ANNUAL REPORTING

FISCAL YEAR 2016

| (1) | (2) | (3) | |
|---------------|--|---|--|
| | | | |
| LINE | DESCRIPTION | AFFILIATE INFORMATION | |
| | | | |
| | .=== | WESTERN CONNECTIONS USE A THANKS WORK AND | |
| A. | AFFILIATE NAME | WESTERN CONNECTICUT HEALTH NETWORK , INC. | |
| | | | |
| 1 | Affiliate Description | PARENT CORP. MANAGING EMPLOYEE BENEFIT PLANS,PLANNING,POLICIES | |
| 2 | Affiliate type of service | Parent Corporation | |
| 3 | Tax Status | Not for Profit | |
| 4 | Street Address | 24 Hospital Ave | |
| 5 | Town | Danbury | |
| 6 | State | Connecticut | |
| 7 | Zip Code | 06810 - | |
| <u>8</u> 9 | CEO Name CEO Title | John Murphy, MD Chief Executive Officer | |
| | CT Agent Name | Karen Mattei | |
| | CT Agent Name CT Agent Company | Western CT Health Network | |
| | CT Agent Company Street Address | 24 Hospital Ave | |
| 13 | CT Agent Town | Danbury | |
| | CT Agent Town CT Agent State | Connecticut | |
| | CT Agent Zip Code | 06810 - | |
| | o. rigoni zip oddo | | |
| | | DANBURY HOSPITAL AND NEW MILFORD HOSPITAL FOUNDATION (FORMERLY WCHN | |
| В. | AFFILIATE NAME | FOUNDATION) | |
| | | | |
| | | PROVIDES SUPPORT SERVICES TO CORP. ACTIVITIES THROUGH CHARITABLE CONTRIBUTION | |
| | Affiliate Description | DISTRIBUTION AND FUND RAISING. | |
| 2 | Affiliate type of service | Fund Raising/Management | |
| 3 | Tax Status | Not for Profit | |
| 4 | Street Address | 24 Hospital Avenue | |
| 5 | Town | Danbury | |
| 6 | State | Connecticut | |
| | Zip Code | 06810 - | |
| 8 | CEO Name | John Murphy, MD | |
| 9 | CEO Title | Chief Executive Officer | |
| | CT Agent Name | R&C Service Company Robinson & Cole, LLP | |
| 11 12 | CT Agent Company CT Agent Company Street Address | 280 Trumbull St | |
| 13 | CT Agent Company Street Address CT Agent Town | Hartford | |
| 14 | CT Agent Town CT Agent State | Connecticut | |
| 15 | CT Agent Clate CT Agent Zip Code | 06103 - | |
| <u>.</u> | Cgom Eip Codo | | |
| | | | |
| C. | AFFILIATE NAME | EASTERN NEW YORK MEDICAL SERVICES, P.C. | |
| <u> </u> | 7 TILD TIE TO WILL | | |
| | | | |
| 1 | Affiliate Description | Physicians Office, provides medical services to patients | |
| 2 | Affiliate type of service | Physicians Services | |
| 3 | Tax Status | Not for Profit | |
| 4 | Street Address | 3423 Danbury Rd | |
| 5 | Town | Brewster | |
| 6 | State | New York | |
| 7 | Zip Code | 10509 - | |
| 8 | CEO Name | Patrick Broderick, MD | |
| 9 | CEO Title | President Potrick Prederick MD | |
| | CT Agent Company | Patrick Broderick, MD Eastern New York Medical Services , P.C. | |
| 11 12 | CT Agent Company Street Address | 14 Research Dr, Suite 201A | |
| 12 | CT Agent Company Street Address | 14 Nesealon Di, Suite Zu IA | |

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| (1) | (2) | (3) | |
|--------|---|--|--|
| | | | |
| LINE | DESCRIPTION | AFFILIATE INFORMATION | |
| | CT Agent Town | Bethel | |
| | CT Agent State | Connecticut | |
| 15 | CT Agent Zip Code | 06801 - | |
| | | | |
| D. | AFFILIATE NAME | NEW MILFORD MRI ,LLC | |
| D. | AFFICIATE NAME | NEW WILL OND WIN, LEC | |
| | | | |
| 1 | Affiliate Description | Provides MRI Services | |
| 2 | Affiliate type of service | Imaging Services | |
| 3 | Tax Status | Not for Profit | |
| 4 | Street Address | 21 Elm Street | |
| 5 | Town | New Milford | |
| 6 7 | State | Connecticut 06776 - | |
| | Zip Code CEO Name | John Murphy, MD | |
| 9 | CEO Title | Chief Executive Officer | |
| | CT Agent Name | R&C Service Company | |
| | CT Agent Company | Robinson & Cole, LLP | |
| | CT Agent Company Street Address | 280 Trumbull St | |
| | CT Agent Town | Hartford | |
| | CT Agent State | Connecticut | |
| 15 | CT Agent Zip Code | 06103 - | |
| | | | |
| | | | |
| E. | AFFILIATE NAME | NORWALK HOSPITAL ASSOCIATION | |
| | | | |
| 1 | Affiliate Description | Short Term Acute Care Hospital providing Inpatient and Outpatient Services | |
| 2 | Affiliate type of service | Hospital | |
| 3 | Tax Status | Not for Profit | |
| 4 | Street Address | 34 Maple St | |
| 5 | Town | Norwalk | |
| 6 | State | Connecticut | |
| | Zip Code | 06856 - | |
| 8 | CEO Name | Michael Daglio | |
| 9 | CEO Title | CEO | |
| 10 | CT Agent Name | Kristen Bedell | |
| 11 | CT Agent Company Street Address | Norwalk Hospital Association 34 Maple St | |
| | CT Agent Company Street Address CT Agent Town | Norwalk | |
| | CT Agent Town CT Agent State | Connecticut | |
| | CT Agent Zip Code | 06856 - | |
| .0 | | | |
| | | | |
| F. | AFFILIATE NAME | NORWALK HOSPITAL FOUNDATION, INC | |
| | | | |
| | Arrive Book is | Describes for describe a feet the account comparation and a feet | |
| 1 | Affiliate Description | Provides fund raising for the parent corporation and affiliates | |
| 2 | Affiliate type of service | Foundation Not for Profit | |
| 3 | Tax Status Street Address | 34 Maple St | |
| 5 | Town | Norwalk | |
| 6 | State | Connecticut | |
| 7 | Zip Code | 06856 - | |
| 8 | CEO Name | Michael Daglio | |
| 9 | CEO Title | CEO | |
| - | | | |

ANNUAL REPORTING

FISCAL YEAR 2016

| (1) | (2) | (3) | |
|------|--------------------------------------|---|--|
| | | | |
| LINE | DESCRIPTION | AFFILIATE INFORMATION | |
| 10 | CT Agent Name | Kristen Bedell | |
| 11 | CT Agent Company | Norwalk Hospital Association | |
| | CT Agent Company Street Address | 34 Maple St. | |
| 13 | CT Agent Town | Norwalk | |
| 14 | CT Agent State | Connecticut | |
| 15 | CT Agent Zip Code | 06856 - | |
| | | | |
| G. | AFFILIATE NAME | NORWALK SURGERY CENTER, LLC | |
| | | | |
| 1 | Affiliate Description | AMBULATORY SURGERY CENTER JOINT VENTURE | |
| 2 | Affiliate type of service | Ambulatory/OP Surgery Center | |
| 3 | Tax Status | For Profit | |
| 4 | Street Address | 40 CROSS ST | |
| 5 | Town | NORWALK | |
| 6 | State | Connecticut | |
| 7 | Zip Code | 06851 - | |
| 8 | CEO Name | Michael Daglio | |
| 9 | CEO Title | CEO | |
| | CT Agent Name | Michael Daglio | |
| | 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 - | |
| | | | |
| | | | |
| H. | AFFILIATE NAME | SWC CORPORATION | |
| | | | |
| 1 | Affiliate Description | For the purpose of providing pharmaceutical needs/equity transfer of NRMC Joint Venture | |
| 2 | Affiliate type of service | Pharmacy | |
| 3 | Tax Status | For Profit | |
| 4 | Street Address | 24 Stevens St | |
| 5 | Town | Norwalk | |
| 6 | State | Connecticut | |
| 7 | Zip Code | 06856 - | |
| 8 | CEO Name | Michael Daglio | |
| 9 | CEO Title | CEO | |
| 10 | CT Agent Name | Kristen Bedell | |
| 11 | CT Agent Company | Norwalk Hospital Association | |
| 12 | CT Agent Company Street Address | 34 Maple St | |
| 13 | CT Agent Town | Norwalk | |
| 14 | CT Agent State | Connecticut | |
| 15 | CT Agent Zip Code | 06856 - | |
| | | | |
| | | | |
| I. | AFFILIATE NAME | THE ADVANCED CENTER FOR REHABILITATION MEDICINE, INC. | |
| | | | |
| 1 | Affiliate Description | For the purpose of providing Rehabilitation Services | |
| 2 | · | Rehabilitation Services | |
| 3 | Affiliate type of service Tax Status | For Profit | |
| 4 | Street Address | 34 Maple St | |
| 5 | Town | Norwalk | |
| | | Connecticut | |
| 6 | State | | |

ANNUAL REPORTING

FISCAL YEAR 2016

| (1) | (2) | (3) | |
|-----|--|--|--|
| | DESCRIPTION | AFFILIATE INFORMATION | |
| | DESCRIPTION | AFFILIATE INFORMATION | |
| | Zip Code | 06856 - | |
| | CEO Name | Michael Daglio President NHA | |
| 9 | CEO Title | Michael Daglio | |
| | CT Agent Name CT Agent Company | Norwalk Hospital Association | |
| | CT Agent Company CT Agent Company Street Address | 34 Maple St | |
| | CT Agent Company Street Address CT Agent Town | Norwalk | |
| | CT Agent Town CT Agent State | Connecticut | |
| | CT Agent State CT Agent Zip Code | 06856 - | |
| 13 | CT Agent Zip Code | | |
| | | | |
| J. | AFFILIATE NAME | VALUE CARE ALLIANCE | |
| · · | ALL ILIATE NAME | Value Care Alliance, LLC (VCA) is a for-profit company with its principle place of business in Derby, CT. | |
| | | WCHN is a partial equity owner of VCA. VCA is not a subsidiary of WCHN but is being shown here to | |
| 1 | Affiliate Description | reflect ownership interest | |
| 2 | Affiliate type of service | Affilate Support Services | |
| 3 | Tax Status | For Profit | |
| 4 | Street Address | 130 Division St | |
| 5 | Town | Derby | |
| 6 | State | Connecticut | |
| 7 | Zip Code | 06418 - | |
| 8 | CEO Name | Jeanne O'Brien | |
| 9 | CEO Title | Chief Executive Officer | |
| 10 | CT Agent Name | Patrick Charmel | |
| | CT Agent Company | Value Care Alliance, LLC | |
| | CT Agent Company Street Address | 130 Division St | |
| | CT Agent Town | Derby | |
| | CT Agent State | Connecticut | |
| 15 | CT Agent Zip Code | 06418 - | |
| | | | |
| K. | AFEILIATE NAME | WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC. | |
| K. | AFFILIATE NAME | WESTERN CONNECTION REALTH 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 | |
| 7 | Zip Code | 06810 - | |
| 8 | CEO Name | John Murphy, MD | |
| 9 | CEO Title | Chief Executive Officer | |
| 10 | CT Agent Name | Karen Mattei | |
| 11 | CT Agent Company | Western Connectict Health Network, Inc. | |
| 12 | CT Agent Company Street Address | 24 Hospital Ave | |
| 13 | CT Agent Town | Danbury | |
| | CT Agent State | Connecticut | |
| 15 | CT Agent Zip Code | 06810 - | |
| | | | |
| | | | |
| L. | AFFILIATE NAME | WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD. | |
| | | A CARTIVE INCUIRANCE COMPANY POMICI ED IN THE CANALANCE CORO TO DOCUME | |
| 4 | Affiliate Description | A CAPTIVE INSURANCE COMPANY DOMICILED IN THE CAYMAN ISLANDS TO PROVIDE ALTERNATIVE PROFESSIONAL LIABILITY INSURANCE. | |
| 2 | Affiliate Description | | |
| 3 | Affiliate type of service | Insurance For Profit | |
| J | Tax Status | I OF FIVIL | |

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| (1) | (2) | (3) | |
|----------|---------------------------------|--|--|
| | | | |
| LINE | DESCRIPTION | AFFILIATE INFORMATION | |
| 4 | Street Address | 23 Lime Tree Bay Avenue | |
| 5 | Town | Grand Cayman | |
| 6 | State | Cayman Islands | |
| 7 | Zip Code | 11102 - | |
| 8 | CEO Name | John Murphy, MD | |
| 9 | CEO Title | Chief Executive Officer | |
| | CT Agent Name | Julie Robertson | |
| | CT Agent Company | Honigman, Miller, Schwarta & Cohn, LLP | |
| | CT Agent Company Street Address | 660 Woodward Avenue | |
| | CT Agent Town | Detroit | |
| | CT Agent State | Michigan | |
| 15 | CT Agent Zip Code | 48226 - | |
| | | | |
| l | | WESTERN CONNECTION TO A THAN STORY INVESTMENTS LLO | |
| М. | AFFILIATE NAME | WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC | |
| | | | |
| 1 | Affiliate Description | A company to manage investment services, pooling long term investments of WCHN. | |
| | Affiliate type of service | Affilate Support Services | |
| | 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 | |
| 9 | CEO Title | Chief Executive Officer | |
| 10 | CT Agent Name | C T Corporation System | |
| | CT Agent Company | CT Corporation System | |
| 12 | CT Agent Company Street Address | One Corporate Center | |
| 13 | CT Agent Town | Hartford | |
| 14 | CT Agent State | Connecticut | |
| 15 | CT Agent Zip Code | 06103 - | |
| | | | |
| | | | |
| N. | AFFILIATE NAME | WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION ACO, INC | |
| | | Discription to deliving the interest of a strong that a second of the base in the base in the second of the second | |
| 1 | Affiliate Description | Physician led clinically integrated network that encompasses the hospital, employed and aligned community providers to result in increased quality of care, enhanced performance and improved patient satisfaction. | |
| | Affiliate type of service | Physicians Hospital Org. (PHO) | |
| | Tax Status | Not for Profit | |
| 4 | Street Address | 24 Hospital Ave | |
| 5 | Town | Danbury | |
| 6 | State | Connecticut | |
| | Zip Code | 06810 - | |
| - | CEO Name | John Murphy, M.D. | |
| | CEO Title | Chief Executive Officer | |
| | CT Agent Name | Karen Mattei | |
| | CT Agent Company | Western CT Health Network Physicians Health Organi | |
| | CT Agent Company Street Address | 24 Hospital Ave | |
| | CT Agent Town | Danbury | |
| | CT Agent State | Connecticut | |
| | CT Agent Zip Code | 06810 - | |
| | | | |
| | | | |
| Ο. | AFFILIATE NAME | WESTERN CONNECTICUT HOME CARE, INC | |
| <u> </u> | | | |

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| (1) | (2) | (3) | |
|------|----------------------------------|--|--|
| LINE | DESCRIPTION | AFFILIATE INFORMATION | |
| | | PROVIDES SKILLED NURSING SERVICES AND OTHER MEDICAL SERVICES IN THE HOME CARE | |
| | Affiliate Description | SETTING. | |
| | Affiliate type of service | Home Health/VNAs | |
| 3 | Tax Status | Not for Profit | |
| | Street Address | 4 Liberty Street | |
| 5 | Town | Danbury | |
| 6 | State | Connecticut | |
| | Zip Code | 06810 - | |
| | CEO Name | John Murphy, MD | |
| | CEO Title | Chief Executive Officer Western Ct Health Network | |
| | CT Agent Name | Karen Mattei | |
| | CT Agent Company | | |
| | CT Agent Company Street Address | 24 Hospital Ave | |
| | CT Agent Town | Danbury | |
| | CT Agent State | Connecticut 06810 - | |
| 15 | CT Agent Zip Code | 00010 - | |
| | | | |
| P. | AFFILIATE NAME | WESTERN CONNECTICUT MEDICAL GROUP INC. | |
| | | | |
| 1 | Affiliate Description | Physicians Office, provides medical services to patients | |
| | Affiliate type of service | Physicians Services | |
| 3 | Tax Status | Not for Profit | |
| | Street Address | 14 Research Drive Suite 201A | |
| 5 | Town | Bethel | |
| 6 | State | Connecticut | |
| | Zip Code | 06801 - | |
| | CEO Name | Dr. Patrick Broderick | |
| | CEO Title | President | |
| | CT Agent Name | Karen Mattei | |
| | CT Agent Company | Western CT Medical Group | |
| | CT Agent Company Street Address | 14 Research Dr, Suite 201A | |
| | CT Agent Town | Bethel | |
| | CT Agent State | Connecticut | |
| | CT Agent Clate CT Agent Zip Code | 06801 - | |
| 13 | CT Agent Zip Code | | |
| Q. | AFFILIATE NAME | WESTERN CT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC | |
| 1 | Affiliate Description | Provides various management, purchasing, administrative and other services to medical and dental practitioners | |
| | Affiliate type of service | Physicians Hospital Org. (PHO) | |
| 3 | Tax Status | Not for Profit | |
| | Street Address | 24 Hospital Ave | |
| 5 | Town | Danbury | |
| 6 | State | Connecticut | |
| 7 | Zip Code | 06810 - | |
| 8 | CEO Name | Jeffrey Gorelick, MD | |
| | CEO Title | Chair | |
| | CT Agent Name | Karen Mattei | |
| | CT Agent Name CT Agent Company | Western CT Health Network Physician Hospital Org. | |
| | | 24 Hospital Ave | |
| | CT Agent Town | Danbury | |
| | CT Agent State | Connecticut | |
| | CT Agent Zin Code | O6810 - | |
| 15 | CT Agent Zip Code | 00010 - | |

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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 |

* P.O. BOX IS UNACCEPTABLE WITHOUT A STREET ADDRESS FOR EACH AGENT COMPANY

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

| (1) | (2) | (3) | (4) |
|------|---|---------------------------------|------------------------------|
| | | FUND DESCRIPTION / | BALANCE AS OF |
| LINE | AFFILIATE NAME | FUND PURPOSE | 9/30/2016 |
| | | | |
| Α. | DANBURY HOSPITAL | | |
| 1 | | Unrestricted | \$392,151,000 |
| 2 | | Temporarily Restricted by Donor | \$25,378,000 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$35,826,000 |
| 5 | | Intercompany Eliminations | (\$66,752,000) |
| | | Total: | \$386,603,000 |
| | | | |
| В. | WESTERN CONNECTICUT HEALTH NETWORK , INC. | | |
| 1 | | Unrestricted | \$100,601,000 |
| 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 | (\$871,332,000) |
| | | Total: | (\$721,382,000) |
| | DANIBURY HOORITAL AND NEW MILEORD HOORITAL | | |
| c. | DANBURY HOSPITAL AND NEW MILFORD HOSPITAL FOUNDATION (FORMERLY WCHN FOUNDATION) | | |
| - | FOUNDATION (FORMERLY WORN FOUNDATION) | Unrestricted | ¢27.764.000 |
| 2 | | Temporarily Restricted by Donor | \$27,761,000 \$38,579,000 |
| 3 | | Temporarily Restricted by Board | \$8,990,000 |
| 4 | | Permanently Restricted by Donor | \$35,826,000 |
| 5 | | Intercompany Eliminations | \$35,826,000 |
| ۳ | | Total: | \$111,156,000 |
| | | Total. | ψ111,130,000 |
| D. | EASTERN NEW YORK MEDICAL SERVICES, P.C. | | |
| 1 | | Unrestricted | (\$879,000) |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | (\$879,000) |
| | | | <u> </u> |
| Ε. | 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 |
| | | | |
| F. | NORWALK HOSPITAL ASSOCIATION | | |
| 1 | | Unrestricted | \$370,197,000 |
| 2 | | Temporarily Restricted by Donor | \$37,484,000 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$9,589,000 |
| 5 | | Intercompany Eliminations | (\$104,675,000) |
| | | Total: | \$312,595,000 |
| | NODIWALK HOODITAL FOLINDATION INC | | |
| G. | NORWALK HOSPITAL FOUNDATION, INC | Harasteista d | Фол опо осо |
| 1 | | Unrestricted | \$61,659,000 |

REPORT 20 8 OF 34 1/12/2018,10:54 AM

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

| (1) | (2) | (3) | (4) |
|---------------|--|---|----------------------------|
| | | FUND DESCRIPTION / | BALANCE AS OF 9/30/2016 |
| | AFFILIATE NAME | FUND PURPOSE | |
| 2 | | Temporarily Restricted by Donor | \$29,758,000 |
| 3 | | Temporarily Restricted by Board Permanently Restricted by Donor | \$0 \$9,589,000 |
| <u>4</u> 5 | | Intercompany Eliminations | \$9,569,000 |
| - | | Total: | \$101,006,000 |
| | | Total. | \$101,000,000 |
| Н. | NORWALK SURGERY CENTER, LLC | | |
| 1 | | Unrestricted | \$5,289,000 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$5,289,000 |
| | | | |
| 1. | SWC CORPORATION | | Φ4 5 00 000 |
| 1 | | Unrestricted | \$1,530,000 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board Permanently Restricted by Donor | \$0 \$0 |
| 4 5 | | Intercompany Eliminations | \$0 |
| - | | Total: | \$1,530,000 |
| | | Total. | ψ1,550,000 |
| | THE ADVANCED CENTER FOR REHABILITATION MEDICINE, | | |
| J. | 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 |
| 14 | VALUE OADE ALLIANOE | | |
| Κ. | VALUE CARE ALLIANCE | | 40 |
| 1 | | Unrestricted | \$0 |
| 3 | | Temporarily Restricted by Donor | \$0 \$0 |
| 4 | | Temporarily Restricted by Board Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$0 |
| | | Total. | 40 |
| | | | |
| L. | WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC. | | |
| 1 | | Unrestricted | \$5,270,000 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$5,270,000 |
| | | | |
| | NATESTEDAL CONNECTION TO THE ALTH A SETUMODIA MICHIDA MARCE OF | | |
| M | WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO | | |
| M . | WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD. | Unrestricted | \$66,752,000 |

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

| (1) | (2) | (3) | (4) |
|------------|--|---|---|
| | | FUND DESCRIPTION / | BALANCE AS OF |
| | AFFILIATE NAME | FUND PURPOSE | 9/30/2016 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$66,752,000 |
| | WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS | | |
| N. | LLC | | |
| 1 | 120 | Unrestricted | \$344,184,000 |
| 2 | | Temporarily Restricted by Donor | \$55,375,000 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$37,669,000 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$437,228,000 |
| | | | |
| | WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN | | |
| 0 . | HEALTH ORGANIZATION ACO, INC | Unrestricted | CO |
| 2 | | Temporarily Restricted by Donor | \$0 \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | Φ0 |
| 5 | | Intercompany Eliminations | \$0 \$0 |
| Ů | | Total: | \$0 |
| | | Total. | \$0 |
| Ρ. | WESTERN CONNECTICUT HOME CARE, INC | | |
| 1 | WESTERN SORRESTION FROME SARE, INS | Unrestricted | \$2,522,000 |
| 2 | | Temporarily Restricted by Donor | \$67,000 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$2,589,000 |
| Q. | WESTERN CONNECTICUT MEDICAL GROUP INC. | | |
| | WESTERN CONNECTICUT MEDICAL GROUP INC. | Unrostricted | \$36,808,000 |
| 2 | | Unrestricted Tomporarily Postricted by Donor | \$36,808,000 |
| 3 | | Temporarily Restricted by Donor Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| Ť | | Total: | \$36,808,000 |
| | | Totali | + + + + + + + + + + + + + + + + + + + |
| | WESTERN CT HEALTH NETWORK PHYSICIAN HOSPITAL | | |
| R. | ORGANIZATION, INC | | |
| 1 | | Unrestricted | \$0 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 \$0 \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$0 |
| | | | |
| | Total of all Affiliates (before Intercompany Eliminations) | Fund Balance: | \$1,787,324,000 |
| | Intercompany Eliminations | | (\$1,042,759,000) |
| | Total of all Affiliates | Fund Balance: | \$744,565,000 |

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

| (1) | (2) | (3) | (4) |
|------|----------------|--------------------|---------------|
| | | FUND DESCRIPTION / | BALANCE AS OF |
| LINE | AFFILIATE NAME | FUND PURPOSE | 9/30/2016 |

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DANBURY HOSPITAL ANNUAL REPORTING

FISCAL YEAR 2016 REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

| (1) | (2) | (3) | (4) | (5) |
|--------|--|---|--|--|
| (., | (-) | (3) | (*/ | (0) |
| | | | | TRANSFER TO / FROM |
| LINE | AFFILIATE NAME | DESCRIPTION OF TRANSFER | DATE | HOSPITAL |
| • | WESTERN CONNECTICUT US ALTU NETWORK. INC. | | | |
| A. | WESTERN CONNECTICUT HEALTH NETWORK , INC. | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$5,000 |
| 1 | | Employee Benefits | 09/30/2016 | \$3,161,000 |
| 2 | | SALARIES AND WAGES | 09/30/2016 | \$80,000 |
| 3 | | 401k benefits | 09/30/2016 | \$956,000 |
| 4 | | Management Consulting Joint and Spine Base Fee | 09/30/2016 | \$274,000 |
| 5 | | cash and net equity write off | 09/30/2016 | (\$4,476,000) |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$0 |
| | DANBURY HOSPITAL AND NEW MILFORD HOSPITAL FOUNDATION (| | | |
| | FORMERLY WCHN FOUNDATION) | | | |
| | , | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$492,000 |
| 1 | | Accounts Payable | 09/30/2016 | \$1,805,000 |
| 2 | | MED ED AND COHORTS | 09/30/2016 | \$1,321,000 |
| 3 | | Salary | 09/30/2016 | \$2,727,000 |
| 4 5 | | Employee Benefits Rental Of Space | 09/30/2016 09/30/2016 | \$259,000 \$33,000 |
| 6 | | Reimbursement for Research Expense | 09/30/2016 | \$3,187,000 |
| 7 | | cash | 09/30/2016 | (\$9,399,000) |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$425,000 |
| | | | | |
| C. | EASTERN NEW YORK MEDICAL SERVICES, P.C. | | | |
| 1 | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 09/30/2016 | (\$7,000) \$42,000 |
| 2 | | Accounts Payable Employee Benefits | 09/30/2016 | \$42,000 \$120,000 |
| 3 | | System Support | 09/30/2016 | \$3,000 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$158,000 |
| | | | | |
| D. | NEW MILFORD MRI ,LLC | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$0 |
| | | Nothing to Report Ending Unconsolidated Intercompany Balance: | 0/00/0040 | \$0 \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$0 |
| E. | NORWALK HOSPITAL ASSOCIATION | | | |
| | NORWALK HOSPITAL ASSOCIATION | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$5,171,000 |
| 1 | | Accounts Payable other expenses | 09/30/2016 | \$32,210,000 |
| 2 | | Employee Benefits | 09/30/2016 | \$3,684,000 |
| 3 | | Payroll Transfers | 09/30/2016 | \$13,529,000 |
| 4 | | cash | 09/30/2016 | (\$45,992,000) |
| 5 | | Vizient Rebate Ending Unconsolidated Intercompany Balance: | 09/30/2016 9/30/2016 | (\$394,000) \$8,208,000 |
| | | Ending Onconsolidated intercompany Balance. | 9/30/2010 | \$8,208,000 |
| F. | NORWALK HOSPITAL FOUNDATION, INC | | | |
| | NORTH ALT CONDATION, INC | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$5,000 |
| 1 | | cash | 09/30/2016 | (\$75,000) |
| 2 | | Accounts Payable | 09/30/2016 | \$138,000 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$68,000 |
| _ | | | | |
| G. | NORWALK SURGERY CENTER, LLC | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$0 |
| | | Nothing to Report | 9/30/2013 | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$0 |
| | | | | |
| H. | SWC CORPORATION | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | (\$9,000) |
| 1 | | Accounts Payable | 09/30/2016 | \$59,000 |
| 2 | | Vizient REBATE/EXPENSES | 09/30/2016 | (\$90,000) |
| 3 | | Employee Benefits Salary and Non-Salary Operating Expenses | 09/30/2016 09/30/2016 | \$2,000 (\$6,000) |
| 5 | | cash | 09/30/2016 | \$80,000 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$36,000 |
| | | | | |
| | | | | |
| ı. | THE ADVANCED CENTER FOR REHABILITATION MEDICINE, INC. | | | |
| ١. | THE ADVANCED CENTER FOR REHABILITATION MEDICINE, INC. | Beginning Unconsolidated Intercompany Balance: | 9/30/2015 | \$0 |
| 1. | THE ADVANCED CENTER FOR REHABILITATION MEDICINE, INC. | Nothing to Report | | \$0 |
| - | THE ADVANCED CENTER FOR REHABILITATION MEDICINE, INC. | | 9/30/2015 9/30/2016 | \$0 \$0 \$0 |
| - | | Nothing to Report | | \$0 |
| J. | THE ADVANCED CENTER FOR REHABILITATION MEDICINE, INC. VALUE CARE ALLIANCE | Nothing to Report Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$0 \$0 |
| J. | | Nothing to Report | | \$0 \$0 \$0 \$0 |
| J. | | Nothing to Report Ending Unconsolidated Intercompany Balance: Beginning Unconsolidated Intercompany Balance: | 9/30/2016 | \$0 \$0 |
| J. | VALUE CARE ALLIANCE | Nothing to Report Ending Unconsolidated Intercompany Balance: Beginning Unconsolidated Intercompany Balance: Nothing to Report | 9/30/2016 9/30/2015 | \$0 \$0 \$0 \$0 |
| J. K. | | Nothing to Report Ending Unconsolidated Intercompany Balance: Beginning Unconsolidated Intercompany Balance: Nothing to Report Ending Unconsolidated Intercompany Balance: | 9/30/2016 9/30/2015 9/30/2016 | \$0 \$0 \$0 \$0 \$0 \$0 \$0 |
| К. | VALUE CARE ALLIANCE | Nothing to Report Ending Unconsolidated Intercompany Balance: Beginning Unconsolidated Intercompany Balance: Nothing to Report Ending Unconsolidated Intercompany Balance: Beginning Unconsolidated Intercompany Balance: | 9/30/2016 9/30/2015 9/30/2016 9/30/2015 | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$123,000 |
| | VALUE CARE ALLIANCE | Nothing to Report Ending Unconsolidated Intercompany Balance: Beginning Unconsolidated Intercompany Balance: Nothing to Report Ending Unconsolidated Intercompany Balance: | 9/30/2016 9/30/2015 9/30/2016 | \$0 \$0 \$0 \$0 \$0 \$0 |

DANBURY HOSPITAL ANNUAL REPORTING

FISCAL YEAR 2016 REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

| (2) AFFILIATE NAME | DESCRIPTION OF TRANSFER 401k benefits Rental Of Space | DATE | (5) TRANSFER TO / FROM HOSPITAL |
|--|---|---|---|
| AFFILIATE NAME | 401k benefits | | |
| AFFILIATE NAME | 401k benefits | | |
| | | 22/22/22/2 | |
| | | | \$875,000 |
| | | 09/30/2016 09/30/2016 | \$178,000 |
| | Clinical Services | 09/30/2016 | (\$509,000) |
| | HR, Malpractice , Warehouse Expense | 09/30/2016 | \$457,000 |
| | cash | 09/30/2016 | (\$5,926,000) |
| | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$96,000 |
| | | 0,00,20.0 | 400,000 |
| WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD. | | | |
| WESTERN CONNECTICOT HEAETH NETWORK INSURANCE CO ETD. | Reginning Unconsolidated Intercompany Balance: | 0/30/2015 | \$0 |
| | | 9/30/2013 | \$0 \$0 |
| | | 9/30/2016 | \$0 |
| | Ending Officorisondated Intercompany Balance. | 9/30/2010 | 40 |
| MESTEDN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC | | | |
| WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC | Deniunium Hunganerii dete di Internamente Delanca | 0/20/2045 | *** |
| | | 9/30/2015 | \$0 |
| | | 0/20/2046 | \$0 |
| | Ending Onconsolidated Intercompany Balance: | 9/30/2010 | \$U |
| | | | |
| | | | |
| ORGANIZATION ACO, INC | | | |
| | | 9/30/2015 | \$0 |
| | | 2/22/22/2 | \$0 |
| | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$0 |
| | | | |
| NESTERN CONNECTICUT HOME CARE, INC | | | |
| | | | \$500,000 |
| | | | \$373,000 |
| | | | \$868,000 |
| | | | \$85,000 |
| | | | (\$21,000) |
| | | | (\$1,300,000) |
| | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$505,000 |
| | | | |
| WESTERN CONNECTICUT MEDICAL GROUP INC. | | | |
| | | 9/30/2015 | \$14,000 |
| | Nothing to Report | | \$0 |
| | Ending Unconsolidated Intercompany Balance: | 9/30/2016 | \$14,000 |
| | | | |
| NESTERN CT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, | | | |
| NC . | Reginning Unconsolidated Intercompany Ralance: | 9/30/2015 | \$0 |
| | | 3/30/2013 | \$0 \$0 |
| | | 9/30/2016 | \$0 \$0 |
| | Enamy choonsondated intercompany balance. | 3/30/2010 | φυ |
| | | Grand Total: | \$9,510,000 |
| | /ESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC //ESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HEALTH RGANIZATION ACO, INC //ESTERN CONNECTICUT HOME CARE, INC //ESTERN CONNECTICUT MEDICAL GROUP INC. | Beginning Unconsolidated Intercompany Balance: Nothing to Report Ending Unconsolidated Intercompany Balance: Beginning Unconsolidated Intercompany Balance: Nothing to Report Ending Unconsolidated Intercompany Balance: Nothing to Report Ending Unconsolidated Intercompany Balance: Beginning Unconsolidated Intercompany Balance: Beginning Unconsolidated Intercompany Balance: Nothing to Report Ending Unconsolidated Intercompany Balance: Nothing to Report Ending Unconsolidated Intercompany Balance: Beginning Unconsolidated Intercompany Balance: Accounts Payable Employee Benefits Clinical Services Payroll Transfers cash Ending Unconsolidated Intercompany Balance: PESTERN CONNECTICUT MEDICAL GROUP INC. Beginning Unconsolidated Intercompany Balance: Nothing to Report Ending Unconsolidated Intercompany Balance: Nothing to Report Ending Unconsolidated Intercompany Balance: Nothing to Report Ending Unconsolidated Intercompany Balance: | Beginning Unconsolidated Intercompany Balance: 9/30/2015 Nothing to Report Ending Unconsolidated Intercompany Balance: 9/30/2016 ### RESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC Beginning Unconsolidated Intercompany Balance: 9/30/2015 Nothing to Report Ending Unconsolidated Intercompany Balance: 9/30/2016 ### RESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HEALTH RGANIZATION ACO, INC Beginning Unconsolidated Intercompany Balance: 9/30/2015 Nothing to Report Ending Unconsolidated Intercompany Balance: 9/30/2016 #### Beginning Unconsolidated Intercompany Balance: 9/30/2016 ################################### |

DANBURY HOSPITAL ANNUAL REPORTING FISCAL YEAR 2016 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 | 10/01/2015 | \$11.247.000 |
| A. | WESTERN CONNECTICUT HEALTH NETWORK , INC. | | intercompany Balance | 10/01/2015 | \$11,247,000 |
| 1 | | WESTERN CONNECTICUT HOME CARE, INC EASTERN NEW YORK MEDICAL SERVICES, | Benefits Support | 09/30/2016 | \$242,000 |
| 2 | | P.C. | Support | 09/30/2016 | \$2,029,000 |
| | | | Total: | 9/30/2016 | \$2,271,000 |
| | DANBURY HOSPITAL AND NEW MILFORD HOSPITAL FOUNDATION (| | | | |
| B. | FORMERLY WCHN FOUNDATION) | | Nothing to Depart | | Φ0 |
| | | | Nothing to Report Total: | 9/30/2016 | \$0 \$0 |
| | | | | | |
| C. | EASTERN NEW YORK MEDICAL SERVICES, P.C. | WESTERN CONNECTICUT MEDICAL GROUP | | | |
| 1 | | INC. | Suppport | 09/30/2016 | \$472,000 |
| | | | Total: | 9/30/2016 | \$472,000 |
| D. | NEW MILFORD MRI ,LLC | | Nulli I B | | |
| - | | | Nothing to Report Total: | 9/30/2016 | \$0 \$0 |
| | | | | | |
| E. | NORWALK HOSPITAL ASSOCIATION | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| F. | NORWALK HOSPITAL FOUNDATION, INC | | | | |
| <u> </u> | NORTH ALL TO SHEATION, INC | DANBURY HOSPITAL AND NEW MILFORD | | | |
| 1 | | HOSPITAL FOUNDATION (FORMERLY WCHN FOUNDATION) | Support | 09/30/2016 | \$105,000 |
| | | TOUNDATION | Total: | 9/30/2016 | \$105,000 |
| - | NORWALK SURGERY CENTER, LLC | | | | |
| G. | NORWALK SURGERT CENTER, LLC | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| Н. | SWC CORPORATION | | | | |
| 1 | | NORWALK HOSPITAL ASSOCIATION | Suppport | 09/30/2016 | \$40,000 |
| | | | Total: | 9/30/2016 | \$40,000 |
| I. | THE ADVANCED CENTER FOR REHABILITATION MEDICINE, INC. | | | | |
| - | | | Nothing to Report Total: | 9/30/2016 | \$0 \$0 |
| | | | | | |
| J. | VALUE CARE ALLIANCE | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| K. | WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC. | | | | |
| 1 | WESTERN CONNECTION HEAETH NETWORK AT HEATES, INC. | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| L. | WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD. | | | | |
| | | | Nothing to Report | 0/20/2040 | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| М. | WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC | | Mathieur to D | | |
| | | | Nothing to Report Total: | 9/30/2016 | \$0 \$0 |
| | | | | | ** |
| | WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION ACO, INC | | | | |
| | | | Nothing to Report | 2 | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| 0. | WESTERN CONNECTICUT HOME CARE, INC | | | | |
| | | | Nothing to Report Total: | 9/30/2016 | \$0 \$0 |
| | | | i Otal. | 3/30/2010 | \$0 |
| | WESTERN CONNECTICUT MEDICAL GROUP INC. | NODWALK HOODITAL ACCOUNTION | C | 00/20/2046 | £4.200.003 |
| 1 | | NORWALK HOSPITAL ASSOCIATION WESTERN CONNECTICUT HEALTH NETWORK, | Suppport | 09/30/2016 | \$4,322,000 |
| 2 | | INC. | Benefits Support | 09/30/2016 | \$2,588,000 |
| | | | Total: | 9/30/2016 | \$6,910,000 |
| | | | | | |
| Q. | WESTERN CT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2016 | \$0 |
| | | | Ending Unconsolidated | | |
| | | | Intercompany Balance | 9/30/2016 | \$21,045,000 |
| | | | | | |

DANBURY HOSPITAL ANNUAL REPORTING FISCAL YEAR 2016 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 |

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 |
| 4_ | DECOME HOR OF EAFERDHORE | 7 | 5/112 |
| Α. | WESTERN CONNECTICUT HEALTH NETWORK , INC. | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2016 |
| | | | |
| В. | DANBURY HOSPITAL AND NEW MILFORD HOSPITAL FOUNDATION (FORMERLY WCHN FOUNDATION) | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2016 |
| | | | |
| C. | EASTERN NEW YORK MEDICAL SERVICES, P.C. | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2016 |
| | NEW MILEORD MDL LLO | | |
| D. | NEW MILFORD MRI ,LLC Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2016 |
| | | *** | 5/66/2010 |
| E. | NORWALK HEALTH CARE, INC | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2016 |
| | | | |
| F. | NORWALK HOSPITAL ASSOCIATION | | |
| 0 | Nothing to Report Total: | \$0 \$0 | 9/30/2016 |
| | Total. | 40 | 3/30/2010 |
| G. | NORWALK HOSPITAL FOUNDATION, INC | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2016 |
| | | | |
| H. | NORWALK SURGERY CENTER, LLC | | |
| 0 | Nothing to Report Total: | \$0 | 0/20/2046 |
| | Total. | \$0 | 9/30/2016 |
| I. | SWC CORPORATION | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2016 |
| | | | |
| J. | THE ADVANCED CENTER FOR REHABILITATION MEDICINE, INC. | | |
| 0 | Nothing to Report | \$0 | 0,00,000 |
| | Total: | \$0 | 9/30/2016 |
| K. | VALUE CARE ALLIANCE | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2016 |
| | | | |
| L. | WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC. | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2016 |
| | WEGTERN CONNECTION THE ALTH NETWORK INCHES AND TO | | |
| M . | WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD. Nothing to Report | ** | |
| | Total: | \$0 \$0 | 9/30/2016 |
| | Total. | 30 | 9/30/2010 |
| N. | WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC | | |
| 0 | Nothing to Report | \$0 | |
| REPO | RT 20 16 OF 34 | • | 1/12/2018,10:54 AM |

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 |
| | Total: | \$0 | 9/30/2016 |
| | | | |
| Ο. | WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, LLC | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2016 |
| | | | |
| P. | WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION ACO, INC | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2016 |
| | | | |
| Q. | WESTERN CONNECTICUT HOME CARE, INC | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2016 |
| | | | |
| R. | WESTERN CONNECTICUT MEDICAL GROUP INC. | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2016 |
| | | | |
| S. | WESTERN CT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC | | |
| 0 | Nothing to Report | \$0 | |
| Ť | Total: | \$0 | 9/30/2016 |
| | | . | 3,33,2310 |
| | Grand Total: | \$0 | 9/30/2016 |

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

| (1) | (2) | (3) | (4) |
|-------------|--|-------------------|---------------|
| LINE | AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT | AMOUNT | TERM IN YEARS |
| A. | WESTERN CONNECTICUT HEALTH NETWORK , INC. | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| В. | DANBURY HOSPITAL AND NEW MILFORD HOSPITAL FOUNDATION (FORMERLY WCHN FOUNDATION) | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| C. | EASTERN NEW YORK MEDICAL SERVICES, P.C. | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| | NEW MILFORD MRI ,LLC | | |
| 0 | Nothing to Report Total: | \$0 \$0 | 0 |
| | rotati | 40 | |
| E. | NORWALK HEALTH CARE, INC | | |
| 0 | Nothing to Report Total: | \$0 \$0 | 0 |
| | 101 | 40 | |
| F. 0 | NORWALK HOSPITAL ASSOCIATION | ф <u>о</u> | 0 |
| 0 | Nothing to Report Total: | \$0 \$0 | ŭ , |
| | | 4- | |
| G . | NORWALK HOSPITAL FOUNDATION, INC Nothing to Report | \$0 | 0 |
| - 0 | Total: | \$0 \$0 | |
| | | | |
| H. | NORWALK SURGERY CENTER, LLC Nothing to Report | \$0 | 0 |
| | Total: | \$0 | - |
| | | | |
| I. | SWC CORPORATION Nothing to Report | \$0 | 0 |
| | Total: | \$0 | Ü |
| | | | |
| J. | THE ADVANCED CENTER FOR REHABILITATION MEDICINE, INC. Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| K. | VALUE CARE ALLIANCE | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| L. | WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES,INC. | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| М. | WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD. | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | |
| N. | WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| 0. | WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, LLC | | |
| 0 | Nothing to Report | \$0 \$0 | 0 |
| | Total: | \$0 | |
| P. | WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HEALTH ORGANIZATION ACO, INC | | |
| 0 | Nothing to Report Total: | \$0 \$0 | 0 |
| | Total: | \$0 | |
| Q. | WESTERN CONNECTICUT HOME CARE, INC | | |
| 0 | Nothing to Report Total: | \$0 \$0 | |
| | Total. | φυ | |
| | WESTERN CONNECTICUT MEDICAL GROUP INC. | | |
| 0 | Nothing to Report Total: | \$0 \$0 | |
| | Total. | \$0 | |

DANBURY HOSPITAL ANNUAL REPORTING FISCAL YEAR 2016 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 |
| | | | |
| S. | WESTERN CT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| | | | |
| | Grand Total: | \$0 | |

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DANBURY HOSPITAL ANNUAL REPORTING FISCAL YEAR 2016 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR INDIGENT CARE AND FREE BEDS

| (1) | (2) | (3) | (4) | (5) | (6) |
|------|-----------------------------|-------------------|-------------------|-------------------|--------------|
| LINE | DESCRIPTION | FY 2015 ACTUAL | FY 2016 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 | |
| | 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 | \$0.00 | 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% |
| | | | | | |

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DANBURY HOSPITAL ANNUAL REPORTING FISCAL YEAR 2016 REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL

| A. Patient Activity | | | | |
|--|---------------------------------------|--------|--|--|
| (1) | (2) | (3) | | |
| <u>Patient</u> | Name of Hospital Bed Fund (FULL NAME) | Amount | | |
| 1. Number of Applications for Hospital Bed Funds | | | | |
| | | | | |
| | Grand Total | \$0.00 | | |

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REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL

| 3. BE | D FUND ACTIVITY | | | | |
|-------|--|---------------------------|------------------------|----------------------------|---------------------|
| (1) | (2) | (3) | (4) | (5) | (6) |
| | | FMV of Principal | Actual Earnings | Earnings Reinvested | Earnings Available |
| Line | Name of Hospital Bed Fund | - | _ | _ | _ |
| | | | | | |
| (3) | Fair Market Value of the Principal of eacl | n individual Hospital Be | d Fund, or the Princi | pal attributable to each | n Hospital Bed Fund |
| | | | | | |
| (4) | Total Actual Earnings for each Hospital I | Bed Fund or the Earning | gs attributable to eac | h Hospital Bed Fund. | |
| | | | | | |
| (5) | Actual Dollar Amount of Earnings reinve | sted as Principal, if any | ·. | | |
| | | | | | |
| (6) | Actual Dollar Amount of Earnings availal | ble for Patient Care. | | | |
| | | | | | |
| | Total Bed Funds : | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

| (1) | (2) | (3) |
|----------|---|---|
| LINE | DESCRIPTION | COLLECTION INFORMATION |
| | | |
| I. | GENERAL COLLECTION PROCESSES AND PROCEDURES | |
| Α. | 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% |
| TT | SPECIFIC COLLECTION AGENT INFORMATION | |
| II. | | |
| A | Collection Agent Collection Agent Name | Credit Center Incorporated |
| 2 | Collection Agent Name 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. | 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 percent 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% |
| | | |
| В | Collection Agent | |
| 1 | Collection Agent Name | Simko Law Firm |
| 3 | Collection Agent Type Related / Not Related Entity | Collection Agency Not Related |
| 4 | If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details. | Referrals only . Accounts do not go systematically to Simko/Tobin. |
| 5 | If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details. | Compensation is based on a % of collections and payment to the hospital by the percent owned. The fee is 15% if collected within the first 30 days, 30% if not paid in full within 30 days up to \$10,000. 25% for collections exceeding \$10,000 but not more than \$20,000 and 15% foe collections exceedin |
| 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 If the Hospital follows the same processes and policies | Not Related |
| 4 | described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details. | Referrals only . Accounts do not go systematically to Simko/Tobin |
| 5 | If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details. | |
| 6 | Recovery Rate on Accounts Assigned (excluding Medicare | Compensation is based on a % of collections and payment to the hospital by the percent owned |
| | accounts) to Collection Agent. | 40.00% |
| | | |

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

| LINE | POSITION TITLE | EMPLOYEE NAME | SALARY | FRINGE BENEFITS | TOTAL |
|------|----------------------------|---------------------|-------------|-----------------|-------------|
| 1. | PRESIDENT DANBURY HOSPITAL | Daniel DeBarba | \$540,189 | \$387,336 | \$927,525 |
| 2. | PRESIDENT AND CEO | John Murphy MD | \$695,472 | \$32,340 | \$727,812 |
| 3. | CHIEF MEDICAL OFFICER | Matthew Miller MD | \$459,228 | \$40,813 | \$500,041 |
| 4. | VP FINANCE | Patrick Minicus | \$265,665 | \$172,144 | \$437,809 |
| 5. | SVP & CFO | Steven Rosenberg | \$383,609 | \$27,818 | \$411,427 |
| 6. | CHIEF INFORMATION OFFICER | Kathleen Dematteo | \$347,267 | \$31,744 | \$379,011 |
| 7. | SVP GENERAL COUNSEL | Carolyn McKenna | \$341,774 | \$37,033 | \$378,807 |
| 8. | DIRECTOR OF GLOBAL STUDIES | Majid Sadigh MD | \$303,427 | \$51,069 | \$354,496 |
| 9. | MEDICAL DEPARTMENT CHIEF | Veronica Ron Priola | \$281,561 | \$54,592 | \$336,153 |
| 10. | DEPARTMENT CHAIR-DENTISTRY | Thomas Kahl MD | \$276,331 | \$54,236 | \$330,567 |
| | | Grand Total: | \$3,894,523 | \$889,125 | \$4,783,648 |

WESTERN CONNECTICUT HEALTH NETWORK , INC. ANNUAL REPORTING FISCAL YEAR 2016

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 | John Murphy MD/WCHN | \$1,464,152 | \$68,085 | \$1,532,237 |
| 2. | PRESIDENT DANBURY HOSPITAL | Daniel Debarba/WCHN | \$771,698 | \$553,337 | \$1,325,035 |
| 3. | VP FINANCE | Patrick Minicus/WCHN | \$531,329 | \$344,289 | \$875,618 |
| 4. | SVP & CFO | Steven Rosenberg/WCHN | \$807,597 | \$58,565 | \$866,162 |
| 5. | CHIEF MEDICAL OFFICER | Matthew Miller MD/WCHN | \$706,504 | \$62,789 | \$769,293 |
| 6. | PRESIDENT NORWALK HOSPITAL, CHIEF STRATEGY OFFICER | Michael Daglio/WCHN | \$632,117 | \$59,031 | \$691,148 |
| 7. | ER MD | Brian McGovern MD/Norwalk Hospital | \$605,176 | \$54,256 | \$659,432 |
| 8. | VP OPERATIONS | James Haynes/Norwalk Hospital | \$303,350 | \$277,654 | \$581,004 |
| 9. | CHIEF INFORMATION OFFICER | Kathleen Dematteo/WCHN | \$510,687 | \$46,683 | \$557,370 |
| 10. | SVP & GENERAL COUNSEL | Carolyn McKenna/WCHN | \$502,609 | \$54,460 | \$557,069 |
| | | Grand Total: | \$6,835,219 | \$1,579,149 | \$8,414,368 |

REPORT 19C - FINANCIAL GAINS REALIZED FROM A TRANSFER OF OWNERSHIP CON

| LINE | NAME | POSITION TYPE | SALARY | SEVERANCE PAYMENT | STOCK OFFERING VALUE | OTHER FINANCIAL GAIN | TOTAL |
|------|-------------------|---------------|--------|----------------------|-------------------------|-------------------------|---|
| 1. | Nothing to Report | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 2. | | | \$0 | \$0 | \$0 | | \$0 |
| 3. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 4. | | | \$0 | \$0 | \$0 | | \$0 |
| 5. | | | \$0 | \$0 | \$0 | | \$0 |
| 6. | | | \$0 | \$0 | \$0 | | \$0 |
| 7. | | | \$0 | \$0 | \$0 | | \$0 |
| 8. | | | \$0 | \$0 | \$0 | | \$0 |
| 9. | | | \$0 | \$0 | \$0 | | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 |
| 10. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 11. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 12. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 13. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 14. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 15. | | | \$0 | \$0 | \$0 | | \$0 |
| 16. | | | \$0 | \$0 | \$0 | | \$0 |
| 17. | | | \$0 | \$0 | \$0 | | \$0 |
| 18. | | | \$0 | \$0 | \$0 | | \$0 |
| 19. | | | \$0 | \$0 | \$0 | | \$0 |
| 20. | | | \$0 | \$0 | \$0 | | \$0 |
| 21. | | | \$0 | \$0 | \$0 | | \$0 |
| 22. | | | \$0 | \$0 | \$0 | | \$0 |
| 23. | | | \$0 | \$0 | \$0 | | \$0 |
| 24. | | | \$0 | \$0 | \$0 | | \$0 |
| 25. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 26. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 27. | | | \$0 | \$0 | \$0 | \$0 | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 |
| 28. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 29. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 30. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 31. | | | \$0 | \$0 | \$0 | | \$0 |
| 32. | | | \$0 | \$0 | \$0 | | \$0 |
| 33. | | | \$0 | \$0 | \$0 | \$0 | \$0 |

REPORT 19C - FINANCIAL GAINS REALIZED FROM A TRANSFER OF OWNERSHIP CON

| LINE | NAME | POSITION TYPE | SALARY | SEVERANCE PAYMENT | STOCK OFFERING VALUE | OTHER FINANCIAL GAIN | TOTAL |
|------------|------|---------------|------------|----------------------|-------------------------|-------------------------|------------|
| 34. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 35. | | | \$0 | \$0 \$0 | \$0 | \$0 | \$0 |
| 36. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 37. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 38. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 39. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 40. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 41. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 42. | | | \$0 | \$0 | \$0 | | \$0 |
| 43. | | | \$0 | \$0 | \$0 | · | \$0 |
| 44. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 45. | | | \$0 | \$0 | \$0 | | \$0 |
| 46. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 47. | | | \$0 | \$0 | \$0 | | \$0 |
| 48. | | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 49. 50. | | | \$0 \$0 | \$0 \$0 | \$0 | \$0 \$0 | \$0 \$0 |
| 50. | | | \$0 | \$0 | \$0 | \$0 | |
| | | Grand Total: | \$0 | \$0 | \$0 | \$0 | \$0 |

PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

| (1) | (2) | (3) | (4) | (5) |
|------|--|--|---|-------|
| LINE | DESCRIPTION | SALARIES (Directly or Indirectly) ^C | FRINGE BENEFITS ^A (Directl y or Indirectly) ^C | TOTAL |
| | | | | |
| 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 |
| | DANBURY HOSPITAL AND NEW MILFORD HOSPITAL | | | |
| В. | FOUNDATION (FORMERLY WCHN FOUNDATION) | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| C . | 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 |
| 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 | \neg | | |
| 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 |

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PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

| (1) | (2) | (3) | (4) | (5) |
|------|--|--|---|------------|
| LINE | DESCRIPTION | SALARIES (Directly or Indirectly) ^C | FRINGE BENEFITS ^A (Directl y or Indirectly) ^C | TOTAL |
| | | | | |
| 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 |
| | | | | |
| Η. | 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 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| | | | | |
| J . | THE ADVANCED CENTER FOR REHABILITATION MEDICINE, 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 |
| | I all by the Heephan to Employees of the Emity Elected Above | μ ΨΟ | ΨΟ Ι | ΨΟ |
| Κ. | VALUE CARE ALLIANCE | | | |
| 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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PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

| (1) | (2) | (3) | (4) | (5) |
|-----------|--|--------------------------|---------------------------------------|-------------------|
| LINE | DECORIDATION | SALARIES (Directly or | FRINGE BENEFITS ^A (Directl | TOTAL |
| LINE | DESCRIPTION | Indirectly) ^C | y or Indirectly) ^C | TOTAL |
| | | | | |
| L. | 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 |
| | | | | |
| | WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO | | | |
| Μ. | 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 |
| | | | | |
| N. | 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, | | | |
| Ο. | 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 | | | |
| Ρ. | HEALTH ORGANIZATION ACO, INC | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| REDORT 10 | 30 OF 34 | | 1 | /12/2018 10·5/LAM |

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PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

| (1) | (2) | (3) | (4) | (5) |
|------|--|--------------------------|--|-------|
| | | SALARIES (Directly or | FRINGE BENEFITS ^A (DirectI | |
| LINE | DESCRIPTION | Indirectly) ^C | y or Indirectly) ^C | TOTAL |
| | | | | |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| | | | | |
| Q. | 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 |
| | | | | |
| R. | WESTERN CONNECTICUT MEDICAL GROUP INC. | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| | | | | |
| | WESTERN CT HEALTH NETWORK PHYSICIAN HOSPITAL | | | |
| S. | ORGANIZATION, INC | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| | | | | |

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

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

- B A hospital employee is anyone who provides a service which incurs an expense for the hospital.
- C Indirect payments include but are not limited to payments made to related entities.

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

| (1) | (2) | (3) |
|------|--|----------------|
| LINE | DESCRIPTION | ACTUAL FY 2016 |
| | | |
| 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 |
| | | |
| 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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| | | Y HOSPITAL REPORTING | | | |
|-------------|--|-------------------------|-------------------|----------------------|-----------------|
| | | AL YEAR 2016 | | | |
| | REPORT 23 - CHARITY CARE AND REDUCED | COST SERVICES | PROVIDED BY | THE HOSPITAL | |
| (1) | (2) | (3) | (4) | (5) | (6) |
| LINE | DESCRIPTION | FY 2015 AMOUNT | FY 2016 AMOUNT | AMOUNT DIFFERENCE | % DIFFERENCE |
| | DEGAM TIGHT | 7.1110-0111 | 7.111 O O 1 1 1 | <u> </u> | <u> </u> |
| <u>A.</u> | Hospital Charity Care (see Hospital Audited Financial S | Statement Notes) | | | |
| | | | | | |
| 1. | Number of Applicants | 3,106 | 3,248 | 142 | 5% |
| 2. | Number of Approved Applicants | 3,097 | 3,245 | 148 | 5% |
| 3. | Total Charges (A) | \$16,274,798 | \$18,294,245 | \$2,019,447 | 12% |
| J. | Average Charges | \$5,255 | \$5,638 | \$383 | 7% |
| | The raige of the geo | +0,=00 | 45,555 | ų de de | - 70 |
| 4. | Ratio of Cost to Charges (RCC) | 0.383267 | 0.399911 | 0.016644 | 4% |
| | Total Cost | \$6,237,593 | \$7,316,070 | \$1,078,477 | 17% |
| | Average Cost | \$2,014 | \$2,255 | \$240 | 12% |
| 5. | Charity Care - Inpatient Charges | \$3,591,917 | \$4,763,037 | \$1,171,120 | 33% |
| <u>J.</u> | Charity Care - Impatient Charges Charity Care - Outpatient Emergency Department | ψ5,531,317 | ψ+,700,007 | Ψ1,171,120 | 3370 |
| 6. | Charges | 3,129,220 | 3,824,911 | 695,691 | 22% |
| <u> </u> | Charity Care - Outpatient Charges (Excludes ED | 0,120,220 | 0,02 1,0 1 1 | 333,331 | |
| 7. | Charges) | 9,553,661 | 9,706,297 | 152,636 | 2% |
| | Total Charges (A) | \$16,274,798 | \$18,294,245 | \$2,019,447 | 12% |
| | | | | | |
| 8. | Charity Care - Number of Patient Days | 480 | 753 | 273 | 57% |
| 9. | Charity Care - Number of Discharges | 102 | 119 | 17 | 17% |
| 10. | Charity Care - Number of Outpatient ED Visits | 1,511 | 1,409 | (102) | -7% |
| 11. | Charity Care - Number of Outpatient Visits (Excludes ED Visits) | 12,213 | 11,625 | (588) | -5% |
| 11. | violoj | 12,210 | 11,020 | (300) | -576 |
| /A) T' | | Alea Haarrita I A | ita d Ein | Madaman Nista | |
| (A) The | e total amount must agree with the total amount listed in | tne Hospital Aud | ited Financial S | tatement Notes. | |
| | | | | | |

| | ANNUAL I | HOSPITAL REPORTING | | | |
|-----------|---|-------------------------------|--------------------------|-------------------|------------------------|
| | FISCA REPORT 23 - CHARITY CARE AND REDUCED | AL YEAR 2016 COST SERVICES | PROVIDED BY | THE HOSPITAL | |
| (1) | (2) | (3) | (4) | (5) | (6) |
| LINE | DESCRIPTION | FY 2015 AMOUNT | FY 2016 <u>AMOUNT</u> | AMOUNT DIFFERENCE | % <u>DIFFERENCE</u> |
| <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 % |
| 4. | Ratio of Cost to Charges (RCC) | 0 | 0 | 0.000000 | 0% |
| | Total Cost Average Cost | \$0 \$0 | \$0 \$0 | \$0 \$0 | 0% 0% |
| 5. | Bed Funds - Inpatient Charges | \$0 | \$0 | \$0 | 0% |
| 6. | Bed Funds - Outpatient Emergency Department Charges | 0 | 0 | 0 | 0% |
| 7. | Bed Funds - Outpatient Charges (Excludes ED Charges) | 0 | 0 | 0 | 0% |
| | Total Charges (B) | \$0 | \$0 | \$0 | 0% |
| 8. | Bed Funds - Number of Patient Days | 0 | 0 | 0 | 0% |
| 9. | Bed Funds - Number of Discharges | 0 | 0 | 0 | 0% |
| 10. | Bed Funds - Number of Outpatient ED Visits | 0 | 0 | 0 | 0% |
| 11. | Bed Funds - Number of Outpatient Visits(Excludes ED Visits) | 0 | 0 | 0 | 0% |
| (B) Th | e total amount must agree with the total amount listed or | n Hosnital Reporti | ing System - Pe | nort 17 | |
| יווי (ט) | e total amount must agree with the total amount listed of | ii i iospitai ixeporti | ing System - Ne | port II. | |