# **ANNUAL REPORTING**

# **FISCAL YEAR 2013**

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
		WESTERN CONNECTICUT HEALTH NETWORK INC.(FORMERLY WESTERN CONNECTICUT	
A.	AFFILIATE NAME	HEALTHCARE, 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	
	CEO Title	President & Chief Executive Officer	
	CT Agent Name	Karen Mattei	
	CT Agent Company	Western CT Health Network	
	CT Agent Company Street Address	24 Hospital Ave	
	CT Agent Town	Danbury	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06810 -	
P	AFEILIATE NAME	BUSINESS SYSTEMS, INC.	
B.	AFFILIATE NAME	BUSINESS STSTEMS, 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	
	Zip Code	06810 -	
	CEO Name	Dr John Murphy	
	CEO Title	President & Chief Executive Officer	
	CT Agent Name	R&C Service Company	
	CT Agent Company	Robinson & Cole , LLP	
	CT Agent Tourn	280 Trumbull St	
	CT Agent Town CT Agent State	Hartford Connecticut	
	CT Agent State CT Agent Zip Code	06103 -	
13	OT Agent Zip Code		
c.	AFFILIATE NAME	DANBURY HOSPITAL	
	Affiliate Description	ACUTE CARE HOSPITAL PROVIDING INPATIENT AND OUTPATIENT SERVICES	
2	Affiliate type of service	Hospital	
	Tax Status	Not for Profit	
4	Street Address	24 Hospital Avenue	
5	Town	Danbury	
	State	Connecticut	
	Zip Code	06810 -	
	CEO Name	Dr. John Murphy Chief Executive Officer	
9	CEO Title		
	CT Agent Name CT Agent Company	R&C Service Company Robinson & Cole , LLP	
	OT Agent Company	NOUIIISOIT & COIE, LLF	

# **ANNUAL REPORTING**

# **FISCAL YEAR 2013**

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
12	CT Agent Company Street Address	28 Trumbull St	
	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06103 -	
D.	AFFILIATE NAME	NEW MILFORD MRI, LLC	
		Joint venture providing MRI services at New Milford Hospital. 51% of the joint venture is owned by New	
2	Affiliate Description	Milford Hospital and the remaining 49% is owned by Radcorp of New Milford, LLC.	
	Affiliate type of service	Imaging Services  Not for Profit	
3	Tax Status	21 Elm Street	
	Street Address		
5	Town	New Milford	
6	State	Connecticut	
	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	THE NEW MILFORD HOSPITAL, INC	
1	Affiliate Description	SHORT TERM ACUTE CARE HOSPTITAL PROVIDING INPATIENT AND OUTPATIENT SERVICES	
	Affiliate Description Affiliate type of service		
2	Affiliate type of service	Hospital	
2	Affiliate type of service Tax Status	Hospital Not for Profit	
2 3 4	Affiliate type of service Tax Status Street Address	Hospital	
2	Affiliate type of service Tax Status	Hospital Not for Profit 21 ELM STREET	
2 3 4 5 6	Affiliate type of service Tax Status Street Address Town State	Hospital Not for Profit 21 ELM STREET New Milford Connecticut	
2 3 4 5 6 7	Affiliate type of service Tax Status Street Address Town State Zip Code	Hospital Not for Profit 21 ELM STREET New Milford Connecticut 06776 -	
2 3 4 5 6	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name	Hospital Not for Profit 21 ELM STREET New Milford Connecticut 06776 - Dr. John Murphy	
2 3 4 5 6 7 8 9	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title	Hospital Not for Profit 21 ELM STREET New Milford Connecticut 06776 - Dr. John Murphy PRESIDENT & CEO	
2 3 4 5 6 7 8 9	Affiliate type of service  Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name	Hospital Not for Profit 21 ELM STREET New Milford Connecticut 06776 - Dr. John Murphy PRESIDENT & CEO Karen Mattei	
2 3 4 5 6 7 8 9 10	Affiliate type of service  Tax Status  Street Address  Town  State  Zip Code  CEO Name  CEO Title  CT Agent Name  CT Agent Company	Hospital Not for Profit 21 ELM STREET New Milford Connecticut 06776 - Dr. John Murphy PRESIDENT & CEO Karen Mattei Western Ct Health Network	
2 3 4 5 6 7 8 9 10 11	Affiliate type of service  Tax Status  Street Address  Town  State  Zip Code  CEO Name  CEO Title  CT Agent Name  CT Agent Company  CT Agent Company Street Address	Hospital Not for Profit 21 ELM STREET New Milford Connecticut 06776 - Dr. John Murphy PRESIDENT & CEO Karen Mattei Western Ct Health Network 24 Hospital Ave	
2 3 4 5 6 7 8 9 10 11 12	Affiliate type of service  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	Hospital Not for Profit 21 ELM STREET New Milford Connecticut 06776 - Dr. John Murphy PRESIDENT & CEO Karen Mattei Western Ct Health Network 24 Hospital Ave Danbury	
2 3 4 5 6 7 8 9 10 11 12 13	Affiliate type of service  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	Hospital Not for Profit 21 ELM STREET New Milford Connecticut 06776 - Dr. John Murphy PRESIDENT & CEO Karen Mattei Western Ct Health Network 24 Hospital Ave Danbury Connecticut	
2 3 4 5 6 7 8 9 10 11 12 13	Affiliate type of service  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	Hospital Not for Profit 21 ELM STREET New Milford Connecticut 06776 - Dr. John Murphy PRESIDENT & CEO Karen Mattei Western Ct Health Network 24 Hospital Ave Danbury	
2 3 4 5 6 7 8 9 10 11 12 13	Affiliate type of service  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	Hospital Not for Profit 21 ELM STREET New Milford Connecticut 06776 - Dr. John Murphy PRESIDENT & CEO Karen Mattei Western Ct Health Network 24 Hospital Ave Danbury Connecticut	
2 3 4 5 6 7 8 9 10 11 12 13 14	Affiliate type of service  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 State  CT Agent Zip Code	Hospital Not for Profit 21 ELM STREET New Milford Connecticut 06776 - Dr. John Murphy PRESIDENT & CEO Karen Mattei Western Ct Health Network 24 Hospital Ave Danbury Connecticut 06810 -  WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.	
2 3 4 5 6 7 8 9 10 11 12 13 14 15	Affiliate type of service  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	Hospital Not for Profit 21 ELM STREET New Milford Connecticut 06776 - Dr. John Murphy PRESIDENT & CEO Karen Mattei Western Ct Health Network 24 Hospital Ave Danbury Connecticut 06810 -  WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.  PROVIDES SUPPORT FOR EMPLOYEE AND CORPORATE HEALTH MANAGEMENT, Danbury	
2 3 4 5 6 7 8 9 10 11 12 13 14 15	Affiliate type of service  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	Hospital Not for Profit 21 ELM STREET New Milford Connecticut 06776 - Dr. John Murphy PRESIDENT & CEO Karen Mattei Western Ct Health Network 24 Hospital Ave Danbury Connecticut 06810 -  WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.  PROVIDES SUPPORT FOR EMPLOYEE AND CORPORATE HEALTH MANAGEMENT, Danbury Diagnostic Imaging,Ridgefield Diagnostic Imaging and EMT and Ambulance Services	
2 3 4 5 6 7 8 9 10 11 12 13 14 15 <b>F.</b>	Affiliate type of service  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	Hospital Not for Profit 21 ELM STREET New Milford Connecticut 06776 - Dr. John Murphy PRESIDENT & CEO Karen Mattei Western Ct Health Network 24 Hospital Ave Danbury Connecticut 06810 -  WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.  PROVIDES SUPPORT FOR EMPLOYEE AND CORPORATE HEALTH MANAGEMENT, Danbury Diagnostic Imaging,Ridgefield Diagnostic Imaging and EMT and Ambulance Services Affilate Support Services	
2 3 4 5 6 7 8 9 10 11 12 13 14 15 <b>F.</b>	Affiliate type of service  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	Hospital Not for Profit 21 ELM STREET New Milford Connecticut 06776 - Dr. John Murphy PRESIDENT & CEO Karen Mattei Western Ct Health Network 24 Hospital Ave Danbury Connecticut 06810 -  WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.  PROVIDES SUPPORT FOR EMPLOYEE AND CORPORATE HEALTH MANAGEMENT, Danbury Diagnostic Imaging, Ridgefield Diagnostic Imaging and EMT and Ambulance Services Affilate Support Services Not for Profit	
2 3 4 5 6 7 8 9 10 11 12 13 14 15 <b>F.</b>	Affiliate type of service  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	Hospital Not for Profit 21 ELM STREET New Milford Connecticut 06776 - Dr. John Murphy PRESIDENT & CEO Karen Mattei Western Ct Health Network 24 Hospital Ave Danbury Connecticut 06810 -  WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.  PROVIDES SUPPORT FOR EMPLOYEE AND CORPORATE HEALTH MANAGEMENT, Danbury Diagnostic Imaging,Ridgefield Diagnostic Imaging and EMT and Ambulance Services Affilate Support Services Not for Profit 95 Locust Avenue	
2 3 4 5 6 7 8 9 10 11 12 13 14 15 <b>F.</b>	Affiliate type of service  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	Hospital Not for Profit 21 ELM STREET New Milford Connecticut 06776 - Dr. John Murphy PRESIDENT & CEO Karen Mattei Western Ct Health Network 24 Hospital Ave Danbury Connecticut 06810 -  WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.  PROVIDES SUPPORT FOR EMPLOYEE AND CORPORATE HEALTH MANAGEMENT, Danbury Diagnostic Imaging, Ridgefield Diagnostic Imaging and EMT and Ambulance Services Affilate Support Services Not for Profit	

# **ANNUAL REPORTING**

# **FISCAL YEAR 2013**

(1)	(2)	(3)	
	DESCRIPTION	AFFILIATE INFORMATION	
	Zip Code	06810 -	
	CEO Name	Dr. John Murphy	
	CEO Title	President & Chief Executive Officer	
	CT Agent Name	Karen Mattei	
	CT Agent Company	Western Connectict Health Network, Inc.	
	CT Agent Company Street Address	24 Hospital Ave	
	CT Agent Town	Danbury	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06810 -	
G.	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	
	Tax Status	Not for Profit	
4	Street Address	24 Hospital Avenue	
	Town	Danbury	
6	State	Connecticut	
	Zip Code	06810 -	
	CEO Name	Dr. John Murphy	
	CEO Title	Chief Executive Officer	
	CT Agent Name	R&C Service Company	
	CT Agent Name CT Agent Company	Robinson & Cole, LLP	
	CT Agent Company CT Agent Company Street Address	280 Trumbull St	
	CT Agent Company Street Address CT Agent Town	Hartford	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent State  CT Agent Zip Code	06103 -	
10	OT Agent Zip Code		
Н.	AFFILIATE NAME	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD.	
		A CAPTIVE INSURANCE COMPANY DOMICILED IN THE CAYMAN ISLANDS TO PROVIDE	
	Affiliate Description	ALTERNATIVE PROFESSIONAL LIABILITY INSURANCE.	
2	Affiliate type of service	Insurance	
3	Tax Status	For Profit	
4	Street Address	23 lime Tree Bay Av	
5	Town	Grand Cayman	
6	State	Cayman Islands	
7	Zip Code	00000 - 1102	
	CEO Name	Dr John Murphy	
9	CEO Title	President & Chief Executive Officer	
	CT Agent Name	Julie Robertson	
	CT Agent Company	Honigman, Miller, Schwarta & Cohn, LLP	
	CT Agent Company Street Address	660 Woodward Ave	
	CT Agent Town	Detroit	
	CT Agent State	Michigan	
15	CT Agent Zip Code	48226 -	
I.	AFFILIATE NAME	WESTERN CONNECTICUT HEALTH NETWORK JOINT AND SPINE , LLC	
1	Affiliate Description	Provide management services to the Danbury Hospital and New Milford Hospital	
<u> </u>	p	. O	

# **ANNUAL REPORTING**

# **FISCAL YEAR 2013**

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

(1)	(2)	(3)	
	DESCRIPTION	AFFILIATE INFORMATION	
	Affiliate type of service	Affilate Support Services	
3	Tax Status	Not for Profit	
	Street Address	24 Hospital Ave	
5	Town	Danbury	
6	State	Connecticut	
	Zip Code	06810 -	
	CEO Name	Robert Deveney, M.D.	
	CEO Title	Chair	
	CT Agent Name	R&C Service Company	
	CT Agent Company	Robinson & Cole	
	CT Agent Company Street Address	280 Trumbull St	
	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06103 -	
J.	AFFILIATE NAME	WESTERN CONNECTICUT HOME CARE, INC	
		PROVIDES SKILLED NURSING SERVICES AND OTHER MEDICAL SERVICES IN THE HOME CARE	
	Affiliate Description	SETTING.	
	Affiliate type of service	Home Health/VNAs	
3	Tax Status	Not for Profit	
4	Street Address	4 Liberty Street	
	Town	Danbury	
	State	Connecticut	
	Zip Code	06810 -	
	CEO Name	John Murphy, MD	
	CEO Title	President and Chief Executive Officer	
	CT Agent Name	Karen Mattei	
	CT Agent Company	Western Ct Health Network	
	CT Agent Company Street Address	24 Hospital Ave	
	CT Agent Town	Danbury	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06810 -	
K.	AFFILIATE NAME	WESTERN CONNECTICUT MEDICAL GROUP, P.C.	
1	Affiliate Description	Physicians Office, provides medical services to patients	
2	Affiliate type of service	Physicians Services	
	Tax Status	Not for Profit	
	Street Address	14 Research Drive Suite 201A	
5	Town	Bethel	
	State	Connecticut	
	Zip Code	06801 -	
	CEO Name	Dr. Patrick Broderick	
	CEO Title	President	
	CT Agent Name	Karen Mattei	
	CT Agent Company	Western Connecticut Health Network	
	CT Agent Company Street Address	24 Hospital Ave	
13	CT Agent Town	Danbury	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06810 -	

REPORT 20 4 OF 25 7/28/2014,3:09 PM

# **ANNUAL REPORTING**

# **FISCAL YEAR 2013**

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
L.	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
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 -

<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
I INF AF	FFILIATE NAME	FUND PURPOSE	9/30/2013
LINE A		1 010 1 0111 002	5/55/2515
A NE	EW MILFORD HOSPITAL		
	EW WILFORD HOSPITAL	I love stricts of	<b>CO</b>
1		Unrestricted Temporarily Restricted by Donor	\$0 \$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
		i otai.	Ψ0
	ESTERN CONNECTICUT HEALTH NETWORK INC.(FORMERLY		
	ESTERN CONNECTICUT HEALTHCARE, 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)
<u> </u>	HOINESS SVOTEMS INC		
	USINESS SYSTEMS, INC.	Llorootriotod	#40F 000
1		Unrestricted	\$185,032
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$185,032
		Total.	\$105,032
D. DA	ANBURY HOSPITAL		
1	ANDORTHOSPHAL	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>*</b> 100,0=0,000
E. NE	EW 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. Th	HE 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
G. W	ESTERN 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

# 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
	WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION,		
н.	INC.		
1	INC.	Unrestricted	£14 107 7E0
2		Temporarily Restricted by Donor	\$14,197,750 \$62,208,703
3		Temporarily Restricted by Board	\$9,422,297
4		Permanently Restricted by Donor	\$33,382,843
5		Intercompany Eliminations	\$0
		Total:	\$119,211,593
		Total.	Ψ113,211,333
	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO		
١.	LTD.		
	LID.	Unroatriotod	\$24.649.24E
2		Unrestricted Temporarily Restricted by Donor	\$21,618,215
3		Temporarily Restricted by Board	\$0 \$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$21,618,215
		Total:	\$21,010,213
	WESTERN CONNECTICUT HEALTH NETWORK JOINT AND		
١.			
	SPINE, LLC	Llana atriata d	<b>C</b> O
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0 \$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0
- 3			
		Total:	\$0
1/	WESTERN CONNECTION THOMS CARE INC		
Κ.	WESTERN CONNECTICUT HOME CARE, INC	Llana atriata d	\$4.70F.F00
1		Unrestricted	\$1,735,598
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$127,448 \$0
		Permanently Restricted by Donor	\$0
<u>4</u> 5		Intercompany Eliminations	\$0
		· · ·	
		Total:	\$1,863,046
L.	WESTERN CONNECTICUT MEDICAL GROUP, P.C.		
	WESTERN CONNECTICUT MEDICAL GROUP, F.C.	Unrestricted	\$0.406.406
2		Temporarily Restricted by Donor	\$8,126,126
		Temporarily Restricted by Board	\$0 \$0
<u>3</u>		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
۱		Total:	\$8,126,126
		i Otal.	\$0,120,120
	WESTERN CT HEALTH NETWORK PHYSICIAN HOSPITAL		
М.	ORGANIZATION, INC		
	ONOMILATION, INC	Unrestricted	¢Λ
2		Temporarily Restricted by Donor	\$0 \$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 Palanco	¢620 454 700
	Intercompany Eliminations	Fund Balance:	\$639,451,730
	Total of all Affiliates	F 15.1	(\$139,252,590)
	I Otal OI all Allillates	Fund Balance:	\$500,199,140

# 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
	WESTERN CONNECTICUT HEALTH NETWORK INC.(FORMERLY WESTERN			
A.	CONNECTICUT HEALTHCARE, INC.)			
		Danisaria a Una cara di data di Interna cara da Dalaman	0/00/0040	***
		Beginning Unconsolidated Intercompany Balance:  Nothing to Report	9/30/2012	<b>\$0</b>
-		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Ending chochochaated intercompany balance.	3/33/2313	45
В.	BUSINESS SYSTEMS, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
C.	DANBURY HOSPITAL			
		B. C. C. H. C. P. C. H. C. P. P. C. P. P. C. P. P. P. C. P.	0/00/0040	•
		Beginning Unconsolidated Intercompany Balance:  Nothing to Report	9/30/2012	<b>\$0</b>
-		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Ending chochochaated intercompany balance.	3/33/2313	45
D.	NEW MILFORD MRI, LLC			
<u> </u>				
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
E.	THE NEW MILFORD HOSPITAL, INC			
		Denimina Harana Hidatad Internance Dalaman	0/00/0040	¢0.070.004
1		Beginning Unconsolidated Intercompany Balance:  Expenses Charged to Hospital by Affiliates	<b>9/30/2012</b> 09/30/2013	<b>\$8,873,224</b> \$117,651
<u> </u>		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$8,990,875
		Ending chochochaated intercompany balance.	3/33/2313	\$3,555,515
F.	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
G.	WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.			

# 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
		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 INSURANCE CO LTD.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report	0,00,2012	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
I.	WESTERN CONNECTICUT HEALTH NETWORK JOINT AND SPINE , LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	¢o.
		Nothing to Report	9/30/2012	<b>\$0</b>
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0 <b>\$0</b>
		la grand and party and the		
J.	WESTERN CONNECTICUT HOME CARE, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	¢o.
		Nothing to Report	9/30/2012	<b>\$0</b>
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
			0.00.00	· ·
K.	WESTERN CONNECTICUT MEDICAL GROUP, P.C.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report	0/00/2012	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
L.	WESTERN CT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report	0,00,2012	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
			Ones d Total	40.000.000
			Grand Total:	\$8,990,875

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

(1)	(2)	(3)	(4)	(5)	(6)
	·	<del>`</del>			• •
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated		
			Intercompany Balance	10/01/2012	\$0
_	WESTERN CONNECTICUT HEALTH NETWORK INC.(FORMERLY WESTERN CONNECTICUT HEALTHCARE, INC.)				
Α.	CONNECTICUT REALTRCARE, INC.)		Nothing to Report		\$0
			Total:	9/30/2013	\$0
				0.000	**
B.	BUSINESS SYSTEMS, INC.				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
_					
C.	DANBURY HOSPITAL		Nething to Donast		Φ0
			Nothing to Report  Total:	9/30/2013	\$0 <b>\$0</b>
			i otai.	9/30/2013	\$0
D.	NEW MILFORD MRI, LLC				
	THE TIME ON SHIRING LEG		Nothing to Report		\$0
			Total:	9/30/2013	\$0
E.	THE NEW MILFORD HOSPITAL, INC				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
	WESTERN CONNECTION THE ALTH METWORK AFEIL LATES INC				
F.	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.		Nothing to Report		\$0
			Total:	9/30/2013	\$0
			rotun	0/00/2010	<del>***</del>
G.	WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
H.	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD.		Nothing to Deport		Φ0
			Nothing to Report  Total:	9/30/2013	\$0 <b>\$0</b>
			i otal.	3/30/2013	\$0
I.	WESTERN CONNECTICUT HEALTH NETWORK JOINT AND SPINE , LLC				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
J.	WESTERN CONNECTICUT HOME CARE, INC		N. d B		
			Nothing to Report	0/00/0045	\$0
			Total:	9/30/2013	\$0

#### 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
K.	WESTERN CONNECTICUT MEDICAL GROUP, P.C.				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
	WESTERN CT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION,				
L.	INC				
			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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
21112	DESCRIPTION OF EXPERIENCE	7	5/112
	WESTERN CONNECTICUT HEALTH NETWORK INC.(FORMERLY WESTERN		
<b>A.</b>	CONNECTICUT HEALTHCARE, INC.)  Nothing to Report	\$0	
_	Total:	\$0	9/30/2013
В.	BUSINESS SYSTEMS, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
C.	DANBURY HOSPITAL		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
D.	NEW MILFORD MRI, LLC		
0	Nothing to Report  Total:	\$0 \$0	0/20/2042
	Total.	20	9/30/2013
E.	THE NEW MILFORD HOSPITAL, INC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
F.	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.	•	
0	Nothing to Report  Total:	\$0 \$0	9/30/2013
	Total	φυ	3/30/2013
G.	WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
<b>H</b> .	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD.  Nothing to Report	\$0	
	Total:	\$0	9/30/2013
		**	0/00/=010
I.	WESTERN CONNECTICUT HEALTH NETWORK JOINT AND SPINE , LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
	WESTERN CONNECTION LONG CARE INC		
<b>J.</b>	WESTERN CONNECTICUT HOME CARE, INC  Nothing to Report	\$0	
Ť	Total:	\$0	9/30/2013
K.	WESTERN CONNECTICUT MEDICAL GROUP, P.C.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
L.	WESTERN CT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
	Grand Total:	\$0	9/30/2013
	Grand rotal:	\$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
LINE	DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	ANIOUNT	TERM IN TEARS
	WESTERN CONNECTICUT HEALTH NETWORK INC.(FORMERLY WESTERN CONNECTICUT		
A.	HEALTHCARE, INC.)		
0	Nothing to Report	\$0	0
	Total:	\$0	
В.	BUSINESS SYSTEMS, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	DANBURY HOSPITAL		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	NEW MILFORD MRI, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	THE NEW MILFORD HOSPITAL, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.	Φ0.	0
0	Nothing to Report	\$0 <b>\$0</b>	0
	Total:	\$0	
_	WESTERN CONNECTION THE ALTH METHORY FOUNDATION INC		
<b>G</b> .	WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.  Nothing to Report	\$0	0
0	Total:	\$ <b>0</b>	Ŭ
	Total.	Ψ0	
H.	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD.		
<u>п.</u> 0	Nothing to Report	\$0	0
	Total:	\$0	
		**	
I.	WESTERN CONNECTICUT HEALTH NETWORK JOINT AND SPINE , LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	WESTERN CONNECTICUT HOME CARE, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
K.	WESTERN CONNECTICUT MEDICAL GROUP, P.C.		
	·		

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
0	Nothing to Report	\$0	0
	Total:	\$0	
L.	WESTERN CT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

# NEW MILFORD HOSPITAL ANNUAL REPORTING FISCAL YEAR 2013 DONATIONS AND FUNDS RESTRICTE

# 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         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					-	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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	NEW MILFORD HOSPITAL						
	ANNUAL REPORTING						
	FISCAL YEAR 2013	ED DV THE HOODITAL					
	REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERE	ED BY THE HOSPITAL					
A. Patient Activity							
(1)	(2)	(3)					
Patient _	Name of Hospital Bed Fund (FULL NAME)	Amount					
<ol> <li>Number of Application</li> </ol>	ions for Hospital Bed Funds	O					
	Grand Total \$0.00						

	NEW MILFORD HOSPITAL						
		ANNUAL REPO					
		FISCAL YEAR	R 2013				
	REPORT 17B - HOSPITA	L BED FUNDS HELD (	OR ADMINISTERED B	Y THE HOSPITAL			
B. BE	D FUND ACTIVITY						
(1)	(2)	(3)	(4)	(5)	(6)		
		FMV of Principal	Actual Earnings	<b>Earnings Reinvested</b>	Earnings Available		
Line	Name of Hospital Bed Fund		_		_		
(3)	Fair Market Value of the Principal of each	individual Hospital Be	d Fund. or the Princi	pal attributable to each	Hospital Bed		
(-,							
(4)	Total Actual Earnings for each Hospital B	ed Fund or the Farning	ns attributable to eac	h Hospital Bed Fund			
(+)	Total Actual Lamings for each mospital b	ea i ana oi the Lainni	gs attributable to each	ii i iospitai bea i uliu.			
<b>(F)</b>	Actual Dellan Amount of Familians assume	ted as Dalasias I if say					
(5)	Actual Dollar Amount of Earnings reinves	ted as Principal, if any	•				
(6)	(6) Actual Dollar Amount of Earnings available for Patient Care.						
		·		·			
	Total Bed Funds :	\$0.00	\$0.00	\$0.00	\$0.00		
	7000						

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

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I.	GENERAL COLLECTION PROCESSES AND PROCEDURES	
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	Account balances are reviewed and referred manually to a collection agency after final notice. Accounts are systematically referred to a collection agency after final notice based on timelines according to plan type.
B.	Hospital's processes and policies for compensating a Collection	Agencies are reimbursed on a commission basis and only receive compensation
	Agent for services rendered	for accounts collected.
C.	Total Recovery Rate on accounts assigned (excluding Medicare	00.000
	accounts) to Collection Agents	22.00%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
<b>A</b>	Collection Agent Collection Agent Name	American Adjustment Purceu
2	Collection Agent Name  Collection Agent Type	American Adjustment Bureau
3	Related / Not Related Entity	Collection Agency Not Related
	If the Hospital follows the same processes and policies described	Not Related
4	in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Account balances are reviewed and referred manually to a collection agency after final notice. Accounts are systematically referred to a collection agency after final notice based on timelines according to plan type.
	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Agencies are reimbursed on a commission basis and only receive compensation for accounts collected.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	19.00%
Г	Collection Agent	
<u>B</u>	Collection Agent	Cradit Cantar
1	Collection Agent Name	Credit Center
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		Not Related
	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Account balances are reviewed and referred manually to a collection agency after final notice. Accounts are systematically referred to a collection agency after final
		notice based on timelines according to plan type.
	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide	
	Details.	Agencies are reimbursed on a commission basis and only receive compensation for accounts collected.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	25.00%

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

LINE POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1. VP OPERATIONS	\$360,853	\$29,942	\$390,795
2. CHIEF MEDICAL PHYSICIST	\$204,883	\$31,167	\$236,050
0 050	<b>#</b> 004.504	<b>#44.007</b>	¢24.0. 474
3. CEO	\$204,504	\$11,967	\$216,471
4. DIR NURSING	\$169,233	\$44,638	\$213,871
5. DIR MEDICAL AFFAIRS & QUALITY	\$155,961	\$41,733	\$197,694
a IDID FINANCE	0.51.001	0.00	\$407.470
6. DIR FINANCE	\$154,684	\$42,489	\$197,173
7. DIR PATIENT EXPERIENCE	\$147,503	\$34,080	\$181,583
8. DIR EMPLOYEE HEALTH SER	\$149,389	\$24,461	\$173,850
9. CONTROLLER	\$150,346	\$19,402	\$169,748
10. MGR PHARMACY OPERATIONS	\$134,822	\$22,857	\$157,679
10. INIGN FITANIMACT OF ENATIONS	\$134,622	\$22,657	\$137,079
Grand Total:	\$1,832,178	\$302,736	\$2,134,914

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# NEW MILFORD 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 <sup>A</sup> (Directl	
LINE	DESCRIPTION	Indirectly) <sup>C</sup>	y or Indirectly) <sup>C</sup>	TOTAL
LINE	DESCRIFTION	manechy)	y or manechy)	TOTAL
	WESTERN CONNECTICUT HEALTH NETWORK INC.(FORMERLY			
Α.	WESTERN CONNECTICUT HEALTHCARE, INC.)			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
В.	BUSINESS SYSTEMS, INC.			
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
	DANIDURY HOCRITAL			
C.	DANBURY HOSPITAL  Reid by the First History Above to Hospital Expeloyees (R)	<u></u>	ф <u>о</u>	<u>Ф</u> О
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 \$0
	all by the Hospital to Employees of the Entity Listed Above	ΨΟ	Ι ΨΟ Ι	ΨΟ
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
			<u> </u>	
Ε.	THE NEW MILFORD HOSPITAL, INC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
_	WESTERN CONNECTION THE ALTH NETWORK AFEIL LATES INC			
F.	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.	ФО.	Φ0	ФО.
1 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 \$0
	all by the Hospital to Employees of the Entity Listed Above	ΨΟ	Ι ΨΟ Ι	ΨΟ
G.	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
	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO			
Η.	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
	WESTERN CONNECTIONS LIES TH NETWORK LONG AND COURT			
	WESTERN CONNECTICUT HEALTH NETWORK JOINT AND SPINE,			
l.	Paid by the Entity Listed Above to Hospital Employees(P)	<b>Φ</b> Ω	¢ <sub>0</sub>	ΦΛ
1 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 \$0
	That by the Hoopital to Employees of the Entity Listed Above	ΨΟ	ΨΟ	ΨΟ
J .	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
Κ.	WESTERN CONNECTICUT MEDICAL GROUP, P.C.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
	WEGTERN OT HEALTH NETWORK BUNGLES AND HOORITAL			
	WESTERN CT HEALTH NETWORK PHYSICIAN HOSPITAL			
L.	ORGANIZATION, INC	<b>\$</b> 0	<b>C</b> O	<b>\$</b> 0
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0

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# NEW MILFORD 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)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) <sup>C</sup>	FRINGE BENEFITS <sup>A</sup> (Directl y or Indirectly) <sup>C</sup>	TOTAL
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.

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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.

# 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	
1.	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

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	NEW MILEO	ORD 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	%
LINE	DESCRIPTION	<u>AMOUNT</u>	<u>AMOUNT</u>	DIFFERENCE	<u>DIFFERENCE</u>
Α	Hannital Charity Care (and Hannital Audited Financial 6	Ptotomont Notes			
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial S	<u>Statement Notes)</u>			
1.	Number of Applicants	127	109	(18)	-14%
2.	Number of Approved Applicants	115	108	(7)	-6%
				( )	
3.	Total Charges (A)	\$1,610,576	\$1,048,932	(\$561,644)	-35%
	Average Charges	\$14,005	\$9,712	(\$4,293)	-31%
4.	Ratio of Cost to Charges (RCC)	0.388548	0.432624		11%
	Total Cost	\$625,786	\$453,793	(\$171,993)	-27%
	Average Cost	\$5,442	\$4,202	(\$1,240)	-23%
5.	Charity Care - Inpatient Charges	\$495,816	\$162,292	(\$333,524)	-67%
ა.	Charity Care - Outpatient Emergency Department	<b>Ф490,010</b>	\$102,292	(\$333,324)	-07 70
6.	Charges	285,871	207,790	(78,081)	-27%
<u> </u>	Charity Care - Outpatient Charges (Excludes ED	200,011	201,100	(10,001)	2170
7.	Charges)	828,889	678,850	(150,039)	-18%
	Total Charges (A)	\$1,610,576	\$1,048,932	(\$561,644)	-35%
8.	Charity Care - Number of Patient Days	87	19	(68)	-78%
9.	Charity Care - Number of Discharges	21	10	(11)	-52%
10.	Charity Care - Number of Outpatient ED Visits	785	530	(255)	-32%
4.4	Charity Care - Number of Outpatient Visits (Excludes ED	4.054	4.007	(70.4)	400/
11.	Visits)	1,851	1,067	(784)	-42%
(A) The	total amount must agree with the total amount listed in	n the Hospital Aud	lited Financial S	Statement Notes.	
, ,					
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System -	Report 17)			
1.	Number of Applicants	-	-	-	0%
2.	Number of Approved Applicants	-	<del>-</del>	-	0%
3.	Total Charges (B)	\$0	\$0	\$0	0%
٥.	Average Charges	\$0 \$0	\$0 \$0	\$0 \$0	0%
	- Tronago Changoo	40	<del></del>	<b>4</b> 5	
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%
_	Red Funds Outration (Figure 1997)		0		00/
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	0%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	0	0	0	0%
<del></del>	Total Charges (B)	\$0	<u></u>	\$ <b>0</b>	0%
	g (- /	40	40	+5	370
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%
(D) Th	a total amount must agree with the total amount listed a	n Hoonital Barari	ting System Da	nort 17	
(B) ING	e total amount must agree with the total amount listed o	ııı nospitai Keport	ınıy əystem - Re	ερσιτ τ/.	

NEW MILFORD 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