ANNUAL REPORTING

FISCAL YEAR 2014

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
A.	AFFILIATE NAME	WESTERN CONNECTICUT HEALTH NETWORK, INC.	
	Affiliata Danasiation	DADENT CODD MANACING EMBLOYEE DENIETT DI ANG DI ANNING DOLIGIEG	
2	Affiliate Description Affiliate type of service	PARENT CORP. MANAGING EMPLOYEE BENEFIT PLANS, PLANNING, POLICIES Parent Corporation	
	Tax Status	Not for Profit	
4	Street Address	24 Hospital Ave	
5	Town	Danbury	
6	State	Connecticut	
	Zip Code	06810 -	
	CEO Name	John Murphy, MD	
	CEO Title	CEO	
10	CT Agent Name	Karen Mattei	
	CT Agent Company	Western CT Health Network	
	CT Agent Company Street Address	24 Hospital Ave	
	CT Agent Town	Danbury	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06810 -	
		ADVANCED CENTED FOR RELIABILITATION MEDICINE	
B.	AFFILIATE NAME	ADVANCED CENTER FOR REHABILITATION MEDICINE	
1 1	Affiliate Description	"FOR THE PURPOSE OF PROVIDING REHABILITATION SERVICES"	
	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 -	
	CEO Name	Daniel DeBarba	
9	CEO Title	CEO	
	CT Agent Name	Daniel DeBarba	
	CT Agent Company	Norwalk Hospital Association	
	CT Agent Company Street Address	34 MAPLE STREET,	
	CT Agent Town	NORWALK	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06856 -	
	ACCULATE NAME	BUSINESS SYSTEMS INC	
C.	AFFILIATE NAME	BUSNESS 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	
	Zip Code	06810 -	
8	CEO Name	John Murphy, MD	
	CEO Title	CEO	
10	CT Agent Name	R&C Service Company	
11	CT Agent Company	Robinson & Cole, LLP	

ANNUAL REPORTING

FISCAL YEAR 2014

(1)	(2)	(3)	
	DECORIDATION	AFFILIATE INFORMATION	
	DESCRIPTION	AFFILIATE INFORMATION	
	CT Agent Company Street Address	280 Trumbull St	
	CT Agent Town	Hartford	
	CT Agent State	Connecticut 06103 -	
15	CT Agent Zip Code	06103 -	
D.	AFFILIATE NAME	DANBURY HOSPITAL	
١,	Aggir a Book at	ACUTE OF DESCRIPTION DESCRIPTION OF THE PROPERTY OF THE PROPER	
	Affiliate Description	ACUTE CARE HOSPITAL PROVIDING INPATIENT AND OUTPATIENT SERVICES	
2	Affiliate type of service	Hospital	
	Tax Status	Not for Profit	
4	Street Address	24 Hospital Avenue	
	Town	Danbury	
	State	Connecticut	
	Zip Code	06810 -	
	CEO Name	John Murphy, MD	
	CEO Title	CEO	
	CT Agent Name	R&C Service Company	
	CT Agent Company	Robinson & Cole, LLP	
	CT Agent Company Street Address	28 Trumbull Street	
	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06103 -	
E.	AFFILIATE NAME	EASTERN NEW YORK MEDICAL SERVICES, P.C.	
μ			
<u> </u>			
	Affiliate Description	PHYSICIANS OFFICE, PROVIDES MEDICAL SERVICES TO PATIENTS	
1	·	PHYSICIANS OFFICE, PROVIDES MEDICAL SERVICES TO PATIENTS	
1	Affiliate Description Affiliate type of service Tax Status		
1 2	Affiliate type of service	PHYSICIANS OFFICE, PROVIDES MEDICAL SERVICES TO PATIENTS Physicians Services Not for Profit	
1 2 3 4	Affiliate type of service Tax Status Street Address	PHYSICIANS OFFICE, PROVIDES MEDICAL SERVICES TO PATIENTS Physicians Services Not for Profit 3423 Danbury Road	
1 2 3 4 5	Affiliate type of service Tax Status	PHYSICIANS OFFICE, PROVIDES MEDICAL SERVICES TO PATIENTS Physicians Services Not for Profit	
1 2 3 4 5 6	Affiliate type of service Tax Status Street Address Town	PHYSICIANS OFFICE, PROVIDES MEDICAL SERVICES TO PATIENTS Physicians Services Not for Profit 3423 Danbury Road Brewster	
1 2 3 4 5 6 7	Affiliate type of service Tax Status Street Address Town State	PHYSICIANS OFFICE, PROVIDES MEDICAL SERVICES TO PATIENTS Physicians Services Not for Profit 3423 Danbury Road Brewster New York	
1 2 3 4 5 6 7 8	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name	PHYSICIANS OFFICE, PROVIDES MEDICAL SERVICES TO PATIENTS Physicians Services Not for Profit 3423 Danbury Road Brewster New York 10509 -	
1 2 3 4 5 6 7 8	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title	PHYSICIANS OFFICE, PROVIDES MEDICAL SERVICES TO PATIENTS Physicians Services Not for Profit 3423 Danbury Road Brewster New York 10509 - Patrick Broderick, MD President	
1 2 3 4 5 6 7 8 9	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name	PHYSICIANS OFFICE, PROVIDES MEDICAL SERVICES TO PATIENTS Physicians Services Not for Profit 3423 Danbury Road Brewster New York 10509 - Patrick Broderick, MD President Patrick Broderick, MD	
1 2 3 4 5 6 7 8 9 10	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company	PHYSICIANS OFFICE, PROVIDES MEDICAL SERVICES TO PATIENTS Physicians Services Not for Profit 3423 Danbury Road Brewster New York 10509 - Patrick Broderick, MD President Patrick Broderick, MD Eastern New YOrk Medical Services, P.C.	
1 2 3 4 5 6 7 8 9 10 11	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address	PHYSICIANS OFFICE, PROVIDES MEDICAL SERVICES TO PATIENTS Physicians Services Not for Profit 3423 Danbury Road Brewster New York 10509 - Patrick Broderick, MD President Patrick Broderick, MD Eastern New YOrk Medical Services, P.C. 14 reserach Drive, Suite 201A	
1 2 3 4 5 6 7 8 9 10 11 12	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town	PHYSICIANS OFFICE, PROVIDES MEDICAL SERVICES TO PATIENTS Physicians Services Not for Profit 3423 Danbury Road Brewster New York 10509 - Patrick Broderick, MD President Patrick Broderick, MD Eastern New YOrk Medical Services, P.C. 14 reserach Drive, Suite 201A Bethel	
1 2 3 4 5 6 7 8 9 10 11 12 13	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State	PHYSICIANS OFFICE, PROVIDES MEDICAL SERVICES TO PATIENTS Physicians Services Not for Profit 3423 Danbury Road Brewster New York 10509 - Patrick Broderick, MD President Patrick Broderick, MD Eastern New YOrk Medical Services, P.C. 14 reserach Drive, Suite 201A Bethel Connecticut	
1 2 3 4 5 6 7 8 9 10 11 12 13	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town	PHYSICIANS OFFICE, PROVIDES MEDICAL SERVICES TO PATIENTS Physicians Services Not for Profit 3423 Danbury Road Brewster New York 10509 - Patrick Broderick, MD President Patrick Broderick, MD Eastern New YOrk Medical Services, P.C. 14 reserach Drive, Suite 201A Bethel	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent Zip Code	PHYSICIANS OFFICE, PROVIDES MEDICAL SERVICES TO PATIENTS Physicians Services Not for Profit 3423 Danbury Road Brewster New York 10509 - Patrick Broderick, MD President Patrick Broderick, MD Eastern New YOrk Medical Services, P.C. 14 reserach Drive, Suite 201A Bethel Connecticut 06810 -	
1 2 3 4 5 6 7 8 9 10 11 12 13	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State	PHYSICIANS OFFICE, PROVIDES MEDICAL SERVICES TO PATIENTS Physicians Services Not for Profit 3423 Danbury Road Brewster New York 10509 - Patrick Broderick, MD President Patrick Broderick, MD Eastern New YOrk Medical Services, P.C. 14 reserach Drive, Suite 201A Bethel Connecticut	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent Zip Code	PHYSICIANS OFFICE, PROVIDES MEDICAL SERVICES TO PATIENTS Physicians Services Not for Profit 3423 Danbury Road Brewster New York 10509 - Patrick Broderick, MD President Patrick Broderick, MD Eastern New York Medical Services, P.C. 14 reserach Drive, Suite 201A Bethel Connecticut 06810 - MAPLE STREET INDEMNITY COMPANY, LTD.	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 F.	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME	PHYSICIANS OFFICE, PROVIDES MEDICAL SERVICES TO PATIENTS Physicians Services Not for Profit 3423 Danbury Road Brewster New York 10509 - Patrick Broderick, MD President Patrick Broderick, MD Eastern New York Medical Services, P.C. 14 reserach Drive, Suite 201A Bethel Connecticut 06810 - MAPLE STREET INDEMNITY COMPANY, LTD. CAPTIVE INSURANCE COMPANY, DOMICILED IN BERMUDA TO INSURE PROFESSIONAL LIABILITY	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 F.	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent Zip Code AFFILIATE NAME	PHYSICIANS OFFICE, PROVIDES MEDICAL SERVICES TO PATIENTS Physicians Services Not for Profit 3423 Danbury Road Brewster New York 10509 - Patrick Broderick, MD President Patrick Broderick, MD Eastern New York Medical Services, P.C. 14 reserach Drive, Suite 201A Bethel Connecticut 06810 - MAPLE STREET INDEMNITY COMPANY, LTD. CAPTIVE INSURANCE COMPANY, DOMICILED IN BERMUDA TO INSURE PROFESSIONAL LIABILITY EXPOSURE OF HOSPITAL AND ATTENDING PHYSICIANS.	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 F.	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service	PHYSICIANS OFFICE, PROVIDES MEDICAL SERVICES TO PATIENTS Physicians Services Not for Profit 3423 Danbury Road Brewster New York 10509 - Patrick Broderick, MD President Patrick Broderick, MD Eastern New York Medical Services, P.C. 14 reserach Drive, Suite 201A Bethel Connecticut 06810 - MAPLE STREET INDEMNITY COMPANY, LTD. CAPTIVE INSURANCE COMPANY, DOMICILED IN BERMUDA TO INSURE PROFESSIONAL LIABILITY EXPOSURE OF HOSPITAL AND ATTENDING PHYSICIANS. Insurance	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 F.	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status	PHYSICIANS OFFICE, PROVIDES MEDICAL SERVICES TO PATIENTS Physicians Services Not for Profit 3423 Danbury Road Brewster New York 10509 - Patrick Broderick, MD President Patrick Broderick, MD Eastern New York Medical Services, P.C. 14 reserach Drive, Suite 201A Bethel Connecticut 06810 - MAPLE STREET INDEMNITY COMPANY, LTD. CAPTIVE INSURANCE COMPANY, DOMICILED IN BERMUDA TO INSURE PROFESSIONAL LIABILITY EXPOSURE OF HOSPITAL AND ATTENDING PHYSICIANS. Insurance Not for Profit	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 F.	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address	PHYSICIANS OFFICE, PROVIDES MEDICAL SERVICES TO PATIENTS Physicians Services Not for Profit 3423 Danbury Road Brewster New York 10509 - Patrick Broderick, MD President Patrick Broderick, MD Eastern New York Medical Services, P.C. 14 reserach Drive, Suite 201A Bethel Connecticut 06810 - MAPLE STREET INDEMNITY COMPANY, LTD. CAPTIVE INSURANCE COMPANY, DOMICILED IN BERMUDA TO INSURE PROFESSIONAL LIABILITY EXPOSURE OF HOSPITAL AND ATTENDING PHYSICIANS. Insurance Not for Profit 34 Maple Street	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 F.	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status	PHYSICIANS OFFICE, PROVIDES MEDICAL SERVICES TO PATIENTS Physicians Services Not for Profit 3423 Danbury Road Brewster New York 10509 - Patrick Broderick, MD President Patrick Broderick, MD Eastern New York Medical Services, P.C. 14 reserach Drive, Suite 201A Bethel Connecticut 06810 - MAPLE STREET INDEMNITY COMPANY, LTD. CAPTIVE INSURANCE COMPANY, DOMICILED IN BERMUDA TO INSURE PROFESSIONAL LIABILITY EXPOSURE OF HOSPITAL AND ATTENDING PHYSICIANS. Insurance Not for Profit	

ANNUAL REPORTING

FISCAL YEAR 2014

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
7	Zip Code	06856 -	
8	CEO Name	Daniel DeBarba	
	CEO Title	CEO	
	CT Agent Name	Daniel DeBarba	
	CT Agent Name CT Agent Company	Norwalk Hospital Association	
	CT Agent Company CT Agent Company Street Address	34 Maple Street	
	CT Agent Company Street Address CT Agent Town	Norwalk	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent State CT Agent Zip Code	06856 -	
15	CT Agent zip Code	00000 -	
G.	AFFILIATE NAME	NEW MILFORD HOSPITAL, INC	
	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	
	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 -	
н.	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	
	State	Connecticut	
	Zip Code	06776 -	
8	CEO Name	John Murphy, MD	
9	CEO Title	CEO	
	CT Agent Name	R&C Service Company	
	CT Agent Name CT Agent Company	R&C Service Company Robinson & Cole, LLP	
	CT Agent Company CT Agent Company Street Address	280 Trumbull Street	
	CT Agent Company Street Address CT Agent Town	Hartford	
		Connecticut	
	CT Agent State CT Agent Zip Code	O6103 -	
15	C i Agerii Zip Code		
I.	AFFILIATE NAME	NORWALK HEALTH CARE, INC.	
	ALLEIATE NAME		
1	Affiliate Description	FOR THE PURPOSE OF PROVIDING LONG-TERM CARE	

ANNUAL REPORTING

FISCAL YEAR 2014

(1)	(2)	(3)	
	DESCRIPTION	AFFILIATE INFORMATION	
	Affiliate type of service	Long Term Care	
	Tax Status	Not for Profit	
	Street Address	34 MIDROCKS ROAD	
	Town	Norwalk	
	State	Connecticut	
	Zip Code	06851 -	
	CEO Name	Daniel DeBarba	
	CEO Title	CEO	
	CT Agent Name	Daniel DeBarba	
	CT Agent Company	Norwalk Hospital Association	
	CT Agent Company Street Address	34 MAPLE STREET	
	CT Agent Town	Norwalk	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06856 -	
J.	AFFILIATE NAME	NORWALK HEALTH SERVICES CORPORATION	
1	Affiliate Description	DARENT CORDONATION	
	Affiliate Description Affiliate type of service	PARENT CORPORATION	
	Tax Status	Parent Corporation	
		Not for Profit	
	Street Address	34 MAPLE STREET Norwalk	
	Town		
	State 7: Contraction Contracti	Connecticut 06856 -	
	Zip Code		
	CEO Name	Daniel DeBarba CEO	
	CEO Title	Daniel DeBarba	
	CT Agent Name		
	CT Agent Company	Norwalk Hospital Association 34 MAPLE STREET	
	CT Agent Company Street Address CT Agent Town	Norwalk	
	CT Agent Town CT Agent State		
	CT Agent State CT Agent Zip Code	Connecticut 06856 -	
15	CT Agent Zip Code	U0030	
K.	AFFILIATE NAME	NORWALK HOSPITAL FOUNDATION, INC.	
r.	AFFILIATE NAIVIE	NORWALK HOOF TAL FOUNDATION, INC.	
1	Affiliate Description	"PROVIDES FUND RAISING FOR THE PARENT CORPORATION AND AFFILIATES"	
	Affiliate type of service	Foundation	
	Tax Status	Not for Profit	
	Street Address	34 MAPLE STREET	
	Town	Norwalk	
	State	Connecticut	
	Zip Code	06856 -	
	CEO Name	Daniel DeBarba	
9	CEO Title	CEO	
	CT Agent Name	Daniel DeBarba	
	CT Agent Company	Norwalk Hospital Association	
	CT Agent Company Street Address	34 MAPLE STREET	
	CT Agent Town	Norwalk	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06856 -	

ANNUAL REPORTING

FISCAL YEAR 2014

LINE [DESCRIPTION		
LINE	DECCDIDTION		
Į.	DESCRIPTION	AFFILIATE INFORMATION	
	AFFILIATE NAME	NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN AS FAIRFIELD COUNTY MEDICAL SERVICES	
L.	AFFILIATE NAME	MEDICAL SERVICES	
1 A	Affiliate Description	TO BENEFIT HEALTH STATUS OF COMMUNITY SERVED BY NORWALK HOSPITAL	
	Affiliate type of service	Physicians Services	
	Γax Status	Not for Profit	
	Street Address	34 MAPLE STREET	
	Town	Norwalk	
	State	Connecticut	
	Zip Code	06856 -	
	CEO Name CEO Title	Daniel DeBarba PRESIDENT	
	CT Agent Name	Daniel DeBarba	
	CT Agent Name	Norwalk Hospital Association	
	CT Agent Company Street Address	34 MAPLE STREET	
	CT Agent Company Street Address CT Agent Town	Norwalk	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06856 -	
	3 1		
M.	AFFILIATE NAME	NORWALK SURGERY CENTER, LLC	
	Affiliate Description	Ambulatory surgery center joint venture	
	Affiliate type of service	Ambulatory/OP Surgery Center	
	Fax Status	For Profit 40 Cross Street	
	Street Address Fown	Norwalk	
	State	Connecticut	
	Zip Code	06851 -	
	CEO Name	Daniel DeBarba	
	CEO Title	CEO	
	CT Agent Name	Daniel DeBarba	
	CT Agent Company	Norwalk Hospital Association	
	CT Agent Company Street Address	34 Maple Street	
	CT Agent Town	Norwalk	
14 C	CT Agent State	Connecticut	
	CT Agent Zip Code	06856 -	
N.	AFFILIATE NAME	SWC CORPORATION	
		WEOD THE DUDDOCE OF DOCUMENO DUADMACEUTICAL MEEDO/FOURTY TRANSFER OF MOMO	
1 A	Affiliate Description	"FOR THE PURPOSE OF PROVIDING PHARMACEUTICAL NEEDS/ EQUITY TRANSFER OF NRMC JOINT VENTURE"	
	Affiliate type of service	Pharmacy	
	Fax Status	For Profit	
	Street Address	24 STEVENS STREET	
	Fown	Norwalk	
	State	Connecticut	
	Zip Code	06856 -	
	CEO Name	Daniel DeBarba	
	CEO Title	CEO	
	CT Agent Name	Daniel DeBarba	
	CT Agent Company	Norwalk Hospital Association	
	CT Agent Company Street Address	34 MAPLE STREET	

ANNUAL REPORTING

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 HELATH MANAGEMENT, Danbury Diagnostic Imaging, Ridgefielf Diagnostic Imaging, EMT, and Ambulance Services.	
2	Affiliate type of service	Affilate Support Services	
3	Tax Status	Not for Profit	
4	Street Address	24 Hospital Avenue	
5	Town	Danbury	
	State	Connecticut	
	Zip Code	06810 -	
	CEO Name	John Murphy, MD	
	CEO Title	CEO	
	CT Agent Name	Karen Mattei	
	CT Agent Company	Western Connecticut 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, DISTRIBTION, AND FUND RAISING.	
2	Affiliate type of service	Fund Raising/Management	
	Tax Status	Not for Profit	
-	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	
	CT Agent Company	Robisnson & 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 CYAMAN 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	01102 -	
<u> </u>	ZIP COULE	01102 -	

ANNUAL REPORTING

FISCAL YEAR 2014

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
8	CEO Name	John Murphy, MD	
	CEO Title	CEO	
	CT Agent Name	Julie Robertson	
	CT Agent Name CT Agent Company	Honigman, Miller, Schwarta Y 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	
1	Affiliate Description	PROVIDE MANAGEMENT SERVICES TO THE DANBURY HOSPITAL AND NEW MILFORD HOSPITAL	
2	Affiliate type of service	Affilate Support Services	
3	Tax Status	Not for Profit	
	Street Address	24 Hospital Avenue	
5	Town	Danbury	
6	State	Connecticut	
7	Zip Code	06810 -	
	CEO Name	Robert Deveney, MD	
	CEO Title	Chairman of the Board	
		R&C Service Company	
	CT Agent Name	Robisnson & Cole, LLP	
	CT Agent Company	· ·	
	CT Agent Company Street Address	280 Trumbull St	
	CT Agent Town CT Agent State	Hartford	
		Connecticut	
	CT Agent Zip Code	06103 -	
15	CT Agent Zip Code	06103 -	
15 S .	CT Agent Zip Code AFFILIATE NAME	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC. PHYSICIAN LED CLINICALLY INTEGRATED NETWORK THAT ENCOMPASSES THE HOSPITAL, EMPLOYED, AND ALIGNED COMMUNITY PROVIDERS TO RESULT IN AN INCREASED QUALITY OF	
15 S.	CT Agent Zip Code AFFILIATE NAME Affiliate Description	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC. 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.	
15 S.	AFFILIATE NAME Affiliate Description Affiliate type of service	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC. 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. Pharmacy	
15 S .	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC. 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. Pharmacy Not for Profit	
15 S. 1 2 3 4	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC. 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. Pharmacy Not for Profit 24 Hospital Avenue	
15 S. 1 2 3 4 5	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC. 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. Pharmacy Not for Profit 24 Hospital Avenue Danbury	
15 S. 1 2 3 4 5 6	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC. 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. Pharmacy Not for Profit 24 Hospital Avenue Danbury Connecticut	
15 S. 1 2 3 4 5 6 7	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC. 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. Pharmacy Not for Profit 24 Hospital Avenue Danbury Connecticut 06810 -	
15 S. 1 2 3 4 5 6 7 8	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC. 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. Pharmacy Not for Profit 24 Hospital Avenue Danbury Connecticut 06810 - John Murphy, MD	
15 S. 1 2 3 4 5 6 7	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC. 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. Pharmacy Not for Profit 24 Hospital Avenue Danbury Connecticut 06810 -	
15 S. 1 2 3 4 5 6 7 8 9	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC. 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. Pharmacy Not for Profit 24 Hospital Avenue Danbury Connecticut 06810 - John Murphy, MD	
15 S. 1 2 3 4 5 6 7 8 9	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC. 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. Pharmacy Not for Profit 24 Hospital Avenue Danbury Connecticut 06810 - John Murphy, MD CEO	
15 S. 1 2 3 4 5 6 7 8 9 10	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC. 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. Pharmacy Not for Profit 24 Hospital Avenue Danbury Connecticut 06810 - John Murphy, MD CEO Karen Mattei	
15 S. 1 2 3 4 5 6 7 8 9 10 11	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC. 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. Pharmacy Not for Profit 24 Hospital Avenue Danbury Connecticut 06810 - John Murphy, MD CEO Karen Mattei Western Ct Health Network Physician Hospital Org	
15 S. 1 2 3 4 5 6 7 8 9 10 11 12 13	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC. 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. Pharmacy Not for Profit 24 Hospital Avenue Danbury Connecticut 06810 - John Murphy, MD CEO Karen Mattei Western Ct Health Network Physician Hospital Org 24 Hospital Avenue	
15 S. 1 2 3 4 5 6 7 8 9 10 11 12 13 14	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC. 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. Pharmacy Not for Profit 24 Hospital Avenue Danbury Connecticut 06810 - John Murphy, MD CEO Karen Mattei Western Ct Health Network Physician Hospital Org 24 Hospital Avenue Danbury	
15 S. 1 2 3 4 5 6 7 8 9 10 11 12 13 14	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Town CT Agent Town CT Agent State	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC. 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. Pharmacy Not for Profit 24 Hospital Avenue Danbury Connecticut 06810 - John Murphy, MD CEO Karen Mattei Western Ct Health Network Physician Hospital Org 24 Hospital Avenue Danbury Connecticut Oanbury Connecticut	
15 S. 1 2 3 4 5 6 7 8 9 10 11 12 13 14	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Town CT Agent Town CT Agent State	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC. 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. Pharmacy Not for Profit 24 Hospital Avenue Danbury Connecticut 06810 - John Murphy, MD CEO Karen Mattei Western Ct Health Network Physician Hospital Org 24 Hospital Avenue Danbury Connecticut Oanbury Connecticut	
15 S. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC. 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. Pharmacy Not for Profit 24 Hospital Avenue Danbury Connecticut 06810 - John Murphy, MD CEO Karen Mattei Western Ct Health Network Physician Hospital Org 24 Hospital Avenue Danbury Connecticut 06810 -	

ANNUAL REPORTING

FISCAL YEAR 2014

(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	
	Zip Code	06810 -	
	CEO Name	James Ahern, MD	
9	CEO Title	Chairman of the Board	
10	CT Agent Name	Karen Mattei	
	CT Agent Company	Westen Ct Health Network Physician Hospital Org	
	CT Agent Company Street Address	24 Hospital Avenue	
	CT Agent Town	Danbury	
	CT Agent State	Connecticut	
	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	
	Affiliate Description	Home Health/VNAs	
	Affiliate type of service		
	Tax Status	Not for Profit	
	Street Address	4 Liberty Street	
_	Town	Danbury	
	State	Connecticut	
	Zip Code	06810 -	
	CEO Name	John Murphy, MD	
	CEO Title	CEO	
	CT Agent Name	Karen Mattei	
	CT Agent Company	Western Ct Health Network	
	CT Agent Company Street Address	24 Hospital Avenue	
	CT Agent Town	Danbury	
	CT Agent State	Connecticut 06810 -	
15	CT Agent Zip Code	00810 -	
V.	AFFILIATE NAME	WESTERN CONNECTICUT MEDICAL GROUP, INC.	
	A STORY A DOCUMENT	DUVOIGIANO OFFICE PROVIDEO MEDIONI OFFICIAL OFFICIAL	
	Affiliate Description	PHYSICIANS OFFICE, PROVIDES MEDICAL SERVICES TO PATIENTS	
	Affiliate type of service	Physicians Services	
	Tax Status	Not for Profit	
	Street Address	14 Research Drive, Suite 201A	
	Town	Bethel	
	State	Connecticut	
	Zip Code	06810 -	
	CEO Name	Patrick Broderick, MD	
	CEO Title	President (Const. Martin)	
	CT Agent Name	Karen Mattei	
	CT Agent Company	Western CT Medical Group	
	CT Agent Company Street Address	14 Research Drive, Suite 201A	
	CT Agent Town	Bethel	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06810 -	

^{*} 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.	NORWALK HOSPITAL		
1	MONTALLINOITTAL	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
	WESTERN CONNECTION THEAT TH NETWORK INC		
	WESTERN CONNECTICUT HEALTH NETWORK, INC.	Unroctrictod	\$205.742.050
1		Unrestricted	\$225,712,058
<u>2</u> 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)
	ADVANCED CENTER FOR REHABILITATION MEDICINE		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	\$0
		Total:	\$0
		Total.	Ψ0
D.	BUSNESS 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.		
<u>г.</u> 1	LACILINA NEW TORK MILDICAL SERVICES, F.C.	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.	Liprophriphe d	00
		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0

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
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
11	NEW MILEORD LICEDITAL INC		
	NEW MILFORD HOSPITAL, INC	Unrestricted	\$26.20F.224
2		Temporarily Restricted by Donor	\$26,205,321 \$3,596,815
3		Temporarily Restricted by Board	\$3,390,613
4		Permanently Restricted by Donor	\$4,326,165
5		Intercompany Eliminations	\$0
		Total:	\$34,128,301
			40.1,1.20,000
Ι.	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
	NORWALK HEALTH CARE, INC.		•
1		Unrestricted	\$251,002
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0 \$0
5		Permanently Restricted by Donor Intercompany Eliminations	\$0
<u> </u>		Total:	\$251,002
		Total.	\$231,002
Κ.	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 \$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	NORWALK HOSPITAL FOUNDATION, INC.		
1		Unrestricted	\$8,653,227
2		Temporarily Restricted by Donor	\$29,882,780
3		Temporarily Restricted by Board	\$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$9,461,652 \$0
5		Total:	·
		i otai:	\$47,997,659
	NORWALK HOSPITAL PHYSICIANS AND SURGEONS		
	FORMERLY KNOWN AS FAIRFIELD COUNTY MEDICAL SERVICES		
141 .	OLIVIOLO	Unrestricted	(\$776,179)
1		TOTH COUNCIGO	
1		Temporarily Restricted by Donor	0.2
2		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
3		Temporarily Restricted by Board	\$0 \$0 \$0
2			\$0 \$0 \$0 \$0

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
N.	NORWALK SURGERY CENTER, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
3		Total:	\$0
		i otai:	20
0.	SWC CORPORATION		
1	SWC CONFORMION	Unrestricted	\$1,185,533
2		Temporarily Restricted by Donor	\$1,103,333
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,185,533
			\$1,100,000
Р.	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
	WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION,		
Q.	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 CONNECTION THE ALTH NETWORK INCHES AND		
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 CONNECTICUT HEALTH NETWORK JOINT & SPINE,		
S.	LLC		
1		Unrestricted	\$0 \$0 \$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	
		Total:	\$0

REPORT 5 11 OF 38 7/7/2015, 5:46 PM

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2014
Т.	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
	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN		
υ.	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
.,	WESTERN SONNESTICUT HOME SARE INC		
٧.	WESTERN CONNECTICUT HOME CARE, INC		#2.440.000
1		Unrestricted	\$2,142,080
2		Temporarily Restricted by Donor	\$141,913
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	
		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:	\$1 241 GEE 000
	Intercompany Eliminations	i uliu balalice.	\$1,341,655,998
	Total of all Affiliates	Formal Delemans	(\$544,101,877)
	I Otal Of all Alfillates	Fund Balance:	\$797,554,121

REPORT 5 12 OF 38 7/7/2015, 5:46 PM

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
Α.	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
В.	ADVANCED CENTER FOR REHABILITATION MEDICINE			
		Basinning Unacuasidated Intercompany Balance	0/20/2042	¢o.
		Beginning Unconsolidated Intercompany Balance: Nothing to Report	9/30/2013	\$0 \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0 \$0
		Enang onconsolidated intercompany Balance.	3/33/2314	\$
C.	BUSNESS SYSTEMS, INC			
<u> </u>				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0 \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
D.	DANBURY HOSPITAL			
			0/00/00/0	•
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$505,000)
2		Employee Benefits Accounts Payable	09/30/2014 09/30/2014	(\$505,000)
3		cash	09/30/2014	(\$499,000) \$1,948,000
4		Clinical Services	09/30/2014	\$1,940,000
5		Beginning Balance	09/30/2013	\$0 \$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	0/00/0044	\$0 \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
F.	MAPLE STREET INDEMNITY COMPANY, LTD.			
Г.	MAPLE STREET INDEMINITY COMPANY, LTD.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	¢n
		Nothing to Report	3/30/2013	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0 \$0 \$0
			3,00,2011	Ψ

LINE AFFILLATE NAME Beginning Unconsolidated Intercompany Balance: Northing to Report Ending Unconsolidated Intercompany Balance: 9/30/2013 H. NEW MILFORD MRI, LLC Beginning Unconsolidated Intercompany Balance: 9/30/2014 Beginning Unconsolidated Intercompany Balance: 9/30/2013 Northing to Report Ending Unconsolidated Intercompany Balance: 9/30/2013 Northing to Report Ending Unconsolidated Intercompany Balance: 9/30/2014 1. NORWALK HEALTH CARE, INC. Beginning Unconsolidated Intercompany Balance: 9/30/2013 \$2 1 Transfer exponses 9/30/2014 \$3 J. NORWALK HEALTH SERVICES CORPORATION Beginning Unconsolidated Intercompany Balance: 9/30/2014 \$3 J. NORWALK HEALTH SERVICES CORPORATION Beginning Unconsolidated Intercompany Balance: 9/30/2014 \$3 4. Cash Transfer 9/30/2014 \$7 \$6 Support Norwalk Hospital Physicians 9/30/2014 \$7 Ending Unconsolidated Intercompany Balance: 9/30/2014 \$7 Ending Unconsolidated Intercompany Balance: 9/30/2014 \$7 \$7 Accounting Fees 9/30/2014 \$7 Accounting Fees 9/30/2014 \$7 Accounting Fees 9/30/2014 \$7 Accounting Fees 9/30/2014 \$7 Restricted Fund Operations of Norwalk Hospital Foundation 9/30/2014 \$7 \$7 Restricted Fund Operating Expense 9/30/2014 \$7 \$7 Restricted Fund Operating Expense 9/30/2014 \$7 \$7 Restricted Fund Operating Expense 9/30/2014 \$7 \$7 \$7 \$7 \$7 \$7 \$7 \$7 \$7 \$	(1)	(2)	(3)	(4)	(5)
Beginning Unconsolidated Intercompany Balance: 9/30/2013	LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
Beginning Unconsolidated Intercompany Balance: 9/30/2013					
Nothing to Report Ending Unconsolidated Intercompany Balance: 9/30/2014	G.	NEW MILFORD HOSPITAL, INC			
Nothing to Report Ending Unconsolidated Intercompany Balance: 9/30/2014			Designing Hyperpolidated Intercompany Delegation	0/20/2042	
H. NeW MILFORD MRI, LLC			Nothing to Poport	9/30/2013	\$0
H. NEW MILFORD MRI, LLC				9/30/2014	\$0
Beginning Unconsolidated Intercompany Balance: 9/30/2014			Ending Officonsolidated intercompany balance.	3/30/2014	40
Beginning Unconsolidated Intercompany Balance: 9/30/2014	н	NEW MILEOPO MPLILIC			
Nothing to Report	- ' ' '	NEW MILI OND MINI, LEG			
Nothing to Report			Reginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
Ending Unconsolidated Intercompany Balance: 9/30/2014				3/00/2010	\$0
NORWALK HEALTH CARE, INC. Beginning Unconsolidated Intercompany Balance: 9/30/2013 \$2			Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
Beginning Unconsolidated Intercompany Balance: 9/30/2013 \$2				0.00,00	-
Beginning Unconsolidated Intercompany Balance: 9/30/2013 \$2	I.	NORWALK HEALTH CARE, INC.			
Transfer expenses 09/30/2014 \$1					
Transfer expenses 09/30/2014 \$1			Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$24,140
Segining Unconsolidated Intercompany Balance: 9/30/2014 \$3 J. NORWALK HEALTH SERVICES CORPORATION	1				
Beginning Unconsolidated Intercompany Balance: 9/30/2013 (\$600) 1				9/30/2014	\$38,409
Beginning Unconsolidated Intercompany Balance: 9/30/2013 (\$600					
Beginning Unconsolidated Intercompany Balance: 9/30/2013 (\$600) 1	J.	NORWALK HEALTH SERVICES CORPORATION			
Cash Transfer					
Support Norwalk Hospital Physicians 09/30/2014 (\$7,502) (\$			Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$606,891)
Second	1			09/30/2014	
Ending Unconsolidated Intercompany Balance: 9/30/2014			Support Norwalk Hospital Physicians		
K. NORWALK HOSPITAL FOUNDATION, INC. Beginning Unconsolidated Intercompany Balance: 9/30/2013 \$1,32 Accounting Fees	3				
Beginning Unconsolidated Intercompany Balance: 9/30/2013 \$1,32			Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
Beginning Unconsolidated Intercompany Balance: 9/30/2013 \$1,32					
1 Accounting Fees 09/30/2014 \$4 2 Restricted Fund Funding Capital 09/30/2014 \$3,44 3 Expense transfer 09/30/2014 \$10 4 Funding Operations of Norwalk Hospital Foundation 09/30/2014 \$6 5 Payment on Account 09/30/2014 (\$7,04* 6 salary and benefit transfer 09/30/2014 \$71 7 Restricted Fund Operating Expense 09/30/2014 \$1,39 Ending Unconsolidated Intercompany Balance: 9/30/2014 \$4 NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN	K.	NORWALK HOSPITAL FOUNDATION, INC.			
1 Accounting Fees 09/30/2014 \$4 2 Restricted Fund Funding Capital 09/30/2014 \$3,44 3 Expense transfer 09/30/2014 \$10 4 Funding Operations of Norwalk Hospital Foundation 09/30/2014 \$6 5 Payment on Account 09/30/2014 (\$7,04* 6 salary and benefit transfer 09/30/2014 \$71 7 Restricted Fund Operating Expense 09/30/2014 \$1,39 Ending Unconsolidated Intercompany Balance: 9/30/2014 \$4 NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN					
2 Restricted Fund Funding Capital 09/30/2014 \$3,44 3 Expense transfer 09/30/2014 \$10 4 Funding Operations of Norwalk Hospital Foundation 09/30/2014 \$6 5 Payment on Account 09/30/2014 (\$7,04* 6 Salary and benefit transfer 09/30/2014 \$71 7 Restricted Fund Operating Expense 09/30/2014 \$1,39 Ending Unconsolidated Intercompany Balance: 9/30/2014 \$4 NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN					\$1,322,119
Expense transfer 09/30/2014 \$10	1				
4 Funding Operations of Norwalk Hospital Foundation 09/30/2014 \$6 5 Payment on Account 09/30/2014 (\$7,047) 6 salary and benefit transfer 09/30/2014 \$71 7 Restricted Fund Operating Expense 09/30/2014 \$1,39 Ending Unconsolidated Intercompany Balance: 9/30/2014 \$4 NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN					
5 Payment on Account 09/30/2014 (\$7,047) 6 salary and benefit transfer 09/30/2014 \$71 7 Restricted Fund Operating Expense 09/30/2014 \$1,39 Ending Unconsolidated Intercompany Balance: 9/30/2014 \$4 NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN 09/30/2014 \$4					
6 salary and benefit transfer 09/30/2014 \$71 7 Restricted Fund Operating Expense 09/30/2014 \$1,39 Ending Unconsolidated Intercompany Balance: 9/30/2014 \$4 NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN					
7 Restricted Fund Operating Expense 09/30/2014 \$1,39 Ending Unconsolidated Intercompany Balance: 9/30/2014 \$4 NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN					
Ending Unconsolidated Intercompany Balance: 9/30/2014 \$4 NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN			Restricted Fund Operating Expense	09/30/2014	\$1,397,512
NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN					\$48,067
		NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN			
E. INVIANNIELD VVVII I INLUIVAL VENTIVEV	L.	AS FAIRFIELD COUNTY MEDICAL SERVICES			

1 Rent 09/30/2014 \$1,572,906 2 Cash Transfer 09/30/2014 \$9,924,141	(1)	(2)	(3)	(4)	(5)
DESCRIPTION OF TRANSFER DATE HOSPITAL					TRANSFER TO / FROM
Rent	LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	
Rent					
Cash Transfer			Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$240,105)
Expense transfer 09/30/2014 \$763.479	1			09/30/2014	\$1,572,906
Expense transfer 09/30/2014 (\$80,530)	2		Cash Transfer		\$9,924,141
Strategic Support 09/30/2014 (\$7,666,306)	3		Expense transfer		\$763,479
Salary and benefit transfer 0.9/30/2014 \$651.806					
Part a admin and teaching support	5		Strategic Support		
8 daministrative support 09/30/2014 \$333,825 9 ma[practice 09/30/2014 \$1,270,316] 10 tranfer assets and liabilities 09/30/2014 (\$670,316) 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 \$30 Ending Unconsolidated Intercompany Balance: 9/30/2014 \$30 N. SWC CORPORATION Beginning Unconsolidated Intercompany Balance: 9/30/2014 \$61 1					
9	7				
10	8				
M. NORWALK SURGERY CENTER, LLC Beginning Unconsolidated Intercompany Balance: 9/30/2013 \$0			malpractice		
M. NORWALK SURGERY CENTER, LLC	10				
Beginning Unconsolidated Intercompany Balance: 9/30/2013 \$0			Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$438,122)
Beginning Unconsolidated Intercompany Balance: 9/30/2013 \$0					
Beginning Unconsolidated Intercompany Balance: 9/30/2013 \$0	М.	NORWALK SURGERY CENTER, LLC			
Nothing to Report \$0		·			
Nothing to Report \$0			Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$o
Ending Unconsolidated Intercompany Balance: 9/30/2014 \$0 N. SWC CORPORATION			Nothing to Report	0,00,00	\$0
N. SWC CORPORATION				9/30/2014	\$0
Beginning Unconsolidated Intercompany Balance: 9/30/2013 (\$4,761) 1				0,00,00	7.0
Beginning Unconsolidated Intercompany Balance: 9/30/2013 (\$4,761) 1	N	SWC COPPORATION			
Rent	14.	SWC CORT ORATION			
Rent			Reginning Unconsolidated Intercompany Balance:	0/30/2013	(\$4.761)
Management Fee 09/30/2014 (\$3,647,774)	1				
Accounting Fees 09/30/2014 \$138,000					
Expense transfer 09/30/2014 \$61,601 \$5 \$61,601					
Payment on Account 09/30/2014 \$3,250,000					
benefit transfer 09/30/2014 \$180,393					
Ending Unconsolidated Intercompany Balance: 9/30/2014 \$40,490				09/30/2014	\$3,230,000 \$180,303
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	۳				
Beginning Unconsolidated Intercompany Balance: 9/30/2013 \$0			Ending offconsolidated intercompany balance.	3/30/2014	\$40,430
Beginning Unconsolidated Intercompany Balance: 9/30/2013 \$0		WEGTERN CONNECTION THEAT THEN THEN ONLY AFFILIATED INC			
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	0.	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC			
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			B. C. C. Harris Black 11 (1)	6/88/88:-	*-
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	L.				\$0
Salaries and Benefit Transfer 09/30/2014 \$29,960 Ending Unconsolidated Intercompany Balance: 9/30/2014 \$8,462					
Ending Unconsolidated Intercompany Balance: 9/30/2014 \$8,462					
	3				
P. WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC			Ending Unconsolidated Intercompany Balance:	9/30/2014	\$8,462
P. WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC					
	P.	WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, 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	3/30/2013	\$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 Ending Unconsolidated Intercompany Balance:	0/20/2044	\$0 \$0
		Ending Onconsolidated Intercompany Balance:	9/30/2014	20
т.	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report	0/00/00/	\$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	0/00/0011	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
V.	WESTERN CONNECTICUT MEDICAL GROUP, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0

(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)

(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
Α.	WESTERN CONNECTICUT HEALTH NETWORK, INC.				
1		NEW MILFORD HOSPITAL, INC	Benefits Support	09/30/2014	\$14,000
_		WESTERN CONNECTICUT HEALTH NETWORK		00/00/0044	***
2		AFFILIATES, INC WESTERN CONNECTICUT HEALTH NETWORK	Benefits Support	09/30/2014	\$66,000
2		FOUNDATION, INC	Danafita Cunnart	00/20/2044	¢4 = 000
3 4		WESTERN CONNECTICUT HOME CARE, INC	Benefits Support Benefits Support	09/30/2014 09/30/2014	\$15,000 \$122,000
- 4		WESTERN CONNECTICUT HOME CARE, INC. WESTERN CONNECTICUT MEDICAL GROUP,	Benefits Support	09/30/2014	\$122,000
5		INC.	Benefits Support	09/30/2014	\$1,155,000
- 3		EASTERN NEW YORK MEDICAL SERVICES,	Beriefits Support	09/30/2014	\$1,155,000
6		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
		5711,561(11106111712	Management consulting for	00/00/2011	ψ,σσσ
9		DANBURY HOSPITAL	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
			i otai.	3/30/2014	\$2,031,000
			i otal.	3/30/2014	\$2,031,000
В.	ADVANCED CENTER FOR REHABILITATION MEDICINE			9/30/2014	
В.	ADVANCED CENTER FOR REHABILITATION MEDICINE		Nothing to Report		\$0
В.	ADVANCED CENTER FOR REHABILITATION MEDICINE			9/30/2014	
			Nothing to Report		\$0
C.	ADVANCED CENTER FOR REHABILITATION MEDICINE BUSNESS SYSTEMS, INC		Nothing to Report Total:	9/30/2014	\$0 \$0
		DANBURY HOSPITAL	Nothing to Report Total: Employee Benefits		\$0
C .			Nothing to Report Total: Employee Benefits Archive, mail and phone	9/30/2014	\$0 \$0
C . 1		DANBURY HOSPITAL	Nothing to Report Total: Employee Benefits Archive, mail and phone expenses	9/30/2014 09/30/2014 09/30/2014	\$0 \$0 \$0 \$100
C. 1 2 3		DANBURY HOSPITAL DANBURY HOSPITAL	Nothing to Report Total: Employee Benefits Archive, mail and phone expenses Reclass Reserve	9/30/2014 09/30/2014 09/30/2014 09/30/2014	\$0 \$0 \$0 \$100 \$4,700
C. 1 2 3 4		DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL	Nothing to Report Total: Employee Benefits Archive, mail and phone expenses Reclass Reserve Beginning Balance	9/30/2014 09/30/2014 09/30/2014 09/30/2013	\$0 \$0 \$0 \$100 \$4,700 (\$8,500)
C. 1 2 3 4 5		DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL	Nothing to Report Total: Employee Benefits Archive, mail and phone expenses Reclass Reserve Beginning Balance Salary	9/30/2014 09/30/2014 09/30/2014 09/30/2014 09/30/2013 09/30/2014	\$0 \$0 \$100 \$4,700 (\$8,500) \$0
C. 1 2 3 4 5 6		DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL	Nothing to Report Total: Employee Benefits Archive, mail and phone expenses Reclass Reserve Beginning Balance Salary cash	9/30/2014 09/30/2014 09/30/2014 09/30/2014 09/30/2014 09/30/2014	\$0 \$0 \$100 \$4,700 (\$8,500) \$0
C. 1 2 3 4 5		DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL	Nothing to Report Total: Employee Benefits Archive, mail and phone expenses Reclass Reserve Beginning Balance Salary cash Accounts Payable	9/30/2014 09/30/2014 09/30/2014 09/30/2014 09/30/2014 09/30/2014 09/30/2014	\$0 \$0 \$100 \$4,700 (\$8,500) \$0 \$0 \$3,700
C. 1 2 3 4 5 6		DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL	Nothing to Report Total: Employee Benefits Archive, mail and phone expenses Reclass Reserve Beginning Balance Salary cash	9/30/2014 09/30/2014 09/30/2014 09/30/2014 09/30/2014 09/30/2014	\$0 \$0 \$100 \$4,700 (\$8,500) \$0
C. 1 2 3 4 5 6 7	BUSNESS SYSTEMS, INC	DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL	Nothing to Report Total: Employee Benefits Archive, mail and phone expenses Reclass Reserve Beginning Balance Salary cash Accounts Payable	9/30/2014 09/30/2014 09/30/2014 09/30/2014 09/30/2014 09/30/2014 09/30/2014	\$0 \$0 \$100 \$4,700 (\$8,500) \$0 \$0 \$3,700
C. 1 2 3 4 5 6 7		DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL	Nothing to Report Total: Employee Benefits Archive, mail and phone expenses Reclass Reserve Beginning Balance Salary cash Accounts Payable Total:	9/30/2014 09/30/2014 09/30/2014 09/30/2014 09/30/2014 09/30/2014 09/30/2014	\$0 \$0 \$100 \$4,700 (\$8,500) \$0 \$3,700 \$0
C. 1 2 3 4 5 6 7	BUSNESS SYSTEMS, INC	DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL	Nothing to Report Total: Employee Benefits Archive, mail and phone expenses Reclass Reserve Beginning Balance Salary cash Accounts Payable Total:	9/30/2014 09/30/2014 09/30/2014 09/30/2013 09/30/2014 09/30/2014 09/30/2014 9/30/2014	\$0 \$0 \$100 \$4,700 (\$8,500) \$0 \$3,700 \$0
C. 1 2 3 4 5 6 7	BUSNESS SYSTEMS, INC	DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL	Nothing to Report Total: Employee Benefits Archive, mail and phone expenses Reclass Reserve Beginning Balance Salary cash Accounts Payable Total:	9/30/2014 09/30/2014 09/30/2014 09/30/2014 09/30/2014 09/30/2014 09/30/2014	\$0 \$0 \$100 \$4,700 (\$8,500) \$0 \$3,700 \$0
C. 1 2 3 4 5 6 7	BUSNESS SYSTEMS, INC	DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL	Nothing to Report Total: Employee Benefits Archive, mail and phone expenses Reclass Reserve Beginning Balance Salary cash Accounts Payable Total:	9/30/2014 09/30/2014 09/30/2014 09/30/2013 09/30/2014 09/30/2014 09/30/2014 9/30/2014	\$0 \$0 \$100 \$4,700 (\$8,500) \$0 \$3,700 \$0
C. 1 2 3 4 5 6 7 D.	BUSNESS SYSTEMS, INC DANBURY HOSPITAL	DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL	Nothing to Report Total: Employee Benefits Archive, mail and phone expenses Reclass Reserve Beginning Balance Salary cash Accounts Payable Total:	9/30/2014 09/30/2014 09/30/2014 09/30/2013 09/30/2014 09/30/2014 09/30/2014 9/30/2014	\$0 \$0 \$100 \$4,700 (\$8,500) \$0 \$3,700 \$0
C. 1 2 3 4 5 6 7 D. E.	BUSNESS SYSTEMS, INC DANBURY HOSPITAL	DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL	Nothing to Report Total: Employee Benefits Archive, mail and phone expenses Reclass Reserve Beginning Balance Salary cash Accounts Payable Total: Nothing to Report Total:	9/30/2014 09/30/2014 09/30/2014 09/30/2013 09/30/2014 09/30/2014 09/30/2014 9/30/2014 9/30/2014	\$0 \$0 \$100 \$4,700 (\$8,500) \$0 \$3,700 \$0
C. 1 2 3 4 5 6 7 D. D. E. 1	BUSNESS SYSTEMS, INC DANBURY HOSPITAL	DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL DANBURY HOSPITAL	Nothing to Report Total: Employee Benefits Archive, mail and phone expenses Reclass Reserve Beginning Balance Salary cash Accounts Payable Total: Nothing to Report Total: Employee Benefits	9/30/2014 09/30/2014 09/30/2014 09/30/2014 09/30/2014 09/30/2014 9/30/2014 9/30/2014 9/30/2014	\$0 \$0 \$100 \$4,700 (\$8,500) \$0 \$3,700 \$0 \$0

(1)	(2)	(3)	(4)	(5)	(6)
(.,	(-)	(0)	(.,	(0)	(0)
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		LOAN EDOM BANBURY		
4		DANDLIDY LICEDITAL	LOAN FROM DANBURY	00/20/2014	(<u>00.440.000</u>)
2		DANBURY HOSPITAL DANBURY HOSPITAL	HOSPITAL Beginning Balance	09/30/2014 09/30/2013	(\$2,448,000) \$6,515,000
		BARBORT HOOF HAL	Total:	9/30/2014	\$4,067,000
			i otal.	3/30/2014	Ψ+,007,000
Н.	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	NODWALK HOODITAL BUILDING AND			
		NORWALK HOSPITAL PHYSICIANS AND			
1		SURGEONS FORMERLY KNOWN AS FAIRFIELD COUNTY MEDICAL SERVICES	Expense transfer	09/30/2014	(¢ene 904)
- '-		COONT I WEDICAL SERVICES	Total:	9/30/2014	(\$606,894) (\$606,894)
			i otai.	3/30/2014	(\$000,034)
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
	NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN AS				
L.	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				
IVI.	NORWALK SUNGER! CENTER, LLC		Nothing to Report		\$0
			Total:	9/30/2014	\$0
			i otal.	0/00/2017	Ψ0
N.	SWC CORPORATION				
	in a community of the c				

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
		NORWALK HOSPITAL PHYSICIANS AND			
		SURGEONS FORMERLY KNOWN AS FAIRFIELD			
1		COUNTY MEDICAL SERVICES	Expense transfer	09/30/2014	\$141
			Total:	9/30/2014	\$141
0.	WESTERN CONNECTION THEATTH NETWORK AFFILIATES INC				
0.	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC	WESTERN CONNECTICUT HEALTH NETWORK			
1		FOUNDATION, INC	Rent	09/30/2014	\$4,000
- '		WESTERN CONNECTICUT MEDICAL GROUP.	Kent	09/30/2014	\$4,000
2		INC.	Salary Transfer	09/30/2014	\$1,000
3		DANBURY HOSPITAL	Rent	09/30/2014	\$104.000
			HR Expense, Malpractice,		. , ,
4		DANBURY HOSPITAL	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
<u>8</u> 9		DANBURY HOSPITAL DANBURY HOSPITAL	Clinical Services cash	09/30/2014 09/30/2014	(\$509,000) (\$4.868.000)
10		DANBURY HOSPITAL DANBURY HOSPITAL	Accounts Payable	09/30/2014	\$4,338,000
10		DANBORT HOST TIAL	Total:	9/30/2014	\$407.000
			Total.	3/30/2014	Ψ+07,000
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
			Reimbursement for Research		
4		DANBURY HOSPITAL	Expense	09/30/2014	\$3,081,000
5		DANBURY HOSPITAL	Beginning Balance	09/30/2013	\$661,000
<u>6</u> 7		DANBURY HOSPITAL DANBURY HOSPITAL	cash Salarv	09/30/2014 09/30/2014	(\$6,265,000) \$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		N di		
			Nothing to Report	0/00/00::	\$0
			Total:	9/30/2014	\$0
	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL				
s.	ORGANIZATION ACO, INC.				
- S.	UNDANIZATION ACC, INC.		Nothing to Report		\$0
			Nothing to Nepolt		φU

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
		7.1.1.2.7.1.2.1.1.1.0.1.1.1.1.0.1	Total:	9/30/2014	\$0
			Total.	9/30/2014	\$ 0
т.	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC				
<u>''</u>	ORGANIZATION, INC		Nothing to Report		\$0
			Total:	9/30/2014	\$0
			10.0	5/55/2511	+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
٧.	WESTERN CONNECTICUT MEDICAL GROUP, INC.				
		NORWALK HOSPITAL PHYSICIANS AND			
		SURGEONS FORMERLY KNOWN AS FAIRFIELD			
1		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

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

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

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

(1)	(2)		(3)	(4)
, ,	AFFILIATE NAME &		` .	
LINE	DESCRIPTION OF EXPENDITURE		AMOUNT	DATE
Ο.	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
	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL			
S.	ORGANIZATION ACO, INC.			
0	Nothing to Report		\$0	
_	Trouming to Troport	Total:	\$ 0	9/30/2014
			***	0.00.201
	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL			
T.	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
٧.	WESTERN CONNECTICUT MEDICAL GROUP, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
	Gran	nd Total:	\$0	9/30/2014

REPORT 7 23 OF 38 7/7/2015, 5:46 PM

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	0.0	
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	DANBURY HOSPITAL	ф <u>о</u>	0
U	Nothing to Report Total:	\$0 \$0	0
	i Otal:	\$0	
	FACTERNI NEW YORK MEDICAL GERWICEG R.O.		
E .	EASTERN NEW YORK MEDICAL SERVICES, P.C. Nothing to Report	\$0	0
0	Total:	\$ 0	o d
	Total.	Ψ0	
F.	MAPLE STREET INDEMNITY COMPANY, LTD.		
0	Nothing to Report	\$0	0
_	Total:	\$0	-
		1.	
G.	NEW MILFORD HOSPITAL, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
Н.	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	
	NORWALK HOSPITAL FOUNDATION, INC.	40	
0	Nothing to Report	\$0	0

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

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

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

NORWALK HOSPITAL ANNUAL REPORTING FISCAL YEAR 2014 ONATIONS AND FUNDS RESTRIC

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

		(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
Α.	Indigent Care				
	Beginning Balance	\$0.00	\$0.00		0%
	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00		0%
	Expenditures	\$0.00	\$0.00	\$0.00	0%
	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%
	Donations	\$0.00	\$0.00		0%
	Income	\$0.00	\$0.00		0%
	Expenditures	\$0.00	\$0.00		0%
	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%
C.	Other				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
	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%
	Ending Balance	\$0.00	\$0.00	- 1	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

REPORT 16 27 OF 38 7/7/2015, 5:46 PM

	NORWALK HOSPITAL	
	ANNUAL REPORTING	
	FISCAL YEAR 2014	
REI	PORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERE	D BY THE HOSPITAL
A. Patient Activity		
(1)	(2)	(3)
\ /		
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
 Number of Application 	s for Hospital Bed Funds	0
	Grand Total	\$0.00

		NORWALK HO	SPITAL		
		ANNUAL REPO	RTING		
		FISCAL YEAR	R 2014		
	REPORT 17B - HOSPIT	AL BED FUNDS HELD (OR ADMINISTERED E	Y THE HOSPITAL	
			<u> </u>		
B. BE	ED 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	n individual Hospital Be	d Fund. or the Princi	pal attributable to each	Hospital Bed
(-,					
(4)	(4) Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund.				
(5)	(5) Actual Dollar Amount of Earnings reinvested as Principal, if any.				
(6)	Actual Dollar Amount of Earnings availal	ole for Patient Care.			
	Total Bed Funds :	\$0.00	\$0.00	\$0.00	\$0.00

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I.	GENERAL COLLECTION PROCESSES AND PROCEDURES	
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	The hopspital will utilize outside agencies after all means of collection have been exhausted. All agencies must be reputable and follow all federal guidelines. All accounts writen off to bad debts will be forwarded to an agency to pursue further collection.
В.	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 polices 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%
В	Collection Agent	

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%
С	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 CUstomer Service may approve accounts to be referred directly to an attorney for legal action without the involvement of collection agencies. These accounts tipically 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%

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
	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%

REPORT 18 32 OF 38 7/7/2015,5:46 PM

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
	IVD Finance	#504.754	#70.000	****
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

REPORT 19 33 OF 38 7/7/2015, 5:46 PM

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	muncony,	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			
11	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 .	BUSNESS SYSTEMS, INC	1		
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
	and by the mosphalite Employees of the Emily Electric Market	4.0	40	4.5
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
Ε.	EASTERN NEW YORK MEDICAL SERVICES, P.C.	00	1 00	ФС
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0 \$0	\$0 \$0	\$0 \$0
2	Paid by the Hospital to Employees of the Entity Listed Above	Φυ	\$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
Н.	NEW MILFORD MRI, LLC	1		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0	\$0 \$0
		**	T-	
١.	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 UEAL TH OFFINIOSO CORRORATION			
J .	NORWALK HEALTH SERVICES CORPORATION	#	Φ0	C C
1	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
2	r aid by the Hospital to Employees of the Entity Listed Above	φυ	Ψ	φυ
Κ.	NORWALK HOSPITAL FOUNDATION, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
	NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY			
L.	KNOWN AS FAIRFIELD COUNTY MEDICAL SERVICES	# 0		ф _О
1 2	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0 \$0	\$0 \$0
	raid by the nospital to Employees of the Entity Listed Above	Ψ	Ψ	φυ
М.	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
	· · · · · · · · · · · · · · · · · · ·			'

REPORT 21 34 OF 38 7/7/2015,5:46 PM

NORWALK 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	FRINGE	
		(Directly or	BENEFITS ^A (DirectI	
LINE	DESCRIPTION	Indirectly) ^C	y or Indirectly) ^C	TOTAL
		,,		
Ν.	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
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
_	in the second se	* -		
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 CONNECTION THEAT THE NETWORK INCHES OF			
	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO			
Q.		<u></u>	CO	_ው
1 2	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	<u>\$0</u> \$0	\$0 \$0	\$0 \$0
	and by the Hospital to Employees of the Emity Listed Above	ΨΟ	ΨΟ	ΨΟ
	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.	HOSPITAL ORGANIZATION ACO, INC.	•		
1	Paid by the Entity Listed Above to Hospital Employees(B)	<u>\$0</u> \$0	\$0 \$0	\$0 \$0
2	Paid by the Hospital to Employees of the Entity Listed Above	Φ0	\$0	\$0
	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN			
т.	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	\$0 \$0
_		T -	, * · ·	T -

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

REPORT 21 35 OF 38 7/7/2015,5:46 PM

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	
1.	Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

REPORT 22 36 OF 38 7/7/2015,5:46 PM

	ANNUAL I	K HOSPITAL REPORTING			
	REPORT 23 - CHARITY CARE AND REDUCED	AL YEAR 2014 COST SERVICES	PROVIDED BY	THE HOSPITAL	
(1)	(2)	(3) FY 2013	(4) FY 2014	(5) AMOUNT	(6) %
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial S	statement Notes)			
	N. J. CA. II.	5.405	4.070	(0.5.7)	===
<u>1.</u> 2.	Number of Applicants Number of Approved Applicants	5,135 4,361	4,878 4,042	(257) (319)	-5% -7 %
				,	
3.	Total Charges (A)	\$18,272,000	\$16,802,000	(\$1,470,000)	-89 -19
	Average Charges	\$4,190	\$4,157	(\$33)	-17
4.	Ratio of Cost to Charges (RCC)	0.389501	0.364403		-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%
_	Charity Care - Outpatient Emergency Department			/	•
6.	Charges Charity Care - Outpatient Charges (Excludes ED	4,937,269	4,342,827	(594,442)	-12%
7.	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 Potient Days	1 450	458	(992)	600
<u> </u>	Charity Care - Number of Patient Days Charity Care - Number of Discharges	1,450 319	456_ 95	(224)	-68% -70%
10.	Charity Care - Number of Outpatient ED Visits	2,276	1,907	(369)	-16%
	Charity Care - Number of Outpatient Visits (Excludes ED	, -	,	(222)	
11.	Visits)	14,578	12,631	(1,947)	-13%
(A) The	e total amount must agree with the total amount listed in	the Hospital Aud	lited Financial S	tatement Notes.	
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - F	Report 17)			
1.	Number of Applicants	-		_	0%
2.	Number of Approved Applicants	-	-	-	0%
3.	Total Charges (B) Average Charges	\$0 \$0	\$0 \$0	\$0 \$0	0% 0 %
	Average Onlarges	ΨΟ	ΨΟ	ΨΟ	• • • • • • • • • • • • • • • • • • • •
4.	Ratio of Cost to Charges (RCC)	0	0		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	09
10.	Bed Funds - Number of Outpatient ED Visits	0	0	0	0%
	Bed Funds - Number of Outpatient Visits(Excludes ED				
11.	Visits)	0	0	0	0%
	e total amount must agree with the total amount listed o				

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