ANNUAL REPORTING

FISCAL YEAR 2010

REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

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ANNUAL REPORTING

FISCAL YEAR 2010

REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)	
	DESCRIPTION	AFFILIATE INFORMATION	
	Affiliate Description	A PROFESSIONAL CAPTIVE PROVIDING URGRNT CARE	
	Affiliate type of service Tax Status	Physicians Services For Profit	
	Street Address	30 SHELBURNE ROAD	
5	Town	STAMFORD	
	State	Connecticut	
	Zip Code	06904 -	
8	CEO Name	JOHN RODIS, MD	
9	CEO Title	PRESIDENT	
	CT Agent Name	JOHN RODIS, MD	
11	CT Agent Company CT Agent Company Street Address	STAMFORD HOSPITAL	
	CT Agent Company Street Address CT Agent Town	STAMFORD	
	CT Agent Town CT Agent State	Connecticut	
15	CT Agent Zip Code	06904 -	
	o : rigoni zip ocac		
	AFFILIATE NAME	FAIRFIELD COUNTY SURGICAL SPECIALISTS	
1	Affiliate Description	A professional corporation providing surgical services.	
	Affiliate type of service	Physicians Services	
	Tax Status	For Profit	
<u>4</u> 5	Street Address	30 Shelburne Road Stamford	
6	Town 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	
12	CT Agent Company Street Address	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	
3	Tax Status	Not for Profit	
4	Street Address	8 WESLEY STREET	
5	Town	HAMILTON	
6	State	Bermuda	
	Zip Code	- DDIAN CDICCLED	
8	CEO Name	BRIAN GRISSLER PRESIDENT	
9	CEO Title CT Agent Name	Derrick O. Hollings	
	CT Agent Name CT Agent Company	STAMFORD HOSPITAL	
		30 Shelburne Rd	
	CT Agent Town	Stamford	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06904 -	
	AFFILIATE MARE	MILLED HALL MEDICAL SHITES LLC	
G.	AFFILIATE NAME	MILLER HALL MEDICAL SUITES LLC	
		MILLER HALL IS A LLC THAT OWNS A BUILDING ADJACENT TO THE HOSPITAL'S	
	Affiliate Description	CAMPUS WHICH IS USED PRIMARILY AS PHYSICIANS' OFFICE. STAMFORD	
2	Affiliate Description Affiliate type of service	HEALTH SYSTEM IS 100% OWNER. Real Estate	
3	Tax Status	For Profit	
4	Street Address	30 SHELBURNE ROAD	
5	Town	Stamford	
6	State	Connecticut	
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ANNUAL REPORTING

FISCAL YEAR 2010

REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)	
	DESCRIPTION	AFFILIATE INFORMATION	
	Zip Code	06904 -	
8	CEO Name	BRIAN GRISSLER	
9	CEO Title CT Agent Name	PRESIDENT AND CEO Derrick O. Hollings	
10 11	CT Agent Name CT Agent Company	STAMFORD HOSPITAL	
12	CT Agent Company Street Address		
13	CT Agent Company Street Address CT Agent Town	Stamford	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06904 -	
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		PREMIED MEDICAL ODOUR DO	
-	AFFILIATE NAME	PREMIER MEDICAL GROUP, PC	
1	Affiliate Description	A PROFESSIONAL CORPORATION PROVIDING MEDICAL SERVICES	
2	Affiliate type of service	Physicians Services	
3	Tax Status	For Profit	
<u>4</u> 5	Street Address Town	30 SHELBURNE ROAD STAMFORD	
6	State	Connecticut	
7	Zip Code	06904 -	
8	CEO Name	JOHN RODIS, MD	
9	CEO Title	PRESIDENT	
	CT Agent Name	JOHN RODIS, MD	
11	CT Agent Company		
12	CT Agent Company Street Address	ress 30 SHELBURNE ROAD	
13	CT Agent Town	STAMFORD	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06904 -	
I.	AFFILIATE NAME	STAMFORD HEALTH FOUNDATION	
		HAS CORPORATE RESPONSIBILITY FOR FUND RAISING ACTIVITIES, DIRECTOR	
		AND MEMBER EDUCATION, AND ELECTION OF MEMBERS TO THE BOARD OF	
	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 Stamford	
<u>5</u>	Town		
	State Zip Code	Connecticut 06904 -	
8	CEO Name	BRIAN GRISSLER	
9	CEO Title	PRESIDENT AND CEO	
10	CT Agent Name	Derrick O. Hollings	
11	CT Agent Company	STAMFORD HOSPITAL	
	CT Agent Company Street Address		
13	CT Agent Town	Stamford	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06904 -	
J.	AFFILIATE NAME	STAMFORD HEALTH INTEGRATED PRACTICES	
		PROVIDE A COMPREHENSIVE NEWTWORK OF PHYSICAIN PRACTICES AND	
1			
	Affiliate Description	RELATED MANAGEMENT SERVICES	
2	Affiliate type of service	RELATED MANAGEMENT SERVICES Physicians Services	
3	Affiliate type of service Tax Status	RELATED MANAGEMENT SERVICES Physicians Services Not for Profit	
2 3 4	Affiliate type of service Tax Status Street Address	RELATED MANAGEMENT SERVICES Physicians Services Not for Profit 32 STRAWBERRY HILL COURT 4TH F	
2 3 4 5	Affiliate type of service Tax Status Street Address Town	RELATED MANAGEMENT SERVICES Physicians Services Not for Profit 32 STRAWBERRY HILL COURT 4TH F STAMFORD	
2 3 4 5 6	Affiliate type of service Tax Status Street Address Town State	RELATED MANAGEMENT SERVICES Physicians Services Not for Profit 32 STRAWBERRY HILL COURT 4TH F STAMFORD Connecticut	
2 3 4 5 6 7	Affiliate type of service Tax Status Street Address Town State Zip Code	RELATED MANAGEMENT SERVICES Physicians Services Not for Profit 32 STRAWBERRY HILL COURT 4TH F STAMFORD Connecticut 06902 -	
2 3 4 5 6 7 8	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name	RELATED MANAGEMENT SERVICES Physicians Services Not for Profit 32 STRAWBERRY HILL COURT 4TH F STAMFORD Connecticut	
2 3 4 5 6 7 8 9	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title	RELATED MANAGEMENT SERVICES Physicians Services Not for Profit 32 STRAWBERRY HILL COURT 4TH F STAMFORD Connecticut 06902 - ANDREW SNYDER, MD	
2 3 4 5 6 7 8	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name	RELATED MANAGEMENT SERVICES Physicians Services Not for Profit 32 STRAWBERRY HILL COURT 4TH F STAMFORD Connecticut 06902 -	

ANNUAL REPORTING

FISCAL YEAR 2010

REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

1 Affiliate Description AMBULATORY SURGERY CENTERS. 2 Affiliate type of service Managed Services Org. (MSO) 3 Tax Status For Profit 4 Street Address 191 NORTH WACKER DRIVE, SUITE 925 5 Town CHICAGO 6 State Illinois 7 Zip Code 60606 - 8 CEO Name BRIAN GRISSLER 9 CEO Title 10 CT Agent Name BRIAN GRISSLER 11 CT Agent Company 12 CT Agent Company Street Address 30 SHELBURNE ROAD 13 CT Agent Town STAMFORD 14 CT Agent State Connecticut 15 CT Agent Zip Code	(1)	(2)	(3)
12 CT Agent Company Street Address 50 WESTON STREET 13 CT Agent Town 14 CT Agent State 15 CT Agent State 16 CT Agent State 17 CAGEN STATE 18 CT Agent State 18 CT Agent State 19 COMPANY STATE S			
TA GEN Town			
TA Gent State			
To Tagent Zip Code			
K. AFFILIATE NAME STAMPOR HEALTH RESOURCES PROVIDES A FOR PROFIT CORPORATE VEHICLE WHICH MAY BE USED TO FACILITATE THE DEVELOPMENT AND OPERATION OF SELECTED HEALTH RELATED FACILITIES. Affiliate type of service Pharmacy 1 Affiliate type of service Pharmacy 3 Tax Status For Profit 5 Town Stamtord 5 Town Stamtord 6 State Connecticut 1 Zip Code 06904 8 CEO Name BRIAN GRISSLER 9 CEO Tribe PRESIDENT AN CEO 10 CT Agent Name Dernick O. Hollings 11 CT Agent Company Street Address 3 SHELBURNE ROAD 12 CT Agent Company STAMFORD DAIGNTAL 13 CT Agent Town Stamtord 14 CT Agent Town Stamtord 15 CT Agent Town Stamtord 16 CT Agent Town Stamtord 17 CT Agent Town Stamtord 18 CT Agent Town Stamtord 19 CT Agent Town Stamtord 10 CT Agent Town Stamtord 11 CT Agent Town Stamtord 12 CT Agent Town Stamtord 13 CT Agent Town Stamtord 14 CT Agent Town Stamtord 15 CT Agent Town Stamtord 16 CT Agent Town Stamtord 17 Zip Code 06904 18 CEO Mark Stamtord 19 CT Agent Town Stamtord 10 CT Agent Town Stamtord 10 CT Agent Town Stamtord 11 CT Agent Town Stamtord 12 CT Agent Town Stamtord 13 CT Agent Town Stamtord 14 CT Agent Town Stamtord 15 CT Agent Town Stamtord 16 CT Agent Town Stamtord 17 Zip Code 06904 18 Street Address 30 Shelburne Road 19 CEO Vitle PRESIDENT 10 CT Agent Name Road Turnbull 10 CT Agent Town Stamtord 11 CT Agent Company Street Address 30 Shelburne Road 12 CT Agent Company Street Address 30 Shelburne Road 13 CT Agent Town Stamtord 14 Affiliate Description AMBULATOR'S URGERY CENTERS. 16 CEO Name JAMES NELSON 17 Agent Town Stamtord 18 CEO Varie PRESIDENT 19 CT Agent Town Status Connecticut 10 CT Agent Town Status Connecticut 11 CT Agent Town Status Connecticut 12 CT Agent Company 13 CT Agent Town Status Connecticut 14 Affiliate Description AMBULATOR'S URGERY CENTERS. 18 Agent Town Status Connecticut 19 CT Agent Town Status Connecticut 10 CT Agent Town Status 19 IN ORTH WACKER DRIVE, SUITE 925 10 CT Agent Town STAMFORD 10 CT Agent Town STAMFORD 10 CT Agent Town STAMFORD			
PROVIDES A FOR PROFIT CORPORATE VEHICLE WHICH MAY BE USED TO FACILITATE THE DEVELOPMENT AND OPERATION OF SELECTED HEALTH Affiliate Description RELATED FACILITIES. Affiliate type of service Pharmacy 1 Tax Status 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 AN CEO 10 CT Agent Company Street Address 30 SHELBURNE ROAD 11 CT Agent Company Street Address 30 SHELBURNE ROAD 12 CT Agent Town Stamford 14 CT Agent Town Stamford 15 CT Agent Town Stamford 16 Street Address 30 SHELBURNE ROAD 17 CT Agent Town Stamford 18 CT Agent Town Stamford 19 CT Agent Town Stamford 19 CT Agent Town Stamford 10 CT Agent Town Stamford 11 CT Agent Town Stamford 12 Affiliate Upe of service Physicians Services 1 Affiliate Upe of service Physicians Services 2 Affiliate Upe of service Physicians Services 3 Tax Status For Profit 4 Street Address 30 Shelburne Road 5 Town Stamford 6 State Connecticut 7 Zip Code 06904 - 8 CEO Name JAMES NELSON 9 CEO Title PRESIDENT 10 CT Agent State Connecticut 10 CT Agent Name Road 11 CT Agent State Connecticut 11 CT Agent Marker Stamford 12 Affiliate Upe of service Physicians Services 13 Tax Status For Profit 14 Street Address 30 Shelburne Road 15 Town Stamford 16 State Connecticut 17 Zip Code 06904 - 8 CEO Name JAMES NELSON 9 CEO Title PRESIDENT 10 CT Agent Company Street Address 30 Shelburne Road 11 CT Agent Town Stamford 12 Affiliate Description Approximate Road Stamford 13 CT Agent Town Stamford State Connecticut 14 CT Agent Town Stamford State Connecticut 15 CT Agent Town Stamford State Connecticut 16 CT Agent Town Stamford State Connecticut 17 CT Agent Town Stamford State Connecticut 18 CT Agent Town Stamford State Connecticut 19 CT Agent Town Stamford State Connecticut 10 CT Agent Town Stamford State Connecticut 10 CT Agent Town Stamford State Stamford State Stat	15	CT Agent Zip Code	00120 - 1337
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Affiliate Description			PROVIDES A FOR PROFIT CORPORATE VEHICLE WHICH MAY BE USED TO
2 Affiliate type of service			FACILITATE THE DEVELOPMENT AND OPERATION OF SELECTED HEALTH
3 Tax Status	1	Affiliate Description	RELATED FACILITIES.
A Street Address 30 SHELBURNE ROAD	2	Affiliate type of service	Pharmacy
5 Town Stamford 6 State Connecticut 7 Zip Code 06904 - 8 CEO Name BRIAN GRISSLER 9 CEO Title PRESIDENT AN CEO 10 CT Agent Name Derrick O. Hollings 11 CT Agent Company StraMFORD HOSPITAL 12 CT Agent Town Stamford 13 CT Agent Town Stamford 14 CT Agent State Connecticut 15 CT Agent Zip Code 08904 - 15 CT Agent Zip Code 08904 - 16 CT Agent Zip Code 08904 - 17 L. AFFILIATE NAME STAMFORD OB/GYN ASSOCIATES, PC 1 Affiliate type of service Physicians Services 2 Affiliate type of service Physicians Services 3 Tax Status For Profit 4 Streat Address 30 Shelburne Road 5 Town Stamford 6 State Connecticut 7 Zip Co			
6 State Connecticut 7 Zip Code 06904 - 8 CEO Name 9RIAN GRISSLER 9 CEO Title PRESIDENT AN CEO 10 CT Agent Company STAMFORD HOSPITAL 11 CT Agent Company Street Address 30 SHELBURNE ROAD 13 CT Agent State Connecticut 14 CT Agent State Connecticut 15 CT Agent Zip Code 08904 - 1 Affiliate Description A professional corporateion providing obstetrical services 1 Affiliate Ope of service Physicians Services 2 Affiliate type of service Physicians Services 3 Tax Status For Profit 4 Street Address 30 Shelburne Road 5 Town Stamford 6 State Connecticut 7 Zip Code 06904 - 8 CEO Name JAMES NELSON 9 CEO Title PRESIDENT 10 CT Agent Name Ronald Turbull			
77 Zip Code			
8 CEO Name BRIAN GRISSLER 9 CEO Title PRESIDENT AN CEO 10 CT Agent Company STAMFORD HOSPITAL 11 CT Agent Company STAMFORD HOSPITAL 12 CT Agent Town Stamford 13 CT Agent State Connecticut 14 CT Agent Zip Code 08904 - L. AFFILIATE NAME STAMFORD OB/GYN ASSOCIATES, PC 1 Affiliate Description A professional corporateion providing obstetrical services 2 Affiliate type of service Physicians Services 3 Tax Status For Profit 4 Street Address 30 Shelburne Road 5 Town Stamford 6 State Connecticut 7 Zip Code 08904 - 8 CEO Name JAMES NELSON 9 CEO Title PRESIDENT 10 CT Agent Amme Ronald Turnbull 11 CT Agent Company STAMFORD BLOSPITAL 12 CT Agent Company STAMFORD BLOSPITAL 12 CT Agent Company STAMFORD HOSPITAL 12 CT Agent Company STAMFORD HOSPITAL 12 CT Agent Company STAMFORD HOSPITAL 12 CT Agent Company <td></td> <td></td> <td></td>			
9 CEO Title PRESIDENT AN CEO 10 CT Agent Name Derrick O. Hollings 11 CT Agent Company Street Address 30 SHELBURNE ROAD 12 CT Agent Town Stamford 14 CT Agent Zip Code 06904 - 15 CT Agent Zip Code 06904 - L. AFFILIATE NAME STAMFORD DB/GYN ASSOCIATES, PC 1 Affiliate Description A professional corporateion providing obstetrical services 2 Affiliate Description Profit 30 Stamford 1 State Address 30 Shelburne Road 1 Town State Connecticut 2 Town State Connecticut 3 Tax Status For Profit State Connecticut 4 Street Address 30 Shelburne Road 5 Town Stamford 6 State Connecticut 7 Zip Code 06904 - 8 CEO Name JAMES NELSON 9 CEO Title PRESIDENT 10 CT Agent Name Roald Turnbull 11 CT Agent Company Street Address 30 Shelburne Road 12 CT Agent Company Street Address 30 Shelburne Road 13 CT Agent Town State Connecticut 15 CT Agent Toyn State Connecticut 16 CT Agent Toyn Street Address 30 Shelburne Road 17 Zip Code 06904 - 18 CEO Title Road Road Town Stamford 19 CT Agent Company Street Address 30 Shelburne Road 11 CT Agent Town State Connecticut 12 CT Agent Town State Connecticut 15 CT Agent Toyn Street Address 30 Shelburne Road 16 CT Agent Toyn Street Road Stamford 17 Zip Code 06904 - 18 CT Agent Town State Connecticut 19 CT Agent Town State Connecticut 10 CT Agent Toyn Street Address 30 Shelburne Road 11 CT Agent Toyn Street Road Stamford 12 CT Agent Toyn Street Road Stamford 14 CT Agent Toyn Connecticut 15 CT Agent Toyn Charles Road Stamford 16 State Illinois 17 Zip Code 66666 - 18 State Illinois 18 CT Agent Toyn Children BRIAN GRISSLER 19 CEO Title BRIAN GRISSLER 10 CT Agent Company Street Address 30 SHELBURNE ROAD 11 CT Agent Town STAMFORD 11 CT Agent Company Street Address 30 SHELBURNE ROAD 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 16 CT Agent Town STAMFORD 17 CT Agent Town STAMFORD 18 CT Agent Town STAMFORD 18 CT Agent Town STAMFORD 19 CT Agent Company Street Address 50 SHELBURNE ROAD 19 CT Agent Town STAMFORD 10 CT Agent Town STAMFORD			
To CT Agent Name			
T. CT Agent Company Street Address 30 SHELBURNE ROAD			
12 CT Agent Company Street Address Stamford			STAMFORD HOSPITAL
13 CT Agent Town Stamford	12	CT Agent Company Street Address	
CT Agent Zip Code D6904 -	13	CT Agent Town	
L. AFFILIATE NAME STAMFORD OB/GYN ASSOCIATES, PC 1 Affiliate Description A professional corporateion providing obstetrical services 2 Affiliate type of service Physicians Services 3 Tax Status For Profit 4 Street Address 30 Shelburne Road 5 Town Stamford 6 State Connecticut 7 Zip Code 06904 - 8 CEO Name JAMES NELSON 9 CEO Title PRESIDENT 10 CT Agent Name Road STAMFORD HOSPITAL 11 CT Agent Company STAMFORD HOSPITAL 12 CT Agent Company STAMFORD HOSPITAL 13 CT Agent Zip Code 06904 - 14 CT Agent Zip Code 06904 - 15 CT Agent Town Stamford 14 CT Agent Town Stamford 15 CT Agent Zip Code 06904 - 16 STAMFORD HOSPITAL 17 O ACT AS MANAGING MEMBER OF ONE OR MORE ENTITIES THAT OPERATE AMBULATORY SURGERY CENTERS. 18 Affiliate Description AMBULATORY SURGERY CENTERS. 2 Affiliate type of service Managed Services Org. (MSO) 3 Tax Status For Profit State Illinois Profit State Illinois CHICAGO 6 State Illinois PRIAN GRAIN SILER STAMFORD SILER STAMFORD SILER STAMFORD SILER SILE	14	CT Agent State	
1 Affiliate Description A professional corporateion providing obstetrical services 2 Affiliate type of service Physicians Services 3 Tax Status For Profit 4 Street Address 30 Shelburne Road 5 Town Stamford 6 State Connecticut 7 Zip Code 06904 - 8 CEO Name JAMES NELSON 9 CEO Title PRESIDENT 10 CT Agent Name Ronald Turnbull 11 CT Agent Company STAMFORD HOSPITAL 12 CT Agent Company Street Address 30 Shelburne Road 13 CT Agent Town Stamford 14 CT Agent State Connecticut 15 CT Agent Zip Code 06904 - M. AFFILIATE NAME STAMFORD/NSC,LLC M. AFFILIATE NAME STAMFORD/NSC,LLC Affiliate Description AMBULATORY SURGERY CENTERS. A Affiliate type of service Managed Services Org. (MSO) 3 Tax Status For Profit 4 Street Address 191 NORTH WACKER D	15	CT Agent Zip Code	06904 -
1 Affiliate Description A professional corporateion providing obstetrical services Affiliate type of service Physicians Services Physicians Services 1 Tax Status For Profit 1 Street Address 30 Shelburne Road 5 Town Stamford 6 State Connecticut 7 Zip Code 06904 -			
1 Affiliate Description A professional corporateion providing obstetrical services Affiliate type of service Physicians Services Physicians Services 1 Tax Status For Profit 1 Street Address 30 Shelburne Road 5 Town Stamford 6 State Connecticut 7 Zip Code 06904 -		AFFU LATE NAME	STAMEODD OD/CVN ASSOCIATES DC
2 Affiliate type of service Physicians Services 3 Tax Status For Profit 4 Street Address 30 Shelburne Road 5 Town Stamford 6 State Connecticut 7 Zip Code 06904 - 8 CEO Name JAMES NELSON 9 CEO Title PRESIDENT 10 CT Agent Name Ronald Turnbull 11 CT Agent Company STAMFORD HOSPITAL 12 CT Agent Company Street Address 30 Shelburne Road 13 CT Agent State Connecticut 14 CT Agent State Connecticut 15 CT Agent Zip Code 06904 - 1 TO ACT AS MANAGING MEMBER OF ONE OR MORE ENTITIES THAT OPERATE Affiliate Description AMBULATORY SURGERY CENTERS. 1 Affiliate type of service Managed Services Org. (MSO) 3 Tax Status For Profit 4 Street Address 191 NORTH WACKER DRIVE, SUITE 925 5 Town CHICAGO Illinois <td></td> <td></td> <td>·</td>			·
Tax Status			
4 Street Address 30 Shelburne Road 5 Town Stamford 6 State Connecticut 7 Zip Code 06904 - 8 CEO Name JAMES NELSON 9 CEO Title PRESIDENT 10 CT Agent Name Ronald Turnbull 11 CT Agent Company STAMFORD HOSPITAL 12 CT Agent Company Street Address 30 Shelburne Road 13 CT Agent Town Stamford 14 CT Agent Zip Code 06904 - M. AFFILIATE NAME STAMFORD/NSC,LLC TO ACT AS MANAGING MEMBER OF ONE OR MORE ENTITIES THAT OPERATE AMBULATORY SURGERY CENTERS. AMBULATORY SURGERY CENTERS. 2 Affiliate type of service Managed Services Org. (MSO) 3 Tax Status For Profit 4 Street Address 191 NORTH WACKER DRIVE, SUITE 925 5 Town CHICAGO 6 State Illinois 7 Zip Code 60606 - 8 CEO Name BRIAN GRISSLER			
5 Town Stamford 6 State Connecticut 7 Zip Code 06904 - 8 CEO Name JAMES NELSON 9 CEO Title PRESIDENT 10 CT Agent Name Ronald Turnbull 11 CT Agent Company STAMFORD HOSPITAL 12 CT Agent Company Street Address 30 Shelburne Road 13 CT Agent Town Stamford 14 CT Agent Zip Code 06904 - M. AFFILIATE NAME STAMFORD/NSC,LLC M. AFFILIATE NAME STAMFORD/NSC,LLC TO ACT AS MANAGING MEMBER OF ONE OR MORE ENTITIES THAT OPERATE AMBULATORY SURGERY CENTERS. AMBULATORY SURGERY CENTERS. 2 Affiliate type of service Managed Services Org. (MSO) 3 Tax Status For Profit 4 Street Address 191 NORTH WACKER DRIVE, SUITE 925 5 Town CHICAGO 6 State Illinois 7 Zip Code 60606 - 8 CEO Name BRIAN GRISSLER			
7 Zip Code 06904 - 8 CEO Name JAMES NELSON 9 CEO Title PRESIDENT 10 CT Agent Name Ronald Turnbull 11 CT Agent Company STAMFORD HOSPITAL 12 CT Agent Company Street Address 30 Shelburne Road 13 CT Agent State Connecticut 14 CT Agent State Connecticut 15 CT Agent Zip Code 06904 - M. AFFILIATE NAME STAMFORD/NSC,LLC 1 TO ACT AS MANAGING MEMBER OF ONE OR MORE ENTITIES THAT OPERATE AMBULATORY SURGERY CENTERS. 2 Affiliate Description AMBULATORY SURGERY CENTERS. 2 Affiliate type of service Managed Services Org. (MSO) 3 Tax Status For Profit 4 Street Address 191 NORTH WACKER DRIVE, SUITE 925 5 Town CHICAGO 6 State Illimois 7 Zip Code 60606 - 8 CEO Name BRIAN GRISSLER 9 CEO Title			
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To Agent Name			
11 CT Agent Company STAMFORD HOSPITAL 12 CT Agent Company Street Address 30 Shelburne Road 13 CT Agent Town Stamford 14 CT Agent State Connecticut 15 CT Agent Zip Code 06904 - M. AFFILIATE NAME STAMFORD/NSC,LLC TO ACT AS MANAGING MEMBER OF ONE OR MORE ENTITIES THAT OPERATE Affiliate Description AMBULATORY SURGERY CENTERS. 2 Affiliate type of service Managed Services Org. (MSO) 3 Tax Status For Profit 4 Street Address 191 NORTH WACKER DRIVE, SUITE 925 5 Town CHICAGO 6 State Illinois 7 Zip Code 60606 - 8 CEO Name BRIAN GRISSLER 9 CEO Title 10 CT Agent Company 11 CT Agent Company 12 CT Agent Company Street Address 30 SHELBURNE ROAD 13 CT Agent Town STAMFORD 14 CT Agent Town STAMFORD 14 CT Agent Town STAMFORD 15 CT Agent Zip Code 06902 -			
12 CT Agent Company Street Address 30 Shelburne Road 13 CT Agent Town			
13 CT Agent Town Stamford 14 CT Agent State Connecticut 15 CT Agent Zip Code 06904 - M. AFFILIATE NAME STAMFORD/NSC,LLC TO ACT AS MANAGING MEMBER OF ONE OR MORE ENTITIES THAT OPERATE AMBULATORY SURGERY CENTERS. 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 - ECO Name BRIAN GRISSLER CEO Name BRIAN GRISSLER CEO Title CT Agent Name BRIAN GRISSLER 1 CT Agent Company 12 CT Agent Company Street Address 30 SHELBURNE ROAD 13 CT Agent Town STAMFORD 14 CT Agent Zip Code 06902 -			
14 CT Agent StateConnecticut15 CT Agent Zip Code06904 -M. AFFILIATE NAMESTAMFORD/NSC,LLCTO ACT AS MANAGING MEMBER OF ONE OR MORE ENTITIES THAT OPERATE Affiliate Description1 Affiliate DescriptionAMBULATORY SURGERY CENTERS.2 Affiliate type of serviceManaged Services Org. (MSO)3 Tax StatusFor Profit4 Street Address191 NORTH WACKER DRIVE, SUITE 9255 TownCHICAGO6 StateIllinois7 Zip Code60606 -8 CEO NameBRIAN GRISSLER9 CEO TitleDEJAM GRISSLER10 CT Agent NameBRIAN GRISSLER11 CT Agent CompanyCT Agent Company Street Address30 SHELBURNE ROAD13 CT Agent TownSTAMFORD14 CT Agent StateConnecticut15 CT Agent Zip Code06902 -			
M. AFFILIATE NAME STAMFORD/NSC,LLC TO ACT AS MANAGING MEMBER OF ONE OR MORE ENTITIES THAT OPERATE 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 Illinois Zip Code BRIAN GRISSLER CEO Name BRIAN GRISSLER CEO Title CT Agent Name BRIAN GRISSLER T Zip Codpany CT Agent Company CT Agent Company CT Agent Town STAMFORD TAGGED CT Agent State Connecticut CT Agent State Connecticut CT Agent Zip Code CG0902 -			
M. AFFILIATE NAME TO ACT AS MANAGING MEMBER OF ONE OR MORE ENTITIES THAT OPERATE AMBULATORY SURGERY CENTERS. 2 Affiliate type of service Managed Services Org. (MSO) 3 Tax Status For Profit 4 Street Address 191 NORTH WACKER DRIVE, SUITE 925 5 Town CHICAGO 6 State Illinois 7 Zip Code 60606 - 8 CEO Name BRIAN GRISSLER 9 CEO Title 10 CT Agent Name BRIAN GRISSLER 11 CT Agent Company 12 CT Agent Company Street Address 30 SHELBURNE ROAD 13 CT Agent Town STAMFORD 14 CT Agent State Connecticut 15 CT Agent State Connecticut 15 CT Agent Zip Code 06902 -			
TO ACT AS MANAGING MEMBER OF ONE OR MORE ENTITIES THAT OPERATE AMBULATORY SURGERY CENTERS. 2 Affiliate type of service Managed Services Org. (MSO) 3 Tax Status For Profit 4 Street Address 191 NORTH WACKER DRIVE, SUITE 925 5 Town CHICAGO 6 State Illinois 7 Zip Code 60606 - 8 CEO Name BRIAN GRISSLER 9 CEO Title 10 CT Agent Name BRIAN GRISSLER 11 CT Agent Company 12 CT Agent Company Street Address 30 SHELBURNE ROAD 13 CT Agent Town STAMFORD 14 CT Agent State Connecticut 15 CT Agent Zip Code 06902 -			
TO ACT AS MANAGING MEMBER OF ONE OR MORE ENTITIES THAT OPERATE AMBULATORY SURGERY CENTERS. 2 Affiliate type of service Managed Services Org. (MSO) 3 Tax Status For Profit 4 Street Address 191 NORTH WACKER DRIVE, SUITE 925 5 Town CHICAGO 6 State Illinois 7 Zip Code 60606 - 8 CEO Name BRIAN GRISSLER 9 CEO Title 10 CT Agent Name BRIAN GRISSLER 11 CT Agent Company 12 CT Agent Company Street Address 30 SHELBURNE ROAD 13 CT Agent Town STAMFORD 14 CT Agent State Connecticut 15 CT Agent Zip Code 06902 -			
1 Affiliate Description AMBULATORY SURGERY CENTERS. 2 Affiliate type of service Managed Services Org. (MSO) 3 Tax Status For Profit 4 Street Address 191 NORTH WACKER DRIVE, SUITE 925 5 Town CHICAGO 6 State Illinois 7 Zip Code 60606 - 8 CEO Name BRIAN GRISSLER 9 CEO Title 10 CT Agent Name BRIAN GRISSLER 11 CT Agent Company 12 CT Agent Company Street Address 30 SHELBURNE ROAD 13 CT Agent Town STAMFORD 14 CT Agent State Connecticut 15 CT Agent Zip Code 06902 -	M.	AFFILIATE NAME	·
2 Affiliate type of service Managed Services Org. (MSO) 3 Tax Status For Profit 4 Street Address 191 NORTH WACKER DRIVE, SUITE 925 5 Town CHICAGO 6 State Illinois 7 Zip Code 60606 - 8 CEO Name BRIAN GRISSLER 9 CEO Title 10 CT Agent Name BRIAN GRISSLER 11 CT Agent Company 12 CT Agent Company Street Address 30 SHELBURNE ROAD 13 CT Agent Town STAMFORD 14 CT Agent State Connecticut 15 CT Agent Zip Code 06902 -		,	TO ACT AS MANAGING MEMBER OF ONE OR MORE ENTITIES THAT OPERATE
3 Tax Status For Profit 4 Street Address 191 NORTH WACKER DRIVE, SUITE 925 5 Town CHICAGO 6 State Illinois 7 Zip Code 60606 - 8 CEO Name BRIAN GRISSLER 9 CEO Title 10 CT Agent Name BRIAN GRISSLER 11 CT Agent Company 12 CT Agent Company Street Address 30 SHELBURNE ROAD 13 CT Agent Town STAMFORD 14 CT Agent State Connecticut 15 CT Agent Zip Code 06902 -			
4 Street Address 191 NORTH WACKER DRIVE, SUITE 925 5 Town CHICAGO 6 State Illinois 7 Zip Code 60606 - 8 CEO Name BRIAN GRISSLER 9 CEO Title 10 CT Agent Name BRIAN GRISSLER 11 CT Agent Company 12 CT Agent Company Street Address 30 SHELBURNE ROAD 13 CT Agent Town STAMFORD 14 CT Agent State Connecticut 15 CT Agent Zip Code 06902 -			5 5 7
5 Town CHICAGO 6 State Illinois 7 Zip Code 60606 - 8 CEO Name BRIAN GRISSLER 9 CEO Title 10 CT Agent Name BRIAN GRISSLER 11 CT Agent Company 12 CT Agent Company Street Address 30 SHELBURNE ROAD 13 CT Agent Town STAMFORD 14 CT Agent State Connecticut 15 CT Agent Zip Code 06902 -			
6 State Illinois 7 Zip Code 60606 - 8 CEO Name BRIAN GRISSLER 9 CEO Title Incompany 10 CT Agent Name BRIAN GRISSLER 11 CT Agent Company Incompany 12 CT Agent Company Street Address 30 SHELBURNE ROAD 13 CT Agent Town STAMFORD 14 CT Agent State Connecticut 15 CT Agent Zip Code 06902 -			·
7 Zip Code 60606 - 8 CEO Name BRIAN GRISSLER 9 CEO Title Image: Compan of the compan			
8 CEO Name BRIAN GRISSLER 9 CEO Title Image: CEO Title Section of			
9 CEO Title 10 CT Agent Name BRIAN GRISSLER 11 CT Agent Company 12 CT Agent Company Street Address 30 SHELBURNE ROAD 13 CT Agent Town STAMFORD 14 CT Agent State Connecticut 15 CT Agent Zip Code 06902 -			
10 CT Agent Name BRIAN GRISSLER 11 CT Agent Company Image: CT Agent Company Street Address of STAMFORD 13 CT Agent Town STAMFORD 14 CT Agent State Connecticut 15 CT Agent Zip Code 06902 -			
11 CT Agent Company 12 CT Agent Company Street Address 13 CT Agent Town 14 CT Agent State 15 CT Agent Zip Code 10 06902 -			BRIAN GRISSLER
12 CT Agent Company Street Address 30 SHELBURNE ROAD 13 CT Agent Town STAMFORD 14 CT Agent State Connecticut 15 CT Agent Zip Code 06902 -			
13 CT Agent Town STAMFORD 14 CT Agent State Connecticut 15 CT Agent Zip Code 06902 -	12	CT Agent Company Street Address	30 SHELBURNE ROAD
15 CT Agent Zip Code 06902 -	13	CT Agent Town	STAMFORD
10 7 Ngon 2.5 0000			
* P.O. BOY IS LINACCEPTARI E WITHOUT A STREET ADDRESS FOR EACH AGENT COMPANY			

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

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
(-/	(-)	FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2010
A.	STAMFORD HOSPITAL		
1		Unrestricted	\$100,144,000
2		Temporarily Restricted by Donor	\$19,495,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$8,033,000
5		Intercompany Eliminations Total:	\$0 \$127,672,000
		- Cturi	\$121,012,000
B.	STAMFORD HEALTH SYSTEM		
1		Unrestricted	\$41,975,000
2		Temporarily Restricted by Donor	\$2,361,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$47,000
5		Intercompany Eliminations	(\$49,000)
		Total:	\$44,334,000
	CONTINUING CARE RETIREMENT COMMUNITY OF GREATER		
C.	STAMFORD, INC.		
1		Unrestricted	\$1,877,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations Total:	\$0 \$1,8 77,000
		Total:	\$1,877,000
D.	FAIRFIELD COUNTY OBSTETRICS AND GYNECOLOGY, LLC		
1		Unrestricted	\$444,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$444,000
E.	FAIRFIELD COUNTY PRIMARY CARE, P.C.		
1	7,414, 1225 0001411 1141111,4441 07442,11101	Unrestricted	\$1,150,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,150,000
F.	FAIRFIELD COUNTY SURGICAL SPECIALISTS		
<u>г.</u> 1	FAIRFIELD COUNTY SURGICAL SPECIALISTS	Unrestricted	\$144,000
2		Temporarily Restricted by Donor	\$144,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$144,000
G.	HEALTHSTAR INDEMNITY COMPANY, LTD.	Hamadalata d	A-
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0 \$0
4 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
J		Total:	\$0 \$0
			Ψ

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2010
Н.	MILLER HALL MEDICAL SUITES LLC		
1	MILLER TIALL MEDICAL COTTES LES	Unrestricted	\$2,024,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$2,024,000
I.	PREMIER MEDICAL GROUP, PC		
1	TREMIER MEDICAL GROOT, I G	Unrestricted	\$978,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$978,000
	OTAMEODO UEAL TU FOLINDATION		
J.	STAMFORD HEALTH FOUNDATION	University of a de	***
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
3		Total:	\$0 \$0
			, -
K.	STAMFORD HEALTH INTEGRATED PRACTICES		
1		Unrestricted	\$204,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations Total:	\$0 \$204,000
		, otali	\$20.1,000
L.	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
M.	STAMFORD OB/GYN ASSOCIATES, PC		
1	·	Unrestricted	(\$9,000)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$9,000)
N.	STAMFORD/NSC,LLC		
N.	JIANIFORD/NGC,LLC	Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	φn
5		Intercompany Eliminations	\$0 \$0
Ť		Total:	\$0
		i otai.	1

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
		FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2010
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$178,867,000
	Intercompany Eliminations		(\$49,000)
	Total of all Affiliates	Fund Balance:	\$178,818,000

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
Α.	STAMFORD HEALTH SYSTEM			
Α.	STAINT ORD TEACHT STOTEIN	Beginning Unconsolidated Intercompany Balance:	9/30/2009	(\$3,043,564)
1		Payment on Account	09/30/2010	\$962,321
<u> </u>		Ending Unconsolidated Intercompany Balance:	9/30/2010	(\$2,081,243)
			3/30/2010	(+=,==;==:=)
В.	CONTINUING CARE RETIREMENT COMMUNITY OF GREATER S	STAMFORD INC		
- -	CONTINUING CARE RETIREMENT COMMONTT OF CREATER	Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$24,125
1		Transfers Revenue/Expense Net	09/30/2010	\$735,463
2		Adjustment to Beginning Balance	10/01/2009	\$30
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$759,618
			3,00,2010	
C.	FAIRFIELD COUNTY OBSTETRICS AND GYNECOLOGY, LLC			
	, , ,	Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
D.	FAIRFIELD COUNTY PRIMARY CARE, P.C.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	(\$206,286)
1		transfer revenue/expense net	09/30/2010	\$206,286
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
E.	FAIRFIELD COUNTY SURGICAL SPECIALISTS			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
F.	HEALTHSTAR INDEMNITY COMPANY, LTD.			
	,	Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$55,078
1		Transfers Revenue/Expense Net	09/30/2010	\$1,432,309
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$1,487,387
G.	MILLER HALL MEDICAL SUITES LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	(\$825,941)
1		Transfers Revenue/Expense Net	09/30/2010	\$70,799
		Ending Unconsolidated Intercompany Balance:	9/30/2010	(\$755,142)
Н.	PREMIER MEDICAL GROUP, PC			

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

(1)	(2)	(3)	(4)	(5)
				TDANIOTED TO / EDOM
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
	CTAMFORD HEALTH FOLINDATION			
l.	STAMFORD HEALTH FOUNDATION	Deviania a Harrara di data di latana anno ana Dalaman	0/00/0000	\$0
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0 \$0
		Nothing to Report Ending Unconsolidated Intercompany Balance:	0/20/2040	
		Ending Onconsolidated Intercompany Balance.	9/30/2010	40
J.	STAMFORD HEALTH INTEGRATED PRACTICES			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
14				
K.	STAMFORD HEALTH RESOURCES			* -
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report Ending Unconsolidated Intercompany Balance:	-//	\$0 \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
L.	STAMFORD OB/GYN ASSOCIATES, PC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
М.	STAMFORD/NSC,LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
			Grand Total:	(\$500.200)
			Grand Total:	(\$589,380)

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	10/01/2009	\$474,561
A.	STAMFORD HEALTH SYSTEM				
1		FAIRFIELD COUNTY OBSTETRICS AND GYNECOLOGY, LLC STAMFORD HEALTH INTEGRATED	Transfers Revenue/Expense	09/30/2010	\$100,000
2		PRACTICES	Transfers Revenue/Expense Net	09/30/2010	\$20,355
			Total:	9/30/2010	\$120,355
В.	CONTINUING CARE RETIREMENT COMMUNITY OF GREATER STAMFORD, INC.				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
C.					
<u> </u>	FAIRFIELD COUNTY OBSTETRICS AND GINECOLOGY, LLC		Nothing to Report		\$0
\vdash			Total:	9/30/2010	\$0
			Total	3/00/2010	Ψΰ
D.	FAIRFIELD COUNTY PRIMARY CARE, P.C.				
1		FAIRFIELD COUNTY PRIMARY CARE, P.C.	Transfers Revenue/Expense Net	09/30/2010	\$1,001
			Total:	9/30/2010	\$1,001
E.	FAIRFIELD COUNTY SURGICAL SPECIALISTS				
1		FAIRFIELD COUNTY PRIMARY CARE, P.C.	Transfers Revenue/Expense Net	09/30/2010	\$371
2		FAIRFIELD COUNTY OBSTETRICS AND GYNECOLOGY, LLC	Transfers Revenue/Expense Net	09/30/2010	\$3,118
			Total:	9/30/2010	\$3,489
F.	HEALTHSTAR INDEMNITY COMPANY, LTD.				
—	TIERETTOTAL INDENNITT COMPANI, EID.		Nothing to Report		\$0
			Total:	9/30/2010	\$0
					**
G.	MILLER HALL MEDICAL SUITES LLC				
1		STAMFORD HEALTH SYSTEM	Transfers Revenue/Expense Net	09/30/2010	\$75,000

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:	9/30/2010	\$75,000
H.	PREMIER MEDICAL GROUP, PC				
			Transfers Revenue/Expense		
1		PREMIER MEDICAL GROUP, PC	Net	09/30/2010	\$1,186
			Total:	9/30/2010	\$1,186
	OTAMEODD HEAT THEOLIND ATION				
ı.	STAMFORD HEALTH FOUNDATION		Nothing to Depart		Φ0
			Nothing to Report	0/00/0040	\$0 \$0
			Total:	9/30/2010	\$0
J.	STAMFORD HEALTH INTEGRATED PRACTICES				
J.	STAMPORD REALTH INTEGRATED PRACTICES		Transfers Revenue/Expense		
1		STAMFORD/NSC,LLC	Net	09/30/2010	\$40,635
		CTT WIN CIRETING, EEG	Total:	9/30/2010	\$40,635
			Total.	3/30/2010	ψ+0,033
K.	STAMFORD HEALTH RESOURCES				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
			1,510	0.001=0.10	**
L.	STAMFORD OB/GYN ASSOCIATES, PC				
	,		Nothing to Report		\$0
			Total:	9/30/2010	\$0
M.	STAMFORD/NSC,LLC				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
			Ending Unconsolidated		
			Intercompany Balance	9/30/2010	\$716,227

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STAMFORD HOSPITAL ANNUAL REPORTING FISCAL YEAR 2010 REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)	(3)	(4)
	AFFILIATE NAME &		
LINE	DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
Α.	STAMFORD HEALTH SYSTEM		
0	Nothing to Report	\$0	
	lotal:	\$0	9/30/2010
	CONTINUING CARE RETIREMENT COMMUNITY OF GREATER STAMFORD, INC		
0	Nothing to Report	\$0	
	l otal:	\$0	9/30/2010
C.	FAIRFIELD COUNTY OBSTETRICS AND GYNECOLOGY, LLC		
0	Nothing to Report	\$0	
	l otal:	\$0	9/30/2010
	FAIRFIELD COUNTY PRIMARY CARE, P.C.		
0	Nothing to Report	\$0	0/00/0040
	Total.	\$0	9/30/2010
E.	FAIRFIELD COUNTY SURGICAL SPECIALISTS		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	HEALTHSTAR INDEMNITY COMPANY, LTD.	20	
0	Nothing to Report Total:	\$0 \$0	9/30/2010
	Total.	\$0	9/30/2010
G.	MILLER HALL MEDICAL SUITES LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
H.	PREMIER MEDICAL GROUP, PC	\$ 0	
	Nothing to Report Total:	\$0 \$0	9/30/2010
	Total	40	3/30/2010
I.	STAMFORD HEALTH FOUNDATION		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
J .	STAMFORD HEALTH INTEGRATED PRACTICES Nothing to Report	\$0	
-	Total:	\$0 \$0	9/30/2010
		4 5	0/00/2010
K.	STAMFORD HEALTH RESOURCES		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	OTANICODO ODIOVA AGGOCIATES DO		
L .	STAMFORD OB/GYN ASSOCIATES, PC	\$0	
Ě	Nothing to Report Total:	\$0 \$0	9/30/2010
			5,55,2010
М.	STAMFORD/NSC,LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
		A 0	0/00/0040
	Grand Total:	\$0	9/30/2010

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
Α.	STAMFORD HEALTH SYSTEM		
0	Nothing to Report	\$0	0
	Total:	\$0	
B.	CONTINUING CARE RETIREMENT COMMUNITY OF GREATER STAMFORD, INC. Nothing to Report	\$0	0
_	Total:	\$ 0	Ü
		4.	
C.	FAIRFIELD COUNTY OBSTETRICS AND GYNECOLOGY, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	FAIRFIELD COUNTY PRIMARY CARE, P.C.		
0	Nothing to Report	\$0	σ
	Total:	\$0	
E.	FAIRFIELD COUNTY SURGICAL SPECIALISTS		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	HEALTHSTAR INDEMNITY COMPANY, LTD.	60	
0	Nothing to Report Total:	\$0 \$0	0
	i otar.	30	
	MILLED LIALL MEDICAL CUITECLI C		
G.	MILLER HALL MEDICAL SUITES LLC Nothing to Report	\$0	0
	Total:	\$ 0	5
		**	
Н.	PREMIER MEDICAL GROUP, PC		
0	Nothing to Report	\$0	0
	Total:	\$0	
I.	STAMFORD HEALTH FOUNDATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	STAMFORD HEALTH INTEGRATED PRACTICES		
0	Nothing to Report	\$0	0
	Total:	\$0	
K.	STAMFORD HEALTH RESOURCES		

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

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STAMFORD HOSPITAL ANNUAL REPORTING FISCAL YEAR 2010 DNATIONS AND FUNDS RESTRIC

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A.	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	\$273,536.00	\$202,469.00	(\$71,067.00)	-26%
1	Donations	\$2,972.00	\$50.00	(\$2,922.00)	-98%
2	Income	\$0.00	\$4,998.00	\$4,998.00	0%
3	Expenditures	\$20,022.00	\$38,177.00	\$18,155.00	91%
4	Unrealized Gains and Losses	(\$54,017.00)	\$28,593.00	\$82,610.00	-153%
	Ending Balance	\$202,469.00	\$197,933.00	(\$4,536.00)	-2%
5	Projected Interest Income	\$2,025.00	\$2,573.00	\$548.00	27%
C.	Other				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE

	STAMFORD HOSPITAL							
	ANNUAL REPORTING							
	FISCAL YEAR 2010							
REPORT 1	7 - HOSPITAL BED FUNDS HELD OR ADMINISTERE	D BY THE HOSPITAL						
A. Patient Activity								
(1)	(2)	(3)						
<u>Patient</u>	Name of Hospital Bed Fund (FULL NAME)	Amount						
1.Number of Applications for	Hospital Bed Funds	1,702						
2. A. Number of Patients rece	iving Hospital Bed Fund Grants	3						
2. B. The Actual Total Dollar	Amount provided to all patients from Hospital Bed F	\$38,177.00						
1	M Doolittle Income/Gains	\$5,702.00						
2	M Doolittle Income/Gains	\$20,024.00						
3	M Doolittle Income/Gains	\$12,451.00						
	\$38,177.00							

	STAMFORD HOSPITAL						
		ANNUAL REPO	ORTING				
		FISCAL YEAR	R 2010				
	REPORT 17 - HOSPITAL	BED FUNDS HELD C	R ADMINISTERED E	BY THE HOSPITAL			
B. BI	ED FUND ACTIVITY						
(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 e	ach individual Hospi	tal Bed Fund, or the	Principal attributabl	e to each		
(4)	Total Actual Earnings for each Hospit	al Bed Fund or the Ea	arnings attributable t	to each Hospital Bed	d Fund.		
(5)	Actual Dollar Amount of Earnings rein	vested as Principal,	if any.				
(6)	Actual Dollar Amount of Earnings ava	ilable for Patient Car	e.				
	William Pitt FMC Fund	\$81,188.00	\$0.00	\$0.00	\$0.00		
	M Doolittle Income/Gains	\$115,088.00	\$24,403.00	\$0.00	\$0.00		
	Patient Care Free Bed Fund	\$1,657.00	\$0.00	\$0.00	\$0.00		
	Total Bed Funds :	\$197,933.00	\$24,403.00	\$0.00	\$0.00		

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I.	GENERAL COLLECTION PROCESSES AND PROCEDURES	
A.	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.
B.	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	7.78%
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.

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.	6.92%
	Collection Agent	
1	Collection Agent	OENTHRY FINANCIAL OFRY (OFC. INC.
2	Collection Agent Name Collection Agent Type	CENTURY FINANCIAL SERVICES, INC.
3	Related / Not Related Entity	Collection Agency
_	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.	6.59%
	Collection Agent	
1	Collection Agent Name	SANK AND ASSOCIATES
2	Collection Agent Type	Attorney
	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.

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.	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.	27.96%
	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.	7.72%
	Collection Agent	
1	Collection Agent Name	TCORS
2	Collection Agent Type	Attorney
3	Related / Not Related Entity	Not Related

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
	If the Hospital follows the same processes and policies described in Section I, for 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.
	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.
	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	7.28%

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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	\$919,612	\$776,115	\$1,695,727
2.	Sr. VP of Medical Affairs	\$611,392	\$300,176	\$911,568
3.	Chief of Surgery	\$618,391	\$98,577	\$716,968
4.	Exec. VP and Chief Operating Officer	\$431,353	\$155,611	\$586,964
5.	Sr. VP of Strategy & Marketing	\$379,619	\$205,130	\$584,749
6.	Director of Cardiology	\$549,525	\$28,436	\$577,961
7.	Chief Information Officer	\$294,141	\$277,967	\$572,108
8.	Chief Financial Officer	\$459,865	\$79,052	\$538,917
9.	VP AMbulatory Services	\$370,970	\$166,927	\$537,897
10.	Sr. VP Patient Services	\$285,940	\$237,198	\$523,138
	Grand Total:	\$4,920,808	\$2,325,189	\$7,245,997

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
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
C .	FAIRFIELD COUNTY OBSTETRICS AND GYNECOLOGY, LLC			
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
	and the second of the second o	Ψ-	+*	+3
Ε.	FAIRFIELD COUNTY SURGICAL SPECIALISTS			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$32,661	\$7,836	\$40,497
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F.				
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	#00.004	#7 000	* 40.500
2	Paid by the Entity Listed Above to Hospital Employees(B)	\$32,661	\$7,839	\$40,500
	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Н.	PREMIER MEDICAL GROUP, PC			
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
Ι.	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
	OTAMEODD LIE ALTIL INTEGRATED DRAGTICES			
J .	STAMFORD HEALTH INTEGRATED PRACTICES	\$0	\$0	\$ 0
2	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0 \$0	\$0 \$0
	and by the mospital to Employees of the Emily Listed Above	φυ	φυ	φυ
Κ.	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
L.	STAMFORD OB/GYN ASSOCIATES, PC			
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
	OTAMEODD/MOOLL O			
M .	STAMFORD/NSC,LLC	\$0	c 0	\$0
2	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0 \$0	\$0 \$0
	and by the Hospital to Employees of the Emity Listed Above	Ψ	φυ	φυ

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.

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 2010
Α	Transfer of Assets or Operations	
	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	
1.	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
_	Amount of each Transfer of Assets or Operations or Change of Control involving	¢o.
5.	Hospital Clinical or Nonclinical Services or Functions.	\$0

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		HOSPITAL			
		EPORTING			
		EAR 2010			
	REPORT 23 - CHARITY CARE AND REDUCED C	COST SERVICES	PROVIDED BY	THE HOSPITAL	
(4)	(2)	(3)	(4)	(E)	(6)
(1)	(2)	(3) FY 2009	(4) FY 2010	(5) AMOUNT	(6) %
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
		<u> </u>	<u></u>		
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial Sta	atement Notes)			
1.	Number of Applicants	1,692	1,702	10	1%
	Number of Applicants Number of Approved Applicants	1,057	1,629	572	54%
	Trainber of Approved Approving	1,007	1,023	072	047
3.	Total Charges (A)	\$11,909,791	\$23,197,083	\$11,287,292	95%
	Average Charges	\$11,268	\$14,240	\$2,973	26%
		0.004005	2 222 1 15	(0.000050)	
4.	Ratio of Cost to Charges (RCC)	0.384095	0.360445	(0.023650)	-6%
	Total Cost	\$4,574,491	\$8,361,273	\$3,786,781	83% 19%
	Average Cost	\$4,328	\$5,133	\$805	197
5.	Charity Care - Inpatient Charges	\$3,864,448	\$6,963,063	\$3,098,615	80%
6.	Charity Care - Outpatient Charges Charity Care - Outpatient Emergency Department Charges	2,452,557	3,817,013	1,364,456	56%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	5,592,786	12,417,007	6,824,221	122%
	Total Charges (A)	\$11,909,791	\$23,197,083	\$11,287,292	95%
	Total Gliaiges (A)	φ11,909,791	φ25, 197,005	\$11,207,292	937
8.	Charity Care - Number of Patient Days	419	660	241	58%
9.	Charity Care - Number of Discharges	115	152	37	32%
10.	Charity Care - Number of Outpatient ED Visits	787	1,070	283	36%
	Charity Care - Number of Outpatient Visits (Excludes ED		,		
11.	Visits)	3,383	7,310	3,927	116%
(A) The	e total amount must agree with the total amount listed in t	he Hospital Aud	ited Financial St	atement Notes.	
		4.47)			
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - Report 17)				
1.	Number of Applicants	1,692	1,702	10	1%
	Number of Approved Applicants	2	3	1	50%
3.	Total Charges (B)	\$20,022	\$38,177	\$18,155	91%
	Average Charges	\$10,011	\$12,726	\$2,715	27%
4.	Ratio of Cost to Charges (RCC)	0.384095	0.360445	(0.023650)	-6%
	Total Cost	\$7,690	\$13,761	\$6,070	79%
	Average Cost	\$3,845	\$4,587	\$742	19%
5.	Bed Funds - Inpatient Charges	\$0	\$0	\$0	0%
6.	Bed Funds - Outpatient Emergency Department Charges	0	8,743	8,743	0%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	20,022	29,434	9,412	47%
	Total Charges (B)	\$20,022	\$38,177	\$18,155	91%
		,,	,,	, ,	31,
		-	0	0	0%
8.	Bed Funds - Number of Patient Days	0	0	U	
8. 9.	Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	0	0	0	
	Bed Funds - Number of Discharges			0	0%
9.	Bed Funds - Number of Discharges Bed Funds - Number of Outpatient ED Visits	0	0		0%
9.	Bed Funds - Number of Discharges	0	0	0	0% 0% 20%
9. 10. 11.	Bed Funds - Number of Discharges Bed Funds - Number of Outpatient ED Visits Bed Funds - Number of Outpatient Visits (Excludes ED	0 0	0 15 18	0 15 3	0% 0%