# **NORWALK HOSPITAL**

## 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		
Α.	AFFILIATE NAME	NORWALK HEALTH SERVICES CORPORATION		
1	Affiliate Description	PARENT CORPORATION		
	Affiliate type of service	Parent Corporation		
3 4	Tax Status Street Address	Not for Profit 34 MAPLE STREET		
5	Town	Norwalk		
6	State	Connecticut		
	Zip Code	06856 -		
	CEO Name	Daniel DeBarba		
	CEO Title CT Agent Name	CEO Daniel DeBarba		
	CT Agent Name CT Agent Company	Norwalk Hospital Association		
12		34 MAPLE STREET		
13	CT Agent Town	Norwalk		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06856 -		
В.	AFFILIATE NAME	ADVANCED CENTER FOR REHABILITATION MEDICINE		
	Affiliate Description	"FOR THE PURPOSE OF PROVIDING REHABILITATION SERVICES"		
	Affiliate type of service	Rehabilitation Services		
<u>3</u>	Tax Status Street Address	Not for Profit 34 MAPLE STREET		
5	Town	Norwalk		
6	State	Connecticut		
7	Zip Code	06856 -		
	CEO Name	Daniel DeBarba		
	CEO Title	CEO		
10	CT Agent Name CT Agent Company	Daniel DeBarba Norwalk Hospital Association		
12	CT Agent Company Street Address	34 MAPLE STREET,		
13	CT Agent Town	NORWALK		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06856 -		
C.	AFFILIATE NAME	FAIRFIELD COUNTY MEDICAL SERVICES, INC.		
1	Affiliate Description	TO BENEFIT HEALTH STATUS OF COMMUNITY SERVED BY NORWALK		
2	Affiliate type of service	Physicians Services		
3	Tax Status	Not for Profit		
<u>4</u> 5	Street Address Town	34 MAPLE STREET Norwalk		
6	State	Connecticut		
7	Zip Code	06856 -		
8	CEO Name	Daniel DeBarba		
9	CEO Title	PRESIDENT Deniel DePerbe		
	CT Agent Name CT Agent Company	Daniel DeBarba Norwalk Hospital Association		
		34 MAPLE STREET		
	CT Agent Town	Norwalk		
14	CT Agent State	Connecticut		
15	CT Agent Zip Code	06856 -		
D.	AFFILIATE NAME	MAPLE STREET INDEMNITY COMPANY, LTD.		
		CAPTIVE INSURANCE COMPANY, DOMICILED IN BERMUDA TO INSURE		
		PROFESSIONAL LIABILITY EXPOSURE OF HOSPITAL AND ATTENDING		
	Affiliate Description	PHYSICIANS.		
2	Affiliate type of service	Insurance Not for Profit		
3	Tax Status	Not for Profit		

REPORT 20 1 OF 21 6/28/2012,8:56 AM

# **NORWALK HOSPITAL**

## ANNUAL REPORTING

### **FISCAL YEAR 2011**

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

LINE   DESCRIPTION	(1)	(2)	(3)
Street Address	LINE	DESCRIPTION	ACCILIATE INFORMATION
5         State         Connecticut           7         Zip Code         08856 -           8         CEO Name         Daniel DeBarba           9         CEO Title         CEO           10         CT Agent Company         Norwalk Hospital Association           11         CT Agent Company Street Address         Mayle Street           13         CT Agent Town         Norwalk           14         CT Agent State         Connecticut           15         CT Agent State         Connecticut           16         CT Agent State         Connecticut           17         CTA Gent State         Connecticut           18         CTA Gent Zip Code         08856 -           18         Affiliate Description         FOR THE PURPOSE OF PROVIDING LONG-TERM CARE           Affiliate Description         FOR THE PURPOSE OF PROVIDING LONG-TERM CARE           Affiliate Description         FOR THE PURPOSE OF PROVIDING LONG-TERM CARE           3         Tax Status         Not for Profit           4         Street Address         34 MIDROCKS ROAD           3         Tax Status         Not for Profit           4         Street Address         34 MIDROCKS ROAD           4         CEO Title         CEO<			
6         State         Connecticut           7         Zip Code         08856 -           8         CEO Name         Daniel DeBarba           9         CEO Title         CEO           10         CT Agent Company         Norwalk Hospital Association           11         CT Agent Company Street Address         34 Maple Street           12         CT Agent Town         Norwalk           14         CT Agent State         Connecticut           5         CT Agent State         Connecticut           6         Affiliate Description         FOR THE PURPOSE OF PROVIDING LONG-TERM CARE           2         Affiliate Description         FOR THE PURPOSE OF PROVIDING LONG-TERM CARE           4         Stitue Address         34 MIDROCKS ROAD           4         Stitue Address         34 MIDROCKS ROAD           5         Town         Norwalk           6         State         Connecticut           7         Zip Code         06851 -           8         CEO Name         Daniel DeBarba           9         CEO Title         CEO           10         CT Agent Tompany         Daniel DeBarba           11         CT Agent Tompany         Norwalk Hospital Association     <			
7   Zip Code			
8         CEO Name         Daniel DeBarba           9         CEO Title         CEO           10         CT Agent Company         Norwalk           12         CT Agent Company Street Address         34 Maple Street           13         CT Agent Town         Norwalk           14         CT Agent State         Connecticut           15         CT Agent State         Connecticut           1         Affiliate Description         FOR THE PURPOSE OF PROVIDING LONG-TERM CARE           2         Affiliate Page of service         Long Term Care           2         Affiliate Page of service         Long Term Care           4         Street Address         34 MIDROCKS ROAD           5         Tomor         Norwalk           6         State         Connecticut           7         Zin Code         08851-           8         CEO Name         Daniel DeBarba           9         CEO Title         CEO           10         CT Agent Name         Daniel DeBarba           11         CT Agent Name         Daniel DeBarba           12         CT Agent Name         Daniel DeBarba           12         CT Agent Name         Norwalk           13			
9 CEO Title CEO 10 CT Agent Name Daniel DeBarba 11 CT Agent Company Street Address 34 Maple Street 13 CT Agent Company Street Address 34 Maple Street 15 CT Agent Zip Code O8856 -  E. AFFILIATE NAME NORWALK HEALTH CARE, INC. 1 Affiliate Description FOR THE PURPOSE OF PROVIDING LONG-TERM CARE 2 Affiliate Psecription FOR THE PURPOSE OF PROVIDING LONG-TERM CARE 3 Tax Status Not for Profit 4 Street Address 34 MiDROCKS ROAD 5 Town Norwalk 6 State Connecticut 7 Zip Code 08851 -  8 CEO Name Daniel DeBarba 9 CEO Title CEO 10 CT Agent Name Daniel DeBarba 11 CT Agent Company Street Address 34 MAPLE STREET 13 CT Agent Town Norwalk 14 CT Agent Town Company Street Address 34 Maple STREET 15 CT Agent Zip Code 08856 -  8 TARLIATE NAME NORWALK HEALTH CARE, INC. 1 Affiliate Description FOR THE PURPOSE OF PROVIDING LONG-TERM CARE 2 TAY STREET NORWALK HEALTH CARE, INC. 3 Tax Status Not for Profit 5 Town Norwalk 6 State Connecticut 7 Zip Code 08851 -  8 CEO Name Daniel DeBarba 9 CEO Title CEO 10 CT Agent Company Street Address 34 MAPLE STREET 11 CT Agent Company Street Address 34 MAPLE STREET 12 CT Agent Company Street Address 34 MAPLE STREET 13 CT Agent Town Norwalk Hospital Association 14 CT Agent State Connecticut 15 CT Agent Zip Code 08856 -  F. AFFILIATE NAME NORWALK HOSPITAL FOUNDATION, INC. 1 Affiliate Description PROVIDES FUND RAISING FOR THE PARENT CORPORATION AND AFFILIATE 1 Affiliate Description PROVIDES FUND RAISING FOR THE PARENT CORPORATION AND AFFILIATE 1 Affiliate Description PROVIDES FUND RAISING FOR THE PARENT CORPORATION AND AFFILIATE 1 Town Norwalk Hospital Association 1 CT Agent Tomn Daniel DeBarba 1 CEO Name Daniel DeBarba 1 CFO Norwalk Hospital Association 1 CT Agent Company Street Address 34 MAPLE STREET 1 Town Norwalk Hospital Association 1 CT Agent Tomn Daniel DeBarba 1 CFO Agent Tomn Daniel DeBarba 2 CEO Title CEO 2 Affiliate Description Ambulatory Surgery Center joint venture 3 Tax Status For Profit Address 40 Cross Street 3 Town Norwalk Hospital Association 2 CT Agent Tomn Daniel DeBarba 3 CEO Name Dani			
10			
11 CT Agent Company Street Address 3 AM Aple Street			
12 CT Agent Town 13 CT Agent Town 14 CT Agent State 15 CT Agent Zip Code 16 Serption 16 CT Agent Zip Code 17 Affiliate Description 18 Affiliate Description 19 Affiliate Description 19 Affiliate Description 19 Affiliate Description 20 Affiliate Upo of service 21 Affiliate Upo of Service 22 Affiliate Upo of Service 23 Tax Status 24 Street Address 25 Affiliate Upo of Service 26 State 27 Affiliate Upo of Service 38 AMDROCKS ROAD 39 AMDROCKS ROAD 30 Town 30 Norwalk 30 AMDROCKS ROAD 30 AMDROCKS ROAD 31 AMDROCKS ROAD 31 AMDROCKS ROAD 32 AFFILIATE NAME 31 AMDROCKS ROAD 32 AFFILIATE NAME 34 AMDROCKS ROAD 35 AMDROCKS ROAD 36 AMDROCKS ROAD 36 ESO Name 36 CEO Title 36 CEO Name 37 AMDROCKS ROAD 38 AMDROCKS ROAD 38 AMDROCKS ROAD 39 CEO Title 30 CT Agent Name 30 CEO Title 31 CT Agent Company Street Address 34 AMPLE STREET 31 CT Agent Company Street Address 34 AMPLE STREET 35 CT Agent State 36 COnnecticut 37 CT Agent State 38 AMPLE STREET 39 COARD STATE ANDRE AN			
13			
AFFILIATE NAME	13	CT Agent Town	
E. AFFILIATE NAME NORWALK HEALTH CARE, INC.  Affiliate Description FOR THE PURPOSE OF PROVIDING LONG-TERM CARE  Affiliate type of service Long Term Care  Affiliate Tescription Norwalk  Street Address 34 MIDROCKS ROAD  Town Norwalk  EEO Name Daniel DeBarba  EEO Name Daniel DeBarba  EEO Trile CEO  To Tagent Name Daniel DeBarba  To Tagent Company Street Address  Affiliate Description Ambust Hospital Association  To Tagent Town Norwalk  Affiliate Description PROVIDES FUND RAISING FOR THE PARENT CORPORATION AND AFFILIATE  Affiliate Description PROVIDES FUND RAISING FOR THE PARENT CORPORATION AND AFFILIATE  Affiliate Description Daniel DeBarba  Town Norwalk  Affiliate Description PROVIDES FUND RAISING FOR THE PARENT CORPORATION AND AFFILIATE  Affiliate Description Paniel DeBarba  CEO Name Daniel DeBarba  CEO Tagent Company Street Address 34 MAPLE STREET  Town Norwalk  Street Address 34 MAPLE STREET  Town Norwalk  CEO Name Daniel DeBarba  CEO Tagent Company Street Address 34 MAPLE STREET  Town Norwalk  CEO Name Daniel DeBarba  CEO Tagent Company Street Address 34 MAPLE STREET  Town Norwalk Surgery Center  Town Norwalk Surgery Center  Affiliate Description Ambustory surgery center joint venture  Affiliate Description Ambustory surgery center joint venture  Affiliate type of service Ambustory Surgery Center  Town Norwalk  CT Agent Town Norwalk  AS CEO Name Daniel DeBarba  OCEO Title CEO Onnecticut  Affiliate type of service Ambustory Surgery Center  Town Norwalk  AS CEO Name Daniel DeBarba  OCEO Onnecticut  Affiliate Description Ambustory Surgery Center  Town Norwalk  AS CEO Name Daniel DeBarba  OCEO Title CEO Name Daniel DeBarba	14	CT Agent State	Connecticut
Affiliate Description	15	CT Agent Zip Code	06856 -
Affiliate Description			
Affiliate type of service	E.	AFFILIATE NAME	·
3   Tax Status			
Street Address   34 MIDROCKS ROAD			
5         Town         Norwalk           6         State         Connecticut           7         Zip Code         06851 -           8         CEO Name         Daniel DeBarba           9         CEO Title         CEO           10         CT Agent Company         Norwalk Hospital Association           11         CT Agent Company Street Address         34 MAPLE STREET           13         CT Agent Town         Norwalk Hospital Association           14         CT Agent State         Connecticut           15         CT Agent State         Connecticut           16         CT Agent State         Connecticut           15         CT Agent Zip Code         06856 -           F. AFILIATE NAME         NORWALK HOSPITAL FOUNDATION, INC.           1         Affiliate Upe of service         FOUNDATION, INC.           1         Affiliate Ope of service         FOUNDATION, INC.           3         Tax Status         Not for Profit           4         Street Address         34 MAPLE STREET           5         Town         Norwalk           6         State         Connecticut           7         Zip Code         06856 -           8         CEO Na			
6         State         Connecticut           7         Zip Code         06851 -           8         CEO Name         Daniel DeBarba           9         CEO Title         CEO           10         CT Agent Name         Daniel DeBarba           11         CT Agent Company         Norwalk Hospital Association           12         CT Agent Company Street Address         34 MAPLE STREET           13         CT Agent Town         Norwalk           14         CT Agent Zip Code         08856 -           15         CT Agent Zip Code         08856 -           16         Tagent Zip Code         08856 -           17         Affiliate Description         "PROVIDES FUND RAISING FOR THE PARENT CORPORATION AND AFFILIATE POUNDATION, INC.           1         Affiliate type of service         Foundation           3         Tax Status         Not for Profit           4         Street Address         34 MAPLE STREET           5         Town         Norwalk           4         State         Connecticut           7         Zip Code         06856 -           8         CEO Name         Daniel DeBarba           9         CEO Title         CEO <t< td=""><td></td><td></td><td></td></t<>			
7   Zip Code			
8         CÉO Name         Daniel DeBarba           9         CEO Title         CEO           10         CT Agent Name         Daniel DeBarba           11         CT Agent Company         Norwalk Hospital Association           12         CT Agent Company Street Address         34 MAPLE STREET           13         CT Agent State         Connecticut           15         CT Agent Zip Code         06856 -           15         CT Agent Zip Code         06856 -           1         Affiliate Description         'PROVIDES FUND RAISING FOR THE PARENT CORPORATION AND AFFILIATE Affiliate type of service           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         Daniel DeBarba           9         CEO Title         CEO           10         CT Agent Name         Daniel DeBarba           11         CT Agent Company         Norwalk Hospital Association           12         CT Agent Company Street Address         34 MAPLE STREET           13         CT Agent	-		
SEO Title			
10	-		
11			
12 CT Agent Town Norwalk 13 CT Agent Town Norwalk 14 CT Agent State Connecticut 15 CT Agent Zip Code  F. AFFILIATE NAME NORWALK HOSPITAL FOUNDATION, INC.  1 Affiliate Description PROVIDES FUND RAISING FOR THE PARENT CORPORATION AND AFFILIATE 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 Daniel DeBarba 11 CT Agent Name Daniel DeBarba 12 CT Agent Company Street Address 34 MAPLE STREET 13 CT Agent Town Norwalk Hospital Association 14 CT Agent Company Street Address Street 15 CT Agent Zip Code 06856 -  G. AFFILIATE NAME Norwalk Hospital Association 16 CT Agent Town Norwalk 17 CT Agent Town Norwalk Hospital Association 18 CT Agent Town Norwalk Hospital Association 19 CT Agent State Connecticut 10 CT Agent Town Norwalk 10 CT Agent Town Norwalk 11 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 Daniel DeBarba 9 CEO Title CEO 10 CT Agent Name Daniel DeBarba			
13 CT Agent Town   Norwalk   14 CT Agent Zip Code   O8856 -   15 CT Agent Zip Code   O8856 -   16 AFFILIATE NAME   NORWALK HOSPITAL FOUNDATION, INC.   1 Affiliate Description   "PROVIDES FUND RAISING FOR THE PARENT CORPORATION AND AFFILIATE   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   O8856 -   8 CEO Name   Daniel DeBarba   9 CEO Title   CEO   10 CT Agent Company Street Address   34 MAPLE STREET   13 CT Agent Company Street Address   34 MAPLE STREET   13 CT Agent Town   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 State   Connecticut   16 CT Agent State   Connecticut   17 CT Agent State   Connecticut   18 CT Agent State   Connecticut   19 CT Agent State   Connecticut   10 CT Agent State   Connecticut   10 CT Agent State   Connecticut   11 Affiliate Description   Ambulatory surgery center joint venture   11 Affiliate Type of service   Ambulatory Surgery Center   12 Affiliate type of service   Ambulatory Surgery Center   13 Tax Status   For Profit   14 Street Address   40 Cross Street   15 Town   Norwalk   16 State   Connecticut   17 Sign Code   O8851 -   18 CEO Name   Daniel DeBarba   19 CEO Title   CEO   10 CT Agent Name   Daniel DeBarba			
14 CT Agent State Connecticut  (6856 -  (7 Agent Zip Code CRESS -  (8 AFFILIATE NAME NORWALK HOSPITAL FOUNDATION, INC.  1 Affiliate Description 'PROVIDES FUND RAISING FOR THE PARENT CORPORATION AND AFFILIATE FOUNDATION AN	13	CT Agent Town	
F. AFFILIATE NAME NORWALK HOSPITAL FOUNDATION, INC.  1 Affiliate Description "PROVIDES FUND RAISING FOR THE PARENT CORPORATION AND AFFILIATE 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 Daniel DeBarba 9 CEO Title CEO 10 CT Agent Name Daniel DeBarba 11 CT Agent Company Street Address 13 CT Agent Company Street Address 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 5 Town Norwalk 6 State Connecticut 7 Zip Code 06856 -  G. AFFILIATE NAME NORWALK SURGERY CENTER, LLC 1 Affiliate Opes of service Ambulatory Surgery Center 5 Town Norwalk 6 State Connecticut 7 Zip Code 06851 - 8 CEO Name Daniel DeBarba 9 CEO Title CEO 10 CT Agent Name Daniel DeBarba 9 CEO Title CEO 10 CT Agent Daniel DeBarba 11 CT Agent Company Street Address Agent Surgery Center 12 CT Agent Company Street Address Agent Surgery Center 13 Tax Status For Profit Center Street 14 Street Address Agent Surgery Center 15 Town Norwalk 16 State Connecticut 17 Zip Code 06851 - 18 CEO Name Daniel DeBarba 19 CEO Title CEO			
F. AFFILIATE NAME NORWALK HOSPITAL FOUNDATION, INC.  1 Affiliate Description 'PROVIDES FUND RAISING FOR THE PARENT CORPORATION AND AFFILIATE 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 Daniel DeBarba CEO Title CEO 10 CT Agent Name Daniel DeBarba CT Agent Company Norwalk Hospital Association CT Agent Company Street Address AMAPLE STREET 3 CT Agent Town Norwalk CT Agent Zip Code 06856 -  G. AFFILIATE NAME NORWALK SURGERY CENTER, LLC 1 Affiliate Description Ambulatory surgery center joint venture Affiliate Description Ambulatory/OP Surgery Center 5 Town Norwalk Street Address 40 Cross Street 5 Town Norwalk CT Agent Status For Profit CT Agent Company Street Address Connecticut CT Agent Zip Code 06856 -  G. AFFILIATE NAME NORWALK SURGERY CENTER, LLC 1 Affiliate Use of service Ambulatory/OP Surgery Center 5 Town Norwalk CT Agent Status For Profit CT Agent Company Center Address Address Connecticut CT Agent Company Center Address Connecticut CT Agent Company Center Ce			
1         Affiliate Description         "PROVIDES FUND RAISING FOR THE PARENT CORPORATION AND AFFILIATE Affiliate type of service           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         Daniel DeBarba           9         CEO Title         CEO           10         CT Agent Name         Daniel DeBarba           11         CT Agent Company         Norwalk Hospital Association           12         CT Agent Company Street Address         34 MAPLE STREET           13         CT Agent Town         Norwalk           14         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			
Affiliate Description 'PROVIDES FUND RAISING FOR THE PARENT CORPORATION AND AFFILIATE Affiliate type of service Foundation  Tax Status Not for Profit  Street Address 34 MAPLE STREET  Town Norwalk  State Connecticut  Zip Code 06856 -  CEO Name Daniel DeBarba  CEO Title CEO  CT Agent Company Norwalk Hospital Association  CT Agent Company Street Address 34 MAPLE STREET  TA Gent Town Norwalk Hospital Association  CT Agent Company Street Address 34 MAPLE STREET  CT Agent Town Norwalk  CT Agent Town Norwalk  CT Agent Zip Code 06856 -  G. AFFILIATE NAME NORWALK SURGERY CENTER, LLC  Affiliate Description Ambulatory surgery center joint venture  Affiliate Description Ambulatory/OP Surgery Center  Tax Status For Profit  Street Address 40 Cross Street  Town Norwalk  Connecticut  Toget Connecticut  Toget Connecticut  Connecticut  Toget Connecticut			
Affiliate type of service  Affiliate Connecticut  CON ORWALK SURGERY CENTER, LLC  Affiliate type of service  Ambulatory surgery center joint venture  Affiliate type of service  Affiliate Connecticut  Connecticut  Affiliate type of service  Ambulatory Surgery Center  Town  Norwalk  Street Address  Across Street  Connecticut  Connecticut  Affiliate Connecticut  Daniel DeBarba  Daniel DeBarba	F.	AFFILIATE NAME	NORWALK HOSPITAL FOUNDATION, INC.
3   Tax Status			"PROVIDES FUND RAISING FOR THE PARENT CORPORATION AND AFFILIATES"
4         Street Address         34 MAPLE STREET           5         Town         Norwalk           6         State         Connecticut           7         Zip Code         06856 -           8         CEO Name         Daniel DeBarba           9         CEO Title         CEO           10         CT Agent Name         Daniel DeBarba           11         CT Agent Company         Norwalk Hospital Association           12         CT Agent Company Street Address         34 MAPLE STREET           13         CT Agent Town         Norwalk           4         CT Agent State         Connecticut           15         CT Agent Zip Code         06856 -           6         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<			
5 Town Norwalk 6 State Connecticut 7 Zip Code 06856 - 8 CEO Name Daniel DeBarba 9 CEO Title CEO 10 CT Agent Name Daniel DeBarba 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 -  6. 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 Daniel DeBarba 9 CEO Title CEO 10 CT Agent Name Daniel DeBarba			
6 State Connecticut 7 Zip Code 06856 - 8 CEO Name Daniel DeBarba 9 CEO Title CEO 10 CT Agent Name Daniel DeBarba 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 -  6. 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 Daniel DeBarba Daniel DeBarba Daniel DeBarba			
7 Zip Code 06856 - 8 CEO Name Daniel DeBarba 9 CEO Title CEO 10 CT Agent Name Daniel DeBarba 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 -  6. 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 Daniel DeBarba 9 CEO Title CEO 10 CT Agent Name Daniel DeBarba			
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10 CT Agent Name Daniel DeBarba 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 Daniel DeBarba 9 CEO Title CEO 10 CT Agent Name Daniel DeBarba			
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 Daniel DeBarba 9 CEO Title CEO 10 CT Agent Name Daniel DeBarba			
12 CT Agent Company Street Address 13 CT Agent Town 14 CT Agent State 15 CT Agent Zip Code 16 AFFILIATE NAME 17 Affiliate Description 18 Affiliate type of service 19 Affiliate type of service 20 Affiliate type of Service 31 Tax Status 42 Street Address 40 Cross Street 4 Street Address 40 Cross Street 5 Town 6 State 7 Zip Code 8 CEO Name 9 CEO Title 10 CT Agent State 10 Norwalk 10 Cross Street 10 CT Agent Name 10 Daniel DeBarba 10 CT Agent Name 10 Daniel DeBarba 10 CT Agent Name 10 Connecticut 10 CT Agent Name 10 Daniel DeBarba			
13 CT Agent Town 14 CT Agent State 15 CT Agent Zip Code 16856 -  G. AFFILIATE NAME 1 Affiliate Description 2 Affiliate type of service 3 Tax Status 4 Street Address 4 Ocross Street 5 Town 6 State 7 Zip Code 10 CT Agent Name 10 Norwalk 10 Norwalk 11 Affiliate Description 12 Ambulatory surgery center joint venture 13 Ambulatory/OP Surgery Center 14 Street Address 15 Town 16 State 17 Zip Code 18 CEO Name 19 CEO Title 10 CT Agent Name 10 Daniel DeBarba 10 Daniel DeBarba 10 Daniel DeBarba 10 Daniel DeBarba 11 DeBarba 12 Demand 12 DeBarba 14 CT Agent Name 15 Daniel DeBarba 16 Demand 17 Demand 17 Demand 17 Demand 18		CT Agent Company Street Address	34 MAPI F STREFT
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 Daniel DeBarba 9 CEO Title CEO 10 CT Agent Name Daniel DeBarba			
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 Daniel DeBarba 9 CEO Title CEO 10 CT Agent Name Daniel DeBarba			
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 Daniel DeBarba 9 CEO Title CEO 10 CT Agent Name Daniel DeBarba	15	CT Agent Zip Code	
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 Daniel DeBarba 9 CEO Title CEO 10 CT Agent Name Daniel DeBarba			
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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 Daniel DeBarba 9 CEO Title CEO 10 CT Agent Name Daniel DeBarba			·
3         Tax Status         For Profit           4         Street Address         40 Cross Street           5         Town         Norwalk           6         State         Connecticut           7         Zip Code         06851 -           8         CEO Name         Daniel DeBarba           9         CEO Title         CEO           10         CT Agent Name         Daniel DeBarba			Ambulatory/OP Surgery Center
4         Street Address         40 Cross Street           5         Town         Norwalk           6         State         Connecticut           7         Zip Code         06851 -           8         CEO Name         Daniel DeBarba           9         CEO Title         CEO           10         CT Agent Name         Daniel DeBarba			
5         Town         Norwalk           6         State         Connecticut           7         Zip Code         06851 -           8         CEO Name         Daniel DeBarba           9         CEO Title         CEO           10         CT Agent Name         Daniel DeBarba	4	Street Address	
6         State         Connecticut           7         Zip Code         06851 -           8         CEO Name         Daniel DeBarba           9         CEO Title         CEO           10         CT Agent Name         Daniel DeBarba			
7         Zip Code         06851 -           8         CEO Name         Daniel DeBarba           9         CEO Title         CEO           10         CT Agent Name         Daniel DeBarba			
8         CEO Name         Daniel DeBarba           9         CEO Title         CEO           10         CT Agent Name         Daniel DeBarba			
9 CEO Title CEO 10 CT Agent Name Daniel DeBarba			
			CEO
11 CT Agent Company Norwalk Hospital Association			
	11	CT Agent Company	Norwalk Hospital Association

# NORWALK HOSPITAL 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			
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 -			
Н.	AFFILIATE NAME	SWC CORPORATION			
1	Affiliate Description	"FOR THE PURPOSE OF PROVIDING PHARMACEUTICAL NEEDS/ EQUITY TRANSFER OF NRMC 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	Daniel DeBarba			
9	CEO Title	CEO			
10	CT Agent Name	Daniel DeBarba			
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 -			

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

## REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
(-/	(-)	FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2011
	NORWALK HOSPITAL		
1		Unrestricted	\$104,154,204
2		Temporarily Restricted by Donor	\$21,432,761
3		Temporarily Restricted by Board	\$0
4 5		Permanently Restricted by Donor Intercompany Eliminations	\$9,439,243 \$0
- 3		Total:	\$135,026,208
			<b>VICO,020,200</b>
В.	NORWALK HEALTH SERVICES CORPORATION		
1		Unrestricted	\$21,067,104
2		Temporarily Restricted by Donor	\$6,339,758
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$68,357)
		Total:	\$27,338,505
	ADVANCED CENTED FOR RELIABILITATION MEDICINE		
<b>C</b> .	ADVANCED CENTER FOR REHABILITATION MEDICINE	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
D.	FAIRFIELD COUNTY MEDICAL SERVICES, INC.		
1		Unrestricted	(\$832,443)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$832,443)
E.	MAPLE STREET INDEMNITY COMPANY, LTD.		
1	MAI LE OTREET INDEMINITT OOM! ANT, ETD.	Unrestricted	\$7,115,219
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$7,115,219
F.	NORWALK HEALTH CARE, INC.		
1		Unrestricted	(\$1,873,392)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
<u> </u>		Total:	(\$1,873,392)
		Total.	(ψ1,013,332)
G.	NORWALK HOSPITAL FOUNDATION, INC.		
1	,	Unrestricted	\$0
2		Temporarily Restricted by Donor	\$27,200,329
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$9,439,242
5		Intercompany Eliminations	(\$36,399,874)
		Total:	\$239,697

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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 9/30/2011
Н.	NORWALK SURGERY CENTER, LLC		
1		Unrestricted	\$2,905,903
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$2,905,903
I.	SWC CORPORATION		
1		Unrestricted	\$305,860
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$305,860)
		Total:	\$0
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$206,693,788
	Intercompany Eliminations		(\$36,774,091)
	Total of all Affiliates	Fund Balance:	\$169,919,697

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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
Α.	NORWALK HEALTH SERVICES CORPORATION			
	NORWALK HEALTH SERVICES CORFORATION	Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$45,000
1		Cash Transfer	09/30/2011	\$180,000
2		Expense transfer	09/30/2011	\$46,630
_		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$271,630
В.	ADVANCED CENTER FOR REHABILITATION MEDICINE			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
C.	FAIRFIELD COUNTY MEDICAL SERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
1		Coverage - inpatient services	09/30/2011	\$4,229,918
2		Transfer Revenues/Expenses Net	09/30/2011	\$412,348
3		Fund Balance Transfer	09/30/2011	(\$4,642,266)
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
D.	MAPLE STREET INDEMNITY COMPANY, LTD.			
	,	Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
E.	NORWALK HEALTH CARE, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$138,017
1		Payments on Account	09/30/2011	(\$250,000)
2		Expense Transfers	09/30/2011	\$521,997
3		Rehabilitation Therapy	09/30/2011	\$755,698
4		Laundry	09/30/2011	\$240,000
5		Management Fee	09/30/2011	\$585,000
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$1,990,712
F.	NORWALK HOSPITAL FOUNDATION, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$250,927
1		Funding Operations of Norwalk Hospital Foundation	09/30/2011	(\$1,807,865)
2		Rent	09/30/2011	\$43,200
3		Accounting Fees	09/30/2011	\$65,160

### 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
4		Payments on Account	09/30/2011	(\$2,050,000)
5		Expense Transfers	09/30/2011	\$1,441,142
6		Transfer unrestricted donations	09/30/2011	\$1,042,576
7		Restricted fund funding operation expense	09/30/2011	\$1,063,138
8		Restricted Fund Funding Capital	09/30/2011	\$293,754
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$342,032
G.	NORWALK SURGERY CENTER, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
Н.	SWC CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$12,196
1		Management Fee	09/30/2011	(\$3,412,305)
2		Rent	09/30/2011	\$63,031
3		Payments on Account	09/30/2011	\$3,180,000
4		Accounting Fees	09/30/2011	\$138,000
5		Expense Transfers	09/30/2011	\$55,386
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$36,308
			0 17.1	<b>***</b>
			Grand Total:	\$2,640,683

### REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

AFFILIATE TRANSFERRING FUNDS	(1)	(2)	(3)	(4)	(5)	(6)
Beginning Unconsolidated Intercompany Balance   10/01/2010   \$45,116						
A. NORWALK HEALTH SERVICES CORPORATION   Nothing to Report   S0	LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS		DATE	AMOUNT
A.   NORWALK HEALTH SERVICES CORPORATION   Nothing to Report   \$0						
Nothing to Report   \$0   Total: 9/30/2011   \$0   Solvent   \$0				Intercompany Balance	10/01/2010	\$45,116
B. ADVANCED CENTER FOR REHABILITATION MEDICINE   Nothing to Report   \$0	Α.	NORWALK HEALTH SERVICES CORPORATION				
B. ADVANCED CENTER FOR REHABILITATION MEDICINE    Nothing to Report   \$0   Total: 9/30/2011   \$0   Total: 9/30/2011   \$0   Nothing to Report   \$0   Total: 9/30/2011   \$0   Total: 9/30/2011   \$0   D. MAPLE STREET INDEMNITY COMPANY, LTD.   Nothing to Report   \$0   Total: 9/30/2011   \$719   G. NORWALK HOSPITAL FOUNDATION, INC.   Transfer of Funds   9/30/2011   \$719   G. NORWALK SURGERY CENTER, LLC   Nothing to Report   \$0   Total: 9/30/2011   \$0						
Nothing to Report   \$0   Total: 9/30/2011   \$0   C. FAIRFIELD COUNTY MEDICAL SERVICES, INC.   Nothing to Report   \$0   Total: 9/30/2011   \$0   Total: 9/30/2011   \$0   D. MAPLE STREET INDEMNITY COMPANY, LTD.   Nothing to Report   \$0   Total: 9/30/2011   \$719   G. NORWALK HOSPITAL FOUNDATION, INC.   Transfer of Funds   09/30/2011   \$719   G. NORWALK SURGERY CENTER, LLC   Nothing to Report   \$0   Total: 9/30/2011   \$0				Total:	9/30/2011	\$0
Nothing to Report   \$0   Total: 9/30/2011   \$0   C. FAIRFIELD COUNTY MEDICAL SERVICES, INC.   Nothing to Report   \$0   Total: 9/30/2011   \$0   Total: 9/30/2011   \$0   D. MAPLE STREET INDEMNITY COMPANY, LTD.   Nothing to Report   \$0   Total: 9/30/2011   \$719   G. NORWALK HOSPITAL FOUNDATION, INC.   Transfer of Funds   09/30/2011   \$719   G. NORWALK SURGERY CENTER, LLC   Nothing to Report   \$0   Total: 9/30/2011   \$0	_					
C. FAIRFIELD COUNTY MEDICAL SERVICES, INC.  Nothing to Report  Norwalk Hospital Foundation, inc.  Norwalk Health Care, inc.  No	В.	ADVANCED CENTER FOR REHABILITATION MEDICINE		N. III D		
C. FAIRFIELD COUNTY MEDICAL SERVICES, INC.    Nothing to Report   \$0   Total: 9/30/2011   \$0   Nothing to Report   \$0   Nothing to Report   \$0   Nothing to Report   \$0   Total: 9/30/2011   \$0   E. NORWALK HEALTH CARE, INC.   \$0   Nothing to Report   \$0   Total: 9/30/2011   \$0   F. NORWALK HOSPITAL FOUNDATION, INC.   \$0   NORWALK HEALTH CARE, INC.   Transfer of Funds   \$0/30/2011   \$719   G. NORWALK SURGERY CENTER, LLC   \$0   NORWALK SURGERY CENTER, LLC   \$0   Nothing to Report   \$0   Total: 9/30/2011   \$719   Total: 9/30/2011   \$0   Nothing to Report   \$0   Total: 9/30/2011   \$0						\$0
Nothing to Report   \$0				Total:	9/30/2011	\$0
Nothing to Report   \$0						
D. MAPLE STREET INDEMNITY COMPANY, LTD.    Nothing to Report   \$0	C.	FAIRFIELD COUNTY MEDICAL SERVICES, INC.		Nothing to Day and		0.0
D. MAPLE STREET INDEMNITY COMPANY, LTD.    Nothing to Report   \$0   Total:   9/30/2011   \$0   E. NORWALK HEALTH CARE, INC.   Nothing to Report   \$0   Total:   9/30/2011   \$0   F. NORWALK HOSPITAL FOUNDATION, INC.   NORWALK HEALTH CARE, INC.   Transfer of Funds   09/30/2011   \$719   G. NORWALK SURGERY CENTER, LLC   Nothing to Report   \$0   Nothing to Report   \$0   Total:   9/30/2011   \$719   H. SWC CORPORATION   Nothing to Report   \$0   Total:   9/30/2011   \$0					2/22/22/1	
Nothing to Report   \$0				lotal:	9/30/2011	\$0
Nothing to Report   \$0		MADI E OTDEET INDEMNITY COMPANY 1 TO				
E. NORWALK HEALTH CARE, INC.  Nothing to Report  SO  Total: 9/30/2011 \$0  F. NORWALK HOSPITAL FOUNDATION, INC.  NORWALK HEALTH CARE, INC.  NORWALK HEALTH CARE, INC.  Transfer of Funds  9/30/2011 \$719  G. NORWALK SURGERY CENTER, LLC  Nothing to Report  Nothing to Report  Nothing to Report  \$0  H. SWC CORPORATION  Nothing to Report  \$0  Fotal: 9/30/2011 \$0  Ending Unconsolidated	D.	MAPLE STREET INDEMNITY COMPANY, LTD.		Nothing to Donort		ФО.
E. NORWALK HEALTH CARE, INC.    Nothing to Report   \$0					0/00/0044	\$0
Nothing to Report   \$0				Total:	9/30/2011	\$0
Nothing to Report   \$0	_	NODWALK HEALTH CARE INC				
F. NORWALK HOSPITAL FOUNDATION, INC.  1 NORWALK HEALTH CARE, INC. Transfer of Funds 09/30/2011 \$719  G. NORWALK SURGERY CENTER, LLC  Nothing to Report \$0  H. SWC CORPORATION  Nothing to Report \$0  Nothing to Report \$0  Fotal: 9/30/2011 \$0  Ending Unconsolidated	<u> </u>	NORWALK HEALTH CARE, INC.		Nothing to Penort		0.0
F. NORWALK HOSPITAL FOUNDATION, INC.  1	-				0/30/2011	
NORWALK HEALTH CARE, INC.				Total.	9/30/2011	Ψ0
NORWALK HEALTH CARE, INC.	F	NORWALK HOSPITAL FOUNDATION INC				
Total: 9/30/2011 \$719	1	HORWALK HOST TIAL FOORDATION, INC.	NORWALK HEALTH CARE INC	Transfer of Funds	09/30/2011	\$710
G.   NORWALK SURGERY CENTER, LLC   Nothing to Report   \$0	<del>- '</del> -		HORWALK HEALTH GARLE, INC.			
Nothing to Report   \$0				Total	3/30/2011	Ψ/10
Nothing to Report   \$0	G.	NORWALK SURGERY CENTER, LLC				
H. SWC CORPORATION    Nothing to Report   \$0   Total: 9/30/2011   \$0   Nothing to Report   \$0   Total: 9/30/2011   \$0   Ending Unconsolidated				Nothing to Report		\$0
H. SWC CORPORATION    Nothing to Report   \$0   Total: 9/30/2011 \$0   Ending Unconsolidated					9/30/2011	\$0
Nothing to Report						, ·
Nothing to Report	H.	SWC CORPORATION				
Total: 9/30/2011 \$0  Ending Unconsolidated				Nothing to Report		\$0
Ending Unconsolidated					9/30/2011	\$0
						,
				Ending Unconsolidated		
3/30/2011 VISION				Intercompany Balance	9/30/2011	\$45,835

# NORWALK HOSPITAL

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

(1)	(2)		(3)	(4)
	AFFILIATE NAME &			
LINE	DESCRIPTION OF EXPENDITURE		AMOUNT	DATE
	NORWALK HEALTH SERVICES CORPORATION			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2011
	ADVANCED CENTED FOR DELIABILITATION MEDICINE			
<b>B</b> .	ADVANCED CENTER FOR REHABILITATION MEDICINE  Nothing to Report		\$0	
	Nothing to Report	Total:	\$0 \$0	9/30/2011
		rotai.	30	9/30/2011
C.	FAIRFIELD COUNTY MEDICAL SERVICES, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2011
	MAPLE STREET INDEMNITY COMPANY, LTD.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2011
_				
<b>E</b> .	NORWALK HEALTH CARE, INC.  Nothing to Report		\$0	
Ľ	Nothing to Report	Total:	\$0	9/30/2011
		rotai.	30	9/30/2011
F.	NORWALK HOSPITAL FOUNDATION, INC.	-		
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2011
	NORWALK SURGERY CENTER, LLC			
0	Nothing to Report		\$0	
∟		Total:	\$0	9/30/2011
	SWC CORROR ATION			
<b>H.</b>	SWC CORPORATION  Nothing to Report		\$0	
Ě	Nothing to Report	Total:	\$0 \$0	9/30/2011
			<del></del>	0/00/2011
		Grand Total:	\$0	9/30/2011

### 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>	NORWALK HEALTH SERVICES CORPORATION  Nothing to Report	\$0	0
- 0	Notining to Report  Total:	\$0 \$0	0
	i otal.	40	
В.	ADVANCED CENTER FOR REHABILITATION MEDICINE		
0	Nothing to Report	\$0	0
	Total:	\$0	
	FAIRFIELD COUNTY MEDICAL SERVICES, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	
	MARIE OTREET INDEMNITY COMPANY LTD		
<b>D</b> .	MAPLE STREET INDEMNITY COMPANY, LTD.  Nothing to Report	\$0	0
	Total:	\$0	
E.	NORWALK HEALTH CARE, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	NORWALK HOSPITAL FOUNDATION, INC.	60	0
0	Nothing to Report  Total:	\$0 <b>\$0</b>	U
	i Otal.	ΨΟ	
G.	NORWALK SURGERY CENTER, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	SWC CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	
	Grand rotal.	<b>\$</b> 0	

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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 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT 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

NORWALK HOSPITAL								
	ANNUAL REPORTING							
	FISCAL YEAR 2011							
REPORT 17 -	HOSPITAL BED FUNDS HELD OR ADMINISTERS	D BY THE HOSPITAL						
A. Patient Activity								
(1)	(2)	(3)						
<u>Patient</u>	Amount							
1.Number of Applications for Hos	1.Number of Applications for Hospital Bed Funds							
2. A. Number of Patients receiving Hospital Bed Fund Grants 0								
2. B. The Actual Total Dollar Am-	2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F \$0.00							
	Grand Total	\$0.00						
	Grand Total	\$0.0						

	NORWALK HOSPITAL						
		ANNUAL REPO	** ***				
		FISCAL YEA					
	REPORT 17 - HOSPITAL			Y THE HOSPITAL			
	KEI OKT II HOOFIIAE	010 1 01100 11210 0	TO THE PERSON NAMED IN				
B. BI	ED FUND ACTIVITY						
(1)	(2)	(3)	(4)	(5)	(6)		
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available		
(3) Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each							
(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.							

### 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 collection agents charge a flat fee of an agreed upon percentage on all amounts recovered for all 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	12.03%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
	Collection Agent	
1	Collection Agent Name	Credit Bureau of Collection Services, Inc. (CBCS)
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 I. Accounts are assigned to the collection agents based on an alpha split. Last names beginning with A-K will be sent to Credit Bureau Collection Services, Inc.
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.	Credit Bureau Collection Services, Inc. is compensated at 25% of all non-legal recovered amounts and 30% of all legal recovered amounts

### 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.	11.64%	
	Collection Arout		
1	Collection Agent	Transfer Orange and I Orange an	
	Collection Agent Name	Trans-Continental Credit and Collection Corp.	
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.	After the Hospital follows the policies described in Section I. Accounts are assigned to the collections agents based upon an alpha split. Last names beginning with the letters L-Z will be sent 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.	ans-Continental is compensated at 25% of all primary non-legal recovered amounts, 50% for secondary non-legal recovered amounts and 30% of all legal recovered amounts.	
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	17.65%	
	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.	he Dir of Pt Accts or Manager of Customer Service may approve accounts to be referred directly to an attorney for legal action without the envolvement of collection agencies. These accounts typically have balances over \$10,000 and involve motor vehicle, Workers Comp claims, probate, 3rd-party litig	

### 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.	Lovejoy and Rimer, P.C. is compensated at 30% of recovered amounts after starting litigation and 25% of recovered amounts prior to litigation.  Compensation at a lessor % or hourly rate may be paid depending on the circumstances.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	28.53%
	Collection Agent	
1	Collection Agent Name	Eastern
2	Collection Agent Type	Collection Agency
_	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 & Credit Bureau of Collection Services, Inc has deemed an account uncollectable, accounts will be reffered to Eastern. This only occurs if the account has had no activity for one year in collection attempts.
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 agency.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	2.30%

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

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	VP & Chief Medical Officer	\$697,381	\$113,535	\$810,916
2.	President & CEO	\$744,166	\$53,561	\$797,727
3.	VP Quality	\$549,969	\$101,673	\$651,642
4.	Physician, Emergeny Department	\$560,872	\$84,106	\$644,978
5.	Chairman, Dept. of Emergency Medicine	\$458,234	\$123,798	\$582,032
6.	Chairman, Dept. of OB/GYN	\$529,332	\$46,966	\$576,298
7.	Sr. VP & COO	\$489,476	\$44,845	\$534,321
8.	Physician, Emergency Department	\$408,600	\$109,978	\$518,578
9.	Chairman, Dept. of Medicine	\$432,027	\$67,686	\$499,713
10.	Chairman, Dept. of Surgery	\$366,923	\$111,230	\$478,153
	Grand Total:	\$5,236,980	\$857,378	\$6,094,358

# 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
		1, 3,		
Α.	NORWALK HEALTH SERVICES 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
В.	ADVANCED CENTER FOR REHABILITATION MEDICINE		T	
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.	FAIRFIELD COUNTY MEDICAL SERVICES, 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 \$0
	Faid by the Hospital to Employees of the Entity Listed Above	φυ	φυ	φυ
D.	MAPLE STREET INDEMNITY COMPANY, 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
Ε.	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
F.	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
G.	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 \$0
_	as a sy and resoprate to Employees of the Emity Elected Above		ΨΟ	Ψ
Н.	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
		- 1		

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 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
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
	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

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	NORWAL	K HOSPITAL			
		REPORTING			
		YEAR 2011			
	REPORT 23 - CHARITY CARE AND REDUCED	COST SERVICES	S PROVIDED BY	THE HOSPITAL	
(4)	(0)	(0)	(4)	(5)	(0)
(1)	(2)	(3) FY 2010	(4) FY 2011	(5) AMOUNT	(6) %
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
LINE	<u>DESCRIPTION</u>	AWOUNT	AWOONT	DITTERENCE	DITTERENCE
Α.	Hospital Charity Care (see Hospital Audited Financial S	tatement Notes)			
1.	Number of Applicants	3,725	4,595	870	23%
2.	Number of Approved Applicants	3,110	3,879	769	25%
3.	Total Charges (A)	\$18,026,000	\$17,327,000	(\$699,000)	-4%
	Average Charges	\$5,796	\$4,467	(\$1,329)	-23%
4	Potio of Coat to Charges (PCC)	0.476142	0.447071	(0.029071)	-6%
4.	Ratio of Cost to Charges (RCC)  Total Cost	\$8,582,936	\$7,746,399	(\$836,536)	-10%
	Average Cost	\$2,760	\$1,997	(\$763)	-28%
	///orage coor	ΨΞ,: σσ	ψ1,001	(\$7.55)	2070
5.	Charity Care - Inpatient Charges	\$6,348,264	\$3,461,740	(\$2,886,524)	-45%
6.	Charity Care - Outpatient Emergency Department Charges		4,935,465	1,252,789	34%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	7,995,060	8,929,795	934,735	12%
	Total Charges (A)	\$18,026,000	\$17,327,000	(\$699,000)	-4%
8.	Charity Care - Number of Patient Days	2,477	1,946	(531)	-21%
9. 10.	Charity Care - Number of Discharges	2,044	401	(45)	-10% 15%
10.	Charity Care - Number of Outpatient ED Visits Charity Care - Number of Outpatient Visits (Excludes ED	2,044	2,346	302	15%
11.	Visits)	11,229	13,333	2,104	19%
	Violito	11,223	10,000	2,104	1370
(A) The	e total amount must agree with the total amount listed in	the Hospital Aud	dited Financial St	atement Notes.	
		•			
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - R	eport 17)			
1.	Number of Applicants	-	-	-	0%
2.	Number of Approved Applicants	-	-	-	0%
3.	Total Charges (B)	\$0	<b>¢</b> 0	<b>\$</b> 0	0%
ა.	Average Charges	\$0 \$0	\$0 <b>\$0</b>	\$0 <b>\$0</b>	0%
	///orago onargos	Ψ.	Ψ.	Ψ0	• • • • • • • • • • • • • • • • • • • •
4.	Ratio of Cost to Charges (RCC)	0	0	0.000000	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%
0	Red Funds Number of Patient Days	0	0	0	0%
8. 9.	Bed Funds - Number of Patient Days  Bed Funds - Number of Discharges	0	0	0	0%
10.	Bed Funds - Number of Outpatient ED Visits	0	0	0	0%
	Bed Funds - Number of Outpatient Visits (Excludes ED	<u> </u>			070
11.	Visits)	0	0	0	0%
(B) The	e total amount must agree with the total amount listed or	Hospital Report	ting System - Rep	ort 17.	