ANNUAL REPORTING

FISCAL YEAR 2016

(1)	(2)	(3)		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
١.		WESTERN CONNECTICUT LIENT TU NETWORK INC		
Α.	AFFILIATE NAME	WESTERN CONNECTICUT HEALTH NETWORK, INC.		
1	Affiliate Description	PARENT CORP. MANAGING EMPLOYEE BENEFIT PLANS, PLANNING, POLICIES		
	Affiliate type of service	Parent Corporation		
	Tax Status	Not for Profit		
4	Street Address	24 Hospital Ave		
5	Town	Danbury		
6	State	Connecticut		
	Zip Code CEO Name	06810 - John Murphy, MD		
	CEO Title	CEO		
	CT Agent Name	Karen Mattei		
	CT Agent Name CT Agent Company	Western CT Health Network		
	CT Agent Company Street Address	24 Hospital Ave		
	CT Agent Town	Danbury		
	CT Agent State	Connecticut		
	CT Agent Zip Code	06810 -		
В.	AFFILIATE NAME	DANBURY HOSPITAL		
4	Affiliate Description	ACUTE CARE HOSPITAL PROVIDING INPATIENT AND OUTPATIENT SERVICES		
2	Affiliate Description Affiliate type of service	Hospital		
	Tax Status	Not for Profit		
4	Street Address	24 Hospital Avenue		
5	Town	Danbury		
6	State	Connecticut		
7	Zip Code	06810 -		
8	CEO Name	John Murphy, MD		
	CEO Title	CEO		
	CT Agent Name	R&C Service Company		
	CT Agent Company	Robinson & Cole, LLP		
	CT Agent Company Street Address	28 Trumbull Street		
	CT Agent Town	Hartford		
	CT Agent State	Connecticut 06103 -		
15	CT Agent Zip Code	00103 -		
		DANDURY HOORITAL A NEW AW FORD HOORITAL FOLINDATION IN A (FORMER) VINOUN		
c.	AFEILIATE NAME	DANBURY HOSPITAL & NEW MILFORD HOSPITAL FOUNDATION, INC. (FORMERLY WCHN FOUNDATION, INC)		
С.	AFFILIATE NAME	FOUNDATION, INC)		
		PROVIDES SUPPORT SERVICES TO CORP. ACTIVITIES THROUGH CHARITABLE CONTRIBUTION,		
1	Affiliate Description	DISTRIBUTION, AND FUND RAISING.		
	Affiliate type of service	Fund Raising/Management		
	Tax Status	Not for Profit		
	Street Address	24 Hospital Ave		
5	Town	Danbury		
6	State	Connecticut		
	Zip Code	06810 -		
	CEO Name	John Murphy, MD		
9	CEO Title	CEO		
	CT Agent Name	R&C Service Company		
11 12	CT Agent Company Street Address	Robisnson & Cole, LLP		
12	CT Agent Company Street Address	280 Trumbull St		

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(1)	(2)	(3)			
LINE	DESCRIPTION	AFFILIATE INFORMATION			
13	CT Agent Town	Hartford			
14	CT Agent State	Connecticut			
15	CT Agent Zip Code	06103 -			
D.	AFFILIATE NAME	EASTERN NEW YORK MEDICAL SERVICES, P.C.			
1	Affiliate Description	PHYSICIANS OFFICE, PROVIDES MEDICAL SERVICES TO PATIENTS			
2	Affiliate type of service	Physicians Services			
3	Tax Status	Not for Profit			
4	Street Address	3423 Danbury Road			
5	Town	Brewster			
6	State	New York			
7	Zip Code	10509 -			
8	CEO Name	Patrick Broderick, MD			
9	CEO Title	President			
10	CT Agent Name	Patrick Broderick, MD			
11	CT Agent Company	Eastern New YOrk Medical Services, P.C.			
12	CT Agent Company Street Address	14 Research Drive, Suite 201A			
13	CT Agent Town	Bethel			
14	CT Agent State	Connecticut			
15	CT Agent Zip Code	06810 -			
E.	AFFILIATE NAME	NEW MILFORD MRI, LLC			
1	Affiliate Description	PROVIDES MRI SERVICES			
2	Affiliate type of service	Imaging Services			
3	Tax Status	Not for Profit			
4	Street Address	21 Elm Street			
5	Town	New Milford			
6	State	Connecticut			
7	Zip Code	06776 -			
8	CEO Name	John Murphy, MD			
9	CEO Title	CEO			
10	CT Agent Name	R&C Service Company			
11	CT Agent Company	Robinson & Cole, LLP			
12	CT Agent Company Street Address	280 Trumbull Street			
13	CT Agent Town	Hartford			
14	CT Agent State	Connecticut			
15	CT Agent Zip Code	06103 -			
F.	AFFILIATE NAME	NORWALK HOSPITAL FOUNDATION, INC.			
1	Affiliate Description	"DDOVIDES ELIND DAISING FOR THE DADENT CORDODATION AND AFEILIATES"			
2	·	"PROVIDES FUND RAISING FOR THE PARENT CORPORATION AND AFFILIATES" Foundation			
3	Affiliate type of service Tax Status	Not for Profit			
4	Street Address	34 MAPLE STREET			
5	Town	Norwalk			
6	State	Connecticut			
7	Zip Code	06856 -			
8	CEO Name	Michael Daglio			
9	CEO Title	CEO			
	OLO TIUG	0-10-10-10-10-10-10-10-10-10-10-10-10-10			

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(1)	(2)	(3)		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
10	CT Agent Name	Kristen Bedell		
11	CT Agent Company	Norwalk Hospital Association		
12	CT Agent Company Street Address	34 MAPLE STREET		
13	CT Agent Town	Norwalk		
14	CT Agent State	Connecticut		
15	CT Agent Zip Code	06856 -		
G.	AFFILIATE NAME	NORWALK SURGERY CENTER, LLC		
1	Affiliate Description	Ambulatory surgery center joint venture		
2	Affiliate type of service	Ambulatory/OP Surgery Center		
3	Tax Status	For Profit		
4	Street Address	40 Cross Street		
5	Town	Norwalk		
6	State	Connecticut		
7	Zip Code	06851 -		
8	CEO Name	Michael Daglio		
9	CEO Title	CEO		
10	CT Agent Name	Michael Daglio		
11	CT Agent Company	Norwalk Hospital Association		
12	CT Agent Company Street Address	34 Maple Street		
13	CT Agent Town	Norwalk		
14	CT Agent State	Connecticut		
15	CT Agent Zip Code	06856 -		
H.	AFFILIATE NAME	SWC CORPORATION		
		"FOR THE DURDOSE OF DROVIDING BHARMACEUTICAL NEEDS/ FOLUTY TRANSFER OF NRMC		
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	, ,		
4		For Profit		
5	Street Address	24 STEVENS STREET		
5 6	Street Address Town	24 STEVENS STREET Norwalk		
5 6 7	Street Address Town State	24 STEVENS STREET		
6	Street Address Town State Zip Code	24 STEVENS STREET Norwalk Connecticut 06856 -		
6 7	Street Address Town State Zip Code CEO Name	24 STEVENS STREET Norwalk Connecticut		
6 7 8	Street Address Town State Zip Code CEO Name CEO Title	24 STEVENS STREET Norwalk Connecticut 06856 - Michael Daglio		
6 7 8 9	Street Address Town State Zip Code CEO Name CEO Title CT Agent Name	24 STEVENS STREET Norwalk Connecticut 06856 - Michael Daglio CEO		
6 7 8 9 10	Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company	24 STEVENS STREET Norwalk Connecticut 06856 - Michael Daglio CEO Kristen Bedell		
6 7 8 9 10 11 12	Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address	24 STEVENS STREET Norwalk Connecticut 06856 - Michael Daglio CEO Kristen Bedell Norwalk Hospital Association		
6 7 8 9 10 11	Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company	24 STEVENS STREET Norwalk Connecticut 06856 - Michael Daglio CEO Kristen Bedell Norwalk Hospital Association 34 MAPLE STREET		
6 7 8 9 10 11 12 13	Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town	24 STEVENS STREET Norwalk Connecticut 06856 - Michael Daglio CEO Kristen Bedell Norwalk Hospital Association 34 MAPLE STREET Norwalk		
6 7 8 9 10 11 12 13	Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State	24 STEVENS STREET Norwalk Connecticut 06856 - Michael Daglio CEO Kristen Bedell Norwalk Hospital Association 34 MAPLE STREET Norwalk Connecticut		
6 7 8 9 10 11 12 13	Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State	24 STEVENS STREET Norwalk Connecticut 06856 - Michael Daglio CEO Kristen Bedell Norwalk Hospital Association 34 MAPLE STREET Norwalk Connecticut		
6 7 8 9 10 11 12 13	Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State	24 STEVENS STREET Norwalk Connecticut 06856 - Michael Daglio CEO Kristen Bedell Norwalk Hospital Association 34 MAPLE STREET Norwalk Connecticut		
6 7 8 9 10 11 12 13 14 15	Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code	24 STEVENS STREET Norwalk Connecticut 06856 - Michael Daglio CEO Kristen Bedell Norwalk Hospital Association 34 MAPLE STREET Norwalk Connecticut 06856 -		
6 7 8 9 10 11 12 13 14 15	Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME	24 STEVENS STREET Norwalk Connecticut 06856 - Michael Daglio CEO Kristen Bedell Norwalk Hospital Association 34 MAPLE STREET Norwalk Connecticut 06856 - THE ADVANCED CENTER FOR REHABILITATION MEDICINE, INC.		
6 7 8 9 10 11 12 13 14 15	Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description	24 STEVENS STREET Norwalk Connecticut 06856 - Michael Daglio CEO Kristen Bedell Norwalk Hospital Association 34 MAPLE STREET Norwalk Connecticut 06856 - THE ADVANCED CENTER FOR REHABILITATION MEDICINE, INC.		
6 7 8 9 10 11 12 13 14 15	Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service	24 STEVENS STREET Norwalk Connecticut 06856 - Michael Daglio CEO Kristen Bedell Norwalk Hospital Association 34 MAPLE STREET Norwalk Connecticut 06856 - THE ADVANCED CENTER FOR REHABILITATION MEDICINE, INC. For the purpose of providing Rehabilitation Services Rehabilitation Services		
6 7 8 9 10 11 12 13 14 15 I.	Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status	24 STEVENS STREET Norwalk Connecticut 06856 - Michael Daglio CEO Kristen Bedell Norwalk Hospital Association 34 MAPLE STREET Norwalk Connecticut 06856 - THE ADVANCED CENTER FOR REHABILITATION MEDICINE, INC. For the purpose of providing Rehabilitation Services Rehabilitation Services For Profit		
6 7 8 9 10 11 12 13 14 15 I.	Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address	24 STEVENS STREET Norwalk Connecticut 06856 - Michael Daglio CEO Kristen Bedell Norwalk Hospital Association 34 MAPLE STREET Norwalk Connecticut 06856 - THE ADVANCED CENTER FOR REHABILITATION MEDICINE, INC. For the purpose of providing Rehabilitation Services Rehabilitation Services For Profit 34 Maple St.		
6 7 8 9 10 11 12 13 14 15 I.	Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status	24 STEVENS STREET Norwalk Connecticut 06856 - Michael Daglio CEO Kristen Bedell Norwalk Hospital Association 34 MAPLE STREET Norwalk Connecticut 06856 - THE ADVANCED CENTER FOR REHABILITATION MEDICINE, INC. For the purpose of providing Rehabilitation Services Rehabilitation Services For Profit		

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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	
7	Zip Code	06856 -	
8	CEO Name	Michael Daglio	
9	CEO Title	President NHA	
	CT Agent Name	Michael Daglio	
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 06856 -	
15	CT Agent Zip Code	06856 -	
J.	AFFILIATE NAME	VALUE CARE ALLIANCE, LLC	
		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 the ownership interest.	
2	Affiliate type of service	Affilate Support Services	
3	Tax Status	For Profit	
4	Street Address	130 Division Street	
5	Town	Derby	
6	State	Connecticut	
7	Zip Code	04618 -	
8	CEO Name	Jeanne O'Brien	
9	CEO Title	Chief Executive Officer	
10	CT Agent Name	Patrick Charmel	
11	CT Agent Company	Value Care Alliance LLC	
12	CT Agent Company Street Address	130 Division St.	
13	CT Agent Town	Derby	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06418 -	
K.	AFFILIATE NAME	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC	
		PROVIDES SUPPORT FOR EMPLOYEE AND CORPORATE HELATH MANAGEMENT, Danbury	
1	Affiliate Description	Diagnostic Imaging, Ridgefielf Diagnostic Imaging, EMT, and Ambulance Services.	
2	Affiliate type of service	Affilate Support Services	
3	Tax Status	Not for Profit	
4	Street Address	24 Hospital Avenue	
5	Town	Danbury	
6		Connecticut	
	State		
7	State Zip Code	06810 -	
8	State Zip Code CEO Name	06810 - John Murphy, MD	
8 9	State Zip Code CEO Name CEO Title	06810 - John Murphy, MD CEO	
8 9 10	State Zip Code CEO Name CEO Title CT Agent Name	06810 - John Murphy, MD CEO Karen Mattei	
8 9 10 11	State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company	06810 - John Murphy, MD CEO Karen Mattei Western Connecticut Health Network, Inc	
8 9 10 11 12	State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address	06810 - John Murphy, MD CEO Karen Mattei Western Connecticut Health Network, Inc 24 Hospital Ave	
8 9 10 11 12 13	State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town	06810 - John Murphy, MD CEO Karen Mattei Western Connecticut Health Network, Inc 24 Hospital Ave Danbury	
8 9 10 11 12 13 14	State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State	06810 - John Murphy, MD CEO Karen Mattei Western Connecticut Health Network, Inc 24 Hospital Ave Danbury Connecticut	
8 9 10 11 12 13	State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town	06810 - John Murphy, MD CEO Karen Mattei Western Connecticut Health Network, Inc 24 Hospital Ave Danbury	
8 9 10 11 12 13 14	State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State	06810 - John Murphy, MD CEO Karen Mattei Western Connecticut Health Network, Inc 24 Hospital Ave Danbury Connecticut	
8 9 10 11 12 13 14	State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State	06810 - John Murphy, MD CEO Karen Mattei Western Connecticut Health Network, Inc 24 Hospital Ave Danbury Connecticut	
8 9 10 11 12 13 14 15	State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code	06810 - John Murphy, MD CEO Karen Mattei Western Connecticut Health Network, Inc 24 Hospital Ave Danbury Connecticut 06810 - WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD	
8 9 10 11 12 13 14 15	State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code	06810 - John Murphy, MD CEO Karen Mattei Western Connecticut Health Network, Inc 24 Hospital Ave Danbury Connecticut 06810 -	
8 9 10 11 12 13 14 15	State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME	06810 - John Murphy, MD CEO Karen Mattei Western Connecticut Health Network, Inc 24 Hospital Ave Danbury Connecticut 06810 - WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD A CAPTIVE INSURANCE COMPANY DOMICILED IN THE CAYMAN ISLANDS TO PROVIDE	

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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		
	Zip Code	01102 -		
8	CEO Name	John Murphy, MD		
	CEO Title	CEO		
	CT Agent Name	Julie Robertson		
	CT Agent Company	Honigman, Miller, Schwarta Y Cohn, LLP 660 Woodward avenue		
	CT Agent Company Street Address	Detroit		
	CT Agent Town CT Agent State	Michigan		
	CT Agent State CT Agent Zip Code	48226 -		
15	CT Agent Zip Code	70220		
м.	AFFILIATE NAME	WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC		
141.	ALLIER LIVAINE	WESTERN SOURCESTROOT HEALTH NETWORK INVESTIGATION LES		
1	Affiliate Description	A company to manage investment services, pooling long term investments of WCHN.		
2	Affiliate type of service	Affilate Support Services		
3	Tax Status	Not for Profit		
4	Street Address	24 Hospital Avenue		
5	Town	Danbury		
6	State	Connecticut		
7	Zip Code	06810 -		
8	CEO Name	John Murphy MD		
9	CEO Title	Chief Executive Officer		
10	CT Agent Name	CT Corporation System		
11	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 HOSPITAL ORGANIZATION ACO, INC.		
		PHYSICIAN LED CLINICALLY INTEGRATED NETWORK THAT ENCOMPASSES THE HOSPITAL,		
,	Affiliate Decembring	EMPLOYED, AND ALIGNED COMMUNITY PROVIDERS TO RESULT IN AN INCREASED QUALITY OF		
2	Affiliate Description	CARE, ENHANCED PERFORMANCE AND IMPROVED PATIENT SATISFACTION. Physicians Hospital Org. (PHO)		
	Affiliate type of service	Not for Profit		
4	Tax Status Stroot Address	24 Hospital Avenue		
5	Street Address Town	Danbury		
6	State	Connecticut		
	Zip Code	06810 -		
	CEO Name	John Murphy, MD		
9	CEO Title	CEO		
	CT Agent Name	Karen Mattei		
11	CT Agent Name CT Agent Company	Western Ct Health Network Physician Hospital Org		
	CT Agent Company CT Agent Company Street Address	24 Hospital Avenue		
	CT Agent Company Street Address CT Agent Town	Danbury		
	CT Agent Town CT Agent State	Connecticut		
	CT Agent State CT Agent Zip Code	06810 -		
	C. A GOIN EIP COOL			
О.	AFFILIATE NAME	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC		
<u> </u>	A LIEINIE NAME	THE CONTRACTOR OF THE PROPERTY OF THE CHARACTER TOOL THE		

ANNUAL REPORTING

FISCAL YEAR 2016

(1)	(2)	(3)		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
4	Affiliate Description	PROVIDES VARIOUS MANAGEMENT, PURCHASING, ADMINISTRATIVE, AND OTHER SERVICES TO		
2	Affiliate Description Affiliate type of service	MEDICAL AND DENTAL PRACTICIONERS Physicians Hospital Org. (PHO)		
3	Tax Status	Not for Profit		
4	Street Address	24 Hospital Avenue		
5	Town	Danbury		
6	State	Connecticut		
	Zip Code	06810 -		
	CEO Name	Jeffrey Gorelick MD		
9	CEO Title	Chairman of the Board		
10	CT Agent Name	Karen Mattei		
11	CT Agent Company	Westen Ct Health Network Physician Hospital Org		
	CT Agent Company Street Address	24 Hospital Avenue		
	CT Agent Town	Danbury		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06810 -		
_				
P.	AFFILIATE NAME	WESTERN CONNECTICUT HOME CARE, INC		
		PROVIDES SKILLED NURSING SERVICES AND OTHER MEDICAL SERVICES IN THE HOME CARE		
1	Affiliate Description	SETTING		
2	Affiliate type of service	Home Health/VNAs		
3	Tax Status	Not for Profit		
4	Street Address	4 Liberty Street		
5	Town	Danbury		
6	State	Connecticut		
7	Zip Code	06810 -		
8	CEO Name	John Murphy, MD		
9	CEO Title	CEO		
10	CT Agent Name	Karen Mattei		
	CT Agent Company	Western Ct Health Network		
	CT Agent Company Street Address	24 Hospital Avenue		
	CT Agent Town	Danbury		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06810 -		
	AFFU LATE NAME	WESTERN CONNECTICUT MEDICAL OROUR INC		
Q.	AFFILIATE NAME	WESTERN CONNECTICUT MEDICAL GROUP, INC.		
1	Affiliate Description	PHYSICIANS OFFICE, PROVIDES MEDICAL SERVICES TO PATIENTS		
2	Affiliate type of service	Physicians Services		
3	Tax Status	Not for Profit		
4	Street Address	14 Research Drive, Suite 201A		
5	Town	Bethel		
	State	Connecticut		
	Zip Code	06801 -		
	CEO Name	Patrick Broderick, MD		
	CEO Title	President		
	CT Agent Name	Karen Mattei		
	CT Agent Company	Western CT Medical Group		
	CT Agent Company Street Address	14 Research Drive, Suite 201A		
	CT Agent Town	Bethel		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06801 -		

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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.	NORWALK HOSPITAL		
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
В.	WESTERN CONNECTICUT HEALTH NETWORK, INC.		
1	WESTERN CONNECTION THEAETH NETWORK, INC.	Unrestricted	\$100,601,000
2		Temporarily Restricted by Donor	\$39,887,000
3		Temporarily Restricted by Board	\$39,867,000
4		Permanently Restricted by Donor	\$9,462,000
5		Intercompany Eliminations	(\$871,332,000)
		Total:	(\$721,382,000)
		Total.	(\$721,002,000)
C.	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
D.	DANBURY HOSPITAL & NEW MILFORD HOSPITAL FOUNDATION, INC. (FORMERLY WCHN FOUNDATION, INC)		
1		Unrestricted	\$27,761,000
2		Temporarily Restricted by Donor	\$38,579,000
3		Temporarily Restricted by Board	\$8,990,000
4		Permanently Restricted by Donor	\$35,826,000
5		Intercompany Eliminations	\$0
		Total:	\$111,156,000
	FACTERN NEW YORK MEDICAL CERVICES R.O.		
Ε.	EASTERN NEW YORK MEDICAL SERVICES, P.C.	Hose state d	(0.70,000)
1		Unrestricted	(\$879,000)
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0
4		Permanently Restricted by Board	\$0 \$0
5		Intercompany Eliminations	\$0
		Total:	(\$879,000)
		Total.	(ψ013,000)
F.	NEW MILFORD MRI, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0 \$0 \$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
G.	NORWALK HOSPITAL FOUNDATION, INC.		A
1		Unrestricted	\$61,659,000

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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
2		Temporarily Restricted by Donor	\$29,758,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$9,589,000
5		Intercompany Eliminations	\$0
		Total:	\$101,006,000
	NORWALK SURGERY CENTER, LLC		
1		Unrestricted	\$5,289,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
5			·
		Total:	\$5,289,000
	SWC CORPORATION		
	SWC CORPORATION	Unrostricted	\$1,530,000
2		Unrestricted Temporarily Restricted by Donor	\$1,530,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,530,000
		Total.	\$1,000,000
	THE ADVANCED CENTER FOR REHABILITATION MEDICINE,		
	INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0 \$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0 \$0 \$0
5		Intercompany Eliminations	
		Total:	\$0
Κ.	VALUE CARE ALLIANCE, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	
		Total:	\$0
.	WEGTERN CONNECTION THE ALTH MET WORK A THE WATER WATER		
	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC		AF 070 000
1		Unrestricted	\$5,270,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0
<u>4</u> 5		Intercompany Eliminations	\$0
		Total:	\$5,270,000
		i Otai.	\$5,∠10,000
	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO		
	LTD		
1		Unrestricted	\$66,752,000
2		Temporarily Restricted by Donor	\$00,752,000
		Tremporanty Nestricted by Donor	1 \$0

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2016
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$66,752,000
N.	WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC		
1		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
0.	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
Ρ.	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC		
1		Unrestricted	\$0 \$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	WESTERN SONNESTICUT HOME SARE INC		
Q.	WESTERN CONNECTICUT HOME CARE, INC		#0 F00 000
1		Unrestricted	\$2,522,000
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$67,000
4		Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	\$0
		Total:	\$2,589,000
			Ψ2,000,000
R.	WESTERN CONNECTICUT MEDICAL GROUP, INC.		
1	2.2 2.2	Unrestricted	\$36,808,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$36,808,000
	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)
(.,	(~)	1-7	` '
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2016

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

(1)	(2)	(3)	(4)	(5)
		. ,	` '	, ,
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
LINE	ALLIERIE NAME	DESCRIPTION OF TRANSPER	DAIL	HUSPITAL
A.	WESTERN CONNECTICUT HEALTH NETWORK, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	(\$218,400)
1		Pension Activity Net	09/30/2016	\$2,012,537
2		Expense Transfers	09/30/2016	\$218,400
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$2,012,537
B.	DANBURY HOSPITAL			
ъ.	DANBORTHOSPITAL	Beginning Unconsolidated Intercompany Balance:	9/30/2015	(\$5,170,445)
1		adjusted beginning balance	10/01/2016	(\$14,498)
2		Accounts Payable/Other Expenses	09/30/2016	(\$39,259,232)
3		Non-Salary Allocations	09/30/2016	(\$14,224,808)
4		Employee Benefits	09/30/2016	(- 1 - 1 - 1
<u>5</u>		Salary Transfer	09/30/2016	(\$12,867,031) \$66,705,963
ь		Payment on Account Ending Unconsolidated Intercompany Balance:	09/30/2016 9/30/2016	\$66,705,862 (\$8,208,401)
		Litting Onconsolitated Intercompany Balance.	3/30/2010	(\$6,206,401)
	DANBURY HOSPITAL & NEW MILFORD HOSPITAL FOUNDATION, INC.			
C.	(FORMERLY WCHN FOUNDATION, INC)			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report	6/00/00:-	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
_	EASTEDN NEW YORK MEDICAL SERVICES D.C.			
D.	EASTERN NEW YORK MEDICAL SERVICES, P.C.	Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report	3/30/2013	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
E.	NEW MILFORD MRI, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report	0/00/0040	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
F.	NORWALK HOSPITAL FOUNDATION, INC.			
<u> </u>	NORWALK HOSPITAL I CONDATION, INC.	Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$41,456
1		Rent	09/30/2016	\$43,200
2		Payment on Account	09/30/2016	(\$2,963,380)
3		Expense transfer	09/30/2016	\$215,734
4		Salaries and Benefit Transfer	09/30/2016	\$18,964
5		Restricted Fund Operating Expense	09/30/2016	\$879,837
6		Restricted Fund Funding Capital Ending Unconsolidated Intercompany Balance:	09/30/2016 9/30/2016	\$2,023,351 \$259,162
		Ending onconsolidated intercompany balance.	3/30/2010	Ψ233,102
G.	NORWALK SURGERY CENTER, LLC			
	,	Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
H.	SWC CORPORATION	Paginning Unconcolidated Intercompany Palance	9/30/2015	(\$247,084)
1		Beginning Unconsolidated Intercompany Balance: Salary Transfer	09/30/2016	(\$3,264,294)
2		Rent	09/30/2016	\$63,031
3		Payment on Account	09/30/2016	\$3,364,180
4		benefit transfer	09/30/2016	(\$273,403)
5		Expense transfer	09/30/2016	
		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$40,485)
_	THE ADVANCED CENTER FOR REHABILITATION MEDICINE, INC.			
I.	THE ADVANCED CENTER FOR REHADILITATION MEDICINE, INC.	Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report	3/30/2013	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
J.	VALUE CARE ALLIANCE, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report	0/20/2046	\$0 \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
K.	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC			
	WESTERN CONNECTION THEALTH NETWORK ATTIEIATES, INC	Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$8,682
1		Salaries and Benefit Transfer	09/30/2016	\$114,398
2		Expense transfer	09/30/2016	\$10,800
3		Payments on Account	09/30/2016	(\$133,880)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
	WEGTERN CONNECTION IN THE STATE OF THE STATE			
L.	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD	Designing Unconcellidated Intercongress Palaries	0/00/0045	**
4		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0 (\$2,094,155)
1	<u> </u>	Insurance Premiums	09/30/2016	(\$∠,∪94,155)

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

(1)	(2)	(3)	(4)	(5)
LINE	AFEILIATE MARKE	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM
	AFFILIATE NAME	DESCRIPTION OF TRANSFER		HOSPITAL
2		Payment on Account	09/30/2016	\$2,094,155
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
М.	WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
N.	WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL			
Ο.	ORGANIZATION ACO, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
1		Support ACO	09/30/2016	(\$677,866)
2		Payments on Account	09/30/2016	\$241,488
		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$436,378)
	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL			
P.	ORGANIZATION, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
1		Annual PHO Participant Dues	09/30/2016	(\$120,833)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$120,833)
Q.	WESTERN CONNECTICUT HOME CARE, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
R.	WESTERN CONNECTICUT MEDICAL GROUP, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	(\$2,332,648)
1		Rent	09/30/2016	\$901,532
2		Payment on Account	09/30/2016	\$25,943,903
3		Expense transfer	09/30/2016	\$107,236
4		Part a admin and teaching support	09/30/2016	(\$6,350,542)
5		Salary Transfer	09/30/2016	(\$818,907)
6		Strategic Support	09/30/2016	(\$21,741,619)
7		benefit transfer	09/30/2016	(\$30,905)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$4,321,950)
			Grand Total:	(\$10,856,348)

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NORWALK HOSPITAL ANNUAL REPORTING FISCAL YEAR 2016 REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
l		4			
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER Beginning Unconsolidated	DATE	AMOUNT
			Intercompany Balance	10/01/2015	\$11,431,030
Α.	WESTERN CONNECTICUT HEALTH NETWORK, INC.	EASTERN NEW YORK MEDICAL SERVICES,			
1 2		P.C. WESTERN CONNECTICUT HOME CARE, INC	Support Benefits Support	09/30/2016 09/30/2016	\$762,584 \$23,065
		WESTERN CONNECTICOT HOME CARE, INC	Total:	9/30/2016	\$785,649
В.	DANBURY HOSPITAL				
	DANGSKI HOOFITAL	WESTERN CONNECTICUT HEALTH NETWORK,			
1		INC. WESTERN CONNECTICUT HEALTH NETWORK	Balance	10/01/2016	(\$6,321,012)
2		AFFILIATES, INC	Clinical Services	09/30/2016	(\$26,788)
		WESTERN CONNECTICUT HEALTH NETWORK		00/00/0040	2011.155
3		PHYSICIAN HOSPITAL ORGANIZATION, INC WESTERN CONNECTICUT HEALTH NETWORK	Accounts Payable	09/30/2016	\$244,155
4		PHYSICIAN HOSPITAL ORGANIZATION ACO, INC.	Accounts Payable	09/30/2016	\$427,181
		DANBURY HOSPITAL & NEW MILFORD	Accounts Fayable	09/30/2010	\$427,101
5		HOSPITAL FOUNDATION, INC. (FORMERLY WCHN FOUNDATION, INC)	Cash Transfer from hospital	09/30/2016	(\$69,305)
6		NORWALK HOSPITAL FOUNDATION, INC.	Accounts Payable	09/30/2016	\$671,725
		WESTERN CONNECTICUT HOME CARE, INC EASTERN NEW YORK MEDICAL SERVICES,	Accounts Payable	09/30/2016	\$5,063
<u>8</u> 9		P.C. SWC CORPORATION	Employee Benefits Accounts Payable	09/30/2016 09/30/2016	\$120,000 \$26,422
		EASTERN NEW YORK MEDICAL SERVICES,	·		, -,
10		P.C.	Accounts Payable Total:	09/30/2016 9/30/2016	\$31,542 (\$4,891,017)
	DANBURY HOSPITAL & NEW MILFORD HOSPITAL FOUNDATION, INC.				
C.	(FORMERLY WCHN FOUNDATION, INC.)				
1		NORWALK HOSPITAL FOUNDATION, INC.	Management Fee Total:	09/30/2016 9/30/2016	\$73,946 \$73,94 6
			Total.	0/00/2010	\$10,540
D.	EASTERN NEW YORK MEDICAL SERVICES, P.C.	WESTERN CONNECTICUT MEDICAL GROUP,			
1		INC.	Support	09/30/2016	\$308,291
			Total:	9/30/2016	\$308,291
E.	NEW MILFORD MRI, LLC		Nothing to Report		\$0
			Total:	9/30/2016	\$0
F.	NORWALK HOSPITAL FOUNDATION, INC.				
			Nothing to Report	9/30/2016	\$0 \$0
			Total:	9/30/2016	\$0
G.	NORWALK SURGERY CENTER, LLC		Nothing to Report		\$0
			Total:	9/30/2016	\$0
Н.	SWC CORPORATION				
			Nothing to Report	0/00/0040	\$0
			Total:	9/30/2016	\$0
I.	THE ADVANCED CENTER FOR REHABILITATION MEDICINE, INC.		Nothing to Report		\$0
			Total:	9/30/2016	\$0
J.	VALUE CARE ALLIANCE, LLC				
			Nothing to Report	0/20/2045	\$0
			Total:	9/30/2016	\$0
K.	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC	WESTERN CONNECTICUT UF ALTU ALTU ALTU ALTU ALTU ALTU ALTU ALTU			
1		WESTERN CONNECTICUT HEALTH NETWORK, INC.	Adj Intercompany Variance	09/30/2016	(\$1,817)
2		WESTERN CONNECTICUT MEDICAL GROUP, INC.	Accounts Payable	09/30/2016	\$768
			Total:	9/30/2016	(\$1,049)
L.	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD				
			Nothing to Report Total:	9/30/2016	\$0 \$0
			i otal.	5/50/2010	40
M.	WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC		Nothing to Report		\$0
			Total:	9/30/2016	\$0
	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL				
N.	ORGANIZATION ACO, INC.		Nothing to Report		\$0
			Total:	9/30/2016	\$0 \$0
-	·	<u> </u>	·		

NORWALK 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
0.	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
P.	WESTERN CONNECTICUT HOME CARE, INC				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
Q.	WESTERN CONNECTICUT MEDICAL GROUP, INC.				
1		WESTERN CONNECTICUT HEALTH NETWORK, INC.	Benefits Support	09/30/2016	\$715,851
<u> </u>			Total:	9/30/2016	\$715,851
			Ending Unconsolidated Intercompany Balance	9/30/2016	\$8,422,701

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

(1)	(2)		(3)	(4)
LINE	AFFILIATE NAME &		AMOUNT	DATE
LINE	DESCRIPTION OF EXPENDITURE		AMOUNT	DATE
Α.	WESTERN CONNECTICUT HEALTH NETWORK, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2016
B.	DANBURY HOSPITAL	-		
0	Nothing to Report	Total:	\$0 \$0	9/30/2016
		Total.	\$0	9/30/2016
C.	DANBURY HOSPITAL & NEW MILFORD HOSPITAL FOUNDATION, INC. (FORMERLY WCHN FOUNDATION, INC)			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2016
D.	EASTERN NEW YORK MEDICAL SERVICES, P.C.	\rightarrow		
0	Nothing to Report	Total:	\$0	0/00/004.0
		Total:	\$0	9/30/2016
E.	NEW MILFORD MRI, LLC	-		
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2016
F.	NORWALK HEALTH CARE, INC.			
0	Nothing to Report	Total:	\$0	0/00/004.0
		Total:	\$0	9/30/2016
G.	NORWALK HOSPITAL FOUNDATION, INC.	-		
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2016
Н.	NORWALK SURGERY CENTER, LLC	\rightarrow		
0	Nothing to Report	Total:	\$0 \$0	9/30/2016
		Total.	30	9/30/2016
I.	SWC CORPORATION			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2016
J.	THE ADVANCED CENTER FOR REHABILITATION MEDICINE, INC.	\rightarrow		
-	Nothing to Report	Total:	\$0 \$0	9/30/2016
			***	5/55/2515
K.	VALUE CARE ALLIANCE, LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2016
L .	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC Nothing to Report	_	\$0	
	Nothing to Report	Total:	\$0 \$0	9/30/2016
			***	3,33,2010
М.	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2016
	WESTERN CONNECTION THE ALTHOUGH AND THE STATE OF THE STAT			
N.	WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC Nothing to Report		*	
0	Nothing to Neport		\$0	

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

- 		-	(2)	
(1)	(2)		(3)	(4)
	AFFILIATE NAME &			
LINE	DESCRIPTION OF EXPENDITURE		AMOUNT	DATE
		Total:	\$0	9/30/2016
0.	WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, LLC			
0	Nothing to Report		\$0	
	·	Total:	\$0	9/30/2016
			***	5/65/25 15
	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL			
I Р.	ORGANIZATION ACO, INC.			
0	Nothing to Report		\$0	
Ě	Trouming to respon	Total:	\$0 I	9/30/2016
		rotai.	\$0	9/30/2010
	WESTERN SONNESTICUT HEALTH NETWORK BUYOLGAN HOORITAL			
Q.	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC			
0	·		00	
0	Nothing to Report	Total	\$0	2/22/22/2
		Total:	\$0	9/30/2016
R.	WESTERN CONNECTICUT HOME CARE, INC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2016
S.	WESTERN CONNECTICUT MEDICAL GROUP, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2016
			, , , , , , , , , , , , , , , , , , ,	3.30.2010
	Gran	d Total:	\$0	9/30/2016
	Ciai	Jun.	ΨΟ	3,30/E010

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NORWALK HOSPITAL ANNUAL REPORTING

FISCAL YEAR 2016 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
A.	WESTERN CONNECTICUT HEALTH NETWORK, INC.		
0	Nothing to Report Total:	\$0 \$0	0
	101111	4.0	
B. 0	DANBURY HOSPITAL	60	0
0	Nothing to Report Total:	\$0 \$0	0
C.	DANBURY HOSPITAL & NEW MILFORD HOSPITAL FOUNDATION, INC. (FORMERLY WCHN FOUNDATION, INC)		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	EASTERN NEW YORK MEDICAL SERVICES, P.C.		
0	Nothing to Report Total:	\$0 \$0	0
	Total.	40	
E.	NEW MILFORD MRI, LLC		
0	Nothing to Report Total:	\$0 \$0	0
F. 0	NORWALK HEALTH CARE, INC. Nothing to Report	\$0	0
Ě	Total:	\$0	
	NORWALK HOCKITAL FOLINDATION INC		
G.	NORWALK HOSPITAL FOUNDATION, INC. Nothing to Report	\$0	0
	Total:	\$0	
H.	NORWALK SURGERY CENTER, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
I.	SWC CORPORATION		
0	Nothing to Report Total:	\$0 \$0	0
	Total	40	
J.	THE ADVANCED CENTER FOR REHABILITATION MEDICINE, INC.	60	9
0	Nothing to Report Total:	\$0 \$0	O
K .	VALUE CARE ALLIANCE, LLC Nothing to Report	\$0	0
	Total:	\$0	
L.	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
M.	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD		
0	Nothing to Report	\$0	0
	Total:	\$0	
N.	WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC		
0	Nothing to Report Total:	\$0 \$0	0
O .	WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, LLC Nothing to Report	\$0	^
	Nothing to Report Total:	\$0	
P.	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
Q.	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC		
0	Nothing to Report Total:	\$0 \$0	0
	i ota:	\$0	
R.	WESTERN CONNECTICUT HOME CARE, INC	60	
0	Nothing to Report	\$0	0

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

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

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016		
LINE	DESCRIPTION	ACTUAL	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%
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%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
С.	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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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
 Number of Applications for H 	ospital Bed Funds	0
	Grand Total	\$0.00

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

(1)	(2)	(3)	(4)	(5)	(6)
		FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
Line	Name of Hospital Bed Fund		_	_	_
(3)	Fair Market Value of the Principal of each	ch individual Hospital Be	ed Fund, or the Princ	ipal attributable to eac	h Hospital Bed
(4)	Total Actual Earnings for each Hospital	Bed Fund or the Earnin	gs attributable to ead	h Hospital Bed Fund.	
/F\			,		
(5)	Actual Dollar Amount of Earnings reinven	ested as Principal, if any	<i>/</i> .		
(5) (6)	Actual Dollar Amount of Earnings reinventual Dollar Amount of Earnings availa		<i>,</i>		

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
	DESCRIPTION	COLLECTION INFORMATION
I.	GENERAL COLLECTION PROCESSES AND PROCEDURES	
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	The hospital will utilize outside agencies after all means of collection have been exhausted. All agencies must be reputable and follow all Federal guidelines. All accounts written off to bad debts will be forwarded to an agency to pursue further collection.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	All collections agents charge a flat fee of an agreed upon percentage on all amounts recovered for accounts which are non-legal. An additional fee of an agreed upon percentage is charged on all amounts recovered on legal accounts.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	11.18%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
A	Collection Agent	
1	Collection Agent Name	Lovejoy and Rimer P.C.
2	Collection Agent Type	Attorney
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	The Director of Patient Accounts or Manager of Customer Service may approve accounts to be referred directly to an attorney for legal action without the involvement of collection agencies. These accounts typically have balances over \$10,000 and involve motor vehicle accidents.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Lovejoy and Rimer P.C. are compensated at 30% of recovered amounts after starting litigation and 25% of recovered amounts prior to litigation. Compensation at lessor % or an hourly rate may be paid depending on the circumstances.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	33.34%
В	Collection Agent	
1	Collection Agent Name	Trans=Continental Credit and Collection Corp.
2	Collection Agent Type	Collection Agency
4	Related / Not Related Entity If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	After the hospital follows the processes and policies described in Section 1, all accounts written off to bad debts are then forwarded to Trans-Continental Credit and Collection Corp.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Trans-Continental is compensated at 18% of all non-legal recovered amounts and 25% of all legal recovered amounts.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	8.53%
С	Collection Agent	
1	Collection Agent Name	Eastern
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	After Trans-Continental Credit and Collection Corp. has deemed the account uncollectable, the accounts are then referred to Eastern. This only occurs if the account has not had any activity for one year in collection attempt.

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	
		Eastern is compensated at 35% as a secondary agent.
	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	20.30%

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

LINE	POSITION TITLE	EMPLOYEE NAME	SALARY	FRINGE BENEFITS	TOTAL
1.	Physician, Emergency Department	McGovern MD, Brian	\$605,176	\$54,256	\$659,432
	TD	To read to	*===	*	AFF0.040
2.	President NH, Chief Strategy Officer	Daglio, Michael	\$505,693	\$47,225	\$552,918
3.	President & CEO	Murphy MD, John	\$512,453	\$23,830	\$536,283
4.	Medicine	Greenblatt MD, Benjamin	\$505,018	\$30,079	\$535,097
		, , , , , , , , , , , , , , , , , , , ,	-	+,	, , , , , , , , , , , , , , , , , , , ,
5.	Physician, Emergency Department	Capodanno MD, Robert	\$473,257	\$49,922	\$523,179
6.	Physician, Emergency Department	Fischel MD, Jason	\$449,149	\$45,196	\$494,345
7.	Medicine	Michos MD, Christopher	\$431,950	\$51,256	\$483,206
8.	Physician, Emergency Department	Kassapidis MD, Elizabeth	\$430,338	\$45,923	\$476,261
9.	Physician, Emergency Department	Collier MD, Virginia	\$418,907	\$51,399	\$470,306
10.	Physician, Emergency Department	Andriuk MD, Alexander	\$409,207	\$52,213	\$461,420
		Grand Total:	\$4,741,148	\$451,299	\$5,192,447

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 & CEO	Murphy MD, John/WCHN	\$1,464,152	\$68,085	\$1,532,237
		<u></u>			
2.	Danbury Hospital	Debarba Jr, Daniel J/WCHN	\$771,698	\$553,337	\$1,325,035
	T	I			
3.	VP Finance	Patrick Minicus/WCHN	\$531,329	\$344,289	\$875,618
	I	I=			****
4.	Sr. VP & CFO,Treasurer	Rosenberg, Steven H/WCHN	\$807,597	\$58,565	\$866,162
	10140	INATILE TO ANALOGUE.	Φ 7 00 5 04	A00 700	↑ 700 000
5.	СМО	Miller, Matthew A/WCHN	\$706,504	\$62,789	\$769,293
6.	President NH, Chief Strategy Officer	Daglio, Michael/WCHN	ФСОО 447	¢го 004	\$691,148
0.	Fresident NH, Chief Strategy Officer	Dagilo, Michael/WCHN	\$632,117	\$59,031	Ф091,140
7.	Physician, Emergency Department	McGovern MD, Brian/Norwalk Hospital	\$605,176	\$54,256	\$659,432
•	I Tryololari, Emergency Department	meceven me, enary verwant respirar	ψ000,170	ψ04,200	4000 ,102
8.	VP Operations	Haynes, James/Norwalk Hospital	\$303,350	\$277,654	\$581,004
	'	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*	,,,,,,
9.	CIO	Dematteo, Kathleen A/WCHN	\$510,687	\$46,683	\$557,370
	•				
10.	SVP and General Counsel	McKenna, Carolyn L/WCHN	\$502,609	\$54,460	\$557,069
		•			
		Grand Total:	\$6,835,219	\$1,579,149	\$8,414,368

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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
	Net Applicable		0.0	ф.		40	*0
1. 2.	Not Applicable		\$0 \$0	\$0 \$0		\$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	\$0
7.			\$0	\$0		\$0	\$0
8.			\$0	\$0		\$0	\$0
9.			\$0	\$0	\$0	\$0	\$0 \$0
10.			\$0	\$0		\$0	\$0
11.			\$0	\$0		\$0	\$0
12.			\$0	\$0	\$0	\$0	\$0 \$0
13. 14.			\$0 \$0	\$0		\$0 \$0	\$0 \$0
15.			\$0 \$0	\$0 \$0		\$0 \$0	\$0 \$0
16.			\$0 \$0	\$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 \$0
22.			\$0	\$0	\$0	\$0	\$0
23.			\$0	\$0	\$0	\$0	\$0
24.			\$0	\$0		\$0	\$0
25.			\$0	\$0		\$0	\$0
26.			\$0	\$0	\$0	\$0	\$0 \$0
27.			\$0	\$0		\$0	\$0
28.			\$0	\$0		\$0	\$0
29. 30.			\$0 \$0	\$0 \$0		\$0 \$0	\$0 \$0
31.			\$0	\$0 \$0		\$0	\$0
32.			\$0	\$0 \$0		\$0	\$0
33.			\$0	\$0		\$0	\$0
34.			\$0	\$0		\$0	\$0
35.			\$0	\$0		\$0	\$0
36.			\$0	\$0		\$0	\$0
37.			\$0	\$0		\$0	\$0
38.			\$0	\$0		\$0	\$0
39.			\$0	\$0		\$0	\$0
40.			\$0	\$0	\$0	\$0	\$0
41.			\$0	\$0		\$0	\$0
42.			\$0	\$0		\$0	\$0
43.			\$0	\$0	\$0	\$0	\$0 \$0
44. 45.			\$0 \$0	\$0 \$0		\$0 \$0	\$0 \$0
45. 46.			\$0 \$0	\$0 \$0		\$0	\$0 \$0
47.			\$0	\$0 \$0		\$0	\$0 \$0
48.			\$0	\$0 \$0		\$0	\$0
49.			\$0 \$0	\$0 \$0		\$0	\$0
50.			\$0	\$0		\$0	\$0
		Grand Total:	\$0	\$0			\$0
		Grand Total:	\$0	\$0	\$0	\$0	

NORWALK HOSPITAL ANNUAL REPORTING FISCAL YEAR 2016 REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS

PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
		SALARIES	FRINGE	
		(Directly or	BENEFITS ^A (DirectI	
LINE	DESCRIPTION	Indirectly) ^C	y or Indirectly) ^C	TOTAL
LINE	DESCRIFTION	manectry)	y or manechy)	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 \$0
_	and by the respect to Employees or the Employees		4 0	4.0
В.	DANBURY HOSPITAL			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
	DANBURY HOSPITAL & NEW MILFORD HOSPITAL FOUNDATION,			
С.	INC. (FORMERLY WCHN 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
1	FACTERN NEW YORK MEDICAL DERVICES DO			
D.	EASTERN NEW YORK MEDICAL SERVICES, P.C.	Φ0	Φ0	ФО.
1 2	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0 \$0	\$0 \$0
	and by the Hospital to Employees of the Entity Listed Above	φυ		φυ
E.	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
_	and by the respect to Employees or the Employees		4 0	4.0
F.	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
G.	NORWALK HOSPITAL FOUNDATION, INC.	<u> </u>		A -
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 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 the Hospital to Employees of the Emity Listed Above	ΨΟ	ΨΟ	ΨΟ
Ι.	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
14	WALLIE OADE ALLIANOE ILO			
Κ.	VALUE CARE ALLIANCE, LLC	# 2	1 00	ФС
1	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0 \$0	\$0 \$0
2	raid by the hospital to employees of the entity Listed Above	⊅ U	J \$U	\$0
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 Entity Listed Above to Hospital Employees(b)	\$0 \$0	\$0	\$0 \$0
_			7	1

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NORWALK HOSPITAL ANNUAL REPORTING FISCAL YEAR 2016 REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS

PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

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

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

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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)
INE	DESCRIPTION	ACTUAL FY 2016
Α	Transfer of Assets or Operations	
	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of	
1.	Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

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	ANNUAL I	K HOSPITAL REPORTING AL YEAR 2016			
	REPORT 23 - CHARITY CARE AND REDUCED		PROVIDED BY	THE HOSPITAL	
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial S	Statement Notes)			
1.	Number of Applicants	4,332	4,516	184	4%
2.	Number of Approved Applicants	3,701	3,818	117	3%
3.	Total Charges (A)	\$15,719,561	\$18,588,723	\$2,869,162	18%
	Average Charges	\$4,247	\$4,869	\$621	15%
	Designation (DOC)	0.339565	0 260757	0.030192	9%
4.	Ratio of Cost to Charges (RCC)		0.369757 \$6.873.310		
	Total Cost	\$5,337,813 \$1,442	\$6,873,310 \$1,800	\$1,535,498 \$358	29%
	Average Cost	\$1,442	\$1,800	\$358	25%
5.	Charity Care - Inpatient Charges	\$1,644,900	\$2,437,479	\$792,579	48%
	Charity Care - Outpatient Emergency Department				
6.	Charges	4,702,098	5,493,908	791,810	17%
_	Charity Care - Outpatient Charges (Excludes ED			:	1.40
7.	Charges)	9,372,563	10,657,336	1,284,773	14%
	Total Charges (A)	\$15,719,561	\$18,588,723	\$2,869,162	18%
8.	Charity Care - Number of Patient Days	253	271	18	7%
9.	Charity Care - Number of Discharges	64	75	11	17%
10.	Charity Care - Number of Outpatient ED Visits	2,032	2,088	56	3%
10.	Charity Care - Number of Outpatient Visits (Excludes ED	_, -, -		~ -	-
11.	Visits)	12,577	13,823	1,246	10%
(A) The	e total amount must agree with the total amount listed in	n the Hospital Au	dited Financial	Statement Notes).
В.	Hospital Bed Funds (see Hospital Reporting System -	Report 17)			
_ -		TODOIC II.			
1.	Number of Applicants	-			0%
2.	Number of Approved Applicants	-	-	-	0%
		*0	Φ0	C	00
3.	Total Charges (B)	\$0 \$0	\$0 \$0	\$0 \$0	0%
	Average Charges	\$0	\$0	\$0	0%
4.	Ratio of Cost to Charges (RCC)	0	0.369757	0.369757	0%
	Total Cost	\$0	\$0	\$0	0%
	Average Cost	\$0	\$0	\$0	0%
5.	Bed Funds - Inpatient Charges	\$0	\$0	\$0	0%
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	0%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	0	0	0	09
	Total Charges (B)	\$0	\$0	\$0	0%
					00
8.	Bed Funds - Number of Patient Days	0	0	0	09
9.	Bed Funds - Number of Discharges	0	0	0	09
10.	Bed Funds - Number of Outpatient ED Visits	0	0	0	09
11.	Bed Funds - Number of Outpatient Visits(Excludes ED Visits)	0	0	0	0%
11.	VISITS)				, , , , , , , , , , , , , , , , , , ,
	<u> </u>		· • • •		1
(B) The	e total amount must agree with the total amount listed o	on Hospital Repor	rting System - K	Report 17.	ļ <u></u>