# ANNUAL REPORTING

#### **FISCAL YEAR 2011**

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

| (1)  | (2)   |  |  |
|------|---|--|--|
|      |   |  |  |
| LINE | DESCRIPTION                                     | AFFILIATE INFORMATION  |  |
|      |   | WESTERN CONNECTICUT HEALTH NETWORK INC.(FORMERLY WESTERN CONNECTICUT               |  |
| Α.   | AFFILIATE NAME                                  | HEALTHCARE, INC.)  |  |
|      |   | PARENT CORP. MANAGING EMPLOYEE BENEFIT PLANS, PLANNING, POLICIES.                  |  |
| 1    | Affiliate Description                           | Name change effective 9/15/2011.   |  |
|      | Affiliate type of service                       | Parent Corporation   |  |
|      | Tax Status                                      | Not for Profit   |  |
|      | Street Address<br>Town                          | 95 Locust Ave Danbury  |  |
|      | State   | Connecticut  |  |
|      | Zip Code  | 06810 -  |  |
|      | CEO Name  | Dr John Murphy   |  |
|      | CEO Title                                       | President & Chief Executive Officer  |  |
|      | CT Agent Name<br>CT Agent Company               | Karen Mattei Western Connecticut Health Network                                    |  |
|      |   | 95 Locust Ave  |  |
| 13   | CT Agent Town                                   | Danbury  |  |
| 14   | CT Agent State                                  | Connecticut  |  |
| 15   | CT Agent Zip Code                               | 06810 -  |  |
|      |   |  |  |
| В.   | AFFILIATE NAME                                  | BUSINESS SYSTEMS, INC.   |  |
|      | Affiliate Description                           | PROVIDES PROPERTY MANAGEMENT, RETAIL PHARMACY SERVICES                             |  |
|      | Affiliate type of service                       | Pharmacy   |  |
|      | Tax Status                                      | For Profit   |  |
| 4    | Street Address                                  | 95 Locust Avenue   |  |
|      | Town  | Danbury  |  |
|      | State   | Connecticut  |  |
|      | Zip Code  | 06810 -  |  |
|      | CEO Name<br>CEO Title                           | Dr John Murphy President & Chief Executive Officer                                 |  |
|      | CT Agent Name                                   | Karen Mattei   |  |
| 11   | CT Agent Company                                | Western Connecticut Health Network   |  |
|      | CT Agent Company Street Address                 |  |  |
|      | CT Agent Town                                   | Danbury  |  |
| 14   | CT Agent State                                  | Connecticut<br>06810 -   |  |
| 15   | CT Agent Zip Code                               | 00810 -  |  |
| _    |   |  |  |
|      | AFFILIATE NAME                                  | DANBURY HOSPITAL  ACUTE CARE LICERITAL PROVIDING INDATIENT AND OUTDATIENT CERVICES |  |
|      | Affiliate Description Affiliate type of service | ACUTE CARE HOSPITAL PROVIDING INPATIENT AND OUTPATIENT SERVICES                    |  |
|      | Tax Status                                      | Hospital Not for Profit  |  |
|      | Street Address                                  | 24 Hospital Avenue   |  |
|      | Town  | Danbury  |  |
|      | State   | Connecticut  |  |
|      | Zip Code  | 06810 -  |  |
|      | CEO Name  | Dr. John Murphy Chief Evacutive Officer  |  |
|      | CEO Title CT Agent Name                         | Chief Executive Officer Karen Mattei   |  |
|      | CT Agent Name CT Agent Company                  | Western Connecticut Health Network   |  |
|      |   | 95 Locust Avenue   |  |
| 13   | CT Agent Town                                   | Danbury  |  |
| 14   | CT Agent State                                  | Connecticut  |  |
| 15   | CT Agent Zip Code                               | 06810 -  |  |
|      |   |  |  |
| D.   | AFFILIATE NAME                                  | NEW MILFORD HOSPITAL FOUNDATION INC.   |  |
|      |   | THE FOUNDATION IS A CHARITABLE ORGANIZATION DEDICATED EXCLUSIVELY                  |  |
|      |   | TO OVERALL FUNDRAISING EFFORTS INCLUDING THE SOLICITING AND                        |  |
|      |   | RECEIVING OF CONTRIBUTIONS, GRANTS, DONATIONS, AND BEQUESTS BY                     |  |
| 1    | Affiliate Description                           | THE HOSPITAL.  |  |

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# ANNUAL REPORTING

#### **FISCAL YEAR 2011**

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

| (1)    | (2)                                  | (3)  |
|--------|--------------------------------------|--|
| . ,    | ,                                    | `,   |
| LINE   | DESCRIPTION                          | AFFILIATE INFORMATION  |
|        | Affiliate type of service            | Foundation   |
| 3      | Tax Status                           | Not for Profit   |
| 4      | Street Address                       | 21 ELM STREET  |
| 5<br>6 | Town<br>State                        | New Milford Connecticut  |
|        | Zip Code                             | 06776 -  |
|        | CEO Name                             | Dr John Murphy   |
|        | CEO Title                            | PRESIDENT/CEO  |
| 10     | CT Agent Name                        | Karen Mattei   |
| 11     | CT Agent Company                     | Western Connecticut Health Network   |
| 12     | CT Agent Company Street Address      |  |
|        | CT Agent Town                        | Danbury  |
|        | CT Agent State                       | Connecticut<br>06810 -   |
| 15     | CT Agent Zip Code                    | 00810 -  |
|        |                                      |  |
| E.     | AFFILIATE NAME                       | NEW MILFORD MRI JV, LLC  |
|        |                                      | Joint venture providing MRI services at New Milford Hospital. 51% of the joint venture |
|        |                                      | is owned by New Milford Hospital and the remaining 49% is owned by Radcorp of New      |
| 1      | Affiliate Description                | Milford, LLC.  |
| 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  |
|        | Zip Code                             | 06776 -  |
|        | CEO Name<br>CEO Title                | Richard Henley Interim President/CEO   |
|        | CT Agent Name                        | Karen Mattei   |
|        | CT Agent Name CT Agent Company       | Western Connecticut Health Network   |
|        |                                      | 95 Locust Ave  |
| 13     | CT Agent Town                        | Danbury  |
|        | CT Agent State                       | Connecticut  |
|        | CT Agent Zip Code                    | 06810 -  |
|        |                                      |  |
| _      |                                      | NEW MILEGER VIVA INC   |
| F.     | AFFILIATE NAME                       | NEW MILFORD VNA INC.   |
|        |                                      | HOME HEALTH AGENCY AND HOSPICE DEDICATED TO PROVIDE COMMUNITY-                         |
| ١.     | A COLOR                              | BASE HEALTH CARE SERVICES TO RESDIENTS OF SURROUNDING AREA OF                          |
|        | Affiliate Description                | NEW MILFORD. AFFILIATION TERMINATED 8/29/11 Home Health/VNAs                           |
| 3      | Affiliate type of service Tax Status | Not for Profit   |
|        | Street Address                       | 21 ELM STREET  |
| 5      | Town                                 | New Milford  |
| 6      | State                                | Connecticut  |
| 7      | Zip Code                             | 06776 -  |
| 8      | CEO Name                             | Dr John Murphy   |
| 9      | CEO Title                            | PRESIDENT/CEO  |
| 10     | CT Agent Name                        | Karen mattei   |
| 11     | CT Agent Company                     | Western Connecticut Health Network   |
|        | CT Agent Company Street Address      | 95 Locust Ave  |
|        | CT Agent State                       | Danbury Connecticut  |
|        | CT Agent State CT Agent Zip Code     | Connecticut<br>  06810 -   |
| 13     | OT Agont Zip Oode                    |  |
|        |                                      |  |
| G.     | AFFILIATE NAME                       | REGIONAL HOSPICE OF WESTERN CT, INC.   |
| 1      | Affiliate Description                | Provides Hospice care and home care to the terminally ill.                             |
| 2      | Affiliate type of service            | Hospice  |
| 3      | Tax Status                           | Not for Profit   |
| 4      | Street Address                       | 405 Main Street  |
| 5      | Town                                 | Danbury  |

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#### **FISCAL YEAR 2011**

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| (1)         | (2)   | (3)   |
|-------------|---|---|
| LINE        | DESCRIPTION                                     | AFFILIATE INFORMATION   |
| 6           | State   | Connecticut   |
|             | Zip Code  | 06810 -   |
| 8           | CEO Name  | Cynthia Roy-Squitieri   |
|             | CEO Title                                       | President of BOD. Executive Director  |
|             | CT Agent Name                                   | Joseph Campbell   |
|             | CT Agent Company                                | Danbury Hospital  |
| 12          | CT Agent Company Street Address                 | 24 Hospital Ave.  |
|             | CT Agent Town                                   | Danbury   |
|             | CT Agent State                                  | Connecticut   |
| 15          | CT Agent Zip Code                               | 06810 -   |
|             |   |   |
| Н.          | AFFILIATE NAME                                  | THE NEW MILFORD HOSPITAL, INC   |
|             |   | SHORT TERM ACUTE CARE HOSPTITAL PROVIDING INPATIENT AND   |
| 1           | Affiliate Description                           | OUTPATIENT SERVICES   |
|             | Affiliate type of service                       | Hospital  |
|             | 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  | Dr. John Murphy   |
| 9           | CEO Title                                       | PRESIDENT & CEO   |
|             | CT Agent Name                                   | Karen Mattei  |
|             | CT Agent Company                                | Western Connecticut Health Network  |
| 12          |   | 95 Locust Ave   |
|             | CT Agent Town                                   | Danbury   |
|             | CT Agent State                                  | Connecticut   |
| 15          | CT Agent Zip Code                               | 06810 -   |
| I.          | AFFILIATE NAME                                  | WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.(FORMERLY DANBURY HOSPITAL DEVELOPMENT FUND, INC.  |
| 1           | Affiliate Description                           | Provides support services to Corp. activities through charitable contribution distribution and fund raising. Name change effective 9/15/2011. |
| 2           | Affiliate type of service                       | Fund Raising/Management   |
| 3           | Tax Status                                      | Not for Profit  |
| 4           | Street Address                                  | 24 Hospital Avenue  |
| 5           | Town  | Danbury   |
| 6           | State   | Connecticut   |
|             | Zip Code  | 06810 -   |
| 8           | CEO Name  | Dr. John Murphy   |
| 9           | CEO Title                                       | Chief Executive Officer   |
|             | CT Agent Name                                   | Karen Mattei  |
|             | CT Agent Company                                | Western Connecticut Health Network  |
| 12          | CT Agent Company Street Address                 | 95 Locust Avenue  |
|             | CT Agent Company Street Address  CT Agent Town  | Danbury Danbury   |
|             | CT Agent State                                  | Connecticut   |
|             | CT Agent Zip Code                               | 06810 -   |
|             |   |   |
| J.          | AFFILIATE NAME                                  | WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD.(FORMERLY DANBURY HEALTH SYSTEMS INSURANCE CO LT  |
| <del></del> |   | A CAPTIVE INSURANCE COMPANY DOMICILED IN THE CAYMAN ISLANDS TO  |
| Ī           |   | PROVIDE ALTERNATIVE PROFESSIONAL LIABILITY INSURANCE. Name change   |
| 4           | Affiliate Description                           | effective 9/15/2011.  |
| 1           | Affiliate Description Affiliate type of service |   |
| 2           |   | Insurance For Profit  |
| 3           | Tax Status                                      |   |
| 4           | Street Address<br>Town                          | 23 lime Tree Bay Av<br>Grand Cayman   |
| 5           |   | Cayman Islands  |
| 6           | State<br>Zip Code                               | 00000 - 1102  |
| 7<br>8      | CEO Name  | Dr John Murphy  |
| 9           | CEO Name<br>CEO Title                           | President & Chief Executive Officer   |
| 9           | OLO TIUE  | I resident & Onici Executive Onicei   |

# ANNUAL REPORTING

## **FISCAL YEAR 2011**

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

| (1)      | (2)   | (3)  |  |  |
|----------|---|--|--|--|
|          |   |  |  |  |
| LINE     | DESCRIPTION                                   | AFFILIATE INFORMATION  |  |  |
| 10       | CT Agent Name                                 | Julie Robertson  |  |  |
|          | CT Agent Company                              | Honigman, Miller, Schwarta & Cohn, LLP   |  |  |
|          |   | 2290 First National Building   |  |  |
|          | CT Agent Town                                 | Detroit  |  |  |
| 14       | CT Agent State                                | Michigan   |  |  |
| 15       | CT Agent Zip Code                             | 48226 -  |  |  |
|          |   |  |  |  |
| K.       | AFFILIATE NAME                                | VESTERN CONNECTICUT HEALTHNETWORK AFFILIATES, INC.(FORMERLY DANBURY IEALTHCARE AFFILIATES, INC.) |  |  |
|          |   | Provides support for employee and corporate health management, Danbury Diagnostic                |  |  |
|          |   | Imaging, Ridgefield Diagnostic Imaging and EMT and Ambulance Services. Name                      |  |  |
| 1        | Affiliate Description                         | change effective 9/23/2011.  |  |  |
| 2        | Affiliate type of service                     | Affilate Support Services  |  |  |
| 3        | Tax Status                                    | Not for Profit   |  |  |
| 4        | Street Address                                | 95 Locust Avenue   |  |  |
| 5        | Town  | Danbury  |  |  |
| 6        | State   | Connecticut  |  |  |
|          | Zip Code                                      | 06810 -  |  |  |
|          | CEO Name                                      | Dr. John Murphy  |  |  |
|          | CEO Title                                     | President & Chief Executive Officer  |  |  |
|          | CT Agent Name<br>CT Agent Company             | Karen Mattei Western Connecticut Health Network  |  |  |
| 12       |   | 95 Locust Avenue   |  |  |
|          | CT Agent Company Street Address CT Agent Town | Danbury  |  |  |
|          | CT Agent Town CT Agent State                  | Connecticut  |  |  |
|          | CT Agent State CT Agent Zip Code              | 06810 -  |  |  |
| .0       | o i rigorii zip oodo                          |  |  |  |
|          |   | WESTERN CONNECTICUT HOME CARE, INC.(FORMERLY THE DANBURY VISITING NURSE                          |  |  |
| L.       | AFFILIATE NAME                                | ASSOC, INC.)   |  |  |
|          |   | Provides skilled nursing services and other medical services in the home care setting.           |  |  |
| 1        | Affiliate Description                         | Name change effective 9/15/2011.   |  |  |
|          | 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  |  |  |
|          | Zip Code                                      | 06810 -  |  |  |
|          | CEO Name                                      | Ann Faraguna   |  |  |
|          | CEO Title                                     | President of BOD, Executive Director   |  |  |
|          | CT Agent Name                                 | Karen Mattei   |  |  |
|          | CT Agent Company                              | Western Connecticut Health Network   |  |  |
|          |   | 95 Locust Ave  |  |  |
| 13       | CT Agent State                                | Danbury<br>Connecticut   |  |  |
| 14<br>15 | CT Agent State<br>CT Agent Zip Code           | Connecticut<br>06810 -   |  |  |
| 15       | Agent Zip Code                                |  |  |  |
| М.       | AFFILIATE NAME                                | WESTERN CONNECTICUT MEDICAL GROUP, PC.   |  |  |
|          | Affiliate Description                         | Physicians Office, provides medical services to patients   |  |  |
|          | Affiliate type of service                     | Physicians Services  Physicians Services   |  |  |
|          | Tax Status                                    | For Profit   |  |  |
|          | Street Address                                | 14 Research Drive  |  |  |
| 5        | Town  | Bethel   |  |  |
|          | State   | Connecticut  |  |  |
|          | Zip Code                                      | 06810 -  |  |  |
|          | CEO Name                                      | Dr. Patrick Broderick  |  |  |
|          | CEO Title                                     | President  |  |  |
|          | CT Agent Name                                 | Karen Mattei   |  |  |
| 11       | CT Agent Company                              | Western Connecticut Health Network   |  |  |
|          | J   | 95 Locust Ave  |  |  |
|          | CT Agent Town                                 | Danbury  |  |  |
| 14       | CT Agent State                                | Connecticut  |  |  |

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#### **FISCAL YEAR 2011**

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

| (1)  | (2)               | (3)                   |
|------|-------------------|-----------------------|
| LINE | DESCRIPTION       | AFFILIATE INFORMATION |
| 15   | CT Agent Zip Code | 06810 -               |

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

| (1)    | (2)  | (3)   | (4)                             |
|--------|--|---|---------------------------------|
|        | ( )  | FUND DESCRIPTION /  | BALANCE AS OF                   |
| LINE   | AFFILIATE NAME   | FUND PURPOSE  | 9/30/2011                       |
|        | NEW AW EARD HOORITAL   |   |                                 |
| Α.     | NEW MILFORD HOSPITAL   |   | 0.0                             |
| 1      |  | Unrestricted  | \$0                             |
| 3      |  | Temporarily Restricted by Donor Temporarily Restricted by Board | \$0<br>\$0                      |
| 4      |  | Permanently Restricted by Board                                 | \$0                             |
| 5      |  | Intercompany Eliminations                                       | \$0                             |
|        |  | Total:  | \$0                             |
|        |  |   |                                 |
| В.     | WESTERN CONNECTICUT HEALTH NETWORK INC.(FORMERLY WESTERN CONNECTICUT HEALTHCARE, INC.) |   |                                 |
| 1      |  | Unrestricted  | (\$86,866,290)                  |
| 2      |  | Temporarily Restricted by Donor                                 | \$0                             |
| 3      |  | Temporarily Restricted by Board                                 | \$0                             |
| 4      |  | Permanently Restricted by Donor                                 | \$0                             |
| 5      |  | Intercompany Eliminations                                       | (\$73,125,721)                  |
|        |  | Total:  | (\$159,992,011)                 |
| C.     | BUSINESS SYSTEMS, INC.   |   |                                 |
| 1      | BUSINESS STSTEMS, INC.   | Unrestricted  | (\$222 QO1)                     |
| 2      |  | Temporarily Restricted by Donor                                 | (\$233,801)<br>\$0              |
| 3      |  | Temporarily Restricted by Board                                 | \$0                             |
| 4      |  | Permanently Restricted by Donor                                 | \$0                             |
| 5      |  | Intercompany Eliminations                                       | \$0                             |
|        |  | Total:  | (\$233,801)                     |
|        |  |   |                                 |
| D.     | DANBURY HOSPITAL   |   |                                 |
| 1      |  | Unrestricted  | \$332,255,763                   |
| 2      |  | Temporarily Restricted by Donor                                 | \$27,787,449                    |
| 3      |  | Temporarily Restricted by Board                                 | \$0                             |
| 4<br>5 |  | Permanently Restricted by Donor Intercompany Eliminations       | \$28,198,366                    |
| 5      |  | Total:  | (\$17,200,124)<br>\$371,041,454 |
|        |  | 1   | <b>4011,011,101</b>             |
| E.     | NEW MILFORD HOSPITAL FOUNDATION INC.   |   |                                 |
| 1      |  | Unrestricted  | \$5,897,582                     |
| 2      |  | Temporarily Restricted by Donor                                 | \$525,763                       |
| 3      |  | Temporarily Restricted by Board                                 | \$0                             |
| 4      |  | Permanently Restricted by Donor                                 | \$3,686,841                     |
| 5      |  | Intercompany Eliminations                                       | \$0                             |
|        |  | Total:  | \$10,110,186                    |
| F.     | NEW MILFORD MRI JV, LLC  |   |                                 |
| 1      |  | Unrestricted  | (\$406,993)                     |
| 2      |  | Temporarily Restricted by Donor                                 | \$0                             |
| 3      |  | Temporarily Restricted by Board                                 | \$0                             |
| 4      |  | Permanently Restricted by Donor                                 | \$0                             |
| 5      |  | Intercompany Eliminations                                       | \$0                             |
|        |  | Total:  | (\$406,993)                     |
|        |  |   |                                 |
| G.     | NEW MILFORD VNA INC.   | Haractrists d   | ^^                              |
| 1      |  | Unrestricted  | \$0                             |
| 3      |  | Temporarily Restricted by Donor Temporarily Restricted by Board | \$0                             |
| 4      |  | Permanently Restricted by Board                                 | \$0<br>\$0                      |
| 5      |  | Intercompany Eliminations                                       | \$0                             |
| Ĕ      |  | Total:  | \$0                             |
| ı      |  | · otali   | 40                              |

| (1)           | (2)  | (3)   | (4)                           |
|---------------|--|---|-------------------------------|
|               |  | FUND DESCRIPTION /  | BALANCE AS OF                 |
| LINE          | AFFILIATE NAME                                     | FUND PURPOSE  | 9/30/2011                     |
|               |  |   |                               |
| H.            | REGIONAL HOSPICE OF WESTERN CT, 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                           |
|               | THE NEW MILEOPP HOOPITAL INC                       |   |                               |
| l.            | THE NEW MILFORD HOSPITAL, INC                      |   | #00 F00 00F                   |
| 1             |  | Unrestricted  | \$26,583,385                  |
| 2             |  | Temporarily Restricted by Donor                                 | \$525,763                     |
| 3             |  | Temporarily Restricted by Board Permanently Restricted by Donor | \$0                           |
| 5             |  | Intercompany Eliminations                                       | \$3,686,841<br>(\$10,110,186) |
| ۴             |  | Total:  | \$20,685,803                  |
|               |  |   | <b>\$25,500,000</b>           |
|               | WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION,     |   |                               |
|               | INC.(FORMERLY DANBURY HOSPITAL DEVELOPMENT FUND,   |   |                               |
| J.            | INC.   |   |                               |
| 1             | -  | Unrestricted  | \$9,678,031                   |
| 2             |  | Temporarily Restricted by Donor                                 | \$27,787,448                  |
| 3             |  | Temporarily Restricted by Board                                 | \$7,461,876                   |
| 4             |  | Permanently Restricted by Donor                                 | \$28,198,366                  |
| 5             |  | Intercompany Eliminations                                       | \$0                           |
|               |  | Total:  | \$73,125,721                  |
|               |  |   |                               |
|               | WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO    |   |                               |
|               | LTD.(FORMERLY DANBURY HEALTH SYSTEMS INSURANCE     |   |                               |
| K.            | COLT   |   |                               |
| 1             |  | Unrestricted  | \$17,200,124                  |
| 2             |  | Temporarily Restricted by Donor                                 | \$0                           |
| 3             |  | Temporarily Restricted by Board                                 | \$0                           |
| 4             |  | Permanently Restricted by Donor                                 | \$0                           |
| 5             |  | Intercompany Eliminations                                       | \$0                           |
|               |  | Total:  | \$17,200,124                  |
|               |  |   |                               |
|               | WESTERN CONNECTICUT HEALTHNETWORK AFFILIATES,      |   |                               |
| L.            | INC.(FORMERLY DANBURY HEALTHCARE AFFILIATES, INC.) |   |                               |
| 1             |  | Unrestricted  | \$4,516,720                   |
| 2             |  | Temporarily Restricted by Donor                                 | \$0                           |
| 3             |  | Temporarily Restricted by Board                                 | \$0                           |
| <u>4</u><br>5 |  | Permanently Restricted by Donor Intercompany Eliminations       | \$0<br>\$0                    |
| S             |  | Total:  | \$4,516,720                   |
|               |  | i otal.   | ψ4,510,720                    |
|               | WESTERN CONNECTICUT HOME CARE, INC.(FORMERLY THE   |   |                               |
| М.            | DANBURY VISITING NURSE ASSOC, INC.)                |   |                               |
| 1             |  | Unrestricted  | \$1,775,627                   |
| 2             |  | Temporarily Restricted by Donor                                 | \$100,009                     |
| 3             |  | Temporarily Restricted by Board                                 | \$0                           |
| 4             |  | Permanently Restricted by Donor                                 | \$0                           |
| 5             |  | Intercompany Eliminations                                       | \$0                           |
|               |  | Total:  | \$1,875,636                   |
|               |  |   |                               |
| N.            | WESTERN CONNECTICUT MEDICAL GROUP, PC.             |   |                               |
| 1             |  | Unrestricted  | \$10,481,603                  |
| 2             |  | Temporarily Restricted by Donor                                 | \$0                           |
| 3             |  | Temporarily Restricted by Board                                 | \$0                           |

| (1)  | (2)            | (3)                             |               |
|------|----------------|---------------------------------|---------------|
|      | AFFILIATE MARK | FUND DESCRIPTION /              | BALANCE AS OF |
| LINE | AFFILIATE NAME | FUND PURPOSE                    | 9/30/2011     |
| 4    |                | Permanently Restricted by Donor |               |
| 5    |                | Intercompany Eliminations       | \$0           |
|      |                | Total:                          | \$10,481,603  |

| (1)  | (2)  | (3)                | (4)             |
|------|--|--------------------|-----------------|
|      |  | FUND DESCRIPTION / | BALANCE AS OF   |
| LINE | AFFILIATE NAME   | FUND PURPOSE       | 9/30/2011       |
|      |  |                    |                 |
|      | Total of all Affiliates (before Intercompany Eliminations) | Fund Balance:      | \$448,840,473   |
|      | Intercompany Eliminations                                  |                    | (\$100,436,031) |
|      | Total of all Affiliates                                    | Fund Balance:      | \$348,404,442   |

## 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<br>HOSPITAL |
| Α.       | WESTERN CONNECTICUT HEALTH NETWORK INC.(FORMERLY    | WESTERN CONNECTICUT HEALTHCARE INC \           |            |                                |
|          | WESTERN SONNESTION THEAETH NET WORK INC.(I SKIMERE) | Beginning Unconsolidated Intercompany Balance: | 9/30/2010  | \$0                            |
| -        |   | Nothing to Report                              | 3/30/2010  | \$0                            |
| -        |   | Ending Unconsolidated Intercompany Balance:    | 9/30/2011  | \$0                            |
|          |   | , , , , , , , , , , , , , , , , , , ,          | 0,00,2011  |                                |
| B.       | BUSINESS SYSTEMS, INC.                              |  |            |                                |
|          |   | Beginning Unconsolidated Intercompany Balance: | 9/30/2010  | \$0                            |
|          |   | Nothing to Report                              |            | \$0                            |
|          |   | Ending Unconsolidated Intercompany Balance:    | 9/30/2011  | \$0                            |
|          |   |  |            |                                |
| C.       | DANBURY HOSPITAL                                    |  |            |                                |
|          |   | Beginning Unconsolidated Intercompany Balance: | 9/30/2010  | \$0                            |
|          |   | Nothing to Report                              |            | \$0                            |
|          |   | Ending Unconsolidated Intercompany Balance:    | 9/30/2011  | \$0                            |
|          |   |  |            |                                |
| D.       | NEW MILFORD HOSPITAL FOUNDATION INC.                |  |            | (***                           |
|          |   | Beginning Unconsolidated Intercompany Balance: | 9/30/2010  | (\$8,701,681)                  |
| 1        |   | Capital Contribution                           | 09/30/2011 | \$569,726                      |
|          |   | Ending Unconsolidated Intercompany Balance:    | 9/30/2011  | (\$8,131,955)                  |
| E.       | NEW MILFORD MRI JV, LLC                             |  |            |                                |
| <u> </u> | NEW WILFORD WIRI JV, LLC                            | Beginning Unconsolidated Intercompany Balance: | 9/30/2010  | \$38,857                       |
| -        |   | Nothing to Report                              | 9/30/2010  | \$0                            |
|          |   | Ending Unconsolidated Intercompany Balance:    | 9/30/2011  | \$38,857                       |
|          |   | , , , , , , , , , , , , , , , , , , ,          | 0/00/2011  | , ,                            |
| F.       | NEW MILFORD VNA INC.                                |  |            |                                |
|          |   | Beginning Unconsolidated Intercompany Balance: | 9/30/2010  | \$0                            |
|          |   | Nothing to Report                              |            | \$0                            |
|          |   | Ending Unconsolidated Intercompany Balance:    | 9/30/2011  | \$0                            |
|          |   |  |            |                                |
| G.       | REGIONAL HOSPICE OF WESTERN CT, INC.                |  |            |                                |
|          |   | Beginning Unconsolidated Intercompany Balance: | 9/30/2010  | \$0                            |
|          |   | Nothing to Report                              |            | \$0                            |
|          |   | Ending Unconsolidated Intercompany Balance:    | 9/30/2011  | \$0                            |
|          | THE NEW MILEOPO HOODITAL INC                        |  |            |                                |
| H.       | THE NEW MILFORD HOSPITAL, INC                       | Beginning Unconsolidated Intercompany Balance: | 9/30/2010  | ¢11 157 060                    |
|          |   | beginning unconsolidated intercompany Balance: | 9/30/2010  | \$11,157,860                   |

## REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

| (1)      | (2)  | (3)  | (4)          | (5)                            |
|----------|--|--|--------------|--------------------------------|
|          |  |  |              | TRANSFER TO / FROM             |
| LINE     | AFFILIATE NAME                                     | DESCRIPTION OF TRANSFER                        | DATE         | TRANSFER TO / FROM<br>HOSPITAL |
| LINE     | ATTICIATE NAME                                     | DESCRIPTION OF TRANSPER                        | DATE         | HOSPITAL                       |
| 1        |  | Capital Contribution                           | 09/30/2011   | (\$569,726)                    |
| <u> </u> |  | Ending Unconsolidated Intercompany Balance:    | 9/30/2011    | \$10,588,134                   |
|          |  |  | 9/30/2011    | \$10,000,101                   |
| I.       | WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, II  | L<br>NC.(FORMERLY DANBURY HOSPITAL DEVELOPMEN  | T FUND, INC. |                                |
|          | ·  | Beginning Unconsolidated Intercompany Balance: | 9/30/2010    | \$0                            |
|          |  | Nothing to Report                              |              | \$0                            |
|          |  | Ending Unconsolidated Intercompany Balance:    | 9/30/2011    | \$0                            |
|          |  |  |              |                                |
| J.       | WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO    | LTD.(FORMERLY DANBURY HEALTH SYSTEMS INSI      | JRANCE CO LT |                                |
|          |  | Beginning Unconsolidated Intercompany Balance: | 9/30/2010    | \$0                            |
|          |  | Nothing to Report                              |              | \$0                            |
|          |  | Ending Unconsolidated Intercompany Balance:    | 9/30/2011    | \$0                            |
|          |  |  |              |                                |
| K.       | WESTERN CONNECTICUT HEALTHNETWORK AFFILIATES, INC  |  | INC.)        |                                |
|          |  | Beginning Unconsolidated Intercompany Balance: | 9/30/2010    | \$0                            |
|          |  | Nothing to Report                              |              | \$0                            |
|          |  | Ending Unconsolidated Intercompany Balance:    | 9/30/2011    | \$0                            |
|          |  |  |              |                                |
| L.       | WESTERN CONNECTICUT HOME CARE, INC.(FORMERLY THE I |  |              | *-                             |
|          |  | Beginning Unconsolidated Intercompany Balance: | 9/30/2010    | <b>\$0</b><br>\$0              |
|          |  | Nothing to Report                              |              | \$0                            |
|          |  | Ending Unconsolidated Intercompany Balance:    | 9/30/2011    | \$0                            |
|          |  |  |              |                                |
| M.       | WESTERN CONNECTICUT MEDICAL GROUP, PC.             |  |              |                                |
|          |  | Beginning Unconsolidated Intercompany Balance: | 9/30/2010    | \$0                            |
|          |  | Nothing to Report                              | 0/00/00 / /  | \$0<br><b>\$0</b>              |
|          |  | Ending Unconsolidated Intercompany Balance:    | 9/30/2011    | \$0                            |
|          |  |  | 0 17 (       | 00.407.000                     |
|          |  |  | Grand Total: | \$2,495,036                    |

#### 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     | 10/01/2010 | \$0         |
|                 | WESTERN CONNECTICUT HEALTH NETWORK INC.(FORMERLY      |                           |                          |            |             |
| A.              | WESTERN CONNECTICUT HEALTHCARE, INC.)                 |                           |                          |            |             |
|                 |   |                           | Nothing to Report        |            | \$0         |
|                 |   |                           | Total:                   | 9/30/2011  | \$0         |
|                 |   |                           |                          |            |             |
| B.              | BUSINESS SYSTEMS, INC.                                |                           | N. III.                  |            | •           |
|                 |   |                           | Nothing to Report        | 212212211  | \$0         |
|                 |   |                           | Total:                   | 9/30/2011  | \$0         |
| C.              | DANBURY HOSPITAL                                      |                           |                          |            |             |
| <u> </u>        | DANBORT HOSPITAL                                      |                           | Nothing to Report        |            | \$0         |
|                 |   |                           | Total:                   | 9/30/2011  | \$0         |
|                 |   |                           | Total.                   | 9/30/2011  | ΨΟ          |
| D.              | NEW MILFORD HOSPITAL FOUNDATION INC.                  |                           |                          |            |             |
| <u> </u>        |   |                           | Nothing to Report        |            | \$0         |
|                 |   |                           | Total:                   | 9/30/2011  | \$0         |
|                 |   |                           |                          |            | **          |
| E.              | NEW MILFORD MRI JV, LLC                               |                           |                          |            |             |
|                 |   |                           | Nothing to Report        |            | \$0         |
|                 |   |                           | Total:                   | 9/30/2011  | \$0         |
|                 |   |                           |                          |            |             |
| F.              | NEW MILFORD VNA INC.                                  |                           |                          |            |             |
|                 |   |                           | Nothing to Report        |            | \$0         |
|                 |   |                           | Total:                   | 9/30/2011  | \$0         |
|                 |   |                           |                          |            |             |
| G.              | REGIONAL HOSPICE OF WESTERN CT, INC.                  |                           | N. III B                 |            |             |
|                 |   |                           | Nothing to Report        | 212212211  | \$0         |
|                 |   |                           | Total:                   | 9/30/2011  | \$0         |
| Н.              | THE NEW MILFORD HOSPITAL, INC                         |                           |                          |            |             |
| <del>_ п.</del> | ITTE INEVV WILLFURD HUSFITAL, INC                     |                           | Nothing to Report        |            | \$0         |
|                 |   |                           | Total:                   | 9/30/2011  | \$0         |
|                 |   |                           | Total.                   | 3/30/2011  | <b>\$</b> U |
|                 | WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION,        |                           |                          |            |             |
| l ı.            | INC.(FORMERLY DANBURY HOSPITAL DEVELOPMENT FUND, INC. |                           |                          |            |             |
| <u> </u>        |   |                           |                          |            |             |

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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            |
|      |   |                           | Nothing to Report                             |           | \$0               |
|      |   |                           | Total:  | 9/30/2011 | \$0               |
| J.   | WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO<br>LTD.(FORMERLY DANBURY HEALTH SYSTEMS INSURANCE CO LT |                           |   |           |                   |
|      | ,   |                           | Nothing to Report                             |           | \$0               |
|      |   |                           | Total:  | 9/30/2011 | \$0               |
| K.   | WESTERN CONNECTICUT HEALTHNETWORK AFFILIATES, INC.(FORMERLY DANBURY HEALTHCARE AFFILIATES, INC.)        |                           |   |           |                   |
|      |   |                           | Nothing to Report                             |           | \$0               |
|      |   |                           | Total:  | 9/30/2011 | \$0               |
| L.   | WESTERN CONNECTICUT HOME CARE, INC.(FORMERLY THE DANBURY VISITING NURSE ASSOC, INC.)                    |                           |   |           |                   |
|      |   |                           | Nothing to Report                             |           | \$0               |
|      |   |                           | Total:  | 9/30/2011 | \$0               |
| M.   | WESTERN CONNECTICUT MEDICAL GROUP, PC.  |                           | Mathian to Dancet                             |           | 0.0               |
|      |   |                           | Nothing to Report  Total:                     | 9/30/2011 | \$0<br><b>\$0</b> |
|      |   |                           | iotai:  | 9/30/2011 | \$0               |
|      |   |                           | Ending Unconsolidated<br>Intercompany Balance | 9/30/2011 | \$0               |

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# ANNUAL REPORTING FISCAL YEAR 2011 REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

| (1)        | (2)   | (3)                                   | (4)  |
|------------|---|---------------------------------------|--|
|            | AFFILIATE NAME &  | AMOUNT                                | DATE   |
| LINE       | DESCRIPTION OF EXPENDITURE  | AMOUNT                                | DATE   |
| Α.         | WESTERN CONNECTICUT HEALTH NETWORK INC.(FORMERLY WESTERN COI                    | NNECTICUT HEALTHCARE, INC.)           |  |
| 0          | Nothing to Report   | \$0                                   |  |
|            | I otal:   | \$0                                   | 9/30/2011  |
| B.         | BUSINESS SYSTEMS, INC.  |                                       |  |
| 0          | Nothing to Report   | \$0                                   |  |
|            | Total:  | \$0                                   | 9/30/2011  |
|            |   |                                       |  |
| <b>C</b> . | DANBURY HOSPITAL  Nothing to Report   | \$0                                   |  |
| Ŭ          | Nothing to Report  Total:   | \$0                                   | 9/30/2011  |
|            |   | **                                    | 0/03/2011  |
| D.         | NEW MILFORD HOSPITAL FOUNDATION INC.  |                                       |  |
| 0          | Nothing to Report   | \$0                                   | 0/00/0044  |
|            | Total:  | \$0                                   | 9/30/2011  |
| E.         | NEW MILFORD MRI JV, LLC   |                                       |  |
| 0          | Nothing to Report   | \$0                                   |  |
|            | Total:  | \$0                                   | 9/30/2011  |
| _          |   |                                       |  |
| <b>F.</b>  | NEW MILFORD VNA INC.  Nothing to Report   | \$0                                   |  |
| Ŭ          | Total:  | \$0                                   | 9/30/2011  |
|            |   |                                       |  |
| G.         | REGIONAL HOSPICE OF WESTERN CT, INC.  |                                       |  |
| 0          | Nothing to Report  Total:   | \$0                                   | 0/00/0044  |
|            | i Otali.  | \$0                                   | 9/30/2011  |
| Н.         | THE NEW MILFORD HOSPITAL, INC   |                                       |  |
| 0          | Nothing to Report   | \$0                                   |  |
|            | Total:  | \$0                                   | 9/30/2011  |
|            | WEGTERN CONNECTION THEAT TH NETWORK FOUNDATION INC. (FORMERLY                   | DANIBURY HOSPITAL DEVELOPMENT         | TELINID INIO   |
| I.<br>0    | WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.(FORMERLY  Nothing to Report | SO                                    | FUND, INC.   |
|            | Total:  | \$0                                   | 9/30/2011  |
|            |   |                                       |  |
| J.         | WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD.(FORMERL                    |                                       | RANCE CO LT  |
| 0          | Nothing to Report  Total:   | \$0<br><b>\$0</b>                     | 9/30/2011  |
|            | Total.  | 20                                    | 9/30/2011  |
| K.         | WESTERN CONNECTICUT HEALTHNETWORK AFFILIATES, INC.(FORMERLY DA                  | L<br>ANBURY HEALTHCARE AFFILIATES, II | NC.)   |
| 0          | Nothing to Report   | \$0                                   | , and the second |
|            | Total:  | \$0                                   | 9/30/2011  |
|            | WESTERN CONNECTICUT HOME CARE, INC.(FORMERLY THE DANBURY VISIT                  | INC NUBER ASSOCIATES                  |  |
| <b>L</b> . | Nothing to Report   | ING NURSE ASSUC, INC.)                |  |
|            | Total:  | \$0                                   | 9/30/2011  |
|            |   |                                       |  |
| Μ.         | WESTERN CONNECTICUT MEDICAL GROUP, PC.  |                                       |  |
| 0          | Nothing to Report  Total:   | \$0<br>\$0                            | 9/30/2011  |
|            | Total.  | \$0                                   | 3/30/2011  |
|            | Grand Total:  | \$0                                   | 9/30/2011  |
|            |   | 1 4-                                  |  |

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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 |
| •          |  |                               |               |
| <b>A.</b>  | WESTERN CONNECTICUT HEALTH NETWORK INC.(FORMERLY WESTERN CONNECTICUT H  Nothing to Report  | EALTHCARE, INC.)              | 0             |
|            | Total:   | \$0                           |               |
|            |  |                               |               |
|            | BUSINESS SYSTEMS, INC.   |                               |               |
| 0          | Nothing to Report  | \$0                           | 0             |
|            | Total:   | \$0                           |               |
| C.         | DANBURY HOSPITAL   |                               |               |
| 0          | Nothing to Report  | \$0                           | 0             |
|            | Total:   | \$0                           |               |
|            |  |                               |               |
| D.         | NEW MILFORD HOSPITAL FOUNDATION INC.   |                               |               |
| 0          | Nothing to Report  Total:  | \$0<br><b>\$0</b>             | 0             |
|            | Total.   | \$0                           |               |
| E.         | NEW MILFORD MRI JV, LLC  |                               |               |
| 0          | Nothing to Report  | \$0                           | 0             |
|            | Total:   | \$0                           |               |
|            |  |                               |               |
|            | NEW MILFORD VNA INC.   | 60                            | 0             |
| 0          | Nothing to Report  Total:  | \$0<br><b>\$0</b>             | 0             |
|            | 1000.  | 40                            |               |
| G.         | REGIONAL HOSPICE OF WESTERN CT, INC.   |                               |               |
| 0          | Nothing to Report  | \$0                           | 0             |
|            | Total:   | \$0                           |               |
|            |  |                               |               |
| H.         | THE NEW MILFORD HOSPITAL, INC  | 60                            | 0             |
| 0          | Nothing to Report  Total:  | \$0<br><b>\$0</b>             | 0             |
|            | Total.   | ΨΟ                            |               |
| ı.         | WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.(FORMERLY DANBURY HO                    | SPITAL DEVELOPMENT FUND. INC. |               |
| 0          | Nothing to Report  | \$0                           | 0             |
|            | Total:   | \$0                           |               |
|            |  |                               |               |
| <b>J</b> . | WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD.(FORMERLY DANBURY IN Nothing to Report |                               | 0             |
| U          | Notning to Report  Total:  | \$0<br><b>\$0</b>             | 0             |
|            | Total  | <b>40</b>                     |               |
| K.         | WESTERN CONNECTICUT HEALTHNETWORK AFFILIATES, INC.(FORMERLY DANBURY HEAL                   | THCARE AFFILIATES, INC.)      |               |
| <u> </u>   |  | -, -,                         |               |

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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 |
| 0    | Nothing to Report   | \$0    | 0             |
|      | Total:  | \$0    |               |
|      |   |        |               |
| L.   | WESTERN CONNECTICUT HOME CARE, INC. (FORMERLY THE DANBURY VISITING NURSE AS |        |               |
| 0    | Nothing to Report   | \$0    | 0             |
|      | Total:  | \$0    |               |
|      |   |        |               |
| M.   | WESTERN CONNECTICUT MEDICAL GROUP, PC.                                      |        |               |
| 0    | Nothing to Report   | \$0    | 0             |
|      | Total:  | \$0    |               |
|      |   |        |               |
|      | Grand Total:  | \$0    |               |

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# NEW MILFORD HOSPITAL ANNUAL REPORTING FISCAL YEAR 2011 DONATIONS AND FUNDS RESTRI

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

| (1)  | (2)                         | (3)               | (4)               | (5)                  | (6)          |
|------|-----------------------------|-------------------|-------------------|----------------------|--------------|
| LINE | DESCRIPTION                 | FY 2010<br>ACTUAL | FY 2011<br>ACTUAL | AMOUNT<br>DIFFERENCE | % DIFFERENCE |
|      |                             |                   |                   |                      |              |
| Α.   | 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%           |
| В.   | 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%           |

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

| (1)  | (2)         | (3)     | (4)     | (5)        | (6)          |
|------|-------------|---------|---------|------------|--------------|
|      |             | FY 2010 | FY 2011 | AMOUNT     |              |
| LINE | DESCRIPTION | ACTUAL  | ACTUAL  | DIFFERENCE | % DIFFERENCE |
|      |             |         |         |            |              |

| NEW MILFORD HOSPITAL               |   |                   |  |  |  |
|------------------------------------|---|-------------------|--|--|--|
|                                    | ANNUAL REPORTING                                  |                   |  |  |  |
|                                    | FISCAL YEAR 2011                                  |                   |  |  |  |
| REPORT 17 -                        | HOSPITAL BED FUNDS HELD OR ADMINISTERS            | D BY THE HOSPITAL |  |  |  |
|                                    |   |                   |  |  |  |
| A. Patient Activity                |   |                   |  |  |  |
| (1)                                | (2)   | (3)               |  |  |  |
| Patient _                          | Name of Hospital Bed Fund (FULL NAME)             | Amount            |  |  |  |
| 1.Number of Applications for Hos   | spital Bed Funds                                  | 0                 |  |  |  |
| 2. A. Number of Patients receiving | ng Hospital Bed Fund Grants                       | 0                 |  |  |  |
| 2. B. The Actual Total Dollar Am-  | ount provided to all patients from Hospital Bed F | \$0.00            |  |  |  |
|                                    |   |                   |  |  |  |
| Grand Total \$0                    |   |                   |  |  |  |
|                                    |   |                   |  |  |  |
|                                    |   |                   |  |  |  |
|                                    |   |                   |  |  |  |

|   |  | NEW MILFORD I            | HOSPITAL               |                        |                       |
|---|--|--------------------------|------------------------|------------------------|-----------------------|
|   |  | ANNUAL REPO              | ORTING                 |                        |                       |
|   |  | FISCAL YEAR              | R 2011                 |                        |                       |
|   | REPORT 17 - HOSPITAL                     | BED FUNDS HELD C         | OR ADMINISTERED B      | Y THE HOSPITAL         |                       |
|   |  |                          |                        |                        |                       |
| B. BI   | ED FUND ACTIVITY                         |                          |                        |                        |                       |
| (1)   | (2)                                      | (3)                      | (4)                    | (5)                    | (6)                   |
| Line  | Name of Hospital Bed Fund                | FMV of Principal         | Actual Earnings        | Earnings<br>Reinvested | Earnings<br>Available |
| (3)   | Fair Market Value of the Principal of ea | <br>ach individual Hospi | tal Bed Fund, or the l | Principal attributable | to each               |
| (4)   | Total Actual Earnings for each Hospita   | al Bed Fund or the E     | arnings attributable t | o 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                |

#### 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 balances are reviewed and referred manually to a collection agency after final notice. Accounts are systematically referred to a collection agency after final notice based on timelines according to plan type. |
| B.   | Hospital's processes and policies for compensating a Collection Agent for services rendered   | Agencies are reimbursed on a commission basis and only receive compensation for accounts collected.  |
| C.   | Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents   | 36.00%   |
| II.  | SPECIFIC COLLECTION AGENT INFORMATION   |  |
|      | Collection Agent  |  |
| 1    | Collection Agent Name   | American Adjustment Bureau   |
| 2    | Collection Agent Type   | Collection Agency  |
| 3    | Related / Not Related Entity  | Not Related  |
|      | If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details. | Account balances are reviewed and referred manually to a collection agency after final notice. Accounts are systematically referred to a collection agency after final notice based on timelines according to plan type. |
| 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.        | Aganaian are raimburged on a commission basis and only receive   |
|      |   | Agencies are reimbursed on a commission basis and only receive compensation for accounts collected.  |

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

| (1)  | (2)   | (3)  |
|------|---|--|
| LINE | DESCRIPTION   | COLLECTION INFORMATION   |
| 6    | Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.   | 22.00%   |
|      | Collection Agent  |  |
| 1    | Collection Agent Name   | Attorney   |
| 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. | Claim Assist handles motor vehicle, Workers Comp and liability accounts for the Hospital. When a patient hires an attorney to help secure payment, that information is added to the patients file.                       |
| 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.        |  |
|      |   | Claim Assist recieves a commisson based on actual payment.   |
| 6    | Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.   | 7.00%  |
|      |   |  |
|      | Collection Agent  |  |
| 1    | Collection Agent Name   | Trans-Continental Credit & Coll  |
| 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 balances are reviewed and referred manually to a collection agency after final notice. Accounts are systematically referred to a collection agency after final notice based on timelines according to plan type. |

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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.        |  |
|      |   | Agencies are reimbursed on a commission basis and only receive compensation for accounts collected.  |
| 6    | Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.   | 60.00%   |
|      |   |  |
|      | Collection Agent  |  |
| 1    | Collection Agent Name   | Credit Center  |
| 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 balances are reviewed and referred manually to a collection agency after final notice. Accounts are systematically referred to a collection agency after final notice based on timelines according to plan type. |
| 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.        |  |
|      |   | Agencies are reimbursed on a commission basis and only receive compensation for accounts collected.  |
| 6    | Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.   | 19.00%   |
|      |   |  |

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

| LINE | POSITION TITLE       | SALARY      | FRINGE BENEFITS | TOTAL       |
|------|----------------------|-------------|-----------------|-------------|
| 1.   | V.P. HUMAN RESOURCES | \$576,029   | \$22,196        | \$598,225   |
| 2.   | PVT-PHYSICIAN        | \$509,301   | \$15,064        | \$524,365   |
| 3.   | LAB-PHYSICIAN        | \$415,396   | \$17,766        | \$433,162   |
| 4.   | DIR-EMER SVCS        | \$411,226   | \$14,015        | \$425,241   |
| 5.   | RAD-PHYSICIAN        | \$374,674   | \$13,922        | \$388,596   |
| 6.   | ER-PHYSICIAN         | \$311,715   | \$13,009        | \$324,724   |
| 7.   | V.P. FINANCE         | \$287,097   | \$17,538        | \$304,635   |
| 8.   | ER-PHYSICIAN         | \$283,562   | \$12,528        | \$296,090   |
| 9.   | VP-NURSING, COO      | \$264,179   | \$15,450        | \$279,629   |
| 10.  | PVT-PHYSICIAN        | \$256,721   | \$11,402        | \$268,123   |
|      | Grand Total:         | \$3,689,900 | \$152,890       | \$3,842,790 |

# REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

| (1)            | (2)  | (3)  | (4)  | (5)        |
|----------------|--|--|--|------------|
| LINE           | DESCRIPTION  | SALARIES (Directly or Indirectly) <sup>C</sup> | FRINGE BENEFITS <sup>A</sup> (Directly or Indirectly) <sup>C</sup> | TOTAL      |
| Α.             | WESTERN CONNECTICUT HEALTH NETWORK INC.(FORMERLY WESTERN CONNECTICUT HEALTHCARE, 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        |
| В.             | BUSINESS SYSTEMS, INC.   | 7  |  |            |
| 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        |
|                |  | 7  |  |            |
| C.<br>1        | DANBURY HOSPITAL  Doid by the Entity Listed Above to Hospital Employees(P)   | \$0  | <b>60</b>  | <b>¢</b> 0 |
| 2              | Paid by the Entity Listed Above to Hospital Employees(B)  Paid by the Hospital to Employees of the Entity Listed Above | \$0<br>\$0                                     | \$0<br>\$0   | \$0<br>\$0 |
|                | and by the Hospital to Employees of the Entity Listed Above  | ΨΟ   | ΨΟ   | ΨΟ         |
| D.             | NEW MILFORD 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        |
| Ε.             | NEW MILFORD MRI JV, LLC  | 1  |  |            |
| 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        |
|                | NEW MILEODD VALA INC   | 7  |  |            |
| F.             | NEW MILFORD VNA INC. 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<br>\$0 |
| _              | and by the Heapital to Employees of the Emity Eleter riberto   | Ψ-   | <b>4</b> 5   | Ψ3         |
| G.             | REGIONAL HOSPICE OF WESTERN CT, INC.   |  |  |            |
| 2              | Paid by the Entity Listed Above to Hospital Employees(B)   | \$0  | \$0  | \$0        |
|                | Paid by the Hospital to Employees of the Entity Listed Above   | \$0  | \$0  | \$0        |
| Н.             | THE NEW MILFORD HOSPITAL, 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        |
| 1.             | WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION,<br>INC.(FORMERLY DANBURY HOSPITAL DEVELOPMENT FUND, 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        |
| J .            | WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO<br>LTD.(FORMERLY DANBURY HEALTH SYSTEMS INSURANCE CO LT                |  |  |            |
| 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        |
|                | INCOTEDN CONNECTION THE ALTIMETING DIVATED   | 1  |  |            |
| Κ.             | WESTERN CONNECTICUT HEALTHNETWORK AFFILIATES,<br>INC.(FORMERLY DANBURY HEALTHCARE 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        |
| L.             | WESTERN CONNECTICUT HOME CARE, INC.(FORMERLY THE DANBURY VISITING NURSE ASSOC, 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        |
| N4             | WESTERN CONNECTICUT MEDICAL CROUP RC   |  |  |            |
| <u>М.</u><br>1 | WESTERN CONNECTICUT MEDICAL GROUP, PC. 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<br>\$0 |
|                | . and any and the Employees of the Emity Elected Floore  | , <del>,</del> ~~                              | , <del>, ,</del>   | Ψ2         |

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.

 $<sup>\</sup>ensuremath{\text{C}}$  - Indirect payments include but are not limited to payments made to related entities.

# REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

| (1)  | (2)         | (3)                         | (4)                          | (5)   |
|------|-------------|-----------------------------|------------------------------|-------|
|      |             |                             | FRINGE BENEFITS <sup>A</sup> |       |
|      |             | SALARIES (Directly          | (Directly or                 |       |
| LINE | DESCRIPTION | or Indirectly) <sup>C</sup> | Indirectly) <sup>C</sup>     | TOTAL |
|      |             |                             |                              |       |

# 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 2011 |
|          |   |                |
| Α        | Transfer of Assets or Operations  |                |
|          | Name of the Person or Entity Organized or Operated For Profit involved in each          |                |
|          | Transfer of Assets or Operations or Change of Control involving Hospital Clinical or    |                |
| 1.       | Nonclinical Services or Functions.  | N/A            |
|          |   |                |
|          | Description of each Transfer of Assets or Operations or Change of Control involving     | NI/A           |
| 2.       | Hospital Clinical or Nonclinical Services or Functions.                                 | N/A            |
|          | Description of each Hospital Clinical or Nonclinical Service or Function transferred or |                |
| 3.       | involved in a change of control.  | N/A            |
| <u> </u> | an a change of control  | . 47.          |
|          | Date that each Transfer of Assets or Operations or Change of Control involving Hospital |                |
| 4.       | Clinical or Nonclinical Services or Functions occurred.                                 | N/A            |
|          |   |                |
|          | Amount of each Transfer of Assets or Operations or Change of Control involving          |                |
| 5.       | Hospital Clinical or Nonclinical Services or Functions.                                 | \$0            |

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|                      |  | RD HOSPITAL   |   |   |   |
|----------------------|--|---|---|---|---|
|                      |  | REPORTING   |   |   |   |
|                      |  | EAR 2011  | DDOWDED DV  | THE HOODITAL  |   |
|                      | REPORT 23 - CHARITY CARE AND REDUCED   | JUST SERVICES   | PROVIDED BY   | THE HOSPITAL  |   |
| (1)                  | (2)  | (3)   | (4)   | (5)   | (6)   |
| (1)                  | (2)  | FY 2010   | FY 2011   | AMOUNT  | (6)<br>%  |
| LINE                 | DESCRIPTION  | AMOUNT  | AMOUNT  | DIFFERENCE  | DIFFERENCE  |
| LINE                 | DESCRIPTION  | AMOUNT  | AMOUNT  | DIFFERENCE  | DIFFERENCE  |
| <u>A.</u>            | Hospital Charity Care (see Hospital Audited Financial St   | atement Notes)  |   |   |   |
| 1.                   | Number of Applicants   | 238   | 114   | (124)   | -52   |
| 2.                   | Number of Approved Applicants  | 218   | 110   | (108)   | -52<br>-50  |
|                      | Trainber of Approved Applicants  | 210   | 110   | (100)   |   |
| 3.                   | Total Charges (A)  | \$2,594,793   | \$2,584,646   | (\$10,147)  | 0   |
|                      | Average Charges  | \$11,903  | \$23,497  | \$11,594  | 97  |
|                      |  | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | , ,,  | , ,   |   |
| 4.                   | Ratio of Cost to Charges (RCC)   | 0.421279  | 0.376777  | (0.044502)  | -11   |
|                      | Total Cost   | \$1,093,132   | \$973,835   | (\$119,297)   | -11   |
|                      | Average Cost   | \$5,014   | \$8,853   | \$3,839   | 77  |
|                      |  |   |   |   |   |
| 5.                   | Charity Care - Inpatient Charges   | \$660,750   | \$638,334   | (\$22,416)  | -3  |
| 6.                   | Charity Care - Outpatient Emergency Department Charges   | 391,992   | 325,011   | (66,981)  | -17   |
| 7.                   | Charity Care - Outpatient Charges (Excludes ED Charges)  | 1,542,051   | 1,621,301   | 79,250  | 5   |
|                      | Total Charges (A)  | \$2,594,793   | \$2,584,646   | (\$10,147)  | (   |
|                      |  |   |   |   |   |
| 8.                   | Charity Care - Number of Patient Days  | 79  | 101   | 22  | 28  |
| 9.                   | Charity Care - Number of Discharges  | 28  | 31  | 3   | 11  |
| 10.                  | Charity Care - Number of Outpatient ED Visits  | 470   | 665   | 195   | 41  |
|                      | Charity Care - Number of Outpatient Visits (Excludes ED  |   |   |   |   |
| 11.                  | Visits)  | 1,602   | 1,960   | 358   | 22  |
|                      |  |   |   |   |   |
|                      |  |   |   |   |   |
| A) The               | e total amount must agree with the total amount listed in  | the Hospital Audi   | ted Financial St  | atement Notes.  |   |
| A) The               | e total amount must agree with the total amount listed in  | the Hospital Audi   | ted Financial St  | atement Notes.  |   |
| A) The<br><u>B.</u>  | e total amount must agree with the total amount listed in  Hospital Bed Funds (see Hospital Reporting System - Re  |   | ted Financial St  | atement Notes.  |   |
| <u>B.</u>            | Hospital Bed Funds (see Hospital Reporting System - Ro   |   | ted Financial St  |   |   |
| <u>B.</u>            | Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants  | eport 17)   | -   | -   |   |
| <u>B.</u>            | Hospital Bed Funds (see Hospital Reporting System - Ro   |   |   |   |   |
| <u>B.</u> 1. 2.      | Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants  | eport 17)   | -   | -   | (   |
| <u>B.</u>            | Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants Total Charges (B)  | \$0   |   | -<br>-<br>-<br>\$0  | (   |
| <u>B.</u> 1. 2.      | Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants  | eport 17)   | -   | -   | (   |
| 1.<br>2.             | Hospital Bed Funds (see Hospital Reporting System - Rounds of Applicants Number of Approved Applicants Total Charges (B) Average Charges   | **************************************  | -<br>-<br>\$0   | -<br>-<br>\$0<br><b>\$0</b>   | (   |
| <u>B.</u> 1. 2.      | Hospital Bed Funds (see Hospital Reporting System - Rounds of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC)  | **************************************  | -<br>-<br>-<br>\$0<br><b>\$0</b>                                | -<br>-<br>-<br>\$0<br><b>\$0</b>  | (   |
| 1.<br>2.             | Hospital Bed Funds (see Hospital Reporting System - Rounds of Applicants Number of Applicants Number of Approved Applicants  Total Charges (B) Average Charges  Ratio of Cost to Charges (RCC) Total Cost  | \$0<br>\$0<br>\$0<br>\$0  | -<br>-<br>-<br>\$0<br><b>\$0</b>                                | -<br>-<br>\$0<br><b>\$0</b><br>0.000000   | (   |
| 1.<br>2.             | Hospital Bed Funds (see Hospital Reporting System - Rounds of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC)  | **************************************  | -<br>-<br>-<br>\$0<br><b>\$0</b>                                | -<br>-<br>-<br>\$0<br><b>\$0</b>  | (   |
| 1. 2. 3. 4.          | Hospital Bed Funds (see Hospital Reporting System - Rown Number of Applicants Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)  Total Cost  Average Cost  | \$0<br>\$0<br>\$0<br>\$0<br>\$0   | -<br>-<br>-<br>\$0<br>\$0<br>\$0<br>\$0                         | -<br>-<br>-<br>\$0<br>\$0<br>0.000000<br>\$0<br>\$0   | (   |
| 1. 2. 3. 4. 5.       | Hospital Bed Funds (see Hospital Reporting System - Rown Number of Applicants Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)  Total Cost  Average Cost  Bed Funds - Inpatient Charges   | \$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0  | -<br>-<br>-<br>\$0<br>\$0<br>\$0<br>\$0                         | -<br>-<br>-<br>\$0<br>\$0<br>0.000000<br>\$0<br>\$0   |   |
| 1. 2. 3. 4. 5. 6.    | Hospital Bed Funds (see Hospital Reporting System - Rown Number of Applicants Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)  Total Cost  Average Cost  Bed Funds - Inpatient Charges  Bed Funds - Outpatient Emergency Department Charges  | \$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0   | -<br>-<br>-<br>\$0<br>\$0<br>\$0<br>\$0                         | 0.000000<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0   |   |
| 1. 2. 3. 4. 5.       | Hospital Bed Funds (see Hospital Reporting System - Rown Number of Applicants Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)  Total Cost  Average Cost  Bed Funds - Inpatient Charges   | \$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0  | -<br>-<br>-<br>\$0<br>\$0<br>\$0<br>\$0                         | -<br>-<br>-<br>\$0<br>\$0<br>0.000000<br>\$0<br>\$0   |   |
| 1. 2. 3. 4. 5. 6.    | Hospital Bed Funds (see Hospital Reporting System - Rown Number of Applicants Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)  Total Cost  Average Cost  Bed Funds - Inpatient Charges  Bed Funds - Outpatient Emergency Department Charges  Bed Funds - Outpatient Charges (Excludes ED Charges)  | \$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0   | -<br>-<br>-<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0                  | 0.000000<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0   |   |
| 1. 2. 3. 4. 5. 6. 7. | Hospital Bed Funds (see Hospital Reporting System - Rownward Reporting System - Rownward Reporting System - Rownward Reporting System - Rownward Report Repo | \$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0                     | -<br>-<br>-<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>0<br>0<br>\$0 | 0.000000<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0                              |   |
| 1. 2. 3. 4. 5. 6.    | Hospital Bed Funds (see Hospital Reporting System - Rown Number of Applicants Number of Approved Applicants  Total Charges (B) Average Charges  Ratio of Cost to Charges (RCC) Total Cost Average Cost  Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B)  Bed Funds - Number of Patient Days   | \$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0   | -<br>-<br>-<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0                  | 0.000000<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0   |   |
| 5.<br>6.<br>7.       | Hospital Bed Funds (see Hospital Reporting System - Rown Number of Applicants Number of Approved Applicants  Total Charges (B) Average Charges  Ratio of Cost to Charges (RCC) Total Cost Average Cost  Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B)  Bed Funds - Number of Patient Days Bed Funds - Number of Discharges  | \$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$ | \$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0     | \$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$ |   |
| 1. 2. 3. 4. 5. 6. 7. | Hospital Bed Funds (see Hospital Reporting System - Rownward Reporting System - Rownward Reporting System - Rownward Reporting System - Rownward Report Repo | \$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0                                   | -<br>-<br>-<br>\$0<br>\$0<br>\$0<br>\$0<br>0<br>0<br>\$0        | 0.000000<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0                                     | C C C C C C C C C C C C C C C C C C C               |
| 5.<br>6.<br>7.       | Hospital Bed Funds (see Hospital Reporting System - Rown Number of Applicants Number of Approved Applicants  Total Charges (B) Average Charges  Ratio of Cost to Charges (RCC) Total Cost Average Cost  Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B)  Bed Funds - Number of Patient Days Bed Funds - Number of Discharges  | \$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$ | \$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0     | \$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$ | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 |

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