NORWALK HOSPITAL

ANNUAL REPORTING

FISCAL YEAR 2013

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

(1)	(2)		
		·	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
A.	AFFILIATE NAME	NORWALK HEALTH SERVICES CORPORATION	
1	Affiliate Description	PARENT CORPORATION	
2	Affiliate type of service	Parent Corporation	
3	Tax Status	Not for Profit	
4	Street Address	34 MAPLE STREET	
5	Town	Norwalk	
6	State	Connecticut	
7	Zip Code	06856 -	
8	CEO Name	Daniel DeBarba	
9	CEO Title	CEO	
	CT Agent Name	Daniel DeBarba	
	CT Agent Company	Norwalk Hospital Association	
	CT Agent Company Street Address	34 MAPLE STREET	
	CT Agent Town	Norwalk	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06856 -	
В.	ACCILIATE NAME	ADVANCED CENTER FOR REHABILITATION MEDICINE	
В.	AFFILIATE NAME	ADVANCED CENTER FOR REHABILITATION MEDICINE	
1	Affiliate Description	"FOR THE PURPOSE OF PROVIDING REHABILITATION SERVICES"	
2	Affiliate type of service	Rehabilitation Services	
3	Tax Status	For Profit	
4	Street Address	34 MAPLE STREET	
5	Town	Norwalk	
6	State	Connecticut	
	Zip Code	06856 -	
8	CEO Name	Daniel DeBarba	
9	CEO Title	CEO	
	CT Agent Name	Daniel DeBarba	
	CT Agent Company	Norwalk Hospital Association	
	CT Agent Company Street Address CT Agent Town	34 MAPLE STREET, NORWALK	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent State CT Agent Zip Code	06856 -	
10	OT Agent Zip Code		
C.	AFFILIATE NAME	MAPLE STREET INDEMNITY COMPANY, LTD.	
		CAPTIVE INSURANCE COMPANY, DOMICILED IN BERMUDA TO INSURE PROFESSIONAL LIABILITY	
1	Affiliate Description	EXPOSURE OF HOSPITAL AND ATTENDING PHYSICIANS.	
2	Affiliate type of service	Insurance	
3	Tax Status	Not for Profit	
4	Street Address	34 Maple Street	
5	Town	Norwalk	
6	State	Connecticut	
	Zip Code	06856 -	
	CEO Title	Daniel DeBarba	
9	CEO Title	CEO Daniel DeBarba	
10	CT Agent Name CT Agent Company		
	OT Agent Company	Norwalk Hospital Association	

NORWALK HOSPITAL

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

	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
12	CT Agent Company Street Address	34 Maple Street	
13	CT Agent Town	Norwalk	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06856 -	
D.	AFFILIATE NAME	NORWALK HEALTH CARE, INC.	
1	Affiliate Description	FOR THE PURPOSE OF PROVIDING LONG-TERM CARE	
	Affiliate type of service	Long Term Care	
	Tax Status	Not for Profit	
	Street Address	34 MIDROCKS ROAD	
5	Town	Norwalk	
6	State	Connecticut	
7	Zip Code	06851 -	
8	CEO Name	Daniel DeBarba	
9	CEO Title	CEO	
	CT Agent Name	Daniel DeBarba	
	CT Agent Company	Norwalk Hospital Association	
	CT Agent Company Street Address	34 MAPLE STREET	
	CT Agent Town	Norwalk	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06856 -	
l_	A F F !! ! A T F . ! A M F	NODWALK HOSPITAL FOLINDATION INC	
E.	AFFILIATE NAME	NORWALK HOSPITAL FOUNDATION, INC.	
1			
1	Affiliate Description	"PROVIDES FUND RAISING FOR THE PARENT CORPORATION AND AFFILIATES"	
	Affiliate Description Affiliate type of service	"PROVIDES FUND RAISING FOR THE PARENT CORPORATION AND AFFILIATES" Foundation	
2			
2	Affiliate type of service	Foundation	
2 3 4	Affiliate type of service Tax Status	Foundation Not for Profit	
2 3 4 5 6	Affiliate type of service Tax Status Street Address Town State	Foundation Not for Profit 34 MAPLE STREET Norwalk Connecticut	
2 3 4 5 6 7	Affiliate type of service Tax Status Street Address Town State Zip Code	Foundation Not for Profit 34 MAPLE STREET Norwalk Connecticut 06856 -	
2 3 4 5 6 7 8	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name	Foundation Not for Profit 34 MAPLE STREET Norwalk Connecticut 06856 - Daniel DeBarba	
2 3 4 5 6 7 8	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title	Foundation Not for Profit 34 MAPLE STREET Norwalk Connecticut 06856 - Daniel DeBarba 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	Foundation Not for Profit 34 MAPLE STREET Norwalk Connecticut 06856 - Daniel DeBarba CEO Daniel DeBarba	
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	Foundation Not for Profit 34 MAPLE STREET Norwalk Connecticut 06856 - Daniel DeBarba CEO Daniel DeBarba Norwalk Hospital Association	
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	Foundation Not for Profit 34 MAPLE STREET Norwalk Connecticut 06856 - Daniel DeBarba CEO Daniel DeBarba Norwalk Hospital Association 34 MAPLE STREET	
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	Foundation Not for Profit 34 MAPLE STREET Norwalk Connecticut 06856 - Daniel DeBarba CEO Daniel DeBarba Norwalk Hospital Association 34 MAPLE STREET Norwalk	
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 Town CT Agent Town CT Agent Town CT Agent State	Foundation Not for Profit 34 MAPLE STREET Norwalk Connecticut 06856 - Daniel DeBarba CEO Daniel DeBarba Norwalk Hospital Association 34 MAPLE STREET Norwalk 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	Foundation Not for Profit 34 MAPLE STREET Norwalk Connecticut 06856 - Daniel DeBarba CEO Daniel DeBarba Norwalk Hospital Association 34 MAPLE STREET Norwalk	
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 Town CT Agent Town CT Agent Town CT Agent State	Foundation Not for Profit 34 MAPLE STREET Norwalk Connecticut 06856 - Daniel DeBarba CEO Daniel DeBarba Norwalk Hospital Association 34 MAPLE STREET Norwalk Connecticut 06856 -	
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 State CT Agent Zip Code	Foundation Not for Profit 34 MAPLE STREET Norwalk Connecticut 06856 - Daniel DeBarba CEO Daniel DeBarba Norwalk Hospital Association 34 MAPLE STREET Norwalk Connecticut 06856 - NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN AS FAIRFIELD COUNTY	
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 Town CT Agent Town CT Agent Town CT Agent State	Foundation Not for Profit 34 MAPLE STREET Norwalk Connecticut 06856 - Daniel DeBarba CEO Daniel DeBarba Norwalk Hospital Association 34 MAPLE STREET Norwalk Connecticut 06856 -	
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 State CT Agent Zip Code	Foundation Not for Profit 34 MAPLE STREET Norwalk Connecticut 06856 - Daniel DeBarba CEO Daniel DeBarba Norwalk Hospital Association 34 MAPLE STREET Norwalk Connecticut 06856 - NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN AS FAIRFIELD COUNTY	
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 State CT Agent Zip Code	Foundation Not for Profit 34 MAPLE STREET Norwalk Connecticut 06856 - Daniel DeBarba CEO Daniel DeBarba Norwalk Hospital Association 34 MAPLE STREET Norwalk Connecticut 06856 - NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN AS FAIRFIELD COUNTY	
2 3 4 5 6 7 8 9 10 11 12 13 14 15 F.	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	Foundation Not for Profit 34 MAPLE STREET Norwalk Connecticut 06856 - Daniel DeBarba CEO Daniel DeBarba Norwalk Hospital Association 34 MAPLE STREET Norwalk Connecticut 06856 - NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN AS FAIRFIELD COUNTY MEDICAL SERVICES	
2 3 4 5 6 7 8 9 10 11 12 13 14 15 F.	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	Foundation Not for Profit 34 MAPLE STREET Norwalk Connecticut 06856 - Daniel DeBarba CEO Daniel DeBarba Norwalk Hospital Association 34 MAPLE STREET Norwalk Connecticut 06856 - Norwalk Hospital Association 34 MAPLE STREET Norwalk Connecticut 06856 - NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN AS FAIRFIELD COUNTY MEDICAL SERVICES TO BENEFIT HEALTH STATUS OF COMMUNITY SERVED BY NORWALK HOSPITAL Physicians Services Not for Profit	
2 3 4 5 6 7 8 9 10 11 12 13 14 15 F.	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	Foundation Not for Profit 34 MAPLE STREET Norwalk Connecticut 06856 - Daniel DeBarba CEO Daniel DeBarba Norwalk Hospital Association 34 MAPLE STREET Norwalk Connecticut 06856 - NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN AS FAIRFIELD COUNTY MEDICAL SERVICES TO BENEFIT HEALTH STATUS OF COMMUNITY SERVED BY NORWALK HOSPITAL Physicians Services	
2 3 4 5 6 7 8 9 10 11 12 13 14 15 F.	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	Foundation Not for Profit 34 MAPLE STREET Norwalk Connecticut 06856 - Daniel DeBarba CEO Daniel DeBarba Norwalk Hospital Association 34 MAPLE STREET Norwalk Connecticut 06856 - Norwalk Hospital Association 34 MAPLE STREET Norwalk Connecticut 06856 - NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN AS FAIRFIELD COUNTY MEDICAL SERVICES TO BENEFIT HEALTH STATUS OF COMMUNITY SERVED BY NORWALK HOSPITAL Physicians Services Not for Profit	

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(1)	(2)	(3)	
I INE	DESCRIPTION	AFFILIATE INFORMATION	
7	Zip Code	06856 -	
	CEO Name	Daniel DeBarba	
	CEO Title	PRESIDENT	
	CT Agent Name	Daniel DeBarba	
	CT Agent Company	Norwalk Hospital Association	
	CT Agent Company Street Address	34 MAPLE STREET	
	CT Agent Town	Norwalk	
	CT Agent State	Connecticut 06856 -	
15	CT Agent Zip Code	00850 -	
G.	AFFILIATE NAME	NORWALK SURGERY CENTER, LLC	
	Affiliate Description	Ambulatory surgery center joint venture	
2	Affiliate type of service	Ambulatory/OP Surgery Center	
3	Tax Status	For Profit	
4	Street Address	40 Cross Street	
5	Town	Norwalk	
6	State	Connecticut	
	Zip Code	06851 -	
	CEO Name	Daniel DeBarba	
	CEO Title	CEO	
	CT Agent Name	Daniel DeBarba	
	CT Agent Company	Norwalk Hospital Association	
	CT Agent Company Street Address	34 Maple Street	
	CT Agent Town	Norwalk	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06856 -	
		OWO CORPORATION	
H.	AFFILIATE NAME	SWC CORPORATION	
		"FOR THE PURPOSE OF PROVIDING PHARMACEUTICAL NEEDS/ EQUITY TRANSFER OF NRMC	
1	Affiliate Description	JOINT VENTURE"	
2	Affiliate type of service	Pharmacy	
3	Tax Status	For Profit	
4	Street Address	24 STEVENS STREET	
5	Town	Norwalk	
6	State	Connecticut	
7	Zip Code	06856 -	
	CEO Name	Daniel DeBarba	
	CEO Name	CEO	
	CT Agent Name	Daniel DeBarba	
	CT Agent Name CT Agent Company	Norwalk Hospital Association	
	CT Agent Company CT Agent Company Street Address	34 MAPLE STREET	
	CT Agent Company Street Address CT Agent Town	Norwalk	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent State CT Agent Zip Code	06856 -	
	POVIS UNACCEPTABLE MITHOUT A	CTREET ADDRESS FOR FACIL 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.	NORWALK HOSPITAL		
1	NORWALKTIOSITTAL	Unrestricted	\$207,578,029
2		Temporarily Restricted by Donor	\$30,180,235
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$9,454,852
5		Intercompany Eliminations	(\$3,838,416)
		Total:	\$243,374,700
В.	NORWALK HEALTH SERVICES CORPORATION	I love steinte d	P00 500 400
1		Unrestricted	\$26,509,138
2		Temporarily Restricted by Donor	\$7,582,480
3 4		Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	(\$56,721)
١		Total:	\$34,034,897
			, , , , , , , , , , , , , , , , , , , ,
C.	ADVANCED CENTER FOR REHABILITATION MEDICINE		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
5			\$0
		Total:	20
D.	MAPLE STREET INDEMNITY COMPANY, LTD.		
1		Unrestricted	\$11,595,918
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$11,595,918
E.	NORWALK HEALTH CARE, INC.		
1	TOTAL TIE ALL TIE OTTAL TIES	Unrestricted	\$243,281
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$243,281
	NORWALK HOORITAL TOWNS ATION WITH		
F.	NORWALK HOSPITAL FOUNDATION, INC.	Unrestricted	\$0
2		Unrestricted Temporarily Restricted by Donor	\$35,787,830
3		Temporarily Restricted by Board	\$0,767,630
4		Permanently Restricted by Donor	\$9,454,852
5		Intercompany Eliminations	(\$45,162,957)
		Total:	\$79,725
	NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN AS FAIRFIELD COUNTY MEDICAL		
G.	SERVICES	Unrostriated	(000 440)
1		Unrestricted	(\$832,443)

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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
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$832,443)
Н.	NORWALK SURGERY CENTER, LLC		
1		Unrestricted	\$3,868,669
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$3,868,669
1.	SWC CORPORATION		
1		Unrestricted	\$653,223
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$653,223)
		Total:	\$0
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$342,076,064
	Intercompany Eliminations		(\$49,711,317)
	Total of all Affiliates	Fund Balance:	\$292,364,747

REPORT 5 5 OF 21 7/28/2014, 3:11 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
Α.	NORWALK HEALTH SERVICES CORPORATION			
Α.	NORWALK HEALTH SERVICES CORFORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	(\$4,501,544)
1		Transfer to NHSC for NHP&S Support	09/30/2013	(\$5,302,411)
2		Cash Transfer	09/30/2013	\$9,197,064
		Ending Unconsolidated Intercompany Balance:	9/30/2013	(\$606,891)
В.	ADVANCED CENTER FOR REHABILITATION MEDICINE			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report	0,00,2012	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
Ċ	MAPLE STREET INDEMNITY COMPANY, LTD.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report	0/00/0040	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
D.	NORWALK HEALTH CARE, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
1		Expense transfer	09/30/2013	\$24,140
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$24,140
E.	NORWALK HOSPITAL FOUNDATION, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$190,805
1		Funding Operations of Norwalk Hospital Foundation	09/30/2013	(\$1,783,627)
2		Rent	09/30/2013	\$43,200
3		Payment on Account	09/30/2013	(\$11,483,036)
4		Expense Transfers	09/30/2013	\$1,496,096
5		Transfer unrestricted donations	09/30/2013	\$628,184
<u>6</u> 7		Restricted Fund Operating Expense Restricted Fund - Funding Capital	09/30/2013 09/30/2013	\$1,545,759 \$10,619,577
8		Accounting Fees	09/30/2013	\$10,619,577 \$65,161
U		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$1,322,119
			3,55,2510	4.,022,110
	NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN			
F.	AS FAIRFIELD COUNTY MEDICAL SERVICES			

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
		Posinning Unconsolidated Intercompany Polance	9/30/2012	¢4 120 250
-1		Beginning Unconsolidated Intercompany Balance: Part A Admin Support	09/30/2012	\$4,139,259
1			09/30/2013	(\$4,671,725)
3		Part A Teaching Cash Transfer	09/30/2013	(\$2,394,866)
4				\$13,300,000
5		Strategic Support Transfer Revenues/Expenses Net	09/30/2013 09/30/2013	(\$7,273,286) (\$3,339,487)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	
		Ending Onconsolidated Intercompany Balance:	9/30/2013	(\$240,105)
G.	NORWALK SURGERY CENTER, LLC	Beginning Unconsolidated Intercompany Balance: Nothing to Report	9/30/2012	\$0 \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
Н.	SWC CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	(\$60,112)
1		Management Fee	09/30/2013	(\$3,504,475)
2		Rent	09/30/2013	\$63,031
3		Payments on Account	09/30/2013	\$3,150,000
4		Accounting Fees	09/30/2013	\$138,000
5		Expense Transfers	09/30/2013	\$208,795
		Ending Unconsolidated Intercompany Balance:	9/30/2013	(\$4,761)
			Grand Total:	\$494,503

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	\$4,501,544
Α.	NORWALK HEALTH SERVICES CORPORATION				
		NORWALK HOSPITAL PHYSICIANS AND	N		
1,		SURGEONS FORMERLY KNOWN AS FAIRFIELD	Net amt of support for	00/00/0040	(00.004.050)
1		COUNTY MEDICAL SERVICES	community based practices Total:	09/30/2013 9/30/2013	(\$3,894,652) (\$3,894,652)
			i otai.	9/30/2013	(\$3,094,032)
В.	ADVANCED CENTER FOR REHABILITATION MEDICINE				
<u> </u>	ADVANCED CENTER TOR REPRODUCE		Nothing to Report		\$0
			Total:	9/30/2013	\$0
					, ·
C.	MAPLE STREET INDEMNITY COMPANY, LTD.				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
D.	NORWALK HEALTH CARE, INC.		N 411		
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
E.	NORWALK HOSPITAL FOUNDATION, INC.				
F	NORWALK HOSPITAL FOUNDATION, INC.	NORWALK HOSPITAL PHYSICIANS AND			
		SURGEONS FORMERLY KNOWN AS FAIRFIELD			
1		COUNTY MEDICAL SERVICES	Restricted Fund Support	09/30/2013	(\$60,800)
			Total:	9/30/2013	(\$60,800)
	NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN AS				
F.	FAIRFIELD COUNTY MEDICAL SERVICES				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
	NORWALK SURGERY CENTER, LLC				
G.	NORWALK SURGERT CENTER, LLC		Nothing to Report		\$0
 			Total:	9/30/2013	\$0
			i otal.	3/30/2013	φυ
Н.	SWC CORPORATION				
	·		Nothing to Report		\$0
			Total:	9/30/2013	\$0
					·
			Ending Unconsolidated		
			Intercompany Balance	9/30/2013	\$546,092

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

(1)	(2)	(3)	(4)
	AFFILIATE NAME &		
LINE	DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
A.	NORWALK HEALTH SERVICES CORPORATION		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
	ADVANCED CENTED FOR RELIABILITATION MEDICINE		
B.	ADVANCED CENTER FOR REHABILITATION MEDICINE Nothing to Report	Φ0	
	Nothing to Report Total:	\$0 \$0	9/30/2013
	Total.	\$0	9/30/2013
C.	MAPLE STREET INDEMNITY COMPANY, LTD.		
0.	Nothing to Report	\$0	
Ť	Total:	\$0	9/30/2013
		,	0,000
D.	NORWALK HEALTH CARE, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
E.	NORWALK HOSPITAL FOUNDATION, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
	NORWALK HOORITAL BUYOLOLANG AND CHROFONG FORMERLY KNOWN AC		
F.	NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN AS FAIRFIELD COUNTY MEDICAL SERVICES		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
G.	NORWALK SURGERY CENTER, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
Н.	SWC CORPORATION		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
	Grand Total:	\$0	9/30/2013
	Grand Total:	\$0	9/30/2013

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
•	NORWALK UEALTH OFFINIOFO CORPORATION		
A.	NORWALK HEALTH SERVICES CORPORATION Nothing to Report	\$0	0
	Total:	\$0	8
	Total.	ΨΟ	
	ADVANCED OF STATES FOR DELIABILITATION MEDICINE		
B .	ADVANCED CENTER FOR REHABILITATION MEDICINE Nothing to Report	\$0	0
	Total:	\$0	J
	Total	Ψ	
C.	MAPLE STREET INDEMNITY COMPANY, LTD.		
0.	Nothing to Report	\$0	0
	Total:	\$0	·
D.	NORWALK HEALTH CARE, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
		·	
E.	NORWALK HOSPITAL FOUNDATION, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN AS FAIRFIELD COUNTY		
F.	MEDICAL SERVICES		
0	Nothing to Report	\$0	0
	Total:	\$0	
	NORWALK SURGERY CENTER, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	SWC CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

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NORWALK HOSPITAL ANNUAL REPORTING FISCAL YEAR 2013 DONATIONS AND FUNDS RESTRIC

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

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

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

		NORWALK HO	-				
		ANNUAL REPO	RTING				
		FISCAL YEAR	R 2013				
	REPORT 17B - HOSPITA	AL BED FUNDS HELD (OR ADMINISTERED E	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	individual Hospital Be	d Fund, or the Princi	pal attributable to each	Hospital Bed		
. ,	•		,	•			
(4)	(4) Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund.						
	g		9				
(5)	Actual Dollar Amount of Earnings reinve	sted as Princinal if any	,				
(0)	Actual Bollar Amount of Earnings Terrive	stea as i inicipal, il any	•				
(6)	Actual Dollar Amount of Fornings availab	le for Betient Core					
(6)	Actual Dollar Amount of Earnings availab	ne for Fatient Care.					
			***		40.00		
	Total Bed Funds :	\$0.00	\$0.00	\$0.00	\$0.00		

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I.	GENERAL COLLECTION PROCESSES AND PROCEDURES	
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	The Hospital will utilize outside agencies after all means of collection have been exhausted. All agencies must be reputable and follow all federal guidelines. All accounts written off to bad debts will be forwarded to an agency to pursue further collection attempts.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	All collection agents charge a flat fee of an agreed upon percentage on all amounts recovered for all accounts which are non-legal. An additional fee of an agreed upon percentage is charged on all amounts recovered on legal accounts.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	14.67%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
A	Collection Agent	
1	Collection Agent Name	Lovejoy and Rimer, P.C.
2	Collection Agent Type	Attorney
	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.	The Dir of Pt Accts or Manager of Customer Service may approve accounts to be referred directly to an attorney for legal action without the envolvement of collection agencies. These accounts typically have balances over \$10,000 and involve motor vehicle, Workers Comp.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Lovejoy and Rimer, P.C. is compensated at 30% of recovered amounts after starting litigation and 25% of recovered amounts prior to litigation. Compensation at a lessor % or hourly rate may be paid depending on the circumstances.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	44.49%
	Collection Agent	
В	Collection Agent	

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
1	Collection Agent Name	Eastern
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	After Trans-Continental Credit and Collection Corp & Credit Bureau of Collection Services, Inc has deemed an account uncollectable, accounts will be reffered to Eastern. This only occurs if the account has had no activity for one year in collection attempt.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Eastern is compensated at 35% as a secondary agency.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	9.60%
	decounter to concentration.	0.0070
С	Collection Agent	
1	Collection Agent Name	Credit Bureau of Collection Services, Inc. (CBCS)
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	After the hospital follows the processes and policies described in Section I. Accounts are assigned to the collection agents based on an alpha split. Last names beginning with A-K will be sent to Credit Bureau Collection Services, Inc.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Credit Bureau Collection Services, Inc. is compensated at 25% of all non-legal recovered amounts and 30% of all legal recovered amounts
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	13.52%

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
D	Collection Agent	
1	Collection Agent Name	Trans-Continental Credit and Collection Corp.
2	Collection Agent Type	Collection Agency
	Related / Not Related Entity	Not Related
	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	After the Hospital follows the policies described in Section I. Accounts are assigned to the collections agents based upon an alpha split. Last names beginning with the letters L-Z will be sent to Trans-Continental Credit and Collection Corp.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Trans-Continental is compensated at 25% of all primary non-legal recovered amounts, 50% for secondary non-legal recovered amounts and 30% of all legal recovered amounts.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	14.63%

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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. President & CEO	\$966,539	\$84,391	\$1,050,930
Physician, Emergeny Department	\$538,457	\$88,091	\$626,548
O VD 9 Objet Financial Officer	#544.005	ФОБ 044I	* 040.000
3. VP & Chief Financial Officer	\$544,825	\$65,244	\$610,069
Chairman, Dept. of Emergency Medicine	\$485,452	\$83,525	\$568,977
5. Sr. VP & COO	\$492,612	\$67,437	\$560,049
6. Physician, Emergency Department	\$399,378	\$76,476	\$475,854
7. VP Human Resources	\$398,514	\$73,535	\$472,049
8. Chairman, Psychiatry	\$385,075	\$69,152	\$454,227
6. Onamian, i Sychiany	\$303,073	ψ09,132	Ψ+3+,221
Physician, Emergency Department	\$352,913	\$67,853	\$420,766
10. Physician, Emergeny Department	\$367,002	\$44,004	\$411,006
	. ,	• • •	
Grand Total:	\$4,930,767	\$719,708	\$5,650,475

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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 (Directl	
LINE	DESCRIPTION	Indirectly) ^C	y or Indirectly) ^C	TOTAL
Α.	NORWALK HEALTH SERVICES CORPORATION			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
В.	ADVANCED CENTER FOR REHABILITATION MEDICINE	* -		4.5
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 .	MAPLE STREET INDEMNITY COMPANY, LTD.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	C O
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
	l aid by the Hospital to Employees of the Entity Listed Above	ΨΟ	ΨΟ	ΨΟ
D.	NORWALK HEALTH CARE, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Ε.	NORWALK HOSPITAL FOUNDATION, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
_	NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY			
F.	KNOWN AS FAIRFIELD COUNTY MEDICAL SERVICES			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
G .	NORWALK SURGERY CENTER, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0	\$0 \$0
	. als by the hospital to Employees of the Emily Elected Above	Ψ~	Ψ	Ψ0
Н.	SWC CORPORATION			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

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	
	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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		K HOSPITAL			
		REPORTING			
		AL YEAR 2013			
	REPORT 23 - CHARITY CARE AND REDUCED	COST SERVICES	PROVIDED BY	THE HOSPITAL	
(4)	(2)	(2)	(4)	(E)	(6)
(1)	(2)	(3) FY 2012	(4) FY 2013	(5) AMOUNT	(6) %
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
LINE	<u>DESCRIPTION</u>	AWOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial	Statement Notes)			
1.	Number of Applicants	5,008	5,135	127	3%
2.	Number of Approved Applicants	4,318	4,361	43	1%
		,	,		
3.	Total Charges (A)	\$17,929,000	\$18,272,000	\$343,000	2%
	Average Charges	\$4,152	\$4,190	\$38	1%
4	Potio of Cost to Charges (PCC)	0.200722	0.200504	(0.004224)	00/
4.	Ratio of Cost to Charges (RCC) Total Cost	0.390722 \$7,005,255	0.389501 \$7,116,962	(0.001221) \$111,708	0% 2%
	Average Cost	\$1,622	\$1,632	\$111,708	1%
	Average cost	Ψ1,022	Ψ1,032	ΨΙΟ	1 70
5.	Charity Care - Inpatient Charges	\$2,742,745	\$2,478,477	(\$264,268)	-10%
	Charity Care - Outpatient Emergency Department		, ,	. , ,	
6.	Charges	5,065,108	4,937,269	(127,839)	-3%
_	Charity Care - Outpatient Charges (Excludes ED				
7.	Charges)	10,121,147	10,856,254	735,107	7% 2%
	Total Charges (A)	\$17,929,000	\$18,272,000	\$343,000	Ζ%
8.	Charity Care - Number of Patient Days	1,366	1,450	84	6%
9.	Charity Care - Number of Discharges	330	319	(11)	-3%
10.	Charity Care - Number of Outpatient ED Visits	2,289	2,276	(13)	-1%
	Charity Care - Number of Outpatient Visits (Excludes ED	_,	_,	(10)	
11.	Visits)	14,697	14,578	(119)	-1%
(A) The	total amount moved a super with the total amount listed in	a tha llaamital A	lita d Financial C	tatamant Nata	
(A) The	e total amount must agree with the total amount listed in	n the Hospital Aud	aited Financiai S	tatement Notes.	
B.	Hospital Bed Funds (see Hospital Reporting System -	Report 17)			
1.	Number of Applicants	-	-	-	0%
2.	Number of Approved Applicants	-	-	-	0%
	T + 101 (D)		40	Φ0	00/
3.	Total Charges (B) Average Charges	\$0 \$0	\$0 \$0	\$0 \$0	0% 0%
	Average Charges	40	Φ0	Φ0	U /0
4.	Ratio of Cost to Charges (RCC)	0	0	0.000000	0%
	Total Cost	\$0	\$0	\$0	0%
	Average Cost	\$0	\$0	\$0	0%
	Dad Swade Janeticat Change	Φ0	ФО.	Φ0	00/
5.	Bed Funds - Inpatient Charges	\$0	\$0	\$0	0%
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	0%
	general genera		<u>-</u>		
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	0	0	0	0%
	Total Charges (B)	\$0	\$0	\$0	0%
6	D. I.S. de M. alexa (Data (S				221
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 Bed Funds - Number of Outpatient Visits(Excludes ED	0	0	0	0%
11.	Visits)	0	0	0	0%
		3	0		0 70
(B) The	e total amount must agree with the total amount listed o	n Hospital Repor	ting System - Re	eport 17.	
	<u>~</u>			-	

	NORWALK 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			