

NORWALK HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
A.		
	AFFILIATE NAME	WESTERN CONNECTICUT HEALTH NETWORK, INC.
1	Affiliate Description	PARENT CORP. MANAGING EMPLOYEE BENEFIT PLANS, PLANNING, POLICIES
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	24 Hospital Ave
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	John Murphy, MD
9	CEO Title	CEO
10	CT Agent Name	Karen Mattei
11	CT Agent Company	Western CT Health Network
12	CT Agent Company Street Address	24 Hospital Ave
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
B.		
	AFFILIATE NAME	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
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 STREET,
13	CT Agent Town	NORWALK
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06856 -
C.		
	AFFILIATE NAME	BUSINESS SYSTEMS, INC
1	Affiliate Description	PROVIDES PROPERTY MANAGEMENT, RETAIL PHARMACY SERVICES
2	Affiliate type of service	Pharmacy
3	Tax Status	For Profit
4	Street Address	24 Hospital Ave
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	John Murphy, MD
9	CEO Title	CEO
10	CT Agent Name	R&C Service Company
11	CT Agent Company	Robinson & Cole, LLP

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
12	CT Agent Company Street Address	280 Trumbull St
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
D.	AFFILIATE NAME	DANBURY HOSPITAL
1	Affiliate Description	ACUTE CARE HOSPITAL PROVIDING INPATIENT AND OUTPATIENT SERVICES
2	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	24 Hospital Avenue
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	John Murphy, MD
9	CEO Title	CEO
10	CT Agent Name	R&C Service Company
11	CT Agent Company	Robinson & Cole, LLP
12	CT Agent Company Street Address	28 Trumbull Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
E.	AFFILIATE NAME	EASTERN NEW YORK MEDICAL SERVICES, P.C.
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	3423 Danbury Road
5	Town	Brewster
6	State	New York
7	Zip Code	10509 -
8	CEO Name	Patrick Broderick, MD
9	CEO Title	President
10	CT Agent Name	Patrick Broderick, MD
11	CT Agent Company	Eastern New York Medical Services, P.C.
12	CT Agent Company Street Address	14 reserach Drive, Suite 201A
13	CT Agent Town	Bethel
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
F.	AFFILIATE NAME	MAPLE STREET INDEMNITY COMPANY, LTD.
1	Affiliate Description	CAPTIVE INSURANCE COMPANY, DOMICILED IN BERMUDA TO INSURE PROFESSIONAL LIABILITY 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

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
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 Street
13	CT Agent Town	Norwalk
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06856 -
G. AFFILIATE NAME NEW MILFORD HOSPITAL, INC		
1	Affiliate Description	SHORT TERM ACUTE CARE HOSPITAL PROVIDING INPATIENT AND OUTPATIENT SERVICES
2	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	21 Elm Street
5	Town	New Milford
6	State	Connecticut
7	Zip Code	06776 -
8	CEO Name	Jonh Murphy, MD
9	CEO Title	CEO
10	CT Agent Name	Karen Mattei
11	CT Agent Company	Western CT Health Network
12	CT Agent Company Street Address	24 Hospital Ave
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
H. AFFILIATE NAME NEW MILFORD MRI, LLC		
1	Affiliate Description	PROVIDES MRI SERVICES
2	Affiliate type of service	Imaging Services
3	Tax Status	Not for Profit
4	Street Address	21 Elm Street
5	Town	New Milford
6	State	Connecticut
7	Zip Code	06776 -
8	CEO Name	John Murphy, MD
9	CEO Title	CEO
10	CT Agent Name	R&C Service Company
11	CT Agent Company	Robinson & Cole, LLP
12	CT Agent Company Street Address	280 Trumbull Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
I. AFFILIATE NAME NORWALK HEALTH CARE, INC.		
1	Affiliate Description	FOR THE PURPOSE OF PROVIDING LONG-TERM CARE

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
2	Affiliate type of service	Long Term Care
3	Tax Status	Not for Profit
4	Street Address	34 MIDROCKS ROAD
5	Town	Norwalk
6	State	Connecticut
7	Zip Code	06851 -
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 STREET
13	CT Agent Town	Norwalk
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06856 -
J.	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
10	CT Agent Name	Daniel DeBarba
11	CT Agent Company	Norwalk Hospital Association
12	CT Agent Company Street Address	34 MAPLE STREET
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 STREET
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 STREET
13	CT Agent Town	Norwalk
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06856 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
L.	AFFILIATE NAME	NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN AS FAIRFIELD COUNTY MEDICAL SERVICES
1	Affiliate Description	TO BENEFIT HEALTH STATUS OF COMMUNITY SERVED BY NORWALK HOSPITAL
2	Affiliate type of service	Physicians Services
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	PRESIDENT
10	CT Agent Name	Daniel DeBarba
11	CT Agent Company	Norwalk Hospital Association
12	CT Agent Company Street Address	34 MAPLE STREET
13	CT Agent Town	Norwalk
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06856 -
M.	AFFILIATE NAME	NORWALK SURGERY CENTER, LLC
1	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
7	Zip Code	06851 -
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 Street
13	CT Agent Town	Norwalk
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06856 -
N.	AFFILIATE NAME	SWC CORPORATION
1	Affiliate Description	"FOR THE PURPOSE OF PROVIDING PHARMACEUTICAL NEEDS/ EQUITY TRANSFER OF NRMC 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 -
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 STREET

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
13	CT Agent Town	Norwalk
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06856 -
O.	AFFILIATE NAME	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC
1	Affiliate Description	PROVIDES SUPPORT FOR EMPLOYEE AND CORPORATE HELATH MANAGEMENT, Danbury Diagnostic Imaging, Ridgefiel Diagnostic Imaging, EMT, and Ambulance Services.
2	Affiliate type of service	Affiliate Support Services
3	Tax Status	Not for Profit
4	Street Address	24 Hospital Avenue
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	John Murphy, MD
9	CEO Title	CEO
10	CT Agent Name	Karen Mattei
11	CT Agent Company	Western Connecticut Health Network, Inc
12	CT Agent Company Street Address	24 Hospital Ave
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
P.	AFFILIATE NAME	WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC
1	Affiliate Description	PROVIDES SUPPORT SERVICES TO CORP. ACTIVITIES THROUGH CHARITABLE CONTRIBUTION, DISTRIBTION, AND FUND RAISING.
2	Affiliate type of service	Fund Raising/Management
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	CEO
10	CT Agent Name	R&C Service Company
11	CT Agent Company	Robisnson & Cole, LLP
12	CT Agent Company Street Address	280 Trumbull St
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
Q.	AFFILIATE NAME	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD
1	Affiliate Description	A CAPTIVE INSURANCE COMPANY DOMICILED IN THE CYAMAN ISLANDS TO PROVIDE ALTERNATIVE PROFESSIONAL LIABILITY INSURANCE
2	Affiliate type of service	Insurance
3	Tax Status	For Profit
4	Street Address	23 Lime Tree Bay Avenue
5	Town	Grand Cayman
6	State	Cayman Islands
7	Zip Code	01102 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
8	CEO Name	John Murphy, MD
9	CEO Title	CEO
10	CT Agent Name	Julie Robertson
11	CT Agent Company	Honigman, Miller, Schwarta Y Cohn, LLP
12	CT Agent Company Street Address	660 Woodward avenue
13	CT Agent Town	Detroit
14	CT Agent State	Michigan
15	CT Agent Zip Code	48226 -
R.	AFFILIATE NAME	WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, LLC
1	Affiliate Description	PROVIDE MANAGEMENT SERVICES TO THE DANBURY HOSPITAL AND NEW MILFORD HOSPITAL
2	Affiliate type of service	Affiliate Support Services
3	Tax Status	Not for Profit
4	Street Address	24 Hospital Avenue
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	Robert Deveney, MD
9	CEO Title	Chairman of the Board
10	CT Agent Name	R&C Service Company
11	CT Agent Company	Robinson & Cole, LLP
12	CT Agent Company Street Address	280 Trumbull St
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
S.	AFFILIATE NAME	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC.
1	Affiliate Description	PHYSICIAN LED CLINICALLY INTEGRATED NETWORK THAT ENCOMPASSES THE HOSPITAL, EMPLOYED, AND ALIGNED COMMUNITY PROVIDERS TO RESULT IN AN INCREASED QUALITY OF CARE, ENHANCED PERFORMANCE AND IMPROVED PATIENT SATISFACTION.
2	Affiliate type of service	Pharmacy
3	Tax Status	Not for Profit
4	Street Address	24 Hospital Avenue
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	John Murphy, MD
9	CEO Title	CEO
10	CT Agent Name	Karen Mattei
11	CT Agent Company	Western Ct Health Network Physician Hospital Org
12	CT Agent Company Street Address	24 Hospital Avenue
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
T.	AFFILIATE NAME	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC
1	Affiliate Description	PROVIDES VARIOUS MANAGEMENT, PURCHASING, ADMISNITRATIVE, AND OTHER SERVICES TO MEDICAL AND DENTAL PRACTICIONERS
2	Affiliate type of service	Physicians Hospital Org. (PHO)

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
3	Tax Status	Not for Profit
4	Street Address	24 Hospital Avenue
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	James Ahern, MD
9	CEO Title	Chairman of the Board
10	CT Agent Name	Karen Mattei
11	CT Agent Company	Westen Ct Health Network Physician Hospital Org
12	CT Agent Company Street Address	24 Hospital Avenue
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
U.	AFFILIATE NAME	WESTERN CONNECTICUT HOME CARE, INC
1	Affiliate Description	PROVIDES SKILLED NURSING SERVICES AND OTHER MEDICAL SERVICES IN THE HOME CARE SETTING
2	Affiliate type of service	Home Health/VNAs
3	Tax Status	Not for Profit
4	Street Address	4 Liberty Street
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	John Murphy, MD
9	CEO Title	CEO
10	CT Agent Name	Karen Mattei
11	CT Agent Company	Western Ct Health Network
12	CT Agent Company Street Address	24 Hospital Avenue
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
V.	AFFILIATE NAME	WESTERN CONNECTICUT MEDICAL GROUP, INC.
1	Affiliate Description	PHYSICIANS OFFICE, PROVIDES MEDICAL SERVICES TO PATIENTS
2	Affiliate type of service	Physicians Services
3	Tax Status	Not for Profit
4	Street Address	14 Research Drive, Suite 201A
5	Town	Bethel
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	Patrick Broderick, MD
9	CEO Title	President
10	CT Agent Name	Karen Mattei
11	CT Agent Company	Western CT Medical Group
12	CT Agent Company Street Address	14 Research Drive, Suite 201A
13	CT Agent Town	Bethel
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -

* P.O. BOX IS UNACCEPTABLE WITHOUT A

STREET ADDRESS FOR EACH AGENT COMPANY

**NORWALK HOSPITAL
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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2014
A . NORWALK HOSPITAL			
1		Unrestricted	\$267,761,206
2		Temporarily Restricted by Donor	\$37,730,403
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$9,461,652
5		Intercompany Eliminations	\$0
		Total:	\$314,953,261
B . WESTERN CONNECTICUT HEALTH NETWORK, INC.			
1		Unrestricted	\$225,712,058
2		Temporarily Restricted by Donor	\$39,887,462
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$9,461,652
5		Intercompany Eliminations	(\$502,665,856)
		Total:	(\$227,604,684)
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
E . 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
F . EASTERN NEW YORK MEDICAL SERVICES, P.C.			
1		Unrestricted	(\$360,004)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$360,004)
G . MAPLE STREET INDEMNITY COMPANY, LTD.			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0

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(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2014
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
H . NEW MILFORD HOSPITAL, INC			
1		Unrestricted	\$26,205,321
2		Temporarily Restricted by Donor	\$3,596,815
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$4,326,165
5		Intercompany Eliminations	\$0
		Total:	\$34,128,301
I . NEW MILFORD MRI, LLC			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
J . 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
K . 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
L . NORWALK HOSPITAL FOUNDATION, INC.			
1		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
M . NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN AS FAIRFIELD COUNTY MEDICAL SERVICES			
1		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)

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(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2014
N . NORWALK SURGERY CENTER, 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
O . 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
P . WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC			
1		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
R . WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO 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
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

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(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2014
T .	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL 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 HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
V .	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
W .	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
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$1,341,655,998
	Intercompany Eliminations		(\$544,101,877)
	Total of all Affiliates	Fund Balance:	\$797,554,121

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
A. WESTERN CONNECTICUT HEALTH NETWORK, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
B. ADVANCED CENTER FOR REHABILITATION MEDICINE				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
C. BUSINESS SYSTEMS, INC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
D. DANBURY HOSPITAL				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
1		Employee Benefits	09/30/2014	(\$505,000)
2		Accounts Payable	09/30/2014	(\$499,000)
3		cash	09/30/2014	\$1,948,000
4		Clinical Services	09/30/2014	\$0
5		Beginning Balance	09/30/2013	\$0
6		Payroll Transfers	09/30/2014	(\$1,502,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$558,000)
E. EASTERN NEW YORK MEDICAL SERVICES, P.C.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
F. MAPLE STREET INDEMNITY COMPANY, LTD.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
G. NEW MILFORD HOSPITAL, INC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
H. NEW MILFORD MRI, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
I. NORWALK HEALTH CARE, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$24,140
1		Transfer expenses	09/30/2014	\$14,269
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$38,409
J. NORWALK HEALTH SERVICES CORPORATION				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$606,891)
1		Cash Transfer	09/30/2014	\$7,439,092
2		Support Norwalk Hospital Physicians	09/30/2014	(\$7,502,519)
3		trasfer assets and liabilities to Norwalk Hospital	09/30/2014	\$670,318
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
K. NORWALK HOSPITAL FOUNDATION, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$1,322,119
1		Accounting Fees	09/30/2014	\$43,200
2		Restricted Fund Funding Capital	09/30/2014	\$3,443,973
3		Expense transfer	09/30/2014	\$103,993
4		Funding Operations of Norwalk Hospital Foundation	09/30/2014	\$65,160
5		Payment on Account	09/30/2014	(\$7,041,125)
6		salary and benefit transfer	09/30/2014	\$713,235
7		Restricted Fund Operating Expense	09/30/2014	\$1,397,512
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$48,067
L. NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN AS FAIRFIELD COUNTY MEDICAL SERVICES				

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$240,105)
1		Rent	09/30/2014	\$1,572,906
2		Cash Transfer	09/30/2014	\$9,924,141
3		Expense transfer	09/30/2014	\$763,479
4		Expense transfer	09/30/2014	(\$80,530)
5		Strategic Support	09/30/2014	(\$7,666,306)
6		salary and benefit transfer	09/30/2014	\$651,805
7		Part a admin and teaching support	09/30/2014	(\$6,499,557)
8		administrative support	09/30/2014	\$535,825
9		malpractice	09/30/2014	\$1,270,538
10		transfer assets and liabilities	09/30/2014	(\$670,318)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$438,122)
M.	NORWALK SURGERY CENTER, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
N.	SWC CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$4,761)
1		Rent	09/30/2014	\$63,031
2		Management Fee	09/30/2014	(\$3,647,774)
3		Accounting Fees	09/30/2014	\$138,000
4		Expense transfer	09/30/2014	\$61,601
5		Payment on Account	09/30/2014	\$3,250,000
6		benefit transfer	09/30/2014	\$180,393
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$40,490
O.	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
1		Beginning Balance	09/30/2014	\$0
2		Payment on Account	09/30/2014	(\$21,498)
3		Salaries and Benefit Transfer	09/30/2014	\$29,960
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$8,462
P.	WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC			

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
Q.	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
R.	WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
S.	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
T.	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
U.	WESTERN CONNECTICUT HOME CARE, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
V.	WESTERN CONNECTICUT MEDICAL GROUP, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
1		Beginning Balance	09/30/2014	\$0
2		Practice Support	09/30/2014	(\$100,222)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$100,222)
			Grand Total:	(\$960,915)

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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated Intercompany Balance	10/01/2013	\$546,092
A.	WESTERN CONNECTICUT HEALTH NETWORK, INC.				
1		NEW MILFORD HOSPITAL, INC	Benefits Support	09/30/2014	\$14,000
2		WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC	Benefits Support	09/30/2014	\$66,000
3		WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC	Benefits Support	09/30/2014	\$15,000
4		WESTERN CONNECTICUT HOME CARE, INC	Benefits Support	09/30/2014	\$122,000
5		WESTERN CONNECTICUT MEDICAL GROUP, INC.	Benefits Support	09/30/2014	\$1,155,000
6		EASTERN NEW YORK MEDICAL SERVICES, P.C.	Support	09/30/2014	\$1,134,000
7		DANBURY HOSPITAL	Employee Benefits	09/30/2014	\$2,338,000
8		DANBURY HOSPITAL	Salaries & Wages	09/30/2014	\$41,000
9		DANBURY HOSPITAL	Management consulting for DOPS and Joint & Spine	09/30/2014	\$145,000
10		DANBURY HOSPITAL	Beginning Balance	09/30/2013	\$231,000
11		DANBURY HOSPITAL	cash	09/30/2014	(\$4,458,000)
12		DANBURY HOSPITAL	Accounts Payable	09/30/2014	\$1,848,000
			Total:	9/30/2014	\$2,651,000
B.	ADVANCED CENTER FOR REHABILITATION MEDICINE				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
C.	BUSINESS SYSTEMS, INC				
1		DANBURY HOSPITAL	Employee Benefits	09/30/2014	\$0
2		DANBURY HOSPITAL	Archive, mail and phone expenses	09/30/2014	\$100
3		DANBURY HOSPITAL	Reclass Reserve	09/30/2014	\$4,700
4		DANBURY HOSPITAL	Beginning Balance	09/30/2013	(\$8,500)
5		DANBURY HOSPITAL	Salary	09/30/2014	\$0
6		DANBURY HOSPITAL	cash	09/30/2014	\$0
7		DANBURY HOSPITAL	Accounts Payable	09/30/2014	\$3,700
			Total:	9/30/2014	\$0
D.	DANBURY HOSPITAL				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
E.	EASTERN NEW YORK MEDICAL SERVICES, P.C.				
1		DANBURY HOSPITAL	Employee Benefits	09/30/2014	\$154,000
2		DANBURY HOSPITAL	System Support	09/30/2014	(\$454,000)
3		DANBURY HOSPITAL	Payroll Transfers	09/30/2014	\$0
4		DANBURY HOSPITAL	Beginning Balance	09/30/2013	\$99,000

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
5		DANBURY HOSPITAL	cash	09/30/2014	\$0
6		DANBURY HOSPITAL	Accounts Payable	09/30/2014	\$23,000
			Total:	9/30/2014	(\$178,000)
F.	MAPLE STREET INDEMNITY COMPANY, LTD.				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
G.	NEW MILFORD HOSPITAL, INC				
1		DANBURY HOSPITAL	LOAN FROM DANBURY HOSPITAL	09/30/2014	(\$2,448,000)
2		DANBURY HOSPITAL	Beginning Balance	09/30/2013	\$6,515,000
			Total:	9/30/2014	\$4,067,000
H.	NEW MILFORD MRI, LLC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
I.	NORWALK HEALTH CARE, INC.				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
J.	NORWALK HEALTH SERVICES CORPORATION				
1		NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN AS FAIRFIELD COUNTY MEDICAL SERVICES	Expense transfer	09/30/2014	(\$606,894)
			Total:	9/30/2014	(\$606,894)
K.	NORWALK HOSPITAL FOUNDATION, INC.				
1		DANBURY HOSPITAL	Beginning Balance	09/30/2013	\$0
2		DANBURY HOSPITAL	Accounts Payable	09/30/2014	\$18,000
			Total:	9/30/2014	\$18,000
L.	NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN AS FAIRFIELD COUNTY MEDICAL SERVICES				
1		NORWALK HOSPITAL FOUNDATION, INC.	Expense transfer	09/30/2014	(\$24,663)
2		NORWALK HOSPITAL FOUNDATION, INC.	Support	09/30/2014	\$36,000
			Total:	9/30/2014	\$11,337
M.	NORWALK SURGERY CENTER, LLC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
N.	SWC CORPORATION				

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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
1		NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN AS FAIRFIELD COUNTY MEDICAL SERVICES	Expense transfer	09/30/2014	\$141
			Total:	9/30/2014	\$141
O.	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC				
1		WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC	Rent	09/30/2014	\$4,000
2		WESTERN CONNECTICUT MEDICAL GROUP, INC.	Salary Transfer	09/30/2014	\$1,000
3		DANBURY HOSPITAL	Rent	09/30/2014	\$104,000
4		DANBURY HOSPITAL	HR Expense, Malpractice, Warehouse Expense	09/30/2014	\$331,000
5		DANBURY HOSPITAL	401K	09/30/2014	\$720,000
6		DANBURY HOSPITAL	Beginning Balance	09/30/2013	\$241,000
7		DANBURY HOSPITAL	Salary	09/30/2014	\$45,000
8		DANBURY HOSPITAL	Clinical Services	09/30/2014	(\$509,000)
9		DANBURY HOSPITAL	cash	09/30/2014	(\$4,868,000)
10		DANBURY HOSPITAL	Accounts Payable	09/30/2014	\$4,338,000
			Total:	9/30/2014	\$407,000
P.	WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC				
1		NORWALK HOSPITAL FOUNDATION, INC.	Expense transfer	09/30/2014	\$123,817
2		DANBURY HOSPITAL	Employee Benefits	09/30/2014	\$147,000
3		DANBURY HOSPITAL	Tower Reimbursement Accrual	09/30/2014	\$2,120,000
4		DANBURY HOSPITAL	Reimbursement for Research Expense	09/30/2014	\$3,081,000
5		DANBURY HOSPITAL	Beginning Balance	09/30/2013	\$661,000
6		DANBURY HOSPITAL	cash	09/30/2014	(\$6,265,000)
7		DANBURY HOSPITAL	Salary	09/30/2014	\$1,367,000
8		DANBURY HOSPITAL	Accounts Payable	09/30/2014	\$1,852,000
9		DANBURY HOSPITAL	Rent	09/30/2014	\$25,000
			Total:	9/30/2014	\$3,111,817
Q.	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
R.	WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, LLC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
S.	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC.				
			Nothing to Report		\$0

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Total:	9/30/2014	\$0
T.	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
U.	WESTERN CONNECTICUT HOME CARE, INC				
1		DANBURY HOSPITAL	Employee Benefits	09/30/2014	\$432,000
2		DANBURY HOSPITAL	Payroll Transfers	09/30/2014	\$75,000
3		DANBURY HOSPITAL	Beginning Balance	09/30/2013	\$320,000
4		DANBURY HOSPITAL	Clinical Services	09/30/2014	\$67,000
5		DANBURY HOSPITAL	cash	09/30/2014	(\$1,081,000)
6		DANBURY HOSPITAL	Accounts Payable	09/30/2014	\$509,000
			Total:	9/30/2014	\$322,000
V.	WESTERN CONNECTICUT MEDICAL GROUP, INC.				
1		NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN AS FAIRFIELD COUNTY MEDICAL SERVICES	Physician Support	09/30/2014	\$351,000
2		NEW MILFORD HOSPITAL, INC	Physician Support	09/30/2014	\$1,101,000
3		DANBURY HOSPITAL	Beginning Balance	09/30/2013	\$26,000
4		DANBURY HOSPITAL	Loan to Danbury Hospital	09/30/2014	(\$26,000)
			Total:	9/30/2014	\$1,452,000
			Ending Unconsolidated Intercompany Balance	9/30/2014	\$11,801,493

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

(1) LINE	(2) AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	(3) AMOUNT	(4) DATE
A. WESTERN CONNECTICUT HEALTH NETWORK, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
B. ADVANCED CENTER FOR REHABILITATION MEDICINE			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
C. BUSINESS SYSTEMS, INC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
D. DANBURY HOSPITAL			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
E. EASTERN NEW YORK MEDICAL SERVICES, P.C.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
F. MAPLE STREET INDEMNITY COMPANY, LTD.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
G. NEW MILFORD HOSPITAL, INC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
H. NEW MILFORD MRI, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
I. NORWALK HEALTH CARE, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
J. NORWALK HEALTH SERVICES CORPORATION			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
K. NORWALK HOSPITAL FOUNDATION, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
L. NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN AS FAIRFIELD COUNTY MEDICAL SERVICES			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
M. NORWALK SURGERY CENTER, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
N. SWC CORPORATION			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014

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

(1) LINE	(2) AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	(3) AMOUNT	(4) DATE
O.	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
P.	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
S.	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
T.	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
U.	WESTERN CONNECTICUT HOME CARE, INC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
V.	WESTERN CONNECTICUT MEDICAL GROUP, INC.		
0	Nothing to Report	\$0	
	Total:	\$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
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.	BUSNESS SYSTEMS, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	DANBURY HOSPITAL		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	EASTERN NEW YORK MEDICAL SERVICES, P.C.		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	MAPLE STREET INDEMNITY COMPANY, LTD.		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	NEW MILFORD HOSPITAL, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	NEW MILFORD MRI, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
I.	NORWALK HEALTH CARE, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	NORWALK HEALTH SERVICES CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
K.	NORWALK HOSPITAL FOUNDATION, INC.		
0	Nothing to Report	\$0	0

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

(1) LINE	(2) AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	(3) AMOUNT	(4) TERM IN YEARS
	Total:	\$0	
L. 0	NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN AS FAIRFIELD COUNTY MEDICAL SERVICES Nothing to Report	\$0	0
	Total:	\$0	
M. 0	NORWALK SURGERY CENTER, LLC Nothing to Report	\$0	0
	Total:	\$0	
N. 0	SWC CORPORATION Nothing to Report	\$0	0
	Total:	\$0	
O. 0	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC Nothing to Report	\$0	0
	Total:	\$0	
P. 0	WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC Nothing to Report	\$0	0
	Total:	\$0	
Q. 0	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD Nothing to Report	\$0	0
	Total:	\$0	
R. 0	WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, LLC Nothing to Report	\$0	0
	Total:	\$0	
S. 0	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC. Nothing to Report	\$0	0
	Total:	\$0	
T. 0	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC Nothing to Report	\$0	0
	Total:	\$0	
U. 0	WESTERN CONNECTICUT HOME CARE, INC Nothing to Report	\$0	0
	Total:	\$0	

NORWALK HOSPITAL
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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
V.	WESTERN CONNECTICUT MEDICAL GROUP, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A . Indigent Care					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
B . Free Beds					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
C . Other					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

NORWALK HOSPITAL ANNUAL REPORTING FISCAL YEAR 2014 REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
<u>Patient</u>	Name of Hospital Bed Fund (<u>FULL NAME</u>)	<u>Amount</u>
1. Number of Applications for Hospital Bed Funds		0
	Grand Total	\$0.00

NORWALK HOSPITAL ANNUAL REPORTING FISCAL YEAR 2014					
REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
B. BED FUND ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
(3)	Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each Hospital Bed				
(4)	Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund.				
(5)	Actual Dollar Amount of Earnings reinvested as Principal, if any.				
(6)	Actual Dollar Amount of Earnings available for Patient Care.				
Total Bed Funds :		\$0.00	\$0.00	\$0.00	\$0.00

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

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I. GENERAL COLLECTION PROCESSES AND PROCEDURES		
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	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.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	All collections agents charge a flat fee of an agreed upon percentage on all amounts recovered for 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	12.97%
II. SPECIFIC COLLECTION AGENT INFORMATION		
A 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
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 the hospital follows the processes and policies described in Section I. Accounts are assigned to the collections agents based on the alpha split. Last names beginning with A-K will be sent to the 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.	13.78%
B Collection Agent		

**NORWALK HOSPITAL
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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	Trans-Continental Credit and Collection Corp.
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 the hospital follows the processes and polices described in Section I. Accounts are assigned to the collections agents based on the alpha split. Last names beginning with L-Z will be sent to Trans-Continental Credit 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 non-legal recovered amounts and 30% of all legal recovered amounts.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	11.08%
C	Collection Agent	
1	Collection Agent Name	Lovejoy and Rimer P.C.
2	Collection Agent Type	Attorney
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.	The Director of Patient Accounts or Manager of CUsomer Service may approve accounts to be referred directly to an attorney for legal action without the involvement of collection agencies. These accounts typically have balances over \$10,000 and involve motor vehicle.
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 lessor %or hourly rate may be paid depending on the circumstances.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	31.04%

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

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
D	Collection Agent	
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 Colection Services, Inc. has deemed and account uncollectable, accounts will be referred to Eastern. This only occurs if the account has not had any 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 agent.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	11.21%

**NORWALK HOSPITAL
ANNUAL REPORTING
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REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS**

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	President & CEO	\$1,182,813	\$85,982	\$1,268,795
2.	VP Human Resources	\$847,571	\$79,126	\$926,697
3.	VP Finance	\$591,751	\$72,360	\$664,111
4.	Sr.VP Strategy & System Development	\$553,605	\$48,326	\$601,931
5.	Physician, Emergency Department	\$517,952	\$72,353	\$590,305
6.	Physician, Emergency Department	\$457,041	\$59,250	\$516,291
7.	Physician, Emergency Department	\$446,747	\$54,495	\$501,242
8.	Physician, Emergency Department	\$423,129	\$50,317	\$473,446
9.	Physician, Emergency Department	\$421,950	\$50,713	\$472,663
10.	Physician, Emergency Department	\$397,681	\$57,344	\$455,025
	Grand Total:	\$5,840,240	\$630,266	\$6,470,506

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

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directl y or Indirectly) ^C	TOTAL
A . WESTERN CONNECTICUT HEALTH NETWORK, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
B . 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
C . BUSINESS SYSTEMS, INC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
D . DANBURY HOSPITAL				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
E . 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
F . 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
G . NEW MILFORD HOSPITAL, INC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
H . 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
I . 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
J . 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
K . 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
L . NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY 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
M . 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

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

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directl y or Indirectly) ^C	TOTAL
N . 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
O . 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
P . 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
Q . WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
R . WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
S . WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL 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
T . WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
U . 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
V . 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

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.

**NORWALK HOSPITAL
ANNUAL REPORTING
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REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR
CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY**

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2014
A	Transfer of Assets or Operations	
1.	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

NORWALK HOSPITAL					
ANNUAL REPORTING					
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REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 AMOUNT	FY 2014 AMOUNT	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	5,135	4,878	(257)	-5%
2.	Number of Approved Applicants	4,361	4,042	(319)	-7%
3.	Total Charges (A)	\$18,272,000	\$16,802,000	(\$1,470,000)	-8%
	Average Charges	\$4,190	\$4,157	(\$33)	-1%
4.	Ratio of Cost to Charges (RCC)	0.389501	0.364403	(0.025098)	-6%
	Total Cost	\$7,116,962	\$6,122,699	(\$994,263)	-14%
	Average Cost	\$1,632	\$1,515	(\$117)	-7%
5.	Charity Care - Inpatient Charges	\$2,478,477	\$3,401,182	\$922,705	37%
6.	Charity Care - Outpatient Emergency Department Charges	4,937,269	4,342,827	(594,442)	-12%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	10,856,254	9,057,991	(1,798,263)	-17%
	Total Charges (A)	\$18,272,000	\$16,802,000	(\$1,470,000)	-8%
8.	Charity Care - Number of Patient Days	1,450	458	(992)	-68%
9.	Charity Care - Number of Discharges	319	95	(224)	-70%
10.	Charity Care - Number of Outpatient ED Visits	2,276	1,907	(369)	-16%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	14,578	12,631	(1,947)	-13%
(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.					
B. Hospital Bed Funds (see Hospital Reporting System - Report 17)					
1.	Number of Applicants	-	-	-	0%
2.	Number of Approved Applicants	-	-	-	0%
3.	Total Charges (B)	\$0	\$0	\$0	0%
	Average Charges	\$0	\$0	\$0	0%
4.	Ratio of Cost to Charges (RCC)	0	0	0.000000	0%
	Total Cost	\$0	\$0	\$0	0%
	Average Cost	\$0	\$0	\$0	0%
5.	Bed Funds - Inpatient Charges	\$0	\$0	\$0	0%
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	0%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	0	0	0	0%
	Total Charges (B)	\$0	\$0	\$0	0%
8.	Bed Funds - Number of Patient Days	0	0	0	0%
9.	Bed Funds - Number of Discharges	0	0	0	0%
10.	Bed Funds - Number of Outpatient ED Visits	0	0	0	0%
11.	Bed Funds - Number of Outpatient Visits(Excludes ED Visits)	0	0	0	0%
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.					

NORWALK HOSPITAL					
ANNUAL REPORTING					
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REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 AMOUNT	FY 2014 AMOUNT	AMOUNT DIFFERENCE	% DIFFERENCE