FISCAL YEAR 2014

(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	John Murphy, MD	
9	CEO Title	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	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06810 -	
	. ==	ADVANCED CENTED FOR DELIABILITATION MEDICINE	
B.	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	Not for Profit	
4	Street Address	34 MAPLE ST	
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	
12	CT Agent Company Street Address	34 Maple St	
13	CT Agent Town	Norwalk	
14 15	CT Agent State CT Agent Zip Code	Connecticut 06856 -	
15	CT Agent Zip Code		
C.	AFFILIATE NAME	BUSINESS SYSTEMS, INC.	
ļ .	ALTERIA NAME		
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	John Murphy , MD	
9	CEO Title	Chief Executive Officer	
10	CT Agent Name	R&C Service Company	
11	CT Agent Company	Robinson & Cole , LLP	

FISCAL YEAR 2014

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
	CT Agent Company Street Address	280 Trumbull St	
	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06103 -	
D.	AFFILIATE NAME	EASTERN NEW YORK MEDICAL SERVICES, P.C.	
1 ,	Affiliate Description	Dhurisian Office manides and included a reliable	
2	Affiliate Description Affiliate type of service	Physicians Office, provides medical services to patients Physicians Services	
3	Tax Status	Not for Profit	
4	Street Address	3423 Danbury Rd	
	Town	Brewster Brewster	
6	State	New York	
7	Zip Code	10509 -	
	CEO Name	Patrick Broderick, MD	
	CEO Title	President	
	CT Agent Name	Patrick Broderick, MD	
	CT Agent Company	Eastern New York Medical Services , P.C.	
	CT Agent Company Street Address	14 Research Dr, Suite 201A	
	CT Agent Town	Bethel	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06801 -	
E.	AFFILIATE NAME	MAPLE STREET INDEMNITY COMPANY, LTD	
		CARTIVE INCURANCE COMPANY. POMICH ED IN REPMI IDA TO INCURE PROFECCIONAL LIARRIUTY.	
1	Affiliate Description	CAPTIVE INSURANCE COMPANY, DOMICILED IN BERMUDA TO INSURE PROFESSIONAL LIABILITY EXPOSURE OF HOSPITAL AND ATTENDING PHYSICIANS	
	Affiliate type of service	Insurance	
	Tax Status	Not for Profit	
4	Street Address	34 MAPLE ST	
	Town	NORWALK	
6	State	Connecticut	
7	Zip Code	06856 -	
8	CEO Name	Daniel DeBarba	
9	CEO Title	CEO	
10	CT Agent Name	Daniel DeBarba	
	CT Agent Company	Norwalk Hospital Association	
	CT Agent Company Street Address	34 Maple St.	
	CT Agent Town	Norwalk	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06856 -	
	AFFILIATE MASS	NEW MILEOPO HOSPITAL INC	
F.	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	

FISCAL YEAR 2014

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
7	Zip Code	06776 -	
	CEO Name	John Murphy, MD	
9	CEO Title	Cheif 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	
	CT Agent Zip Code	06810 -	
	O . Algent Exp Code		
G.	AFFILIATE NAME	NEW MILFORD MRI ,LLC	
	Affiliate Description	Provides MRI Services	
	Affiliate type of service	Imaging Services	
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	John Murphy, MD	
9	CEO Title	Chief Executive Officer	
	CT Agent Name	R&C Service Company	
	CT Agent Company	Robinson & Cole, LLP	
	CT Agent Company Street Address	280 Trumbull St	
	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06103 -	
Н.	AFFILIATE NAME	NORWALK HEALTH CARE, INC	
1	Affiliate Description	For the purpose of providing long term care	
2	Affiliate type of service	Long Term Care	
3	Tax Status	Not for Profit	
4	Street Address	34 Midrocks Rd	
5	Town	Norwalk	
6	State	Connecticut	
	Zip Code	06851 -	
	CEO Name	Daniel DeBarba	
9	CEO Title	CEO	
10	CT Agent Name	Daniel DeBarba	
	CT Agent Company	Norwalk Hospital Association	
	CT Agent Company Street Address	34 Maple St	
	CT Agent Town	Norwalk	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06856 -	
	· .		
I.	AFFILIATE NAME	NORWALK HEALTH SERVICES CORPORATION	
1	Affiliate Description	PARENT CORPORATION FOR NORWALK HOSPITAL ASSOCIATION	

FISCAL YEAR 2014

LINE DESCRIPTION	(1)	(2)	(3)	
Affiliate type of service	l			
3 Tax Status				
4 Street Address				
5 Town NORWALK 6 Slate Connectout 7 Zip Code 08856 - 8 CEO Name Daniel Delatria 9 CEO Tale CEO 10 CT Agent Name Daniel Delatria 11 CT Agent Company Norwalk Hospital Association 12 CT Agent Company Street Address 24 Maple St 13 CT Agent Town Norwalk 14 CT Agent State Connecticut 15 CT Agent State Connecticut 15 CT Agent Agent State NORWALK HOSPITAL ASSOCIATION 1 Affiliate Description Short Term Acute Care Hospital providing Inpatient and Outpatient Services 1 Affiliate Description Short Term Acute Care Hospital providing Inpatient and Outpatient Services 4 Attract Address 34 Maple St 4 Street Address 34 Maple St 5 Town Norwalk 6 State Connecticut 6 State Connecticut 7				
6 State Connecticut 7 Zip Code 08856 - 8 CEO Name Daniel DeBarba 9 CEO Title CEO 10 CT Agent Company Norwalk Propriet 2 CT Agent Company Street Address 24 Maple St 13 CT Agent Town Norwalk 4 CT Agent State Connecticut 15 CT Agent Zip Code 08856 - J. AFFILIATE NAME NORWALK HOSPITAL ASSOCIATION 1 Affiliate Description Short Term Acute Care Hospital providing Inpatient and Outpatient Services 1 Affiliate type of service Hospital 2 Affiliate type of service Hospital 3 Tax Status Not for Profit 4 Street Address 34 Maple St 5 Town Norwalk 6 State Connecticut 7 Zip Code 08856 - 8 CEO Take 08856 - 8 CEO Take 08856 - 8				
7 Zip Code				
8 CEO Name Daniel DeBarba 9 CEO Title 10 CT Agent Name Daniel DeBarba 11 CT Agent Company Norwalk Hospital Association 12 CT Agent Company Street Address 24 Maple St 13 CT Agent Town Norwalk 14 CT Agent State Connecticut 15 CT Agent Zip Code 16656 - 16 CT Agent Zip Code 16656 - 17 Agent Zip Code 18 Affiliate Description Short Term Acute Care Hospital providing Inpatient and Outpatient Services 19 Affiliate Upe of service Hospital 10 Tax Status Not for Profit 10 State 11 State Connecticut 12 CT Agent Agent Zip Code 18 Steet Address Agent Zip Code 18 Steet Address Oxone 19 CEO Title 10 CT Agent Name Daniel DeBarba 10 CT Agent Name Daniel DeBarba 11 CT Agent Company Street Address 14 Maple St 15 CT Agent Company Street Address 15 Address Connecticut 16 CT Agent Company Street Address 17 Zip Code 18 CEO Name Daniel DeBarba 19 CEO Title 10 CT Agent Company Street Address 34 Maple St 15 CT Agent Company Street Address 34 Maple St 15 CT Agent Company Street Address 34 Maple St 15 CT Agent Company Street Address 34 Maple St 15 CT Agent Company Street Address 34 Maple St 16 CT Agent State Connecticut 17 Zip Code 18 State Connecticut 19 CT Agent Town Norwalk 10 CT Agent State Connecticut 10 CT Agent State Connecticut 11 CT Agent State Connecticut 12 CT Agent Town Norwalk 14 CT Agent State Connecticut 15 CT Agent State Connecticut 16 CT Agent State Connecticut 17 Affiliate Description Provides fund raising for the parent corporation and affiliates 18 Affiliate Description Provides fund raising for the parent corporation and affiliates 19 CEO Title CEO Connecticut 20 CT Agent Town Norwalk 21 CT Agent Company Street Address 34 Maple St 25 CEO Title CEO				
Per CEO Title CEO Daniel DeBarta				
10 CT Agent Company 11 CT Agent Company Norwalk Hospital Association 12 CT Agent Company Street Address 13 CT Agent State 14 CT Agent State 15 CT Agent State 16 CT Agent State 17 Company Street Address 18 CT Agent State 19 Company Street Address 19 CT Agent State 10 COMPANIES ASSOCIATION Affiliate Description 10 Affiliate Description 11 Affiliate Description 12 Affiliate Description 13 Tax Status 14 Street Address 15 Town 16 Norwalk 17 Status 18 Not for Profit 19 CEO One-clicut 19 CEO One-clicut 10 CT Agent Company 10 CEO Title 10 CT Agent Company 11 CT Agent Company 12 CT Agent Company 13 Affiliate Description 14 Street Address 15 Agent Name 16 State 17 Capent Company 18 CEO Name 19 CEO Title 19 CEO Title 10 CT Agent Company 10 CEO One-clicut 11 CT Agent Company 11 CT Agent Company 12 CT Agent Company 13 Agent State 14 CT Agent Company 15 CEO One-clicut 16 CT Agent Company 17 Company 18 Affiliate Description 18 Affiliate Description 19 CEO Title 10 CT Agent Town 10 Norwalk 10 CT Agent Town 11 CT Agent Company 12 CT Agent Company 13 CT Agent Company 14 CT Agent Company 15 CT Agent State 16 CT Agent State 17 CT Agent Company 18 Affiliate Spe of service 19 CEO One-clicut 10 CT Agent State 10 CT Agent Company 10 Affiliate Spe of Service 11 CT Agent Company 19 CEO Title 10 CT Agent State 10 COMPANIES State 11 CT Agent Company 10 Affiliate Spe of Service 11 Affiliate Description 11 CT Agent Company 11 CT Agent State 12 CT Agent State 13 CT Agent State 14 CT Agent State 15 COMPANIES State 16 COMPANIES State 17 COMPANIES State 18 CEO Name 19 Daniel Debarba 19 CEO Title 10 CT Agent Company 10 Annual Association 11 CT Agent Company 11 CT Agent Company 12 CT Agent Company 13 CT Agent Company 14 Annual Association 15 CT Agent Company 16 CEO One-clicut 17 Agent Company 17 COMPANIES STATES				
11 CT Agent Company Street Address 24 Maple St				
12 CT Agent Company Street Address 24 Maple St 13 CT Agent State				
13 CT Agent State			, ,	
14 CT Agent Zip Code G6856 - G6856 - G7				
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J. Affiliate Description Affiliate Description Short Term Acute Care Hospital providing Inpatient and Outpatient Services Affiliate Uppe of service Hospital Tax Status Not for Profit Street Address 34 Maple St Town Norwalk State Connecticut Zip Code G6856 CEO Name Daniel DeBarba CEO CT Agent Name Daniel DeBarba CT Agent Company Street Address Ala Maple St CT Agent Town Norwalk CT Agent State Connecticut CT Agent Town Norwalk Apple St Affiliate Description Affiliate Description Provides fund raising for the parent corporation and affiliates Affiliate type of service Foundation Tax Status Nor Profit State Connecticut CT Agent State Connecticut CT Agent State Connecticut CT Agent State Connecticut CT Agent State Norwalk CT Agent State Status Norwalk Hospital Association Affiliate State Connecticut CT Agent State CONDECTION CONTENT STATE STATE CONTENT STATE				
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Affiliate Upe of service Hospital Affiliate type of service Hospital Tax Status Not for Profit Street Address 34 Maple St. Town Norwalk State Connecticut Zip Code 08856 - CEO Name Daniel DeBarba CT Agent Company Street Address 34 Maple St. CT Agent Zip Code 08856 - CT Agent Company Street Address 34 Maple St. CT Agent State Connecticut CT Agent Company Norwalk CT Agent Town Norwalk Affiliate Description Provides fund raising for the parent corporation and affiliates Affiliate Upe of service Foundation Tax Status Nor for Profit State Connecticut State Connecticut CT Agent Company Street Address 34 Maple St. CT Agent State Connecticut CT Agent State Connecticut CT Agent State Connecticut State Connecticut CT Agent State Connecticut State Connecticut CT Agent State Connecticut CEO CT Agent State Connecticut CT Agent Stat				
Affiliate Upe of service Hospital Affiliate type of service Hospital Tax Status Not for Profit Street Address 34 Maple St. Town Norwalk State Connecticut Zip Code 08856 - CEO Name Daniel DeBarba CT Agent Company Street Address 34 Maple St. CT Agent Zip Code 08856 - CT Agent Company Street Address 34 Maple St. CT Agent State Connecticut CT Agent Company Norwalk CT Agent Town Norwalk Affiliate Description Provides fund raising for the parent corporation and affiliates Affiliate Upe of service Foundation Tax Status Nor for Profit State Connecticut State Connecticut CT Agent Company Street Address 34 Maple St. CT Agent State Connecticut CT Agent State Connecticut CT Agent State Connecticut State Connecticut CT Agent State Connecticut State Connecticut CT Agent State Connecticut CEO CT Agent State Connecticut CT Agent Stat				
2 Affiliate type of service Hospital 3 Tax Status Not for Profit 4 Street Address 34 Maple St 5 Town Norwalk 6 State Connecticut 7 Zip Code 06856 - 8 CEO Name Daniel DeBarba 9 CEO Title CEO 10 CT Agent Name Daniel DeBarba 11 CT Agent Company Norwalk Hospital Association 12 CT Agent Company Street Address 34 Maple St 13 CT Agent Town Norwalk 14 CT Agent State Connecticut 15 CT Agent Zip Code 06856 - 15 CT Agent Zip Code 06856 - 1 Affiliate Description Provides fund raising for the parent corporation and affiliates 2 Affiliate type of service Foundation 3 Tax Status Not for Profit 4 Street Address 34 Maple St 5 Town Norwalk	J.	AFFILIATE NAME	NORWALK HOSPITAL ASSOCIATION	
2 Affiliate type of service Hospital 3 Tax Status Not for Profit 4 Street Address 34 Maple St 5 Town Norwalk 6 State Connecticut 7 Zip Code 06856 - 8 CEO Name Daniel DeBarba 9 CEO Title CEO 10 CT Agent Name Daniel DeBarba 11 CT Agent Company Norwalk Hospital Association 12 CT Agent Company Street Address 34 Maple St 13 CT Agent Town Norwalk 14 CT Agent State Connecticut 15 CT Agent Zip Code 06856 - 15 CT Agent Zip Code 06856 - 1 Affiliate Description Provides fund raising for the parent corporation and affiliates 2 Affiliate type of service Foundation 3 Tax Status Not for Profit 4 Street Address 34 Maple St 5 Town Norwalk				
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6 State Connecticut 7 Zip Code 08856 - 8 CEO Name Daniel DeBarba 9 CEO Title CEO 10 CT Agent Name Daniel DeBarba 11 CT Agent Company Norwalk Hospital Association 12 CT Agent Company Street Address 34 Maple St 13 CT Agent Town Norwalk 4 CT Agent State Connecticut 15 CT Agent Zip Code 08856 - 8 CEO Title NORWALK HOSPITAL FOUNDATION, INC 4 Affiliate Description Provides fund raising for the parent corporation and affiliates 2 Affiliate Upse of service Foundation 3 Tax Status Not for Profit 4 Street Address 34 Maple St 5 Town Norwalk 6 State Connecticut 7 Zip Code 06856 - 8 CEO Name Daniel Debarba 9 CEO Title CEO 10 <td></td> <td></td> <td></td>				
7 Zip Code 06856 - 8 CEO Name Daniel DeBarba 9 CEO Title CEO 10 CT Agent Name Daniel DeBarba 11 CT Agent Company Norwalk Hospital Association 12 CT Agent Company Street Address 34 Maple St 13 CT Agent State Connecticut 15 CT Agent Zip Code 06856 - 1 Affiliate Description Provides fund raising for the parent corporation and affiliates 2 Affiliate type of service Foundation 3 Tax Status Not for Profit 4 Street Address 34 Maple St 5 Town Norwalk 6 State Connecticut 7 Zip Code 06856 - 8 CEO Name Daniel Debarba 9 CEO Title CEO 10 CT Agent Name Daniel DeBarba 11 CT Agent Company Norwalk Hospital Association 12 CT Agent Company Street Address 34 Maple St. <td></td> <td></td> <td></td>				
8 CEO Name Daniel DeBarba 9 CEO Title CEO 10 CT Agent Name Daniel DeBarba 11 CT Agent Company Norwalk Hospital Association 12 CT Agent Company Street Address 34 Maple St 13 CT Agent Town Norwalk 14 CT Agent Zip Code 06856 - K. AFFILIATE NAME NORWALK HOSPITAL FOUNDATION, INC I Affiliate Description Provides fund raising for the parent corporation and affiliates 2 Affiliate type of service Foundation 3 Tax Status Not for Profit 4 Street Address 34 Maple St 5 Town Norwalk 6 State Connecticut 7 Zip Code 06856 - 8 CEO Name Daniel Debarba 9 CEO Title CEO 10 CT Agent Company Norwalk Hospital Association 11 CT Agent Company Street Address 34 Maple St 13 CT Agent Town Norwalk 14 CT Agent Town Norwalk 14 CT Agent Town Norwalk 15 CT Agent Town Norwalk 16 CT Agent Town				
9 CEO Title CEO 10 CT Agent Name Daniel DeBarba 11 CT Agent Company Norwalk Hospital Association 12 CT Agent Company Street Address 34 Maple St 13 CT Agent Town Norwalk 14 CT Agent Zip Code 06856 - K. AFFILIATE NAME NORWALK HOSPITAL FOUNDATION, INC K. AFFILIATE NAME NORWALK HOSPITAL FOUNDATION, INC Affiliate Description Provides fund raising for the parent corporation and affiliates 2 Affiliate type of service Foundation 3 Tax Status Not for Profit 4 Street Address 34 Maple St 5 Town Norwalk 6 State Connecticut 7 Zip Code 06856 - 8 CEO Name Daniel Debarba 9 CEO Title CEO 10 CT Agent Company Street Address 34 Maple St. 11 CT Agent Company Norwalk Hospital Association 12 CT Agent Company Norwalk Hospital Association 13 CT Agent Company Street Address 34 Maple St. 13 CT Agent Company Street Address 34 Maple St. 14 CT Agent Company Street Address 34 Maple St. 15 CT Agent Company Street Address 34 Maple St. 16 CT Agent Company Street Address 34 Maple St. 17 CT Agent Company Street Address 34 Maple St. 18 CT Agent Company Street Address 34 Maple St. 19 CT Agent Town Norwalk CT Agent Tow				
10 CT Agent Name				
11 CT Agent Company Norwalk Hospital Association 12 CT Agent Company Street Address 13 CT Agent Town Norwalk 14 CT Agent Zip Code 15 CT Agent Zip Code 16856 - K. AFFILIATE NAME NORWALK HOSPITAL FOUNDATION, INC 1 Affiliate Description Provides fund raising for the parent corporation and affiliates 2 Affiliate type of service Foundation 3 Tax Status Not for Profit 4 Street Address 34 Maple St 5 Town Norwalk 6 State Connecticut 7 Zip Code 06856 - 8 CEO Name Daniel Debarba 9 CEO Title CEO 10 CT Agent Company Norwalk Norwalk Norwalk Daniel DeBarba 11 CT Agent Company Norwalk Norwalk Norwalk Daniel DeBarba 12 CT Agent Company Norwalk Norwalk Norwalk Daniel DeBarba 13 CT Agent Company Norwalk Norwalk Daniel DeBarba 14 CT Agent Company Norwalk Norwalk Norwalk Daniel DeBarba 15 CT Agent Company Norwalk Norwalk Daniel DeBarba 16 CT Agent Company Norwalk Norwalk Daniel DeBarba 17 CT Agent Company Norwalk Norwalk Daniel DeBarba 18 CT Agent Company Norwalk Daniel DeBarba 19 CEO Title CEO 10 CT Agent Company Norwalk Norwalk Daniel DeBarba Norwalk Daniel				
12 CT Agent Company Street Address 34 Maple St 13 CT Agent Town Norwalk 14 CT Agent State Connecticut 15 CT Agent Zip Code 06856 - K. AFFILIATE NAME NORWALK HOSPITAL FOUNDATION, INC 1 Affiliate Description Provides fund raising for the parent corporation and affiliates 2 Affiliate type of service Foundation 3 Tax Status Not for Profit 4 Street Address 34 Maple St 5 Town Norwalk 6 State Connecticut 7 Zip Code 06856 - 8 CEO Name Daniel Debarba 9 CEO Title CEO 10 CT Agent Name Daniel DeBarba 11 CT Agent Company Norwalk Norwalk Norwalk Hospital Association 12 CT Agent Company Norwalk Norwalk Norwalk Hospital Association 13 CT Agent Company Norwalk Norwalk Norwalk Hospital Association 14 CT Agent Company Street Address 34 Maple St. 15 CT Agent Town Norwalk Norwalk Norwalk Hospital Association 16 CT Agent Town Norwalk CT Agent Town Norwalk CT Agent State Connecticut				
13 CT Agent Town Norwalk 14 CT Agent State Connecticut 15 CT Agent Zip Code 06856 - K. AFFILIATE NAME NORWALK HOSPITAL FOUNDATION, INC 1 Affiliate Description Provides fund raising for the parent corporation and affiliates 2 Affiliate type of service Foundation 3 Tax Status Not for Profit 4 Street Address 34 Maple St 5 Town Norwalk 6 State Connecticut 7 Zip Code 06856 - 8 CEO Name Daniel Debarba 9 CEO Title CEO 10 CT Agent Company Street Address 34 Maple St 11 CT Agent Company Street Address 34 Maple St 13 CT Agent Company Street Address 34 Maple St 14 CT Agent State Connecticut 15 CT Agent Company Street Address 34 Maple St 16 CT Agent Town Norwalk CEO				
14 CT Agent State Connecticut 15 CT Agent Zip Code 06856 - K. AFFILIATE NAME NORWALK HOSPITAL FOUNDATION, INC 1 Affiliate Description Provides fund raising for the parent corporation and affiliates 2 Affiliate type of service Foundation 3 Tax Status Not for Profit 4 Street Address 34 Maple St 5 Town Norwalk 6 State Connecticut 7 Zip Code 06856 - 8 CEO Name Daniel Debarba 9 CEO Title CEO 10 CT Agent Name Daniel DeBarba 11 CT Agent Company Street Address 34 Maple St 13 CT Agent Company Street Address 34 Maple St 14 CT Agent State Connecticut 15 CT Agent Company Street Address 34 Maple St 16 CT Agent Town Norwalk CEO Connecticut 17 CT Agent Town Norwalk CEO COnnecticut 18 CT Agent Town Norwalk CEO COnnecticut 19 CT Agent Town Norwalk CEO COnnecticut 10 CT Agent Town Norwalk CEO COnnecticut				
Table CT Agent Zip Code CT Agent Zip Code CT Agent Zip Code CT Agent Zip Code CT Agent Company Street Address CT Agent State C				
K. AFFILIATE NAME NORWALK HOSPITAL FOUNDATION, INC 1 Affiliate Description Provides fund raising for the parent corporation and affiliates 2 Affiliate type of service Foundation 3 Tax Status Not for Profit 4 Street Address 34 Maple St 5 Town Norwalk 6 State Connecticut 7 Zip Code 06856 - 8 CEO Name Daniel Debarba 9 CEO Title CEO 10 CT Agent Name Daniel DeBarba 11 CT Agent Company Street Address 34 Maple St. 13 CT Agent Town Norwalk 14 CT Agent State Connecticut 16 Connecticut 17 CT Agent State Connecticut 18 CT Agent State Connecticut 19 CT Agent State Connecticut 10 CT Agent State Connecticut 10 CT Agent State Connecticut 11 CT Agent State Connecticut 12 CT Agent State Connecticut 13 CT Agent State				
1 Affiliate Description Provides fund raising for the parent corporation and affiliates 2 Affiliate type of service Foundation 3 Tax Status Not for Profit 4 Street Address 34 Maple St 5 Town Norwalk 6 State Connecticut 7 Zip Code 06856 - 8 CEO Name Daniel Debarba 9 CEO Title CEO 10 CT Agent Name Daniel DeBarba 11 CT Agent Company Street Address 34 Maple St. 13 CT Agent Town Norwalk 14 CT Agent State Connecticut Norwalk Connecticut 15 Connecticut Norwalk Connecticut Norwalk Connecticut Norwalk Connecticut Norwalk Connecticut Norwalk Connecticut	15	CT Agent Zip Code	06856 -	
1 Affiliate Description Provides fund raising for the parent corporation and affiliates 2 Affiliate type of service Foundation 3 Tax Status Not for Profit 4 Street Address 34 Maple St 5 Town Norwalk 6 State Connecticut 7 Zip Code 06856 - 8 CEO Name Daniel Debarba 9 CEO Title CEO 10 CT Agent Name Daniel DeBarba 11 CT Agent Company Street Address 34 Maple St. 13 CT Agent Town Norwalk 14 CT Agent State Connecticut Norwalk Connecticut 15 Connecticut Norwalk Connecticut Norwalk Connecticut Norwalk Connecticut Norwalk Connecticut Norwalk Connecticut				
1 Affiliate Description Provides fund raising for the parent corporation and affiliates 2 Affiliate type of service Foundation 3 Tax Status Not for Profit 4 Street Address 34 Maple St 5 Town Norwalk 6 State Connecticut 7 Zip Code 06856 - 8 CEO Name Daniel Debarba 9 CEO Title CEO 10 CT Agent Name Daniel DeBarba 11 CT Agent Company Street Address 34 Maple St. 13 CT Agent Town Norwalk 14 CT Agent State Connecticut Norwalk Connecticut 15 Connecticut Norwalk Connecticut Norwalk Connecticut Norwalk Connecticut Norwalk Connecticut Norwalk Connecticut				
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2 Affiliate type of service Foundation 3 Tax Status Not for Profit 4 Street Address 34 Maple St 5 Town Norwalk 6 State Connecticut 7 Zip Code 06856 - 8 CEO Name Daniel Debarba 9 CEO Title CEO 10 CT Agent Name Daniel DeBarba 11 CT Agent Company Norwalk Hospital Association 12 CT Agent Company Street Address 34 Maple St. 13 CT Agent Town Norwalk 14 CT Agent State Connecticut				
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3 Tax Status Not for Profit 4 Street Address 34 Maple St 5 Town Norwalk 6 State Connecticut 7 Zip Code 06856 - 8 CEO Name Daniel Debarba 9 CEO Title CEO 10 CT Agent Name Daniel DeBarba 11 CT Agent Company Norwalk Hospital Association 12 CT Agent Company Street Address 34 Maple St. 13 CT Agent Town Norwalk 14 CT Agent State Connecticut				
4 Street Address 34 Maple St 5 Town Norwalk 6 State Connecticut 7 Zip Code 06856 - 8 CEO Name Daniel Debarba 9 CEO Title CEO 10 CT Agent Name Daniel DeBarba 11 CT Agent Company Norwalk Hospital Association 12 CT Agent Company Street Address 34 Maple St. 13 CT Agent Town Norwalk 14 CT Agent State Connecticut				
5 Town Norwalk 6 State Connecticut 7 Zip Code 06856 - 8 CEO Name Daniel Debarba 9 CEO Title CEO 10 CT Agent Name Daniel DeBarba 11 CT Agent Company Norwalk Hospital Association 12 CT Agent Company Street Address 34 Maple St. 13 CT Agent Town Norwalk 14 CT Agent State Connecticut				
6 State Connecticut 7 Zip Code 06856 - 8 CEO Name Daniel Debarba 9 CEO Title CEO 10 CT Agent Name Daniel DeBarba 11 CT Agent Company Norwalk Hospital Association 12 CT Agent Company Street Address 34 Maple St. 13 CT Agent Town Norwalk 14 CT Agent State Connecticut				
7 Zip Code 06856 - 8 CEO Name Daniel Debarba 9 CEO Title CEO 10 CT Agent Name Daniel DeBarba 11 CT Agent Company Norwalk Hospital Association 12 CT Agent Company Street Address 34 Maple St. 13 CT Agent Town Norwalk 14 CT Agent State Connecticut				
8 CEO Name Daniel Debarba 9 CEO Title CEO 10 CT Agent Name Daniel DeBarba 11 CT Agent Company Norwalk Hospital Association 12 CT Agent Company Street Address 34 Maple St. 13 CT Agent Town Norwalk 14 CT Agent State Connecticut				
9 CEO Title CEO 10 CT Agent Name Daniel DeBarba 11 CT Agent Company Norwalk Hospital Association 12 CT Agent Company Street Address 34 Maple St. 13 CT Agent Town Norwalk 14 CT Agent State Connecticut				
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12 CT Agent Company Street Address 34 Maple St. 13 CT Agent Town Norwalk 14 CT Agent State Connecticut				
13 CT Agent Town Norwalk 14 CT Agent State Connecticut				
14 CT Agent State Connecticut				
15 CT Agent Zip Code 06856 -				
	15	CT Agent Zip Code	06856 -	

FISCAL YEAR 2014

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
L.	AFFILIATE NAME	NORWALK HOSPITAL PHYSICIAN'S AND SURGEONS, INC	
1	Affiliate Decembring	To be a self to a lith status of a consequent, a consequent bloomies.	
2	Affiliate Description Affiliate type of service	To benefit health status of community served by Norwalk Hospital Physicians Services	
3	Tax Status	Not for Profit	
4	Street Address	34 Maple St	
5	Town	Norwalk	
6	State	Connecticut	
7	Zip Code	06856 -	
8	CEO Name	Daniel DeBarba	
9	CEO Title	President	
	CT Agent Name	Daniel DeBarba	
	CT Agent Company	Norwalk Hospital Association	
	CT Agent Company Street Address	34 Maple St	
	CT Agent Town	Norwalk	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06856 -	
М.	AFFILIATE NAME	NORWALK SURGERY CENTER, LLC	
1	Affiliate Description	AMPLII ATORY CURCERY CENTED JOINT VENTURE	
2	Affiliate Description	AMBULATORY SURGERY CENTER JOINT VENTURE Ambulatory/OP Surgery Center	
3	Affiliate type of service Tax Status	For Profit	
4	Street Address	40 CROSS ST	
5	Town	NORWALK	
6	State	Connecticut	
7	Zip Code	06851 -	
8	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 St	
13	CT Agent Town	Norwalk	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06856 -	
N.	AFFILIATE NAME	SWC CORPORATION	
	Affiliate Decembring	For the number of providing phormocoutical people (or it the sector of NDMO 1-int 1/-nt me	
1	Affiliate Description	For the purpose of providing pharmaceutical needs/equity transfer of NRMC Joint Venture	
2	Affiliate type of service	Pharmacy For Profit	
3	Tax Status	For Profit 24 Stevens St	
4	Street Address	Norwalk	
5	Town State	Connecticut	
6 7	State Zip Code	06856 -	
8		Daniel DeBarba	
9	CEO Name	CEO	
10	CEO Title CT Agent Name	Daniel DeBarba	
11	CT Agent Name CT Agent Company	Norwalk Hospital Association	
_ '-	o i rigorii oompany onool Address	o	

FISCAL YEAR 2014

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
	CT Agent Town	Norwalk	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06856 -	
О.	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	Affilate Support Services	
3	Tax Status	Not for Profit	
4	Street Address	95 Locust Avenue	
5	Town	Danbury	
	State	Connecticut	
	Zip Code	06810 -	
	CEO Name	John Murphy, MD	
	CEO Title	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 -	
P.	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	
-	Street Address	24 Hospital Avenue	
5	Town	Danbury	
6	State	Connecticut	
7	Zip Code	06810 -	
8	CEO Name	John Murphy, MD	
9	CEO Title	Chief Executive Officer	
10	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 -	
Q.	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	
	Tax Status	For Profit	
4	Street Address	23 Lime Tree Bay Avenue	
5	Town	Grand Cayman	
6	State	Cayman Islands	
7	Zip Code	11102 -	
<u> </u>	Zip Oodo	11102	

FISCAL YEAR 2014

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
8	CEO Name	John Murphy, MD	
	CEO Title	Chief Executive Officer	
		Julie Robertson	
	CT Agent Name		
	CT Agent Company	Honigman,Miller,Schwarta & Cohn,LLP 660 Woodward Avenue	
	CT Agent Company Street Address		
	CT Agent Town	Detroit	
	CT Agent State	Michigan	
15	CT Agent Zip Code	48226 -	
R.	AFFILIATE NAME	WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, LLC	
	Affiliate Description	Provide management services to the Danbury Hospital and New Milford Hospital	
2	Affiliate type of service	Affilate Support Services	
	Tax Status	Not for Profit	
4	Street Address	24 Hospital Ave	
5	Town	Danbury	
6	State	Connecticut	
7	Zip Code	06810 -	
	CEO Name	Robert Deveney, MD	
	CEO Title	Chair	
	CT Agent Name	R&C Service Company	
	CT Agent Company	Robinson & Cole, LLP	
	CT Agent Company Street Address	280 Trumbull St	
	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06103 -	
		WESTERN CONNECTION LIEAR THENETWORK PUNCHANGUEAN HEARTH OR CANIZATION ACCURS.	
S.	AFFILIATE NAME	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION ACO, INC	
		Physician led clinically integrated network that encompasses the hospital, employed and aligned community	
1	Affiliate Description	providers to result in increased quality of care, enhanced performance and improved patient satisfaction.	
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	John Murphy, M.D.	
9	CEO Title	Chief Executive Officer	
	CT Agent Name	Karen Mattei	
	CT Agent Company	Western CT Health Network Physicians Health Organi	
	CT Agent Company Street Address	24 Hospital Ave	
	CT Agent Town	Danbury	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06810 -	
	1 0- 1 1		
т.	AFFILIATE NAME	WESTERN CONNECTICUT HOME CARE, INC	
т.	AFFILIATE NAME		
		PROVIDES SKILLED NURSING SERVICES AND OTHER MEDICAL SERVICES IN THE HOME CARE	
T.	AFFILIATE NAME Affiliate Description Affiliate type of service		

FISCAL YEAR 2014

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
3	Tax Status	Not for Profit	
4	Street Address	4 Liberty Street	
5	Town	Danbury	
6	State	Connecticut	
7	Zip Code	06810 -	
	CEO Name	John Murphy, MD	
9	CEO Title	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	
	CT Agent Town	Danbury	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06810 -	
U.	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	
	Zip Code	06810 -	
	CEO Name	Dr. Patrick Broderick	
	CEO Title	President	
	CT Agent Name	Karen Mattei	
	CT Agent Company	Western CT Medical Group	
	CT Agent Company Street Address	14 Research Dr, Suite 201A	
	CT Agent Town	Bethel	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06801 -	
٧.	AFFILIATE NAME	WESTERN CT HEALTH NETWORK PHYSICIAN HEALTH 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	
	Zip Code	06810 -	
	CEO Name	James Ahern, M.D.	
	CEO Title	Chair	
	CT Agent Name	Karen Mattei	
	CT Agent Company	Western CT Health Network Physician Hospital Org.	
	CT Agent Company Street Address	24 Hospital Ave	
	CT Agent Town	Danbury	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06810 -	
	OV IS LINACCEPTABLE WITHOUT A	CTREET ADDRESS FOR FACIL ACENT COMPANY	

^{*} P.O. BOX IS UNACCEPTABLE WITHOUT A

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2014
Α.	DANBURY HOSPITAL		
1		Unrestricted	\$412,096,873
2		Temporarily Restricted by Donor	\$47,726,160
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$29,470,505
5		Intercompany Eliminations	(\$41,436,021)
		Total:	\$447,857,517
_	WESTERN CONNECTION THE ALTH METWORK INC		
В.	WESTERN CONNECTICUT HEALTH NETWORK, INC.	I love etviete d	\$205.740.050
1		Unrestricted	\$225,712,058
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$39,887,462 \$0
4		Permanently Restricted by Donor	\$9,461,652
5		Intercompany Eliminations	(\$502,665,856)
		Total:	(\$227,604,684)
		Total.	(\$221,004,004)
C.	ADVANCED CENTER FOR REHABILITATION MEDICINE		
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
D.	BUSINESS SYSTEMS, INC.		
1		Unrestricted	\$134,613
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$134,613
Ε.	EASTERN NEW YORK MEDICAL SERVICES, P.C.		(0000000)
1		Unrestricted	(\$360,004)
2		Temporarily Restricted by Donor	\$0 \$0
3		Temporarily Restricted by Board	\$0 \$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0
		Total:	(\$360,004)
		i otal.	(ψ300,004)
F.	MAPLE STREET INDEMNITY COMPANY, LTD		
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 \$0
		Total:	\$0
G.	NEW MILFORD HOSPITAL,INC		
1		Unrestricted	\$26,205,321
2		Temporarily Restricted by Donor	\$3,596,815
3		Temporarily Restricted by Board	\$0

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
H-7	(-/	FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2014
4		Permanently Restricted by Donor	\$4,326,165
5		Intercompany Eliminations	\$0
		Total:	\$34,128,301
Н.	NEW MILFORD MRI ,LLC		
1	, -	Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0 \$0 \$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
Ι.	NORWALK HEALTH CARE, INC		
1		Unrestricted	\$251,002
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$251,002
J.	NORWALK HEALTH SERVICES CORPORATION		
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
Κ.	NORWALK HOSPITAL ASSOCIATION		A
1		Unrestricted	\$267,761,206
2		Temporarily Restricted by Donor	\$37,730,403
3		Temporarily Restricted by Board	\$0 \$9,461,652
5		Permanently Restricted by Donor Intercompany Eliminations	\$9,461,652
- 3		Total:	\$314,953,261
		Total:	\$314,933,201
	NORWALK HOSPITAL FOUNDATION, INC		
L. 1	MONTALIN HOST HAL FOUNDATION, INC	Unrestricted	\$8,653,227
2		Temporarily Restricted by Donor	\$29,882,780
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$9,461,652
5		Intercompany Eliminations	\$0
		Total:	\$47,997,659
			Ψ-1,001,000
М.	NORWALK HOSPITAL PHYSICIAN'S AND SURGEONS, INC		
1	The state of the s	Unrestricted	(\$776,179)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$776,179)

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
	AFFILIATE NAME	FUND PURPOSE	9/30/2014
N.	NORWALK SURGERY CENTER, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0 \$0
3		Temporarily Restricted by Board	\$0
5		Permanently Restricted by Donor Intercompany Eliminations	\$0
		Total:	\$0
		Total.	φ0
0.	SWC CORPORATION		
1		Unrestricted	\$1,185,533
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,185,533
Ρ.	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.		
1	WESTERN CONNECTION THEAETH NETWORK ATTIEIATES, INC.	Unrestricted	\$5,988,648
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$5,988,648
Q.	WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.		
1		Unrestricted	\$23,822,486
2		Temporarily Restricted by Donor	\$44,796,183
3		Temporarily Restricted by Board	\$10,115,833
4		Permanently Restricted by Donor	\$33,796,669
5		Intercompany Eliminations	\$0
		Total:	\$112,531,171
	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO		
R.	LTD.		
1		Unrestricted	\$41,436,021
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$41,436,021
	WESTERN CONNECTION THEAT TH NETWORK SOLVE & COURT		
S.	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
		Totali	ΨΟ

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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	9/30/2014
	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN		
т.	HEALTH ORGANIZATION ACO, 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
U.	WESTERN CONNECTICUT HOME CARE, INC		
1		Unrestricted	\$2,142,080
2		Temporarily Restricted by Donor	\$141,913
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$2,283,993
٧.	WESTERN CONNECTICUT MEDICAL GROUP INC.		
1		Unrestricted	\$17,547,269
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$17,547,269
	WESTERN CT HEALTH NETWORK PHYSICIAN HEALTH		
W.	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 (hafers Intercompany Eliminations)	- 101	04.044.055.000
	Total of all Affiliates (before Intercompany Eliminations) Intercompany Eliminations	Fund Balance:	\$1,341,655,998
	Total of all Affiliates		(\$544,101,877)
	Total of all Allinates	Fund Balance:	\$797,554,121

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(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
_	WESTERN CONNECTICUT HEALTH NETWORK, INC.			
Α.	WESTERN CONNECTICUT HEALTH NETWORK, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$231,000
1		Employee Benefits	09/30/2014	\$2,338,000
2		SALARIES AND WAGES	09/30/2014	\$41,000
3		Accounts Payable	09/30/2014	
4		Management Consulting Joint and Spine Base Fee	09/30/2014	\$145,000
5		cash	09/30/2014	(\$4,458,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$145,000
	ADVANCED CENTED FOR RELIABILITATION MEDICINE			
В.	ADVANCED CENTER FOR REHABILITATION MEDICINE			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report	0,00,2010	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
C.	BUSINESS SYSTEMS, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$8,500)
1		Accounts Payable	09/30/2014	\$3,700
3		Reclass Reserve Archive, mail and phone expenses	09/30/2014 09/30/2014	\$4,700 \$100
3		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$100 \$ 0
		Ending officonsolidated intercompany balance.	9/30/2014	40
D.	EASTERN NEW YORK MEDICAL SERVICES, P.C.			
	,			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
1		Beginning Balance transferred from WCMG	09/30/2014	\$99,000
2		Accounts Payable	09/30/2014	\$23,000
3		Employee Benefits	09/30/2014	\$154,000
4		System Support Ending Unconsolidated Intercompany Balance:	09/30/2014 9/30/2014	(\$454,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$178,000)
E.	MAPLE STREET INDEMNITY COMPANY, LTD			
	INALE CIRELI INDEMINITI COMI ANTI, ETD			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
F.	NEW MILFORD HOSPITAL,INC			

AFFILIATE NAME	(1)	(2)	(3)	(4)	(5)
LOAN FROM DANBURY HOSPITAL 09/30/2014 \$4,448,000 9/30/2014 \$4095 9/30/2014 \$4095 9/30/2014 \$4,067,000	LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	
LOAN FROM DANBURY HOSPITAL 09/30/2014 \$4,448,000 9/30/2014 \$4095 9/30/2014 \$4095 9/30/2014 \$4,067,000			Reginning Unconsolidated Intercompany Palance	0/30/2013	\$6 514 501
Counting to thousands	1		I OAN EDOM DANBLIDY HOSDITAL		
Ending Unconsolidated Intercompany Balance: 9/30/2014 \$4,067,000	2		rounding to thousands	09/30/2014	
Beginning Unconsolidated Intercompany Balance: 9/30/2013			Ending Unconsolidated Intercompany Balance:		
Beginning Unconsolidated Intercompany Balance: 9/30/2013	G	NEW MILEOPO MOLLI C			
Nothing to Report \$0	G.	NEW WILFORD WIRI ,LLC			
Ending Unconsolidated Intercompany Balance: 9/30/2014 \$0				9/30/2013	\$0
H. NORWALK HEALTH CARE, INC Beginning Unconsolidated Intercompany Balance: 9/30/2013 \$0			Nothing to Report		\$0
Beginning Unconsolidated Intercompany Balance: 9/30/2013 \$0			Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
Beginning Unconsolidated Intercompany Balance: 9/30/2013 \$0	ш	NODWALK HEALTH CADE INC			
Nothing to Report S0 Ending Unconsolidated Intercompany Balance: 9/30/2014 \$0	- 11.	NORWALK HEALTH CARL, INC			
Ending Unconsolidated Intercompany Balance: 9/30/2014			Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
Ending Unconsolidated Intercompany Balance: 9/30/2014			Nothing to Report		\$0
Beginning Unconsolidated Intercompany Balance: 9/30/2013 \$0			Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
Beginning Unconsolidated Intercompany Balance: 9/30/2013 \$0		NODWALK HEALTH SERVICES CORDODATION			
Nothing to Report \$0	<u>'</u> '	NORWALK HEALTH SERVICES CORFORATION			
Nothing to Report \$0			Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
Ending Unconsolidated Intercompany Balance: 9/30/2014 \$0				0.00,2010	\$0
Beginning Unconsolidated Intercompany Balance: 9/30/2013			Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
Beginning Unconsolidated Intercompany Balance: 9/30/2013		NODWALK HOSDITAL ASSOCIATION			
Accounts Payable	J.	NORWALK HOSPITAL ASSOCIATION			
Accounts Payable			Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
Payroll Transfers 09/30/2014 \$1,502,000	1				
4 cash 09/30/2014 (\$1,948,000) Ending Unconsolidated Intercompany Balance: 9/30/2014 \$558,000 K. NORWALK HOSPITAL FOUNDATION, INC Beginning Unconsolidated Intercompany Balance: 9/30/2013 \$0 1 Accounts Payable 09/30/2014 \$18,000 Ending Unconsolidated Intercompany Balance: 9/30/2014 \$18,000	2		Employee Benefits	09/30/2014	\$505,000
K. NORWALK HOSPITAL FOUNDATION, INC Beginning Unconsolidated Intercompany Balance: 9/30/2014 \$558,000 Beginning Unconsolidated Intercompany Balance: 9/30/2013 \$0 Accounts Payable 09/30/2014 \$18,000 Ending Unconsolidated Intercompany Balance: 9/30/2014 \$18,000	3				
K. NORWALK HOSPITAL FOUNDATION, INC Beginning Unconsolidated Intercompany Balance: 9/30/2013 \$0 Accounts Payable 09/30/2014 \$18,000 Ending Unconsolidated Intercompany Balance: 9/30/2014 \$18,000	4				
Beginning Unconsolidated Intercompany Balance: 9/30/2013 \$0 Accounts Payable 09/30/2014 \$18,000 Ending Unconsolidated Intercompany Balance: 9/30/2014 \$18,000			Ending Unconsolidated Intercompany Balance:	9/30/2014	\$558,000
Beginning Unconsolidated Intercompany Balance: 9/30/2013 \$0 Accounts Payable 09/30/2014 \$18,000 Ending Unconsolidated Intercompany Balance: 9/30/2014 \$18,000	K.	NORWALK HOSPITAL FOUNDATION, INC			
1 Accounts Payable 09/30/2014 \$18,000 Ending Unconsolidated Intercompany Balance: 9/30/2014 \$18,000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Ending Unconsolidated Intercompany Balance: 9/30/2014 \$18,000			Beginning Unconsolidated Intercompany Balance:		
	1				
L. NORWALK HOSPITAL PHYSICIAN'S AND SURGEONS, INC			Ending Unconsolidated Intercompany Balance:	9/30/2014	\$18,000
	L.	NORWALK HOSPITAL PHYSICIAN'S AND SURGEONS. INC			

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report	0,00,2010	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
M.	NORWALK SURGERY CENTER, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report	0/00/0044	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
N.	SWC CORPORATION			
N.	SWC CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
Ο.	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.			
			0/00/00/0	
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$241,000
1		Accounts Payable	09/30/2014 09/30/2014	\$4,338,000 \$45,000
3		Salary 401K, Benefits	09/30/2014	\$45,000
4		Rental Of Space	09/30/2014	\$104,000
5		Clinical Services	09/30/2014	(\$509,000)
6		HR , Malpractice, Warehouse Expense	09/30/2014	\$331,000
7		cash	09/30/2014	(\$4,868,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$402,000
P.	WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.			
		Baringia a Una caralidate distance anno asse Balance	0/00/0040	\$004.000
		Beginning Unconsolidated Intercompany Balance: Accounts Payable	9/30/2013 09/30/2014	\$661,000 \$1,852,000
2		Tower Reimbursment Accrual	09/30/2014	\$1,852,000
3		Salary	09/30/2014	\$2,120,000
4		Employee Benefits	09/30/2014	\$1,367,000
5		Rental Of Space	09/30/2014	\$25,000
6		Reimbursement for Research Expense	09/30/2014	\$3,081,000
7		cash	09/30/2014	(\$6,265,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$2,988,000

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
Q.	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0 \$0
R.	WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, LLC			
		Beginning Unconsolidated Intercompany Balance: Nothing to Report	9/30/2013	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION ACO, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0 \$0
T.	WESTERN CONNECTICUT HOME CARE, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$320,000
1		Accounts Payable	09/30/2014	\$509,000
2		Employee Benefits	09/30/2014	\$432,000
3		Clinical Services	09/30/2014	\$67,000
4		Payroll Transfers	09/30/2014	\$75,000
5		cash	09/30/2014 9/30/2014	(\$1,081,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$322,000
U.	WESTERN CONNECTICUT MEDICAL GROUP INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$26,000
1		Loan to Danbury Hospital Ending Unconsolidated Intercompany Balance:	09/30/2014 9/30/2014	(\$26,000) \$0
V.	WESTERN CT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
			Grand Total:	\$8,322,000

(1)	(2)	(3)	(4)	(5)	(6)
	·	·			• ,
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated		
			Intercompany Balance	10/01/2013	\$0
Α.	WESTERN CONNECTICUT HEALTH NETWORK , INC.	WESTERN CONNECTION THE WEST WORK			
4		WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.	Cummant	09/30/2014	# CC 000
2		WESTERN CONNECTICUT HOME CARE, INC	Support Benefits Support	09/30/2014	\$66,000 \$122,000
3		NEW MILFORD HOSPITAL, INC	Benefits Support	09/30/2014	\$14,000
		WESTERN CONNECTICUT HEALTH NETWORK	Benefite Support	00/00/2014	Ψ14,000
4		FOUNDATION, INC.	Benefits Support	09/30/2014	\$15,000
		EASTERN NEW YORK MEDICAL SERVICES,			+ -/
5		P.C.	Support	09/30/2014	\$1,134,000
		WESTERN CONNECTICUT MEDICAL GROUP			
6		INC.	Benefits Support	09/30/2014	\$1,155,000
			Total:	9/30/2014	\$2,506,000
B.	ADVANCED CENTER FOR REHABILITATION MEDICINE				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
	DUOMEGO OVOTEMO INO				
C.	BUSINESS SYSTEMS, INC.		Nothing to Depart		Φ0
			Nothing to Report Total:	9/30/2014	\$0 \$0
			i otai:	9/30/2014	\$0
D.	EASTERN NEW YORK MEDICAL SERVICES, P.C.				
Ь.	EASTERN NEW TORK MEDICAL SERVICES, F.C.		Nothing to Report		\$0
			Total:	9/30/2014	\$0
			i otal.	3/30/2014	ΨΟ
E.	MAPLE STREET INDEMNITY COMPANY, LTD				
	III/A LL OTALLT INSLIMATE OOM /ATT) LIS		Nothing to Report		\$0
			Total:	9/30/2014	\$0
					4.5
F.	NEW MILFORD HOSPITAL,INC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
G.	NEW MILFORD MRI ,LLC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
H.	NORWALK HEALTH CARE, INC				
			Nothing to Report	2/22/22	\$0
			Total:	9/30/2014	\$0
	NORWALK USAL THOSPINOSO CORREST TION				
I.	NORWALK HEALTH SERVICES CORPORATION		Nothing to Donor		40
<u></u>			Nothing to Report		\$0

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Total:	9/30/2014	\$0
J.	NORWALK HOSPITAL ASSOCIATION	WESTERN CONNECTICUT HEALTH NETWORK,			
1		INC.	Support	09/30/2014	\$135,000
 			Total:	9/30/2014	\$135,000
					,,
K.	NORWALK HOSPITAL FOUNDATION, INC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
	NORWALK HOSPITAL PHYSICIANIS AND SUBGEONS INC				
L. 1	NORWALK HOSPITAL PHYSICIAN'S AND SURGEONS, INC	NORWALK HOSPITAL ASSOCIATION	Support	09/30/2014	\$438,000
2		NORWALK HOSPITAL ASSOCIATION NORWALK HOSPITAL FOUNDATION, INC	Support	09/30/2014	\$36,000
<u> </u>			Total:	9/30/2014	\$474,000
M.	NORWALK SURGERY CENTER, LLC				
<u></u>			Nothing to Report		\$0
			Total:	9/30/2014	\$0
N.	SWC CORPORATION				
IN.	SWC CORPORATION		Nothing to Report		\$0
-			Total:	9/30/2014	\$0
				0,00,00	**
0.	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.				
		WESTERN CONNECTICUT HEALTH NETWORK			
1		FOUNDATION, INC. WESTERN CONNECTICUT MEDICAL GROUP	Rent	09/30/2014	\$4,000
2		INC.	Salary Transfer	09/30/2014	\$1,000
		ino.	Total:	9/30/2014	\$5,000
			Total.	3,33,2314	ψ0,000
P.	WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.				
1		NORWALK HOSPITAL FOUNDATION, INC	Management Fee	09/30/2014	\$124,000
			Total:	9/30/2014	\$124,000
Q.	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD.		Nothing to Depart		00
			Nothing to Report Total:	9/30/2014	\$0 \$0
			i otai:	9/30/2014	\$0
R.	WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, LLC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
S.	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION ACO, INC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
-	WESTERN CONNECTIONS USE OF THE				
T.	WESTERN CONNECTICUT HOME CARE, INC		Nothing to Report		\$0
1			Total:	9/30/2014	\$0
			Total	3/30/2014	Ψΰ
U.	WESTERN CONNECTICUT MEDICAL GROUP INC.				
1		NEW MILFORD HOSPITAL,INC	Physician Support	09/30/2014	\$1,101,000
2		NORWALK HOSPITAL PHYSICIAN'S AND SURGEONS, INC	Physician Support	09/30/2014	\$351,000
			Total:	9/30/2014	\$1,452,000
٧.	WESTERN CT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION, INC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
			Ending Unconcolidated		
			Ending Unconsolidated Intercompany Balance	9/30/2014	\$4,696,000

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
	DECOME TION OF EAR ENDITORE			
Α.	WESTERN CONNECTICUT HEALTH NETWORK , INC.			
0	Nothing to Report	T / I	\$0	
		Total:	\$0	9/30/2014
В.	ADVANCED CENTER FOR REHABILITATION MEDICINE			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
C .	BUSINESS SYSTEMS, INC. Nothing to Report		\$0	
	Nothing to Report	Total:	\$0 L	9/30/2014
				3,00,00
D.	EASTERN NEW YORK MEDICAL SERVICES, P.C.			
0	Nothing to Report	Tatali	\$0	
		Total:	\$0	9/30/2014
E.	MAPLE STREET INDEMNITY COMPANY, LTD			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
_				
F .	NEW MILFORD HOSPITAL,INC Nothing to Report		0.0	
	Nothing to Report	Total:	\$0 \$0	9/30/2014
			**	3,00,2011
G.	NEW MILFORD MRI ,LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
Н.	NORWALK HEALTH CARE, INC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
1. 0	NORWALK HEALTH SERVICES CORPORATION Nothing to Report		0.0	
-	Nothing to Keport	Total:	\$0 \$0	9/30/2014
				3,00,00
J.	NORWALK HOSPITAL ASSOCIATION			
0	Nothing to Report	Total	\$0	0/00/0044
		Total:	\$0	9/30/2014
K.	NORWALK HOSPITAL FOUNDATION, INC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
	NODWALK HOSDITAL BUYCULANIS AND SUBSESSIONS			
<u>L.</u>	NORWALK HOSPITAL PHYSICIAN'S AND SURGEONS, INC Nothing to Report		\$0	
Ť	Trouming to Proport	Total:	\$0	9/30/2014
			<u> </u>	
M.	NORWALK SURGERY CENTER, LLC			
0	Nothing to Report	Total:	\$0	0/20/2044
		i Otai.	\$0	9/30/2014
N.	SWC CORPORATION			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
Ο.	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.			

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
_			DATE
0	Nothing to Report Total:	\$0 \$0	9/30/2014
	Total.	\$ 0	9/30/2014
Р.	WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
Q.	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
R.	WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HEALTH		
S .	ORGANIZATION ACO, INC Nothing to Report	\$0	
-	Total:	\$0	9/30/2014
		40	0,00,2014
Т.	WESTERN CONNECTICUT HOME CARE, INC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
U.	WESTERN CONNECTICUT MEDICAL GROUP INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
V.	WESTERN CT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION, INC		
0	Nothing to Report Total:	\$0 \$0	0/20/2044
	i otai:	\$0	9/30/2014
	Grand Total:	\$0	9/30/2014

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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
	DEGGAM HON OF THE COMMITTIMENT / MAD/CIN ENDONGEMENT	741100111	1211111111112
A.	WESTERN CONNECTICUT HEALTH NETWORK , INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
B.	ADVANCED CENTER FOR REHABILITATION MEDICINE		
0	Nothing to Report	\$0	0
	Total:	\$0	
C .	BUSINESS SYSTEMS, INC.	60	0
U	Nothing to Report Total:	\$0 \$0	0
	l Otal:	\$0	
_	EASTERN NEW YORK MEDICAL SERVICES, P.C.		
D.	Nothing to Report	\$0	0
	Total:	\$ 0	Ŭ
	Total	4 3	
E.	MAPLE STREET INDEMNITY COMPANY, LTD		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	NEW MILFORD HOSPITAL,INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	NEW MILFORD MRI ,LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	NORWALK HEALTH CARE, INC	60	
0	Nothing to Report	\$0	0
	Total:	\$0	
	NORWALK UEALTH OFFINIOFO CORPORATION		
I.	NORWALK HEALTH SERVICES CORPORATION Nothing to Report	\$0	0
	Total:	\$ 0	U
	Total.	40	
J.	NORWALK HOSPITAL ASSOCIATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
K.	NORWALK HOSPITAL FOUNDATION, INC		
0	Nothing to Report	\$0	0
	NORWALK HOSPITAL FOUNDATION, INC Nothing to Report	\$0	

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	
L.	NORWALK HOSPITAL PHYSICIAN'S AND SURGEONS, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
M.	NORWALK SURGERY CENTER, LLC	Φ0	0
0	Nothing to Report	\$0	0
	Total:	\$0	
N.	SWC CORPORATION Nothing to Report	\$0	0
	Total:	\$0	0
	Total.	40	
0.	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.		
0.	Nothing to Report	\$0	0
	Total:	\$0	Ÿ
		, .	
P.	WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
Q.	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD.		
0	Nothing to Report	\$0	0
	Total:	\$0	
R.	WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	WEGTERN CONNECTION THE ALTH METHODIC RUNGIONAL HEALTH ORGANIZATION ACCURAGE		
S.	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION ACO, INC Nothing to Report	\$0	0
	Total:		0
	Total.	40	
T.	WESTERN CONNECTICUT HOME CARE, INC		
0	Nothing to Report	\$0	0
	Total:		
U.	WESTERN CONNECTICUT MEDICAL GROUP INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	

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
V.	WESTERN CT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

DANBURY HOSPITAL ANNUAL REPORTING FISCAL YEAR 2014 DNATIONS AND FUNDS RESTRI

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

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2013	FY 2014		
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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	DANBURY HOSPITAL						
ANNUAL REPORTING							
nen	FISCAL YEAR 2014	D DV THE HOODITAL					
REP	ORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED) BY THE HOSPITAL					
A. Patient Activity							
(1)	(2)	(3)					
<u>Patient</u>	Name of Hospital Bed Fund (FULL NAME)	Amount					
 Number of Applications 	s for Hospital Bed Funds	0					
	Grand Total \$0.00						

	DANBURY HOSPITAL							
	ANNUAL REPORTING							
		FISCAL YEAR	R 2014					
	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	n Hospital Bed			
(4)	Total Actual Earnings for each Hospital E	Bed Fund or the Earning	gs attributable to eac	h Hospital Bed Fund.				
				-				
(5)	Actual Dollar Amount of Earnings reinves	sted as Principal, if any	·.					
		• •						
(6)	Actual Dollar Amount of Earnings availab	ole for Patient Care.						
` ,								
	Total Bed Funds :	\$0.00	\$0.00	\$0.00	\$0.00			
	Total Ded Fullus :	\$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	Account balances >4999 are reviewed and referred manually to a collection
В.	Hospital's processes and policies for compensating a Collection	agency after final notice. Accounts <5000 are systematically referred to a collection agency after final notice based on timelines according to plan type. Compensation is based on a % of collections and payment to the hospital by the
J.	Agent for services rendered	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 1	Collection Agent Collection Agent Name	Credit Center Incorporated
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.	Account balances >4999 are reviewed and referred manually to a collection agency after final notice. Accounts <5000 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 isssues and 28% is retained for legal issues.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	23.00%
В	Collection Agent	
1	Collection Agent Name	Simko Law Firm
2	Collection Agent Type	Collection Agency

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Referrals only. Accounts do not go systematically to Simko/Tobin.
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 tp \$10,000. 25% for collections exceeding \$10,000 but not more than \$20,000 and 15% for collections exceeding
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	30.00%
С	Collection Agent	
1	Collection Agent Collection Agent Name	Attorney Robert Tobin
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.	Referrals only. Accounts do not go systematically to Simko/Tobin.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Compensation is based on a % of collections and payment to the hospital by the percent owned.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	40.00%

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

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	CEO CHIEF EXECUTIVE OFFICER	\$1,114,027	\$59,026	\$1,173,053
2.	VP HR	\$403,919	\$416,133	\$820,052
3.	CFO CHIEF FINANCIAL OFFICER	\$625,572	\$46,993	\$672,565
<u> </u>		\$020,0.2	4 .0,000	*************************************
4.	CHIEF OPERATING OFFICER	\$429,796	\$45,809	\$475,605
5.	CHIEF INFORMATION OFFICER	\$372,353	\$40,278	\$412,631
6.	GENERAL COUNSEL	\$367,720	\$42,751	\$410,471
0.	OLIVEL OCCIVALE	Ψ507,720	Ψ+2,701	ψ+10,+71
7.	CHIEF NURSING OFFICER	\$341,959	\$47,127	\$389,086
	DIDECTOR EDUCATION & RECEARCH	#000 00 d	040 704	\$200.700
8.	DIRECTOR EDUCATION & RESEARCH	\$330,984	\$49,724	\$380,708
9.	VP PLANNING	\$288,796	\$49,825	\$338,621
10.	VP FACILITIES	\$265,137	\$57,354	\$322,491
	Grand Total:	\$4,540,263	\$855,020	\$5,395,283

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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS

PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
		SALARIES	FRINGE	
		(Directly or	BENEFITS ^A (DirectI	
LINE	DESCRIPTION	Indirectly) ^C	y or Indirectly) ^C	TOTAL
	DESCRIPTION	man cony)	y or maneotry)	TOTAL
Α.	WESTERN CONNECTICUT HEALTH NETWORK , INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
В.	ADVANCED CENTER FOR REHABILITATION MEDICINE			
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
	DUCINECE SYSTEMS INC			
C.	BUSINESS SYSTEMS, INC. Paid by the Entity Listed Above to Hospital Employees(B)	C O	CO	<u> </u>
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
	and by the Hospital to Employees of the Entity Listed Above	Ι ΨΟ		ΨΟ
D.	EASTERN NEW YORK MEDICAL SERVICES, 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
Ε.	MAPLE STREET INDEMNITY COMPANY, LTD			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
	NEW MILEOPO LICODITAL INC			
F.	NEW MILFORD HOSPITAL,INC Paid by the Entity Listed Above to Hospital Employees(B)	\$ 0	¢ 0	Φ0
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
	l ald by the Hospital to Employees of the Entity Listed Above			ΨΟ
G .	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
Η.	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
	NORWALK HEALTH SERVICES CORPORATION			
1 . 1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Entity Listed Above to Hospital Employees(b)	\$0	\$0	\$0 \$0
	. San all and the san and the	Ψ	Ψ	* -
J .	NORWALK HOSPITAL ASSOCIATION			
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.	NORWALK HOSPITAL FOUNDATION, INC	A 2		0.5
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0 \$0	\$0 \$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
ı	NORWALK HOSPITAL PHYSICIAN'S AND SURGEONS, INC			
L. 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
	and the state of t		*	* -
Μ.	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
Ν.	SWC CORPORATION			

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DANBURY HOSPITAL ANNUAL REPORTING FISCAL YEAR 2014 REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS

PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
		SALARIES (Directly or	FRINGE BENEFITS ^A (DirectI	
LINE	DESCRIPTION	Indirectly) ^c	y or Indirectly) ^C	TOTAL
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
Ο.	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
Ρ.	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			
Q.	LTD.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0 \$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
	WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE,			
R.	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
	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN			
S.	HEALTH ORGANIZATION ACO, 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
		·		
Τ.	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
U .	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
		**		
	WESTERN CT HEALTH NETWORK PHYSICIAN HEALTH			
٧.	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.

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 2014
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
	Date that each Transfer of Assets or Operations or Change of Control involving Hospital	
4.	Clinical or Nonclinical Services or Functions occurred.	N/A
	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital	
5.	Clinical or Nonclinical Services or Functions.	\$0

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		Y HOSPITAL			
		REPORTING AL YEAR 2014			
	REPORT 23 - CHARITY CARE AND REDUCED		PROVIDED BY	THE HOSPITAL	
(1)	(2)	(3)	(4)	(5)	(6)
1 1815	DECORIDATION	FY 2013	FY 2014	AMOUNT	%
<u>LINE</u>	DESCRIPTION	AMOUNT	<u>AMOUNT</u>	DIFFERENCE	DIFFERENCE
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial	Statement Notes)			
4	Number of Applicants	2.542	2.240	(404)	F0/
1. 2.	Number of Applicants Number of Approved Applicants	3,512 3,375	3,348 3,207	(164) (168)	-5% -5%
	Training of the provide a periodical	0,010	0,207	(100)	370
3.	Total Charges (A)	\$12,948,351	\$12,601,255	(\$347,096)	-3%
	Average Charges	\$3,837	\$3,929	\$93	2%
4.	Ratio of Cost to Charges (RCC)	0.430189	0.390144	(0.040045)	-9%
4.	Total Cost	\$5,570,238	\$4,916,304	(\$653,934)	-12%
	Average Cost	\$1,650	\$1,533	(\$117)	-7%
				(1)	
5.	Charity Care - Inpatient Charges	\$1,432,711	\$1,608,834	\$176,123	12%
6.	Charity Care - Outpatient Emergency Department	2 660 502	2 001 597	224 005	00/
0.	Charges Charity Care - Outpatient Charges (Excludes ED	2,669,592	2,901,587	231,995	9%
7.	Charges)	8,846,048	8,090,834	(755,214)	-9%
	Total Charges (A)	\$12,948,351	\$12,601,255	(\$347,096)	-3%
8.	Charity Care - Number of Patient Days	205	252	47	23%
9. 10.	Charity Care - Number of Discharges Charity Care - Number of Outpatient ED Visits	53 1,683	53 1,665	(18)	0% -1%
10.	Charity Care - Number of Outpatient ED Visits Charity Care - Number of Outpatient Visits (Excludes ED	1,003	1,000	(10)	-170
11.	Visits)	12,942	12,223	(719)	-6%
(A) The	total amount must agree with the total amount listed in	n the Hospital Aud	dited Financial S	Statement Notes.	
	Heavital Bad Friedo (and Heavital Bowerting Cristers	Domont 47\			
<u>B.</u>	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)	0.430189	0.390144	(0.040045)	-9%
	Total Cost	\$0	\$0	\$0	0%
	Average Cost	\$0	\$0	\$0	0%
	Pad Funda Investigat Oliver	***		0.0	200
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. 10.	Bed Funds - Number of Discharges Bed Funds - Number of Outpatient ED Visits	0	0	0	0% 0%
10.	Bed Funds - Number of Outpatient ED Visits Bed Funds - Number of Outpatient Visits(Excludes ED	U	0	0	070
11.	Visits)	0	0	0	0%
(B) =:			(' 0 1 = -		
(B) The	e total amount must agree with the total amount listed o	n Hospital Report	ting System - Re	eport 17.	

	DANBURY HOSPITAL						
	ANNUAL	REPORTING					
	FISC	AL YEAR 2014					
	REPORT 23 - CHARITY CARE AND REDUCED	COST SERVICES	S PROVIDED BY	THE HOSPITAL			
(1)	(2)	(3)	(4)	(5)	(6)		
	FY 2013 FY 2014 AMOUNT %						
LINE	<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>AMOUNT</u>	DIFFERENCE	DIFFERENCE		