#### **ANNUAL REPORTING**

#### FISCAL YEAR 2015

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

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
LIIVE	DECORAL FIGURE	ALTERIAL INI GRANATION	
Α.	AFFILIATE NAME	WESTERN CONNECTICUT HEALTH NETWORK , INC.	
2	Affiliate Description Affiliate type of service	PARENT CORP. MANAGING EMPLOYEE BENEFIT PLANS,PLANNING,POLICIES Parent Corporation	
	Tax Status	Not for Profit	
	Street Address Town	24 Hospital Ave Danbury	
	State	Connecticut	
	Zip Code	06810 -	
	CEO Name	John Murphy, MD	
9	CEO Title	Chief Executive Officer	
	CT Agent Name	Karen Mattei	
	CT Agent Company	Western CT Health Network	
	CT Agent Company Street Address	24 Hospital Ave	
	CT Agent Town CT Agent State	Danbury Connecticut	
	CT Agent State CT Agent Zip Code	06810 -	
В.	AFFILIATE NAME	ADVANCED CENTER FOR REHABILITATION MEDICINE	
	Affiliate Description	FOR THE PURPOSE OF PROVIDING REHABILITATION SERVICES	
	Affiliate type of service	Rehabilitation Services	
	Tax Status Street Address	Not for Profit  34 MAPLE ST	
	Town	NORWALK	
	State	Connecticut	
	Zip Code	06856 -	
8	CEO Name	Daniel DeBarba	
	CEO Title	CEO	
	CT Agent Name	Daniel DeBarba	
	CT Agent Company	Norwalk Hospital Association	
	CT Agent Company Street Address	34 Maple St	
	CT Agent Town CT Agent State	Norwalk Connecticut	
	CT Agent Clate CT Agent Zip Code	06856 -	
	o i rigoni zip oddo		
C.	AFFILIATE NAME	BUSINESS SYSTEMS, INC.	
1	Affiliate Description	PROVIDES PROPERTY MANAGEMENT, RETAIL PHARMACY SERVICES	
	Affiliate type of service	Pharmacy	
	Tax Status	For Profit	
	Street Address	24 Hospital Ave	
5 6	Town State	Danbury Connecticut	
	State Zip Code	06810 -	
	CEO Name	John Murphy , MD	
	CEO Title	Chief Executive Officer	
	CT Agent Name	R&C Service Company	
	CT Agent Company	Robinson & Cole , LLP	
	CT Agent Company Street Address	280 Trumbull St	
	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06103 -	

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

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
D.	AFFILIATE NAME	EASTERN NEW YORK MEDICAL SERVICES, P.C.	
<u> </u>	74 FIED (FE TO WILL	ENGLEN FOR MEDIONE SERVICES, FIG.	
	A 7711		
2	Affiliate Description Affiliate type of service	Physicians Office, provides medical services to patients Physicians Services	
3	Tax Status	Not for Profit	
4	Street Address	3423 Danbury Rd	
5	Town	Brewster	
6	State	New York	
7 8	Zip Code CEO Name	10509 - Patrick Broderick, MD	
_	CEO Title	President	
	CT Agent Name	Patrick Broderick, MD	
11	CT Agent Company	Eastern New York Medical Services , P.C.	
	CT Agent Company Street Address	14 Research Dr, Suite 201A	
	CT Agent Town	Bethel	
	CT Agent State CT Agent Zip Code	Connecticut 06801 -	
	O Frigerit Zip Oode		
E.	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	
	Affiliate type of service	Insurance	
3	Tax Status	Not for Profit	
4	Street Address	34 MAPLE ST	
5	Town	NORWALK	
6 7	State Zip Code	Connecticut 06856 -	
	CEO Name	Daniel DeBarba	
	CEO Title	CEO	
10	CT Agent Name	Daniel DeBarba	
	CT Agent Company	Norwalk Hospital Association	
	CT Agent Company Street Address	34 Maple St.	
	CT Agent Town CT Agent State	Norwalk Connecticut	
	CT Agent Zip Code	06856 -	
<u> </u>	or rigonic Elip Godd		
F.	AFFILIATE NAME	NEW MILFORD HOSPITAL, INC.	
1	Affiliate Description	SHORT TERM ACUTE 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 6	Town State	NEW MILFORD  Connecticut	
7	Zip Code	06776 -	
	CEO Name	John Murphy, MD	
9	CEO Title	Chief Exective Officer	
10	CT Agent Name	Karen Mattei	
	CT Agent Company	Western Ct Health Network	
	CT Agent Town	24 Hospital Ave Danbury	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent State CT Agent Zip Code	06810 -	
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## REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)	
	, ,		
LINE	DESCRIPTION	AFFILIATE INFORMATION	
G.	AFFILIATE NAME	NEW MILFORD HOSPITAL,INC	
<u>.                                    </u>	ALLEIGIE NAME	NEW MILE ON D HOOF HALING	
	Affiliate Description Affiliate type of service	SHORT TERM ACUTE CARE HOSPITAL PROVIDING INPATIENT AND OUTPATIENT SERVICES  Hospital	
	Tax Status	Not for Profit	
	Street Address	21 ELM STREET	
5	Town	NEW MILFORD	
6	State	Connecticut	
	Zip Code	06776 -	
	CEO Name CEO Title	John Murphy, MD Cheif Executive Officer	
	CT Agent Name	Karen Mattei	
	CT Agent Company	Western Ct Health Network	
12	CT Agent Company Street Address	24 Hospital Ave	
	CT Agent Town	Danbury	
	CT Agent State	Connecticut 06810 -	
15	CT Agent Zip Code	00810 -	
Н.	AFFILIATE NAME	NEW MILFORD MRI ,LLC	
	74 FIEDVIC WANTE		
	Affiliate Description	Provides MRI Services Imaging Services	
	Affiliate type of service Tax Status	Not for Profit	
	Street Address	21 Elm Street	
	Town	New Milford	
6	State	Connecticut	
	Zip Code	06776 -	
	CEO Name	John Murphy, MD	
	CEO Title CT Agent Name	Chief Executive Officer  R&C Service Company	
	CT Agent Name CT Agent Company	Robinson & Cole, LLP	
	CT Agent Company Street Address	280 Trumbull St	
13	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06103 -	
ı.	AFFILIATE NAME	NORWALK HEALTH CARE, INC	
	74 FIEDVIC WANTE		
	Affiliate Description	For the purpose of providing long term care  Long Term Care	
	Affiliate type of service Tax Status	Not for Profit	
	Street Address	34 Midrocks Rd	
	Town	Norwalk	
	State	Connecticut	
	Zip Code	06851 -	
	CEO Name	Daniel DeBarba	
	CEO Title CT Agent Name	CEO Daniel DeBarba	
	CT Agent Name CT Agent Company	Norwalk Hospital Association	
	CT Agent Company Street Address	34 Maple St	
	CT Agent Town	Norwalk	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06856 -	

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

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
J.	AFFILIATE NAME	NORWALK HOSPITAL ASSOCIATION
-		
4	Affiliate Description	Chart Tarm Acute Care Haggital are iding languisate and Outpetions Carriers
	Affiliate Description Affiliate type of service	Short Term Acute Care Hospital providing Inpatient and Outpatient Services Hospital
	Tax Status	Not for Profit
	Street Address	34 Maple St
5	Town	Norwalk
	State	Connecticut
	Zip Code	06856 -
	CEO Name CEO Title	Daniel DeBarba CEO
	CT Agent Name	Daniel DeBarba
	CT Agent Company	Norwalk Hospital Association
12	CT Agent Company Street Address	34 Maple St
	CT Agent Town	Norwalk
	CT Agent State	Connecticut
15	CT Agent Zip Code	06856 -
K.	AFFILIATE NAME	NORWALK HOSPITAL FOUNDATION, INC
	74 FEDALE HAND	
	Affiliate Description	Provides fund raising for the parent corporation and affiliates  Foundation
	Affiliate type of service Tax Status	Not for Profit
	Street Address	34 Maple St
	Town	Norwalk
6	State	Connecticut
	Zip Code	06856 -
	CEO Name	Daniel Debarba
	CEO Title	CEO Daniel DeBarba
-	CT Agent Name CT Agent Company	Norwalk Hospital Association
	CT Agent Company Street Address	34 Maple St.
	CT Agent Town	Norwalk
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06856 -
L.	AFFILIATE NAME	NORWALK SURGERY CENTER, LLC
L.	AFFILIATE NAIVIE	NORWALK SUNGERT CENTER, LLC
	Affiliate Description	AMBULATORY SURGERY CENTER JOINT VENTURE
	Affiliate type of service	Ambulatory/OP Surgery Center
	Tax Status Street Address	For Profit 40 CROSS ST
	Town	NORWALK
	State	Connecticut
	Zip Code	06851 -
	CEO Name	Daniel DeBarba
	CEO Title	CEO
4.0	CT Agent Name	Daniel DeBarba
		Morwalk Hospital Association
11	CT Agent Company	Norwalk Hospital Association  34 Maple St
11 12	CT Agent Company CT Agent Company Street Address	Norwalk Hospital Association  34 Maple St  Norwalk
11 12 13	CT Agent Company	34 Maple St

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

(1)	(2)	(3)		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
LINE	DESCRIPTION	AFFICIAL INFORMATION		
М.	AFFILIATE NAME	SWC CORPORATION		
	Affiliate Description	For the purpose of providing pharmaceutical needs/equity transfer of NRMC Joint Venture		
2	Affiliate type of service	Pharmacy		
3 4	Tax Status Street Address	For Profit 24 Stevens St		
5	Town	Norwalk		
6	State	Connecticut		
_	Zip Code	06856 -		
8	CEO Name	Daniel DeBarba		
	CEO Title	CEO		
	CT Agent Name	Daniel DeBarba		
	CT Agent Company Street Address	Norwalk Hospital Association		
	CT Agent Company Street Address CT Agent Town	34 Maple St Norwalk		
	CT Agent Town CT Agent State	Connecticut		
	CT Agent Zip Code	06856 -		
N.	AFFILIATE NAME	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.		
		PROVIDES SUPPORT FOR EMPLOYEE AND CORPORATE HEALTH MANAGEMENT, Danbury		
1	Affiliate Description	Diagnostic Imaging, Ridgefield Diagnostic Imaging and EMT and Ambulance Services		
2	Affiliate type of service	Affilate Support Services		
3	Tax Status	Not for Profit		
4	Street Address	95 Locust Avenue		
5	Town	Danbury		
6	State	Connecticut		
	Zip Code CEO Name	06810 - John Murphy, MD		
	CEO Title	Chief Executive Officer		
	CT Agent Name	Karen Mattei		
11	CT Agent Company	Western Connectict Health Network, Inc.		
12	CT Agent Company Street Address	24 Hospital Ave		
	CT Agent Town	Danbury		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06810 -		
О.	AFFILIATE NAME	WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.		
<u>.                                    </u>	ALLIERIE NAME	HEOTERN CONNECTION THEAETH NETWORK TOOMBAHON, INC.		
		PROVIDES SUPPORT SERVICES TO CORP. ACTIVITIES THROUGH CHARITABLE CONTRIBUTION		
1	Affiliate Description	DISTRIBUTION AND FUND RAISING.		
2	Affiliate type of service	Fund Raising/Management  Not for Profit		
3 4	Tax Status Street Address	24 Hospital Avenue		
5	Town	Danbury		
6	State	Connecticut		
	Zip Code	06810 -		
	CEO Name	John Murphy, MD		
9	CEO Title	Chief Executive Officer		
	CT Agent Name	R&C Service Company		
11	CT Agent Company Street Address	Robinson & Cole, LLP		
12 13	CT Agent Company Street Address CT Agent Town	280 Trumbull St Hartford		
14	CT Agent Town CT Agent State	Connecticut		
	CT Agent State CT Agent Zip Code	06103 -		
	- : <u> </u>			

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#### **ANNUAL REPORTING**

#### FISCAL YEAR 2015

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

(1)	(2)	
LINE	DESCRIPTION	AFFILIATE INFORMATION
P.	AFFILIATE NAME	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD.
1	Affiliate Description	A CAPTIVE INSURANCE COMPANY DOMICILED IN THE CAYMAN ISLANDS TO PROVIDE ALTERNATIVE PROFESSIONAL LIABILITY INSURANCE.
2	Affiliate type of service	Insurance
3	Tax Status	For Profit
4	Street Address	23 Lime Tree Bay Avenue
5	Town	Grand Cayman
6	State	Cayman Islands
7	Zip Code	11102 -
	CEO Name	John Murphy, MD
9	CEO Title	Chief Executive Officer
	CT Agent Name	Julie Robertson
11	CT Agent Company	Honigman,Miller,Schwarta & 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 -
	-	
Q.	AFFILIATE NAME	WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC
α.	ALTIEIATE NAME	WESTERN CONNECTION THE RETURN OF THE PROPERTY
1	Affiliate Description	A company to manage investment services, pooling long term investments of WCHN.
2	Affiliate type of service	Affilate Support Services
	Tax Status	Not for Profit
4	Street Address	24 Hospital Ave
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	John Murphy, MD
9	CEO Title	Chief Executive Officer
10	CT Agent Name	C T Corporation System
11	CT Agent Company	CT Corporation System
12	CT Agent Company Street Address	One Corporate Center
1 12		Hartford
	CT Agent Town	Indition
13	CT Agent Town CT Agent State	Connecticut
13 14		

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#### REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2015
Α.	DANBURY HOSPITAL		
1		Unrestricted	\$406,110,000
2		Temporarily Restricted by Donor	\$36,051,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$34,575,000
5		Intercompany Eliminations	(\$53,694,000)
		Total:	\$423,042,000
В.	WESTERN CONNECTICUT HEALTH NETWORK , INC.		
1		Unrestricted	\$172,771,000
2		Temporarily Restricted by Donor	\$39,887,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$9,462,000
5		Intercompany Eliminations	(\$438,629,000)
		Total:	(\$216,509,000)
C.	EASTERN NEW YORK MEDICAL SERVICES, P.C.		
	EASTERN NEW YORK MEDICAL SERVICES, P.C.	I love etricte d	(0007,000)
1		Unrestricted	(\$657,000)
2		Temporarily Restricted by Donor	\$0 \$0
3		Temporarily Restricted by Board Permanently Restricted by Donor	\$0
<u>4</u> 5		Intercompany Eliminations	\$0
<u> </u>			·
		Total:	(\$657,000)
D.	NEW MILFORD MRI ,LLC		
1	NEW WILL OND WINI, LEG	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
			7.
E.	NORWALK HEALTH CARE, 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
	NORWALK HOSPITAL ASSOCIATION		
1		Unrestricted	\$280,584,000
2		Temporarily Restricted by Donor	\$59,661,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$9,468,000
5		Intercompany Eliminations	(\$102,160,000)
		Total:	\$247,553,000
G.	NORWALK HOSPITAL FOUNDATION, INC		
	NONWALK ROSPITAL FOUNDATION, INC	Unrestricted	¢26.740.000
1		Unrestricted Temporarily Restricted by Depor	\$36,748,000
2		Temporarily Restricted by Donor	\$52,266,000
3		Temporarily Restricted by Board	\$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$9,468,000 \$0
			'
		Total:	\$98,482,000

#### REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
	( )	FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2015
Н.	NORWALK SURGERY CENTER, LLC		
	NORWALK SUNGERT CENTER, LEC	Llaractriated	<b>₹ £ £ £ £ £ £ £ £ £ £</b>
2		Unrestricted	\$5,586,000
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
<del>-</del>		Total:	\$5,586,000
		Total.	\$5,560,000
1.	SWC CORPORATION		
1	SWC CORFORATION	I lavantuinta d	¢4 220 000
2		Unrestricted Temporarily Restricted by Donor	\$1,320,000 \$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Board	\$0
5		Intercompany Eliminations	\$0
⊢ <u> </u>		Total:	\$1,320,000
		i otai.	\$1,320,000
	WESTERN CONNECTICUT HEALTH NETWORK AFEILIATES INC		
J.	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.	Liprophriphod	£4.00F.000
1		Unrestricted	\$4,865,000
2		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
3		Permanently Restricted by Board	\$0
5		Intercompany Eliminations	\$0
<u> </u>		Total:	·
		I Otal:	\$4,865,000
	WESTERN CONNECTION THE ALTH METHORY FOUNDATION		
.,	WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION,		
	INC.		****
1		Unrestricted	\$22,557,000
2		Temporarily Restricted by Donor	\$39,625,000
3		Temporarily Restricted by Board	\$8,441,000
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$34,575,000 \$0
			7.
		Total:	\$105,198,000
	WESTERN SONNESTICUT UEAL TU NETWORK INCUE ANGE OG		
١.	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO		
L.	LTD.		<b>***</b>
1		Unrestricted	\$53,694,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
5			
		Total:	\$53,694,000
	WESTERN SOMMESTICAL TURNS TO STATE OF S		
l	WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS		
	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
5			
		Total:	\$0
	WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE,		
	LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0 \$0
3		Temporarily Restricted by Board	ተ ሰ

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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 9/30/2015
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0

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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 9/30/2015
	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN		
	HEALTH ORGANIZATION ACO, INC		Φ.
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 HOME CARE, INC		
1		Unrestricted	\$2,029,000
2		Temporarily Restricted by Donor	\$40,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$2,069,000
	WESTERN CONNECTICUT MEDICAL CROUD INC		
Q.	WESTERN CONNECTICUT MEDICAL GROUP INC.	Honorteint od	COO 047 000
1		Unrestricted	\$30,647,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
5			·
		Total:	\$30,647,000
R.	WESTERN CT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION, INC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$1,349,773,000
	Intercompany Eliminations Total of all Affiliates		(\$594,483,000)
	lotal of all Affiliates	Fund Balance:	\$755,290,000

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

(1)	(2)	(3)	(4)	(5)
				TRANSFER TO / FROM
INE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	HOSPITAL
	WEGTERN CONNECTION THE ALTH METHODIC INC			
Α.	WESTERN CONNECTICUT HEALTH NETWORK , INC.	Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$145,000
1		Employee Benefits	09/30/2015	\$3,475,00
2		MANAGEMENT CONSULTING JOINT AND SPINE	09/30/2015	\$278,00
3		Cash & Net Equity Writeoff	09/30/2015	(\$5,202,000
4		Accounts Payable	09/30/2015	\$1,294,00
5		Salary & Wages	09/30/2015	\$15,00
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$5,00
В.	EASTERN NEW YORK MEDICAL SERVICES, P.C.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	(\$178,000
1		Accounts Payable	09/30/2015	\$39,00
2		Employee Benefits	09/30/2015	\$135,00
3		System Support	09/30/2015	(\$3,000
		Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$7,000
C.	NEW MILFORD HOSPITAL, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$
		Nothing to Report  Ending Unconsolidated Intercompany Balance:	9/30/2015	\$( \$(
		Enumy onconsolidated intercompany balance.	3/30/2013	Ψ
D.	NEW MILFORD MRI ,LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$
		Nothing to Report	0/20/2045	\$
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$
E.	NORWALK HEALTH CARE, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$
		Nothing to Report		\$
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$(
F.	NORWALK HOSPITAL ASSOCIATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$558,00
1		ACCOUUNTS PAYABLE/OTHER EXPENSES	09/30/2015	\$14,963,00
2		VHA REBATE/EXPENSE	09/30/2015	(\$110,000
3		Employee Benefits	09/30/2015	\$3,147,00
4		Payroll Transfers	09/30/2015	\$9,321,00
5		cash Ending Unconsolidated Intercompany Balance:	09/30/2015 <b>9/30/2015</b>	(\$22,708,000 \$5,171,00
				45,111,01
G.	NORWALK HOSPITAL FOUNDATION, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$18,00
2		cash Accounts Payable	09/30/2015 09/30/2015	(\$18,000 \$5,00
_		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$5,00 \$5,00
		C 11 11 11 11 11 11 11 11 11 11 11 11 11		
H.	NORWALK SURGERY CENTER, LLC	Series Herry History Series	0/00/02:	
		Beginning Unconsolidated Intercompany Balance:  Nothing to Report	9/30/2014	<b>\$</b>
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$
l.	SWC CORPORATION	Paginning Unconcelled to distance of the second of the sec	0/00/004	
1		Beginning Unconsolidated Intercompany Balance: Accounts Payable	<b>9/30/2014</b> 09/30/2015	<b>\$</b>
2		VHA REBATE /EXPENSES	09/30/2015	\$3,00 (\$70.000
3		other	09/30/2015	\$58,00
		Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$9,000
J.	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.	Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$402,00

#### 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
-	AFFILIATE NAME	DESCRIPTION OF TRANSFER		HOSPITAL
2		Salary	09/30/2015	\$363,000
3		401K	09/30/2015 09/30/2015	\$856,000 \$104,000
5		Rental Of Space Clinical Services	09/30/2015	(\$509,000)
6		HR, Malpractice, Warehouse Exp	09/30/2015	\$447,000
7		cash	09/30/2015	(\$6,325,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$123,000
K.	WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$2,988,000
1		Accounts Payable	09/30/2015	\$2,324,000
2		Tower Reimbursement Accrual	09/30/2015	(\$2,120,000)
3		MED ED AND COHORTS	09/30/2015	\$521,000
4		Salary	09/30/2015	\$2,085,000
5 6		Employee Benefits Rental Of Space	09/30/2015 09/30/2015	\$238,000
7		Reinbursement for Research Expense	09/30/2015	\$25,000 \$3,132,000
8		cash	09/30/2015	(\$8,701,000)
<u> </u>		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$492,000
L.	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
М.	WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
N.	WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, LLC	D. C. C. H. C.	9/30/2014	
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	<b>\$0</b>
		Nothing to Report  Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Ending officonsolidated intercompany balance.	9/30/2013	\$0
	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HEALTH			
О.	ORGANIZATION ACO, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report	0,00,20	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
P.	WESTERN CONNECTICUT HOME CARE, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$322,000
1		Accounts Payable	09/30/2015	\$417,000
2		Employee Benefits	09/30/2015	\$560,000
3		Clinical Services	09/30/2015	\$87,000
4		Payroll Transfers	09/30/2015	\$58,000
5		cash	12/30/2013	(\$944,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$500,000
	WESTERN COMMESTICATE MEDICAL CONTINUE			
Q.	WESTERN CONNECTICUT MEDICAL GROUP INC.	Danisais a Harras elideted 1.1	0/00/00::	
-		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0 \$14,000
1		Accounts Payable  Ending Unconsolidated Intercompany Balance:	09/30/2015 <b>9/30/2015</b>	\$14,000 <b>\$14,000</b>
		Enumy Onconsolidated intercompany balance:	9/30/2015	\$14,000
R.	WESTERN CT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION, INC.			
<u> </u>	TOTAL TITLE TO THE TOTAL TOTAL TOTAL TITLE TO THE TOTAL TITLE TO THE TOTAL TOTAL TO THE TOTAL T	Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
		Nothing to Report	3,33,2014	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
				,
			Grand Total:	\$6,294,000
			Grand Potal.	φυ,∠54,000

#### 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	10/01/2014	\$4,696,000
A.	WESTERN CONNECTICUT HEALTH NETWORK , INC.				
1		WESTERN CONNECTICUT HOME CARE, INC	Benefits Support	09/30/2015	\$218,000
2		NORWALK HOSPITAL FOUNDATION, INC	Support	09/30/2015	\$218,000
		EASTERN NEW YORK MEDICAL SERVICES, P.C.	Cupport	00/00/0045	<b>#4 000 000</b>
3		F.C.	Suppport <b>Total:</b>	09/30/2015 <b>9/30/2015</b>	\$1,266,000 <b>\$1,702,000</b>
			Total:	9/30/2015	\$1,702,000
В.	EASTERN NEW YORK MEDICAL SERVICES, P.C.				
Ь.	EASTERN NEW TORK MEDICAL SERVICES, F.C.	WESTERN CONNECTICUT MEDICAL GROUP			
1		INC.	Support	09/30/2015	\$164,000
<u> </u>			Total:	9/30/2015	\$164,000
			Total.	3/30/2013	ψ10 <del>-1</del> ,000
C.	NEW MILFORD HOSPITAL, INC.				
<u> </u>			Nothing to Report		\$0
			Total:	9/30/2015	\$0
					•
D.	NEW MILFORD MRI ,LLC				
	·		Nothing to Report		\$0
			Total:	9/30/2015	\$0
E.	NORWALK HEALTH CARE, INC				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
F.	NORWALK HOSPITAL ASSOCIATION				
		WESTERN CONNECTICUT HEALTH NETWORK			
1		AFFILIATES,INC.	Support	09/30/2015	\$9,000
			Total:	9/30/2015	\$9,000
	NORWALK HOORITAL FOUNDATION INC				
G.	NORWALK HOSPITAL FOUNDATION, INC	WESTERN CONNECTION THE ALTH METIMORY			
		WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.	Support	00/20/2045	<b>#04.000</b>
1		FOUNDATION, INC.	Total:	09/30/2015 <b>9/30/2015</b>	\$31,000 <b>\$31,000</b>
			i otai:	9/30/2013	<b>Φ31,000</b>
Н.	NORWALK SURGERY CENTER, LLC				
<del>- '''</del>	HORMAER CORGERT CERTER, ELC		Nothing to Report		\$0
			Total:	9/30/2015	\$0
			Total.	0,00,2010	Ψ0
ı.	SWC CORPORATION				
1		NORWALK HOSPITAL ASSOCIATION	Support	09/30/2015	\$257,000
<del></del>			Total:	9/30/2015	\$257,000
			i Otal.	5,55,£515	Ψ201,300

#### 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
J.	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.				
		WESTERN CONNECTICUT HEALTH NETWORK			
1		FOUNDATION, INC.	Support	09/30/2015	\$2,000
			Total:	9/30/2015	\$2,000
K.	WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.		N di		<b>^</b>
			Nothing to Report	0/00/0045	\$0
			Total:	9/30/2015	\$0
L.	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD.				
<u> </u>	WESTERN CONNECTICOT HEAETH NETWORK INSURANCE CO ETD.		Nothing to Report		\$0
			Total:	9/30/2015	\$0
				0,00,2010	***
М.	WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
N.	WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, LLC				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HEALTH				
0.	ORGANIZATION ACO, INC		Nothing to Report		<b>CO</b>
			Total:	9/30/2015	\$0 <b>\$0</b>
			i otal.	3/30/2013	Ψ0
P.	WESTERN CONNECTICUT HOME CARE, INC				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
Q.	WESTERN CONNECTICUT MEDICAL GROUP INC.				
1		NORWALK HOSPITAL ASSOCIATION	Support	09/30/2015	\$2,514,000
		WESTERN CONNECTICUT HEALTH NETWORK,			<u>.</u>
2		INC.	Support	09/30/2015	\$1,872,000
			Total:	9/30/2015	\$4,386,000
R.	WESTERN CT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION, INC				
<b>—</b>	TESTERNOS TESTERNOS TOTAL TOTAL TESTER STORIGHT TOTAL		Nothing to Report		\$0
			Total:	9/30/2015	\$0
					**

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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
			Ending Unconsolidated		
			Intercompany Balance	9/30/2015	\$11,247,000

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
	DESCRIPTION OF EXPERIENCE		
Α.	WESTERN CONNECTICUT HEALTH NETWORK , INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
В.	ADVANCED CENTER FOR REHABILITATION MEDICINE		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
C.	BUSINESS SYSTEMS, INC.		
0	Nothing to Report  Total:	\$0 \$0	9/30/2015
	Total.	<b>\$</b> 0	9/30/2013
D.	EASTERN NEW YORK MEDICAL SERVICES, P.C.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
_	MADI E CEDEET INDEMNITY COMPANY I ED		
<b>E.</b>	MAPLE STREET INDEMNITY COMPANY, LTD  Nothing to Report	\$0	
	Total:	\$0	9/30/2015
	NEW MILFORD HOSPITAL, INC.		
0	Nothing to Report  Total:	\$0	0/20/2045
	Total.	\$0	9/30/2015
G.	NEW MILFORD HOSPITAL,INC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
	NEW MU FORD MRI LLO		
<b>H.</b>	NEW MILFORD MRI ,LLC  Nothing to Report	\$0	
_	Total:	\$0	9/30/2015
I.	NORWALK HEALTH CARE, INC		
0	Nothing to Report  Total:	\$0	0/00/0045
	Total.	\$0	9/30/2015
J.	NORWALK HEALTH SERVICES CORPORATION		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
1.0	NORTHALIC LICERITAL ACCOUNTION		
<b>K.</b>	NORWALK HOSPITAL ASSOCIATION  Nothing to Report	\$0	
	Total:	\$0	9/30/2015
	NORWALK HOSPITAL FOUNDATION, INC		
0	Nothing to Report  Total:	\$0	0/20/2045
	Total.	\$0	9/30/2015
М.	NORWALK HOSPITAL PHYSICIAN'S AND SURGEONS, INC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
	NADIWALK OUD OF DV OF NEED 110		
<b>N.</b>	NORWALK SURGERY CENTER, LLC  Nothing to Report	\$0	
Ť	Total:	\$0	9/30/2015
			3,23,23
0.	SWC CORPORATION		
0	Nothing to Report	\$0	0100100
	Total:	\$0	9/30/2015
P.	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.		
-			

#### 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
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
	WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
	WESTERN CONNECTIONS UP AT THE METHODIC INCURANCE OF LTD		
<b>R.</b>	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD.  Nothing to Report	20	
-	Total:	\$0 <b>\$0</b>	9/30/2015
	10tal.	\$0	9/30/2013
S.	WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
T.	WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
U.	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION ACO, INC		
0.	Nothing to Report	\$0	
Ť	Total:	\$0	9/30/2015
		,	
٧.	WESTERN CONNECTICUT HOME CARE, INC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
W.	WESTERN CONNECTICUT MEDICAL GROUP INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
<b>X.</b>	WESTERN CT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION, INC		
U	Nothing to Report  Total:	\$0 <b>\$0</b>	9/30/2015
	Total.	\$0	3/30/2015
	Grand Total:	\$0	9/30/2015

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

(1)	(2)	(3)	(4)
	AFFILIATE NAME &		
LINE	DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
	WESTERN CONNECTION THE ALTH NETWORK. INC.		
<b>A.</b>	WESTERN CONNECTICUT HEALTH NETWORK , INC.  Nothing to Report	\$0	0
	Total:	\$ <b>0</b>	0
	Total	40	
В.	ADVANCED CENTER FOR REHABILITATION MEDICINE		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	BUSINESS SYSTEMS, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	EASTERN NEW YORK MEDICAL SERVICES, P.C.		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	MAPLE STREET INDEMNITY COMPANY, LTD		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	NEW MILFORD HOSPITAL, INC.	40	
0	Nothing to Report	\$0	0
	Total:	\$0	
<b>G</b> .	NEW MILFORD HOSPITAL,INC	\$0	0
-	Nothing to Report  Total:	\$0 \$0	0
	Total.	\$0	
	NEW MILEOPO MOLLLO		
<b>H.</b>	NEW MILFORD MRI ,LLC  Nothing to Report	\$0	0
-	Total:	\$ <b>0</b>	0
	1 Total.	<b>40</b>	
I.	NORWALK HEALTH CARE, INC		
0	Nothing to Report	\$0	0
<b>—</b>	Total:	\$ <b>0</b>	5
		***	
J.	NORWALK HEALTH SERVICES CORPORATION		
0	Nothing to Report	\$0	0
		Ψ0	<u> </u>

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

(1)	(2)	(3)	(4)
	AFFILIATE NAME &	AMOUNT	TERM IN YEARS
LINE	DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	
	Total:	\$0	
K.	NORWALK HOSPITAL ASSOCIATION		
0	Nothing to Report	\$0	0
	Total:	\$ <b>0</b>	0
		**	
L.	NORWALK HOSPITAL FOUNDATION, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
M.	NORWALK HOSPITAL PHYSICIAN'S AND SURGEONS, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
N.	NORWALK SURGERY CENTER, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
0.	SWC CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
P.	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC.	40	
0	Nothing to Report  Total:	\$0 <b>\$0</b>	0
	l Otal:	\$0	
Q.	WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	-
R.	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD.		
0	Nothing to Report	\$0	0
	Total:	\$0	
S.	WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC	60	
0	Nothing to Report  Total:	\$0 <b>\$0</b>	0
	Total.	30	
T.	WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, LLC		
<u> </u>	WESTERN CONNECTION REALTH NETWORK JOINT & SPINE, LLC		

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

(1)	(2)	(3)	(4)
	AFFILIATE NAME &		
LINE	DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
0	Nothing to Report	\$0	0
	Total:	\$0	
U.	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION ACO, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
٧.	WESTERN CONNECTICUT HOME CARE, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
W.	WESTERN CONNECTICUT MEDICAL GROUP INC.		
0	Nothing to Report	\$0	0
0	Total:	\$0	0
	Total.	40	
X.	WESTERN CT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

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# DANBURY HOSPITAL ANNUAL REPORTING FISCAL YEAR 2015 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR INDIGENT CARE AND FREE BEDS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
Α.	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%
В.	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%
2	Income	\$0.00	-	-	0%
3	Expenditures	\$0.00	-	-	0%
4	Unrealized Gains and Losses	\$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%

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	DANIBURY HOORITAL				
	DANBURY HOSPITAL				
	ANNUAL REPORTING				
	FISCAL YEAR 2015				
REPOR	RT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERE	ED BY THE HOSPITAL			
A. Patient Activity					
(1)	(2)	(3)			
<u>Patient</u>	Name of Hospital Bed Fund (FULL NAME)	Amount			
<ol> <li>Number of Applications f</li> </ol>	or Hospital Bed Funds	0			
Grand Total \$0.00					

DANBURY HOSPITAL					
ANNUAL REPORTING					
		FISCAL YEAR	R 2015		
	REPORT 17B - HOSPIT	TAL BED FUNDS HELD (	OR ADMINISTERED BY	THE HOSPITAL	
B. BE	D FUND ACTIVITY				
(1)	(2)	(3)	(4)	(5)	(6)
		FMV of Principal	Actual Earnings	Earnings	Earnings Available
Line	Name of Hospital Bed Fund			Reinvested	
(3)	(3) Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal 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)	Actual Dollar Amount of Earnings reinvested as Principal, if any.				
(6)	Actual Dollar Amount of Earnings available	able 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	
		Account balances >4999 are reviewed and referred manually to a collection agency after final notice. Accounts <5000 are systematically referred to a collection agency after final notice based on timelines according to plan type.
В.	Hospital's processes and policies for compensating a Collection Agent for services rendered	Agencies are reimbursed on a commission basis and only receive compensation for accounts collected.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	26.00%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
Α	Collection Agent	
1	Collection Agent Name	Credit Center Incorporated
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Account balances >4999 are reviewed and referred manually to a collection agency after final notice. Accounts <5000 are systematically referred to a collection agency after final notice based on timelines according to plan type.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Compensation is based on a % of collections and payment to the hospital by the percent owned. 18% is retained for non legal issues and 28% is retained for legal issues.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	23.00%

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

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
В	Collection Agent	
1	Collection Agent Name	Simko Law Firm
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.	
5	If the Hospital follows the same processes and policies described	Referrals only. Accounts do not systematically go to Simko/Tobin.
3	in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Compensation is based on a % of collections and payment to the hospital by the percent owned. The fee is 15% if collected within the first 30 days, 30% if not paid in full within 30 days up to \$10,000. 25% for collections exceeding \$10,000 butnot more than \$20,000 and 15% for collections exceeding
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	30.00%
С	Collection Agent	
1	Collection Agent Name	Attorney Robert Tobin
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.	Referrals only . Accounts do not systematically go to Simko/Tobin.

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

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
		Compensation is based on a % of collections and payment to the hospital by the percent owned
	Recovery Rate on Accounts Assigned (excluding Medicare	
	accounts) to Collection Agent.	40.00%

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

(1)	(2)	(3)		
LINE	DESCRIPTION	COLLECTION INFORMATION		

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

LINE	POSITION TITLE	EMPLOYEE NAME	SALARY	FRINGE BENEFITS	TOTAL
1.	PRESIDENT AND CEO WCHN	JOHN MURPHY, MD	\$608,336	\$28,146	\$636,482
			_		
2.	CEO DANBURY HOSPITAL	DANIEL DEBARBA, JR	\$427,303	\$23,494	\$450,797
	CHIEF NURSING OFFICER	MAUREEN DONAHUE	<b>#247.070</b>	\$20,000	£207.400
3.	CHIEF NURSING OFFICER	MAUREEN DONAHUE	\$347,279	\$39,909	\$387,188
4.	CHIEF OPERATING OFFICER	MICHAEL DAGLIO	\$348,295	\$33,946	\$382,241
5.	CHIEF INFORMATION OFFICER	KATHLEEN DEMATTEO	\$339,706	\$33,650	\$373,356
6.	CHIEF MEDICAL OFFICER	MATTHEW MILLER, MD	\$337,560	\$30,517	\$368,077
7.	CFO/TREASURER	STEVEN ROSENBERG	\$339,958	\$24,268	\$364,226
8.	GENERAL COUNSEL	CAROLYN MCKENNA	\$294,868	\$31,187	\$326,055
9.	VP FINANCE	PATRICK MINICUS	\$263,079	\$22,090	\$285,169
10.	VP FACILITIES	MORRIS GROSS	\$190,638	\$29,046	\$219,684
		Grand Total:	\$3,497,022	\$296,253	\$3,793,275

## WESTERN CONNECTICUT HEALTH NETWORK , INC. ANNUAL REPORTING FISCAL YEAR 2015

#### REPORT 19B - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HEALTH SYSTEM EMPLOYEES

LINE	POSITION TITLE	EMPLOYEE NAME AND COMPANY	SALARY	FRINGE BENEFITS	TOTAL
1.	PRESIDENT AND CEO WCHN	JOHN MURPHY, MD	\$1,414,735	\$65,455	\$1,480,190
2.	EVP WCHN- PRESIDENT HOSPITAL GROUP	DANIEL DEBARBA, JR	\$993,728	\$54,638	\$1,048,366
3.	CHIEF FINANCIAL OFFICER WCHN	STEVEN ROSENBERG	\$790,600	\$56,437	\$847,037
4.	CHIEF MEDICAL OFFICER WCHN	MATTHEN MILLER, MD	\$675,119	\$61,034	\$736,153
5.	ER MD	PATRICK MCGOVERN, MD	\$655,882	\$41,693	\$697,575
6.	SSR VP WCHN , PRESIDENT NORWALK HOSPITAL	MOCHAEL DAGLIO	\$580,492	\$56,577	\$637,069
7.	VP FINANCE WCHN	PATRICK MINICUS	\$526,157	\$44,181	\$570,338
8.	ER MD	ROBERT CAPODANNO , MD	\$506,079	\$42,596	\$548,675
9.	GENERAL COUNSEL WCHN	CAROLYN MCKENNA	\$491,446	\$51,979	\$543,425
10.	ER MD	JASON FISCHEL, MD	\$493,782	\$33,634	\$527,416
		Grand Total:	\$7,128,020	\$508,224	\$7,636,244

## DANBURY HOSPITAL ANNUAL REPORTING FISCAL YEAR 2015 REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS

#### PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
		SALARIES	FRINGE	
		(Directly or	BENEFITS <sup>A</sup> (DirectI	
LINE	DESCRIPTION	indirectly) <sup>c</sup>	y or Indirectly) <sup>C</sup>	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.	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
С.	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
D.	NEW MILFORD MRI ,LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Ε.	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
F.	NORWALK HOSPITAL ASSOCIATION			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
G.	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
Н.	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
1.	SWC CORPORATION			-
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0 \$0	\$0	\$0 \$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
J.	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
1/	WESTERN CONNECTION THEATTH NETWORK FOUNDATION INC			
K.	WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.  Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
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
_	. and by and respect to Employees of the Emily Eloted floor	<del></del>	+-	<b>4</b> -2
	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO			
L.	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

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## DANBURY HOSPITAL ANNUAL REPORTING FISCAL YEAR 2015 REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS

#### PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

LINE DESCRIPTION  SALARIES (Directly or Indirectly) <sup>C</sup> BENEFITS (Directl y or Indirectly) <sup>C</sup> TOTAL  M. WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS 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 JOINT & SPINE, LLC  1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0  WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, LLC  1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0  WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN  O. HEALTH ORGANIZATION ACO, INC  1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0  P. WESTERN CONNECTICUT HOME CARE, INC  1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0  P aid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0  Q. WESTERN CONNECTICUT MEDICAL GROUP INC.  1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0  Q. WESTERN CONNECTICUT MEDICAL GROUP INC.  1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0  Q. WESTERN CONNECTICUT MEDICAL GROUP INC.  1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0  Q. WESTERN CONNECTICUT MEDICAL GROUP INC.  1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0  Q. WESTERN CT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION, INC  1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0  Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0  Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0  Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0  Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0  Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0  Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0  Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0  Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0  Paid by the Entity Listed Above to Hospital Employees(B	(1)	(2)	(3)	(4)	(5)
LINE DESCRIPTION Indirectly) <sup>C</sup> y or Indirectly) <sup>C</sup> TOTAL  M. WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS 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 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  WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN  O. HEALTH ORGANIZATION ACO, INC  1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0  P. WESTERN CONNECTICUT HOME CARE, INC  1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0  P. WESTERN CONNECTICUT HOME CARE, INC  1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0  2 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0  Q. WESTERN CONNECTICUT MEDICAL GROUP INC.  1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0  Q. WESTERN CONNECTICUT MEDICAL GROUP INC.  1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0  Q. WESTERN CT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION, INC  WESTERN CT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION, INC  1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0  Poganization, INC  1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0  Poganization, INC  1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0  Poganization, INC  2 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0  Poganization, INC  1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0  Poganization, INC  2 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0  Poganization, INC  2 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0  Poganization, INC  Poganization, INC  Poganization, INC  Poganization, INC			SALARIES	FRINGE	
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N . 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 O. HEALTH ORGANIZATION ACO, INC  1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0  P. WESTERN CONNECTICUT HOME CARE, INC  1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0  P. WESTERN CONNECTICUT HOME CARE, INC  1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0  Q. WESTERN CONNECTICUT HEALTH NETWORK PINC.  1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0  Q. WESTERN CONNECTICUT MEDICAL GROUP INC.  1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0  WESTERN CONNECTICUT MEDICAL GROUP INC.  1 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0  WESTERN CT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION, INC  1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0  WESTERN CT HEALTH NETWORK PHYSICIAN HEALTH 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
N . 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 O. HEALTH ORGANIZATION ACO, INC  1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0  P. WESTERN CONNECTICUT HOME CARE, INC  1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0  P. WESTERN CONNECTICUT HOME CARE, INC  1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0  Q. WESTERN CONNECTICUT HEALTH NETWORK PINC.  1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0  Q. WESTERN CONNECTICUT MEDICAL GROUP INC.  1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0  WESTERN CONNECTICUT MEDICAL GROUP INC.  1 Paid by the Hospital to Employees of the Entity Listed Above \$0 \$0 \$0  WESTERN CT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION, INC  1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0  WESTERN CT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION, INC  1 Paid by the Entity Listed Above to Hospital Employees(B) \$0 \$0 \$0					
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		,	\$0	\$0	\$0
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For each entity listed on Report 20, complete Report 21.

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A - Fringe benefits shall represent the value of all forms of compensation as described in Section 19a-643-206-(b)(21), including the fair market value where appropriate.

B - A hospital employee is anyone who provides a service which incurs an expense for the hospital.

C - Indirect payments include but are not limited to payments made to related entities.

### REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2015
Α	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
	i wholiotic.	1973
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

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	ANNUAL	Y HOSPITAL REPORTING AL YEAR 2015			
	REPORT 23 - CHARITY CARE AND REDUCED		S PROVIDED BY	THE HOSPITAL	
	NEI ON 20 ON MAN TO AND NEEDOOD	0001 02.0102			
(1)	(2)	(3)	(4)	(5)	(6)
(-/	(-)	FY 2014	FY 2015	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial S	Statement Notes)			
1.	Number of Applicants	3,348	3,106	(242)	-7%
2.	Number of Approved Applicants	3,207	3.097	(110)	-3%
	11	-, -		( - /	
3.	Total Charges (A)	\$12,601,255	\$16,274,798	\$3,673,543	29%
	Average Charges	\$3,929	\$5,255	\$1,326	34%
4	Datia of Coat to Charges (DCC)	0.0004.44	0.000007	(0.000077)	20/
4.	Ratio of Cost to Charges (RCC)  Total Cost	0.390144	0.383267	, ,	-2%
	Average Cost	\$4,916,304	\$6,237,593	\$1,321,289 \$481	27% 31%
	Average Cost	\$1,533	\$2,014	<b>Ψ40 I</b>	3170
5.	Charity Care - Inpatient Charges	\$1,608,834	\$3,591,917	\$1,983,083	123%
	Charity Care - Outpatient Emergency Department	<del>+</del> ,,	+ - / / -	, , , , , , , , , , , ,	
6.	Charges	2,901,587	3,129,220	227,633	8%
	Charity Care - Outpatient Charges (Excludes ED				
7.	Charges)	8,090,834	9,553,661	1,462,827	18%
	Total Charges (A)	\$12,601,255	\$16,274,798	\$3,673,543	29%
8.	Charity Care - Number of Patient Days	252	480	228	90%
9.	Charity Care - Number of Discharges	53	102	49	92%
10.	Charity Care - Number of Outpatient ED Visits	1,665	1,511	(154)	-9%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	12,223	12,213	(10)	0%
(A) The	e total amount must agree with the total amount listed in	າ the Hospital Au	dited Financial S	Statement Notes.	
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System -	Report 17)			
- 1	Number of Applicants				0%
1. 2.	Number of Approved Applicants	-			0%
	Trained of Approved Applicante				070
3.	Total Charges (B)	\$0	\$0	\$0	0%
	Average Charges	\$0	\$0	\$0	0%
4	Datia of Coat to Charges (DCC)	0.0004.44	0	(0.2004.44)	4000/
4.	Ratio of Cost to Charges (RCC)  Total Cost	0.390144 <b>\$0</b>	0 <b>\$0</b>	(0.390144) <b>\$0</b>	-100% <b>0</b> %
	Average Cost	\$0	\$0 \$0	\$0	0%
	Average cost	ΨΟ	ΨΟ	ΨΟ	070
5.	Bed Funds - Inpatient Charges	\$0	\$0	\$0	0%
		7.2	**	7.0	3,,
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	0%
-	Dad Funda Outratical Observation (Fig. 1) 50 Observation		-	_	600
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 Pischarges	0	0	0	0%
10.	Bed Funds - Number of Outpatient ED Visits	0	0	0	0%
	Bed Funds - Number of Outpatient Visits(Excludes ED	3			370
11.	Visits)	0	0	0	0%
(B) Th	e total amount must agree with the total amount listed o	n Hospital Repo	rting System - Re	eport 17.	