FISCAL YEAR 2013

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

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
_			
A.	AFFILIATE NAME	WESTERN CONNECTICUT HEALTH NETWORK, INC.	
1	Affiliate Description	PARENT CORP. MANAGING EMPLOYEE BENEFIT PLANS, PLANNING, POLICIES	
2	Affiliate type of service	Parent Corporation	
3	Tax Status	Not for Profit	
4	Street Address	24 Hospital Ave	
5	Town	Danbury	
6	State	Connecticut	
	Zip Code	06810 -	
	CEO Name	Dr. John Murphy	
	CEO Title	President & Chief Executive Officer	
	CT Agent Name	Karen Mattei	
	CT Agent Company	Western CT Health Network	
	CT Agent Town	24 Hospital Ave	
	CT Agent Town CT Agent State	Danbury Connecticut	
	CT Agent Zip Code	06810 -	
13	CT Agent zip Code	00010	
В.	AFFILIATE NAME	BUSINESS SYSTEMS, INC.	
	7.1.7.2.7.7.1.1.2		
	Affiliate Description	PROVIDES PROPERTY MANAGEMENT, RETAIL PHARMACY SERVICES	
2	Affiliate type of service	Pharmacy	
3	Tax Status	For Profit	
4	Street Address	24 Hospital Ave	
	Town	Danbury	
6	State	Connecticut	
	Zip Code CEO Name	06810 - Dr. John Murphy	
	CEO Title	President & Chief Executive Officer	
	CT Agent Name	R&C Service Company	
	CT Agent Name CT Agent Company	Robinson & Cole , LLP	
	CT Agent Company Street Address	280 Trumbull St	
	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06103 -	
C.	AFFILIATE NAME	NEW MILFORD HOSPITAL,INC	
	Affiliate Description	CHORT TERM ACTITE CARE HOCRITAL DROVIDING INDATIGNT AND OUTDATIGNT CONTINUE	
2	Affiliate Description	SHORT TERM ACUTE CARE HOSPITAL PROVIDING INPATIENT AND OUTPATIENT SERVICES Hospital	
	Affiliate type of service Tax Status	Not for Profit	
4	Street Address	21 ELM STREET	
5	Town	NEW MILFORD	
	State	Connecticut	
	Zip Code	06776 -	
	CEO Name	Dr. John Murphy	
9	CEO Title	President & Chief Executive Officer	
	CT Agent Name	Karen Mattei	
	CT Agent Company	Western Ct Health Network	
		•	

FISCAL YEAR 2013

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

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
	CT Agent Company Street Address	24 Hospital Ave	
	CT Agent Town	Danbury	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06810 -	
D.	AFFILIATE NAME	NEW MILFORD MRI ,LLC	
	Affiliate Description	Provides MRI Services	
2	Affiliate type of service	Imaging Services	
	Tax Status	Not for Profit	
4	Street Address	21 Elm Street	
5	Town	New Milford	
6	State	Cayman Islands	
	Zip Code	06776 -	
	CEO Name	Dr. John Murphy	
	CEO Title	President & CEO	
	CT Agent Name	R&C Service Company	
	CT Agent Company	Robinson & Cole, LLP	
	CT Agent Company Street Address	280 Trumbull St	
	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06103 -	
E.	AFFILIATE NAME	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.	
-	ATTEME NAME		
		PROVIDES SUPPORT FOR EMPLOYEE AND CORPORATE HEALTH MANAGEMENT, Danbury	
1	Affiliate Description	Diagnostic Imaging, Ridgefield Diagnostic Imaging and EMT and Ambulance Services	
2	Affiliate type of service	Affilate Support Services	
^		Affilate Support Services	
3	Tax Status	Not for Profit	
4			
	Tax Status	Not for Profit	
4	Tax Status Street Address	Not for Profit 95 Locust Avenue	
4 5 6	Tax Status Street Address Town	Not for Profit 95 Locust Avenue Danbury	
4 5 6 7	Tax Status Street Address Town State	Not for Profit 95 Locust Avenue Danbury Connecticut	
4 5 6 7	Tax Status Street Address Town State Zip Code	Not for Profit 95 Locust Avenue Danbury Connecticut 06810 -	
4 5 6 7 8 9	Tax Status Street Address Town State Zip Code CEO Name	Not for Profit 95 Locust Avenue Danbury Connecticut 06810 - Dr. John Murphy	
4 5 6 7 8 9	Tax Status Street Address Town State Zip Code CEO Name CEO Title	Not for Profit 95 Locust Avenue Danbury Connecticut 06810 - Dr. John Murphy President & Chief Executive Officer	
4 5 6 7 8 9 10	Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name	Not for Profit 95 Locust Avenue Danbury Connecticut 06810 - Dr. John Murphy President & Chief Executive Officer Karen Mattei	
4 5 6 7 8 9 10 11	Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company	Not for Profit 95 Locust Avenue Danbury Connecticut 06810 - Dr. John Murphy President & Chief Executive Officer Karen Mattei Western Connectict Health Network, Inc.	
4 5 6 7 8 9 10 11 12 13	Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address	Not for Profit 95 Locust Avenue Danbury Connecticut 06810 - Dr. John Murphy President & Chief Executive Officer Karen Mattei Western Connectict Health Network, Inc. 24 Hospital Ave	
4 5 6 7 8 9 10 11 12 13	Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town	Not for Profit 95 Locust Avenue Danbury Connecticut 06810 - Dr. John Murphy President & Chief Executive Officer Karen Mattei Western Connectict Health Network, Inc. 24 Hospital Ave Danbury	
4 5 6 7 8 9 10 11 12 13	Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State	Not for Profit 95 Locust Avenue Danbury Connecticut 06810 - Dr. John Murphy President & Chief Executive Officer Karen Mattei Western Connectict Health Network, Inc. 24 Hospital Ave Danbury Connecticut	
4 5 6 7 8 9 10 11 12 13 14	Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code	Not for Profit 95 Locust Avenue Danbury Connecticut 06810 - Dr. John Murphy President & Chief Executive Officer Karen Mattei Western Connectict Health Network, Inc. 24 Hospital Ave Danbury Connecticut 06810 -	
4 5 6 7 8 9 10 11 12 13	Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State	Not for Profit 95 Locust Avenue Danbury Connecticut 06810 - Dr. John Murphy President & Chief Executive Officer Karen Mattei Western Connectict Health Network, Inc. 24 Hospital Ave Danbury Connecticut	
4 5 6 7 8 9 10 11 12 13 14	Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code	Not for Profit 95 Locust Avenue Danbury Connecticut 06810 - Dr. John Murphy President & Chief Executive Officer Karen Mattei Western Connectict Health Network, Inc. 24 Hospital Ave Danbury Connecticut 06810 - WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.	
4 5 6 7 8 9 10 11 12 13 14 15	Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME	Not for Profit 95 Locust Avenue Danbury Connecticut 06810 - Dr. John Murphy President & Chief Executive Officer Karen Mattei Western Connectict Health Network, Inc. 24 Hospital Ave Danbury Connecticut 06810 - WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC. PROVIDES SUPPORT SERVICES TO CORP. ACTIVITIES THROUGH CHARITABLE CONTRIBUTION	
4 5 6 7 8 9 10 11 12 13 14 15	Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description	Not for Profit 95 Locust Avenue Danbury Connecticut 06810 - Dr. John Murphy President & Chief Executive Officer Karen Mattei Western Connectict Health Network, Inc. 24 Hospital Ave Danbury Connecticut 06810 - WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC. PROVIDES SUPPORT SERVICES TO CORP. ACTIVITIES THROUGH CHARITABLE CONTRIBUTION DISTRIBUTION AND FUND RAISING.	
4 5 6 7 8 9 10 11 12 13 14 15 F.	Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service	Not for Profit 95 Locust Avenue Danbury Connecticut 06810 - Dr. John Murphy President & Chief Executive Officer Karen Mattei Western Connectict Health Network, Inc. 24 Hospital Ave Danbury Connecticut 06810 - WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC. PROVIDES SUPPORT SERVICES TO CORP. ACTIVITIES THROUGH CHARITABLE CONTRIBUTION DISTRIBUTION AND FUND RAISING. Fund Raising/Management	
4 5 6 7 8 9 10 11 12 13 14 15 F.	Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status	Not for Profit 95 Locust Avenue Danbury Connecticut 06810 - Dr. John Murphy President & Chief Executive Officer Karen Mattei Western Connectict Health Network, Inc. 24 Hospital Ave Danbury Connecticut 06810 - WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC. PROVIDES SUPPORT SERVICES TO CORP. ACTIVITIES THROUGH CHARITABLE CONTRIBUTION DISTRIBUTION AND FUND RAISING. Fund Raising/Management Not for Profit	
4 5 6 7 8 9 10 11 12 13 14 15 F.	Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address	Not for Profit 95 Locust Avenue Danbury Connecticut 06810 - Dr. John Murphy President & Chief Executive Officer Karen Mattei Western Connectict Health Network, Inc. 24 Hospital Ave Danbury Connecticut 06810 - WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC. PROVIDES SUPPORT SERVICES TO CORP. ACTIVITIES THROUGH CHARITABLE CONTRIBUTION DISTRIBUTION AND FUND RAISING. Fund Raising/Management Not for Profit 24 Hospital Avenue	
4 5 6 7 8 9 10 11 12 13 14 15 F.	Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status	Not for Profit 95 Locust Avenue Danbury Connecticut 06810 - Dr. John Murphy President & Chief Executive Officer Karen Mattei Western Connectict Health Network, Inc. 24 Hospital Ave Danbury Connecticut 06810 - WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC. PROVIDES SUPPORT SERVICES TO CORP. ACTIVITIES THROUGH CHARITABLE CONTRIBUTION DISTRIBUTION AND FUND RAISING. Fund Raising/Management Not for Profit	

FISCAL YEAR 2013

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

(1)	(2)	(3)	
	DESCRIPTION	AFFILIATE INFORMATION	
	Zip Code	06810 -	
	CEO Name	Dr. John Murphy	
	CEO Title	Chief Executive Officer	
	CT Agent Name	R&C Service Company	
	CT Agent Company	Robinson & Cole, LLP	
	CT Agent Company Street Address	280 Trumbull St	
	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06103 -	
G.	AFFILIATE NAME	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD.	
1	Affiliate Description	A CAPTIVE INSURANCE COMPANY DOMICILED IN THE CAYMAN ISLANDS TO PROVIDE ALTERNATIVE PROFESSIONAL LIABILITY INSURANCE.	
	Affiliate Description Affiliate type of service	Insurance	
3	Tax Status	For Profit	
4			
	Street Address	23 Lime Tree Bay Avenue	
5 6	Town	Grand Cayman Cayman Islands	
	State	KY! - 1102	
	Zip Code		
	CEO Name	Dr. John Murphy President & Chief Executive Officer	
	CEO Title		
	CT Agent Name	Julie Robertson	
	CT Agent Company	Honigman,Miller,Schwarta & Cohn,LLP	
	CT Agent Company Street Address	660 Woodward Avenue	
	CT Agent Town	Detroit Michigan	
	CT Agent State CT Agent Zip Code	Michigan 48226 -	
15	CT Agent zip Code	40220 -	
H.	AFFILIATE NAME	WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, LLC	
1	Affiliate Description	Provide management services to the Danbury Hospital and New Milford Hospital	
2	Affiliate type of service	Affilate Support Services	
3	Tax Status	Not for Profit	
4	Street Address	24 Hospital Ave	
5	Town	Danbury	
6	State	Connecticut	
7	Zip Code	06810 -	
8	CEO Name	Robert Deveney, MD	
9	CEO Title	Chair	
	CT Agent Name	R&C Service Company	
	CT Agent Company	Robinson & Cole, LLP	
	CT Agent Company Street Address	280 Trumbull St	
	CT Agent Town	Hartford	
	CT Agent State	Connecticut 06103 -	
15	CT Agent Zip Code	100103 -	
I.	AFFILIATE NAME	WESTERN CONNECTICUT HOME CARE, INC	
		DDOVIDES SKILLED NILIDSING SEDVICES AND OTHER MEDICAL SERVICES IN THE HOME CARE	
1	Affiliate Description	PROVIDES SKILLED NURSING SERVICES AND OTHER MEDICAL SERVICES IN THE HOME CARE SETTING.	
<u> </u>	rumate Description	OE111110.	

FISCAL YEAR 2013

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

(1)	(2)	(3)
IINE	DESCRIPTION	AFFILIATE INFORMATION
2	Affiliate type of service	Home Health/VNAs
3	Tax Status	Not for Profit
4	Street Address	4 Liberty Street
5	Town	Danbury
6	State	Connecticut
	Zip Code	06810 -
	CEO Name	Dr. John Murphy
	CEO Title	President and Chief Executive Officer
	CT Agent Name	Western Ct Health Network
	CT Agent Company	Karen Mattei
	CT Agent Company Street Address	24 Hospital Ave
	CT Agent Town	Danbury
14	CT Agent State	Connecticut
	CT Agent Zip Code	06810 -
J.	AFFILIATE NAME	WESTERN CONNECTICUT MEDICAL GROUP INC.
4	Affiliate Description	Physicians Office, provides medical convices to nationts
2	Affiliate type of service	Physicians Office, provides medical services to patients Physicians Services
3	Tax Status	Not for Profit
	Street Address	14 Research Drive Suite 201A
5	Town	Bethel
6	State	Connecticut
	Zip Code	06810 -
	CEO Name	Dr. Patrick Broderick
_	CEO Title	President
	CT Agent Name	Karen Mattei
	CT Agent Company	Western CT Medical Group
	CT Agent Company Street Address	14 Research Dr, Suite 201A
	CT Agent Town	Bethel
	CT Agent State	Connecticut
	CT Agent Zip Code	06801 -
K.	AFFILIATE NAME	WESTERN CT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC
		But the set of the set
1	Affiliate Description	Provides various management, purchasing, administrative and other services to medical and dental practitioners
2	Affiliate type of service	Physicians Hospital Org. (PHO)
3	Tax Status	Not for Profit
4	Street Address	24 Hospital Ave
5	Town	Danbury
	State	Connecticut
7	Zip Code	06810 -
	CEO Name	James Ahern, M.D.
	CEO Title	Chair
	CT Agent Name	Karen Mattei
	CT Agent Company	Western CT Health Network Physician Hospital Org.
	CT Agent Company Street Address	24 Hospital Ave
	CT Agent Town	Danbury
	CT Agent State	Connecticut
	CT Agent Zip Code	06810 -
	OV IS LINACCEDTABLE WITHOUT A	CTREET ADDRESS FOR EACH ACENT COMPANY

* 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	9/30/2013
Α.	DANBURY HOSPITAL		
1	DANDON'I NOO! ITAL	Unrestricted	\$400,930,008
2		Temporarily Restricted by Donor	\$56,603,735
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$29,113,368
5		Intercompany Eliminations	(\$21,618,215)
		Total:	\$465,028,896
В.	WESTERN CONNECTICUT HEALTH NETWORK , INC.		
<u>в.</u> 1	WESTERN CONNECTICUT HEALTH NETWORK, INC.	Unrestricted	(\$35,858,321)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$117,634,375)
		Total:	(\$153,492,696)
	DUONICO OVOTEMO INO		
C.	BUSINESS SYSTEMS, INC.	L la va atviata d	Ф40E 022
2		Unrestricted Temporarily Restricted by Donor	\$185,032 \$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$185,032
D.	NEW MILFORD HOSPITAL,INC		
1		Unrestricted	\$23,332,942
2		Temporarily Restricted by Donor	\$4,125,215
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$4,269,475
5		Intercompany Eliminations	\$0 \$24,737,632
		Total:	\$31,727,632
E.	NEW MILFORD MRI ,LLC		
1	,	Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
F.	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.		
1	TESTERN GORNEGIOST HEAETH NETWORK ALTIEIATES, ING.	Unrestricted	\$5,931,296
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$5,931,296
	WESTERN CONNECTICUT HEALTH METWORK FOLINDATION		
G.	WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.		
1		Unrestricted	\$14,197,750
2		Temporarily Restricted by Donor	\$62,208,703

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
\'''	(2)	FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2013
3		Temporarily Restricted by Board	\$9,422,297
4		Permanently Restricted by Donor	\$33,382,843
5		Intercompany Eliminations	\$0
		Total:	\$119,211,593

	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO		
н.	LTD.		
1		Unrestricted	\$21,618,215
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$21,618,215
		. • • • • • • • • • • • • • • • • • • •	\$21,010,210
	WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE,		
١.	LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
_ Ŭ		Total:	\$0
		Total.	ΨΟ
J.	WESTERN CONNECTICUT HOME CARE, INC		
	WESTERN CONNECTION HOME CARE, INC	Unrostricted	¢1 725 500
2		Unrestricted Temporarily Restricted by Donor	\$1,735,598 \$127,448
3		Temporarily Restricted by Board	\$127,448
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
_		Total:	\$1,863,046
		Total.	\$1,003,040
Κ.	WESTERN CONNECTICUT MEDICAL GROUP INC.		
1	WESTERN SOUNDSTINESIONE SINGSTING.	Unrestricted	\$8,126,126
2		Temporarily Restricted by Donor	\$0,120,120
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
Ť		Total:	\$8,126,126
		Total.	ψ0,120,120
	WESTERN CT HEALTH NETWORK PHYSICIAN HOSPITAL		
L.	ORGANIZATION, INC		
1	OROGINE ATTOM, INC	Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
٣		Total:	\$0
		Total.	\$0
	Total of all Affiliates (before Intercompany Eliminations)	Fund Dalaman	¢c20 454 700
	Intercompany Eliminations	Fund Balance:	\$639,451,730
		<u> </u>	(\$139,252,590)
	Total of all Affiliates	Fund Balance:	\$500,199,140

REPORT 5 6 OF 25 7/28/2014, 2:30 PM

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
_	WEGTERN CONNECTION THEATTH NETWORK INC			
Α.	WESTERN CONNECTICUT HEALTH NETWORK , INC.			
		Beginning Unconcellidated Intercommunity Balance	9/30/2012	¢o.
- 4		Beginning Unconsolidated Intercompany Balance: Employee Benefits	09/30/2013	\$0 \$752,000
2		Salaries & Wages	09/30/2013	
3		Accounts Payable	09/30/2013	\$68,000 \$1,679,000
4		Management consulting for DOPS and Joint & Spine	09/30/2013	(\$406,000)
5		cash	09/30/2013	(\$1,862,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$231,000
		Ziranig enconcentation intercompany Balanco.	0/00/2010	+201,000
В.	BUSINESS SYSTEMS, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$1,740,000
1		Accounts Payable	09/30/2013	(\$17.000)
2		Salary	09/30/2013	\$3,800
3		Employee Benefits	09/30/2013	\$28,000
4		Reclass Reserve	09/30/2013	\$1,000,000
5		cash	09/30/2013	(\$2,765,000)
6		archive , mail and phone expenses	09/30/2013	\$1,700
		Ending Unconsolidated Intercompany Balance:	9/30/2013	(\$8,500)
				, , ,
C.	NEW MILFORD HOSPITAL,INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$5,057,706
1		LOAN FROM DANBURY HOSPITAL	09/30/2013	\$1,456,885
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$6,514,591
D.	NEW MILFORD MRI ,LLC			
			0/00/00/0	•
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report Ending Unconsolidated Intercompany Balance:	0/20/2042	\$0 \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
E.	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.			
	2 22			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$624,000
1		Accounts Payable	09/30/2013	\$4,764,000
2		Salary	09/30/2013	(\$3,000)
3		401K	09/30/2013	\$1,920,000
4		Rental Of Space	09/30/2013	\$98,000

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	HOSPITAL
5		Clinical Services	09/30/2013	(\$509,000)
6		HR Expense, Malpractice, Warehouse expenses	09/30/2013	\$390,000
7		cash	09/30/2013	
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$241,000
F.	WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$466,000
1		Accounts Payable	09/30/2013	
2		Salary	09/30/2013	
3		Employee Benefits	09/30/2013	
4		Rental Of Space	09/30/2013	\$21,000
5		Reimbursement for Research Expense	09/30/2013	\$3,467,000
6		cash	09/30/2013	
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$661,000
G.	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
		<u> </u>		·
Н.	WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, LLC			
	THE OF THE PROPERTY OF THE PERSON OF THE PER			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report	3/30/2012	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Ziraing enconcentation into company Zalance	0/00/2010	40
	WESTERN CONNECTICUT HOME CARE, INC			
<u> </u>	WESTERN CONNECTION HOME CARE, INC			
		Designing Unconcelled to distance manage Palance.	9/30/2012	\$200.000
<u> </u>		Beginning Unconsolidated Intercompany Balance: Accounts Payable	09/30/2012	\$398,000 \$454,000
1 2		Employee Benefits	09/30/2013	
3		Clinical Services	09/30/2013	
4		Payroll Transfers	09/30/2013	
5		cash	09/30/2013	
ب		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$320,000
		Enamy Choolisondated Intercompany Ediance.	3/30/2013	Ψ320,000
	WESTERN CONNECTION MEDICAL CROUPING			
J.	WESTERN CONNECTICUT MEDICAL GROUP INC.			

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
1		Beginning Unconsolidated Intercompany Balance: Loan to Danbury Hospital Ending Unconsolidated Intercompany Balance:	9/30/2012 09/30/2013 9/30/2013	\$109,568 (\$83,568) \$26,000
K.	WESTERN CT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC			
		Beginning Unconsolidated Intercompany Balance: Nothing to Report Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0 \$0 \$0
			Grand Total:	\$7,985,091

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	40/04/0040	**
Α.	WESTERN CONNECTICUT HEALTH NETWORK , INC.		Intercompany Balance	10/01/2012	\$0
	WESTERN CONNECTICOT HEAETH NETWORK, INC.		Nothing to Report		\$0
			Total:	9/30/2013	\$0
					·
В.	BUSINESS SYSTEMS, INC.				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
C.	NEW MILFORD HOSPITAL,INC				
<u> </u>	NEW MIEL OND HOOF HAE, INC		Nothing to Report		\$0
			Total:	9/30/2013	\$0
D.	NEW MILFORD MRI ,LLC				
			Nothing to Report	0/00/00/10	\$0
			Total:	9/30/2013	\$0
E.	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.				
	WESTERN SOMESTION FIEREITHE WORK AT TELATES, INS.		Nothing to Report		\$0
			Total:	9/30/2013	\$0
F.	WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.				
			Nothing to Report	0/00/00/10	\$0
			Total:	9/30/2013	\$0
G.	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD.				
<u> </u>	WESTERN SCHOOL HEREITING WAS INSCHALLED		Nothing to Report		\$0
			Total:	9/30/2013	\$0
H.	WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, LLC		N. di		
			Nothing to Report	0/00/0040	\$0 \$0
			Total:	9/30/2013	\$0
l.	WESTERN CONNECTICUT HOME CARE, INC				
 "			Nothing to Report		\$0
			Total:	9/30/2013	\$0
J.	WESTERN CONNECTICUT MEDICAL GROUP INC.		N. di		
			Nothing to Report	0/20/2042	\$0 \$0
			Total:	9/30/2013	\$0
	WESTERN CT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION,				
K.	INC				

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:	9/30/2013	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2013	\$0

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

A. WE 0 B. BU	FILIATE NAME & SCRIPTION OF EXPENDITURE ESTERN CONNECTICUT HEALTH NETWORK , INC.	AMOUNT	DATE
0 B. BU	ESTERN CONNECTICUT HEALTH NETWORK INC		
0 B. BU	ESTERN CONNECTICUT HEALTH NETWORK INC		
B. BU			
	Nothing to Report Total:	\$0	0/20/2042
	i otai:	\$0	9/30/2013
	JSINESS SYSTEMS, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
C. NE	W MILFORD HOSPITAL,INC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
D. NE	W MILFORD MRI ,LLC Nothing to Report	Φ0	
0	Total:	\$0 \$0	9/30/2013
	101411	Ψ	3/30/2013
E. WE	ESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
	ESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.		
0	Nothing to Report Total:	\$0	0/00/0040
	i otai:	\$0	9/30/2013
G. WE	ESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
		·	
H. WE	ESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
1. WE	ESTERN CONNECTICUT HOME CARE, INC Nothing to Report	20	
0	Total:	\$0 \$0	9/30/2013
	Totali	φυ	3/30/2013
J. WE	ESTERN CONNECTICUT MEDICAL GROUP INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
	ESTERN OT HEALTH METMORK BUVSICIAN HOSPITAL ORGANIZATION INC		
K. WE	ESTERN CT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC Nothing to Report	\$0	
	Total:	\$0 \$0	9/30/2013
		40	3/35/2013
	Grand Total:	\$0	9/30/2013

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
A.	WESTERN CONNECTICUT HEALTH NETWORK , INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
B.	BUSINESS SYSTEMS, INC.	0.0	
0	Nothing to Report	\$0	0
	Total:	\$0	
	NEW AND FORD HOODITAL INC.		
C .	NEW MILFORD HOSPITAL,INC Nothing to Report	\$0	0
	Total:	\$0 \$0	0
	Total.	ψ0	
D.	NEW MILFORD MRI ,LLC		
<u>р.</u>	Nothing to Report	\$0	n
_ ٽ	Total:	\$0	Ü
		**	
E.	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD.		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, LLC	60	
0	Nothing to Report	\$0	0
	Total:	\$0	
	WEGTERN CONNECTIONS HOME CARE INC		
1. 0	WESTERN CONNECTICUT HOME CARE, INC Nothing to Report	\$0	0
\vdash	Total:	\$0 \$0	0
	Total.	40	
J.	WESTERN CONNECTICUT MEDICAL GROUP INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
K.	WESTERN CT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC		
0	Nothing to Report	\$0	0
	J = 1 = 1	**	

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
	Total:	\$0	
	Grand Total:	\$0	

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

A. Indigent Care Beginning Balance \$0.00 \$0.00 \$0.00 \$0.00	(1)	(2)	(3)	(4)	(5)	(6)
A						
Beginning Balance	LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
Beginning Balance						
1 Donations \$0.00 \$0.00 \$0.00	Α.	Indigent Care				
2						0%
3 Expenditures \$0.00 \$	1	Donations				0%
4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00 5 Projected Interest Income \$0.00 \$0.00 8 Free Beds	2	Income				0%
Ending Balance \$0.00 \$0.00 \$0.00	3					0%
5 Projected Interest Income \$0.00 \$0.00 \$0.00 B. Free Beds \$0.00 \$0.00 \$0.00 1 Donations \$0.00 \$0.00 \$0.00 2 Income \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00 5 Projected Interest Income \$0.00 \$0.00 C. Other \$0.00 \$0.00 Beginning Balance \$0.00 \$0.00 1 Donations \$0.00 \$0.00 2 Income \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00	4					0%
B . Free Beds Beginning Balance \$0.00 \$0.00 1 Donations \$0.00 \$0.00 2 Income \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 5 Projected Interest Income \$0.00 \$0.00 C . Other \$0.00 \$0.00 \$0.00 1 Donations \$0.00 \$0.00 \$0.00 2 Income \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00						0%
Beginning Balance	5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
Beginning Balance						
1 Donations \$0.00 \$0.00 \$0.00 2 Income \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00 5 Projected Interest Income \$0.00 \$0.00 C Other \$0.00 \$0.00 Beginning Balance \$0.00 \$0.00 \$0.00 1 Donations \$0.00 \$0.00 \$0.00 2 Income \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00	В.	Free Beds				
2 Income \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 5 Projected Interest Income \$0.00 \$0.00 C. Other \$0.00 \$0.00 1 Donations \$0.00 \$0.00 2 Income \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 Ending Balance \$0.00 \$0.00		Beginning Balance				0%
3	'				-	0%
4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00 5 Projected Interest Income \$0.00 \$0.00 C . Other Beginning Balance \$0.00 \$0.00 1 Donations \$0.00 2 Income \$0.00 3 Expenditures \$0.00 4 Unrealized Gains and Losses 4 Unrealized Gains and Losses 50.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00					-	0%
Ending Balance \$0.00 \$0.00 5 Projected Interest Income \$0.00 \$0.00 C . Other Beginning Balance \$0.00 \$0.00 1 Donations \$0.00 2 Income \$0.00 3 Expenditures \$0.00 4 Unrealized Gains and Losses \$0.00 Ending Balance \$0.00						0%
5 Projected Interest Income \$0.00 \$0.00 \$0.00 C . Other Beginning Balance \$0.00 \$0.00 \$0.00 1 Donations \$0.00 \$0.00 \$0.00 2 Income \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00	4		-		-	0%
C . Other \$0.00 \$0.00 \$0.00 Beginning Balance \$0.00 \$0.00 \$0.00 1 Donations \$0.00 \$0.00 \$0.00 2 Income \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00		Ending Balance				0%
Beginning Balance \$0.00 \$0.00 1 Donations \$0.00 \$0.00 2 Income \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 Ending Balance \$0.00 \$0.00	5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
Beginning Balance \$0.00 \$0.00 1 Donations \$0.00 \$0.00 2 Income \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 Ending Balance \$0.00 \$0.00						
1 Donations \$0.00 \$0.00 \$0.00 2 Income \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00	С.	Other				
1 Donations \$0.00 \$0.00 \$0.00 2 Income \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00		Beginning Balance	\$0.00	\$0.00	\$0.00	0%
3 Expenditures \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 Ending Balance \$0.00 \$0.00	1		\$0.00	\$0.00	\$0.00	0%
4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00	2	Income	\$0.00	\$0.00	\$0.00	0%
Ending Balance \$0.00 \$0.00 \$0.00	3	Expenditures	\$0.00	\$0.00	\$0.00	0%
	4	Unrealized Gains and Losses				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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	DANBURY HOSPITAL						
	ANNUAL REPORTING						
DED	FISCAL YEAR 2013	DV THE HOODITAL					
REP	ORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED E	BY THE HOSPITAL					
A. Patient Activity							
(1)	(2)	(3)					
<u>Patient</u>	Name of Hospital Bed Fund (FULL NAME)	Amount					
 Number of Applications 	s for Hospital Bed Funds	0					
	Grand Total	\$0.00					

	DANBURY HOSPITAL						
		ANNUAL REPO	RTING				
		FISCAL YEAR	R 2013				
	REPORT 17B - HOSPIT	AL BED FUNDS HELD (OR ADMINISTERED B	BY THE HOSPITAL			
B. BE	D FUND ACTIVITY						
(1)	(2)	(3)	(4)	(5)	(6)		
		FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available		
Line	Name of Hospital Bed Fund						
(3)	Fair Market Value of the Principal of each	n individual Hospital Be	d Fund, or the Princi	pal attributable to each	n Hospital Bed		
	•						
(4)	Total Actual Earnings for each Hospital I	Bed Fund or the Earning	gs attributable to eac	h Hospital Bed Fund.			
	•						
(5)	Actual Dollar Amount of Earnings reinve	sted as Principal, if any	' .				
(6)	(6) Actual Dollar Amount of Earnings available for Patient Care.						
	Ţ.						
	Total Bed Funds :	\$0.00	\$0.00	\$0.00	\$0.00		
	1	1	,		· · · · · · · · · · · · · · · · · · ·		

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 <\$2500 are reviewed and referred manually to a collection agency after final notice. Accounts >\$2499 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	Compensation is based on a % of collections and payment to the hospital by the percent owned. See individual agents for details.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	26.00%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
Α	Collection Agent	
1	Collection Agent Name	Credit Center Incorporated
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.	Account balances <\$2500 are reviewed and referred manually to a collection agency after final notice. Accounts >\$2499 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.	Compensation is based on a % of collections and payment to the hospital by the percent owned. 18% is retained for non legal issues and 28% is retained for legal issues.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	23.00%
<u>B</u>	Collection Agent	Circles Law Firms
1	Collection Agent Name	Simko Law Firm
2	Collection Agent Type	Collection Agency

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
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 <\$2500 are reviewed and referred manually to a collection agency after final notice. Accounts >\$2499 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.	Compensation is based on a % of collections and payment to the hospital by the percent owned. The fee is 15% if collected within the first 30 days, 30% if not paid in full within 30 days upt to \$10,000. 25% for collections exceeding \$10,000 but not more than \$20,000 and 15% for collections exceedi
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	30.00%
С	Collection Agent	
1	Collection Agent Name	Attorney Robert Tobin
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 <\$2500 are reviewed and referred manually to a collection agency after final notice. Accounts >\$2499 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.	Compensation is based on a % of collections and payment to the hospital by the percent owned.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	40.00%

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

LINE POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
CEO CHIEF EXECUTIVE OFFICER	\$998,461	\$58,428	\$1,056,889
2. VP HUMAN RESOURCES	\$377,429	\$571,440	\$948,869
3. CFO CHIEF FINANCIAL OFFICER	\$569,256	\$47,011	\$616,267
3. OF O CHIEF PHYANCIAL OF FICER	\$509,250	\$47,011	\$610,207
4. CHIEF OPERATING OFFICER	\$382,505	\$45,945	\$428,450
5. GENERAL COUNSEL	\$342,282	\$43,245	\$385,527
	Ţ :=,===	¥ .0,± .0	*************************************
6. CHIEF INFORMATION OFFICER	\$339,090	\$38,610	\$377,700
7. DIRECTOR EDUCATION & RESEARCH	\$317,965	\$50,546	\$368,511
8. CHIEF NURSING OFFICER	\$316,105	\$47,400	\$363,505
9. VP FACILITIES	\$253,855	\$58,035	\$311,890
10. VP PLANNING	\$260,719	\$46,608	\$307,327
Grand Total:	\$4,157,667	\$1,007,268	\$5,164,935

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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS

PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
		SALARIES	FRINGE	. ,
		(Directly or	BENEFITS ^A (DirectI	
LINE	DESCRIPTION	Indirectly) ^C	y or Indirectly) ^C	TOTAL
LINE	DESCRIPTION	munectry)	y or manechy)	IOIAL
Α.	WESTERN CONNECTICUT HEALTH NETWORK, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
В.	BUSINESS SYSTEMS, INC. Paid by the Entity Listed Above to Hospital Employees(B)		Φ0	<u>ф</u> о
<u>1</u>	Paid by the Entity Listed Above to Hospital Employees(b) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0 \$0	\$0 \$0
	and by the Hospital to Employees of the Entity Listed Above	ΨΟ	ΨΟ	ΨΟ
С.	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
D.	NEW MILFORD MRI ,LLC		1	Φ-
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0 \$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Ε.	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F.	WESTERN CONNECTICUT HEALTH NETWORK 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
0	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD.			
G .	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	<u>Ф</u> О
<u>1</u>	Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0	\$0 \$0
	and by the Hospital to Employees of the Entity Listed Above	ΨΟ	ΨΟ	ΨΟ
	WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE,			
Η.	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
<u> </u>	WESTERN CONNECTICUT HOME CARE, INC			
1. 1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Entity Listed Above to Hospital Employees(b) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0	\$0 \$0
	. Sac 27 the receptor to Employees of the Entity Listed Above	Ψ		ΨΟ
J.	WESTERN CONNECTICUT MEDICAL GROUP INC.			
	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
11				
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
		\$0	\$0	\$0
2	WESTERN CT HEALTH NETWORK PHYSICIAN HOSPITAL	\$0	\$0	\$0
		\$0 \$0	\$0	\$0

For each entity listed on Report 20, complete Report 21.

DANBURY HOSPITAL ANNUAL REPORTING FISCAL YEAR 2013 REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS

PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
		SALARIES	FRINGE	
		(Directly or	BENEFITS ^A (DirectI	
LINE	DESCRIPTION	Indirectly) ^C	y or Indirectly) ^C	TOTAL

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.

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B - A hospital employee is anyone who provides a service which incurs an expense for the hospital.

C - Indirect payments include but are not limited to payments made to related entities.

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 2013
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 Nonclinical Services or	
1.	Functions.	N/A
	Description of each Transfer of Assets or Operations or Change of Control involving Hospital	
2.	Clinical or Nonclinical Services or Functions.	N/A
	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved	
3.	in a change of control.	N/A
١.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital	21/2
4.	Clinical or Nonclinical Services or Functions occurred.	N/A
_	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital	•
5.	Clinical or Nonclinical Services or Functions.	\$0

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		Y HOSPITAL			
		REPORTING AL YEAR 2013			
	REPORT 23 - CHARITY CARE AND REDUCED		PROVIDED BY	THE HOSPITAL	
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012	FY 2013	AMOUNT	%
<u>LINE</u>	DESCRIPTION	AMOUNT	<u>AMOUNT</u>	DIFFERENCE	DIFFERENCE
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial S	Statement Notes)			
<u> </u>		0.110			
1. 2.	Number of Applicants Number of Approved Applicants	3,442 3,312	3,512 3,375	70 63	2% 2%
۷.	Number of Approved Applicants	3,312	3,375	63	270
3.	Total Charges (A)	\$13,969,782	\$12,948,351	(\$1,021,431)	-7%
	Average Charges	\$4,218	\$3,837	(\$381)	-9%
	Datia of Coat to Observe (DOC)	0.440407	0.400400	(0.040040)	00/
4.	Ratio of Cost to Charges (RCC) Total Cost	0.440437 \$6,152,809	0.430189 \$5,570,238	(0.010248) (\$582,571)	-2% -9%
	Average Cost	\$1,858	\$1,650	(\$302,371)	-11%
		\$1,000	4.,030	(4231)	. 1 70
5.	Charity Care - Inpatient Charges	\$2,742,952	\$1,432,711	(\$1,310,241)	-48%
	Charity Care - Outpatient Emergency Department				
6.	Charges Charity Care - Outpatient Charges (Excludes ED	2,451,344	2,669,592	218,248	9%
7.	Charges)	8,775,486	8,846,048	70,562	1%
· · ·	Total Charges (A)	\$13,969,782	\$12,948,351	(\$1,021,431)	-7%
	Total Call good (19)	, , , , , , , , , , , , , , , , , , ,	+ 1 = , 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1	(+1,0=1,101)	
8.	Charity Care - Number of Patient Days	879	205	(674)	-77%
9.	Charity Care - Number of Discharges	212	53	(159)	-75%
10.	Charity Care - Number of Outpatient ED Visits	1,756	1,683	(73)	-4%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	12,698	12,942	244	2%
- ' ' '	Visits)	12,030	12,542	277	270
(A) The	total amount must agree with the total amount listed in	n the Hospital Au	dited Financial S	tatement Notes.	
B.	Hospital Bed Funds (see Hospital Reporting System -	Report 17)			
<u> </u>	nospital bed I tillus (see Hospital Neporting Oystem -	iteport 17)			
1.	Number of Applicants	-	-	-	0%
2.	Number of Approved Applicants	-	-	-	0%
3.	Total Charges (B) Average Charges	\$0 \$0	\$0 \$0	\$0 \$0	0% 0%
	Average Charges	\$0	\$ 0	\$0	U%
4.	Ratio of Cost to Charges (RCC)	0	0.430189	0.430189	0%
	Total Cost	\$0	\$0	\$0	0%
	Average Cost	\$0	\$0	\$0	0%
	De LE colo Lection Of		A -	25	^ =-
5.	Bed Funds - Inpatient Charges	\$0	\$0	\$0	0%
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	0%
	general genera				
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	0	0	0	0%
	Total Charges (B)	\$0	\$0	\$0	0%
8.	Bed Funds - Number of Patient Days	0	0	0	0%
9.	Bed Funds - Number of Discharges	0	0	0	0%
10.	Bed Funds - Number of Outpatient ED Visits	0	0	0	0%
	Bed Funds - Number of Outpatient Visits(Excludes ED				
11.	Visits)	0	0	0	0%
(R) The	│ e total amount must agree with the total amount listed o	n Hosnital Repor	ting System - De	eport 17	
(2) 1116	z total amount must agree with the total amount listed t	Hospital Nepul	g Oyateiii - Ne	ροιι 17.	

DANBURY HOSPITAL					
ANNUAL REPORTING					
FISCAL YEAR 2013					
REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012	FY 2013	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE