

**NORWALK HOSPITAL**  
**ANNUAL REPORTING**  
**FISCAL YEAR 2009**  
**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>NORWALK HEALTH SERVICES CORPORATION</b>
1	Affiliate Description	PARENT CORPORATION
2	Affiliate type of service	Parent Corporation
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	Geoffrey Cole
9	CEO Title	CEO
10	CT Agent Name	Geoffrey Cole
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>B. AFFILIATE NAME</b>		
		<b>ADVANCED CENTER FOR REHABILITATION MEDICINE</b>
1	Affiliate Description	"FOR THE PURPOSE OF PROVIDING REHABILITATION SERVICES"
2	Affiliate type of service	Rehabilitation Services
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	Geoffrey Cole
9	CEO Title	CEO
10	CT Agent Name	Geoffrey Cole
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>C. AFFILIATE NAME</b>		
		<b>FAIRFIELD COUNTY MEDICAL SERVICES, INC.</b>
1	Affiliate Description	TO BENEFIT HEALTH STATUS OF COMMUNITY SERVED BY NORWALK HOSPITAL
2	Affiliate type of service	Physicians Services
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	Geoffrey Cole
9	CEO Title	PRESIDENT
10	CT Agent Name	Geoffrey Cole
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>D. AFFILIATE NAME</b>		
		<b>MAPLE STREET INDEMNITY COMPANY, LTD.</b>
1	Affiliate Description	CAPTIVE INSURANCE COMPANY, DOMICILED IN BERMUDA TO INSURE PROFESSIONAL LIABILITY EXPOSURE OF HOSPITAL AND ATTENDING PHYSICIANS.
2	Affiliate type of service	Insurance

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
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	Geoffrey Cole
9	CEO Title	CEO
10	CT Agent Name	Geoffrey Cole
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>E. AFFILIATE NAME</b>		
<b>AFFILIATE NAME</b>		<b>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	Geoffrey Cole
9	CEO Title	CEO
10	CT Agent Name	Geoffrey Cole
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>F. AFFILIATE NAME</b>		
<b>AFFILIATE NAME</b>		<b>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	Geoffrey Cole
9	CEO Title	CEO
10	CT Agent Name	Geoffrey Cole
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>G. AFFILIATE NAME</b>		
<b>AFFILIATE NAME</b>		<b>SWC CORPORATION</b>
1	Affiliate Description	"FOR THE PURPOSE OF PROVIDING PHARMACEUTICAL NEEDS/ EQUITY TRANSFER OF NRMIC 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	Geoffrey Cole
9	CEO Title	CEO

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(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>AFFILIATE INFORMATION</b>
10	CT Agent Name	Geoffrey Cole
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 -

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

**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 9/30/2009
<b>A. NORWALK HOSPITAL</b>			
1		Unrestricted	\$125,849,836
2		Temporarily Restricted by Donor	\$13,726,443
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$9,343,643
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$148,919,922</b>
<b>B. NORWALK HEALTH SERVICES CORPORATION</b>			
1		Unrestricted	\$21,875,146
2		Temporarily Restricted by Donor	\$6,345,767
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$79,993)
		<b>Total:</b>	<b>\$28,140,920</b>
<b>C. ADVANCED CENTER FOR REHABILITATION MEDICINE</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>D. FAIRFIELD COUNTY MEDICAL SERVICES, INC.</b>			
1		Unrestricted	(\$7,331,131)
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>(\$7,331,131)</b>
<b>E. MAPLE STREET INDEMNITY COMPANY, LTD.</b>			
1		Unrestricted	\$9,866,436
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>\$9,866,436</b>
<b>F. NORWALK HEALTH CARE, INC.</b>			
1		Unrestricted	\$386,565
2		Temporarily Restricted by Donor	\$41,604
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$428,169</b>
<b>G. NORWALK HOSPITAL FOUNDATION, INC.</b>			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$19,381,735
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$9,343,642
5		Intercompany Eliminations	(\$28,606,959)
		<b>Total:</b>	<b>\$118,418</b>

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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 9/30/2009
	<b>H. SWC CORPORATION</b>		
1		Unrestricted	\$440,841
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$440,841)
		<b>Total:</b>	<b>\$0</b>
	<b>Total of all Affiliates (before Intercompany Eliminations)</b>	<b>Fund Balance:</b>	<b>\$209,270,527</b>
	<b>Intercompany Eliminations</b>		<b>(\$29,127,793)</b>
	<b>Total of all Affiliates</b>	<b>Fund Balance:</b>	<b>\$180,142,734</b>

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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. NORWALK HEALTH SERVICES CORPORATION</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$0</b>
<b>B. ADVANCED CENTER FOR REHABILITATION MEDICINE</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$0</b>
<b>C. FAIRFIELD COUNTY MEDICAL SERVICES, INC.</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$4,957,449</b>
1		Payments to Physicians for inpatient services	09/30/2009	(\$3,188,277)
2		Payments on Account	09/30/2009	(\$1,432,000)
3		Transfers Revenue/Expense Net	09/30/2009	\$7,196,277
4		Expense Correction Prior Year	09/30/2009	\$114,141
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$7,647,590</b>
<b>D. MAPLE STREET INDEMNITY COMPANY, LTD.</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$8,425</b>
1		Expense Correction Prior Year	09/30/2009	\$8,425
2		Expense Correction Prior Year	09/30/2009	(\$8,425)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$8,425</b>
<b>E. NORWALK HEALTH CARE, INC.</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$4,064,842</b>
1		Payments on Account	09/30/2009	(\$450,000)
2		Expense Transfers	09/30/2009	\$270,581
3		Rehabilitation Therapy	09/30/2009	\$785,629
4		Laundry	09/30/2009	\$240,000
5		Management Fee	09/30/2009	\$487,764
6		Cash Transfer to Honey Hill	09/30/2009	\$1,925,000
7		Fund Balance Transfer to Honey Hill	09/30/2009	(\$7,323,000)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$816</b>
<b>F. NORWALK HOSPITAL FOUNDATION, INC.</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>(\$2,060,971)</b>

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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
1		Funding Operations of Norwalk Hospital Foundation	09/30/2009	(\$1,221,382)
2		Rent	09/30/2009	\$43,200
3		Accounting Fees	09/30/2009	\$65,160
4		Payments on Account	09/30/2009	(\$4,665,000)
5		Expense Transfers	09/30/2009	\$7,898,133
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>\$59,140</b>
<b>G.</b>	<b>SWC CORPORATION</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2008</b>	<b>\$580,134</b>
1		Management Fee	09/30/2009	(\$3,571,744)
2		Rent	09/30/2009	\$28,532
3		Interest	09/30/2009	\$18,467
4		Payments on Account	09/30/2009	\$2,675,000
5		Accounting Fees	09/30/2009	\$138,000
6		Expense Transfers	09/30/2009	\$32,101
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2009</b>	<b>(\$99,510)</b>
			<b>Grand Total:</b>	<b>\$7,616,462</b>

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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
			<b>Beginning Unconsolidated Intercompany Balance</b>	<b>10/01/2008</b>	<b>\$110,580</b>
<b>A.</b>	<b>NORWALK HEALTH SERVICES CORPORATION</b>				
1		NORWALK HEALTH CARE, INC.	Payment on Account	09/30/2009	(\$112,199)
2		NORWALK HEALTH CARE, INC.	Interest Charge	09/30/2009	\$2,379
			<b>Total:</b>	<b>9/30/2009</b>	<b>(\$109,820)</b>
<b>B.</b>	<b>ADVANCED CENTER FOR REHABILITATION MEDICINE</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2009</b>	<b>\$0</b>
<b>C.</b>	<b>FAIRFIELD COUNTY MEDICAL SERVICES, INC.</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2009</b>	<b>\$0</b>
<b>D.</b>	<b>MAPLE STREET INDEMNITY COMPANY, LTD.</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2009</b>	<b>\$0</b>
<b>E.</b>	<b>NORWALK HEALTH CARE, INC.</b>				
1		NORWALK HOSPITAL FOUNDATION, INC.	Transfer	09/30/2009	\$63
			<b>Total:</b>	<b>9/30/2009</b>	<b>\$63</b>
<b>F.</b>	<b>NORWALK HOSPITAL FOUNDATION, INC.</b>				
1		NORWALK HEALTH CARE, INC.	Payment on Account	09/30/2009	(\$300)
			<b>Total:</b>	<b>9/30/2009</b>	<b>(\$300)</b>
<b>G.</b>	<b>SWC CORPORATION</b>				
1		NORWALK HEALTH CARE, INC.	Employee Pharmacy PR Deductions	09/30/2009	\$60
			<b>Total:</b>	<b>9/30/2009</b>	<b>\$60</b>
			<b>Ending Unconsolidated Intercompany Balance</b>	<b>9/30/2009</b>	<b>\$583</b>

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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
	<b>A. NORWALK HEALTH SERVICES CORPORATION</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>B. ADVANCED CENTER FOR REHABILITATION MEDICINE</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>C. FAIRFIELD COUNTY MEDICAL SERVICES, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>D. MAPLE STREET INDEMNITY COMPANY, LTD.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>E. NORWALK HEALTH CARE, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>F. NORWALK HOSPITAL FOUNDATION, INC.</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>G. SWC CORPORATION</b>		
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2009</b>
	<b>Grand Total:</b>	<b>\$0</b>	<b>9/30/2009</b>

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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.</b>	<b>NORWALK HEALTH SERVICES CORPORATION</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>B.</b>	<b>ADVANCED CENTER FOR REHABILITATION MEDICINE</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>C.</b>	<b>FAIRFIELD COUNTY MEDICAL SERVICES, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>D.</b>	<b>MAPLE STREET INDEMNITY COMPANY, LTD.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>E.</b>	<b>NORWALK HEALTH CARE, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>F.</b>	<b>NORWALK HOSPITAL FOUNDATION, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>G.</b>	<b>SWC CORPORATION</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
	<b>Grand Total:</b>	<b>\$0</b>	

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 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%

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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund <b>(FULL NAME)</b>	Amount
<b>1. Number of Applications for Hospital Bed Funds</b>		<b>0</b>
<b>2. A. Number of Patients receiving Hospital Bed Fund Grants</b>		<b>0</b>
<b>2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F</b>		<b>\$0.00</b>
<b>Grand Total</b>		<b>\$0.00</b>

<b>NORWALK HOSPITAL                      ANNUAL REPORTING                      FISCAL YEAR 2009                      REPORT 17 - 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				
(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>

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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 collection agents charge a flat fee of an agreed upon percentage on all amounts recovered for all 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	9.00%
<b>II. SPECIFIC COLLECTION AGENT INFORMATION</b>		
<b>Collection Agent</b>		
1	Collection Agent Name	Credit Bureau Collection Services, Inc. (CBCS)
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	After the hospital follows the processes and policies described in Section I. Accounts are assigned to the collection agents based on an alpha split. Last names beginning with A-K will be sent to Credit Bureau Collection Services, Inc.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Credit Bureau Collection Services, Inc. is compensated at 25% of all non-legal recovered amounts and 30% of all legal recovered amounts

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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.	9.00%
	<b>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 Dir of Pt Accts 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, Workers Comp claims, probate, 3rd-party litig
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 a lessor % or hourly rate may be paid depending on the circumstances.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	13.00%
	<b>Collection Agent</b>	
1	Collection Agent Name	Tierney, Zullo, Flaherty and Murphy, 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 Dir of Pt Accts 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 may have balances over \$10,000 and involve motor vehicles, Workers Comp, probate, 3rd party litigation, malpr

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(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.	All collection agents charge a flat fee of an agreed upon percentage on all amounts recovered for all accounts which are non-legal. An additional fee of an agreed upon percentage is charged on all amounts recovered on legal accounts
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	0.00%
	<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 policies described in Section I. Accounts are assigned to the collections agents based upon an alpha split. Last names beginning with the letters L-Z will be sent 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 primary non-legal recovered amounts, 50% for secondary non-legal recovered amounts and 30% of all legal recovered amounts.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	11.00%
	<b>Collection Agent</b>	
1	Collection Agent Name	Tobin, Levin, Carberry and OMalley P.C.
2	Collection Agent Type	Attorney
3	Related / Not Related Entity	Not Related

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

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
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.	Supervisor of insurance Department will review accounts and determine whether the situation requires legal services to assist in the collection process. In addition this legal firm handles any appeals deemed necessary for potential reimbursement and Title XIX eligibility process for special situati
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.	Tobin is compensated at 33 1/3% of any recovered amount.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	11.80%

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

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	President & CEO	\$869,034	\$72,511	\$941,545
2.	Chairman, Dept. of Medicine	\$688,869	\$138,351	\$827,220
3.	Chairman, Dept. of OB/GYN	\$733,218	\$54,240	\$787,458
4.	VP & Chief Operating Officer	\$531,218	\$49,588	\$580,806
5.	Physician, Emergency Department	\$470,747	\$76,130	\$546,877
6.	Physician, Emergency Department	\$477,531	\$61,903	\$539,434
7.	Chairman, Dept. of Emergency Medicine	\$431,712	\$88,998	\$520,710
8.	VP Nursing Patient Care Services	\$341,089	\$95,694	\$436,783
9.	VP Planning and Business Development	\$357,051	\$50,066	\$407,117
10.	Physician, Emergency Department	\$351,352	\$40,768	\$392,120
	<b>Grand Total:</b>	<b>\$5,251,821</b>	<b>\$728,249</b>	<b>\$5,980,070</b>

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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> (Directly or Indirectly) <sup>C</sup>	TOTAL
<b>A . 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>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 . FAIRFIELD COUNTY MEDICAL SERVICES, 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 . 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>E . 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>F . 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>G . 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

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

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

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

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

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

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2009
<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

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REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
<b>A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)</b>					
1.	Number of Applicants	3,460	3,434	(26)	-1%
2.	Number of Approved Applicants	2,794	2,758	(36)	-1%
3.	Total Charges (A)	\$17,183,886	\$17,554,000	\$370,114	2%
	<b>Average Charges</b>	<b>\$6,150</b>	<b>\$6,365</b>	<b>\$214</b>	<b>3%</b>
4.	Ratio of Cost to Charges (RCC)	0.52182	0.468829	(0.052991)	-10%
	<b>Total Cost</b>	<b>\$8,966,895</b>	<b>\$8,229,824</b>	<b>(\$737,071)</b>	<b>-8%</b>
	<b>Average Cost</b>	<b>\$3,209</b>	<b>\$2,984</b>	<b>(\$225)</b>	<b>-7%</b>
5.	Charity Care - Inpatient Charges	\$9,477,427	\$7,499,730	(\$1,977,697)	-21%
6.	Charity Care - Outpatient Emergency Department Charges	2,644,372	3,535,853	891,481	34%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	5,062,087	6,518,417	1,456,330	29%
	<b>Total Charges (A)</b>	<b>\$17,183,886</b>	<b>\$17,554,000</b>	<b>\$370,114</b>	<b>2%</b>
8.	Charity Care - Number of Patient Days	3,982	3,794	(188)	-5%
9.	Charity Care - Number of Discharges	618	893	275	44%
10.	Charity Care - Number of Outpatient ED Visits	1,615	1,974	359	22%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	7,848	8,927	1,079	14%
<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>					