

DANBURY HOSPITAL
ANNUAL REPORTING
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
7	Zip Code	06810 -
8	CEO Name	Dr. John Murphy
9	CEO Title	President & Chief Executive Officer
10	CT Agent Name	Karen Mattei
11	CT Agent Company	Western CT Health Network
12	CT Agent Company Street Address	24 Hospital Ave
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
B. AFFILIATE NAME BUSINESS SYSTEMS, INC.		
1	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
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	Dr. John Murphy
9	CEO Title	President & Chief Executive Officer
10	CT Agent Name	R&C Service Company
11	CT Agent Company	Robinson & Cole , LLP
12	CT Agent Company Street Address	280 Trumbull St
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
C. AFFILIATE NAME NEW MILFORD HOSPITAL,INC		
1	Affiliate Description	SHORT TERM ACUTE CARE HOSPITAL PROVIDING INPATIENT AND OUTPATIENT SERVICES
2	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	21 ELM STREET
5	Town	NEW MILFORD
6	State	Connecticut
7	Zip Code	06776 -
8	CEO Name	Dr. John Murphy
9	CEO Title	President & Chief Executive Officer
10	CT Agent Name	Karen Mattei
11	CT Agent Company	Western Ct Health Network

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

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
7	Zip Code	06810 -
8	CEO Name	Dr. John Murphy
9	CEO Title	Chief Executive Officer
10	CT Agent Name	R&C Service Company
11	CT Agent Company	Robinson & Cole, LLP
12	CT Agent Company Street Address	280 Trumbull St
13	CT Agent Town	Hartford
14	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.
2	Affiliate type of service	Insurance
3	Tax Status	For Profit
4	Street Address	23 Lime Tree Bay Avenue
5	Town	Grand Cayman
6	State	Cayman Islands
7	Zip Code	KY! - 1102
8	CEO Name	Dr. John Murphy
9	CEO Title	President & Chief Executive Officer
10	CT Agent Name	Julie Robertson
11	CT Agent Company	Honigman,Miller,Schwarta & Cohn,LLP
12	CT Agent Company Street Address	660 Woodward Avenue
13	CT Agent Town	Detroit
14	CT Agent State	Michigan
15	CT Agent Zip Code	48226 -
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	Affiliate 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
10	CT Agent Name	R&C Service Company
11	CT Agent Company	Robinson & Cole, LLP
12	CT Agent Company Street Address	280 Trumbull St
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
I.		
	AFFILIATE NAME	WESTERN CONNECTICUT HOME CARE, INC
1	Affiliate Description	PROVIDES SKILLED NURSING SERVICES AND OTHER MEDICAL SERVICES IN THE HOME CARE SETTING.

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(1)	(2)	(3)
LINE	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
7	Zip Code	06810 -
8	CEO Name	Dr. John Murphy
9	CEO Title	President and Chief Executive Officer
10	CT Agent Name	Western Ct Health Network
11	CT Agent Company	Karen Mattei
12	CT Agent Company Street Address	24 Hospital Ave
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
J.	AFFILIATE NAME	WESTERN CONNECTICUT MEDICAL GROUP INC.
1	Affiliate Description	Physicians Office, provides medical services to patients
2	Affiliate type of service	Physicians Services
3	Tax Status	Not for Profit
4	Street Address	14 Research Drive Suite 201A
5	Town	Bethel
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	Dr. Patrick Broderick
9	CEO Title	President
10	CT Agent Name	Karen Mattei
11	CT Agent Company	Western CT Medical Group
12	CT Agent Company Street Address	14 Research Dr, Suite 201A
13	CT Agent Town	Bethel
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06801 -
K.	AFFILIATE NAME	WESTERN CT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC
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
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	James Ahern, M.D.
9	CEO Title	Chair
10	CT Agent Name	Karen Mattei
11	CT Agent Company	Western CT Health Network Physician Hospital Org.
12	CT Agent Company Street Address	24 Hospital Ave
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -

* P.O. BOX IS UNACCEPTABLE WITHOUT A

STREET ADDRESS FOR EACH AGENT COMPANY

**DANBURY HOSPITAL
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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 9/30/2013
A . DANBURY HOSPITAL			
1		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
B . WESTERN CONNECTICUT HEALTH NETWORK , INC.			
1		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)
C . BUSINESS SYSTEMS, INC.			
1		Unrestricted	\$185,032
2		Temporarily Restricted by Donor	\$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
		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		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
G . WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.			
1		Unrestricted	\$14,197,750
2		Temporarily Restricted by Donor	\$62,208,703

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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 9/30/2013
3		Temporarily Restricted by Board	\$9,422,297
4		Permanently Restricted by Donor	\$33,382,843
5		Intercompany Eliminations	\$0
		Total:	\$119,211,593
H.	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO 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
I.	WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, 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
J.	WESTERN CONNECTICUT HOME CARE, INC		
1		Unrestricted	\$1,735,598
2		Temporarily Restricted by Donor	\$127,448
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,863,046
K.	WESTERN CONNECTICUT MEDICAL GROUP INC.		
1		Unrestricted	\$8,126,126
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$8,126,126
L.	WESTERN CT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$639,451,730
	Intercompany Eliminations		(\$139,252,590)
	Total of all Affiliates	Fund Balance:	\$500,199,140

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
A. WESTERN CONNECTICUT HEALTH NETWORK , INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
1		Employee Benefits	09/30/2013	\$752,000
2		Salaries & Wages	09/30/2013	\$68,000
3		Accounts Payable	09/30/2013	\$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
B. 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				
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
E. WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.				
		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

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(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM 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	(\$7,043,000)
		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	\$1,996,000
2		Salary	09/30/2013	\$1,407,000
3		Employee Benefits	09/30/2013	\$101,000
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	(\$6,797,000)
		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
H.	WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
I.	WESTERN CONNECTICUT HOME CARE, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$398,000
1		Accounts Payable	09/30/2013	\$454,000
2		Employee Benefits	09/30/2013	\$709,000
3		Clinical Services	09/30/2013	\$24,000
4		Payroll Transfers	09/30/2013	\$23,000
5		cash	09/30/2013	(\$1,288,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$320,000
J.	WESTERN CONNECTICUT MEDICAL GROUP INC.			

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

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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated Intercompany Balance	10/01/2012	\$0
A.	WESTERN CONNECTICUT HEALTH NETWORK , INC.		Nothing to Report		\$0
			Total:	9/30/2013	\$0
B.	BUSINESS SYSTEMS, INC.		Nothing to Report		\$0
			Total:	9/30/2013	\$0
C.	NEW MILFORD HOSPITAL, INC		Nothing to Report		\$0
			Total:	9/30/2013	\$0
D.	NEW MILFORD MRI ,LLC		Nothing to Report		\$0
			Total:	9/30/2013	\$0
E.	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC.		Nothing to Report		\$0
			Total:	9/30/2013	\$0
F.	WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.		Nothing to Report		\$0
			Total:	9/30/2013	\$0
G.	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD.		Nothing to Report		\$0
			Total:	9/30/2013	\$0
H.	WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, LLC		Nothing to Report		\$0
			Total:	9/30/2013	\$0
I.	WESTERN CONNECTICUT HOME CARE, INC		Nothing to Report		\$0
			Total:	9/30/2013	\$0
J.	WESTERN CONNECTICUT MEDICAL GROUP INC.		Nothing to Report		\$0
			Total:	9/30/2013	\$0
K.	WESTERN CT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC				

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2013	\$0

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

(1) LINE	(2) AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	(3) AMOUNT	(4) DATE
A. WESTERN CONNECTICUT HEALTH NETWORK , INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
B. BUSINESS SYSTEMS, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
C. NEW MILFORD HOSPITAL,INC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
D. NEW MILFORD MRI ,LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
E. WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
F. WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
G. WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
H. WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
I. WESTERN CONNECTICUT HOME CARE, INC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
J. WESTERN CONNECTICUT MEDICAL GROUP INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
K. WESTERN CT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
	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	Nothing to Report	\$0	0
	Total:	\$0	
C.	NEW MILFORD HOSPITAL, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	NEW MILFORD MRI ,LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
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		
0	Nothing to Report	\$0	0
	Total:	\$0	
I.	WESTERN CONNECTICUT HOME CARE, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
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

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

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

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A . Indigent Care					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
B . Free Beds					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
C . Other					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

DANBURY HOSPITAL ANNUAL REPORTING FISCAL YEAR 2013 REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
<u>Patient</u>	Name of Hospital Bed Fund (<u>FULL NAME</u>)	Amount
1. Number of Applications for Hospital Bed Funds		0
Grand Total		\$0.00

DANBURY HOSPITAL ANNUAL REPORTING FISCAL YEAR 2013					
REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
B. BED 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 Hospital Bed				
(4)	Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund.				
(5)	Actual Dollar Amount of Earnings reinvested as Principal, if any.				
(6)	Actual Dollar Amount of Earnings available for Patient Care.				
	Total Bed Funds :	\$0.00	\$0.00	\$0.00	\$0.00

**DANBURY HOSPITAL
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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I. GENERAL COLLECTION PROCESSES AND PROCEDURES		
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	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		
A Collection Agent		
1	Collection Agent Name	Credit Center Incorporated
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. 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%
B Collection Agent		
1	Collection Agent Name	Simko Law Firm
2	Collection Agent Type	Collection Agency

**DANBURY HOSPITAL
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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 up 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%
C	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%

**DANBURY HOSPITAL
ANNUAL REPORTING
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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.	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
4.	CHIEF OPERATING OFFICER	\$382,505	\$45,945	\$428,450
5.	GENERAL COUNSEL	\$342,282	\$43,245	\$385,527
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

**DANBURY HOSPITAL
ANNUAL REPORTING
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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directl y or Indirectly) ^C	TOTAL
A . WESTERN CONNECTICUT HEALTH NETWORK , INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
B . BUSINESS SYSTEMS, 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
C . 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	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
E . 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
G . WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
H . WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
I . WESTERN CONNECTICUT HOME CARE, INC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
J . WESTERN CONNECTICUT MEDICAL GROUP INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
K . WESTERN CT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

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

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

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

A - Fringe benefits shall represent the value of all forms of compensation as described in Section 19a-643-206-(b)(21), including the fair market value where appropriate.

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

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

**DANBURY HOSPITAL
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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
A	Transfer of Assets or Operations	
1.	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

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)
LINE	DESCRIPTION	FY 2012 AMOUNT	FY 2013 AMOUNT	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	3,442	3,512	70	2%
2.	Number of Approved Applicants	3,312	3,375	63	2%
3.	Total Charges (A)	\$13,969,782	\$12,948,351	(\$1,021,431)	-7%
	Average Charges	\$4,218	\$3,837	(\$381)	-9%
4.	Ratio of Cost to Charges (RCC)	0.440437	0.430189	(0.010248)	-2%
	Total Cost	\$6,152,809	\$5,570,238	(\$582,571)	-9%
	Average Cost	\$1,858	\$1,650	(\$207)	-11%
5.	Charity Care - Inpatient Charges	\$2,742,952	\$1,432,711	(\$1,310,241)	-48%
6.	Charity Care - Outpatient Emergency Department Charges	2,451,344	2,669,592	218,248	9%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	8,775,486	8,846,048	70,562	1%
	Total Charges (A)	\$13,969,782	\$12,948,351	(\$1,021,431)	-7%
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%
(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.					
B. Hospital Bed Funds (see Hospital Reporting System - Report 17)					
1.	Number of Applicants	-	-	-	0%
2.	Number of Approved Applicants	-	-	-	0%
3.	Total Charges (B)	\$0	\$0	\$0	0%
	Average Charges	\$0	\$0	\$0	0%
4.	Ratio of Cost to Charges (RCC)	0	0.430189	0.430189	0%
	Total Cost	\$0	\$0	\$0	0%
	Average Cost	\$0	\$0	\$0	0%
5.	Bed Funds - Inpatient Charges	\$0	\$0	\$0	0%
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	0%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	0	0	0	0%
	Total Charges (B)	\$0	\$0	\$0	0%
8.	Bed Funds - Number of Patient Days	0	0	0	0%
9.	Bed Funds - Number of Discharges	0	0	0	0%
10.	Bed Funds - Number of Outpatient ED Visits	0	0	0	0%
11.	Bed Funds - Number of Outpatient Visits(Excludes ED Visits)	0	0	0	0%
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.					

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)
LINE	DESCRIPTION	FY 2012 AMOUNT	FY 2013 AMOUNT	AMOUNT DIFFERENCE	% DIFFERENCE