

**NORWALK HOSPITAL**  
**ANNUAL REPORTING**  
**FISCAL YEAR 2015**  
**REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP**  
**AND CORPORATION RELATED TO THE HOSPITAL**

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>A. AFFILIATE NAME</b>		
		<b>WESTERN CONNECTICUT HEALTH NETWORK, INC.</b>
1	Affiliate Description	PARENT CORP. MANAGING EMPLOYEE BENEFIT PLANS, PLANNING, POLICIES
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	24 Hospital Ave
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	John Murphy, MD
9	CEO Title	CEO
10	CT Agent Name	Karen Mattei
11	CT Agent Company	Western CT Health Network
12	CT Agent Company Street Address	24 Hospital Ave
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
<b>B. AFFILIATE NAME</b>		
		<b>BUSINESS SYSTEMS, INC</b>
1	Affiliate Description	PROVIDES PROPERTY MANAGEMENT, RETAIL PHARMACY SERVICES
2	Affiliate type of service	Pharmacy
3	Tax Status	For Profit
4	Street Address	24 Hospital Ave
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	John Murphy, MD
9	CEO Title	CEO
10	CT Agent Name	R&C Service Company
11	CT Agent Company	Robinson & Cole, LLP
12	CT Agent Company Street Address	280 Trumbull St
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
<b>C. AFFILIATE NAME</b>		
		<b>DANBURY HOSPITAL</b>
1	Affiliate Description	ACUTE CARE HOSPITAL PROVIDING INPATIENT AND OUTPATIENT SERVICES
2	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	24 Hospital Avenue
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	John Murphy, MD
9	CEO Title	CEO
10	CT Agent Name	R&C Service Company
11	CT Agent Company	Robinson & Cole, LLP
12	CT Agent Company Street Address	28 Trumbull Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>D. AFFILIATE NAME EASTERN NEW YORK MEDICAL SERVICES, P.C.</b>		
1	Affiliate Description	PHYSICIANS OFFICE, PROVIDES MEDICAL SERVICES TO PATIENTS
2	Affiliate type of service	Physicians Services
3	Tax Status	Not for Profit
4	Street Address	3423 Danbury Road
5	Town	Brewster
6	State	New York
7	Zip Code	10509 -
8	CEO Name	Patrick Broderick, MD
9	CEO Title	President
10	CT Agent Name	Patrick Broderick, MD
11	CT Agent Company	Eastern New York Medical Services, P.C.
12	CT Agent Company Street Address	14 reserach Drive, Suite 201A
13	CT Agent Town	Bethel
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
<b>E. AFFILIATE NAME NEW MILFORD HOSPITAL, INC</b>		
1	Affiliate Description	SHORT TERM ACUTE CARE HOSPITAL PROVIDING INPATIENT AND OUTPATIENT SERVICES
2	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	21 Elm Street
5	Town	New Milford
6	State	Connecticut
7	Zip Code	06776 -
8	CEO Name	Jonh Murphy, MD
9	CEO Title	CEO
10	CT Agent Name	Karen Mattei
11	CT Agent Company	Western CT Health Network
12	CT Agent Company Street Address	24 Hospital Ave
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
<b>F. AFFILIATE NAME NEW MILFORD MRI, LLC</b>		
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 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>G. AFFILIATE NAME NORWALK HEALTH CARE, INC.</b>		
1	Affiliate Description	FOR THE PURPOSE OF PROVIDING LONG-TERM CARE
2	Affiliate type of service	Long Term Care
3	Tax Status	Not for Profit
4	Street Address	34 MIDROCKS ROAD
5	Town	Norwalk
6	State	Connecticut
7	Zip Code	06851 -
8	CEO Name	Daniel DeBarba
9	CEO Title	CEO
10	CT Agent Name	Daniel DeBarba
11	CT Agent Company	Norwalk Hospital Association
12	CT Agent Company Street Address	34 MAPLE STREET
13	CT Agent Town	Norwalk
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06856 -
<b>H. AFFILIATE NAME NORWALK HOSPITAL FOUNDATION, INC.</b>		
1	Affiliate Description	"PROVIDES FUND RAISING FOR THE PARENT CORPORATION AND AFFILIATES"
2	Affiliate type of service	Foundation
3	Tax Status	Not for Profit
4	Street Address	34 MAPLE STREET
5	Town	Norwalk
6	State	Connecticut
7	Zip Code	06856 -
8	CEO Name	Daniel DeBarba
9	CEO Title	CEO
10	CT Agent Name	Daniel DeBarba
11	CT Agent Company	Norwalk Hospital Association
12	CT Agent Company Street Address	34 MAPLE STREET
13	CT Agent Town	Norwalk
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06856 -
<b>I. AFFILIATE NAME NORWALK SURGERY CENTER, LLC</b>		
1	Affiliate Description	Ambulatory surgery center joint venture
2	Affiliate type of service	Ambulatory/OP Surgery Center
3	Tax Status	For Profit
4	Street Address	40 Cross Street
5	Town	Norwalk
6	State	Connecticut
7	Zip Code	06851 -
8	CEO Name	Daniel DeBarba
9	CEO Title	CEO
10	CT Agent Name	Daniel DeBarba
11	CT Agent Company	Norwalk Hospital Association
12	CT Agent Company Street Address	34 Maple Street
13	CT Agent Town	Norwalk
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06856 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>J.</b>		
	<b>AFFILIATE NAME</b>	<b>SWC CORPORATION</b>
1	Affiliate Description	"FOR THE PURPOSE OF PROVIDING PHARMACEUTICAL NEEDS/ EQUITY TRANSFER OF NRMC JOINT VENTURE"
2	Affiliate type of service	Pharmacy
3	Tax Status	For Profit
4	Street Address	24 STEVENS STREET
5	Town	Norwalk
6	State	Connecticut
7	Zip Code	06856 -
8	CEO Name	Daniel DeBarba
9	CEO Title	CEO
10	CT Agent Name	Daniel DeBarba
11	CT Agent Company	Norwalk Hospital Association
12	CT Agent Company Street Address	34 MAPLE STREET
13	CT Agent Town	Norwalk
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06856 -
<b>K.</b>		
	<b>AFFILIATE NAME</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC</b>
1	Affiliate Description	PROVIDES SUPPORT FOR EMPLOYEE AND CORPORATE HELATH MANAGEMENT, Danbury Diagnostic Imaging, Ridgefiel Diagnostic Imaging, EMT, and Ambulance Services.
2	Affiliate type of service	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	CEO
10	CT Agent Name	Karen Mattei
11	CT Agent Company	Western Connecticut Health Network, Inc
12	CT Agent Company Street Address	24 Hospital Ave
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
<b>L.</b>		
	<b>AFFILIATE NAME</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC</b>
1	Affiliate Description	PROVIDES SUPPORT SERVICES TO CORP. ACTIVITIES THROUGH CHARITABLE CONTRIBUTION, DISTRIBUTION, AND FUND RAISING.
2	Affiliate type of service	Fund Raising/Management
3	Tax Status	Not for Profit
4	Street Address	24 Hospital Ave
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	John Murphy, MD
9	CEO Title	CEO
10	CT Agent Name	R&C Service Company
11	CT Agent Company	Robinson & Cole, LLP
12	CT Agent Company Street Address	280 Trumbull St
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>M. AFFILIATE NAME</b>		
	<b>AFFILIATE NAME</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD</b>
1	Affiliate Description	A CAPTIVE INSURANCE COMPANY DOMICILED IN THE CYAMAN ISLANDS TO PROVIDE ALTERNATIVE PROFESSIONAL LIABILITY INSURANCE
2	Affiliate type of service	Insurance
3	Tax Status	For Profit
4	Street Address	23 Lime Tree Bay Avenue
5	Town	Grand Cayman
6	State	Cayman Islands
7	Zip Code	01102 -
8	CEO Name	John Murphy, MD
9	CEO Title	CEO
10	CT Agent Name	Julie Robertson
11	CT Agent Company	Honigman, Miller, Schwarta Y Cohn, LLP
12	CT Agent Company Street Address	660 Woodward avenue
13	CT Agent Town	Detroit
14	CT Agent State	Michigan
15	CT Agent Zip Code	48226 -
<b>N. AFFILIATE NAME</b>		
	<b>AFFILIATE NAME</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC</b>
1	Affiliate Description	A company to manage investment services, pooling long term investments of WCHN.
2	Affiliate type of service	Affiliate Support Services
3	Tax Status	Not for Profit
4	Street Address	24 Hospital Avenue
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	John Murphy MD
9	CEO Title	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 -
<b>O. AFFILIATE NAME</b>		
	<b>AFFILIATE NAME</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK JOINT &amp; SPINE, LLC</b>
1	Affiliate Description	PROVIDE MANAGEMENT SERVICES TO THE DANBURY HOSPITAL AND NEW MILFORD HOSPITAL
2	Affiliate type of service	Affiliate Support Services
3	Tax Status	Not for Profit
4	Street Address	24 Hospital Avenue
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	Robert Deveney, MD
9	CEO Title	Chairman of the Board
10	CT Agent Name	R&C Service Company
11	CT Agent Company	Robinson & Cole, LLP
12	CT Agent Company Street Address	280 Trumbull St
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>P.</b>		
	<b>AFFILIATE NAME</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC.</b>
1	Affiliate Description	PHYSICIAN LED CLINICALLY INTEGRATED NETWORK THAT ENCOMPASSES THE HOSPITAL, EMPLOYED, AND ALIGNED COMMUNITY PROVIDERS TO RESULT IN AN INCREASED QUALITY OF CARE, ENHANCED PERFORMANCE AND IMPROVED PATIENT SATISFACTION.
2	Affiliate type of service	Pharmacy
3	Tax Status	Not for Profit
4	Street Address	24 Hospital Avenue
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	John Murphy, MD
9	CEO Title	CEO
10	CT Agent Name	Karen Mattei
11	CT Agent Company	Western Ct Health Network Physician Hospital Org
12	CT Agent Company Street Address	24 Hospital Avenue
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -
<b>Q.</b>		
	<b>AFFILIATE NAME</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC</b>
1	Affiliate Description	PROVIDES VARIOUS MANAGEMENT, PURCHASING, ADMISNITRATIVE, AND OTHER SERVICES TO MEDICAL AND DENTAL PRACTICIONERS
2	Affiliate type of service	Physicians Hospital Org. (PHO)
3	Tax Status	Not for Profit
4	Street Address	24 Hospital Avenue
5	Town	Danbury
6	State	Connecticut
7	Zip Code	06810 -
8	CEO Name	James Ahern, MD
9	CEO Title	Chairman of the Board
10	CT Agent Name	Karen Mattei
11	CT Agent Company	Westen Ct Health Network Physician Hospital Org
12	CT Agent Company Street Address	24 Hospital Avenue
13	CT Agent Town	Danbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06810 -

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2015
<b>A . NORWALK HOSPITAL</b>			
1		Unrestricted	\$280,584,000
2		Temporarily Restricted by Donor	\$59,661,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$9,468,000
5		Intercompany Eliminations	(\$102,160,000)
		<b>Total:</b>	<b>\$247,553,000</b>
<b>B . WESTERN CONNECTICUT HEALTH NETWORK, INC.</b>			
1		Unrestricted	\$172,771,000
2		Temporarily Restricted by Donor	\$39,887,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$9,462,000
5		Intercompany Eliminations	(\$438,629,000)
		<b>Total:</b>	<b>(\$216,509,000)</b>
<b>C . DANBURY HOSPITAL</b>			
1		Unrestricted	\$406,110,000
2		Temporarily Restricted by Donor	\$36,051,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$34,575,000
5		Intercompany Eliminations	(\$53,694,000)
		<b>Total:</b>	<b>\$423,042,000</b>
<b>D . EASTERN NEW YORK MEDICAL SERVICES, P.C.</b>			
1		Unrestricted	(\$657,000)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>(\$657,000)</b>
<b>E . NEW MILFORD MRI, LLC</b>			
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
		<b>Total:</b>	<b>\$0</b>
<b>F . NORWALK HEALTH CARE, INC.</b>			
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
		<b>Total:</b>	<b>\$0</b>
<b>G . NORWALK HOSPITAL FOUNDATION, INC.</b>			
1		Unrestricted	\$36,748,000
2		Temporarily Restricted by Donor	\$52,266,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$9,468,000
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$98,482,000</b>

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2015
	<b>H . NORWALK SURGERY CENTER, LLC</b>		
1		Unrestricted	\$5,586,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$5,586,000</b>
	<b>I . SWC CORPORATION</b>		
1		Unrestricted	\$1,320,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$1,320,000</b>
	<b>J . WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC</b>		
1		Unrestricted	\$4,865,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$4,865,000</b>
	<b>K . WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC</b>		
1		Unrestricted	\$22,557,000
2		Temporarily Restricted by Donor	\$39,625,000
3		Temporarily Restricted by Board	\$8,441,000
4		Permanently Restricted by Donor	\$34,575,000
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$105,198,000</b>
	<b>L . WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD</b>		
1		Unrestricted	\$53,694,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$53,694,000</b>
	<b>M . WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC</b>		
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
		<b>Total:</b>	<b>\$0</b>
	<b>N . WESTERN CONNECTICUT HEALTH NETWORK JOINT &amp; SPINE, LLC</b>		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0



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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2015
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$0</b>

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(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2015
<b>O .</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC.</b>		
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
		<b>Total:</b>	<b>\$0</b>
<b>P .</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC</b>		
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
		<b>Total:</b>	<b>\$0</b>
<b>Q .</b>	<b>WESTERN CONNECTICUT HOME CARE, INC</b>		
1		Unrestricted	\$2,029,000
2		Temporarily Restricted by Donor	\$40,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$2,069,000</b>
<b>R .</b>	<b>WESTERN CONNECTICUT MEDICAL GROUP, INC.</b>		
1		Unrestricted	\$30,647,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$30,647,000</b>
	<b>Total of all Affiliates (before Intercompany Eliminations)</b>	<b>Fund Balance:</b>	<b>\$1,349,773,000</b>
	<b>Intercompany Eliminations</b>		<b>(\$594,483,000)</b>
	<b>Total of all Affiliates</b>	<b>Fund Balance:</b>	<b>\$755,290,000</b>

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
<b>A. WESTERN CONNECTICUT HEALTH NETWORK, INC.</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	9/30/2014	\$0
1		Expense transfer	09/30/2015	(\$218,400)
		<b>Ending Unconsolidated Intercompany Balance:</b>	9/30/2015	(\$218,400)
<b>B. BUSINESS SYSTEMS, INC</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	9/30/2014	\$0
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	9/30/2015	\$0
<b>C. DANBURY HOSPITAL</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	9/30/2014	(\$558,000)
1		Accounts Payable/Other Expenses	09/30/2015	(\$14,962,445)
2		VHA REBATE EXPENSE	09/30/2015	\$110,000
3		Employee Benefits	09/30/2015	(\$3,147,000)
4		Payroll Transfers	09/30/2015	(\$9,321,000)
5		Payment on Account	09/30/2015	\$22,708,000
		<b>Ending Unconsolidated Intercompany Balance:</b>	9/30/2015	(\$5,170,445)
<b>D. EASTERN NEW YORK MEDICAL SERVICES, P.C.</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	9/30/2014	\$0
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	9/30/2015	\$0
<b>E. NEW MILFORD HOSPITAL, INC</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	9/30/2014	\$0
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	9/30/2015	\$0
<b>F. NEW MILFORD MRI, LLC</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	9/30/2014	\$0
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	9/30/2015	\$0

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
	<b>G. NORWALK HEALTH CARE, INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$38,409</b>
1		Expense transfer	09/30/2015	\$8,935
2		Payment on Account	09/30/2015	(\$38,263)
3		trasfer assets and liabilities to Norwalk Hospital	09/30/2015	(\$9,081)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$0</b>
	<b>H. NORWALK HOSPITAL FOUNDATION, INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$48,067</b>
1		Rent	09/30/2015	\$43,200
2		Accounting Fees	09/30/2015	\$65,160
3		Payment on Account	09/30/2015	(\$1,979,495)
4		Expense transfer	09/30/2015	\$149,928
5		Salaries and Benefit Transfer	09/30/2015	\$137,801
6		Transfer assets and liabilities of NHP&S to Norwalk Hospital	09/30/2015	\$20,097
7		Restricted Fund Operating Expense	09/30/2015	\$1,546,898
8		Restricted Fund - Funding Capital	09/30/2015	\$9,800
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$41,456</b>
	<b>I. NORWALK SURGERY CENTER, LLC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$0</b>
	<b>J. SWC CORPORATION</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$40,490</b>
1		Management Fee	09/30/2015	(\$3,576,421)
2		Rent	09/30/2015	\$63,031
3		Payments on Account	09/30/2015	\$2,901,433
4		Accounting Fees	09/30/2015	\$138,000
5		benefit transfer	09/30/2015	\$180,393
6		Expense transfer	09/30/2015	\$5,990
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>(\$247,084)</b>

**NORWALK HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2015  
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
<b>K.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$8,462</b>
1		salary and benefit transfer	09/30/2015	\$111,663
2		Payment on Account	09/30/2015	(\$111,443)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$8,682</b>
<b>L.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>M.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>N.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>O.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK JOINT &amp; SPINE, LLC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>P.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$0</b>

**NORWALK HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2015  
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
Q.	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	9/30/2014	\$0
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	9/30/2015	\$0
R.	WESTERN CONNECTICUT HOME CARE, INC			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	9/30/2014	\$0
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	9/30/2015	\$0
S.	WESTERN CONNECTICUT MEDICAL GROUP, INC.			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	9/30/2014	(\$100,222)
1		Rent	09/30/2015	\$822,787
2		Payment on Account	09/30/2015	\$6,663,873
3		Expense transfer	09/30/2015	\$6,206,887
4		Part a admin and teaching support	09/30/2015	(\$4,529,128)
5		Salary Transfer	09/30/2015	(\$374,003)
6		Strategic Support	09/30/2015	(\$11,204,000)
7		Transfer assets and liabilities of NHP&S to Norwalk Hospital	09/30/2015	\$181,158
		<b>Ending Unconsolidated Intercompany Balance:</b>	9/30/2015	(\$2,332,648)
			<b>Grand Total:</b>	(\$7,918,438)

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated Intercompany Balance	10/01/2014	\$11,801,493
A.	WESTERN CONNECTICUT HEALTH NETWORK, INC.				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$0</b>
B.	BUSINESS SYSTEMS, INC				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$0</b>
C.	DANBURY HOSPITAL				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$0</b>
D.	EASTERN NEW YORK MEDICAL SERVICES, P.C.				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$0</b>
E.	NEW MILFORD HOSPITAL, INC				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$0</b>
F.	NEW MILFORD MRI, LLC				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$0</b>
G.	NORWALK HEALTH CARE, INC.				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$0</b>
H.	NORWALK HOSPITAL FOUNDATION, INC.				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$0</b>
I.	NORWALK SURGERY CENTER, LLC				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$0</b>
J.	SWC CORPORATION				
1		DANBURY HOSPITAL	Miscellaneous	09/30/2015	\$9,442
2		WESTERN CONNECTICUT MEDICAL GROUP, INC.	Misc Expense	09/30/2015	(\$141)
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$9,301</b>

**NORWALK HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2015  
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
K.	WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC		Nothing to Report		\$0
			Total:	9/30/2015	\$0
L.	WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC				
1		NORWALK HOSPITAL FOUNDATION, INC.	Miscellaneous	09/30/2015	(\$92,379)
			Total:	9/30/2015	(\$92,379)
M.	WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD		Nothing to Report		\$0
			Total:	9/30/2015	\$0
N.	WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC		Nothing to Report		\$0
			Total:	9/30/2015	\$0
O.	WESTERN CONNECTICUT HEALTH NETWORK JOINT & SPINE, LLC		Nothing to Report		\$0
			Total:	9/30/2015	\$0
P.	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC.		Nothing to Report		\$0
			Total:	9/30/2015	\$0
Q.	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC		Nothing to Report		\$0
			Total:	9/30/2015	\$0
R.	WESTERN CONNECTICUT HOME CARE, INC		Nothing to Report		\$0
			Total:	9/30/2015	\$0
S.	WESTERN CONNECTICUT MEDICAL GROUP, INC.				
1		WESTERN CONNECTICUT MEDICAL GROUP, INC.	NHPS Funds	09/30/2015	(\$251,248)
2		NORWALK HOSPITAL FOUNDATION, INC.	Misc Expense	09/30/2015	(\$36,137)
			Total:	9/30/2015	(\$287,385)
			Ending Unconsolidated Intercompany Balance	9/30/2015	\$11,431,030



**NORWALK HOSPITAL  
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FISCAL YEAR 2015  
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

NORWALK HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2015

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

(1) LINE	(2) AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	(3) AMOUNT	(4) DATE
<b>A.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>B.</b>	<b>BUSINESS SYSTEMS, INC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>C.</b>	<b>DANBURY HOSPITAL</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>D.</b>	<b>EASTERN NEW YORK MEDICAL SERVICES, P.C.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>E.</b>	<b>NEW MILFORD HOSPITAL, INC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>F.</b>	<b>NEW MILFORD MRI, LLC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>G.</b>	<b>NORWALK HEALTH CARE, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>H.</b>	<b>NORWALK HOSPITAL FOUNDATION, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>I.</b>	<b>NORWALK SURGERY CENTER, LLC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>J.</b>	<b>SWC CORPORATION</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>K.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>L.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>M.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>N.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>O.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK JOINT &amp; SPINE, LLC</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>

NORWALK HOSPITAL  
ANNUAL REPORTING  
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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
P.	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC.		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
Q.	WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
R.	WESTERN CONNECTICUT HOME CARE, INC		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
S.	WESTERN CONNECTICUT MEDICAL GROUP, INC.		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
	<b>Grand Total:</b>	<b>\$0</b>	<b>9/30/2015</b>

NORWALK HOSPITAL  
ANNUAL REPORTING  
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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
<b>A. WESTERN CONNECTICUT HEALTH NETWORK, INC.</b>			
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>B. BUSINESS SYSTEMS, INC</b>			
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>C. DANBURY HOSPITAL</b>			
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>D. EASTERN NEW YORK MEDICAL SERVICES, P.C.</b>			
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>E. NEW MILFORD HOSPITAL, INC</b>			
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>F. NEW MILFORD MRI, LLC</b>			
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>G. NORWALK HEALTH CARE, INC.</b>			
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>H. NORWALK HOSPITAL FOUNDATION, INC.</b>			
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>I. NORWALK SURGERY CENTER, LLC</b>			
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>J. SWC CORPORATION</b>			
0	Nothing to Report	\$0	0

**NORWALK HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2015  
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
	<b>Total:</b>	<b>\$0</b>	
<b>K.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>L.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>M.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>N.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>O.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK JOINT &amp; SPINE, LLC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>P.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>Q.</b>	<b>WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>R.</b>	<b>WESTERN CONNECTICUT HOME CARE, INC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>S.</b>	<b>WESTERN CONNECTICUT MEDICAL GROUP, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	

NORWALK HOSPITAL  
 ANNUAL REPORTING  
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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
	Grand Total:	\$0	

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A . Indigent Care</b>					
	<b>Beginning Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
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%
	<b>Ending Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
<b>B . Free Beds</b>					
	<b>Beginning Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
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%
	<b>Ending Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
<b>C . Other</b>					
	<b>Beginning Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
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%
	<b>Ending Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

NORWALK HOSPITAL ANNUAL REPORTING FISCAL YEAR 2015 REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund <u>(FULL NAME)</u>	Amount
1. Number of Applications for Hospital Bed Funds		0
	<b>Grand Total</b>	<b>\$0.00</b>



<b>NORWALK HOSPITAL                      ANNUAL REPORTING                      FISCAL YEAR 2015                      REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL</b>					
<b>B. BED FUND ACTIVITY</b>					
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
(3)	Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each Hospital Bed				
(4)	Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund.				
(5)	Actual Dollar Amount of Earnings reinvested as Principal, if any.				
(6)	Actual Dollar Amount of Earnings available for Patient Care.				
	<b>Total Bed Funds :</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

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

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
<b>I. GENERAL COLLECTION PROCESSES AND PROCEDURES</b>		
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	11.46%
<b>II. SPECIFIC COLLECTION AGENT INFORMATION</b>		
<b>A</b>	<b>Collection Agent</b>	
1	Collection Agent Name	Trans-Continental Credit and Collection Corp.
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	After the hospital follows the processes and 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 25% of all non-legal recovered amounts and 30% of all legal recovered amounts.

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

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	9.97%
<b>B Collection Agent</b>		
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.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Eastern is compensated at 35% as a secondary agent.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	12.68%
<b>C Collection Agent</b>		
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.

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

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Lovejoy and Rimer P.C. is compensated at 30% of recovered amounts after starting litigation and 25% of recovered amounts prior to litigation. Compensation at lessor% or an hourly rate may be paid depending on the circumstances.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	21.75%

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

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

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

<b>LINE</b>	<b>POSITION TITLE</b>	<b>EMPLOYEE NAME</b>	<b>SALARY</b>	<b>FRINGE BENEFITS</b>	<b>TOTAL</b>
1.	Physician, Emergency Department	McGovern MD, Brian	\$655,882	\$41,693	<b>\$697,575</b>
2.	Physician, Emergency Department	Capodanno MD, Robert	\$506,079	\$42,596	<b>\$548,675</b>
3.	Physician, Emergency Department	Fischel MD, Jason	\$493,782	\$33,634	<b>\$527,416</b>
4.	President & CEO	Murphy MD, John	\$495,157	\$22,909	<b>\$518,066</b>
5.	Physician, Emergency Department	Michos MD, Christopher	\$456,090	\$45,162	<b>\$501,252</b>
6.	Physician, Emergency Department	Strichman MD, Arthur	\$453,123	\$40,856	<b>\$493,979</b>
7.	Physician, Emergency Department	Weintraub MD, Jeffrey	\$449,111	\$42,136	<b>\$491,247</b>
8.	Physician, Emergency Department	Andriuk MD, Alexander	\$441,978	\$40,825	<b>\$482,803</b>
9.	Physician, Emergency Department	Collier MD, Virginia	\$415,697	\$41,124	<b>\$456,821</b>
10.	Physician, Emergency Department	Perkins MD, Ari	\$409,841	\$32,407	<b>\$442,248</b>
		<b>Grand Total:</b>	<b>\$4,776,740</b>	<b>\$383,342</b>	<b>\$5,160,082</b>

**WESTERN CONNECTICUT HEALTH NETWORK, INC.**  
**ANNUAL REPORTING**  
**FISCAL YEAR 2015**  
**REPORT 19B - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HEALTH SYSTEM EMPLOYEES**

<b>LINE</b>	<b>POSITION TITLE</b>	<b>EMPLOYEE NAME AND COMPANY</b>	<b>SALARY</b>	<b>FRINGE BENEFITS</b>	<b>TOTAL</b>
1.	President & CEO	John Murphy MD,WCHN	\$1,414,735	\$65,455	<b>\$1,480,190</b>
2.	Danbury Hospital	Daniel J Debarba Jr.,WCHN	\$993,728	\$54,638	<b>\$1,048,366</b>
3.	Sr. VP & CFO,Treasurer	Steven Rosenberg,WCHN	\$790,600	\$56,437	<b>\$847,037</b>
4.	Sr. VP and CMO	Matthew Miller,WCHN	\$675,119	\$61,034	<b>\$736,153</b>
5.	Physician, Emergency Department	Brian McGovern MD,Norwalk Hospital	\$655,882	\$41,693	<b>\$697,575</b>
6.	Norwalk Hospital	Michael Daglio,WCHN	\$580,492	\$56,577	<b>\$637,069</b>
7.	VP Finance	Patrick Minicus,WCHN	\$526,157	\$44,181	<b>\$570,338</b>
8.	Physician, Emergency Department	Hospital	\$506,079	\$42,596	<b>\$548,675</b>
9.	General Counsel WCHN	Carolyn McKenna,WCHN	\$491,446	\$51,979	<b>\$543,425</b>
10.	Physician, Emergency Department	Jason Fischel MD,Norwalk Hospital	\$493,782	\$33,634	<b>\$527,416</b>
		<b>Grand Total:</b>	<b>\$7,128,020</b>	<b>\$508,224</b>	<b>\$7,636,244</b>

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

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) <sup>C</sup>	FRINGE BENEFITS <sup>A</sup> (Directl y or Indirectly) <sup>C</sup>	TOTAL
<b>A . WESTERN CONNECTICUT HEALTH NETWORK, INC.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>B . ADVANCED CENTER FOR REHABILITATION MEDICINE</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>C . BUSINESS SYSTEMS, INC</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>D . DANBURY HOSPITAL</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>E . EASTERN NEW YORK MEDICAL SERVICES, P.C.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>F . MAPLE STREET INDEMNITY COMPANY, LTD.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>G . NEW MILFORD HOSPITAL, INC</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>H . NEW MILFORD MRI, LLC</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>I . NORWALK HEALTH CARE, INC.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>J . NORWALK HEALTH SERVICES CORPORATION</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>K . NORWALK HOSPITAL FOUNDATION, INC.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>L . NORWALK HOSPITAL PHYSICIANS AND SURGEONS FORMERLY KNOWN AS FAIRFIELD COUNTY MEDICAL SERVICES</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>M . NORWALK SURGERY CENTER, LLC</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0



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

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) <sup>C</sup>	FRINGE BENEFITS <sup>A</sup> (Directl y or Indirectly) <sup>C</sup>	TOTAL
N .	<b>SWC CORPORATION</b>			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
O .	<b>WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC</b>			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
P .	<b>WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC</b>			
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 .	<b>WESTERN CONNECTICUT HEALTH NETWORK INSURANCE CO LTD</b>			
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 .	<b>WESTERN CONNECTICUT HEALTH NETWORK INVESTMENTS LLC</b>			
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 .	<b>WESTERN CONNECTICUT HEALTH NETWORK JOINT &amp; SPINE, LLC</b>			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
T .	<b>WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION ACO, INC.</b>			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
U .	<b>WESTERN CONNECTICUT HEALTH NETWORK PHYSICIAN HOSPITAL ORGANIZATION, INC</b>			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
V .	<b>WESTERN CONNECTICUT HOME CARE, INC</b>			
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
W .	<b>WESTERN CONNECTICUT MEDICAL GROUP, INC.</b>			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

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

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

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

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

**NORWALK HOSPITAL  
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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 2015
<b>A</b>	<b>Transfer of Assets or Operations</b>	
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

<b>NORWALK HOSPITAL</b>					
<b>ANNUAL REPORTING</b>					
<b>FISCAL YEAR 2015</b>					
<b>REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014 AMOUNT</b>	<b>FY 2015 AMOUNT</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)</b>					
1.	Number of Applicants	4,878	4,332	(546)	-11%
2.	Number of Approved Applicants	4,042	3,701	(341)	-8%
3.	Total Charges (A)	\$16,802,000	\$15,719,561	(\$1,082,439)	-6%
	<b>Average Charges</b>	<b>\$4,157</b>	<b>\$4,247</b>	<b>\$91</b>	<b>2%</b>
4.	Ratio of Cost to Charges (RCC)	0.364403	0.339565	(0.024838)	-7%
	<b>Total Cost</b>	<b>\$6,122,699</b>	<b>\$5,337,813</b>	<b>(\$784,886)</b>	<b>-13%</b>
	<b>Average Cost</b>	<b>\$1,515</b>	<b>\$1,442</b>	<b>(\$73)</b>	<b>-5%</b>
5.	Charity Care - Inpatient Charges	\$3,401,182	\$1,644,900	(\$1,756,282)	-52%
6.	Charity Care - Outpatient Emergency Department Charges	4,342,827	4,702,098	359,271	8%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	9,057,991	9,372,563	314,572	3%
	<b>Total Charges (A)</b>	<b>\$16,802,000</b>	<b>\$15,719,561</b>	<b>(\$1,082,439)</b>	<b>-6%</b>
8.	Charity Care - Number of Patient Days	458	253	(205)	-45%
9.	Charity Care - Number of Discharges	95	64	(31)	-33%
10.	Charity Care - Number of Outpatient ED Visits	1,907	2,032	125	7%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	12,631	12,577	(54)	0%
<b>(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.</b>					
<b>B. Hospital Bed Funds (see Hospital Reporting System - Report 17)</b>					
1.	Number of Applicants	-	-	-	0%
2.	Number of Approved Applicants	-	-	-	0%
3.	Total Charges (B)	\$0	\$0	\$0	0%
	<b>Average Charges</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
4.	Ratio of Cost to Charges (RCC)	0	0	0.000000	0%
	<b>Total Cost</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Average Cost</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
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%
	<b>Total Charges (B)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
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>(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.</b>					