>	<b>2008</b>	<b>2009</b>	<b>2008</b>	<b>2007</b>	<b>2006</b>	<b>2005</b>
Physical Therapy procedures:							
Cass City	1,731	1,635	3,717	3,879	3,578	3,920	3,573
Caro	2,599	2,895	5,538	5,901	6,831	6,856	5,010
Total Physical Therapy	4,330	4,530	9,255	9,780	10,409	10,776	8,583
Occupational Therapy procedures:							
Cass City	165	81	249	527	403	607	507
Caro	234	170	286	315	250	563	422
Total Occupational Therapy	399	251	535	842	653	1,170	929
Speech Therapy procedures:							
Cass City	13	11	54	22	27	2	73
Caro	19	1	6	57	58	10	1
Total Speech Therapy	32	12	60	79	85	12	74

<b>Historical Surgery Volumes</b>							
	<b>Six Months Ended March 31</b>		<b>Fiscal Years Ended September 30</b>				
	<b>2010</b>	<b>2009</b>	<b>2009</b>	<b>2008</b>	<b>2007</b>	<b>2006</b>	<b>2005</b>
Inpatient procedures	34	90	132	174	156	187	260
Outpatient procedures	439	413	823	1,044	1,164	1,186	1,273
Total procedures	473	503	955	1,218	1,320	1,373	1,533
Percentage Outpatient	92.8%	82.1%	86.2%	85.7%	88.2%	86.4%	83.0%