(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
Α.	AFFILIATE NAME	STAMFORD HEALTH SYSTEM
		SOLE MEMBER SHS; THE STAMFORD HOSPITAL, CTR FOR CONT CARE OF
		GRTR STMFD, HEALTH SVCS OF STMFD, CONT RETIREMENT COMMUNITY OF
		GRTR STMFD, STMFD HEALTH FOUNDATION. MILLAR HALL MED SUITES, FFLD
	Affiliate Description	CNTY SS, HLTHSTR INDM, STMD OBGYN, PREMIER MG AND OTHERS
	Affiliate type of service	Parent Corporation
	Tax Status	
	Street Address	30 SHELBURNE ROAD STAMFORD
	Town State	Connecticut
	Zip Code	06904 -
	CEO Name	BRIAN GRISSLER
	CEO Title	PRESIDENT AND CEO
	CT Agent Name	Derrick O. Hollings
	CT Agent Company	STAMFORD HOSPITAL
12	CT Agent Company Street Address	30 Shelburne Road
13	CT Agent Town	Stamford
	CT Agent State	Connecticut
15	CT Agent Zip Code	06904 -
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В.		CONTINUING CARE RETIREMENT COMMUNITY OF GREATER STAMFORD, INC.
		CCRC IS A FULL SERVICES LIFE CARE RETIREMENT COMMUNITY WHICH
		CONSISTS OF 207 INDEPEDENT LIVING UNITS, 20 ASSISTED LIVING UNITS, AND
	Affiliate Description	A 60 BED SKILLED NURSING FACILITY.
	Affiliate type of service Tax Status	Other HealthCare Svcs(Specify) Not for Profit
	Street Address	30 SHELBURNE ROAD
	Town	Stamford
-	State	Connecticut
	Zip Code	06904 -
	CEO Name	Brian Grissler
9	CEO Title	PRESIDENT AND CEO
10	CT Agent Name	Derrick O. Hollings
	CT Agent Company	STAMFORD HOSPITAL
	CT Agent Company Street Address	
	CT Agent Town	Stamford
14	CT Agent State	Connecticut 06904 -
15	CT Agent Zip Code	06904 -
C.	AFFILIATE NAME	FAIRFIELD COUNTY OBSTETRICS AND GYNECOLOGY, LLC
	Affiliate Description	A PROFESSIONAL CAPTIVE PROVIDING OBSTETRICAL CARE
	Affiliate type of service	Physicians Services
	Tax Status	For Profit
	Street Address	30 SHELBURNE ROAD
	Town	STAMFORD
	State	Connecticut
	Zip Code	06904 -
	CEO Name	DR. JOHN RODIS
		PRESIDENT
	CT Agent Name	DR. JOHN RODIS
	CT Agent Company	STAMFORD HOSPITAL
	CT Agent Company Street Address CT Agent Town	30 SHELBURNE ROAD STAMFORD
	CT Agent Town	Connecticut
	CT Agent Zip Code	06904 -

(1)	(2)	(3)		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
D.	AFFILIATE NAME	FAIRFIELD COUNTY PRIMARY CARE, P.C.		
	Affiliate Description	A PROFESSIONAL CAPTIVE PROVIDING URGRNT CARE		
2	Affiliate type of service	Physicians Services		
	Tax Status	For Profit		
	Street Address	30 SHELBURNE ROAD		
5	Town	STAMFORD		
	State	Connecticut		
	Zip Code CEO Name			
-	CEO Name CEO Title	JOHN RODIS, MD PRESIDENT		
	CT Agent Name	JOHN RODIS, MD		
	CT Agent Company	ISTAMFORD HOSPITAL		
	CT Agent Company Street Address			
	CT Agent Town	STAMFORD		
	CT Agent State	Connecticut		
	CT Agent Zip Code	06904 -		
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		FAIRFIELD COUNTY SURGICAL SPECIALISTS		
	Affiliate Description	A professional corporation providing surgical services.		
	Affiliate type of service	Physicians Services For Profit		
	Tax Status Street Address	30 Shelburne Road		
	Town	Stamford		
	State	Connecticut		
	Zip Code	06904 -		
	CEO Name	JOHN RODIS,MD		
	CEO Title	PRESIDENT		
	CT Agent Name	JOHN RODIS, M.D.		
	CT Agent Company	STAMFORD HOSPITAL		
		30 Shelburne Road		
	CT Agent Town	Stamford		
14	CT Agent State	Connecticut		
15	CT Agent Zip Code	06904 -		
F.	AFFILIATE NAME	HEALTHSTAR INDEMNITY COMPANY, LTD.		
1	Affiliate Description	STAMFORD HOSPITAL WHOLLY-OWNED CAPTIVE INSURANCE COMPANY.		
	Affiliate type of service	Insurance		
	Tax Status	Not for Profit		
4	Street Address	8 WESLEY STREET		
	Town	HAMILTON		
	State	Bermuda		
	Zip Code			
	CEO Name	BRIAN GRISSLER		
	CEO Title	PRESIDENT		
	CT Agent Name	Derrick O. Hollings		
	CT Agent Company CT Agent Company Street Address	STAMFORD HOSPITAL 30 Shelburne Rd		
	CT Agent Company Street Address CT Agent Town	Stamford		
	CT Agent State	Connecticut		
14	CT Agent Zip Code	06904 -		
10				
G.	AFFILIATE NAME	MILLER HALL MEDICAL SUITES LLC		
		MILLER HALL IS A LLC THAT OWNS A BUILDING ADJACENT TO THE HOSPITAL'S		
		CAMPUS WHICH IS USED PRIMARILY AS PHYSICIANS` OFFICE. STAMFORD		
	Affiliate Description	HEALTH SYSTEM IS 100% OWNER.		
2	Affiliate type of service	Real Estate		
	Tax Status	For Profit		
	Street Address	30 SHELBURNE ROAD		

ILLE DESCRIPTION AFFILIATE INFORMATION 5 Town Stardord 6 State Connectiout 7 Zip Code 06904 - 8 CEO Name BRIAN GRISSLER 9 CEO Title PPRESIDENT AND CEO 10 CT Agent Company STAMFORD HOSPITAL 21 CT Agent Company Steet Address STAMFORD HOSPITAL 22 CT Agent Company Steet Address Steet EURNE ROAD 31 CT Agent State Connecticut 32 CT Agent State Connecticut 33 CT Agent Zip Code 09904 - 44 Street Address 30 SHELBURNE ROAD 34 Street Address 30 SHELBURNE ROAD 35 Town STAMFORD 45 Street Address 30 SHELBURNE ROAD 5 Town STAMFORD 6 State Connecticut 7 Zip Code 06904 - 7 Zip Code 06904 - 7 Zip Code <t< th=""><th>(1)</th><th>(2)</th><th>(3)</th></t<>	(1)	(2)	(3)
5 Town Stanford 6 State Connecticut 7 Zip Code 06804 - 8 CEO Name BRIAN CRISSLER 9 CEO Tite PRESIDENT AND CEO 10 CT Agent Company STAMFORD HOSPITAL 11 CT Agent Company Stret Address STAMFORD HOSPITAL 12 CT Agent Town Stamford 13 CT Agent Town Stamford 14 CT Agent State Connecticut 15 CT Agent State Connecticut 16 CT Agent Address SO SHELBURNE CORPORATION PROVIDING MEDICAL SERVICES 17 Affiliate type of service Provide Address 18 Stret Address SO SHELBURNE ROAD 19 CT Agent Address STAMFORD 20 Stret Address SO SHELBURNE ROAD 3 Tax Status For Profit 3 Tax Status STAMFORD 4 Connecticut CT Agent Town 3 Cate Address SSHELBURNE ROAD 4 Contract Connecticut 10 CT Agent Town STAMFORD HEALTH FOUNDATION 11 CT Agent Town STAMFORD HEALTH FOUNDATION 12 CT Agent Tom C			
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6 State Connecticut 7 Zip Code 0600 - 8 CEO Name BRIAN CRISSLER 9 CEO Trite PRESIDENT AND CEO 10 CT Agent Company Street Address 30 SHELBURNE ROAD 11 CT Agent Town StateMPCR0 HOSPITAL 12 CT Agent Town StateMore 13 CT Agent Town StateMore 14 CT Agent Town StateMore 15 CT Agent Town StateMore 16 Applicate State Connecticut 17 Affiliate Description A PROFESSIONAL CORPORATION PROVIDING MEDICAL SERVICES 16 Affiliate type of service Physicians Services 17 Tax Status For Profit 4 Street Address 30 SHELBURNE ROAD 5 Town STAMFORD 6 State Connecticut 7 Zip Code O604- 6 State Connecticut 7 Zip Code O604- 6 Taxen Address 30 SHELBURNE ROAD 7 Zip Code			
7 Zip Code 06604 - 8 CEO Name BRIAN ORISSLER 9 CEO Title PRESIDENT AND CEO 10 CT Agent Name Darick O. Holings 11 CT Agent Company Stret Address 30 SHELBURNE ROAD 13 CT Agent Town Stamford 14 CT Agent Town Stamford 15 CT Agent Town Stamford 16 CT Agent Town Stamford 17 Affiliate Description APROFESSIONAL CORPORATION PROVIDING MEDICAL SERVICES 16 Affiliate Upp of Service Physicans Services 17 Affiliate Upp of Service Physicans Services 18 Street Address SO SHELBURNE ROAD 19 CT Agent Company Street Address SO SHELBURNE ROAD 10 CT Agent Company Street Address SO SHELBURNE ROAD 10 CT Agent Town STAMFORD 10 CT Agent Town STAMFORD 11 CT Agent Town STAMFORD 12 CT Agent Town STAMFORD 13 CT Agent Town STAMFORD 10 CT Agent Town STAMFORD 12 CT Agent Town STAMFORD 14 CT Agent Town STAMFORD HEALTH FOUNDATION	-		
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9 CEO Title PRESIDENT 10 CT Agent Name JOHN RODIS, MD 11 CT Agent Company STAMFORD 12 CT Agent Town STAMFORD 13 CT Agent Town STAMFORD 14 CT Agent Town STAMFORD 15 CT Agent Town STAMFORD 16 CT Agent Town STAMFORD HEALTH FOUNDATION 17 ArFILLATE NAME STAMFORD HEALTH FOUNDATION 18 AFFILLATE NAME STAMFORD HEALTH FOUNDATION AND ELECTION OF MEMBERS TO THE BOARD OF 1 Affiliate tops of service Fund Raising/Management 2 Affiliate tops of service Fund Raising/Management 3 Tax Status Not for Profit 4 Street Address 30 SHELBURNE ROAD 5 Town Stamford 6 State Connecticut 7 Zip Code 06904 - 9 CEO Title PRESIDENT AND CEO 10 CT Agent Name Derrick O. Hollings 11 CT Agent Name Derrick O. Hollings 12 CT Agent Town Stamford 13 CT Agent Town Stamford 14 CT Agent Town Stamford 15 CT Age			
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14 CT Agent State Connecticut 15 CT Agent Zip Code 06904 - 16 AFFILIATE NAME STAMFORD HEALTH FOUNDATION 1. AFFILIATE NAME STAMFORD HEALTH FOUNDATION 1. AFFILIATE NAME STAMFORD HEALTH FOUNDATION 1. AFFILIATE NAME STAMFORD HEALTH SYSTEM. 2. Affiliate Description STAMFORD HEALTH SYSTEM. 2. Affiliate type of service Fund Raising/Management 3. Tax Status Not for Profit 4. Street Address 30 SHELBURNE ROAD 5. Town Stamford 6. State Connecticut 7. Zip Code 06904 - 8. CEO Name BRIAN GRISSLER 9. CEO Title PRESIDENT AND CEO 10. CT Agent Name Derrick O. Hollings 11. CT Agent Town Stamford 12. CT Agent Company Street Address 30 SHELBURNE ROAD 13. CT Agent Town Stamford 14. CT Agent Town Stamford 15. CT Agent Zip Code	13	CT Agent Town	STAMFORD
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5 Town Stamford 6 State Connecticut	1 2 3 4 5 6 7 8 9 10 11 11 12 13 14 15 J.	Affiliate Description Affiliate type of service Tax Status 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 State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service	HAS CORPORATE RESPONSIBILITY FOR FUND RAISING ACTIVITIES, DIRECTOR AND MEMBER EDUCATION, AND ELECTION OF MEMBERS TO THE BOARD OF STAMFORD HEALTH SYSTEM. Fund Raising/Management Not for Profit 30 SHELBURNE ROAD Stamford Connecticut 06904 - BRIAN GRISSLER PRESIDENT AND CEO Derrick O. Hollings STAMFORD HOSPITAL 30 SHELBURNE ROAD Stamford Connecticut 06904 - STAMFORD HEALTH RESOURCES PROVIDES A FOR PROFIT CORPORATE VEHICLE WHICH MAY BE USED TO FACILITATE THE DEVELOPMENT AND OPERATION OF SELECTED HEALTH RELATED FACILITIES. Pharmacy
6 State Connecticut	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 J .	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State Affiliate Description Affiliate type of service Tax Status	HAS CORPORATE RESPONSIBILITY FOR FUND RAISING ACTIVITIES, DIRECTOR AND MEMBER EDUCATION, AND ELECTION OF MEMBERS TO THE BOARD OF STAMFORD HEALTH SYSTEM. Fund Raising/Management Not for Profit 30 SHELBURNE ROAD Stamford Connecticut 06904 - BRIAN GRISSLER PRESIDENT AND CEO Derrick O. Hollings STAMFORD HOSPITAL 30 SHELBURNE ROAD Stamford Connecticut 06904 - STAMFORD HEALTH RESOURCES PROVIDES A FOR PROFIT CORPORATE VEHICLE WHICH MAY BE USED TO FACILITATE THE DEVELOPMENT AND OPERATION OF SELECTED HEALTH RELATED FACILITIES. Pharmacy For Profit
	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 J. 2 3 4	Affiliate Description Affiliate type of service Tax Status 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 Description Affiliate Description Affiliate type of service Tax Status Street Address	HAS CORPORATE RESPONSIBILITY FOR FUND RAISING ACTIVITIES, DIRECTOR AND MEMBER EDUCATION, AND ELECTION OF MEMBERS TO THE BOARD OF STAMFORD HEALTH SYSTEM. Fund Raising/Management Not for Profit 30 SHELBURNE ROAD Stamford Connecticut 06904 - BRIAN GRISSLER PRESIDENT AND CEO Derrick O. Hollings STAMFORD HOSPITAL 30 SHELBURNE ROAD Stamford Connecticut 06904 - STAMFORD HEALTH RESOURCES PROVIDES A FOR PROFIT CORPORATE VEHICLE WHICH MAY BE USED TO FACILITATE THE DEVELOPMENT AND OPERATION OF SELECTED HEALTH RELATED FACILITIES. Pharmacy For Profit 30 SHELBURNE ROAD
/ ZIP Code 06904 -	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 J. 2 3 4 5	Affiliate Description Affiliate type of service Tax Status 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 State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address Town	HAS CORPORATE RESPONSIBILITY FOR FUND RAISING ACTIVITIES, DIRECTOR AND MEMBER EDUCATION, AND ELECTION OF MEMBERS TO THE BOARD OF STAMFORD HEALTH SYSTEM. Fund Raising/Management Not for Profit 30 SHELBURNE ROAD Stamford Connecticut 06904 - BRIAN GRISSLER PRESIDENT AND CEO Derrick O. Hollings STAMFORD HOSPITAL 30 SHELBURNE ROAD Stamford Connecticut 06904 - STAMFORD HEALTH RESOURCES PROVIDES A FOR PROFIT CORPORATE VEHICLE WHICH MAY BE USED TO FACILITATE THE DEVELOPMENT AND OPERATION OF SELECTED HEALTH RELATED FACILITIES. Pharmacy For Profit 30 SHELBURNE ROAD Stamford
	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 J. 2 3 4 5 6	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Town CT Agent State CT Agent Zip Code Affiliate Description Affiliate Description Affiliate type of service Tax Status Street Address Town State	HAS CORPORATE RESPONSIBILITY FOR FUND RAISING ACTIVITIES, DIRECTOR AND MEMBER EDUCATION, AND ELECTION OF MEMBERS TO THE BOARD OF STAMFORD HEALTH SYSTEM. Fund Raising/Management Not for Profit 30 SHELBURNE ROAD Stamford Connecticut 06904 - BRIAN GRISSLER PRESIDENT AND CEO Derrick O. Hollings STAMFORD HOSPITAL 30 SHELBURNE ROAD Stamford Connecticut 06904 - STAMFORD HEALTH RESOURCES PROVIDES A FOR PROFIT CORPORATE VEHICLE WHICH MAY BE USED TO FACILITATE THE DEVELOPMENT AND OPERATION OF SELECTED HEALTH RELATED FACILITIES. Pharmacy For Profit 30 SHELBURNE ROAD Stamford Connecticut STAMFORD HEALTH RESOURCES

(1)	(2)	(3)
	DESCRIPTION	AFFILIATE INFORMATION
	CEO Name	BRIAN GRISSLER
	CEO Title	PRESIDENT AN CEO
	CT Agent Name	Derrick O. Hollings
11	CT Agent Company	STAMFORD HOŠPITAL
		30 SHELBURNE ROAD
13	CT Agent Town	Stamford
	CT Agent State	Connecticut
15	CT Agent Zip Code	06904 -
к.		STAMFORD OB/GYN ASSOCIATES, PC
	Affiliate Description	A professional corporateion providing obstetrical services
	Affiliate type of service	Physicians Services
	Tax Status	For Profit
	Street Address	30 Shelburne Road
	Town	Stamford
-	State	Connecticut
	Zip Code	06904 -
	CEO Name	JAMES NELSON
-	CEO Title	PRESIDENT
	CT Agent Name	Ronald Turnbull
	CT Agent Company	STAMFORD HOSPITAL
		30 Shelburne Road
	CT Agent Company Street Address	Stamford
	CT Agent Town	Connecticut
	CT Agent Zip Code	06904 -
15	CT Agent Zip Code	00004
L.	AFFILIATE NAME	STAMFORD/NSC.LLC
		TO ACT AS MANAGING MEMBER OF ONE OR MORE ENTITIES THAT OPERATE
1	Affiliate Description	AMBULATORY SURGERY CENTERS.
	Affiliate type of service	Managed Services Org. (MSO)
	Tax Status	For Profit
	Street Address	191 NORTH WACKER DRIVE, SUITE 925
	Town	CHICAGO
-	State	Illinois
	Zip Code	60606 -
	CEO Name	BRIAN GRISSLER
	CEO Title	
	CT Agent Name	BRIAN GRISSLER
	CT Agent Company	
	CT Agent Company Street Address	30 SHELBURNE ROAD
13	CT Agent Town	STAMFORD
14	CT Agent State	Connecticut
	CT Agent Zip Code	06902 -

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

STAMFORD HOSPITAL ANNUAL REPORTING FISCAL YEAR 2009 REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2009
	STAMFORD HOSPITAL		A E0.500.000
1		Unrestricted	\$56,506,000
2		Temporarily Restricted by Donor Temporarily Restricted by Board	\$20,215,000 \$0
4		Permanently Restricted by Doard	\$7,983,000
5		Intercompany Eliminations	\$0
		Total:	\$84,704,000
В.	STAMFORD HEALTH SYSTEM		
1		Unrestricted	\$76,904,000
2		Temporarily Restricted by Donor	\$2,361,000
3		Temporarily Restricted by Board	\$0
4 5		Permanently Restricted by Donor Intercompany Eliminations	\$48,000 (\$49,000)
5			\$79,264,000
			¢10,201,000
	CONTINUING CARE RETIREMENT COMMUNITY OF GREATER		
C.	STAMFORD, INC.		
1		Unrestricted	(\$1,074,000)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$1,074,000)
D.	FAIRFIELD COUNTY OBSTETRICS AND GYNECOLOGY, LLC		
1		Unrestricted	\$230,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$230,000
	FAIRFIELD COUNTY PRIMARY CARE, P.C.		A 4 B0B 00
1		Unrestricted	\$1,537,000
2		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,537,000
F.	FAIRFIELD COUNTY SURGICAL SPECIALISTS		
1		Unrestricted	\$239,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0 \$239,000
			¢∠39,000
G.	HEALTHSTAR INDEMNITY COMPANY, LTD.		
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

STAMFORD HOSPITAL ANNUAL REPORTING FISCAL YEAR 2009 REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
		FUND PURPOSE	9/30/2009
н. П	MILLER HALL MEDICAL SUITES LLC		
1		Unrestricted	\$1,784.000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,784,000
	PREMIER MEDICAL GROUP, PC		
1		Unrestricted	\$1,585,000
2		Temporarily Restricted by Donor	\$C
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,585,000
	STAMFORD HEALTH FOUNDATION		_
J. 8	STAMFORD REALTH FOUNDATION	Uprostrictod	\$0
2		Unrestricted	\$0
2		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0
-		Permanently Restricted by Board	
4		Intercompany Eliminations	\$0 \$0
Э		Total:	50 \$0
		Total:	<u>۵</u> ۵
К. 5	STAMFORD HEALTH RESOURCES		
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
	STAMFORD OB/GYN ASSOCIATES, PC		<u> </u>
1		Unrestricted	\$117,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
Э		Total:	\$0 \$117,000
			÷,000
M. \$	STAMFORD/NSC,LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	Lotal of all Affiliator (before Intercommony Eliminations)	Fund Balance:	£460 435 000
	Total of all Affiliates (before Intercompany Eliminations) Intercompany Eliminations		\$168,435,000 (\$49,000)
	Total of all Affiliates	Fund Balance:	\$168,386,000
			÷100,000,000

STAMFORD HOSPITAL ANNUAL REPORTING FISCAL YEAR 2009 REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE		DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
Α.	STAMFORD HEALTH SYSTEM			
	STAWIORD HEREITI STSTEW	Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$1,203,751
1		Working Capital transfer	09/30/2009	(\$4,247,315)
<u> </u>		Ending Unconsolidated Intercompany Balance:	9/30/2009	(\$3,043,564)
			9/30/2009	(40,010,0001)
В.	CONTINUING CARE RETIREMENT COMMUNITY OF GREATER	STAMFORD, INC.		
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$173,764
1		Working Capital transfer	09/30/2009	(\$149,639)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$24,125
				. , =
C.	FAIRFIELD COUNTY OBSTETRICS AND GYNECOLOGY, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
D.	FAIRFIELD COUNTY PRIMARY CARE, P.C.			
-		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
1		Working Capital transfer	09/30/2009	(\$206,286)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	(\$206,286)
E.	FAIRFIELD COUNTY SURGICAL SPECIALISTS			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
F.	HEALTHSTAR INDEMNITY COMPANY, LTD.	Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$913,257
1		Working Capital transfer	09/30/2009	(\$858,179)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$55,078
		Enang enconcentrated intercompany balance.	9/30/2009	\$00,010
G.	MILLER HALL MEDICAL SUITES LLC			
<u> </u>		Beginning Unconsolidated Intercompany Balance:	9/30/2008	(\$893,978)
1		Working Capital transfer	09/30/2009	\$68,037
<u> </u>		Ending Unconsolidated Intercompany Balance:	9/30/2009	(\$825,941)
			0,00,2000	(, , , , , , , , , , , , , , , , , , ,
Н.	PREMIER MEDICAL GROUP, PC			

STAMFORD HOSPITAL ANNUAL REPORTING FISCAL YEAR 2009 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
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
1.	STAMFORD HEALTH FOUNDATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
J.	STAMFORD HEALTH RESOURCES			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
К.	STAMFORD OB/GYN ASSOCIATES, PC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
	STAMFORD/NSC,LLC			
L.		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
<u> </u>		Nothing to Report	JIJ0/2000	\$0
<u> </u>		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0 \$0
			Grand Total:	(\$3,996,588)

STAMFORD HOSPITAL ANNUAL REPORTING FISCAL YEAR 2009 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	10/01/2008	¢000 046
A.	STAMFORD HEALTH SYSTEM		Intercompany Dalance	10/01/2008	\$233,346
<u> </u>		FAIRFIELD COUNTY OBSTETRICS AND			
1		GYNECOLOGY, LLC	Expense Transfers	09/30/2009	\$237,050
		01112002001,220	Total:	9/30/2009	\$237,050
					. ,
В.	CONTINUING CARE RETIREMENT COMMUNITY OF GREATER STAMFORD, INC.				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
C.	FAIRFIELD COUNTY OBSTETRICS AND GYNECOLOGY, LLC				
		FAIRFIELD COUNTY SURGICAL			
1		SPECIALISTS	Expense Transfers	09/30/2009	\$1,978
2		PREMIER MEDICAL GROUP, PC	Equity Transfers	09/30/2009	\$1,186
3		FAIRFIELD COUNTY PRIMARY CARE, P.C.	Expense Transfers	09/30/2009	\$1,001
			Total:	9/30/2009	\$4,165
D.	FAIRFIELD COUNTY PRIMARY CARE, P.C.				
D.	FAIRFIELD COUNT & PRIMART CARE, P.C.		Nothing to Report		<u> </u>
			Total:	9/30/2009	\$0 \$0
			Total:	9/30/2009	φU
Ε.	FAIRFIELD COUNTY SURGICAL SPECIALISTS				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
F.	HEALTHSTAR INDEMNITY COMPANY, LTD.				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
G.	MILLER HALL MEDICAL SUITES LLC				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
Н.	PREMIER MEDICAL GROUP, PC				
п.			Nothing to Report		\$0
				ļ	\$U

STAMFORD HOSPITAL ANNUAL REPORTING FISCAL YEAR 2009 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
			Total:	9/30/2009	\$0
I.	STAMFORD HEALTH FOUNDATION				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
J.	STAMFORD HEALTH RESOURCES				.
			Nothing to Report	0/20/2000	\$0
			Total:	9/30/2009	\$0
К.	STAMFORD OB/GYN ASSOCIATES, PC				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
L.	STAMFORD/NSC,LLC				
			Nothing to Report	0/20/2000	\$0 \$0
			Total:	9/30/2009	\$0
			Ending Unconsolidated		
			Intercompany Balance	9/30/2009	\$474,561

FISCAL YEAR 2009 REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)	(3)	(4)
		AMOUNT	DATE
	DESCRIPTION OF EXPENDITURE	AMOONT	DATE
Α.	STAMFORD HEALTH SYSTEM		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
В. 0	CONTINUING CARE RETIREMENT COMMUNITY OF GREATER STAMFORD, INC.	\$0	
0	Nothing to Report Total:	\$0 \$0	9/30/2009
		40	5/50/2003
C.	FAIRFIELD COUNTY OBSTETRICS AND GYNECOLOGY, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
D.	FAIRFIELD COUNTY PRIMARY CARE, P.C. Nothing to Report	\$0	
Ť	Total:	\$0 \$0	9/30/2009
Ε.	FAIRFIELD COUNTY SURGICAL SPECIALISTS		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
F.	HEALTHSTAR INDEMNITY COMPANY, LTD.		
Г. 0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
G.	MILLER HALL MEDICAL SUITES LLC		
0	Nothing to Report Total:	\$0	0/00/0000
_	Totai.	\$0	9/30/2009
Н.	PREMIER MEDICAL GROUP, PC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
I.	STAMFORD HEALTH FOUNDATION	¢0.	
0	Nothing to Report Total:	\$0 \$0	9/30/2009
		40	5/50/2003
J.	STAMFORD HEALTH RESOURCES		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
К.	STAMFORD OB/GYN ASSOCIATES, PC Nothing to Report	\$0	
	Total:	\$0 \$0	9/30/2009
L.	STAMFORD/NSC,LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	Grand Total:	\$0	9/30/2009
	Grand Total:	\$0	9/30/2009

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STAMFORD HOSPITAL ANNUAL REPORTING FISCAL YEAR 2009

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
A. 0	STAMFORD HEALTH SYSTEM Nothing to Report	\$0	0
	Total:	\$0	
В.	CONTINUING CARE RETIREMENT COMMUNITY OF GREATER STAMFORD, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	FAIRFIELD COUNTY OBSTETRICS AND GYNECOLOGY, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	FAIRFIELD COUNTY PRIMARY CARE, P.C.		
0	Nothing to Report	\$0 \$0	
	10(a).	\$0	
E.	FAIRFIELD COUNTY SURGICAL SPECIALISTS		
0	Nothing to Report	\$0	0
	Total:	\$0	
F .	HEALTHSTAR INDEMNITY COMPANY, LTD.		
0	Nothing to Report	\$0 \$0	
G.	MILLER HALL MEDICAL SUITES LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
н. 0	PREMIER MEDICAL GROUP, PC Nothing to Report	\$0	
0	Total:	\$0 \$0	0
١.	STAMFORD HEALTH FOUNDATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
J. 0	STAMFORD HEALTH RESOURCES Nothing to Report	\$0	0
<u> </u>	Total:	\$0	

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
К.	STAMFORD OB/GYN ASSOCIATES, PC		
0	Nothing to Report	\$0	0
	Total:	\$0	
L.	STAMFORD/NSC,LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

STAMFORD HOSPITAL ANNUAL REPORTING FISCAL YEAR 2009 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
А.	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	\$259,886.00	\$273,536.00	\$13,650.00	5%
1	Donations	\$1,657.00	\$2,972.00	\$1,315.00	79%
2	Income	\$11,993.00	\$0.00	(\$11,993.00)	-100%
3	Expenditures	\$0.00	\$20,022.00	\$20,022.00	0%
4	Unrealized Gains and Losses	\$0.00	(\$54,017.00)	(\$54,017.00)	0%
	Ending Balance	\$273,536.00	\$202,469.00	(\$71,067.00)	-26%
5	Projected Interest Income	\$6,258.00	\$2,025.00	(\$4,233.00)	-68%
C.	Other	_			
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

	STAMFORD HOSPITAL	
	ANNUAL REPORTING	
	FISCAL YEAR 2009	
RE	PORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERE	D BY THE HOSPITAL
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1.Number of Applicatio	ns for Hospital Bed Funds	1,692
2. A. Number of Patien	ts receiving Hospital Bed Fund Grants	2
2. B. The Actual Total I	Dollar Amount provided to all patients from Hospital Bed F	\$20,022.00
1	Patient Care Free Bed Fund	\$13,277.00
2	Patient Care Free Bed Fund	\$6,745.00
	Grand Total	\$20,022.00

		STAMFORD HO	SPITAL		
		ANNUAL REPO			
		FISCAL YEA			
	REPORT 17 - HOSPITA				
	REPORT IT - HOSPITA			THE ROSPITAL	
		(0)	(4)	(5)	(0)
(1)	(2)	(3)	(4)	(5)	(6)
		FMV of Principal	Actual Earnings	Earnings	Earnings
Line	Name of Hospital Bed Fund			Reinvested	Available
(3)	Fair Market Value of the Principal of	each individual Hospit	al Bed Fund, or the P	rincipal attributable	to each Hospital
. /	•	· ·		•	•
(4)	Total Actual Earnings for each Hospi	tal Bed Fund or the Ea	rninge attributable te	and Hospital Bod	
			a minus all'iduladie il		Fund.
. ,	. .		arnings attributable to	each nospital beu	Fund.
. ,	Actual Dollar Amount of Farnings rei		0	each nospital beu	Fund.
	Actual Dollar Amount of Earnings rei		0		Fund.
(5)		nvested as Principal,	if any.	each nospital bed	Fund.
(5)	Actual Dollar Amount of Earnings rei	nvested as Principal,	if any.	each nospital Bed	Fund.
(5)	Actual Dollar Amount of Earnings av	nvested as Principal, ailable for Patient Care	e.		
(5)		nvested as Principal,	if any.	\$0.00	
(5)	Actual Dollar Amount of Earnings av	nvested as Principal, ailable for Patient Care	e.		\$0.00
(5)	Actual Dollar Amount of Earnings av William Pitt FMC Fund	nvested as Principal, ailable for Patient Care \$119,315.00	e.	\$0.00	Fund. \$0.00 \$0.00 \$0.00

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I.	GENERAL COLLECTION PROCESSES AND PROCEDURES	
Α.	Hospital's processes and policies for assigning a debt to a Collection Agent	
		Patient accounts are initially billed approximately 6 days after discharge with follow up activity occurring at defined intervals until the referral of the accounts to these collection agencies/lawyers.
В.	Hospital's processes and policies for compensating a Collection Agent for services rendered	Collection agencies are compensated on recoveries processed based on predetermined percentages. On a monthly basis the agency reports the amounts it has collected. On a weekly basis the hospital reports collected money directly received by the hospital to the collection agency.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	11.75%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
-	Collection Agent	
1	Collection Agent Name	STAMFORD CREDIT BUREAU
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.	Patient accounts are initially billed approximately 6 days after discharge with follow up activity occurring at defined intervals until the referral of the accounts to these collection agencies/lawyers.
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.	Collection agencies are compensated on recoveries processed based on predetermined percentages. On a monthly basis the agency reports the amounts it has collected. On a weekly basis the hospital reports collected money directly received by the hospital to the collection agency.

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	10.90%
	Collection Agent	
1	Collection Agent Name	CENTURY FINANCIAL SERVICES, INC.
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.	Patient accounts are initially billed approximately 6 days after discharge with follow up activity occurring at defined intervals until the referral of the accounts to these collection agencies/lawyers.
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.	Collection agencies are compensated on recoveries processed based on predetermined percentages. On a monthly basis the agency reports the amounts it has collected. On a weekly basis the hospital reports collected money directly received by the hospital to the collection agency.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	8.04%
	Collection Agent	
1	Collection Agent Name	SANK AND ASSOCIATES
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.	Patient accounts are initially billed approximately 6 days after discharge with follow up activity occurring at defined intervals until the referral of the accounts to these collection agencies/lawyers.

(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.	Collection agencies are compensated on recoveries processed based on predetermined percentages. On a monthly basis the agency reports the amounts it has collected. On a weekly basis the hospital reports collected money directly received by the hospital to the collection agency.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to	
	Collection Agent.	39.79%
	Collection Agent	
1	Collection Agent Name	BLOOMENTHAL
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.	Patient accounts are initially billed approximately 6 days after discharge with follow up activity occurring at defined intervals until the referral of the accounts to these collection agencies/lawyers.
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.	Collection agencies are compensated on recoveries processed based on predetermined percentages. On a monthly basis the agency reports the amounts it has collected. On a weekly basis the hospital reports collected money directly received by the hospital to the collection agency.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	5.38%
	Collection Agent	
1		TCORS
2	Collection Agent Name Collection Agent Type	
	Related / Not Related Entity	Collection Agency
3	Related / NOT Related Entity	Not Related

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
5	If the Hospital follows the same processes and policies described in	Patient accounts are initially billed approximately 6 days after discharge with follow up activity occurring at defined intervals until the referral of the accounts to these collection agencies/lawyers.
		Collection agencies are compensated on recoveries processed based on predetermined percentages. On a monthly basis the agency reports the amounts it has collected. On a weekly basis the hospital reports collected money directly received by the hospital to the collection agency.
	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	1.34%

STAMFORD HOSPITAL ANNUAL REPORTING FISCAL YEAR 2009 REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	President & CEO	\$886,849	\$1,512,760	\$2,399,609
2.	Sr. VP of Medical Affairs	\$619,464	\$225,002	\$844,466
3.	Chief of Surgery	\$576,089	\$101,168	\$677,257
4.	Chief Financial Officer	\$361,900	\$222,126	\$584,026
5.	Chair, Dept of Obstetrics	\$427,844	\$151,763	\$579,607
6.	Exec. VP and Chief Operating Officer	\$438,582	\$117,453	\$556,035
7.	Sr. VP of Strategy & Marketing	\$377,423	\$178,343	\$555,766
8.	Chair, Dept of Pediatrics	\$413,153	\$121,938	\$535,091
9.	Director of Cardiology	\$524,479	\$3,351	\$527,830
10.	Sr. VP of Talent & Culture	\$318,935	\$188,822	\$507,757
	Grand Total:	\$4,944,718	\$2,822,726	\$7,767,444

STAMFORD HOSPITAL ANNUAL REPORTING FISCAL YEAR 2009 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 (Directly or Indirectly) ^C	TOTAL
		or maneetry)	indirectly)	TOTAL
Α.	STAMFORD HEALTH SYSTEM			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$65,323	\$15,677	\$81,000
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
В.	CONTINUING CARE RETIREMENT COMMUNITY OF GREATER STAMFORD, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$471,774	\$113,226	\$585,000
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
С.	FAIRFIELD COUNTY OBSTETRICS AND GYNECOLOGY, LLC	<u> </u>	A- - - - - - - - - -	<u> </u>
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$32,664	\$7,836	\$40,500
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
D .	FAIRFIELD COUNTY PRIMARY CARE, P.C.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$32,664	\$7,836	\$40,500
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Ε.	FAIRFIELD COUNTY SURGICAL SPECIALISTS	- -		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$32,661	\$7,839	\$40,500
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F.	HEALTHSTAR INDEMNITY COMPANY, LTD.	l		
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.	MILLER HALL MEDICAL SUITES LLC	- -		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$32,661	\$7,839	\$40,500
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Н.	PREMIER MEDICAL GROUP, PC	l		
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.	STAMFORD HEALTH FOUNDATION	•-		.
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
J.	STAMFORD HEALTH RESOURCES			
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
Κ.	STAMFORD OB/GYN ASSOCIATES, PC	• • • • • • •		<u>.</u>
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$32,661	\$7,839	\$40,500
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
L.	STAMFORD/NSC,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
			· ·	•

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.

STAMFORD HOSPITAL ANNUAL REPORTING FISCAL YEAR 2009 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
A	Transfer of Assets or Operations	
	Name of the Person or Entity Organized or Operated For Profit involved in each	
1.	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

ANNUAL REPORTING

		D HOSPITAL EPORTING			
		EPORTING			
	REPORT 23 - CHARITY CARE AND REDUCED		PROVIDED BY		
(1)	(2)	(3)	(4)	(5)	(6)
. ,		FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	<u>AMOUNT</u>	DIFFERENCE	DIFFERENCE
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial St	atement Notes)			
1.	Number of Applicants	2,056	1,692	(364)	-18
2.	Number of Approved Applicants	1,958	1,057	(901)	-46
3.	Total Charges (A)	\$15,715,201	\$11,909,791	(\$3,805,410)	-24
	Average Charges	\$8,026	\$11,268	\$3,241	40
4.	Ratio of Cost to Charges (RCC)	0.399143	0.384095	(0.015048)	-4
	Total Cost	\$6,272,612	\$4,574,491	(\$1,698,121)	-27
	Average Cost	\$3,204	\$4,328	\$1,124	35
_					
5.	Charity Care - Inpatient Charges	\$4,353,667	\$3,864,448	(\$489,219)	-11
6.	Charity Care - Outpatient Emergency Department Charges	2,106,501	2,452,557	346,056	16
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	9,255,033	5,592,786	(3,662,247)	-40
	Total Charges (A)	\$15,715,201	\$11,909,791	(\$3,805,410)	-24
8.	Charity Care - Number of Patient Days	533	419	(114)	-21
9.	Charity Care - Number of Discharges	178	115	(63)	-35
10.	Charity Care - Number of Outpatient ED Visits	659	787	128	19
	Charity Care - Number of Outpatient Visits (Excludes ED				
11.	Visits)	6,738	3,383	(3,355)	-50
11.		6,738	3,383	(3,355)	-50
	Visits)				-50
					-50
	Visits)				-50
(A) Th	Visits) e total amount must agree with the total amount listed in t	the Hospital Aud			-50
	Visits)	the Hospital Aud			-50
(A) Th <u>B.</u> 1.	Visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants	the Hospital Aud			-50'
(A) Th <u>B.</u>	Visits) e total amount must agree with the total amount listed in the total amount must agree with the total amount listed in the total amount must agree with the total amount listed in the total amount must agree with the total amount listed in the total amount must agree with the total amount listed in the total amount must agree with the total amount listed in the total amount must agree with the total amount listed in the total amount must agree with the total amount listed in the total amount must agree with the total amount listed in the total amount must agree with the total amount listed in the total amount must agree with the total amount listed in the total amount must agree with the total amount listed in the total amount must agree with the total amount must agree with the total amount listed in the total amount must agree with the total amount must agree with the total amount must agree with the total amount listed in the total amount must agree with	the Hospital Aud	ited Financial St	atement Notes.	-18
(A) Th <u>B.</u> 1. 2.	Visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants	the Hospital Aud eport 17) 2,056	ited Financial St 1,692 2	atement Notes. (364) 2	-18 0
(A) Th <u>B.</u> 1.	Visits) e total amount must agree with the total amount listed in the total	the Hospital Aud eport 17) 2,056 - \$0	ited Financial St 1,692 2 \$20,022	atement Notes. (364) 2 \$20,022	-18 0 0
(A) Th <u>B.</u> 1. 2.	Visits) e total amount must agree with the total amount listed in Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants	the Hospital Aud eport 17) 2,056	ited Financial St 1,692 2	atement Notes. (364) 2	-18 0
(A) Th <u>B.</u> 1. 2.	Visits) e total amount must agree with the total amount listed in the total	the Hospital Aud eport 17) 2,056 - \$0	ited Financial St 1,692 2 \$20,022	atement Notes. (364) 2 \$20,022	-18 0 0 0
(A) Th <u>B.</u> 1. 2. 3.	Visits) e total amount must agree with the total amount listed in the total	the Hospital Aud eport 17) 2,056 - \$0 \$0	ited Financial St 1,692 2 \$20,022 \$10,011	atement Notes. (364) 2 \$20,022 \$10,011	-18 C C C C C
(A) Th <u>B.</u> 1. 2. 3.	Visits) e total amount must agree with the total amount listed in the total	the Hospital Aud eport 17) 2,056 - \$0 \$0 0.399143	ited Financial St 1,692 2 \$20,022 \$10,011 0.384095	atement Notes. (364) 2 \$20,022 \$10,011 (0.015048)	-18 0 0 0 0 -4
(A) Th <u>B.</u> 1. 2. 3. 4.	Visits) e total amount must agree with the total amount listed in the total	the Hospital Aud 2,056 - \$0 \$0 0.399143 \$0 \$0 \$0	ited Financial St 1,692 2 \$20,022 \$10,011 0.384095 \$7,690 \$3,845	atement Notes. (364) 2 \$20,022 \$10,011 (0.015048) \$7,690 \$3,845	-18 0 0 0 0 0 0 0 0 0 0 0
(A) Th <u>B.</u> 1. 2. 3. 4. 5.	Visits) e total amount must agree with the total amount listed in the total amount listed amount liste	the Hospital Aud eport 17) 2,056 - \$0 \$0 \$0 0.399143 \$0 \$0 \$0 \$0	ited Financial St 1,692 2 \$20,022 \$10,011 0.384095 \$7,690 \$3,845 \$0	atement Notes. (364) 2 \$20,022 \$10,011 (0.015048) \$7,690 \$3,845 \$0	-18 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(A) Th <u>B.</u> 1. 2. 3. 4. 5. 6.	Visits) e total amount must agree with the total amount listed in the total	the Hospital Aud 2,056 - \$0 \$0 0.399143 \$0 \$0 \$0 \$0 \$0 0.399143 \$0 \$0 \$0 0.399143 \$0 0.399145 \$0 0.399145 \$0 0.399145 \$0 0.399145 \$0	ited Financial St 1,692 2 \$20,022 \$10,011 0.384095 \$7,690 \$3,845 \$0 0 0	atement Notes. (364) 2 \$20,022 \$10,011 (0.015048) \$7,690 \$3,845 \$0 0	-18 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(A) Th <u>B.</u> 1. 2. 3. 4. 5.	Visits) e total amount must agree with the total amount listed in the tota	the Hospital Aud 2,056 - 2,056 - \$0 \$0 \$0 0.399143 \$0 \$0 \$0 \$0 \$0 0 0 0 0 0 0 0 0 0 0 0 0 0	ited Financial St 1,692 2 \$20,022 \$10,011 0.384095 \$7,690 \$3,845 \$0 0 20,022	atement Notes. (364) 2 \$20,022 \$10,011 (0.015048) \$7,690 \$3,845 \$0 0 20,022	-18 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(A) Th <u>B.</u> 1. 2. 3. 4. 5. 6.	Visits) e total amount must agree with the total amount listed in the total	the Hospital Aud 2,056 - \$0 \$0 0.399143 \$0 \$0 \$0 \$0 \$0 0.399143 \$0 \$0 \$0 0.399143 \$0 0.399145 \$0 0.399145 \$0 0.399145 \$0 0.399145 \$0	ited Financial St 1,692 2 \$20,022 \$10,011 0.384095 \$7,690 \$3,845 \$0 0 0	atement Notes. (364) 2 \$20,022 \$10,011 (0.015048) \$7,690 \$3,845 \$0 0	-18 0 0
(A) Th <u>B.</u> 1. 2. 3. 4. 5. 6.	Visits) e total amount must agree with the total amount listed in the total amount listed	the Hospital Aud 2,056 - \$0 \$0 0.399143 \$0 \$0 \$0 \$0 \$0 0 0 0 0 0 0 0 0 0 0 0 0 0	ited Financial St 1,692 2 \$20,022 \$10,011 0.384095 \$7,690 \$3,845 \$0 0 20,022	atement Notes. (364) 2 \$20,022 \$10,011 (0.015048) \$7,690 \$3,845 \$0 0 20,022	-18 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(A) Th <u>B.</u> 1. 2. 3. 4. 5. 6. 7.	Visits) e total amount must agree with the total amount listed in the total amount listed amount	the Hospital Aud 2,056 - \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	ited Financial St 1,692 2 \$20,022 \$10,011 0.384095 \$7,690 \$3,845 \$0 0 20,022 \$20,022 \$20,022	atement Notes. (364) 2 \$20,022 \$10,011 (0.015048) \$7,690 \$3,845 \$0 0 20,022 \$20,022 \$20,022	-18 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(A) Th <u>B.</u> 1. 2. 3. 4. 5. 6. 7. 8.	Visits) e total amount must agree with the total amount listed in the total amount listed amount liste	the Hospital Aud 2,056 2,056 - \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	ited Financial St 1,692 2 \$20,022 \$10,011 0.384095 \$7,690 \$3,845 \$0 0 20,022 \$20,022 \$20,022 \$20,022 \$20,022 \$0 0	atement Notes. (364) 2 \$20,022 \$10,011 (0.015048) \$7,690 \$3,845 \$0 0 20,022 \$20,022 \$20,022 0	
(A) Th <u>B.</u> 1. 2. 3. 4. 5. 6. 7. 8. 9.	Visits) e total amount must agree with the total amount listed in the total amount listed amount	the Hospital Aud 2,056 2,056 - \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	ited Financial St 1,692 2 \$20,022 \$10,011 0.384095 \$7,690 \$3,845 \$0 0 20,022 \$20,022 \$20,022 \$20,022 \$0 0 0 0 0 0 0 0 0 0 0 0 0 0	atement Notes. (364) 2 \$20,022 \$10,011 (0.015048) \$7,690 \$3,845 \$0 0 20,022 \$20,022 \$20,022 \$20,022 \$20,022 \$20,022	
(A) Th <u>B.</u> 1. 2. 3. 4. 5. 6. 7. 8. 9.	Visits) e total amount must agree with the total amount listed in the total amount listed amount liste	the Hospital Aud 2,056 2,056 - \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	ited Financial St 1,692 2 \$20,022 \$10,011 0.384095 \$7,690 \$3,845 \$0 0 20,022 \$20,022 \$20,022 \$20,022 \$0 0 0 0 0 0 0 0 0 0 0 0 0 0	atement Notes. (364) 2 \$20,022 \$10,011 (0.015048) \$7,690 \$3,845 \$0 0 20,022 \$20,022 \$20,022 \$20,022 \$20,022 \$20,022	