

NORWALK HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2016
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
A.		
	AFFILIATE NAME	WESTERN CONNECTICUT HEALTH NETWORK, INC.
1	Affiliate Description	PARENT CORP. MANAGING EMPLOYEE BENEFIT PLANS, PLANNING, POLICIES
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	24 Hospital Ave
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	John Murphy, MD
9	CEO Title	CEO
10	CT Agent Name	Karen Mattei
11	CT Agent Company	Western CT Health Network
12	CT Agent Company Street Address	24 Hospital Ave
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
B.		
	AFFILIATE NAME	DANBURY HOSPITAL
1	Affiliate Description	ACUTE CARE HOSPITAL PROVIDING INPATIENT AND OUTPATIENT SERVICES
2	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	24 Hospital Avenue
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	John Murphy, MD
9	CEO Title	CEO
10	CT Agent Name	R&C Service Company
11	CT Agent Company	Robinson & Cole, LLP
12	CT Agent Company Street Address	28 Trumbull Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
C.		
	AFFILIATE NAME	DANBURY HOSPITAL & NEW MILFORD HOSPITAL FOUNDATION, INC. (FORMERLY WCHN FOUNDATION, INC)
1	Affiliate Description	PROVIDES SUPPORT SERVICES TO CORP. ACTIVITIES THROUGH CHARITABLE CONTRIBUTION, DISTRIBUTION, AND FUND RAISING.
2	Affiliate type of service	Fund Raising/Management
3	Tax Status	Not for Profit
4	Street Address	24 Hospital Ave
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	John Murphy, MD
9	CEO Title	CEO
10	CT Agent Name	R&C Service Company
11	CT Agent Company	Robinson & Cole, LLP
12	CT Agent Company Street Address	280 Trumbull St

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
D.	AFFILIATE NAME	EASTERN NEW YORK MEDICAL SERVICES, P.C.
1	Affiliate Description	PHYSICIANS OFFICE, PROVIDES MEDICAL SERVICES TO PATIENTS
2	Affiliate type of service	Physicians Services
3	Tax Status	Not for Profit
4	Street Address	3423 Danbury Road
5	Town	Brewster
6	State	New York
7	Zip Code	10509 -
8	CEO Name	Patrick Broderick, MD
9	CEO Title	President
10	CT Agent Name	Patrick Broderick, MD
11	CT Agent Company	Eastern New York Medical Services, P.C.
12	CT Agent Company Street Address	14 Research Drive, Suite 201A
13	CT Agent Town	Bethel
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
E.	AFFILIATE NAME	NEW MILFORD MRI, LLC
1	Affiliate Description	PROVIDES MRI SERVICES
2	Affiliate type of service	Imaging Services
3	Tax Status	Not for Profit
4	Street Address	21 Elm Street
5	Town	New Milford
6	State	Connecticut
7	Zip Code	06776 -
8	CEO Name	John Murphy, MD
9	CEO Title	CEO
10	CT Agent Name	R&C Service Company
11	CT Agent Company	Robinson & Cole, LLP
12	CT Agent Company Street Address	280 Trumbull Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
F.	AFFILIATE NAME	NORWALK HOSPITAL FOUNDATION, INC.
1	Affiliate Description	"PROVIDES FUND RAISING FOR THE PARENT CORPORATION AND AFFILIATES"
2	Affiliate type of service	Foundation
3	Tax Status	Not for Profit
4	Street Address	34 MAPLE STREET
5	Town	Norwalk
6	State	Connecticut
7	Zip Code	06856 -
8	CEO Name	Michael Daglio
9	CEO Title	CEO

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
10	CT Agent Name	Kristen Bedell
11	CT Agent Company	Norwalk Hospital Association
12	CT Agent Company Street Address	34 MAPLE STREET
13	CT Agent Town	Norwalk
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06856 -
G.	AFFILIATE NAME	NORWALK SURGERY CENTER, LLC
1	Affiliate Description	Ambulatory surgery center joint venture
2	Affiliate type of service	Ambulatory/OP Surgery Center
3	Tax Status	For Profit
4	Street Address	40 Cross Street
5	Town	Norwalk
6	State	Connecticut
7	Zip Code	06851 -
8	CEO Name	Michael Daglio
9	CEO Title	CEO
10	CT Agent Name	Michael Daglio
11	CT Agent Company	Norwalk Hospital Association
12	CT Agent Company Street Address	34 Maple Street
13	CT Agent Town	Norwalk
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06856 -
H.	AFFILIATE NAME	SWC CORPORATION
1	Affiliate Description	"FOR THE PURPOSE OF PROVIDING PHARMACEUTICAL NEEDS/ EQUITY TRANSFER OF NRMJ JOINT VENTURE"
2	Affiliate type of service	Pharmacy
3	Tax Status	For Profit
4	Street Address	24 STEVENS STREET
5	Town	Norwalk
6	State	Connecticut
7	Zip Code	06856 -
8	CEO Name	Michael Daglio
9	CEO Title	CEO
10	CT Agent Name	Kristen Bedell
11	CT Agent Company	Norwalk Hospital Association
12	CT Agent Company Street Address	34 MAPLE STREET
13	CT Agent Town	Norwalk
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06856 -
I.	AFFILIATE NAME	THE ADVANCED CENTER FOR REHABILITATION MEDICINE, INC.
1	Affiliate Description	For the purpose of providing Rehabilitation Services
2	Affiliate type of service	Rehabilitation Services
3	Tax Status	For Profit
4	Street Address	34 Maple St.
5	Town	Norwalk
6	State	Connecticut

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
7	Zip Code	06856 -
8	CEO Name	Michael Daglio
9	CEO Title	President NHA
10	CT Agent Name	Michael Daglio
11	CT Agent Company	Norwalk Hospital Association
12	CT Agent Company Street Address	34 Maple St.
13	CT Agent Town	Norwalk
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06856 -
J.	AFFILIATE NAME	VALUE CARE ALLIANCE, LLC
1	Affiliate Description	Value Care Alliance, LLC (VCA) is a for-profit company with its principle place of business in Derby, CT. WCHN is a partial equity owner of VCA. VCA is not a subsidiary of WCHN but is being shown here to reflect the ownership interest.
2	Affiliate type of service	Affiliate Support Services
3	Tax Status	For Profit
4	Street Address	130 Division Street
5	Town	Derby
6	State	Connecticut
7	Zip Code	04618 -
8	CEO Name	Jeanne O'Brien
9	CEO Title	Chief Executive Officer
10	CT Agent Name	Patrick Charmel
11	CT Agent Company	Value Care Alliance LLC
12	CT Agent Company Street Address	130 Division St.
13	CT Agent Town	Derby
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06418 -
K.	AFFILIATE NAME	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC
1	Affiliate Description	PROVIDES SUPPORT FOR EMPLOYEE AND CORPORATE HELATH MANAGEMENT, Danbury Diagnostic Imaging, Ridgefiel Diagnostic Imaging, EMT, and Ambulance Services.
2	Affiliate type of service	Affiliate Support Services
3	Tax Status	Not for Profit
4	Street Address	24 Hospital Avenue
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	John Murphy, MD
9	CEO Title	CEO
10	CT Agent Name	Karen Mattei
11	CT Agent Company	Western Connecticut Health Network, Inc
12	CT Agent Company Street Address	24 Hospital Ave
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
L.	AFFILIATE NAME	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD
1	Affiliate Description	A CAPTIVE INSURANCE COMPANY DOMICILED IN THE CAYMAN ISLANDS TO PROVIDE ALTERNATIVE PROFESSIONAL LIABILITY INSURANCE
2	Affiliate type of service	Insurance
3	Tax Status	For Profit

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
4	Street Address	23 Lime Tree Bay Avenue
5	Town	Grand Cayman
6	State	Cayman Islands
7	Zip Code	01102 -
8	CEO Name	John Murphy, MD
9	CEO Title	CEO
10	CT Agent Name	Julie Robertson
11	CT Agent Company	Honigman, Miller, Schwarta Y Cohn, LLP
12	CT Agent Company Street Address	660 Woodward avenue
13	CT Agent Town	Detroit
14	CT Agent State	Michigan
15	CT Agent Zip Code	48226 -
M.	AFFILIATE NAME	WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC
1	Affiliate Description	A company to manage investment services, pooling long term investments of WCHN.
2	Affiliate type of service	Affiliate Support Services
3	Tax Status	Not for Profit
4	Street Address	24 Hospital Avenue
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	John Murphy MD
9	CEO Title	Chief Executive Officer
10	CT Agent Name	CT Corporation System
11	CT Agent Company	CT Corporation System
12	CT Agent Company Street Address	One Corporate Center
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
N.	AFFILIATE NAME	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC.
1	Affiliate Description	PHYSICIAN LED CLINICALLY INTEGRATED NETWORK THAT ENCOMPASSES THE HOSPITAL, EMPLOYED, AND ALIGNED COMMUNITY PROVIDERS TO RESULT IN AN INCREASED QUALITY OF CARE, ENHANCED PERFORMANCE AND IMPROVED PATIENT SATISFACTION.
2	Affiliate type of service	Physicians Hospital Org. (PHO)
3	Tax Status	Not for Profit
4	Street Address	24 Hospital Avenue
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	John Murphy, MD
9	CEO Title	CEO
10	CT Agent Name	Karen Mattei
11	CT Agent Company	Western Ct Health Network Physician Hospital Org
12	CT Agent Company Street Address	24 Hospital Avenue
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
O.	AFFILIATE NAME	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
1	Affiliate Description	PROVIDES VARIOUS MANAGEMENT, PURCHASING, ADMINISTRATIVE, AND OTHER SERVICES TO MEDICAL AND DENTAL PRACTITIONERS
2	Affiliate type of service	Physicians Hospital Org. (PHO)
3	Tax Status	Not for Profit
4	Street Address	24 Hospital Avenue
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	Jeffrey Gorelick MD
9	CEO Title	Chairman of the Board
10	CT Agent Name	Karen Mattei
11	CT Agent Company	Westen Ct Health Network Physician Hospital Org
12	CT Agent Company Street Address	24 Hospital Avenue
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
P.	AFFILIATE NAME	WESTERN CONNECTICUT HOME CARE, INC
1	Affiliate Description	PROVIDES SKILLED NURSING SERVICES AND OTHER MEDICAL SERVICES IN THE HOME CARE SETTING
2	Affiliate type of service	Home Health/VNAs
3	Tax Status	Not for Profit
4	Street Address	4 Liberty Street
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	John Murphy, MD
9	CEO Title	CEO
10	CT Agent Name	Karen Mattei
11	CT Agent Company	Western Ct Health Network
12	CT Agent Company Street Address	24 Hospital Avenue
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
Q.	AFFILIATE NAME	WESTERN CONNECTICUT MEDICAL GROUP, INC.
1	Affiliate Description	PHYSICIANS OFFICE, PROVIDES MEDICAL SERVICES TO PATIENTS
2	Affiliate type of service	Physicians Services
3	Tax Status	Not for Profit
4	Street Address	14 Research Drive, Suite 201A
5	Town	Bethel
6	State	Connecticut
7	Zip Code	06801 -
8	CEO Name	Patrick Broderick, MD
9	CEO Title	President
10	CT Agent Name	Karen Mattei
11	CT Agent Company	Western CT Medical Group
12	CT Agent Company Street Address	14 Research Drive, Suite 201A
13	CT Agent Town	Bethel
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06801 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION

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

**NORWALK HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2016
REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2016
A . NORWALK HOSPITAL			
1		Unrestricted	\$370,197,000
2		Temporarily Restricted by Donor	\$37,484,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$9,589,000
5		Intercompany Eliminations	(\$104,675,000)
		Total:	\$312,595,000
B . WESTERN CONNECTICUT HEALTH NETWORK, INC.			
1		Unrestricted	\$100,601,000
2		Temporarily Restricted by Donor	\$39,887,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$9,462,000
5		Intercompany Eliminations	(\$871,332,000)
		Total:	(\$721,382,000)
C . DANBURY HOSPITAL			
1		Unrestricted	\$392,151,000
2		Temporarily Restricted by Donor	\$25,378,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$35,826,000
5		Intercompany Eliminations	(\$66,752,000)
		Total:	\$386,603,000
D . DANBURY HOSPITAL & NEW MILFORD HOSPITAL FOUNDATION, INC. (FORMERLY WCHN FOUNDATION, INC)			
1		Unrestricted	\$27,761,000
2		Temporarily Restricted by Donor	\$38,579,000
3		Temporarily Restricted by Board	\$8,990,000
4		Permanently Restricted by Donor	\$35,826,000
5		Intercompany Eliminations	\$0
		Total:	\$111,156,000
E . EASTERN NEW YORK MEDICAL SERVICES, P.C.			
1		Unrestricted	(\$879,000)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$879,000)
F . NEW MILFORD MRI, 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
G . NORWALK HOSPITAL FOUNDATION, INC.			
1		Unrestricted	\$61,659,000

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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 9/30/2016
2		Temporarily Restricted by Donor	\$29,758,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$9,589,000
5		Intercompany Eliminations	\$0
		Total:	\$101,006,000
H .	NORWALK SURGERY CENTER, LLC		
1		Unrestricted	\$5,289,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$5,289,000
I .	SWC CORPORATION		
1		Unrestricted	\$1,530,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,530,000
J .	THE ADVANCED CENTER FOR REHABILITATION MEDICINE, 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
K .	VALUE CARE ALLIANCE, 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
L .	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC		
1		Unrestricted	\$5,270,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$5,270,000
M .	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD		
1		Unrestricted	\$66,752,000
2		Temporarily Restricted by Donor	\$0

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(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2016
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$66,752,000
N .	WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC		
1		Unrestricted	\$344,184,000
2		Temporarily Restricted by Donor	\$55,375,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$37,669,000
5		Intercompany Eliminations	\$0
		Total:	\$437,228,000
O .	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
P .	WESTERN CONNECTICUT HEALTH NETWORK 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
Q .	WESTERN CONNECTICUT HOME CARE, INC		
1		Unrestricted	\$2,522,000
2		Temporarily Restricted by Donor	\$67,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$2,589,000
R .	WESTERN CONNECTICUT MEDICAL GROUP, INC.		
1		Unrestricted	\$36,808,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$36,808,000
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$1,787,324,000
	Intercompany Eliminations		(\$1,042,759,000)
	Total of all Affiliates	Fund Balance:	\$744,565,000

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(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2016

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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. WESTERN CONNECTICUT HEALTH NETWORK, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	(\$218,400)
1		Pension Activity Net	09/30/2016	\$2,012,537
2		Expense Transfers	09/30/2016	\$218,400
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$2,012,537
B. DANBURY HOSPITAL				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	(\$5,170,445)
1		adjusted beginning balance	10/01/2016	(\$14,498)
2		Accounts Payable/Other Expenses	09/30/2016	(\$39,259,232)
3		Non-Salary Allocations	09/30/2016	(\$14,224,808)
4		Employee Benefits	09/30/2016	(\$3,378,249)
5		Salary Transfer	09/30/2016	(\$12,867,031)
6		Payment on Account	09/30/2016	\$66,705,862
		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$8,208,401)
C. DANBURY HOSPITAL & NEW MILFORD HOSPITAL FOUNDATION, INC. (FORMERLY WCHN FOUNDATION, INC)				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
D. EASTERN NEW YORK MEDICAL SERVICES, P.C.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
E. NEW MILFORD MRI, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
F. NORWALK HOSPITAL FOUNDATION, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$41,456
1		Rent	09/30/2016	\$43,200
2		Payment on Account	09/30/2016	(\$2,963,380)
3		Expense transfer	09/30/2016	\$215,734
4		Salaries and Benefit Transfer	09/30/2016	\$18,964
5		Restricted Fund Operating Expense	09/30/2016	\$879,837
6		Restricted Fund Funding Capital	09/30/2016	\$2,023,351
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$259,162
G. NORWALK SURGERY CENTER, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
H. SWC CORPORATION				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	(\$247,084)
1		Salary Transfer	09/30/2016	(\$3,264,294)
2		Rent	09/30/2016	\$63,031
3		Payment on Account	09/30/2016	\$3,364,180
4		benefit transfer	09/30/2016	(\$273,403)
5		Expense transfer	09/30/2016	\$317,085
		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$40,485)
I. THE ADVANCED CENTER FOR REHABILITATION MEDICINE, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
J. VALUE CARE ALLIANCE, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
K. WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$8,682
1		Salaries and Benefit Transfer	09/30/2016	\$114,398
2		Expense transfer	09/30/2016	\$10,800
3		Payments on Account	09/30/2016	(\$133,880)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
L. WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD				
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
1		Insurance Premiums	09/30/2016	(\$2,094,155)

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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
2		Payment on Account	09/30/2016	\$2,094,155
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
M.	WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
N.	WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
O.	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
1		Support ACO	09/30/2016	(\$677,866)
2		Payments on Account	09/30/2016	\$241,488
		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$436,378)
P.	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
1		Annual PHO Participant Dues	09/30/2016	(\$120,833)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$120,833)
Q.	WESTERN CONNECTICUT HOME CARE, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
R.	WESTERN CONNECTICUT MEDICAL GROUP, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	(\$2,332,648)
1		Rent	09/30/2016	\$901,532
2		Payment on Account	09/30/2016	\$25,943,903
3		Expense transfer	09/30/2016	\$107,236
4		Part a admin and teaching support	09/30/2016	(\$6,350,542)
5		Salary Transfer	09/30/2016	(\$818,907)
6		Strategic Support	09/30/2016	(\$21,741,619)
7		benefit transfer	09/30/2016	(\$30,905)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$4,321,950)
		Grand Total:		(\$10,856,348)

**NORWALK 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	10/01/2015	\$11,431,030
A.	WESTERN CONNECTICUT HEALTH NETWORK, INC.				
1		EASTERN NEW YORK MEDICAL SERVICES, P.C.	Support	09/30/2016	\$762,584
2		WESTERN CONNECTICUT HOME CARE, INC	Benefits Support	09/30/2016	\$23,065
			Total:	9/30/2016	\$785,649
B.	DANBURY HOSPITAL				
1		WESTERN CONNECTICUT HEALTH NETWORK, INC.	Adjustment to Beginning Balance	10/01/2016	(\$6,321,012)
2		WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC	Clinical Services	09/30/2016	(\$26,788)
3		WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC	Accounts Payable	09/30/2016	\$244,155
4		WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC.	Accounts Payable	09/30/2016	\$427,181
5		DANBURY HOSPITAL & NEW MILFORD HOSPITAL FOUNDATION, INC. (FORMERLY WCHN FOUNDATION, INC)	Cash Transfer from hospital	09/30/2016	(\$69,305)
6		NORWALK HOSPITAL FOUNDATION, INC.	Accounts Payable	09/30/2016	\$671,725
7		WESTERN CONNECTICUT HOME CARE, INC	Accounts Payable	09/30/2016	\$5,063
8		EASTERN NEW YORK MEDICAL SERVICES, P.C.	Employee Benefits	09/30/2016	\$120,000
9		SWC CORPORATION	Accounts Payable	09/30/2016	\$26,422
10		EASTERN NEW YORK MEDICAL SERVICES, P.C.	Accounts Payable	09/30/2016	\$31,542
			Total:	9/30/2016	(\$4,891,017)
C.	DANBURY HOSPITAL & NEW MILFORD HOSPITAL FOUNDATION, INC. (FORMERLY WCHN FOUNDATION, INC)				
1		NORWALK HOSPITAL FOUNDATION, INC.	Management Fee	09/30/2016	\$73,946
			Total:	9/30/2016	\$73,946
D.	EASTERN NEW YORK MEDICAL SERVICES, P.C.				
1		WESTERN CONNECTICUT MEDICAL GROUP, INC.	Support	09/30/2016	\$308,291
			Total:	9/30/2016	\$308,291
E.	NEW MILFORD MRI, LLC				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
F.	NORWALK HOSPITAL FOUNDATION, INC.				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
G.	NORWALK SURGERY CENTER, LLC				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
H.	SWC CORPORATION				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
I.	THE ADVANCED CENTER FOR REHABILITATION MEDICINE, INC.				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
J.	VALUE CARE ALLIANCE, LLC				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
K.	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC				
1		WESTERN CONNECTICUT HEALTH NETWORK, INC.	Adj Intercompany Variance	09/30/2016	(\$1,817)
2		WESTERN CONNECTICUT MEDICAL GROUP, INC.	Accounts Payable	09/30/2016	\$768
			Total:	9/30/2016	(\$1,049)
L.	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
M.	WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
N.	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC.				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0

**NORWALK 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
O.	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
P.	WESTERN CONNECTICUT HOME CARE, INC				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
Q.	WESTERN CONNECTICUT MEDICAL GROUP, INC.				
1		WESTERN CONNECTICUT HEALTH NETWORK, INC.	Benefits Support	09/30/2016	\$715,851
			Total:	9/30/2016	\$715,851
			Ending Unconsolidated Intercompany Balance	9/30/2016	\$8,422,701

**NORWALK HOSPITAL
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REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
	A. WESTERN CONNECTICUT HEALTH NETWORK, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	B. DANBURY HOSPITAL		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	C. DANBURY HOSPITAL & NEW MILFORD HOSPITAL FOUNDATION, INC. (FORMERLY WCHN FOUNDATION, INC)		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	D. EASTERN NEW YORK MEDICAL SERVICES, P.C.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	E. NEW MILFORD MRI, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	F. NORWALK HEALTH CARE, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	G. NORWALK HOSPITAL FOUNDATION, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	H. NORWALK SURGERY CENTER, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	I. SWC CORPORATION		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	J. THE ADVANCED CENTER FOR REHABILITATION MEDICINE, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	K. VALUE CARE ALLIANCE, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	L. WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	M. WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	N. WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC		
0	Nothing to Report	\$0	

NORWALK HOSPITAL
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REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
	Total:	\$0	9/30/2016
O.	WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
P.	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
Q.	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
R.	WESTERN CONNECTICUT HOME CARE, INC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
S.	WESTERN CONNECTICUT MEDICAL GROUP, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	Grand Total:	\$0	9/30/2016

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

(1) LINE	(2) AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	(3) AMOUNT	(4) TERM IN YEARS
A.	WESTERN CONNECTICUT HEALTH NETWORK, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
B.	DANBURY HOSPITAL		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	DANBURY HOSPITAL & NEW MILFORD HOSPITAL FOUNDATION, INC. (FORMERLY WCHN FOUNDATION, INC)		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	EASTERN NEW YORK MEDICAL SERVICES, P.C.		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	NEW MILFORD MRI, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	NORWALK HEALTH CARE, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	NORWALK HOSPITAL FOUNDATION, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	NORWALK SURGERY CENTER, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
I.	SWC CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	THE ADVANCED CENTER FOR REHABILITATION MEDICINE, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
K.	VALUE CARE ALLIANCE, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
L.	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
M.	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD		
0	Nothing to Report	\$0	0
	Total:	\$0	
N.	WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
O.	WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
P.	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
Q.	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
R.	WESTERN CONNECTICUT HOME CARE, INC		
0	Nothing to Report	\$0	0

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
	Total:	\$0	
S.	WESTERN CONNECTICUT MEDICAL GROUP, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

**NORWALK 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 2015 ACTUAL	FY 2016 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	\$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%
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%

**NORWALK HOSPITAL
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REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL**

A. Patient Activity		
(1)	(2)	(3)
<u>Patient</u>	Name of Hospital Bed Fund (<u>FULL NAME</u>)	Amount
1. Number of Applications for Hospital Bed Funds		0
Grand Total		\$0.00

**NORWALK HOSPITAL
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REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL**

B. BED FUND ACTIVITY					
(1) Line	(2) Name of Hospital Bed Fund	(3) FMV of Principal	(4) Actual Earnings	(5) Earnings Reinvested	(6) Earnings Available
	(3) Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each Hospital Bed				
	(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.				
	Total Bed Funds :	\$0.00	\$0.00	\$0.00	\$0.00

**NORWALK 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	The hospital will utilize outside agencies after all means of collection have been exhausted. All agencies must be reputable and follow all Federal guidelines. All accounts written off to bad debts will be forwarded to an agency to pursue further collection.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	All collections agents charge a flat fee of an agreed upon percentage on all amounts recovered for accounts which are non-legal. An additional fee of an agreed upon percentage is charged on all amounts recovered on legal accounts.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	11.18%
II. SPECIFIC COLLECTION AGENT INFORMATION		
A Collection Agent		
1	Collection Agent Name	Lovejoy and Rimer 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.	The Director of Patient Accounts or Manager of Customer Service may approve accounts to be referred directly to an attorney for legal action without the involvement of collection agencies. These accounts typically have balances over \$10,000 and involve motor vehicle accidents.
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.	Lovejoy and Rimer P.C. are compensated at 30% of recovered amounts after starting litigation and 25% of recovered amounts prior to litigation. Compensation at lessor % or an hourly rate may be paid depending on the circumstances.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	33.34%
B Collection Agent		
1	Collection Agent Name	Trans=Continental Credit and Collection Corp.
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.	After the hospital follows the processes and policies described in Section 1, all accounts written off to bad debts are then forwarded to Trans-Continental Credit and Collection Corp.
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.	Trans-Continental is compensated at 18% of all non-legal recovered amounts and 25% of all legal recovered amounts.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	8.53%
C Collection Agent		
1	Collection Agent Name	Eastern
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.	After Trans-Continental Credit and Collection Corp. has deemed the account uncollectable, the accounts are then referred to Eastern. This only occurs if the account has not had any activity for one year in collection attempt.

**NORWALK 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.	Eastern is compensated at 35% as a secondary agent.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	20.30%

**NORWALK HOSPITAL
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REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL EMPLOYEES

LINE	POSITION TITLE	EMPLOYEE NAME	SALARY	FRINGE BENEFITS	TOTAL
1.	Physician, Emergency Department	McGovern MD, Brian	\$605,176	\$54,256	\$659,432
2.	President NH, Chief Strategy Officer	Daglio, Michael	\$505,693	\$47,225	\$552,918
3.	President & CEO	Murphy MD, John	\$512,453	\$23,830	\$536,283
4.	Medicine	Greenblatt MD, Benjamin	\$505,018	\$30,079	\$535,097
5.	Physician, Emergency Department	Capodanno MD, Robert	\$473,257	\$49,922	\$523,179
6.	Physician, Emergency Department	Fischel MD, Jason	\$449,149	\$45,196	\$494,345
7.	Medicine	Michos MD, Christopher	\$431,950	\$51,256	\$483,206
8.	Physician, Emergency Department	Kassapidis MD, Elizabeth	\$430,338	\$45,923	\$476,261
9.	Physician, Emergency Department	Collier MD, Virginia	\$418,907	\$51,399	\$470,306
10.	Physician, Emergency Department	Andriuk MD, Alexander	\$409,207	\$52,213	\$461,420
Grand Total:			\$4,741,148	\$451,299	\$5,192,447

**WESTERN CONNECTICUT HEALTH NETWORK, INC.
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REPORT 19B - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HEALTH SYSTEM EMPLOYEES

LINE	POSITION TITLE	EMPLOYEE NAME AND COMPANY	SALARY	FRINGE BENEFITS	TOTAL
1.	President & CEO	Murphy MD, John/WCHN	\$1,464,152	\$68,085	\$1,532,237
2.	Danbury Hospital	Debarba Jr, Daniel J/WCHN	\$771,698	\$553,337	\$1,325,035
3.	VP Finance	Patrick Minicus/WCHN	\$531,329	\$344,289	\$875,618
4.	Sr. VP & CFO,Treasurer	Rosenberg, Steven H/WCHN	\$807,597	\$58,565	\$866,162
5.	CMO	Miller, Matthew A/WCHN	\$706,504	\$62,789	\$769,293
6.	President NH, Chief Strategy Officer	Daglio, Michael/WCHN	\$632,117	\$59,031	\$691,148
7.	Physician, Emergency Department	McGovern MD, Brian/Norwalk Hospital	\$605,176	\$54,256	\$659,432
8.	VP Operations	Haynes, James/Norwalk Hospital	\$303,350	\$277,654	\$581,004
9.	CIO	Dematteo, Kathleen A/WCHN	\$510,687	\$46,683	\$557,370
10.	SVP and General Counsel	McKenna, Carolyn L/WCHN	\$502,609	\$54,460	\$557,069
		Grand Total:	\$6,835,219	\$1,579,149	\$8,414,368

**NORWALK HOSPITAL
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REPORT 19C - FINANCIAL GAINS REALIZED FROM A TRANSFER OF OWNERSHIP CON**

LINE	NAME	POSITION TYPE	SALARY	SEVERANCE PAYMENT	STOCK OFFERING VALUE	OTHER FINANCIAL GAIN	TOTAL
1.	Not Applicable		\$0	\$0	\$0	\$0	\$0
2.			\$0	\$0	\$0	\$0	\$0
3.			\$0	\$0	\$0	\$0	\$0
4.			\$0	\$0	\$0	\$0	\$0
5.			\$0	\$0	\$0	\$0	\$0
6.			\$0	\$0	\$0	\$0	\$0
7.			\$0	\$0	\$0	\$0	\$0
8.			\$0	\$0	\$0	\$0	\$0
9.			\$0	\$0	\$0	\$0	\$0
10.			\$0	\$0	\$0	\$0	\$0
11.			\$0	\$0	\$0	\$0	\$0
12.			\$0	\$0	\$0	\$0	\$0
13.			\$0	\$0	\$0	\$0	\$0
14.			\$0	\$0	\$0	\$0	\$0
15.			\$0	\$0	\$0	\$0	\$0
16.			\$0	\$0	\$0	\$0	\$0
17.			\$0	\$0	\$0	\$0	\$0
18.			\$0	\$0	\$0	\$0	\$0
19.			\$0	\$0	\$0	\$0	\$0
20.			\$0	\$0	\$0	\$0	\$0
21.			\$0	\$0	\$0	\$0	\$0
22.			\$0	\$0	\$0	\$0	\$0
23.			\$0	\$0	\$0	\$0	\$0
24.			\$0	\$0	\$0	\$0	\$0
25.			\$0	\$0	\$0	\$0	\$0
26.			\$0	\$0	\$0	\$0	\$0
27.			\$0	\$0	\$0	\$0	\$0
28.			\$0	\$0	\$0	\$0	\$0
29.			\$0	\$0	\$0	\$0	\$0
30.			\$0	\$0	\$0	\$0	\$0
31.			\$0	\$0	\$0	\$0	\$0
32.			\$0	\$0	\$0	\$0	\$0
33.			\$0	\$0	\$0	\$0	\$0
34.			\$0	\$0	\$0	\$0	\$0
35.			\$0	\$0	\$0	\$0	\$0
36.			\$0	\$0	\$0	\$0	\$0
37.			\$0	\$0	\$0	\$0	\$0
38.			\$0	\$0	\$0	\$0	\$0
39.			\$0	\$0	\$0	\$0	\$0
40.			\$0	\$0	\$0	\$0	\$0
41.			\$0	\$0	\$0	\$0	\$0
42.			\$0	\$0	\$0	\$0	\$0
43.			\$0	\$0	\$0	\$0	\$0
44.			\$0	\$0	\$0	\$0	\$0
45.			\$0	\$0	\$0	\$0	\$0
46.			\$0	\$0	\$0	\$0	\$0
47.			\$0	\$0	\$0	\$0	\$0
48.			\$0	\$0	\$0	\$0	\$0
49.			\$0	\$0	\$0	\$0	\$0
50.			\$0	\$0	\$0	\$0	\$0
		Grand Total:	\$0	\$0	\$0	\$0	\$0

**NORWALK HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2016
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 (Directl y or Indirectly) ^C	TOTAL
A . WESTERN CONNECTICUT HEALTH NETWORK, 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
B . DANBURY 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
C . DANBURY HOSPITAL & NEW MILFORD HOSPITAL FOUNDATION, INC. (FORMERLY WCHN FOUNDATION, 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 . EASTERN NEW YORK MEDICAL SERVICES, P.C.				
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 . NEW MILFORD MRI, 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
F . NORWALK 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
G . NORWALK HOSPITAL FOUNDATION, 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 . NORWALK SURGERY CENTER, 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
I . SWC 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
J . THE ADVANCED CENTER FOR REHABILITATION MEDICINE, 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
K . VALUE CARE ALLIANCE, 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
L . WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, 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

**NORWALK HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2016
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 (Directl y or Indirectly) ^C	TOTAL
M .	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
N .	WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS 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
O .	WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, 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
P .	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, 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
Q .	WESTERN CONNECTICUT HEALTH NETWORK 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
R .	WESTERN CONNECTICUT HOME 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
S .	WESTERN CONNECTICUT MEDICAL GROUP, 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.

**NORWALK HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2016
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 2016
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

NORWALK HOSPITAL ANNUAL REPORTING FISCAL YEAR 2016 REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 AMOUNT	FY 2016 AMOUNT	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	4,332	4,516	184	4%
2.	Number of Approved Applicants	3,701	3,818	117	3%
3.	Total Charges (A)	\$15,719,561	\$18,588,723	\$2,869,162	18%
	Average Charges	\$4,247	\$4,869	\$621	15%
4.	Ratio of Cost to Charges (RCC)	0.339565	0.369757	0.030192	9%
	Total Cost	\$5,337,813	\$6,873,310	\$1,535,498	29%
	Average Cost	\$1,442	\$1,800	\$358	25%
5.	Charity Care - Inpatient Charges	\$1,644,900	\$2,437,479	\$792,579	48%
6.	Charity Care - Outpatient Emergency Department Charges	4,702,098	5,493,908	791,810	17%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	9,372,563	10,657,336	1,284,773	14%
	Total Charges (A)	\$15,719,561	\$18,588,723	\$2,869,162	18%
8.	Charity Care - Number of Patient Days	253	271	18	7%
9.	Charity Care - Number of Discharges	64	75	11	17%
10.	Charity Care - Number of Outpatient ED Visits	2,032	2,088	56	3%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	12,577	13,823	1,246	10%
(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	-	-	-	0%
2.	Number of Approved Applicants	-	-	-	0%
3.	Total Charges (B)	\$0	\$0	\$0	0%
	Average Charges	\$0	\$0	\$0	0%
4.	Ratio of Cost to Charges (RCC)	0	0.369757	0.369757	0%
	Total Cost	\$0	\$0	\$0	0%
	Average Cost	\$0	\$0	\$0	0%
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)	0	0	0	0%
	Total Charges (B)	\$0	\$0	\$0	0%
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)	0	0	0	0%
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.					